

# Patient experience in urgent and emergency care

Rapid literature review



# Contents

1. Introduction .....	3
2. Key messages .....	4
3. Method.....	8
4. Findings.....	11
Awareness and decision-making .....	11
Access .....	20
Service quality .....	28
Differences in expectations and behaviour .....	34

## Acknowledgements

The Patient Experience Library would like to thank Dr Sebastian Stevens and [Apollo Health Innovations](#) for the research assistance which underpins the findings in this report. Their contribution has been invaluable in tackling a major task in a very short time. The Patient Experience Library remains fully responsible for the content and accuracy of this report.



# 1. Introduction

This rapid literature review was carried out in support of work by NHS England's Transformation Directorate, aiming to understand people's experiences of urgent and emergency care (UEC), including digital and remote access.

The review, undertaken during a four week period in July 2022, will inform further survey and focus group work. As such, the evidence presented in this report should not necessarily be seen as a definitive set of answers as to how and why people use UEC and digital services. Rather, it offers pointers to system challenges and possible opportunities, as a starting point for further enquiry.

## 2. Key messages

### Awareness

Awareness of the range of options is generally good (although with some gaps in knowledge) but **there is some confusion among patients and public as to what specific services are actually for.**

Sometimes people understand that there are alternatives to A&E (Urgent Treatment Centres etc) but are then confused as to their **patchy availability.**

Some options for walk-in care are seen as **second best** - for example lack of privacy for consultations in pharmacies.

“Route to a clinician” is a **major reason for online contact** with healthcare services, and large numbers of people would like it also to be a route to treatment.

For some people, though, digital/remote access might simply be a **matter of convenience.**

If “route to a clinician” and “convenience” are important to patients, **NHS 111 might be causing problems.** Some people see it more as a barrier - time consuming and not necessarily competent to diagnose.

### Decision-making

A key driver of attendance at A&E is the **difficulty of getting appointments or advice from GPs and NHS 111.**

Some of those going to A&E after failing to get a GP appointment are clear that they would still have preferred a GP appointment. Others, however, seem to be taking a view that it is simply quicker and easier to go straight to A&E.

Another significant driver of attendance at A&E is that **people are not getting the support they need in the community.** The 2022 GP Patient Survey indicates that more than one in three people (35.3%) are not getting the support they need to manage a long term health condition. This is borne out by other reports.

As far as individual behaviour and choices are concerned, there is evidence that **both age and proximity to an A&E service can be an driver.**

Parents attending Paediatric Emergency Departments (PED) can be motivated by **increased anxiety and a feeling that GP services are not specialised enough.** Parental drivers for PED attendance could be significant because **90% of PED attendances do not result in**

**the child being admitted** - in spite of this, 61% of parents attending PED for a non-urgent problem say they would attend again for the same problem.

## Influences

Various studies have found that people attending A&E had **sought advice before going there** - mainly from other healthcare services as opposed to friends and family.

Some evidence, however, suggests that **referrals and advice might not always be appropriate**.

Between 2019 and 2021, GP referrals in general increased significantly (179%), but **avoidable attendances from GP referrals more than doubled** (255%).

Care homes might be taking an overly cautious approach to A&E referrals - **41% of emergency admissions may be avoidable**.

**NHS 111 might also be over-cautious** - although in some cases, patients will then ignore the advice to go to A&E.

**Personal experience has a bearing** - there are indications of increased use of NHS 111 once people understood more about it - but also indications that a poor experience with NHS 111 can drive people away from it.

## Access

Evidence suggests that **NHS 111 is seen by many people as a first port of call**. They find it easy to use and the advice is helpful.

Other studies, however, indicate that even where people know about NHS 111 in general terms, **they are not clear about what, specifically, the service can offer**.

Understanding the detail of the NHS 111 offer could be important, as there is evidence that **once people know that it can be a way to book appointments, they might have an incentive to use it again**.

Evidence suggests that patients see UEC access as working well **if access is fast, and they feel well treated** by staff.

Sometimes UEC access **works well from the point of view of patient experience** ("Brilliant staff and treatment") **while simultaneously not working well from the point of view of system efficiency** ("frustrated that he had had to go there due to lack of care from our surgery").

## Barriers

As far as NHS 111 is concerned, some people might be put off by **perceptions of poor service**, and/or a sense that it acts as a barrier.

Another possible reason for not using digital routes to access is that digital offers **may not work very well, or may not be easy to use**.

**Language can be a barrier, as can disability. IT literacy and access to equipment** are further barriers to access.

Some issues are specific to young people - for example, **not being allowed to use phones during school hours**.

## Enablers

Most evidence talked in general terms about *why* people preferred digital, rather than *who* did. **Speed and convenience are key**.

## Service quality

There is evidence of a link between long waits and poorer patient experience - however, patients experiencing long waits seem **less concerned about adherence to targets than about unpleasant experiences in waiting areas** - some with possible clinical or patient safety risks.

Some discomforts could be mitigated by **better communication**. Another mitigating factor could be a sense among patients and relatives that they are **being looked after more broadly**, for example via easy access to food and drink.

As far as face to face care is concerned, patients appreciate staff who act with **kindness and professionalism**. Conversely, face-to-face encounters with **unhelpful staff can simply compound a sense that service quality is poor**.

Information sharing matters to patients. **People dislike having to tell their story multiple times** to different staff and services.

Sometimes a lack of joined up care can actually **be the cause of people having to present as an emergency**.

Information sharing can matter as much **on the way out of the Emergency Department** as on the way in. Good communication **during the urgent care experience** is equally important - people need help to understand the process of their care - **this can matter as much to relatives** as it can to the person receiving treatment.

## Differences in expectations and behaviour

Covid-19 certainly changed people's behaviour through the first year of the pandemic (March 2020 onwards) when **A&E attendance dropped markedly**. This was at least in part due to concerns about entering healthcare settings with high infection risk.

A possibly more permanent change is in how patients initiate contact with GP services, with **telephone consultation becoming the most popular patient preference**.

We were unable to find conclusive evidence of **regional variations** in people's understanding or use of urgent and emergency care, or digital services. However, some studies indicated **demographic variations** through nationality, age and proximity to A&E services.

## 3. Method

### Research Question

Based on discussions in the project steering group, the review team worked from the following research question:

*What are the experiences of urgent and emergency care from the perspective of patients and public - including access via digital/remote channels?*

### Definitions

We used NHS England's definition of emergency and urgent care<sup>1</sup>, as follows:

**EMERGENCY:** Life threatening illnesses or accidents which require immediate, intensive treatment. Services that should be accessed in an emergency include ambulance (via 999) and emergency departments.

**URGENT:** An illness or injury that requires urgent attention but is not a life-threatening situation. Urgent care services include a phone consultation through the NHS111 Clinical Assessment Service, pharmacy advice, out-of-hours GP appointments, and/or referral to an urgent treatment centre (UTC). If unsure what service is needed, NHS111 can help to assess and direct to the appropriate service/s.

### Search strategy

#### SEARCH TERMS

The search was conducted using the following terms (listed alphabetically):

Terms denoting “emergency”: accident and emergency, air ambulance, ambulance, ambulatory, emergency, crisis care, emergency care, homeless emergency, minor injuries, out of hours, paramedic, pharmacy emergency, same day emergency, urgent care, urgent treatment centre, walk-in centre

Terms denoting “digital”: apps, digital, digital exclusion, NHS 111, NHS app, NHS online, remote, telehealth, virtual

---

<sup>1</sup> <https://www.england.nhs.uk/urgent-emergency-care/about-uec/>

## EXCLUSIONS

**PLACE:** Evidence was taken only from UK sources. While some literature is available from non-UK countries, experience of patients and the public within the UK seemed most relevant to this research.

**TIME PERIOD:** We reviewed literature up to four years old, running the search up to and including the end of June 2022. This enabled us to look at people's experiences both before and during the Covid-19 pandemic.

**SOURCES:** Evidence was drawn from open access sources (government, patient voice, charity, academic etc). It included "grey literature" from sources such as Healthwatch reports. It did not include documents that are held behind journal paywalls, or other literature that would normally be for sale from booksellers.

**RELEVANCE:** Search results were filtered for relevance, with only documents that explored exclusively, or mainly, public experience of urgent and emergency care (including digital access) included.

## Limitations

This was a rapid review, concentrating on literature held by the Patient Experience Library, which specialises in literature on patient experience and engagement and acts as the UK evidence base for this kind of material. Some further documents were also supplied by members of the project steering group.

## Search results and coding

After de-duplication and relevance filtering, our search resulted in a volume of documents for each of the main search categories as follows:

Emergency: 359 documents

Digital: 150 documents

To add to this, we were sent 19 documents by project steering group members.

The documents were read manually, enabling further filtering, based on the exclusion criteria listed above. Relevant comments, findings and quotations from our final selection of documents were then manually extracted and coded against four main themes, and the fourteen hypotheses devised by the project steering group:

Theme	Hypotheses
Awareness and decision making	<p>What are people's understanding of UEC options? What do people know is on offer?</p> <p>What do people think the digital offer is there for? Information? Reassurance? Assessment? A route to a clinician? Resolving the problem?</p> <p>What drives people's decision making / how are people making decisions to access urgent and emergency care?</p> <p>To what extent is people's behaviour influenced by what other people (friends and family) have done? Are they directed by other services e.g.GP</p> <p>Does previous personal experience, positive and negative influence behaviour?</p>
Access	<p>Do people see the 'front door' to urgent care as 111?</p> <p>Where is UEC access working well? Why?</p> <p>Are people not using the digital offers in urgent and emergency care? If not, why not?</p> <p>Is digital access / literacy / language adversely affecting certain groups?</p> <p>What types of people are more willing / able to use digital entry points?</p>
Service quality	<p>What are people's expectations of UEC? i.e. Is timeliness and face-to-face important? How long are people prepared to wait?</p> <p>Do people want a seamless patient journey where information is shared across channels? i.e.'omni channel'</p>
Differences in expectations and behaviour	<p>Has COVID-19 changed people's expectations / behaviours?</p> <p>Are there regional variations?</p>

## 4. Findings

### Awareness and decision-making

**Hypothesis: What are people's understanding of UEC options? What do people know is on offer?**

Awareness of the range of options is generally good, although with some gaps in knowledge:

*“79% of respondents felt that if they had an urgent medical concern and they could not reach their GP, they would know where to go.”<sup>2</sup>*

*“There is good awareness (93.5%) of the 365 day a year service that NHS 111 provides. However far fewer people are aware that Walk in Centres are open (62.7%) on Christmas Day and even fewer (26.1%) know that at least one pharmacy in their district is open on 25th December.”<sup>3</sup>*

But there is some confusion among patients and public as to what specific services are actually for:

*“There appeared to be no consistent understanding of the UCR [Urgent Community Response] service. In some cases, we believe people confused it with the ambulance service, the reablement team provided by Reading Borough Council, or adult social services.”<sup>4</sup>*

*“there is a lot of misunderstanding of what an Urgent Care Centre (UCC) is, how it operates and when it is open.”<sup>5</sup>*

*“Where there is some awareness of an alternate urgent service, such as a walk-in or UTC, it can be unclear what that service might be able to provide”<sup>6</sup>*

Sometimes people understand that there are alternatives to A&E but are then confused as to their patchy availability:

*“Why aren't there any Walk-in Centres in Cheshire, it would make things easier here in A&E.”<sup>7</sup>*

---

2 Healthwatch North Yorkshire with NHS Harrogate and Rural District Clinical Commissioning Group, undated. Public Experience in Accessing Urgent Care.

3 Healthwatch Nottingham and Nottinghamshire, 2020. Accessing Care over Christmas

4 Berkshire Healthcare NHS Foundation Trust with Healthwatch Reading, 2022. Urgent Community Response in Reading. How people experience the UCR service.

5 Healthwatch Trafford, October 2019. Trafford General Hospital: A report looking into the public perception of Trafford General Hospital.

6 Centen, C. undated. User Experience Workstream.

7 Healthwatch Cheshire West and Healthwatch Cheshire East, January 2020. A&E Watch

*“Several respondents described walk-in centres closing down and opening somewhere else under a different name, and confusion as to who could be treated there. By comparison, A&E was often perceived to be a more stable and ‘dependable’ service offer.”<sup>8</sup>*

And some options for walk-in care are seen as second best:

*“There was universal agreement that reception and pharmacy areas do not afford sufficiently private spaces for confidential communication, causing embarrassment and loss of dignity.”<sup>9</sup>*

### **Hypothesis: What do people think the digital offer is there for? Information? Reassurance? Assessment? A route to a clinician? Resolving the problem?**

“Route to a clinician” is a major reason for online contact with healthcare services:

*“During 2021, 71.8% of all patient requests were initiated online rather than by telephone or in person.”<sup>10</sup>*

... and large numbers of people would like it also to be a route to treatment:

*“almost half of people (49%) believe doctors should be able to prescribe high quality health apps which charge for their services, in the same way they prescribe traditional medicines, if it ultimately saves the NHS money.”<sup>11</sup>*

For some people, though, digital/remote access might simply be a matter of convenience:

*“People told us the benefits [of remote health support] were not having to travel, the comfort of your own home, flexibility, and no stress to find parking.”<sup>12</sup>*

*“Remote appointments were more convenient, quick and time-efficient for many reasons, i.e. not travelling to the surgery, can book an appointment at any time of the day etc.”<sup>13</sup>*

---

8 ESRO, 2015. A&E: Studying parental decision making around non-urgent attendance among under 5s.

9 Healthwatch Rutland, June 2020. How people with long term or multiple conditions experience care in Rutland GP surgeries.

10 The Health Foundation, March 2022. Access to and delivery of general practice services: a study of patients at practices using digital and online tools.

11 Orcha, 2021. Digital Health in the UK. National Attitudes and Behaviour Research.

12 Healthwatch Bucks, undated. Remote Mental Health Support.

13 Healthwatch Barnet, 2021. Accessing your GP Remotely.

It is worth noting that if “route to a clinician” and “convenience” are important to patients, NHS 111 might be causing problems. Some people see it more as a barrier:

*“Not happy to use NHS 111 as not confident that they are competent to diagnose. She thinks NHS 111’s job is to deter people from coming to A&E.”<sup>14</sup>*

### Hypothesis: What drives people’s decision making / how are people making decisions to access urgent and emergency care?

A key driver of attendance at A&E is the difficulty of getting appointments or advice from GPs and NHS 111. A study of all NHS 111 calls (n = 3,631,069) and subsequent emergency department (ED) attendances made in the Yorkshire & Humber region from March 2013-March 2017 stated that:

*“In light of evidence suggesting increasing dissatisfaction with GP services over the years... often due to a lack of staff or long waiting times, our findings may also support previous research suggesting that where there is less primary care availability, more avoidable ED attendances are made”<sup>15</sup>*

This is borne out by other reports from other times and places, including these:

*“Eight patients (am) and 13 patients (pm) had attempted to access other services prior to attending the A & E department. Patients had mainly tried to access services at their GP practice or had been in contact with NHS 111.”<sup>16</sup>*

*“Problem getting through on phone to GP rang 31 times.”  
“Pointless trying to get to GP and takes too long on 111 online.”<sup>17</sup>*

*“Two thirds of patients seen in the Urgent Treatment Centre and nearly a quarter of those seen in A&E wished that their issue could have been dealt with in their GP surgery instead. Over half of those seen in the Urgent Treatment Centre felt that they could have been seen in a Minor Injuries Unit. Two thirds of people seen in the Urgent Treatment Centre and over a quarter of those seen in A&E felt that they may not have needed to access urgent care services if their GP surgery had access to equipment or facilities it did not currently have, such as radiography.”<sup>18</sup>*

14 Healthwatch Cheshire East, July 2021. A&E Watch.

15 Lewis J, Stone T, Simpson R, Jacques R, O’Keeffe C, Croft S, et al., 2021. Patient compliance with NHS 111 advice: Analysis of adult call and ED attendance data 2013-2017. PLoS ONE 16(5): e0251362. <https://doi.org/10.1371/journal.pone.0251362>

16 Healthwatch Sefton, January 2020. Listening Event Feedback Report: Accident & Emergency Department, Southport & Ormskirk Hospital NHS Hospital Trust.

17 Healthwatch Together, 2022. Pennine Lancashire Insights. Emergency Department and Urgent Treatment Centres. Informing Winter Plans 2021-2022.

18 Healthwatch Tower Hamlets, February 2020. Urgent and emergency care patient journeys.

*“31.73% said they contacted another service themselves after using 111. When asked why they contacted another service, the most common responses were: inability to access 111 in a timely manner, the patient’s condition worsening or requiring more urgent treatment, and unsatisfactory advice.”<sup>19</sup>*

Difficulties getting GP appointments are confirmed by the 2022 GP Patient Survey<sup>20</sup> which showed that only half (52.7%) of patients found it easy to get through to their GP practice on the phone, and almost one in four (23.5%) were dissatisfied with the appointment times they were offered.

The survey also showed that 1 in 5 patients (19.7%) had a fairly poor or very poor experience of out of hours care when their GP practice was closed. And almost a third of patients who had sought but were unable to get out-of-hours support from their practice went to A&E instead.

Some of those going to A&E after failing to get a GP appointment are clear that they would still have preferred a GP appointment:

*“almost 1 in 5 patients believed they did not need to be in UECC to be treated but that this was the only option available to them (mainly due to problems with getting a GP appointment).”<sup>21</sup>*

*“We also asked patients if they would have preferred to have seen a GP or pharmacist if possible, rather than UECC. The general consensus among patients who would have preferred to have been seen in primary care was mainly lack of access prevented them: no appointments, perceived lack of appointments, perceived lack of facilities at GP or GP closure.”<sup>22</sup>*

Others, however, seem to be taking a view that it is quicker and easier to go straight to A&E:

*“Families highlighted GP waiting times as an issue. Many prefer to bypass primary care in favour of A&E rather than wait up to 3 or 4 weeks for a GP appointment.”<sup>23</sup>*

*“the majority did not contact their GP prior to attending A&E. The reasons for this are complex, but include the belief that the GP would refer them to A&E anyway (pre-empting a decision) and the difficulty, or perceived difficulty, of getting a GP appointment. Overall, most people were aware of the alternatives to A&E, but still preferred to go to A&E, even with the possibility of a four hour wait.”<sup>24</sup>*

---

19 Healthwatch Salford, 2021. Remote Appointments. Insight into remote healthcare appointments during the Covid-19 pandemic.

20 <https://gp-patient.co.uk/surveysandreports>

21 Healthwatch Rotherham, December 2019. Rotherham General Hospital UECC Survey.

22 Healthwatch Rotherham, December 2019. Rotherham General Hospital UECC Survey.

23 Healthwatch Oldham, March 2020. Accessing NHS Services: A review of accessing NHS services from Oldham residents with an Eastern European background.

24 Healthwatch Cumbria, September 2019. Why do people attend A&E?

*“lack of availability of same / next day GP appointments does not seem to be the main reason for attendance at the A&E Department for the respondents that self-referred. 81% (n77) of these respondents said they would still have attended A&E even if they could have got a GP appointment on the same or next day”.*<sup>25</sup>

Another significant driver of attendance at A&E is that people are not getting the support they need in the community. The 2022 GP Patient Survey<sup>26</sup> indicates that more than one in three people (35.3%) are not getting the support they need to manage a long term health condition. This is borne out by other reports:

*“Areas of concern are repeat attendance at urgent or emergency care services and repeat hospital admissions for the same health problem, which would suggest that access to continuous healthcare in the community for both physical and mental health service problems could be improved. A further area of concern is late and symptomatic presentations due to lack of community health services available to some individuals.”*<sup>27</sup>

*“Of the 150 statements about crisis care, 1 in 6 (25) highlighted difficulty accessing care. People felt that the threshold for accessing care when approaching a crisis was too high. There was a sense that, because of high thresholds for accessing care, crisis care services are generally prepared to deal with emergency situations but were focussed on managing a person in crisis, rather than supporting them as they deteriorate and thereby prevent a crisis.”*<sup>28</sup>

*“People who frequently attend A&E typically have a range of physical and mental health conditions; they are significantly more likely to be admitted to hospital than the average A&E user. Gaps in support in the community, and restrictive eligibility criteria, can lead to people starting to attend A&E frequently. The key to addressing high intensity use of A&E is... ensuring that people have timely and appropriate access to support in the community.”*<sup>29</sup>

*“I think there’s a degree of community services are overstretched. Sometimes people come to the emergency department because I don’t know, the person who comes every day to change their dressing can’t make it that day so they come to the emergency department. So I think the impact of what’s going on in the community is a big impact for us as well. If community services and things aren’t working well patients end up in the emergency department.”*<sup>30</sup>

---

25 Healthwatch Worcestershire, February 2022. What patients told us about why they “walk in” to A&E Departments in Worcestershire.

26 <https://gp-patient.co.uk/surveysandreports>

27 Healthwatch Sandwell, 2020. Accessing Healthcare in Sandwell: Homelessness Project Report 2020.

28 Healthwatch Richmond upon Thames, February 2020. Richmond’s Mental Health Crisis Care

29 British Red Cross, 2022. Nowhere else to turn. Exploring high intensity use of Accident and Emergency services.

30 University of Sheffield with the BMA, 2017. Perspectives on the reasons for Emergency Department attendances across Yorkshire and the Humber.

As far as individual behaviour and choices are concerned, there is evidence that both age and proximity to an A&E service can be an influence:

*“A higher proportion of respondents who self-referred were: living nearer to the A&E Department, attending A&E on weekends, male, in the younger age groups, and were private or social / housing association tenants, or living in supported or temporary accommodation. This suggests that there may be opportunities to target messages about NHS 111 First and alternatives to A&E to these Groups.”<sup>31</sup>*

Parents attending Paediatric Emergency Departments (PED) can be motivated by increased anxiety and a feeling that GP services are not specialised enough:

*“Parents who feel great anxiety about their child’s health may be more likely to perceive the illness as being more serious than it really is; this may in turn motivate them to attend PED... Parents welcome the reassurance of being able to see a child specialist.”<sup>32</sup>*

*“Linked to the perception that GPs may lack paediatric speciality was a concern amongst some that the advice given to them by GPs about child illnesses and injuries is out of date or ‘old fashioned’. This is felt to be particularly true in contrast to the advice given by doctors at A&E who are perceived as having greater familiarity with the latest medical information.”<sup>33</sup>*

Parental drivers for PED attendance could be significant because 90% of PED attendances do not result in the child being admitted – in spite of this, 61% of parents attending PED for a non-urgent problem say they would attend again for the same problem.<sup>34</sup>

**Hypothesis: To what extent is people’s behaviour influenced by what other people (friends and family) have done? Are they directed by other services e.g. GP**

Various studies have found that people attending A&E had sought advice before going there – mainly from other healthcare services as opposed to friends and family:

*“Fifty-one percent of patients we spoke to had sought out advice before making the decision to attend the ED. The most common source of advice was from a clinician at a GP practice (21%, 30 patients). Patients who responded ‘other’ most frequently reported getting advice from the NHS 111 service. Other sources of advice included contacting their GP or dental practice but being unable to get an appointment, police, carer, and other clinical advice including paramedics, consultants, and pharmacists.”<sup>35</sup>*

31 Healthwatch Worcestershire, February 2022. What patients told us about why they “walk in” to A&E Departments in Worcestershire.

32 The Behavioural Insights Team and Connecting Care for Children, 2017. Why do parents bring children with minor illness to emergency and urgent care departments? Literature review and report of fieldwork in North West London.

33 ESRO, 2015. A&E: Studying parental decision making around non-urgent attendance among under 5s.

34 Health Foundation, 2018. Emergency departments and minor illness: some behavioural insights

35 Healthwatch Norfolk, September 2019. Patient experience at The James Paget University Hospital’s Emergency Department.

*“63% of people had tried to seek help from other services before going to the Emergency Care Centre Most of them had sought help from: their GP – 53%; NHS 111 telephone helpline – 11%; NHS Walk-in Centre – 14%”<sup>36</sup>*

*“Two thirds had contacted a health provider such as a GP or call 111 prior to that day’s attendance.”<sup>37</sup>*

*“The top three services that patients contacted before attending A&E were their GP practice (n80), the NHS 111 telephone service (n67) and Minor Injuries Units (n29).”<sup>38</sup>*

*“Many patients attempt – successfully or unsuccessfully- to seek advice from other channels before accessing urgent care services; this could mean trying to get a GP appointment or calling the 111 advice line.”<sup>39</sup>*

*“There is evidence people are turning to 111 and at times being then sent to ED as a result of not being able to get a timely GP appointment or access an alternative service”<sup>40</sup>*

*“...it appears that GPs and other services (such as the urgent healthcare helpline NHS 111 operating in parts of the UK) advise patients to go to the emergency department, or patients are unable to obtain an appointment with a GP in their required time frame, or patients believe that they would not be able to obtain a timely GP appointment if they tried.”<sup>41</sup>*

Some evidence, however, suggests that referrals and advice might not always be appropriate. One study of GP referrals to ED found that between 2019 and 2021, GP referrals in general increased significantly (179%), but avoidable attendances from GP referrals more than doubled (255%).<sup>42</sup>

*“Some people told us they had been referred to A&E by a GP or another service but didn’t understand why, and weren’t sure this was the most appropriate place for them. In some cases where people were referred to the A&E department by their GP, they were told they didn’t have the right documents.”<sup>43</sup>*

---

36 Healthwatch Wigan and Leigh, September 2019. A week in A & E: Findings of a Healthwatch Wigan and Leigh project to collect patient views.

37 Healthwatch Bristol, Healthwatch North Somerset and Healthwatch South Gloucestershire, March 2022. Engagement with service users of North Bristol Trust’s Accident & Emergency Department

38 Healthwatch Worcestershire, February 2022. What patients told us about why they “walk in” to A&E Departments in Worcestershire.

39 Healthwatch Tower Hamlets, February 2020. Urgent and emergency care patient journeys. A report on patient experience.

40 Centen, C. undated. User Experience Workstream.

41 O’Cathain, A. et al, 2019. ‘Clinically unnecessary’ use of emergency and urgent care: A realist review of patients’ decision making.

42 Hickey, E. et al, undated. Analysis of GP Referrals to Barnsley ED.

43 Healthwatch England, February 2020. What matters to people using A&E. A report for the NHS Clinical Review of Standards.

Care homes might be taking an overly cautious approach to A&E referrals:

*“The overall number of A&E attendances from care homes was 269,000, comprising 6.5% of the total number of attendances for people aged 65 years and older... A large number of these emergency admissions may be avoidable, with 41%... being for conditions that are potentially manageable, treatable or preventable outside of a hospital setting, or that could have been caused by poor care or neglect.”<sup>44</sup>*

NHS 111 might also be over-cautious – although in some cases, patients will then ignore the advice to go to A&E.

*“the lack of clinical training leading to cautious triaging amongst NHS 111 call handlers may be responsible for high numbers of avoidable ED attendances and ambulance dispatch... However the large number of non-attendances at ED in both high-acuity dispositions suggests that patients themselves sometimes consider this recommendation to be overly cautious and choose not to continue with a transfer to 999.”<sup>45</sup>*

*“My advice to other parents would be to skip NHS 111 as it’s a waste of time, they’ll just tell you to go to A&E and you’ll have wasted 30 minutes going through all their questions.”<sup>46</sup>*

A comparative study based on use of the Babylon app found that the proportion of users referred to urgent and emergency care was similar to NHS 111 (23% from Babylon, 22% from NHS 111) but that there were no cases in which the patient should have been cared for in a less acute care setting (NB: based on review of 74 cases).<sup>47</sup>

Another study found that inappropriate attendance at A&E was partly driven by patients’ own preferences, but also by a more risk averse attitude from healthcare providers:

*“Proportionately more patients are attending out-of-hours needlessly... There seems an unwillingness or inability by patients to manage their own risk with increased concern that health problems are serious and a desire for rapid reassurance... The change in referral patterns suggests an unwillingness and inability of healthcare providers to manage risk, increasingly referring to the ED in order to ensure patient safety.”<sup>48</sup>*

---

44 The Health Foundation, 2019. Emergency admissions to hospital from care homes: how often and what for?

45 Lewis J, Stone T, Simpson R, Jacques R, O’Keeffe C, Croft S, et al., 2021. Patient compliance with NHS 111 advice: Analysis of adult call and ED attendance data 2013–2017. PLoS ONE 16(5): e0251362. <https://doi.org/10.1371/journal.pone.0251362>

46 ESRO, 2015. A&E: Studying parental decision making around non-urgent attendance among under 5s.

47 Babylon, 2017. NHS 111 powered by babylon: outcomes evaluation.

48 University of Sheffield with the BMA, 2017. Perspectives on the reasons for Emergency Department attendances across Yorkshire and the Humber.

## Hypothesis: Does previous personal experience, positive and negative influence behaviour?

Evidence is very limited, but one report found indications of increased use of NHS 111 once people understood more about it:

*“Having learnt that 111 could book a timeslot for A&E, over three-quarters (78%) were either very likely (50%) or somewhat likely (28%) to call NHS 111 next time they had an urgent medical problem. Seventeen people (13%) were very unlikely (8%) or somewhat unlikely (5%) to do so.”<sup>49</sup>*

Conversely, a poor experience with NHS 111 can drive people away from it:

*“When I finally got through I was asked a lot of questions (all relevant). The pain was very severe and I told them so. I was told by 111 that they would e-mail my doctor with all the details and the doctors would be in touch immediately. Waited a long as possible, maybe 20 minutes. No call, so I called my doctor. The doctor had not received an e-mail or knew anything about it. They suggested that I call 111 again. Started trying to do that, got asked all the same questions with the same responses. In the end [I] call 999, who came within minutes. If I get to the point of needing help 111 will be missed out and 999 will be my go to service. Then I know I will get attended to sensibly and with knowledge.”<sup>50</sup>*

Another report suggested that poor experiences with GP services influence choices and behaviour. (This is also borne out by the evidence presented in the section above headed “What drives people’s decision making”).

*“I only go to the A&E because it’s difficult to get a slot with the GP to deal with my chest, back and breast pain. The doctors there are so abrupt, and I don’t like it.”<sup>51</sup>*

49 NHS Northamptonshire Clinical Commissioning Group with Healthwatch Northamptonshire and West Northamptonshire, August 2021. Experiences and opinions of NHS 111 First in Northamptonshire

50 Healthwatch England, 2021. Is NHS 111 First making a difference?

51 British Red Cross, November 2021. Nowhere else to turn. Exploring high intensity use of Accident and Emergency services.

## Access

### Hypothesis: Do people see the ‘front door’ to urgent care as 111?

Evidence suggests that 111 is seen by many people as a first port of call:

*“The majority (84%) of polling respondents said that they were aware that they could call NHS 111 for urgent medical advice. Almost three-quarters (70%) agreed that they were more likely to call NHS 111 than go straight to an emergency department when they had an urgent medical problem.”<sup>52</sup>*

*“48% of 181 respondents said they contacted NHS 111 first when they had an urgent medical need (46% in Shropshire and 51% in Telford & Wrekin) this compares with 59% in the same survey carried out in Shropshire in Spring 2021.”<sup>53</sup>*

One study of 4,836 NHS 111 online users over a five month period found that around 90% of respondents found it easy or very easy to use, and between 65% and 75% found the advice very or quite helpful. 75% were likely to use 111 online again.<sup>54</sup>

A much smaller sample (44 people) found that 89% found NHS 111 online easy to use and 70% would use the app as their first or second point of access if they were feeling unwell.<sup>55</sup>

Other studies, however, indicate that even where people know about NHS 111 in general terms, they are not clear about what, specifically, the service can offer. (This ties in with the findings under “Awareness and decision-making” above, that even where people are aware of an emergency or digital service, they do not always know what it actually does.)

*“Overall 24 (35%) of people told us they were aware that 111 could book same day appointments with services, 38 (55%) were not aware and 7 (10%) were unsure.”<sup>56</sup>*

*“Overall, 52% of all people (93) told us they were not aware that NHS 111 First could book appointments with services such as GP, A&E and Urgent Treatment Centres, 38% (68) that they were aware and 10% (17) were not sure. These proportions were very similar to those indicated in the spring 2021 survey, 55% were not aware, 35% were aware and 10% were unsure.”<sup>57</sup>*

---

52 Healthwatch England, 2021. Is NHS 111 First making a difference?

53 Healthwatch Telford and Wrekin, February 2022. Experiences of urgent medical care in Shropshire, Telford & Wrekin.

54 NHS Digital, 2022. 111 online user survey findings.

55 Shah, S. and Fleming, C., 2017. UEC London: 111 online deepdive.

56 Healthwatch Shropshire, May 2021. Experiences of urgent medical care in Shropshire.

57 Healthwatch Telford and Wrekin, February 2022. Experiences of urgent medical care in Shropshire, Telford & Wrekin.

Understanding the detail of the NHS 111 offer could be important, as there is evidence that once people know that it can be a way to book appointments, they might have an incentive to use it again:

*“The groups most likely to say they had a very good experience of the service were those who had their questions answered directly and those who had a time-slot booked at the emergency department.”<sup>58</sup>*

*“14 out of 15 patients told us they would use the system of contacting NHS 111 first again if a booked appointment could be made for them.”<sup>59</sup>*

However, the term “booked appointment” in the quote above is important. Another study suggested miscommunication over what the term “appointment” actually means: *“a recurring issue is that patients aren’t being told they have to wait when coming to A&E or have not been informed of this and presume an appointment means they don’t have to wait”.*

*“Very disappointed to know it wasn’t an appointment when I got here. I could have just booked in as normal!!”<sup>60</sup>*

A further study found that the most comment response to “What didn’t you get from 111 online” was “Appointment or referral”.<sup>61</sup>

### Hypothesis: Where is UEC access working well? Why?

Evidence suggests that patients see UEC access as working well if access is fast, and they feel well treated by staff:

*“Being seen quickly was considered to be the most important element of urgent care.”<sup>62</sup>*

*“Patients were very pleased at how quickly they could get an appointment with the service [Same Day Health Centre].”<sup>63</sup>*

*“The ambulance came very quickly and they were lovely. Terrific people!”<sup>64</sup>*

*“The ambulatory unit was amazing when I had to go. It’s not like A&E where you are*

58 Healthwatch England, 2021. Is NHS 111 First making a difference?

59 Healthwatch Shropshire, May 2021. Experiences of urgent medical care in Shropshire.

60 Barnsley Hospital, 2021. 111 Audit.

61 NHS Digital, 2022. 111 online user survey findings.

62 Healthwatch North Yorkshire with NHS Harrogate and Rural District Clinical Commissioning Group, undated. Public Experience in Accessing Urgent Care

63 Healthwatch Doncaster, September 2019. 24 Hours in Urgent and Emergency Care.

64 Healthwatch Norfolk, March 2020. Norfolk and Norwich University Hospital.

*surrounded by loads of people. I sat in the A&E waiting room then within minutes I was taken to the ambulatory care unit, where they kept me for about 5 hours. The whole time I wasn't seen by a doctor, but the nurses did a fabulous job. It was 10/10, I've really got no complaints.*<sup>65</sup>

*"I went Haywood about a month ago, BRILLIANT!! In and out in 2 hours, saw a nurse. Dr and had X-Ray done, People who moan about our NHS should be banned from using it!"*<sup>66</sup>

*"Patient feedback about NHS 111: The first contact was excellent and competent. I was passed on to a call back from on duty doctor who arranged delivery of antibiotics within 4hrs to my home. I was very impressed."*<sup>67</sup>

Sometimes UEC access works well from the point of view of patient experience ("Brilliant staff and treatment") while simultaneously not working well from the point of view of system efficiency ("frustrated that he had had to go there due to lack of care from our surgery"):

*"My husband had an excellent experience in June at Haywood. He had tried to get a doctors appt for two weeks for an abscess, it got so bad he went to Haywood, got seen straight away & given antibiotics. Brilliant staff & treatment. They were frustrated that he had had to go there due to lack of care from our surgery."*<sup>68</sup>

### **Hypothesis: Are people not using the digital offers in urgent and emergency care? If not, why not?**

As far as NHS 111 is concerned, some people might be put off by perceptions of poor service, and/or a sense that it acts as a barrier:

*"Forum participants who had used 111 were critical of the numerous questions asked by call handlers and the long automated messages at the beginning of the call. Some participants found that coordination between 111 and other services was poor."*<sup>69</sup>

*"Most respondents (53.23%) rated their experience of using 111 as "poor" or "very poor".*<sup>70</sup>

*"43% of patients who contacted NHS 111 rated their experience as 'Very Good' or 'Good'. (This*

65 Healthwatch Norfolk, July 2019. James Paget University Hospital.

66 Healthwatch Stoke on Trent, January 2021. Public Experience of Minor Injuries Unit at Haywood Hospital.

67 NHS Scotland, 2022. Citizens' Panel for health and social care. Survey on dentistry services, urgent and planned care services, and the remit of the Patient Safety Commissioner.

68 Healthwatch Stoke on Trent, January 2021. Public Experience of Minor Injuries Unit at Haywood Hospital.

69 Healthwatch Devon, Plymouth and Torbay, March 2021. Think 111 First: the experiences and views of people in Devon.

70 Healthwatch Devon, Plymouth and Torbay with Healthwatch Somerset, March 2022. Patient experiences of the NHS 111 service in Devon & Somerset.

*compares to 69% of those who completed the same survey in Shropshire in Spring 2021.) Nearly one third of people rated their experience as ‘very poor’.*<sup>71</sup>

*“Some people, 7.59% (12), told us that they had to call 999 or visit an emergency department due to inadequate responses from the NHS 111 teams.”*<sup>72</sup>

*“Not happy to use NHS 111 as not confident that they are competent to diagnose. She thinks NHS 111’s job is to deter people from coming to A&E.”*<sup>73</sup>

*“Where people hadn’t called 111 prior to attending A&E they felt that the service wouldn’t be able to do much other than basic advice (take an aspirin) or tell you to talk to your GP or go to A&E.”*<sup>74</sup>

*“Having listened to endless recorded messages, hung on for 20mins, and finally gave up and went to A&E.”*<sup>75</sup>

*“although a majority of respondents were very or somewhat satisfied with their experience of using NHS 111, the proportion who were only slightly or not at all satisfied was high for a service on which the NHS was placing increasing reliance.”*<sup>76</sup>

Another possible reason for not using digital routes to access is that digital offers may not work very well, or may not be easy to use.

*“A couple of reports mentioned that out of date information on websites meant that people were not aware of all appointment options available to them – for example, some GP practices offered evening appointments, but this was either not advertised or incorrectly advertised on their websites.”*<sup>77</sup>

*“I tried to make an appointment online but it was so difficult. There were no instructions so I contacted my social worker for support with making my appointment.”*<sup>78</sup>

---

71 Healthwatch Telford and Wrekin, February 2022. Experiences of urgent medical care in Shropshire, Telford & Wrekin.

72 Healthwatch Devon, Plymouth and Torbay with Healthwatch Somerset, January 2021. NHS 111 Out-of-hours service: Public feedback from Somerset, Devon, Plymouth and Torbay

73 Healthwatch Cheshire East, July 2021. A&E Watch.

74 Centen, C. undated. User Experience Workstream.

75 Healthwatch Wigan and Leigh with Wigan Borough Clinical Commissioning Group. Experiences of using NHS 111. Snapshot Survey.

76 The Patients Association, January 2022. Patient experience before the omicron wave: the storm before the storm.

77 Healthwatch England, June 2020. What people have told us about NHS administration

78 Healthwatch Dudley, February 2021. Covid-19 and getting access to healthcare help. What about... digital exclusion?

*“Being able to book online was seen as a potential positive by some people but that there was “no online booking available.” However, feedback from those who had used online booking was mixed with one person saying that the “online service works great” whereas others said that either “online [was] not working either” or that “I still struggle using the online booking.”<sup>79</sup>*

*“Most were happy to receive a text but not happy that they could not respond by text. Those who used e-mail were happy to receive e-mails but unhappy that e-mails were not being answered or took too long getting a response – this seemed to vary by the rules of each practice.”<sup>80</sup>*

*“Call wouldn’t connect; couldn’t access call from calendar invite; frequently one of us was late to sessions because of these issues and I didn’t know if it was because the therapist was late, because the tech wasn’t working or because one of us had done something wrong. This caused a lot of anxiety, and there was never an answer.”<sup>81</sup>*

### **Hypothesis: Is digital access / literacy / language adversely affecting certain groups?**

Language is certainly a factor – sometimes compounded by additional difficulties:

*“For those with English as a second language, not confident with smartphones or digital services, and preferring face-to-face appointments there were barriers to access.”<sup>82</sup>*

*“Many families who did know about alternative urgent care services said they would not use the 111 service or Walk-in Centre because of language barriers and the belief that these services do not allow family members to translate on behalf of other family members.”<sup>83</sup>*

*“Four of the people interviewed highlighted communications issues that made it difficult for them to use 111 on the phone and online, including finding the automated options menu and questions confusing (particularly those with dementia, learning disability and those for whom English is a second language). One person had been hung up on in the past because their condition caused slurred speech and one struggled to hear the questions.”*

---

79 Healthwatch Leicestershire, February 2022. You are next in the queue. GP access report.

80 Healthwatch Bucks, 2021. Accessing remote doctor’s appointments. A patient experience project.

81 Healthwatch Bucks, 2021. Remote Mental Health Survey. Your experiences of telephone and video call support.

82 Healthwatch Trafford, August 2021. A report looking at inequalities in health service access in the north of the borough.

83 Healthwatch Oldham, March 2020. Accessing NHS Services: A review of accessing NHS services from Oldham residents with an Eastern European background.

Disability also disadvantages some people:

*“NHS 111: Participants from the Deaf community said that information should be more accessible to people whose first language is BSL, and that information about accessibility (e.g. the availability of interpreters) should be more prominent in the promotional materials.”<sup>84</sup>*

*“I’ve tried a smartphone but couldn’t use it as my fingers won’t register – because of Parkinson’s.”<sup>85</sup>*

*“Those with poor vision experienced difficulties, sometimes exacerbated by poor lighting, in reading... information screens, [and] operating check-in machines.”<sup>86</sup>*

*“One patient with a hearing impairment participated in this research and enjoyed taking part in video calls, however, they admitted that it only worked well if the correct interpreter with the right skill level was present, and if the third party (professional) was also visible.”<sup>87</sup>*

*“One participant who is severely sight impaired shared that having poor sound quality when on a call, as well as poor Wi-Fi connection is a “nightmare scenario” as they cannot see the other person to try and lipread. Poor sound quality would also affect those who are hard of hearing.”<sup>88</sup>*

IT literacy and access to equipment are further barriers:

*“people who lived in more deprived areas of Enfield were less likely to use video calling for appointments, in part because they preferred to see a GP or nurse in person, but also due to a lack of computer literacy and lack of access to the right equipment”<sup>89</sup>*

*“Due to not having a computer and limited technology skills, the patient has struggled to see a doctor over the past 18 months and resulted to visiting A&E when their health condition deteriorated.”<sup>90</sup>*

---

84 Healthwatch Devon, Plymouth and Torbay, March 2021. Think 111 First: the experiences and views of people in Devon.

85 Healthwatch Sandwell, 2021. Using Digital Technology in Primary Care Services.

86 Healthwatch Rutland, June 2020. How people with long term or multiple conditions experience care in Rutland GP surgeries.

87 Healthwatch Darlington, 2021. Digital Exclusion. Understanding the impact on Primary Care services and patients in Darlington during the Covid-19 pandemic.

88 Healthwatch Together, 2021. REMOTE CONSULTATION EXPERIENCES. Engaging with hospital outpatients about their experiences of remote consultations.

89 NHS Race and Health Observatory, February 2022. Ethnic Inequalities in Healthcare: A Rapid Evidence Review.

90 Healthwatch Lewisham, 2021. Digital exclusion and access to health services.

*“People on low-cost phone contracts tend not to have enough data allowance to send large files like pictures to their GP. Their contracts can also limit the type of digital platforms they can access to share images.”<sup>91</sup>*

*“I rang the surgery as there was something I was concerned about. The doctor rang me back and told me to send photos. I had no idea how to do this and all the doctor said was that it was easy to do. I was worried and luckily I was able to ring my son who was at work and he was able to come home and do it for me.”<sup>92</sup>*

*“I could not complete an online form, I couldn’t do it, I wouldn’t know how to access the app in the first place or how to put an app on an iPad, I wouldn’t know where to start. I seem to get in a muddle but if I had to do something out the ordinary ie access and fill in an online form, I wouldn’t be able to do it.”<sup>93</sup>*

*“Some participants were reluctant to access appointments at all, either because the process to access an appointment was difficult and not always successful or because they were shielding, lacked digital access but also did not want to physically go to the practice.”<sup>94</sup>*

*“44% felt the shift to phone, video or e-consultations had made accessing GP services harder.”<sup>95</sup>*

Some issues are specific to young people:

*“Young people patient feedback: They did not think there was a language barrier in terms of speaking different languages, but some people may not feel comfortable speaking on the phone as most of their non face-to-face communication is achieved though textbased communication.”<sup>96</sup>*

*“Some young people spoke about feeling embarrassed visiting a doctor and so an online tool provides a discreet alternative.”<sup>97</sup>*

---

91 Healthwatch England, 2021. Locked out: Digitally excluded people’s experiences of remote GP appointments.

92 Healthwatch Derbyshire, 2020. Experiences of Virtual Appointments during Covid-19.

93 National Voices, 2021. Unlocking the digital front door: a call to action.

94 Engaging Communities Solutions, 2021. Access to Primary Care and Digital Exclusion. Report on findings across eight Healthwatch delivered by Engaging Communities Solutions CIC.

95 Healthwatch Lewisham, undated. Digital Exclusion Report.

96 Healthwatch Coventry, 2020. Views of young people about the use of technology in the NHS. Findings from a focused discussion with sixth form students.

97 Healthwatch Cornwall, 2019. Young People’s Views on Digital Health Information and Support.

*“Patient feedback about ChatHealth: It’s only open 9am to 4pm... and phones aren’t allowed to be used in school. I would sneak off to the toilet to text the service during school time, so I could get an answer. If I waited until after school I would get anxious waiting for a reply, which wouldn’t come through until the next day.”<sup>98</sup>*

### **Hypothesis: What types of people are more willing / able to use digital entry points?**

Although it is often assumed that older people are particularly susceptible to digital exclusion, we found evidence suggesting a different picture:

*“It is those aged 60-69 that are going online most, not the younger population, to contact the surgery to get help with their health problems. Some are getting relatives to help them, sometimes it is relatives inquiring on behalf of older family members.”<sup>99</sup>*

*“These older residents are most willing to use health apps for self-monitoring and tracking symptoms (30%), to aid in recovery following surgery (27%), and to alert of a potential health condition (26%).”<sup>100</sup>*

Most other evidence talked in general terms about why people preferred digital, rather than who did. Speed and convenience are key:

*“Common reasons given for using online tools were for convenience in terms of saving time and reducing travel, discretion and education.”<sup>101</sup>*

*“Participants made appointments through online systems, over the phone, or through email. Some interviewees talked about how they had received much quicker responses by submitting an online form, whilst response times over the phone were felt to have been much slower in recent months.”<sup>102</sup>*

*“Patient feedback regarding AskNHS: Most people used the symptom checker for an illness related issue and reported they found it very easy or easy to use and found the time it took to use it was about right. Quicker than going through the script at 111.”<sup>103</sup>*

---

98 Healthwatch West Sussex, undated. Young Peoples’ views on Digital Services.

99 Healthwatch Dudley, February 2021. Covid-19 and getting access to healthcare help. What about... digital exclusion?

100 Orcha, 2021. Digital Health in the UK. National Attitudes and Behaviour Research.

101 Healthwatch Cornwall, 2019. Young People’s Views on Digital Health Information and Support.

102 Traverse, 2021. Down the line: Patient stories of digital primary care in a pandemic, and building better access for all.

103 Healthwatch Bucks, 2021. ‘Your Virtual Assistant’: The patient experience of Ask NHS.

*“My overall experience with a virtual appointment was positive. It was quite quick and easy so with my phone consultation it meant that I did not actually have to leave the house to travel to the GP ... it made me feel more comfortable ... as I do not want to go to the GP Practice for fear of maybe catching COVID-19.”<sup>104</sup>*

*“If patients have a routine appointment with a consultant they have met previously and trust, digital appears to work.”<sup>105</sup>*

## Service quality

**Hypothesis: What are people’s expectations of UEC? i.e. Is timeliness and face-to-face important? How long are people prepared to wait?**

Discussions about timeliness in urgent and emergency care mostly relate to the four hour waiting time target, embedded in the NHS Constitution.<sup>106</sup> Breaches of the four hour standard are well documented:

*“The NHS has not met the four-hour standard at national level in any year since 2013/14, and the standard has been missed in every month since July 2015.”<sup>107</sup>*

In spite of this, there may be confusion among patients as to what the four hour target actually means:

*“Ninety-five percent of people said they felt they knew what the current target was, however when asked to set out that understanding it is clear their expectations differ. Expectations include four hours from arrival to initial assessment, four hours to seeing a medical professional, through to four hours to being admitted once a decision to admit is made.”<sup>108</sup>*

There is evidence of a link between long waits and poorer patient experience:

*“...people whose attendance lasted more than four hours, and people who had recently visited a Type 1 service consistently reported poorer experiences of Type 1 services. Similarly, younger people and those whose attendance lasted more than four hours reported poorer experiences of Type 3 services.”<sup>109</sup>*

---

104 National Voices, 2021. Unlocking the digital front door: a call to action.

105 Healthwatch Together, undated. Remote Outpatients Appointments. Conversations with patients in Lancashire & South Cumbria.

106 NHS, 2015. The NHS Constitution.

107 King's Fund, May 2022. What's going on with A&E waiting times? <https://www.kingsfund.org.uk/projects/urgent-emergency-care/urgent-and-emergency-care-mythbusters>

108 NHS, May 2021. Clinically led review of urgent and emergency care standards. Measuring performance in a transformed system.

109 Care Quality Commission, 2021. 2020 Urgent and Emergency Care Survey. Statistical release.

However, patients experiencing long waits seem less concerned about adherence to targets than about unpleasant experiences in waiting areas – some with possible clinical or patient safety risks:

*“I have chronic pain problems and hours on metal chairs in A&E just makes that worse. I have autism, as well as my mental health conditions, and find A&E waiting rooms a total sensory and social overload.”<sup>110</sup>*

*“I was sat in a corridor then till 6pm and there were 15 of us on the corridor, one of whom was a gentleman with personality disorder whom the staff were struggling to manage.”<sup>111</sup>*

*“People reported being left for long periods, left in busy environments, left in isolation without being checked on, and left without any indication of timescales. This was especially difficult for those in a fragile mental state and in some cases resulted in patients discharging themselves before treatment.”<sup>112</sup>*

Some of these discomforts could perhaps be mitigated by better communication on likely length of wait:

*“more clarity to the parents about when we will be seen soon. Being left can make me feel uneasy. Better communication between the parents and staff regarding waiting times.”<sup>113</sup>*

*“The patients and relatives that we spoke to told us that more communication about what was happening, for example updates when waiting for long periods, would improve their experience.”<sup>114</sup>*

*“Maybe letting people know why they have to wait, I mean we expect to wait but maybe first let us know the wait times”.<sup>115</sup>*

*“Patients were grateful for staff in Accident & Emergency keeping “patients informed of the waiting times and what was happening”, reporting that this “makes it easier to cope with the wait if someone takes the time to let you know what is happening.”<sup>116</sup>*

---

110 Care Quality Commission, October 2020. Assessment of mental health services in acute trusts programme. How are people’s mental health needs met in acute hospitals, and how can this be improved?

111 Healthwatch Together, 2022. Pennine Lancashire Insights. Emergency Department and Urgent Treatment Centres. Informing Winter Plans 2021-2022.

112 Healthwatch Gloucestershire, November 2020. Experiences of urgent mental health care in accident & emergency: A Gloucestershire perspective.

113 Healthwatch Central West London, June 2019. Knowing which way to turn: Young Families and Urgent Care Centres report.

114 Healthwatch Doncaster, September 2019. 24 Hours in Urgent and Emergency Care.

115 Healthwatch Cheshire West and Healthwatch Cheshire East, January 2020. A&E Watch

116 Healthwatch Norfolk, February 2020. James Paget Hospital.

*“longer waits were more acceptable where patients were kept informed of their own progress, reassured they had not been forgotten, offered refreshment when appropriate, had information on the reason for waiting, and did not feel that their own wait was the result of inappropriate demand by others.”<sup>117</sup>*

Another mitigating factor could be a sense among patients and relatives that they are being looked after more broadly:

*“A patient told us that he had been waiting in the department for 7½ hours and was unsure if he could have a drink, he didn’t know who to ask. He explained that he was hesitant to ask staff for a drink and said that some guidelines, a poster on the wall, would be of some help.”<sup>118</sup>*

*“Some patients and relatives felt that during long waits food and hot drinks should be made available. One family that we spoke to told us “We have been here for several hours and no one has offered us a drink, a cup of tea would go down really nicely at the moment.”<sup>119</sup>*

As far as face to face care is concerned, patients appreciate staff who act with kindness and professionalism:

*“The paramedics were brilliant and took me up to hospital/dealt with me brilliantly for severe Covid symptoms.”<sup>120</sup>*

*“The nursing staff and doctors who attended my daughter were very efficient and professional they were answering the questions I kept asking. I felt she was in safe hands. One of the nurses even helped me get the WiFi working so I could inform my husband who is away in Holland working. I felt valued and my daughter taken care of very well.”<sup>121</sup>*

*“I’ve had recent experience with the A&E department who were excellent. They were really thorough, not just in the physical examination but in how they dealt with me. They treated me as an individual. I have absolute faith in the staff there.”<sup>122</sup>*

---

117 Patient Opinion, 2015. Patient experiences of urgent and emergency care in Yorkshire and The Humber. An analysis of stories from Patient Opinion

118 Healthwatch Dorset, February 2020. What matters to people using Poole Hospital Accident & Emergency?

119 Healthwatch Doncaster, September 2019. 24 Hours in Urgent and Emergency Care.

120 Healthwatch Bradford and District, August 2020. Experiences of Health & Care in Bradford. During the first phase of COVID-19.

121 Healthwatch Croydon, July 2020. Service user experiences of Croydon University Hospital Accident and Emergency Department.

122 Healthwatch Norfolk, July 2019. Norfolk and Norwich Hospital.

Conversely, face-to-face encounters with unhelpful staff can simply compound a sense that service quality is poor:

*“The staff are busy but dismissive and not always helpful. On a good day you can wait one and a half hours but this can go up to 3 hours during busy periods.”<sup>123</sup>*

*“Throughout all, I’m afraid I found what I can only describe as a seemingly caring deficit in the attitude of staff ‘front of house’ (not the medical team, I must say). Offhand at best, brusque to the point of rudeness at worst.”<sup>124</sup>*

*“Was admitted for one night after attending A & E. I had to sleep in my own clothes, the night nurse was angry and showed little interest in my problem.”<sup>125</sup>*

*“A young carer went into hospital with their dad after calling 999. They phoned 999 and the ambulance crew asked if the young carer wanted to go with their dad while their mum tried to get there. While at the hospital the doctors wouldn’t look at the young carer. They treated him as if they were wondering why he was there. As if they didn’t understand why he was there when he wasn’t an adult. They wouldn’t listen to him when he tried to explain something to them about the care of his dad. He explained that he was a young carer and they apologised but by then it has already caused the damage.”<sup>126</sup>*

*“I was rushed in to A&E in December 2016 with anaemia and ended up waiting 15 hours before I was in a bed. The nurses were quite abrupt, and quite dismissive when giving injections. I felt like I was an inconvenience. I know it wasn’t their fault as they were so busy but it impacted on my experience.”<sup>127</sup>*

---

123 Healthwatch Bromley, 2019. Patient experience report 2019 Q1: April - June

124 Healthwatch Brighton and Hove, 2022. Feedback on the Accident and Emergency Department, Royal Sussex County Hospital.

125 Healthwatch Bromley, 2019. Patient experience report 2019 Q1: April - June

126 Healthwatch Norfolk, March 2020. Norfolk and Norwich University Hospital.

127 Healthwatch Norfolk, February 2020. James Paget Hospital.

## Hypothesis: Do people want a seamless patient journey where information is shared across channels? i.e. 'omni channel'

There is evidence that information sharing does matter to patients. People dislike having to tell their story multiple times to different staff and services:

*"Patient feedback about NHS 111: It was a traumatic experience an hour to wait for it to answer then passed department to department having to repeat every time what the problem was."*<sup>128</sup>

*"After an extremely long conversation where I had to give so much information, I then had to go through the whole conversation again when passed on. Frustrating, upsetting and a waste of time."*<sup>129</sup>

Sometimes a lack of joined up care can actually be the cause of people having to present as an emergency:

*"Some people reported that they rarely saw the same doctor and that this can lead to problems in having to explain their condition several times and the occasional mix up with medical history and medication leading to serious consequences."*<sup>130</sup>

*"I was given the wrong tablets for my condition due to a mix up between different doctors and ended up on life support. I now only talk to one doctor that I know."*<sup>131</sup>

Information sharing can matter as much on the way out of the Emergency Department as on the way in:

*"For those we spoke to, leaving the ED rarely equated to the mental health 'episode' being over. Clear follow-up and care plans that incorporated families, carers and signposting to ongoing support were seen as being the most beneficial for helping people on their mental health journey."*<sup>132</sup>

*"My sister was hospitalised with a mental health crisis - her discharge was really poor and after care non-existent. She had to basically find her own support."*<sup>133</sup>

---

128 NHS Scotland, 2022. Citizens' Panel for health and social care. Survey on dentistry services, urgent and planned care services, and the remit of the Patient Safety Commissioner.

129 Healthwatch England, 2021. Is NHS 111 First making a difference?

130 Healthwatch York, June 2020. Urgent Care Rapid Appraisal.

131 Healthwatch York, June 2020. Urgent Care Rapid Appraisal.

132 Healthwatch Gloucestershire, November 2020. Experiences of urgent mental health care in accident & emergency: A Gloucestershire perspective.

133 Healthwatch Norfolk, July 2019. James Paget University Hospital.

Good communication during the urgent care experience is equally important – people need help to understand the process of their care:

*“Effective communication is one of the most important elements of people’s experiences in A&E, and can have a significant effect on whether they perceive their experience to be good or bad overall... Many people told us that at different parts of their pathway through A&E, they didn’t know what was going on or what would happen next.”<sup>134</sup>*

*“It was known there were problems with the operation of separate (Early Access, Urgent, and Crisis Resolution and Home Treatment) mental health services. People experienced problems getting through to services on the telephone, with general practitioner referral times, and handovers between different services. An analysis of complaints showed this to be the case and these issues had been discussed at different commissioner and service provider meetings.”<sup>135</sup>*

This can matter as much to relatives as it can to the person receiving treatment:

*“One individual spoke of her experience as a relative of a person admitted by emergency to hospital. They felt that there was no consistency about what they were told by staff members; they received differing accounts of what was happening to their relative from various staff members as did another relative of this patient when they phoned to enquire after their loved one. People expressed frustration regarding the fragmentation in the NHS and between the NHS and council services.”<sup>136</sup>*

When it happens, joined up care is very much appreciated:

*“fantastic care received by staff across the full stroke pathway but in particular the care received in hospital, from nurses, doctors, consultants and those providing treatment, therapies and home care.”<sup>137</sup>*

---

134 Healthwatch England, February 2020. What matters to people using A&E. A report for the NHS Clinical Review of Standards

135 Healthwatch Dudley, May 2018. Mental Health 24 Hour Assessment Service What are people saying about it?

136 Healthwatch Kirklees, October 2020. The health and care experiences of people living in Kirklees during the Covid-19 outbreak.

137 Healthwatch Lincolnshire, April 2020. Stroke Report. Insight into stroke services in Lincolnshire. A patient and carer perspective.

## Differences in expectations and behaviour

### Hypothesis: Has COVID-19 changed people's expectations / behaviours?

Covid-19 certainly changed people's behaviour through the first year of the pandemic (March 2020 onwards) when A&E attendance dropped markedly.<sup>138</sup> This was at least in part due to concerns about entering healthcare settings with high infection risk:

*"Increased fear of accessing services – we have heard this particularly in relation to mental health services, but also A&E, the Walk-in Centre, and hospital outpatient appointments. Reports of long waiting times to access the NHS 111 service have also made people wary of attempting to access services via this route. We've spoken to people who were already hesitant to make contact with mental health services, who are now even more concerned due to increased fear of infection in a healthcare setting."*<sup>139</sup>

*"Overall, people felt more comfortable than uncomfortable when accessing services, although this varied depending on the perceived risk of the service. For example, more were comfortable visiting their GP (84% comfortable, 15% uncomfortable) than visiting 'the frontline' A&E at their local hospital (70% comfortable, 28% uncomfortable) where the perceived 'risk' was greater."*<sup>140</sup>

*"Anxiety or stress at needing to go out to the pharmacist and that social distancing was not always adhered to."*<sup>141</sup>

Some evidence suggests that perceptions of risk were justified:

*"there was absolutely no chance of being social distanced in such a small space from anyone or anything, there were plenty of signs around telling us to 'distance' but not enough space or chairs to achieve it. The waiting room is very small and was full to overflowing"*<sup>142</sup>

Although other feedback tells a different story:

*"I wasn't worried and I was very well looked after. The nurse was really attentive whilst keeping an appropriate distance."* [Same Day Health Centre patient].<sup>143</sup>

138 <https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/>

139 Healthwatch Sheffield, 2020. How is covid-19 impacting on people's access to and experience of health and social care services in Sheffield?

140 IPSOS Mori, June 2020. The Health Foundation COVID-19 Survey. A report of survey findings.

141 Healthwatch Oxfordshire, May 2021. Experience of using pharmacists in Oxfordshire 2020.

142 Healthwatch Brighton and Hove, 2022. Feedback on the Accident and Emergency Department, Royal Sussex County Hospital.

143 Healthwatch Doncaster, September 2019. 24 Hours in Urgent and Emergency Care.

*“First time I visited with my daughter and her broken finger. Despite Covid it was incredibly well organised and spotlessly clean.”<sup>144</sup>*

In the early days of the pandemic, government messaging included an instruction to “Protect the NHS”. This might also have been a reason for reduced A&E attendance:

*“there was a 29% fall in the number of A&E attendances in March 2020 compared with the same time last year, which suggests people are staying away from A&E, possibly either because of fear of catching the virus or because they do not want to overburden the service”<sup>145</sup>*

*“We also know that people are changing their behaviour, some people are nervous about accessing healthcare settings where the risk of infection with coronavirus is higher. Others feel that their problems are not important enough to merit treatment when there are other, more urgent, priorities for the NHS.”<sup>146</sup>*

Another change in behaviour (possibly temporary) was a reduction in patients being accompanied to A&E by friends or relatives:

*“I was admitted to A&E at 2.50 pm and was seen for the first time by a doctor 11.10 pm. Due to Covid I was told my husband could not be with me. This is worrying for someone in a wheelchair who cannot get out of it.”<sup>147</sup>*

A possibly more permanent change is in how patients initiate contact with GP services:

*“The proportion of requests indicating a preference for a face-to-face consultation dipped from an average of 29.7% before the pandemic to less than 4% at the start of the pandemic. It steadily recovered after that but was only at 10% by the end of our study period in September 2021. Telephone consultation was the most popular patient preference, favoured on average in 44% of requests pre-pandemic, and by 55% in both 2020 and 2021. Requests for a response via SMS/online messaging accounted for on average 26.2% requests pre-pandemic, rising to over a third in 2020 and 2021. Fewer than 1% of requests asked for a video consultation.”<sup>148</sup>*

---

144 Healthwatch Stoke on Trent, January 2021. Public Experience of Minor Injuries Unit at Haywood Hospital.

145 NHS Providers, May 2020. Spotlight on... THE NEW NORMAL. Balancing COVID-19 and other healthcare needs.

146 Traverse, 2020. Knock-on effects of coronavirus on access to healthcare: lived experience research

147 Healthwatch Sefton, September 2021. Liverpool University Hospitals NHS Foundation Trust. Patient stories about experiences of the Accident & Emergency Department at the Aintree University Hospital site.

148 The Health Foundation, March 2022. Access to and delivery of general practice services: a study of patients at practices using digital and online tools.

One study confirms this change, but stresses the need to evaluate the consequences for patient safety:

*“During the COVID-19 crisis we have also seen primary care and hospital outpatients swiftly move from a face-to-face based service to telephone based... However there is a lack of evidence regarding safety, efficacy and impact of this approach. Understanding the role of NHS 111 within these new approaches is especially important for emergency care where access by the most marginalised in society will be vital—such as the elderly, those with chronic ill health and mental health problems”.*<sup>149</sup>

### Hypothesis: Are there regional variations?

We were unable to find conclusive evidence of regional variations in people’s understanding or use of urgent and emergency care, or digital services. In fact, much of the evidence set out above indicates similarities of knowledge and experience across different parts of the country. However, some studies indicated demographic variations, as follows.

It is possible that nationality plays a part in people’s understanding of urgent care services. A report on the experiences of people with an Eastern European background revealed that:

*“many who took part in the survey were not aware that they could go to the pharmacist for advice. In fact, of those who took part in the review, 78% did not know about the GP Out of Hours service and 50% did not know about the NHS 111 emergency service.”*<sup>150</sup>

A survey of people from Albanian and Arabic speaking communities (on general awareness and use of healthcare services, not just urgent and emergency) said:

*“We heard that the NHS was different to health care in their country of origin. This sometimes made it difficult for people to understand what to do, where to go, and how to find information. They would like more information in their own language as well as culturally sensitive services”.*<sup>151</sup>

*Other factors such as age and proximity to A&E services might also have a bearing:*

*“Younger adults are significantly more likely as older counterparts to use the ED to obtain healthcare that could be provided in a less urgent setting and also more likely to do this out of hours”.*<sup>152</sup>

---

149 Lewis J, Stone T, Simpson R, Jacques R, O’Keeffe C, Croft S, et al., 2021. Patient compliance with NHS 111 advice: Analysis of adult call and ED attendance data 2013-2017. PLoS ONE 16(5): e0251362. <https://doi.org/10.1371/journal.pone.0251362>

150 Healthwatch Oldham, March 2020. Accessing NHS Services: A review of accessing NHS services from Oldham residents with an Eastern European background.

151 Healthwatch Oxfordshire, November 2021. Hearing from Albanian and Arabic speaking communities

152 O’Keeffe C, Mason S, Jacques R, Nicholl J, 2018. Characterising non-urgent users of the emergency department (ED): A retrospective analysis of routine ED data. PLoS ONE 13(2):e0192855. <https://doi.org/10.1371/journal.pone.0192855>

*“A higher proportion of respondents who self-referred were: living nearer to the A&E Department, attending A&E on weekends, male, in the younger age groups, and were private or social / housing association tenants, or living in supported or temporary accommodation. This suggests that there may be opportunities to target messages about NHS 111 First and alternatives to A&E to these Groups.”<sup>153</sup>*

[www.patientlibrary.net](http://www.patientlibrary.net)

The title and content of this publication © Glenstall IT, August 2022.

The Patient Experience Library is provided by Glenstall IT, 28 Glenstall Road, Ballymoney BT53 7QN

Cover: [wikimedia/neiljohnuk](https://commons.wikimedia.org/wiki/File:Neiljohnuk)