

Emergency Care

Central and West Lancashire Insights

About Healthwatch Lancashire

Healthwatch Lancashire (HWL) was established in April 2013 as part of the implementation of the Health and Care Act 2012.

A key role of HWL is to champion the views of people who use health and care services in Lancashire, seeking to ensure that their experiences inform the improvement of services. HWL are constantly listening, recording and reporting on the views of local people on a wide range of health and care issues, ensuring that people in the county are able to express their views and have a voice in improving their local health and care services. With our work we aim to influence change by sharing public insights with supporting recommendations.

When working across Lancashire and South Cumbria, Healthwatch Lancashire work in partnership with Healthwatch Blackburn with Darwen, Healthwatch Blackpool and Healthwatch Cumbria under Healthwatch Together. Each Healthwatch organisation works in their own geographical area and is their own unique entity, providing a local approach to community engagement.

Introduction and Context

Healthwatch Together have been asked to engage with patients presenting at Emergency Departments (ED), Urgent Treatment Centres (UTC) to explore reasons for attendance, understand experience and highlight themes to support NHS communications.

Healthwatch Lancashire were responsible for engaging with patients in Central and West Lancashire, and subsequently sharing their experiences with Lancashire and South Cumbria Health and Care Partnership. The goal was to gather qualitative and quantitative feedback to influence NHS winter plans, highlighting what is working well and areas for improvement.

Executive Summary

Healthwatch Lancashire have collected feedback from local residents to understand experience and presentation at Urgent Treatment Centres and the Emergency Department within the Central and West Lancashire area. Through numerous short and focused site visits, Healthwatch Lancashire engaged with 183 people who have provided the insight that features in this report. We are incredibly grateful to all of the people that chose to take part in conversations and support our survey, the insight has been invaluable and has been used together to formulate our recommendations.

Key Messages:

Patients were most frequently being driven to sites by a friend/family member, and this was most commonly due to an infection or illness. Prior to attending the ED or UTC, 35.5% of patients had tried their GP, 21% had tried the NHS 111 telephone service and 11.5% had tried the NHS 111 online service. However, there were 32% of patients in an ED or UTC that had not tried to access another healthcare service before attending. In total from all 8 sites, 25% of patients were advised to attend by a GP, while 24% were advised to attend by the NHS 111 service (either by the telephone or online service or both). Despite this, many patients suggested they would try their GP or the NHS telephone service next time for initial advice. There appears to be a preference and more awareness of NHS 111 telephone as opposed to NHS 111 online. But there was a general lack of knowledge about the Patient UK website and the Local child health advice booklet website. In terms of receiving information, methods such as the NHS website, TV adverts and posters in health centres/ libraries/ community centres/ bus stations were consistently preferred.

Lancaster Hospital Emergency Department:

Of the 37 patients we spoke with in ED, 78% identified themselves as a woman and 43% of the patients were over 45. Most of the patients identified as White/White British, with them commonly residing in a LA1/LA2 postcode. Patients were most commonly advised to attend ED by their GP, and patients think that the best method to promote health services is via the NHS website.

Southport Hospital Emergency Department:

Of the 32 patients we spoke with in ED, 59% identified themselves as a woman and 72% of the patients were over 45. Most of the patients identified as White/White British, with them commonly residing in a PR8/PR9 postcode. It appears that patients have been advised to attend ED by another NHS service, such as GP or NHS 111 phone. But on more than one occasion a patient had been directed to Southport ED from Ormskirk Walk-in-Centre. Also, it was evident that many patients have been struggling to get a GP appointment, but they did express that they would still attempt to go to the GP for initial advice next time.

Skelmersdale Walk-in-Centre:

Of the 20 patients we spoke with at the Walk-in-Centre, 60% identified themselves as a man and 50% of the patients were over 45. Most of the patients identified as White/White British, with them commonly residing in a WN8 postcode. It was most often time of availability and geographical convenience that made patients decide to attend the Walk-in-Centre. It was also common for patients to not try any other service prior to attending.

Preston Emergency Department:

Of the 43 patients we spoke with in ED, 58% identified themselves as a man and 51% of the patients were under 45. Most of the patients identified as White/White British, with them commonly residing in a PR1/PR2 postcode. It appears that patients have been advised to attend ED by another NHS service, such as GP or 111. The majority of patients were not aware of the Patient UK website nor the local child health advice booklet website.

Preston Urgent Treatment Centre:

Of the 12 patients we spoke with in UTC, 58% identified themselves as a woman and 67% of the patients were over 45. Most of the patients identified as White/White British, with them commonly residing in a PR2 postcode. It appears that patients have been advised to attend UTC by another NHS service, such as GP or 111. Despite the various issues raised by patients about GPs (for example, not being accessible), many would still consider going to their GP for initial advice next time.

Chorley Emergency Department:

Of the 7 patients we spoke with in ED, 43% identified themselves as a woman and 43% identified themselves as a man. 57% of the patients were under 45. Most of the patients identified as White/White British, with them commonly residing in a PR6/PR7 postcode. The majority of patients believe that the best way to promote services, such as the Patient UK website and the local child health advice booklet website, would be via the NHS website.

Chorley Urgent Treatment Centre:

Of the 18 patients we spoke with in UTC, 56% identified themselves as a woman and 56% of the patients were under 45. Most of the patients identified as White/White British, with them commonly residing in a PR5/PR6/PR7 postcode. It seems that patients decided to attend Chorley UTC straight away because they believed that their injury/condition was urgent and serious enough to do so. But next time many patients would consider trying the NHS 111 telephone service prior to attending.

Ormskirk Urgent Treatment Centre:

Of the 14 patients we spoke with in UTC, with an even 50:50 split of patients identifying as woman/man. 64% of the patients were over 45. Most of the patients identified as White/White British, with them commonly residing in a L39/L40 postcode. Patients were most commonly advised to attend the UTC by NHS 111, either by the telephone or online service. Many patients believe that promotion of health services should be done via the NHS website.

Recommendations

Improvements to the NHS 111 service:

Patients often mentioned that the whole process takes far too long. This includes that it takes too long before the handler answers the phone, the phone call itself is too long with lots of irrelevant questions, that the patient has to wait for hours for a medical professional or duty GP to call them back, then some patients have to wait even longer for someone to come out if it is agreed that that is needed or to get to ED. Thus, the process of using the 111 service can take many hours after the patient first rang or went online. People are worried about someone else, feel ill or in pain and want help at the point they ring, they don't want to wait. It was implied by some patients that had used the service before that they probably wouldn't use it again unless for general advice.

Raise awareness of NHS 111 online:

There appears to be a preference and more awareness of NHS 111 telephone as opposed to NHS 111 online. But raising the awareness of NHS 111 online would potentially reduce the pressures of the NHS 111 telephone service (and maybe even reduce waiting times).

Include information for under 5's on the NHS 111 online service:

It was mentioned that NHS 111 online does not have information for children under 5, multiple respondents highlighted this as a problem for them as it meant that they couldn't use this resource for their children, thus meaning they can often end up attending ED. Thus, including information for children under 5 on this online resource could reduce parents reliance on ED.

Increase accessibility to GPs:

There was a lot of engagement done on Saturdays and thus it was indicated that many people attending these emergency services on a Saturday were people who worked full time, were self-employed or cared for young children (family members) during the week. Thus, came to ED as their GP's were not open, and they didn't have time to attend their GP during the week, so had made the decision they were going to go to ED at the weekend even before they got to the weekend. A large part of this is because of the time involved in trying to get a GP appointment (days of repeatedly calling everyday multiple times a day at fixed time slots when everyone else is calling) and/or not being able to get the time off work to attend an appointment. Thus, it was evident that people would benefit from increased accessibility to GPs, but it would also suggest that this would reduce the pressure on the emergency services as well.

Alternative places for blood tests:

It was highlighted that several patients were referred to UTC/Walk-in-Centres for blood tests, thus, look into alternative places that this treatment can be done, to relieve pressures and waiting times of these services.

More locally based Walk-in-Centres:

It was highlighted that some people chose to attend ED when they do not need to simply because of ease of access and availability. Increasing the number of locally based Walk-in-Centres could reduce the number of people attending ED because they view it as the 'easier' option.

More Face-to-Face appointments offered:

There were many people who wanted to be 'seen' or 'checked over' face-to-face, and not just over the phone with the GP or 111. If there were more face-to-face appointments available to patients that were not in ED/UTC/W-in-C's then the pressure these people are adding to the emergency services could potentially be removed.

Educate when it is best to attend ED or UTC:

Sometimes patients were sent to ED from the UTC, thus clarifying and educating the public on when it would be best for them to attend which service could reduce the number of times this occurs.

Also, both the UTC centres in Chorley and Preston are located on their corresponding hospital grounds, thus although the hospital differentiates between the UTC and the ED, the patients attending often did not.

Have a Primary Care department before ED at the hospital:

This would allow ED to be only for emergency patients only and reduce the waiting times for these patients within ED. But it would still mean that all patients would be seen by a medical professional by the Primary Care Department (who could also triage more effectively by moving those onto ED who need to be).

Increase awareness of the services pharmacies can provide:

Despite patients stating that they know what a pharmacy is, it was not clear if they knew all the services a pharmacy could provide them with. Thus it would be helpful for pharmacies to advertise what they can help with, what advice they can provide and what they can prescribe.

Patient UK website and Local Child Health Advice Booklet website:

It is clear that the vast majority of patients are not aware of the Patient UK website or the Local Child Health Advice Booklet website. Also, patients were not always aware that the Patient UK website is patient.info. Thus, better promotion of these services is required in order to increase use.

Best methods of communication:

The methods of receiving information which were highlighted to be the most preferred by patients were; via the NHS website, TV adverts and posters in healthcare centres/ libraries/ community centres/ bus stations. It is key to continue to have a mix of online and non-online communication methods as multiple respondents shared that they had digital technology limitations.

Increase carers and district nurses' knowledge of services:

If the district nurses and carers had a better and clearer knowledge of these services, they could help to promote them to those that they look after. They are in a prime position to help to educate the people they support on which services to use when, and how to get access to information that could be useful to those individuals.

Methodology

Healthwatch Together produced a questionnaire, with input from commissioners, in order to collect data and insights. This survey was distributed by Healthwatch Blackpool via our social media channels and with local third sector partners. Face to face engagements in Emergency Departments and Urgent Treatment Centres were arranged and carried out on the following dates and times:

Site	Date and time	Total number of respondents
Lancaster Hospital Emergency Department	Tues 30/11/2021 10:00am-13:00pm	37 respondents
	Tues 07/12/2021 10:00am-13:00pm	
Southport Hospital Emergency Department	Tues 23/11/2021 14:00pm-16:00pm	32 respondents
	Sat 04/12/2021 10:00am-15:00pm	
Skelmersdale Walk-in- Centre	Thurs 25/11/2021 10:00am-12:00pm	20 respondents
	Sat 11/12/2021 10:00am-12:00pm	
Ormskirk Urgent Treatment Centre	Thurs 25/11/2021 14:00pm-16:00pm	14 respondents
	Sat 11/12/2021 13:00pm-15:00pm	
Preston Emergency Department	Thurs 02/12/2021 10:00am-12:00pm	43 respondents
	Sat 11/12/2021 14:00pm-16:00pm	
Preston Urgent Treatment Centre	Thurs 02/12/2021 10:00am-12:00pm	12 respondents
	Sat 11/12/2021 14:00pm-16:00pm	
Chorley Emergency Department	Thurs 02/12/2021 14:00pm-16:00pm	7 respondents
	Sat 11/12/2021 10:00am-12:00pm	
Chorley Urgent Treatment Centre	Thurs 02/12/2021 14:00pm-16:00pm	18 respondents
	Sat 11/12/2021 10:00am-12:00pm	
		183 respondents

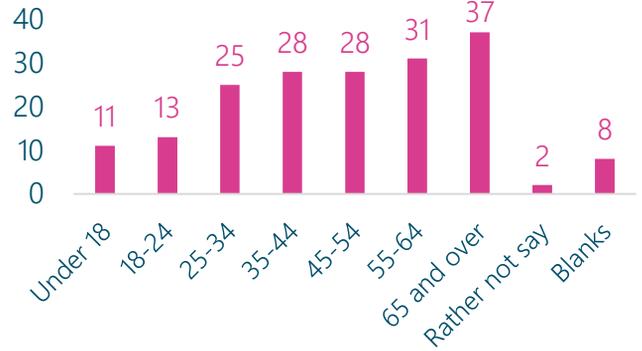
Demographics

The survey was completed by 183 patients, who have attended one of the eight sites in Central and West Lancashire. The graphs below display the demographic information of those who took part.

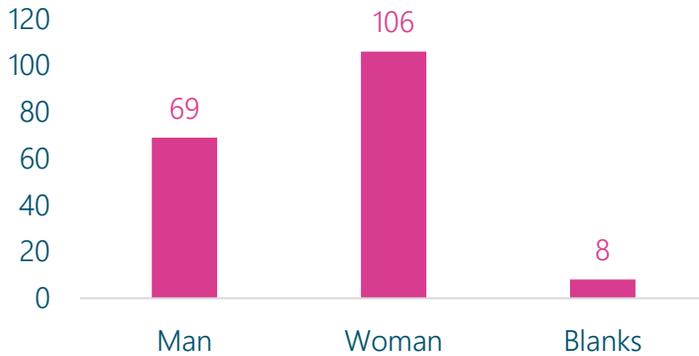
What is the first half of your residential postcode?



How old are you?



What is your gender?



Ethnicity	Total number
Asian/Asian British	5
Black/Black British	1
White/White British	165
Blanks	8
Rather not say	1

Employment Status	Total number
Employed - full time	52
Employed - part time	22
Self-employed	19
Unemployed	6
In full time education	13
Caring responsibilities	4
Retired	40
Disabled and unable to work	6
Rather not say	6
Other	6
Blanks	9

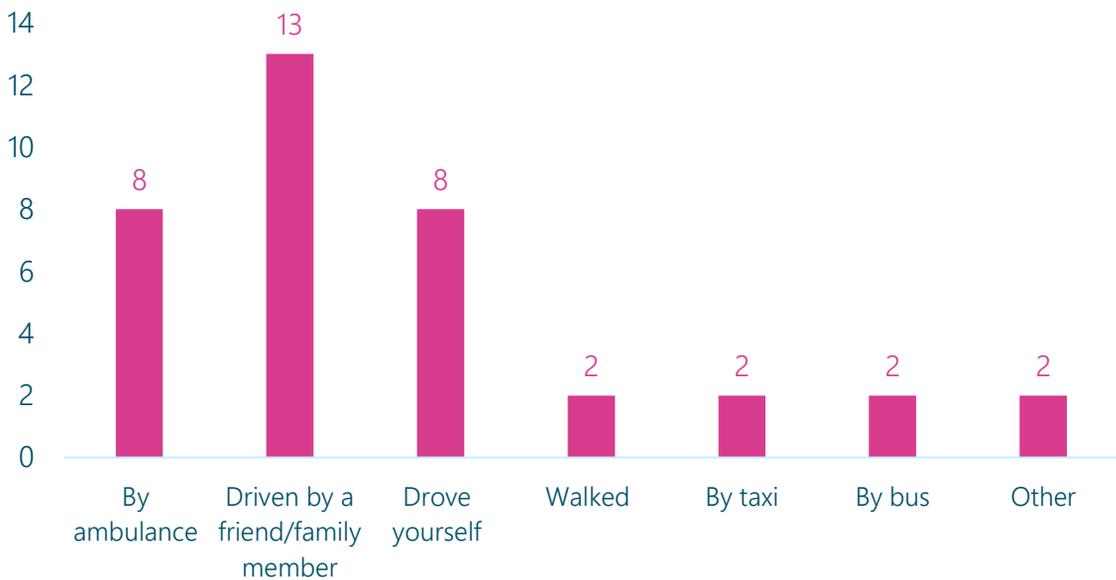
**LANCASTER HOSPITAL
EMERGENCY
DEPARTMENT**

Lancaster Hospital Emergency Department
Centenary Building, Royal Lancaster Infirmary, Ashton Rd, Lancaster, LA1 4RP

Healthwatch Lancashire visited the site on two occasions, providing patients with an opportunity to give feedback on their visit.

What we found

How did you travel to Lancaster Hospital ED?



What caused you to seek medical attention?	Total number
An accident	5
An infection or illness	9
Yet to be diagnosed	4
A long-term condition	4
A mental health condition	1
Prefer not to say	3
Other	11

Some examples of 'Other' responses: two patients mentioned "chest pain", "Had a scan", and "sent by my GP"

Lancaster Hospital Emergency Department
Centenary Building, Royal Lancaster Infirmary, Ashton Rd, Lancaster, LA1 4RP

Patients were asked to provide clarification/further details:

For those that attended ED for an accident 2 mentioned it was because they suspected that they had broken a bone, whilst another said they had been injured following a fall:

"Suspected broken finger."

"Injury to foot, suspected broken."

"Fell and suffered facial injuries."

"Concussion."

4 out of the 9 patients in ED for an infection or illness said that it was related to pulmonary issues or chest pains:

"Blood clot and chest pain."

"Returned chest infection after pneumonia, collapsed lung 4-5 weeks ago."

"Chest infection after having my booster and flu vaccine at the same time."

Another 2 patients had stomach/abdominal pains:

"Stomach pains, sent here by the doctor."

"Abdominal pain, nausea, bleeding."

Yet to be diagnosed patients were in ED with various conditions:

"TIA's, unregulated heartbeat, nurse told us 3 months ago that my dad had a stroke but didn't show up on CT scan or MRI then they have lost his last results. Last results from assessments."

"Fallen banged head and had a seizure."

"Repeated headache, sickness, dizziness since the end of September 21, and a few episodes afterwards."

A long term conditions that patients were in ED with included, *"spinal condition", "angina", "back pain", and "Addison's Adrenal Crisis"*.

The patient that was in ED for a mental health condition did not share any further details.

Lancaster Hospital Emergency Department
Centenary Building, Royal Lancaster Infirmary, Ashton Rd, Lancaster, LA1 4RP

Why did you choose to attend Lancaster Hospital ED?	Total number
Advised to attend by NHS 111 online	2
Advised to attend by NHS 111 by phone	7
Advised to attend by 999	6
Advised to attend by GP	16
Advised to attend by another healthcare service	2
Unable to get a GP appointment	1
Geographical convenience	2
Time of availability	2
Wanted a second opinion	0
I didn't know where else to go	1
Other	3

Some examples of 'Other' responses: *"advised by school"* and *"thought that the condition maybe serious and need hospital assessment"*.

On the most part, it appears that patients have been advised to attend the Emergency Department by another NHS service, such as the GP, 111 or 999. Where "other" was selected patients indicated that they thought ED was the best place for them to attend to get the help they required.

Lancaster Hospital Emergency Department
Centenary Building, Royal Lancaster Infirmary, Ashton Rd, Lancaster, LA1 4RP

Are you aware of the following:

	Yes I'm aware of it and use it	Yes I'm aware of it and don't use it	No I am not aware of it	No response
NHS 111 online	17	13	6	1
NHS 111 telephone	30	5	2	0
Local Pharmacy	31	5	1	0
GP	34	2	0	1
999	21	9	2	5
NHS.uk website	23	2	9	3
Patient UK website	5	9	21	2
Local child health advice booklet website	2	4	25	6

Patients shared that they don't use all these services because they either *"forgot that there are different options"* or that they had *"never came across them before"*.

Patients who said they are aware of a service but do not use it, some provided further details as to the reasons why:

111 services:

"Prefer 111 telephone instead of online."

"Prefer to call."

"Two occasions I used it, it took too long to get through to NHS 111."

Pharmacy:

"Not able to get to pharmacy. It's 2 miles away and we have no transport."

"Local Pharmacy small and usually busy and crowded. So I avoid due to pandemic."

Patient UK website:

"Unsure how to use Patient UK website"

"Tried and did not contain the info needed."

"Don't know much about the Patient UK website."

Online services:

"Not online so won't have access to this information. Preference to not be online."

"I don't have access to a smart phone or internet."

"We are not online and don't have access."

Lancaster Hospital Emergency Department
Centenary Building, Royal Lancaster Infirmary, Ashton Rd, Lancaster, LA1 4RP

Which of the following did you try before attending Lancaster Hospital ED?	Total number
NHS 111 online	2
NHS 111 telephone	12
Local Pharmacy	4
GP	21
999	3
None	5
Other	4

Some examples of 'Other' responses included, "GP oncology helpline", "Queen Vic Walk-in-Centre", and "been to Lancaster emergency department on Sunday too for same issues with anxiety".

For the patients who said they did not use any of the above services before attending the Emergency Department, here are the further details as to why:

"Face obviously needed stitches and it was 10:30pm so there was no option."

"Advised by school that finger possibly broken."

"NHS 111 takes too long to get through."

Lancaster Hospital Emergency Department
Centenary Building, Royal Lancaster Infirmary, Ashton Rd, Lancaster, LA1 4RP

If you accessed another service, did you experience any problems?

No problems:

13 patients directly stated that they had no problems

"No waiting time, was dealt with quickly."

"None"

"It was straight forward getting into see my GP before coming to A&E today."

GP:

"GP hard to access for your children."

"GP wouldn't answer call for 3 hours. The phone rang and automatically ended the call without putting me in the queue."

"Was told to wait, insisted to speak to GP, managed to have telephone and face to face appointment today."

"GP too difficult to get an appointment."

"Problems with appointment availability."

111 services:

"NHS 111 too long wait."

"NHS online don't deal with under 5s care"

"I can't use the NHS online. Website isn't available for parents with children under 5."

999:

"No problem, but 999 advise ambulance are busy, so asked husband to bring me in."

"Wife rang 999 last night and asked questions etc. personal info and then told 5 hours wait for ambulance."

Lancaster Hospital Emergency Department
Centenary Building, Royal Lancaster Infirmary, Ashton Rd, Lancaster, LA1 4RP

Would you consider trying any of the following for initial advice on the same problem next time?	Total number
NHS 111 online	11
NHS 111 telephone	16
Local Pharmacy	9
GP	15
No I wouldn't	10

Patients were asked 'What would help you to be able to use the following resources – NHS 111 online, NHS 111 telephone, Local Pharmacy and GP?'

Eight people directly responded stating nothing would help as they feel comfortable using those resources.

111 services: (raise awareness, training, reduced waiting times)

"Knowing that 111 is a functional service, people may not be aware of the 111 online service."

"Make people more aware of the NHS 111 online."

"Made easier to get through to speak to someone."

"Knowledge of the services on the NHS 111 website and the basics of how to use and navigate it."

"Training on how the NHS website is structured and how to use it in the best way."

GP: (improve appointment booking, more available appointments)

"GP being more available such as answering phone."

"Booking GP appointments to be easier."

"Better secretaries at GP."

Other :

"Raising awareness on TV or internet."

"GP should promote these, library noticeboards."

Lancaster Hospital Emergency Department
 Centenary Building, Royal Lancaster Infirmary, Ashton Rd, Lancaster, LA1 4RP

Which of the following methods would you use to receive information about available health services that may suit your needs? Tick all that apply:	Total number
NHS website	23
NHS electronic newsletter	3
NHS paper newsletter	0
Leaflets in health centres (hospitals, GPs, Pharmacies)	8
Posters in health centres/libraries/community centres/bus stations	14
Billboards	6
TV adverts	14
(Local) radio	8
YouTube advert	6
Newspaper	5
Facebook	11
Twitter	1
Instagram	6
Twitch	0
TikTok	1
Other	0

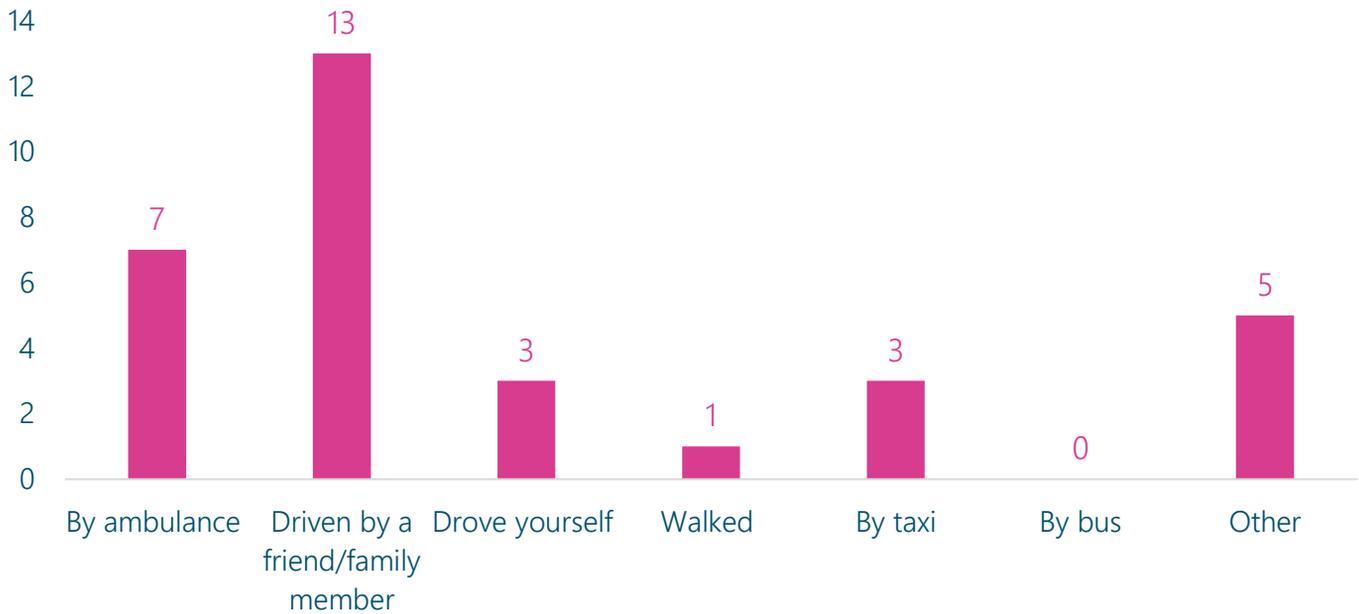
**SOUTHPORT HOSPITAL
EMERGENCY
DEPARTMENT**

Southport Hospital Emergency Department Southport and Formby District General Hospital, Town Ln, Southport, PR8 6PN

Healthwatch Lancashire visited the site on two occasions, providing patients with an opportunity to give feedback on their visit.

What we found

How did you travel to Southport Hospital ED?



What caused you to seek medical attention?	Total number
An accident	8
An infection or illness	5
Yet to be diagnosed	9
A long-term condition	3
A mental health condition	1
Prefer not to say	1
Other	6

Some examples of 'Other' responses: included a car crash, lower back pain and patients being brought in by a concerned relative.

Southport Hospital Emergency Department
Southport and Formby District General Hospital, Town Ln, Southport, PR8 6PN

Patients were asked to provide clarification/further details:

2 out of the 8 patients that attended ED due to an accident, had a fall resulting in an ankle injury, another 2 came in with head injuries.

"Fell down stairs and my ankle swollen."

"Fell off a ledge and went over on my ankle."

"Had hurt head from accident."

Other accidents mentioned included a foot injury and a patient not being able to walk.

The following are details shared by patients that attended ED for an infection or illness:

"I am 91 years old and have bad circulation in my feet."

"Catheter caused by UTI"

"24 hours ago he [my father] was examined by a district nurse in his care home. She found him to have a temperature, advised hospitalisation and called the ambulance, which arrived the following day."

"My leg became infected, its cellulitis."

3 out of the 9 patients that were yet to be diagnosed came in with symptoms involving breathing difficulties/heart/chest issues:

"Palpitations and chest pain."

"Pain across shoulders and down left arm – shortness of breath."

"Racing heart palpitations."

Other symptoms that patients came to ED to get diagnosed included leg pain and a possibly detached retina. Another patient described their symptoms as *"severe headache, visual disturbance followed by numbness across the whole body starting with left arm and ending with my tongue."*

Long term conditions that patients attended ED with included *"intestinal blockage causing magnesium deficiency"* and *"kidneys failing and keep being sick."*

One patient attended ED due to a *"mental health crisis"*.

Southport Hospital Emergency Department
 Southport and Formby District General Hospital, Town Ln, Southport, PR8 6PN

Why did you choose to attend Southport ED?	Total number
Advised to attend by NHS 111 online	0
Advised to attend by NHS 111 by phone	7
Advised to attend by 999	2
Advised to attend by GP	7
Advised to attend by another healthcare service	6
Unable to get a GP appointment	0
Geographical convenience	1
Time of availability	0
Wanted a second opinion	2
I didn't know where else to go	1
Other	17

Some examples of 'Other' responses: 4 patients stated that they chose to attend ED because they *"thought that the condition maybe serious and need hospital assessment."* Other patients said that they were advised to go to ED by district nurses, paramedics, relatives and care home staff. 2 patients explained that they had been directed to Southport Hospital ED from Ormskirk Walk-in-Centre.

On the most part, it appears that patients have been advised to attend the Emergency Department by another NHS service, such as the GP or NHS 111 by phone. Where people have chosen to select 'Other', it was predominately because they thought that they required hospital assessment.

Southport Hospital Emergency Department
 Southport and Formby District General Hospital, Town Ln, Southport, PR8 6PN

Are you aware of the following:

	Yes I'm aware of it and use it	Yes I'm aware of it and don't use it	No I am not aware of it	No response
NHS 111 online	17	10	5	0
NHS 111 telephone	21	9	0	2
Local Pharmacy	26	3	1	2
GP	29	2	0	1
999	21	7	2	2
NHS.uk website	18	7	5	2
Patient UK website	2	4	24	2
Local child health advice booklet website	2	4	20	6

Patients who said they are aware of a service but do not use it, some provided further details as to the reasons why:

Online services:

"No internet"

"I would normally leave access to websites to my children. They came to my home to check on me."

"No internet use at all."

"Partially sighted – online hard."

Other:

"I'm in the military and have no children so we're normally seen by military doctors."

Southport Hospital Emergency Department
 Southport and Formby District General Hospital, Town Ln, Southport, PR8 6PN

Which of the following did you try before attending Southport ED?	Total number
NHS 111 online	5
NHS 111 telephone	7
Local Pharmacy	3
GP	13
999	4
None	8
Other	8

Some examples of 'Other' responses: *"drop in clinic", "urology specialist nurse and district nurse" and "Ormskirk walk-in-centre"*.

For the patients who said they did not use any of the above services before attending the Emergency Department, here are the further details as to why:

"Tried to call a district nurse, they were out."

"Too painful after work."

"Was bleeding very heavily."

"GP service not available on Saturday."

"GP practice closed (Saturday)."

Southport Hospital Emergency Department
Southport and Formby District General Hospital, Town Ln, Southport, PR8 6PN

If you accessed another service, did you experience any problems?

GP:

"No appointments available at GP. Phoned 102 times in 15 minutes."

"GP didn't have any appointments."

"GP didn't answer the phone for the past 6 days."

"GP – asked to ring 999."

"I find with GP care, there is a delay to receive a call back."

111:

"111- not answering as too busy. 111 website – useless."

"NHS 111 telephone service – this service worked OK but probably took over an hour to complete the process due to understandably long waiting lists."

999:

"999- 1.5 hours wait."

Other healthcare services:

"Ormskirk Urgent Care also didn't answer the phone."

Southport Hospital Emergency Department
 Southport and Formby District General Hospital, Town Ln, Southport, PR8 6PN

Would you consider trying any of the following for initial advice on the same problem next time?	Total number
NHS 111 online	12
NHS 111 telephone	18
Local Pharmacy	7
GP	19
No I wouldn't	6

Patients were asked 'What would help you to be able to use the following resources – NHS 111 online, NHS 111 telephone, Local Pharmacy and GP?'

Five people responded stating nothing would help as they feel comfortable using those resources.

NHS 111 telephone:

"NHS 111 actually taking calls."

"Not waiting for hours to speak to someone (have more call handlers)"

"NHS 111 phone – needs more call handlers and a faster response time."

"Tried NHS 111 telephone but was busy."

NHS 111 online:

"The online is more tedious to navigate and at the end of it, it doesn't give you the answer you need or feel comfortable with."

"NHS website inaccessible – need family to help with website."

GP:

"GP didn't answer the phone."

"All accessible just hard to get a GP appointment these days. My job doesn't allow me to ring at 8am and get through, and drop everything for an appointment at 11:40 for example. It doesn't meet my needs and job."

"A GP who answers the phone/has appointments/ will engage."

"Being able to get an appointment with GP."

Other:

"Having a PC or smartphone."

"The district nurses and carers come to my home everyday. I feel they could help me access the services better."

Southport Hospital Emergency Department
 Southport and Formby District General Hospital, Town Ln, Southport, PR8 6PN

Which of the following methods would you use to receive information about available health services that may suit your needs? Tick all that apply:	Total number
NHS website	22
NHS electronic newsletter	2
NHS paper newsletter	2
Leaflets in health centres (hospitals, GPs, Pharmacies)	18
Posters in health centres/libraries/community centres/bus stations	14
Billboards	6
TV adverts	14
(Local) radio	7
YouTube advert	1
Newspaper	4
Facebook	8
Twitter	4
Instagram	4
Twitch	0
TikTok	1
Other (GP, GP receptionist)	2

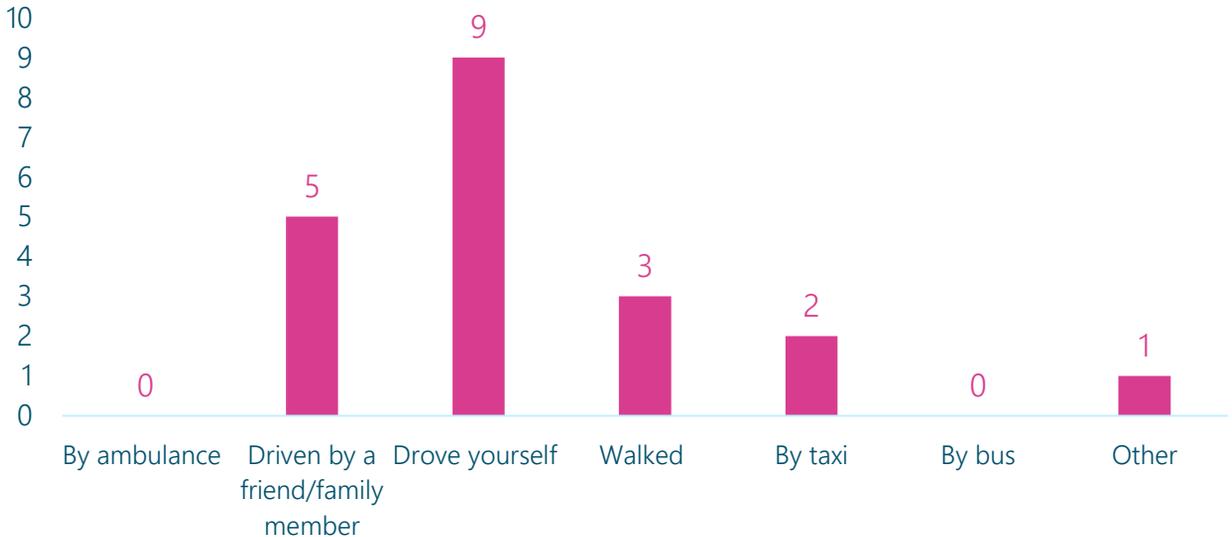
SKELMERSDALE WALK-IN-CENTRE

Skelmersdale Walk-in-Centre
118 The Concourse, Skelmersdale, WN8 6LJ

Healthwatch Lancashire visited the site on two occasions, providing patients with an opportunity to give feedback on their visit.

What we found

How did you travel to Skelmersdale Walk-in-Centre?



Other: "2 wheel scooter"

What caused you to seek medical attention?	Total number
An accident	0
An infection or illness	6
Yet to be diagnosed	2
A long-term condition	0
A mental health condition	0
Prefer not to say	0
Other	12

Some examples of 'Other' responses: included having a blood test, having stiches/clips removed, or an "appointment with podiatrist".

Skelmersdale Walk-in-Centre
118 The Concourse, Skelmersdale, WN8 6LJ

Patients were asked to provide clarification/further details:

Out of the 6 patients that came in with an infection, 2 had an ear infection and another 2 had infected scars:

"Infected scar tissue following surgery."

"I had a car accident and now have infection on my scar."

Other details shared included: *"Infection with dressing on foot."*

Those patients that were yet to be diagnosed said that they had an *"eye problem"* and the other said that they had *"blood in urine"*.

Examples of further details that patients provided that came in for other reasons:

"Having problem with having blood taken at GP practice so they sent me here."

"Advised to attend walk-in-centre for a blood test."

"I have to have clips out after having surgery."

"I need surgery dressing changing."

Skelmersdale Walk-in-Centre
118 The Concourse, Skelmersdale, WN8 6LJ

Why did you choose to attend Skelmersdale Walk-in-Centre?	Total number
Advised to attend by NHS 111 online	0
Advised to attend by NHS 111 by phone	0
Advised to attend by 999	0
Advised to attend by GP	2
Advised to attend by another healthcare service	6
Unable to get a GP appointment	3
Geographical convenience	6
Time of availability	8
Wanted a second opinion	1
I didn't know where else to go	0
Other	11

Some examples of 'Other' responses includes, 3 patients *"thought that the condition may be serious and need hospital assessment"*, 3 patients did not think they would be able to get a GP appointment thus came straight to the walk-in-centre, and one patient said that *"It was too busy at Ormskirk UTC so they said to come here"*.

Patients mainly came to the Walk-in-Centre due to time of availability and geographical convenience. However, a few patients were also advised to go to the Walk-in-Centre by another healthcare service.

Skelmersdale Walk-in-Centre
118 The Concourse, Skelmersdale, WN8 6LJ

Are you aware of the following:

	Yes I'm aware of it and use it	Yes I'm aware of it and don't use it	No I am not aware of it	No response
NHS 111 online	6	9	3	2
NHS 111 telephone	8	6	1	5
Local Pharmacy	12	4	0	4
GP	13	3	0	4
999	5	7	0	8
NHS.uk website	4	7	0	9
Patient UK website	1	4	5	10
Local child health advice booklet website	0	3	6	11

Patients who said they are aware of a service but do not use it, some provided further details as to the reasons why:

GP:

"Don't use GP because they are useless and can never get an appointment."

"Not been able to get an appointment with my GP for over 2 years – this is why I have to come here."

"We've come here because they deal with you straight away. You'd have no chance at GP – it would take 3-4 days and I need to be seen now."

"No appointments on Saturday and need to juggle around work so coming here today works for me."

Online services:

"Don't use a computer or have access to websites."

Skelmersdale Walk-in-Centre
118 The Concourse, Skelmersdale, WN8 6LJ

Which of the following did you try before attending Skelmersdale Walk-in-Centre?	Total number
NHS 111 online	0
NHS 111 telephone	0
Local Pharmacy	0
GP	5
999	0
None	8
Other	3

Some examples of 'Other' responses: *"Ormskirk UTC"*

For the patients who said they did not use any of the above services before attending the Emergency Department, here are the further details as to why:

"Can't ever get a GP appointment and needed a physical check."

"It was after 8am and couldn't get an appointment with GP."

"It's an emergency. I couldn't work and couldn't do it. I feel it's better to go here rather than going to A&E or something and taking up someone else's space and time."

If you accessed another service, did you experience any problems?

GP:

"Extreme waiting times, no appointments, unsympathetic."

Other healthcare services:

"Local health centre – who can't remove stitches."

"Also went to A&E as had a fall – waited 5.5 hours to be seen."

Skelmersdale Walk-in-Centre
118 The Concourse, Skelmersdale, WN8 6LJ

Would you consider trying any of the following for initial advice on the same problem next time?	Total number
NHS 111 online	0
NHS 111 telephone	2
Local Pharmacy	1
GP	5
No I wouldn't	7

Patients were asked 'What would help you to be able to use the following resources – NHS 111 online, NHS 111 telephone, Local Pharmacy and GP?'

111:

"Have used 111 but they only end up advising you to come here. You just go round in circles."

"I'd use NHS 111 if it was to get advice but nothing else."

"If it was busy here I'd use a different service like 111 telephone or online. That's if there were 30+ people and the wait was ages."

GP:

"GP – prioritise appointments."

Online services:

"I used GP and local pharmacy but don't have a computer or use the internet."

Skelmersdale Walk-in-Centre
118 The Concourse, Skelmersdale, WN8 6LJ

Which of the following methods would you use to receive information about available health services that may suit your needs? Tick all that apply:	Total number
NHS website	9
NHS electronic newsletter	2
NHS paper newsletter	1
Leaflets in health centres (hospitals, GPs, Pharmacies)	2
Posters in health centres/libraries/community centres/bus stations	2
Billboards	1
TV adverts	2
(Local) radio	0
YouTube advert	1
Newspaper	1
Facebook	2
Twitter	0
Instagram	0
Twitch	0
TikTok	2
Other (GP, carers, NHS app, Google search)	4

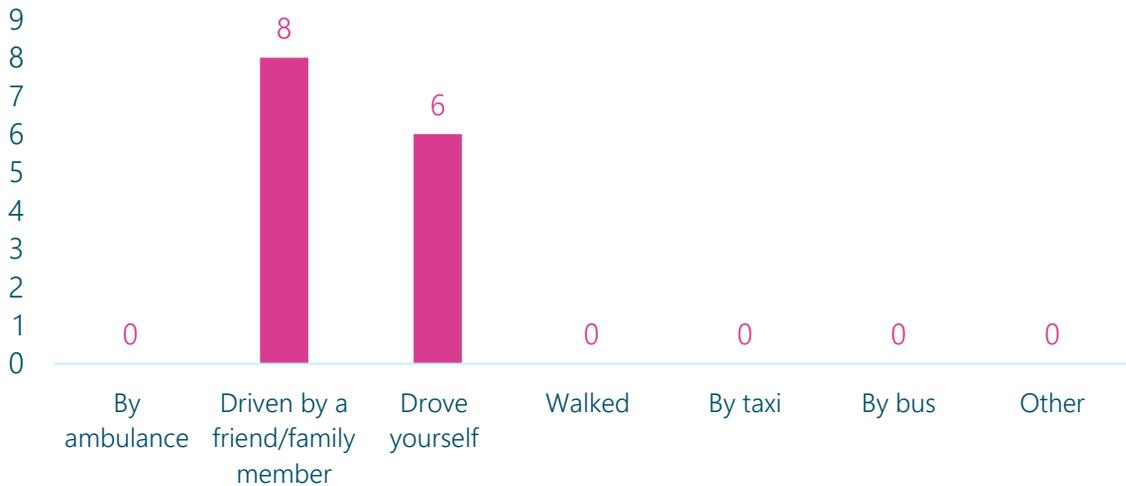
ORMSKIRK URGENT TREATMENT CENTRE

Ormskirk Urgent Treatment Centre
Ormskirk and District General Hospital, Wigan Rd, Ormskirk, L39 2AZ

Healthwatch Lancashire visited the site on two occasions, providing patients with an opportunity to give feedback on their visit.

What we found

How did you travel to Ormskirk UTC?



What caused you to seek medical attention?	Total number
An accident	4
An infection or illness	3
Yet to be diagnosed	2
A long-term condition	1
A mental health condition	0
Prefer not to say	1
Other	3

Some examples of 'Other' responses: "Pain in my foot", "Eye injury" and "treatment for right leg"

Ormskirk Urgent Treatment Centre
Ormskirk and District General Hospital, Wigan Rd, Ormskirk, L39 2AZ

Patients were asked to provide clarification/further details:

There were a range of accidents that meant that patients ended up attending UTC, such as:

"Road traffic accident – I have sore ribs and something else that I'm not sure about."

"Chemical splashed in my eye."

"Collarbone injury playing rugby."

"I banged my left toe on radiator pipe at home."

Patients identified *"asthma"* and *"water infection"* as the infection/illnesses they were attending the UTC for.

The symptoms that the patients who were yet to be diagnosed had included *"pain in left lung/coughing and pain in ribs"* and *"broken toe or other"*.

One patient was in the UTC due to a long-term condition, they explained that they *"needed my regular B12 injection, I have 4 weekly otherwise I suffer neurological symptoms. I have numbness in both my legs. My B12 injection was cancelled by my surgery due to nurse sickness."*

Ormskirk Urgent Treatment Centre
Ormskirk and District General Hospital, Wigan Rd, Ormskirk, L39 2AZ

Why did you choose to attend Ormskirk UTC?	Total number
Advised to attend by NHS 111 online	5
Advised to attend by NHS 111 by phone	3
Advised to attend by 999	0
Advised to attend by GP	1
Advised to attend by another healthcare service	0
Unable to get a GP appointment	2
Geographical convenience	3
Time of availability	0
Wanted a second opinion	0
I didn't know where else to go	0
Other	4

Some examples of 'Other' responses: 4 respondents thought that their condition/injury was serious and/or required urgent treatment and thus decided they needed to go straight to the UTC.

On the most part, it appears that patients have been advised to attend the UTC by NHS 111, either by online or phone. But it was common for patients to determine that they required hospital treatment straight away or that the UTC was a geographically convenient place for them to get to for treatment.

Ormskirk Urgent Treatment Centre
Ormskirk and District General Hospital, Wigan Rd, Ormskirk, L39 2AZ

Are you aware of the following:

	Yes I'm aware of it and use it	Yes I'm aware of it and don't use it	No I am not aware of it	No response
NHS 111 online	7	5	1	1
NHS 111 telephone	8	6	0	0
Local Pharmacy	9	2	0	3
GP	10	3	0	1
999	7	6	0	1
NHS.uk website	6	2	2	4
Patient UK website	4	3	3	4
Local child health advice booklet website	1	4	5	4

Patients who said they are aware of a service but do not use it, some provided further details as to the reasons why:

111 services:

"Don't use the NHS 111 telephone line as says it won't be answered for ages – so use NHS online instead."

GP:

"Too long a wait answering phone at GP."

Ormskirk Urgent Treatment Centre
Ormskirk and District General Hospital, Wigan Rd, Ormskirk, L39 2AZ

Which of the following did you try before attending Ormskirk UTC?	Total number
NHS 111 online	5
NHS 111 telephone	4
Local Pharmacy	0
GP	1
999	0
None	6
Other	0

For the patients who said they did not use any of the above services before attending the Emergency Department, here are the further details as to why:

"I could see there was a problem."

"Was local to A&E."

"I thought this was the most appropriate place to come."

"GP closed, cause it's the weekend."

"It's not too urgent I don't think, but it had to be dealt with."

"I thought it was best to come to walk-in-centre"

If you accessed another service, did you experience any problems?

GP:

"The doctor's reception told me to come here."

111:

"Couldn't get through for 2 hours...to NHS 111... so just came here."

Ormskirk Urgent Treatment Centre
Ormskirk and District General Hospital, Wigan Rd, Ormskirk, L39 2AZ

Would you consider trying any of the following for initial advice on the same problem next time?	Total number
NHS 111 online	5
NHS 111 telephone	6
Local Pharmacy	4
GP	6
No I wouldn't	4

Patients were asked 'What would help you to be able to use the following resources – NHS 111 online, NHS 111 telephone, Local Pharmacy and GP?'

111:

"NHS 111 telephone – a quicker response would help."

GP:

"If someone answered the phone! Tried to use them but can't get through."

"GP – would help if you could get an appointment."

"Less waiting at the GP."

Ormskirk Urgent Treatment Centre
Ormskirk and District General Hospital, Wigan Rd, Ormskirk, L39 2AZ

Which of the following methods would you use to receive information about available health services that may suit your needs? Tick all that apply:	Total number
NHS website	10
NHS electronic newsletter	2
NHS paper newsletter	1
Leaflets in health centres (hospitals, GPs, Pharmacies)	2
Posters in health centres/libraries/community centres/bus stations	4
Billboards	3
TV adverts	5
(Local) radio	2
YouTube advert	2
Newspaper	1
Facebook	3
Twitter	2
Instagram	4
Twitch	2
TikTok	2
Other	0

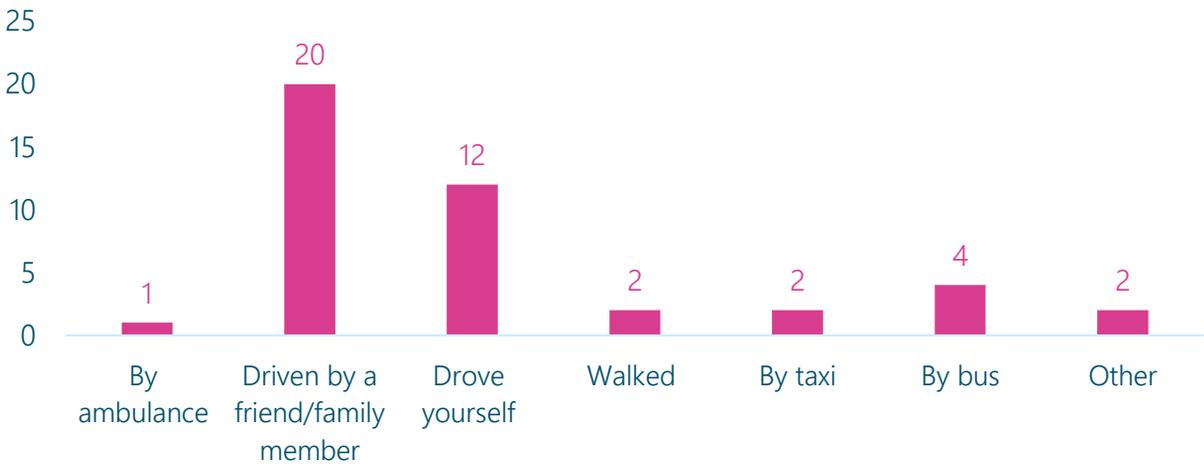
PRESTON EMERGENCY DEPARTMENT

Preston Emergency Department
Royal Preston Hospital, Sharoe Green Ln, Fulwood, Preston, PR2 9HT

Healthwatch Lancashire visited the site on two occasions, providing patients with an opportunity to give feedback on their visit.

What we found

How did you travel to Preston ED?



What caused you to seek medical attention?	Total number
An accident	10
An infection or illness	7
Yet to be diagnosed	7
A long-term condition	3
A mental health condition	1
Prefer not to say	1
Other	13

Some examples of 'Other' responses: "required a head CT", "waiting for an MRI scan", 2 patients had GP referrals.

Preston Emergency Department
Royal Preston Hospital, Sharoe Green Ln, Fulwood, Preston, PR2 9HT

Patients were asked to provide clarification/further details:

4 out of the 10 patients that attended ED due to an accident had a fall:

"Fell down a few steps at home, twisted hip/leg."

"Fell over and hurt her left shoulder. Worried that it may be damaged."

"Son has fallen at nursery and knocked tooth out."

"Fell in home and possibly banged head. Also has dementia."

3 patients possibly had a broken finger, 2 had sore arms as a result of an accident, and another patient had a head injury after being attacked.

Patients that attended ED due to an illness had symptoms such as a cough, suspected food poisoning, heart arrhythmia and severe migraines. Infections included:

"Had an infected cyst, took antibiotics for it but did not resolve, getting bigger and discharging puss now."

"Spike of hawthorn bush in finger. Been seen twice previously this is third visit as has now become infected. Needs strong antibiotics that doctor can't dispense."

Patients that were yet to be diagnosed had symptoms such as, a head injury, chest pain, shortness of breath, lower back/side pain and generally feeling unwell.

A long-term conditions that patients had included, long term chest problems, long term issues with sinuses, and *"thyroid cancer, critically low calcium levels after complete removal of thyroids."*

A relative of a patient was concerned about their *"mental health due to self harm incident"*.

Preston Emergency Department
Royal Preston Hospital, Sharoe Green Ln, Fulwood, Preston, PR2 9HT

Why did you choose to attend Preston ED?	Total number
Advised to attend by NHS 111 online	3
Advised to attend by NHS 111 by phone	8
Advised to attend by 999	1
Advised to attend by GP	13
Advised to attend by another healthcare service	4
Unable to get a GP appointment	0
Geographical convenience	3
Time of availability	3
Wanted a second opinion	2
I didn't know where else to go	4
Other	10

Some examples of 'Other' responses included being advised by a district nurse, 3 patients thought that the condition was serious so went to ED, and another patient *"went to Chorley A&E first but they can't x-ray children"*.

On the most part, it appears that patients have been advised to attend the Emergency Department by another NHS service, such as the GP or 111. Where people have chosen to select 'Other', this was often because they thought the condition was serious enough to require treatment provided by ED.

Preston Emergency Department
Royal Preston Hospital, Sharoe Green Ln, Fulwood, Preston, PR2 9HT

Are you aware of the following:

	Yes I'm aware of it and use it	Yes I'm aware of it and don't use it	No I am not aware of it	No response
NHS 111 online	27	11	5	0
NHS 111 telephone	30	9	0	4
Local Pharmacy	32	5	1	5
GP	41	0	0	2
999	25	15	0	3
NHS.uk website	20	9	5	9
Patient UK website	7	3	24	9
Local child health advice booklet website	5	4	25	9

Patients who said they are aware of a service but do not use it, some provided further details as to the reasons why:

111 services:

"Heard of 111 but never used them, don't know which circumstances to use it in."

"Can't use [NHS 111] online for under 5 year olds."

"Used 111 online first – got so far through it and it said to call the 111 number. Used previously and was told to go to nearest walk in. Won't use it again as waste of time."

999:

"999- not had emergency that need them."

"Wouldn't ring 999 unless essential."

Online services:

"It is easier to speak to someone – I struggle with technology."

"I don't use the internet."

"Don't want to use online."

Preston Emergency Department
Royal Preston Hospital, Sharoe Green Ln, Fulwood, Preston, PR2 9HT

Which of the following did you try before attending Preston ED?	Total number
NHS 111 online	3
NHS 111 telephone	7
Local Pharmacy	2
GP	14
999	1
None	16
Other	4

Some examples of 'Other' responses included being seen by a district nurse, using the NHS website, and speaking to an optician.

For the patients who said they did not use any of the above services before attending the Emergency Department, here are the further details as to why:

"My wife works as a nurse here."

"Young child had a serious bang to the face so needed emergency treatment."

"GP would have probably sent her over and it's much closer."

"111 don't support under 5."

"Needed someone to look at injury/ do x-ray."

"Couldn't wait for GP on Monday."

Preston Emergency Department
Royal Preston Hospital, Sharoe Green Ln, Fulwood, Preston, PR2 9HT

If you accessed another service, did you experience any problems?

No problems:

10 patients directly stated that they have faced no problems.

"No, GP gave her a call very quickly and told her to go to ED if the symptoms got worse."

"No problems. GP is brilliant."

"GP is very good, no problems with waiting times or parking issues."

GP:

"Delay to get an on day appointments and delay for GP receptionists to answer the phone."

"GP is difficult at the moment due to the covid situation and have to call in early in the morning for an appointment."

"Found a delay when trying to get through to the GP. Given up trying to get through to GP on occasions as they don't have many appointments available and they are focusing on doing covid vaccines at the moment."

"I tried ringing my GP but it is Saturday so it is shut."

111:

"111 said I would get a call back in 20 mins it took 2.5 hours."

"There are long waiting times with 111 phonenumber."

"111 just wasted time."

Other healthcare services:

"No one answering phone on ward 3 at Preston for help, so eventually went to A&E at Preston."

"Ambulance service takes too long to arrive and wasted a lot of time."

"Previous visits to A&E didn't treat effectively. 1 was good experience, 1 wasn't."

Preston Emergency Department
Royal Preston Hospital, Sharoe Green Ln, Fulwood, Preston, PR2 9HT

Would you consider trying any of the following for initial advice on the same problem next time?	Total number
NHS 111 online	9
NHS 111 telephone	16
Local Pharmacy	8
GP	17
No I wouldn't	15

Patients were asked 'What would help you to be able to use the following resources – NHS 111 online, NHS 111 telephone, Local Pharmacy and GP?'

Six people directly responded stating nothing would help as they feel comfortable using those resources.

111:
"Advertise more so I know what they are about."
"Should be advertised more since not many people know about it."
"I would try 111 online if it was quicker – I am not good with technology."

GP:
"Would have gone to GP if open/ available appointments."

Other:
"More familiarity of services covered if addressing other problems in the future."

Preston Emergency Department
 Royal Preston Hospital, Sharoe Green Ln, Fulwood, Preston, PR2 9HT

Which of the following methods would you use to receive information about available health services that may suit your needs? Tick all that apply:	Total number
NHS website	30
NHS electronic newsletter	2
NHS paper newsletter	2
Leaflets in health centres (hospitals, GPs, Pharmacies)	15
Posters in health centres/libraries/community centres/bus stations	13
Billboards	4
TV adverts	16
(Local) radio	6
YouTube advert	2
Newspaper	3
Facebook	9
Twitter	0
Instagram	3
Twitch	0
TikTok	1
Other (Google, word of mouth)	3

PRESTON URGENT TREATMENT CENTRE

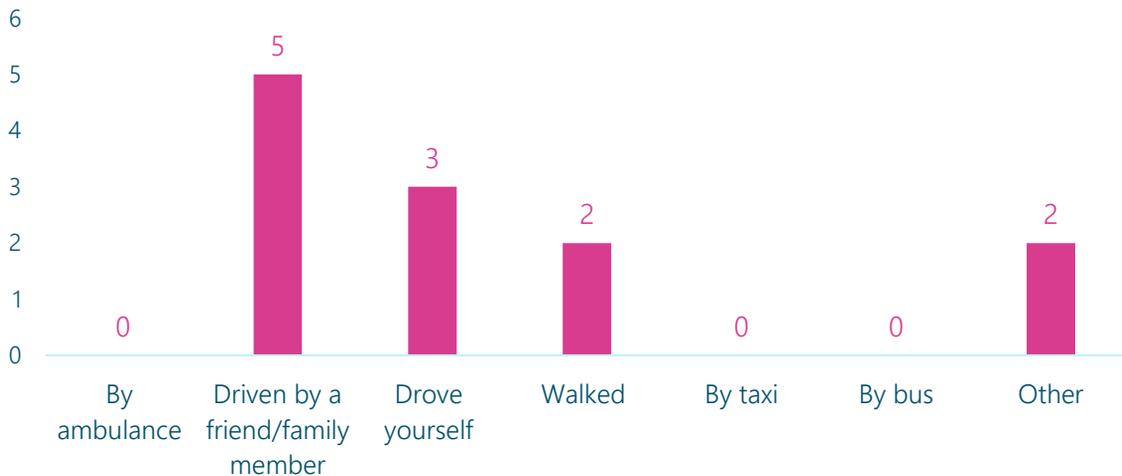
Preston Urgent Treatment Centre

Royal Preston Hospital, Sharoe Green Ln, Fulwood, Preston, PR2 9HT

Healthwatch Lancashire visited the site on two occasions, providing patients with an opportunity to give feedback on their visit.

What we found

How did you travel to Preston UTC?



Other: "Train, walked and bused"

What caused you to seek medical attention?	Total number
An accident	0
An infection or illness	4
Yet to be diagnosed	3
A long-term condition	1
A mental health condition	0
Prefer not to say	1
Other	3

Some examples of 'Other' responses: 2 patients needed blood tests, "an old injury causing pain"

Preston Urgent Treatment Centre
Royal Preston Hospital, Sharoe Green Ln, Fulwood, Preston, PR2 9HT

Patients were asked to provide clarification/further details:

Patients detailed their infection or illness:

"My 7 year old daughter had hand, foot and mouth disease and one of the blisters on her wrist became infected and wouldn't heal."

"Swollen finger."

"Severe constipation."

"Infected wound."

Three were yet to be diagnosed, one patient suspected that they had pleurisy, and another had an allergic reaction.

The patient that identified as having a long term condition stated that they were a *"diabetic"* and shared that they *"needed annual blood tests"*.

Preston Urgent Treatment Centre
Royal Preston Hospital, Sharoe Green Ln, Fulwood, Preston, PR2 9HT

Why did you choose to attend Preston UTC?	Total number
Advised to attend by NHS 111 online	1
Advised to attend by NHS 111 by phone	3
Advised to attend by 999	0
Advised to attend by GP	4
Advised to attend by another healthcare service	1
Unable to get a GP appointment	2
Geographical convenience	0
Time of availability	2
Wanted a second opinion	0
I didn't know where else to go	0
Other	0

On the most part, it appears that patients have been advised to attend the Emergency Department by another NHS service, such as the GP or 111. But being unable to get a GP appointment and time of availability were also key factors in peoples decision to attend Preston UTC.

Preston Urgent Treatment Centre
Royal Preston Hospital, Sharoe Green Ln, Fulwood, Preston, PR2 9HT

Are you aware of the following:

	Yes I'm aware of it and use it	Yes I'm aware of it and don't use it	No I am not aware of it	No response
NHS 111 online	5	6	0	1
NHS 111 telephone	7	4	0	1
Local Pharmacy	11	0	0	1
GP	11	0	0	1
999	4	6	0	2
NHS.uk website	7	2	1	2
Patient UK website	3	1	6	2
Local child health advice booklet website	0	1	9	2

Patients who said they are aware of a service but do not use it, some provided further details as to the reasons why:

111 services:

"111 takes too long. End result is it refers you to A&E."

"I tried 111 online and it told me to phone 111."

Local Pharmacy:

"It is a recurring issue. The pharmacy cannot assess and prescribe needed antibiotics."

Preston Urgent Treatment Centre
 Royal Preston Hospital, Sharoe Green Ln, Fulwood, Preston, PR2 9HT

Which of the following did you try before attending Preston UTC?	Total number
NHS 111 online	3
NHS 111 telephone	4
Local Pharmacy	2
GP	7
999	0
None	2
Other	0

For the patients who said they did not use any of the above services before attending the Emergency Department, here are the further details as to why:

"As work at the hospital and was currently on shift."

"Ineffective, take too long."

Preston Urgent Treatment Centre
Royal Preston Hospital, Sharoe Green Ln, Fulwood, Preston, PR2 9HT

If you accessed another service, did you experience any problems?

GP:

"No appointment availability at GP"

"GP systems not linked to hospital systems, waiting weeks for letters to arrive as very little info sent electronically."

"GP phone lines permanently engaged for hours at a time, daily."

"GP's under so much strain & pressure they can only spare a minute for you if you are lucky enough to get an appointment"

"It took too long (50 mins) to get through to the GP and they didn't have any appointments available."

"Waiting times. Booked another hospital appointment since it's easiest to access."

"The main problem faced was that the GP refused to see patient in person."

"No appointments at doctors."

111:

"Used 111 online & waited 6 hours for a call back from GTD whereby a nurse advised to go to the UTC, it was midnight by this time."

"111 an absolute shambles of an organisation, takes hours & hours for a clinician to call you back."

"I went through the online process until the questions were no longer relevant. I rang 111 and they told me to come to A&E."

Other healthcare services:

"Upon arrival at the urgent care centre we waited an hour to be triaged by a nurse, to then be informed it was currently a 4-6 hour wait to see the out of hours GP. A 7 year old child waiting from midnight until 6am to see a doctor, in the middle of a freezing cold night in winter. Absolutely unacceptable."

"Ambulance wait times beyond belief."

Preston Urgent Treatment Centre
Royal Preston Hospital, Sharoe Green Ln, Fulwood, Preston, PR2 9HT

Would you consider trying any of the following for initial advice on the same problem next time?	Total number
NHS 111 online	6
NHS 111 telephone	6
Local Pharmacy	6
GP	11
No I wouldn't	0

Patients were asked 'What would help you to be able to use the following resources – NHS 111 online, NHS 111 telephone, Local Pharmacy and GP?'

111:

"Less hysteria from 111 who treat everything (after making you wait countless hours for a call back) as a life threatening emergency and either advise you to go straight to your nearest emergency centre or want to send ambulance to you."

"NHS 111 – is concerned that the advice is always 'go to A&E'"

GP:

"GP surgery's need to provide longer opening hours."

"More available appointments at GP and ability to book face to face appointments online."

"Being able to get an appointment."

"It is difficult to get an appointment with the GP."

"Improve the communication since many GPs do not answer their phones."

Other:

"There needs to be more walk-in-centres (currently none in Preston)."

Preston Urgent Treatment Centre
 Royal Preston Hospital, Sharoe Green Ln, Fulwood, Preston, PR2 9HT

Which of the following methods would you use to receive information about available health services that may suit your needs? Tick all that apply:	Total number
NHS website	9
NHS electronic newsletter	2
NHS paper newsletter	0
Leaflets in health centres (hospitals, GPs, Pharmacies)	3
Posters in health centres/libraries/community centres/bus stations	2
Billboards	1
TV adverts	2
(Local) radio	0
YouTube advert	1
Newspaper	1
Facebook	5
Twitter	3
Instagram	3
Twitch	0
TikTok	1
Other (Google)	1

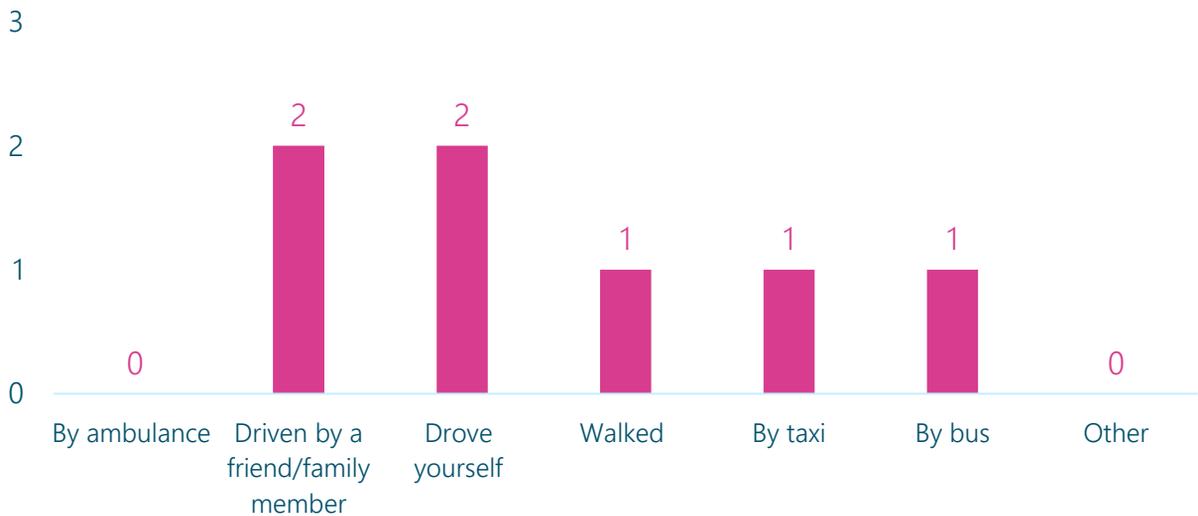
CHORLEY EMERGENCY DEPARTMENT

Chorley Emergency Department Chorley and South Ribble Hospital, Preston Rd, Chorley, PR7 1PP

Healthwatch Lancashire visited the site on two occasions, providing patients with an opportunity to give feedback on their visit.

What we found

How did you travel to Chorley ED?



What caused you to seek medical attention?	Total number
An accident	1
An infection or illness	2
Yet to be diagnosed	2
A long-term condition	1
A mental health condition	0
Prefer not to say	0
Other	1

Some examples of 'Other' responses: *"hurt back badly"*

Chorley Emergency Department
Chorley and South Ribble Hospital, Preston Rd, Chorley, PR7 1PP

Patients were asked to provide clarification/further details:

The patient that had an accident stated that they *"believe I sustained a sprain playing football."*

The patient that had an infection shared that it was an *"infected c section scar"*.

One patient had chest pain, but they were not yet to be diagnosed.

The patient that had a long term condition which caused them to be in ED explained that the *"medication for IBS symptoms is not helping. Came in to check medications and get a check up."*

Chorley Emergency Department
Chorley and South Ribble Hospital, Preston Rd, Chorley, PR7 1PP

Why did you choose to attend Chorley ED?	Total number
Advised to attend by NHS 111 online	0
Advised to attend by NHS 111 by phone	1
Advised to attend by 999	0
Advised to attend by GP	1
Advised to attend by another healthcare service	1
Unable to get a GP appointment	1
Geographical convenience	0
Time of availability	0
Wanted a second opinion	1
I didn't know where else to go	0
Other	3

Some examples of 'Other' responses: *"advised by daughter", "needs a dressing change from A&E nurse", and from a "previous experience"*.

There was a variety of reasons for patients to chose to attend Chorley ED, including being advised by healthcare services such as NHS 111 by phone, GP and Chorley ED themselves.

Chorley Emergency Department
Chorley and South Ribble Hospital, Preston Rd, Chorley, PR7 1PP

Are you aware of the following:

	Yes I'm aware of it and use it	Yes I'm aware of it and don't use it	No I am not aware of it	No response
NHS 111 online	4	2	1	0
NHS 111 telephone	7	0	0	0
Local Pharmacy	5	1	0	1
GP	5	1	0	1
999	3	3	0	1
NHS.uk website	5	1	0	1
Patient UK website	3	0	3	1
Local child health advice booklet website	2	0	4	1

Patients who said they are aware of a service but do not use it, some provided further details as to the reasons why:

Online services:

"I prefer speaking to a person or on phone for an immediate response."

"Online – slow and too easy to miss or self diagnose."

Chorley Emergency Department
Chorley and South Ribble Hospital, Preston Rd, Chorley, PR7 1PP

Which of the following did you try before attending Chorley ED?	Total number
NHS 111 online	0
NHS 111 telephone	1
Local Pharmacy	0
GP	2
999	0
None	3
Other	0

For the patients who said they did not use any of the above services before attending the Emergency Department, here are the further details as to why:

“Didn’t want to go through rigmarole of going through 111.”

“Because it [ED] is close from my house.”

“Quick and efficient at Chorley A&E.”

If you accessed another service, did you experience any problems?

No problems:

“I didn’t have a problem.”

GP:

“Came straight to A&E as it takes way too long to get through triage at the GP.”

Chorley Emergency Department
Chorley and South Ribble Hospital, Preston Rd, Chorley, PR7 1PP

Would you consider trying any of the following for initial advice on the same problem next time?	Total number
NHS 111 online	2
NHS 111 telephone	3
Local Pharmacy	2
GP	3
No I wouldn't	1

Patients were asked 'What would help you to be able to use the following resources – NHS 111 online, NHS 111 telephone, Local Pharmacy and GP?'

111:

"Improve the promotion services."

"To be in another language."

GP:

"Have more doctors to improve the availability."

"It would be efficient if could get a GP appointment earlier than weeks."

"More GPs and less phone appointments! It's just a road block before seeing someone."

Chorley Emergency Department
Chorley and South Ribble Hospital, Preston Rd, Chorley, PR7 1PP

Which of the following methods would you use to receive information about available health services that may suit your needs? Tick all that apply:	Total number
NHS website	4
NHS electronic newsletter	0
NHS paper newsletter	0
Leaflets in health centres (hospitals, GPs, Pharmacies)	1
Posters in health centres/libraries/community centres/bus stations	1
Billboards	0
TV adverts	2
(Local) radio	0
YouTube advert	1
Newspaper	0
Facebook	2
Twitter	0
Instagram	1
Twitch	0
TikTok	0
Other	0

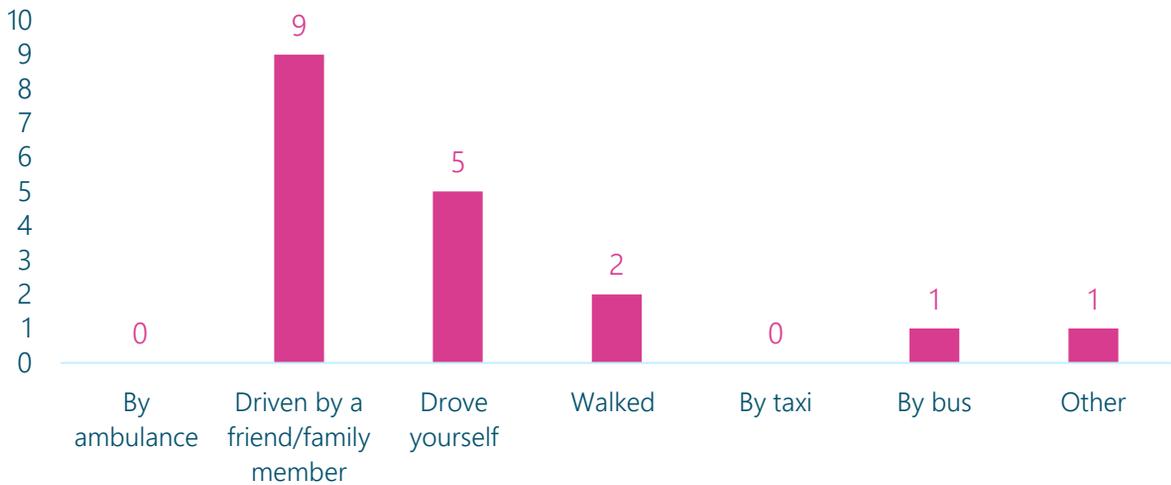
CHORLEY URGENT TREATMENT CENTRE

Chorley Urgent Treatment Centre Chorley and South Ribble Hospital, Preston Rd, Chorley, PR7 1PP

Healthwatch Lancashire visited the site on two occasions, providing patients with an opportunity to give feedback on their visit.

What we found

How did you travel to Chorley UTC?



Other: "I work in the hospital."

What caused you to seek medical attention?	Total number
An accident	0
An infection or illness	9
Yet to be diagnosed	5
A long-term condition	2
A mental health condition	0
Prefer not to say	1
Other	1

Some examples of 'Other' responses: "assault"

Chorley Urgent Treatment Centre
Chorley and South Ribble Hospital, Preston Rd, Chorley, PR7 1PP

Patients were asked to provide clarification/further details:

There were a range of accidents that resulted with patients attending the UTC for a variety of reasons which included, 2 crush injuries, 2 ankle injuries, a dog bite and a head injury.

"Crush injury on hand – hand was crushed between wall and sofa."

"Ankle injury playing five-a-side football."

"Banged head last night and didn't realise at the time."

Patients attended ED for infection or illness, such as:

"My ear was bleeding when I woke up and now I have gone deaf in that ear."

"Had an ongoing infection and seen by GP twice but no appointments available today."

"Suspected cyst."

Patients that were yet to be diagnosed were showing symptoms like *"sickness/sweats/dehydration. Fainted and fell."*

A patient attended ED with a long term condition related to breathing issues, *"breathing difficulties and swollen throat – waking up gasping for breath soon after going to sleep."*

Chorley Urgent Treatment Centre
Chorley and South Ribble Hospital, Preston Rd, Chorley, PR7 1PP

Why did you choose to attend Chorley UTC?	Total number
Advised to attend by NHS 111 online	2
Advised to attend by NHS 111 by phone	2
Advised to attend by 999	0
Advised to attend by GP	1
Advised to attend by another healthcare service	1
Unable to get a GP appointment	2
Geographical convenience	0
Time of availability	0
Wanted a second opinion	2
I didn't know where else to go	0
Other	9

Some examples of 'Other' responses: 4 patients shared that they thought that their condition/injury was serious and thus chose to attend UTC straight away. Other responses included, *"already here for something else"*, *"sports coach advice"* and *"advised by colleague at work who is a nurse."*

On the most part, it appears that patients have decided to attend Chorley UTC because they thought their injury/condition was serious enough for UTC treatment.

Chorley Urgent Treatment Centre
Chorley and South Ribble Hospital, Preston Rd, Chorley, PR7 1PP

Are you aware of the following:

	Yes I'm aware of it and use it	Yes I'm aware of it and don't use it	No I am not aware of it	No response
NHS 111 online	7	7	4	0
NHS 111 telephone	14	3	1	0
Local Pharmacy	15	3	0	0
GP	18	0	0	0
999	7	10	0	1
NHS.uk website	14	2	2	0
Patient UK website	3	2	12	1
Local child health advice booklet website	2	1	14	1

Patients who said they are aware of a service but do not use it, some provided further details as to the reasons why:

NHS 111 online:

"I prefer to ring"

"No reason – it is easier to call."

"In regards to issues with my children, it is easier to communicate on the phone."

NHS 111 telephone:

"I prefer to go online."

999:

"Would only ever use 999 in a serious emergency."

GP:

"GP seem to refer to hospital."

"I didn't want to bother the GP out of hours. 111 online said I needed medical attention in 1-2 days and I knew I wouldn't get a GP appointment that quickly so I came to A&E but they didn't necessarily say I needed A&E"

Patient UK website:

"NHS website is go to as a trusted website for health info – unclear who maintains patient UK."

Local Pharmacy:

"TESCO pharmacy not very helpful."

"The pharmacy seem to refer to hospital."

Chorley Urgent Treatment Centre
Chorley and South Ribble Hospital, Preston Rd, Chorley, PR7 1PP

Which of the following did you try before attending Chorley UTC?	Total number
NHS 111 online	3
NHS 111 telephone	3
Local Pharmacy	0
GP	2
999	1
None	10
Other	2

Some examples of 'Other' responses: *"Walk-in-Centre in Skelmersdale"* and *"NHS Choices A-Z"*

For the patients who said they did not use any of the above services before attending the Emergency Department, here are the further details as to why:

"Son may need an x-ray"

"111 would send me to A&E anyway so I didn't bother trying. My friend who is a medical professional advised me to come to A&E."

"Daughter advised me that I need to be seen and it is quicker to be seen at A&E than GP."

"I had an urgent need."

Chorley Urgent Treatment Centre
Chorley and South Ribble Hospital, Preston Rd, Chorley, PR7 1PP

If you accessed another service, did you experience any problems?

No problems:

"No problem with 111 online"

"No [problem], the walk-in-centre (Skelmersdale) was good, and they referred me here."

GP:

"Limited appointments for GP."

111:

"Phone 111 was very busy."

"111 phone was a 30 minute wait."

Other healthcare services:

"Long wait in A&E in Manchester."

"We attended our most local urgent care (Chorley). They checked us in and asked us to wait to be triaged. As my son (the patient) was aged 17, they advised all pediatric cases needed to attend Preston hospital. They confirmed x-ray and assessment was required and then asked us to travel over to Preston."

Chorley Urgent Treatment Centre
Chorley and South Ribble Hospital, Preston Rd, Chorley, PR7 1PP

Would you consider trying any of the following for initial advice on the same problem next time?	Total number
NHS 111 online	6
NHS 111 telephone	12
Local Pharmacy	6
GP	7
No I wouldn't	3

Patients were asked 'What would help you to be able to use the following resources – NHS 111 online, NHS 111 telephone, Local Pharmacy and GP?'

111:

"Knowing about 111 online."

"More 111 agents"

"There is too much focus on covid at the start of the 111 call, they focus on covid rather than the actual problem."

"Possibly more information."

"More information about how they can help."

GP:

"Allowing to call GP on a weekend. I tried to call GP alliance but it was too early."

"More availability of GP appointments."

"GP – the online booking system is too difficult. Long waiting times, 2-3 weeks for an appointment."

Local Pharmacy:

"The pharmacy having a better understanding of services."

Chorley Urgent Treatment Centre
Chorley and South Ribble Hospital, Preston Rd, Chorley, PR7 1PP

Which of the following methods would you use to receive information about available health services that may suit your needs? Tick all that apply:	Total number
NHS website	12
NHS electronic newsletter	6
NHS paper newsletter	4
Leaflets in health centres (hospitals, GPs, Pharmacies)	4
Posters in health centres/libraries/community centres/bus stations	8
Billboards	4
TV adverts	11
(Local) radio	4
YouTube advert	2
Newspaper	3
Facebook	5
Twitter	3
Instagram	5
Twitch	1
TikTok	2
Other (info cards delivered to homes)	1

Patient Experiences

Case Studies

All survey respondents were asked at the end of the survey, if they would be interested in doing a case study for this project. Those who were interested, left their contact details and respondents were informed that a HWC member of staff would contact them to talk about their ED experience in more detail. In total 18 people participated in a case study with HWL.

These case studies came from 6 different ED/UTC/Walk-in-Centres, from across West and Central Lancashire. The breakdown of which service the case study participants attended, is as follows:

- 5 case study participants attended Lancaster Hospital Emergency Department
- 4 case study participants attended Southport Hospital Emergency Department
- 1 case study participant attended Ormskirk Urgent Treatment Centre
- 4 case study participants attended Preston Hospital Emergency Department
- 1 case study participant attended Preston Urgent Treatment Centre
- 3 case study participants attended Chorley Urgent Treatment Centre

Out of the 18 case studies, 11 participants described their overall experience as positive, 1 as negative, 1 as mixed (both positive and negative aspects) and 5 described their overall experience as neutral.

Two significant factors that negatively impacted participants' experience of ED/UTC/Walk-In-Centre was waiting times and staff attitude. Participants who had a positive experience frequently mentioned that the staff were kind and helpful and they were seen fairly quickly. On the other hand, those who had a negative experience shared that there were long waiting times and some of the healthcare staff were not always helpful, with one participant describing them as "judgemental" and "a bit rude".

Poor communication between staff and patients was also highlighted by multiple participants as a factor which negatively affected their experience. Some participants felt that they were not kept informed or updated throughout the process, either as the patient themselves or as a friend/relative.

Case study participants seemed to have a mixed experience of the NHS 111 service. Some participants praised the service, having found it useful and informative. While other participants felt that the NHS 111 service focuses too much on the worst-case scenario meaning that patients are often directed straight to ED if they call.

Lancaster Hospital Emergency Department

5 case study participants attended Lancaster Hospital Emergency Department. 3 participants rated their ED experience as positive, and 2 participants rated their experience as neutral. Reasons for a positive experience included helpful and caring staff, being seen quickly, helpful and quick 111 service and being kept informed. Reasons for a neutral experience included not feeling informed about a friend/family member whilst waiting in the waiting area and emergency care being very dependent on what doctor you see.

Female, aged 46-55 with a long-term condition

"I had bad Abdo pain, I recognised the pain because I have had it before. I had emergency surgery for the same pain last time so I thought it might be serious. I started to ring 111 but it took too long so I decided to go straight to A&E, I knew I needed blood tests for an infection and I know that was the only way to get them. The staff were brilliant, it was mental and busy, there was no beds to be admitted but I was seen quite quickly. There is nothing bad to say about the staff, it's not fair on them really, they did everything they could.

I know the NHS promote information on banners, I think TV adverts and social media would work well. I know they already do that but it could be pushed a bit more. The public are aware of what is out there and the NHS are trying. I find information on the NHS website. I don't have any ongoing support for my condition but its not that serious, its been ongoing for 2 and a half years but covid has hindered my treatment. It probably would have been solved if it wasn't for covid, but it is just one of those things isn't it"

Male, aged 36-45, currently being tested for possible long-term condition

"I rang 111 with chest pain and they sent an ambulance for me which is when I ended up at A&E. I was seen immediately but then I was put on a bed in the corridor, waiting about until someone else saw me. It was very busy, it was backed up in corridors. For me personally, there was a lot of elderly in beds on the corridor that were distressed, so that wasn't a good experience. They were very good 111 on the phone, I got through almost immediately. I wouldn't use the NHS website for information, I would just use 111 if I needed it.

It is a nightmare to get hold of the GP, you are just on hold forever. For example, I was supposed to be at the doctors on Friday and I didn't know I had an appointment, no one let me know. The doctor rang to cancel the appointment and I didn't know I had an appointment. I am meant to be at hospital next week but I got booked into two departments at the same time, when I rang up to sort it out I got told that's just the way it is, I tried to sort it out and they couldn't do anything about it. They need better communication between departments so that sort of stuff doesn't happen. Communication between the GP and hospital needs improving too. When I came to A&E through the ambulance, they gave me medication and when I went to rebook the medication as a repeat prescription, the Doctor couldn't see what the hospital had given me. It wasn't in my notes."

Female, aged 26-35, speaking on behalf of patient who has a long-term condition

"It was 6 hours I was at A&E for, I went with my partner it was for him and we were told to go by the doctors. He had a fall and a few blackouts. That was the best place for him to go, the GP sent him. I was waiting in the waiting area. He got triaged in the waiting room which was new to me, it wasn't private. The nurse asks what the problem was in the corner of the waiting room, the last time I went you went to a private room. It didn't feel confidential and I didn't feel comfortable. You could hear what people were saying, and they could hear what you were saying. We didn't wait too long to be triaged but I had to wait in the waiting room when he went to be seen further. No one came and updated me on anything. There was some information he couldn't remember because he blacked out and I thought I should be there.

Before we went to A&E, he had a GP appointment but before the appointment came, they had looked at his notes and saws signs of epilepsy so told him to go to A&E. Since A&E he has had to go to the hospital at the ambulatory department. Once they wanted him to go to A&E and ambulatory said it was too busy at A&E so he should come straight to the department. If you have been to that department before, rather than going to A&E, go to that department if they have capacity. They knew how bad A&E was. There was contingency and that was good. He has a long term condition, this has been diagnosed since he attended A&E so he has to go to Preston for neurosurgeons, they said for what he has got he should be an inpatient in hospital. If it happened again, I would ring that department probably over GP. Knowing what I know now. You have got to watch out for certain things. I wouldn't bother with the GP – trying to get through and get an appointment is a nightmare.

9 out of 10 times I get information from the NHS website. Sometimes when I don't understand stuff it would be nice to ask someone.

Overall, the experience at A&E was neutral; it wasn't the best but it wasn't the worst. It was nice in there, as nice as it could be, there were coffee machines and free water. On the negative side, you couldn't speak in a confidential manner. I wasn't communicated with and I was just sat there wondering what was going on. I only knew what he was texting me. They could have kept me informed, especially when they knew I was there waiting. It only takes two minutes to keep someone updated. If he hadn't taken his phone I wouldn't have known anything."

Female, aged over 65

"I went to the GP and they advised me to go to A&E. It was really busy but all the staff were absolutely amazing, considering the pressure they were under. They kept me well informed, I waited a long time and wasn't surprising. They did try very hard to keep me informed, let you know what is happening. They did amazingly. I went on a weekday.

I think I would contact my GP if it was to happen again. I have used 111 telephone and I would use again. They usually give the correct advice. I don't receive information unless I look for it, I look on the GP website, nobody sends me anything. It would probably be useful if they sent me something, but on the other hand I will look myself for what is the best course of action. Online is alright but sometimes because there is so much information you go through things and you are no wiser so you phone the GP. It is sometimes overwhelming."

Female, aged 26-35 with multiple long-term conditions

"I have inflammatory bowel disease that is not being managed well by the NHS, I went to A&E because I was vomiting and I couldn't control it at home. I had my gall bladder removed in November 2020 and I was told by the gastroenterologist that I will have to go back in 4 week's time to have tests done. Covid interrupted this and I have had a delay of 9 months. I have had 7 appointments which have been cancelled. I finally had my appointment with gastroenterology in August 2021 and the doctor told me I should go on anti-depressants to help me manage the pain. I asked him 'how is this going to help with my condition?' I am really struggling and losing weight. When I was at A&E, I spoke with the on-call gastroenterologist and they told me that the gastroenterologist I saw in September had discharged me without even telling me. I have been to A&E about 5 times in the last year due to my pain and vomiting.

I used to have regular GP appointments every two months for a review and to make sure I am managing well. Now I have a GP appointment every 4 months, I no longer have a GP that knows me and my condition, by the time I explain what is going on I have run out of time.

I use google for information, I would like an email or phone call. Letters are wasteful and I end up losing them, emails you have a record of them and phone calls, most people have their phone on them all the time and you speak to an actual human being.

I think your experience at A&E depends on what doctor you see, if you get a compassionate doctor who cares then you get the right treatment."

Southport Hospital Emergency Department

4 case study participants went to Southport ED. 2 participants shared that they had a positive ED experience, 1 indicated that it was a mixed (positive and negative) experience, and the other stated that they had a neutral ED experience. The two case studies that had a positive experience shared that they had been seen quite quickly. However, on the other hand, the case study that had a mixed experience, mentioned that despite believing that everyone was doing the best they could, they felt that the service and staff were stretched. The participant that had a neutral ED experience stated that they had not been effectively communicated with, which caused confusion as to why less seriously injured patients were being seen before them.

Female aged 18-25 years, with a long-term condition

"I had pain in my right side, I rang my GP and they said it might be endometriosis. When I first rang my GP, it was a phone consultation but then I was seen in person. I had to wait a month for the GP appointment. Waiting times have got worse, they weren't that bad at the start of 2021 but by the end of the year they were really bad. There is nothing you can do about it though, especially with COVID it just is what it is. When I went to ED (on a Wednesday) I was seen quite quickly, and I was surprised because it was really busy. I wasn't diagnosed straight away; I was referred to another department, but I was seen and diagnosed on the same day.

I don't like going to A&E, I prefer going to my GP. Some people are stuck to their own ways aren't they and they just go to A&E straight away. The doctors have covid so there's nothing that can be done to improve things, it's just how it is at the moment. I mainly use the NHS website (when it is relevant to me), but I also use NHS 111 and the app, but I wouldn't use social media, I just wouldn't check it for that. However, social media might be useful for older people for it to pop up so they don't have to be in hospital all the time, it might help with unnecessary strain on the NHS.

Despite, having an overall positive A&E experience, as I was seen quite quickly (nothing could have really been done quicker), if I was in the same position again in the future, I would ignore the problem. I have a long-term condition and I was told that the problem was related to that. Thus, I would hold off on contacting any medical professional."

Male aged 56-65

"Involved in a car crash and I felt okay but the next morning I noticed my stomach was distended so I thought I better get it checked out. I went to the walk-in centre at Ormskirk so they examined me and given the fact it was a car crash they said go to Southport A&E. I was very well looked after, I was seen quickly and I had a scan within a couple of hours. At Ormskirk they said looking at my stomach, I needed to see a consultant and if I was to see one at Ormskirk I would have to wait a couple of hours at least. They thought A&E would be quicker. I was driven to Southport by a relative, so transport wasn't a problem. The whole experience was very positive, I was scanned very quickly, and they found internal bleeding. I couldn't fault it and it was very organised. If I was to be in the same position again I would do the same again, go straight to A&E. There is a place for the walk-in centre, my family has had a good service there so would still go Ormskirk again, it wouldn't put me off going again. There was nothing to do with the way I was treated, I was treated well. For information and support, I would normally use the internet and the NHS website. However, with 111 I am aware of it because my family have used it, but because of my situation with the car crash I thought they would refer me to A&E anyway which is why I went there."

Female aged 46-55, talking about a relative who is over 65 with a long-term condition

I went in A&E for my dad, who had been sent in 3 times in as many weeks by the district nurse who visited in his care home. He kept getting pinged to A&E, we spent a couple of nights in corridors and he has dementia so just being there is so disorientating and stressful for him. I am sad at the fact that he kept getting sent back to A&E, waiting 24 hours there and then just being told there is nothing they can do and send him back to the care home. He is in hospital now as he has had another fall. I am surprised he is back in there because we filled in the document saying unless there are severe circumstances don't send him into A&E again. It does more damage than made good. The care home seems to have overridden our request (as the district nurse referred him, she rang 999) and he is awaiting reassessment.

Before this happened, my dad and mum, who was his main carer, were living reasonably well at home. She had a fall and hurt her back and we called an ambulance, and they came and helped to get her out the bath, and that was all great. I spent a week caring for them both and they were both escalating. We were trying to get an ambulance for my mum to get an x-ray, because it didn't make sense that the pain was getting worse, we rang the ambulance twice and they didn't come. After 3 hours of calling, a paramedic came on her own, and she was enormously helpful and confirmed that my mum was a priority to get x-rayed and go to hospital. She helped me get her into my car to get her to hospital. I think having someone who can attend more quickly without an ambulance who can still give you advice is a really good way of doing it. When it's your parents, you just want to know you are doing the best you can. However, my dad gets sent into hospital by ambulance against our instruction. 3 or 4 times he has gone in against our will, I spoke to the consultant and this document has been sent to the care home but because it had been filed somewhere wrong, they hadn't registered it. It should have been flagged to the hospital when he was admitted, saying that he shouldn't stay here any longer than necessary, but it didn't. The assessments at hospital aren't useful, we got into this pattern of going into A&E, he gets a CT scan and nothing helps, it makes him so distressed. In the news you can hear of people having heart attacks and not being seen and he is in there when he shouldn't be. It has been really frustrating. He has Parkinson's disease and mobility issues, so he has a habit of leaping up and setting off and halfway through his legs decide not to play ball anymore. We asked the care home to do basic checks, and if there was no pain or signs of concussion just let him be. I can understand why, they don't want to feel like they didn't do something which needed to be done, he has had several scans which show several bleeds on his brain from falling, so it is a really difficult situation.

Whilst he was in hospital, he was late getting his Parkinson's medication, so he was getting very distressed, and I had to restrain him, and it felt unnecessary. We had to wait a long time in a corridor by the ambulance bay door, dad was just in his shirt and trousers, and it was really cold. I had to keep trying to find blankets and pillows to keep him warm. We were eventually put in a cubicle, the people were doing their best and there was very few of them. Dad often soiled the bed; I was trying to keep him in the bed, and he was trying to get out. I was frightened and I couldn't find anybody, they were stretched. It was a Saturday night, and it was a bad night. I came away thinking everyone is doing their best, but the whole system felt stretched.

No one anticipates this with their parents. It was a big shock when he moved to the care home, it took a while for him to get used to his surroundings. He would start settling in and then go into hospital and be more unsettled, he would expect to go back home and not the care home, and then when he went to the care home he didn't remember it and he was so stressed. His long-term conditions have developed so recently, and his conditions have escalated in the past 2 months. My parents had no support when he was at home, apart from GPs being aware and family helping as much as we could.

I can use internet. The people on 999 seemed to be triaging, I got told we would be waiting a while. They were more qualified and giving medical advice than 111. 111 is fine for some things but not extreme situations, it is obvious they are following a script, it doesn't feel like specialist advice. I used NHS direct a lot and 111 seemed to be reading off the NHS pages."

Female aged 46-55, with a long-term condition, talking about a relative who is over 65

"It was quite frustrating, my dad had a fall and split his head open and he needed stitches. I sat there for a long time and started seeing that loads of people who attended after us were being seen before me. It turns out my dad needed a doctor, but I wasn't told about this so more communication would have been more helpful. I went to a walk-in centre initially and they said the injury was too serious and told us to go to A&E, I drove my dad there. He has a lot of support, it was just one of those things. The last place I would go would be A&E, that was my last resort, and we went because we were told to by the walk in centre. I would use online if I wanted to find something, I have never used 111 because the wait times are too long. You wait for ages, so I would avoid that at all costs. I wouldn't go to A&E out of choice, it would have to be urgent. The Walk in centre said they could do stitches in his head but might have further injuries like brain damage or something so they told him to go to A&E. Overall the experience was neutral, due to the lack of communication with people going in before me, I had to ask why I wasn't being seen and only then they said because the nurses are seeing the less injured patients. Triage was quite easy and simple and then we waited 3 ½ hours to be seen."

Ormskirk Urgent Treatment Centre

One case study was completed for Ormskirk UTC. This participant stated that their experience at Ormskirk UTC was positive due to the staff being kind and going above and beyond what they needed to do.

Female aged 56-65, with a long-term condition

"I have Pernicious Anaemia, and I get numbness of legs, so I go to get B12 injections (routinely every 4 weeks). I got a phone call saying that there are no GP Appointments to deliver the injection tomorrow. But my leg went really numb, so I had to call 111. The 111 service offered to send an ambulance, but I refused to let my husband take me to A&E. The pharmacy was closed, and I could not get my B12 Injection and I would have had to go back home and come back later to get the injection. At Salford A&E the triage nurse refused to give the injection and said that the Doctor needed to prescribe it, the nurse was very rude about this. I tried the GP, but the receptionist ignored me and said there are no current appointments. My husband decided to take me to Ormskirk UTC and the healthcare workers were very kind and gave me the B12 Injection (this was 4 days later than I was supposed to get the injection). Therefore, my experience at Ormskirk UTC was positive, it was very good, and the healthcare workers were very kind and went above and beyond what was needed. I think that the GP practice should have looked at my patient notes and given me the appointment. Despite, normally going to the GP Practice to get my injection, next time I would probably go straight to Ormskirk UTC instead of going to the GP Practice. Usually, I can see my appointments online and the surgery sends appointments by text, which is my preferred format of communication, having the information available via text makes it easier to access the information."

Preston Emergency Department

There were 4 case study participants that attended Preston ED. 2 of the participants stated that their ED experience was positive, whilst the other 2 described it as neutral. Both participants that described their experience as neutral mentioned that some of the staff were nice, however, one of these participants shared that some of the staff were 'judgemental' and 'a bit rude' which made the experience uncomfortable at times, whilst the other participant mentioned that the long waiting times meant that the experience wasn't solely positive. One of the participants that stated that it was a positive experience, also mentioned having long waiting times, however, they acknowledged that ED was very busy and that was the reason why. Furthermore, 2 out of the 4 case study participants shared that there was some miscommunication between themselves and the ED staff.

Male aged over 65, with a long-term condition

"It was my dad who had a fall, he was taken by ambulance. He lives on his own, but he has district nurses who found him and called 999. I was then called, and I went to meet him there and waited with him. We were there from 11:30-19:30, they took him onto a medical assessment ward at 19:30. We waited a bit at first to be seen, and then the nurse assessed him, and then we waited again in the waiting room, he was in a wheelchair. At about 19:00 we had to push the staff a bit to be seen because he can't wait overnight to be seen sat up in a wheelchair. All the staff were friendly, and they were trying their best.

Thus, overall, the ED experience was neutral, as staff were nice but waiting times were too long. It was very busy, it wasn't very organised because we waited for hours. You can't stay overnight in a wheelchair, there is no point waiting until 2am so we had to chase up to get a bed. Staff were really good it was just the waiting times; the people do the best with what they have got.

When he came out of hospital, he went on crisis care and nurses came and saw him at home 3 times a day. He then had another fall, so went back into hospital and caught covid in hospital. He is back at home now. They are arranging for him to have a pendant round his neck but it's not been sorted yet, he has enablement support workers who will be visiting him at home for the next 3 weeks, they help him get a cup of tea and things like that. He has had other things put in place in his home to help him, like handles near the toilet and things.

I would use the GP but just like anyone else would, I would google stuff, and I get information from social services and support workers. I have only had two conversations with the social workers but they have been good. They set up the care to go into his house. I have used 111 phone before (not related to this instance) but it was a very long wait, at the end of it they just say they will get someone to ring back and you have to wait again. They ask too many questions and it is a very lengthy procedure. When you are able to ring to your doctor, they don't ask as many questions as 111."

Female with a long-term condition, talking about her relative

"We have come into A&E a few times [daughter brings her dad in], he had a temperature and pain in his stomach. I phoned his doctor early in the morning and they said to come to A&E because he will probably need tests. My dad has quite a lot of different conditions and they are all quite well managed. He has appointments with his GP and outpatients at the hospitals for his multiple conditions and we don't really have any problems. I would suggest that when GP's send you to A&E because you need urgent blood tests, put something in place where GPs can do emergency blood test or send you to blood clinics. Rather than sitting in A&E with other patients that are more serious. If you mention to your GP that you have pains in your legs, the GP will send you to A&E, because it could be a blood clot. It would be good if you could have the emergency blood tests somewhere else, so you don't have to go to A&E for that. Overall, the ED experience was positive, it wasn't the best experience but that was expected with how busy it is. I am not blaming anyone because it was busy. We were triaged and waited a while, maybe if they had a primary care department and A&E for emergencies. All he needed was a blood test so it's not nice to sit with people who are really struggling. As soon as they say A&E, my heart just drops. Thus, if it was to happen again, I would go via GP first, I will try anything before I have to go to A&E. Normally, I wait till I have a problem, then I will Google it and contact my GP. I am registered blind, so I struggle sometimes, but I have large print on my phone, so I am comfortable with using things online. Another option for me is my son, he is a final year medical student, so I often ask him, but if it for little things, I would probably see pharmacy. With 111 I know they are not medically trained, they just speal off the same information. I wouldn't contact them, they just tell you to go to A&E or sometimes they refer you to the doctor. I had a stroke a few months back and I rang my GP, the GP said it was fine but when I rang 111 they contacted the GP and said I need to go to A&E. Sometimes the GP sends people to A&E instead of seeing them themselves. As soon as I say pain in leg, rather than looking into it, they just tell you to go to A&E. I think it is capacity issues."

Female who is under 18

"I was in there quite often because I had a wound on my hand and had stitches. I didn't have to wait too long to have the stitches done, and then I got told to come back 5-7 days later to get them out. They took the stitches out too early, so my hand hadn't healed properly. I had to keep going back to get the dressings changed, I didn't have to wait that long most of the time but the last time I went I was told to go back to put more steri strips on and I was waiting longer just to put a plaster on it and go home. The whole process was longer than it should have been, but the waiting times weren't too long. Staff at A&E told me to come back, I kept seeing different doctors each time. Miscommunication between doctors, one doctor told me I needed to come back and then when I went back another doctor told me I didn't need to be here. When I first needed stitches, I think I needed A&E and when I had to get them out, I think I was in the right place but when I had to keep going back I could have just gone back to the doctors. The last doctor I saw in A&E recognised me from when I first went there, she said 'wasn't you in the other week' and I said 'they said I keep needing to come back', she told me I don't need to go back and gave me a list of walk-in centres (it would have been good if I was told about the walk-in centres a lot earlier). I ended up changing the dressing myself and it healed. I would say that my ED experience was neutral, some staff were nice but some of them were a bit rude, I shouldn't have been there I should have been at the doctors so some of the staff were a bit judgemental which was uncomfortable. Some were nice and explained things. They referred me to the walk-in centres, I decided not to go, but that was my choice they still referred me. So if it happened again, I would go to A&E first for stitches but if it got infected I would go to doctors. I went to A&E because I thought that was best. If I was looking for support that is available to me, I would google it or use the NHS website, go straight to my GP or A&E. I don't know the difference between 111 or 999. However, I prefer to speak to someone over messages (online chat), as I find it easier to think when typing so I say everything I need to."

Female aged 56-65, with a long-term condition

"I hadn't eaten all day, hadn't been able to keep water down so I thought it was food poisoning. I should have rung the ambulance sooner but anyway they eventually came and took me to Preston ED. Everything was fine whilst I was there. I have a lifeline button which I used, and they rang the ambulance. I did ring 111, they said they would get a doctor to ring back, that took about an hour. I was being sick constantly, I am diabetic, so I was worried. It was busy at ED, but I was seen quite quickly, I was on a stretcher in a cubicle.

My experience was quite positive, as I was seen quite quickly, and they followed it through. They did get someone to look at my knee and he was quite upset, he said 'I told them I don't need to come and see you, I don't need to see you'. He was muttering to himself, which I didn't want to know. I did see quite a few people, eventually I was taken to a ward the next day. You can be moved in the middle of the night, even from one ward to another, it's quite difficult to remember where you are, especially with it being dark at night. I changed to two different wards, and they said I had a heart attack so I needed an arteriogram at Blackpool hospital. They said take your belongings to Blackpool you might be there a while. Blackpool is the best, so I didn't mind being moved but there was a lot of sitting round waiting and I had to ask if they had done any stents, I had to ask, they weren't communicating with me just within themselves. I was in Blackpool for nearly 3 weeks.

I have long-term conditions, including diabetes type 2, heart attack and stroke. I have follow up appointments for these but they seem a long way apart. I have also had skin cancers, but these are just obstacles that you come up against. I want help from the pharmacy because I have that many tablets to take, I want them all in a weekly blister pack so they are easier to take. Sometimes I need advice to double check things are okay, it depends on what it is about for who I call, with my diabetes I am seen every 6 months, I have a telephone number for the diabetic team at Chorley hospital. There is a diabetic team at the doctors but if it a more complex question I have the hospital. My GP are telephone conversations, sometimes I need to be seen in person but phone consultations are alright most of the time. I am not good with technology, it is easier to talk to someone.

But if this situation happened again I would ring 111, over GP because it was late at night so I couldn't get through."

Preston Urgent Treatment Centre

One case study was completed for Preston UTC. This participant described a negative experience which was largely due to the waiting times and their interaction with the NHS 111 service.

Female aged 46-55, talking about her child

"My daughter had hand foot and mouth disease, she had a few spots, she got through that and she ended up with a blister on her wrist that was weeping. It wasn't going away and it was sore, it looked really painful. I did an online enquiry with 111 because it was out of hours and waited hours and hours for someone to ring me back. A nurse rang back after midnight, she put the fear of God into me, saying it could have got into her blood stream. I was hoping someone would ring me and say she needed antibiotics and to pick some up the next day. We were in A&E at 1am, it was over an hour to be triaged and then after triage it was around 5-6 hour wait. We left after 3 hours, we shouldn't have done this but there was a doctor walking by, and my husband asked if they could have a look really quickly just to see if it needed to be treated urgently and tonight, and he said you can go to the doctor the next day, the doctor was like 'why would you be at A&E'. The next day the doctor looked at her and prescribed antibiotics, we were in and out in 2 minutes. Having a 7-year-old in A&E during the school week is the last place you want to be, as soon as you go to A&E you know you will be waiting. It is not the best place for her, but because someone advised us to go I was thinking about the possibilities of what would have happened if I didn't take her, I couldn't go to bed if I didn't do anything.

This experience was negative, from start to finish. Through a combination of how long it took for clinician to ring back through 111. It took 6 and a half hours for someone to ring back, the time of day in A&E was not good, the time it took to be triaged and then waiting for such a long time. The NHS is so good on some fronts but so bad on others. I understand you have to be triaged within prioritisation, but if it is not serious, how do you ensure that those people still get seen. And for children, the last place you want to be is in a waiting room all night. It lacks a bit of common sense, everyone is aware of the problems within the NHS but sometimes it doesn't help itself and that's such a big process. In Preston, there is no minor injuries or walk in centre, Preston Hospital is the only thing available out of hours. Once the doctors closes at 6pm on Friday, that's it.

In my opinion, 111 is so heavily balanced towards worst case scenario, risk averse, always erring on the worst case. Rather than seeing it as an infection, they saw it as its in her blood stream, she will need intravenous antibiotics and she may be admitted on a ward. I think sending a picture to 111 could have solved the problem a lot quicker. 111 either send an ambulance or tell you to go to A&E, triage is hard online but a lot of people end up in A&E. But, on another occasion, I had tonsillitis and I used online 111 and got a nurse ringing me back within an hour, an out of hours doctor prescribed me antibiotics the same day. That was really good, so I think it depends on the clinician.

If it was to happen again, next time I would take her to the pharmacy for anything like spots, blisters, minor ailment. I am in two minds about minor ailments, is it a minor ailment, is it something the pharmacy can deal with. Because of this experience, I would look at any other option than A&E. However, it would be helpful if the NHS detail what the pharmacy can help you with, what advice can they provide, can they prescribe."

Chorley Urgent Treatment Centre

3 case study participants attended Chorley Urgent Treatment Centre. All participants shared that they had a positive experience and this was due to being seen quickly.

Female, aged 36-45

"I was at work when I got chest pains so I rang 111. They sent a paramedic in a car to come and see me and they referred me to urgent care. It was busy but I was assessed straight away and had to wait for a chest x-ray. I was probably there for about 4 hours. It turns out that it was a panic attack that I was having. Overall, it was a positive experience from the lady that came to my work up to urgent care, I didn't feel rushed and they took their time with me. I felt reassured. It was organised. The only thing I had to wait for was the x ray but I did go on a busy day. Once I had the x-ray, the doctors saw me quite quickly.

Because it was chest pain, I think it was right what 111 did referring me to urgent care. The results showed I had a panic attack so I wouldn't go to A&E if it happened again but I didn't know what it was at the time. I would go on the NHS website for any information"

Male aged 46-55

"I work in a security company and someone punched me in the face. As it was a case of assault, I decided to go straight to Chorley UTC and tried no other options as I would have preferred none of the alternatives. I was later referred to a specialist. I would still consider going to the UTC first if the situation occurred again. My experience was positive, it was good and I received quite fast care, 10/10. If I ever receive information about services and support, it is usually via a letter, but it is not my preferred choice of communication to receive updates by, I would much rather have a phone call."

Male, aged 36-45

"I was assaulted and had a facial injury. I went straight to the urgent treatment centre, I didn't try anything else because I needed to be seen straight away. I just went straight there. Nothing could have removed the need for me to go to urgent care because it was a case of assault and I needed help quickly. I receive information through letters, I am happy with letters because I can read them when I get home. I would say it was a positive experience"

Focus Groups

In addition to case studies, HWL also conducted focus groups with the aim to find out more information from groups and communities who may have a heightened risk and need to attend Emergency Departments/Urgent Treatment Centres/Walk-in-Centres. HWL contacted group leaders and asked them to speak generally about their groups' experiences of emergency care, ongoing needs and how best the group would like to receive information about available health services and support, as well as asking the group if they had any policies/procedures about what to do if a member of the group required medical treatment. HWL also reached out to people who were part of the community (for example a parent or a carer) and asked them about their experience. Through their accounts these 'community representatives' helped to build a bigger picture of what members of their community feel about accessing emergency care and their needs.

The following focus groups were conducted for West Lancashire:

- Youth and sports clubs – 4 participated
- Parents – 3 participated

The following focus groups were conducted for Central Lancashire:

- Mental health support groups – 3 participated
- Carers – 2 participated
- Respiratory long-term condition support group – 1 participated

Feedback received highlighted that it is common for people from all different groups and communities to only use 999 or ambulance services if there is an emergency that requires urgent medical treatment.

It is common for adults to be expected to make a judgment call for themselves over what medical service they require based on how urgently they think they need to receive treatment. Whereas for children, parents and coaches determine the services they are to receive, but it is common to be on the side of caution when children are involved. This meant that clubs for children often had more detailed policies and procedures for what to do in case of emergencies.

Leaflets and posters, and online resources were regularly mentioned as ways to communicate and share information about suitable services. There was no single method of communication which was preferred by all groups (each group had their own preference). Online resources were praised for their ability to have a lot of information that can be regularly updated. Leaflets and posters were better for those without the technology or skills to access online resources, as well as being an effective method of putting the information physically straight into the hands of those that need it. Leaflets and posters were particularly useful for sports/youth clubs and support groups (including mental health support groups and long-term condition support groups).

The NHS 111 service received a mixed response. Many groups (like parents and carers) indicated that the 111 service would often signpost or direct you to receive professional medical treatment after you contact them, thus they didn't always see the benefit of using the service. Other groups used it to get advice and viewed it as a good service. Particularly the mental health support groups who shared that they preferred to use the 111 rather than 999, as the 111 service has its own direct mental health crisis team.

West Lancashire Focus Groups

Youth and Sports Clubs

HWL spoke to 4 participants, who represented their sport or youth club. There was a mix, of some clubs having very detailed policies/procedures to follow in case of an injury or accident, but other groups did not, and relied on the individuals involved to make their own decision on how best to receive help. Children's clubs had stricter and clearer policies in place, compared to adult clubs. For accidents involving an adult, the adult would primarily be required to make the judgment call for themselves (on what treatment and/or support they need to access). All representatives when discussing accidents/injuries involving a child, mentioned that they would get the child's parent or guardian to make the decision on next steps. Whilst for adults they were required to make the judgment call for themselves. It was also common for coaches and trainers to be first aid trained to help provide judgment and assistance when required. It was mentioned by the group representatives that whilst injuries could not be prevented (as they can occur when doing physical activities), serious injuries are rare and random. Representatives further added that such injuries and accidents are not weather dependent, and they do not see higher incidents in winter. If a serious injury did occur and emergency medical treatment was needed the groups would call 999 to get an ambulance to take the individual needing treatment to ED as soon as possible.

Focus group 1: Sports club

"We just use informal procedures, we don't have policies for that. All staff are first aid trained, but if there were any serious injuries like a broken bone, we would call an ambulance. We are quite a busy centre, we get a few ankle and knee injuries, but it is just potluck how often it happens. For children, if they were to be injured the coaches of the clubs would deal with that, I am unsure if they would consult the parents first.

I guess we could consider using 111. But with most of the injuries we have, most people can walk so they will go to A&E themselves but if it is bad enough that they can't walk we will go straight to 999 for an ambulance. With the injuries we get they are random, the weather doesn't affect it, it doesn't get worse in winter its just random.

If there were services, we could use instead of going to A&E, I think the best way to tell people about it would be in a leaflet and then we could put it up in the club where they walk past and people would actually see it. We have social media but not everyone uses it so I would say printed information is better than online."

Focus group 2: Youth Sports Club

We spoke to the Head Coach at this youth sport club.

First Kick have very clear policies and procedures when it comes to deciding on a course of action following an accident. All coaches have regular First Aid Training and carry a First Aid Kit and Accident Book. The coaches will decide quickly at the time of the accident whether they believe the child requires urgent medical attention.

If urgent attention is required due to a severe head injury, bleed or seizure an ambulance will be called immediately, followed by a call to their parents.

If an injury is not deemed to be too severe like a cut knee or bruise to the head they would call the parents asking them to come and collect the child. They would give advice to the parent as to whether they believe the injury should be inspected by the hospital or a GP. It would ultimately be the responsibility of the parent to decide on the course of action.

If an injury is very mild, such as a small graze to the knee the coach would let the child remain at the club but at the end of the session will inform the parents of the accident. The main reason for doing this is in case the child develops any further symptoms later on or a more serious injury is not visible or detected immediately.

The head coach described a situation that he remembered of the time that a child hurt his arm whilst playing the goalkeeper. The child appeared fine after the accident, said he was not in any pain when questioned, quickly recovered and returned to playing football until the end of the session. Although the child appeared to be fine, when the child's dad arrived to collect him, the coach informed him of the bump to the arm. Later on, that evening the child had started to display signs that something was wrong with his arm and after a visit to A&E he was confirmed to have had a dislocation.

Focus Group 3: Sports Club

"We don't have a procedure we just use general knowledge to decide whether we need to go to A&E. The players try not to go unless it is absolutely necessary. We do have qualified first aiders on site, but if it was a junior the first aider or parents would decide whether they need to go to A&E, but if it was 'a' senior, they would decide themselves.

We don't need any information about services, we have a defibrillator on site, and we would just call 999 if it was an emergency. But luckily, we have never had to call an ambulance.

Ultimately, the course of action depends on the type of injury, if it was serious, it would be straight to A&E. It wouldn't be 111 because it is urgent, and we all know they need to be seen straight away. Some of the players are police officers, or physiotherapists who are trained in first aid so they would help, or we would just go to A&E."

Focus Group 4: Sports club

"It is very subjective depending on the injury, we have trained emergency aid staff at each game so they make an assessment whether they can go to hospital themselves or if it is more serious, then we would call an ambulance. This applies to both adults and children. For children, the parents tend to be there at the game so we would consult with parents about what should be done.

We have staff which are trained in first aid, but it is very subjective, with most injuries that happen people make their own way to A&E or consult to 111. We don't direct them or tell them what to do, we administer first aid, it depends on the individual what they do. We don't rely on information out there; we just use common sense. We know if it is serious enough to call an ambulance. Injuries can't be prevented, it's very ad-hoc and random so nothing can be put in place to prevent it. I wouldn't say it gets worse in winter, no.

Occasionally I have called the ambulance, there is a bit of a wait. We are always conscious of breathing if it is a broken bone, but there are long waits. If it is a child the parent would go with them, if it is an adult then someone might go with them it just depends on the individual. Luckily injuries are very few and far between, it is quite rare that we have to call an ambulance.

If there is a range of services that we could attend before having to go to A&E then we would use these and we would share this information with coaches. Online is the best way to get the message out there. We have nearly 100 coaches so it is hard to get them all in the same room so online is best, we have whatsapp groups so if I had some information to share with them like services, I would share it on whatsapp. That's the best way I can share things with people."

Parents

HWL spoke to 3 parents about their experiences with emergency services. It was highlighted in these discussions that parents worry about their children's health and are often on high alert when their child is unwell, in case anything becomes serious. Parents shared that they do not attend emergency services for their children, unless they feel that it is absolutely necessary. Instead they choose to go to their GP for medical advice. It was also highlighted by these parents that the 111 service tend to send children to emergency departments to be seen by a medical professional, and so choose not to use this service and instead go directly to ED.

Parent 1

"As a parent, I would usually try and see a GP if it wasn't severe respiratory symptoms, chest pain or a bleed that wouldn't stop after 30 minutes. I would ring NHS 111 to check the symptoms and may get a call back from a health professional. They normally just book you in to out of hours walk in and have done this in the past for me.

Generally, I have used pharmacy in the past for an emergency (not for my child) and they suggested we go straight to A&E in the end. This resulted in 6 hours to be told it wasn't cause for concern. But the staff were very helpful and didn't make me feel I was wasting their time. However, I would suggest having a sitting area just for parents with children with some information for parents not sure which service to access (Royal Blackburn Hospital).

One of the things that reception told us was that parents are more anxious about children's illness and will just come straight to A&E without first talking to pharmacy or waiting for a GP. This could be an impact from the Covid pandemic and the wider public health messages that lead to people being on a high state of alert with health concerns."

Parent 2

"I wouldn't go to ED or A&E unless it was absolutely essential. That would be for me or my almost 4-year-old. I've never been to either as a patient. I'm a really busy single mum with work/uni and loads of other jobs and activities to manage. The thought of having to make the trip and wait in an ED with my young child is incomprehensible, especially if it was in the evening or late at night. But I would go if it was an obvious emergency.

I have been to my GP on maybe 2 occasions for my son. I would go to the pharmacy or ring 111 but haven't had to. When he did go to GP it was for suspected Colic but seemed severe (coughed up some blood) so I wanted more of a check-up than a pharmacist would probably have been able to do.

To get information to parents, I would suggest maybe a newsletter. I imagine anything else would annoy me and just give me more jobs to think about and make me feel guilt for. I wouldn't want messages or emails because they wouldn't be specific to me or be none applicable or written in a patronising way which would disengage me. Facebook might be good as I'd ignore if I wasn't interested."

Parent 3

"I have two small boys aged 1 year old and 2 years old. You are definitely more likely to require the help of a medical professional than you would yourself as it can be really difficult to determine the seriousness of a problem in babies. They are unable to articulate to you what the problem is, so you have to rely on your instinct and watch for signs and symptoms.

I have found that if I have ever needed some support Mon-Fri between 9-5pm, I have had no problems. This is due to my local GP being great and always fitting in an appointment when needed. I do however come up against problems if they happen to fall ill at the evening or weekend.

Quite recently, a Sunday teatime my 1-year-old began to become difficult to settle, was hot and flustered and began refusing food or milk. By 8pm we were becoming increasingly concerned as we had noticed a rash had appeared. I called the GP, hoping for an out of hours doctor but the voicemail just referred us to 111. I decided against 111 as I was under the impression they would just advise us to go to A&E with the age and nature of the concern, and actually calling them and waiting on a doctor to call back would delay him being seen.

We checked in at Royal Preston Hospitals Emergency Department around 9pm and were triaged after about an hour. The triage nurse informed us they were not concerned about the rash but to wait to see a doctor to confirm diagnosis. By 1am we were still in the waiting room, my baby was extremely distressed and despite asking for paracetamol for him on two occasions, non-arrived. I felt unsupported as parent on my own, in the early hours of the morning, with a poorly baby.

I could see the staff were under pressure and so by 1:30am I made the decision to leave the department, settle my baby at home with paracetamol and milk and saw a GP immediately the day afterwards.

Whilst I understood the pressures the staff are under, it would have felt nice had someone come to ask if we were ok when the baby was crying consistently, brought paracetamol to help settle him and let us have some sort of indication how much longer the wait would be."

Central Lancashire Focus Groups

Mental Health Support Groups

HWL spoke to representatives of 3 different mental health support groups. These groups shared that they tend to signpost individuals to services that would best support the individual's needs at the time. However, two of these groups shared that if they were alerted to an immediate risk (a suicide attempt) they would call NHS 111 who would send an ambulance for immediate medical attention. One representative shared that they use 111 because this service has a direct mental health crisis team whereas 999 does not. These groups also shared that the waiting lists for professional mental health support and/or treatment are long, and thus they try and support individuals as much as they can. In terms of signposting and sharing information, the groups had different preferences. One group mentioned that they use leaflets as they are a physical item that you can put into someone's hand, and they can take this information away with them. Whilst another group shared that they use online resources, as support information often changes and so it is easier to update and maintain. One representative shared that social media is not an effective way to share mental health support information as there is already a lot of inaccurate information shared via social media and thus it is viewed as an unreliable and non-trustworthy source.

Focus group 1: Mental Health Support Group

"We have a first aid kit and if the situation is a crisis walk-in, we try to de-escalate the situation. If that doesn't work, we call police, 111 or an ambulance. We would ring 111 for the safety of the person, if we think they need to be seen medically. We do have a procedure, so we have a hierarchy of people or numbers to call if we can't handle the situation ourselves. We would speak to management first and if that doesn't help and there is nothing we can do, we would go to 111. We would call 111 if someone is suicidal and they would call an ambulance. If they are not suicidal but need more support, we would contact the Home treatment team.

We don't really provide medical support; we have a first aid kit but we would mainly call an ambulance if needed. Instead, we offer signposting and resources, we have folders on our computer for each area of support. They are organised into categories so for bereavement, eating disorders, PTSD, etc. We signpost to other charities and NHS services if we cannot help.

I only have experience of one person needing to go to A&E and what we did in that situation was contact the police and they got an ambulance for them to go to A&E.

People come to us because they were referred from their GP or the home treatment team and if they can't access counselling from home treatment, then they would come to us. But a lot of services don't know about us.

In terms of access to care before needing to go to A&E the issue is waiting lists for other services, for example the GP. Patients get put on long waiting lists and so they are referred to us from the GP, so they are seen quicker but sometimes we are not relevant for them. For example, they need support for bereavement, we can offer low intensity support but if they need more than that then we need to refer them onto someone else. Services may refer people to us and if we can't do it we refer on. We are low intensity so if the issue is overcoming the death of someone, that is more intense support. We can help with coping mechanisms, but we would try and refer to minds matter and inspire but waiting lists with them is an issue too."

Focus group 2: Mental Health Support Group

"We have a robust safeguarding policy and procedures, if someone is at immediate risk, we have a policy. The safeguarding procedure kicks in if we hear immediate danger of self-harm with the intention of taking their own life. Immediate danger refers to that night or within 12 hours. We would ask for the contact details for their GP and we will call emergency services, so we do it on their behalf. We will call 111 because they have a direct mental health crisis team, rather than 999. Used 111 once and it was fine.

We signpost to services; we make it our business to find services in the area for people. We have a file full of leaflets, cards, posters of other supporting organisations. They are specific to their concerns so domestic abuse, etc. At our group we have leaflets out and available for attendees to see. But as facilitators we are not direct or refer people into services but after the session, we may hand them a card to a service for them to approach themselves.

Leaflets are a great way to display support information, you need something to put in people's hands rather than people having to google it for themselves. Not everyone is digitally literate, some don't have a smart phone and leaflets are a bit more direct and concrete which makes it a bit easier. If you want to make it easy for people, you have to do it to help them along.

We don't take contact details so we can't email or text them with information. They come to the group and its anonymous. We have the information there for them. Attendees give each other direction and advice, they may say 'have you tried this service?'. They will verbally give each other support.

Occasionally people go to A&E, but during our group they more talk about their experience with the statutory mental health services. There are loads of barriers, the attitudes, the way they are spoken to, the time and presence they are given during their appointment, waiting lists, not being heard, being dismissed, not being believed. We hear all these things.

It is a huge step to get to a support group. There isn't a uniform single answer on how to support people best, some will be technically savvy. Not bombarding people with too much information, but signposting when it is appropriate. It can be overwhelming to give too much information. We listen really carefully, and can ascertain where people are and sometimes, they don't need other services and they just need to be heard and believed.

I have mixed views about whether more information about self-care would help to prevent existing conditions worsening, there are plenty of courses on self-care and there are plenty of opportunities like resilience. The one thing we feel strongly about is that we never invite outside speakers or have an agenda, the people who come know what they should be doing. They are tired of being told what to do, it is a space where they can just talk whether that be good or bad, but if someone has had a rubbish week, we don't jump in with a solution telling them what to do. I think there is a wealth of self-care classes, but it is not always what people want, it's not on our agenda unless something came up that we could signpost to."

Focus Group 3: Mental Health Support Group

"We have had people who have to call ambulances for their mental health, but we have never been in the situation where we have had to call one for someone. They have got to a crisis, no one [other services] picks it up beforehand. It can come out of the blue. Sometimes people don't feel safe, so they will call the police and the police will get them an ambulance.

For mental health, I wouldn't expect people to call 111, its too much to explain. We don't give advice at our group, but we can make suggestions and I have suggested 111 before to people but when we have done that they say to get an ambulance or to call the police. When you feel you really need help people go to A&E. I think people do try and avoid doing that unless they are desperate.

I think people do try other options and mental health services and they have just mostly said there is nothing they can do and when it gets to a crisis that is when they go to A&E. A&E is not a nice place to be, there is always the worry they will run off, everyone knows you have to wait ages. I have known someone recently who is clued up and she got her son in A&E on Friday morning for mental health, and they were still there on Sunday morning and he was 'wild'. They do have liaison officers in A&E but normal staff and the system isn't built up to deal with mental health problems.

The other issue is that, now there are better links with mental health services, and they have people they can call on like psychiatric nurses but you have to wait a long time to get there.

It is distressing for people to have to go to A&E and depending on past experience and if they have been sectioned before they are terrified to go to hospital in case they get sectioned again. I have taken my son to A&E before for mental health and he was calling it a police station the whole time and it was ages we were waiting and in the end, we came away with nothing. The other issue is that people already have medical records detailing their mental health issues and with A&E they often don't have your records, so you have to explain it to them and relive the whole story.

The problem with giving information through leaflets is that staff don't give them out and they go out of date quite quickly. People in crisis do often come to us online so I can email information out to them but not all people are tech savvy. Online would be better I think to provide information, but online people go to Facebook and they get really bad advice. One lady has been struggling for 3 years with her son's mental health and she had been getting all sorts of barmy ideas and even meeting with people who are giving her advice and they are not qualified. I asked her 'who do they work for?' and she had no idea. You can get told some really bad advice on Facebook and it's not good.

If the mental health services made more of an effort to provide information they wouldn't have to go and look for advice and potentially get told the wrong thing from Facebook. People and services often tell people about us through word of mouth, but most people find us online. It would be great if the Mental health services told people about our support group. We don't offer advice, but we listen and that's better than what you find on Facebook."

Carers

There were 2 carers who spoke to us about their experiences of using emergency services. Both carers have used the ambulance and Emergency Department services for the person they look after, and explained they used this because they required immediate treatment or they did not know what else to do. Both carers believe that the NHS 111 service is ineffective for those that they look after and the pharmacy was not seen as a viable option. The difficulty of getting a GP appointment was mentioned by both carers, which has been a barrier to receiving the care they require.

Carer 1

"My husband is in his 70's and has multiple complex health issues. Our pharmacy regularly messes up his medication and I have to go back to sort it so I wouldn't normally use them for advice. I think ringing 111 would be ineffective as I would answer yes to far too many questions, and they would say to ring an ambulance any way so I just ring an ambulance. I did ring 111 recently for myself though and they were very helpful.

I don't take him to A&E myself unless no other option as he is disabled, and this is very difficult. He normally needs immediate attention when I call them. Sometimes he falls out of his wheelchair and hurts himself and I can't pick him up so need help.

I occasionally look on the internet for information but that normally wouldn't help. I find it impossible to get a GP appointment and other medical appointments take so long so he ends up in A&E as things get worse or get infected. Sometimes, it is the only way to get something treated. Even when I do get a GP appointment they say if it gets worse ring an ambulance and I normally end up doing."

Carer 2

"My Mum is in her 90's. I have taken her to A&E a few times and sat in the waiting room with her for hours. The worst time she got really cold and was in pain and really uncomfortable and she is diabetic, but we couldn't get any food or drinks as the machines weren't working and they were only snacks anyway so not good for her. I think she gets seen faster and looked after better if taken in by ambulance. There is no priority for someone just because they are old, but this isn't good when you are trying to look after them. She can't easily explain what hurts or how with her dementia but sitting and waiting for long hours makes this worse so by the time she is seen she tells them she is in pain all over, because she is by this point.

I have called 111 twice but I won't again. It takes too long on the phone and then I waited about 3 hours for a GP. The second time I hung up and called an ambulance. They don't seem to listen to your answers as the next question doesn't make sense. When you are worried because a loved one is ill or in pain you don't want that, it just takes too long. I call an ambulance because I am scared and don't know what else to do.

Several times we needed a GP to come out and see her, but they wouldn't. They said we had to take her there, but I couldn't have got her down the stairs without her falling. The pharmacy wouldn't have been able to help."

Respiratory Long Term Condition Support Group

HWL spoke to a representative of a respiratory long-term condition support group, who shared that people with long-term conditions tend to know what support they need and when they need it. In addition, the support group provides individuals with the knowledge for them to become an 'expert patient'. Thus, they would only call an ambulance if it was an emergency and instead rely on other services to support their medical needs.

Focus group 1: Respiratory Long Term Condition Support Group

This group is for people living in the West Lancashire and Southport area with any respiratory condition requiring information and support. It is a volunteer led peer support group. As well as running the group the lady we spoke to has had respiratory problems all her life, so she is also a service-user.

"People used to come to the group in person prior to covid but now it runs monthly through zoom. We might continue to do it this way as it is easier and safer, and more people can join in as they don't go if unwell as don't want to spread anything.

We all have a lot of experience, and many of us have had a lifetime of it so we know what to do and can help others. We know our own conditions. Some have oxygen cylinders with them. We all tend to keep calm as we are used to it and know how to help. Everyone helps. We don't have a policy to call an ambulance or go to A&E and wouldn't do unless it was a serious emergency and as a last resort. The risk of covid is too high and nobody wants to sit in A&E.

If they haven't much experience of managing their condition they might ring an ambulance, especially if they live on their own. They might feel scared, and their mental health might not be good.

Personally, I have been a lifelong asthmatic. I worked full time and had 3 children. I have managed to have a reasonable life with the support of the NHS. I have my husband that helps so he would take me if I needed to go, but we have Sefton Respiratory service who will come out within 2 hours. They are great and do pulmonary rehab there too. I didn't know about pulmonary rehab or how it could help me until I set this group up. It could have been helping me for years, but nobody told me about it. My GP didn't tell me about it. I was quite annoyed. Lots of the others said the same so they need to tell people about it.

We know about 111 and pharmacies and what they can do. We have had guest speakers that explained it all to us and it was really valuable. We do use them as don't want to go to A&E. I rang 111 with pain in my knee and they gave me good advice. Our pharmacy is good. I rang them for advice with my meds just yesterday and have rung them before. I get appointments with my GP because I tell them about my condition when they say they don't have any.

We get information from the British Lung Foundation and other groups by email. I like looking on the internet. You never get bored looking on the internet, but some members aren't good with it. We mail out information to them sometimes but it's very expensive, they can get isolated. There is also the BLF helpline which everyone knows the number for. Our guest speakers are great, people aren't always aware of the range of services that are available.

To share information leaflets work best, and posters. We all sit and read them when waiting. To advertise our group by leaflets and posters as well, we give them to libraries, GPs, hospitals, pharmacies, podiatrists, dentists, and outpatients. We give them to practice managers and they say they will put them out, but we never see them. Self-help groups are very important. For people to learn and build confidence. They help people to become expert patients. Doctors have no time to chat."

Conclusion

Healthwatch Lancashire is incredibly grateful to all the people who chose to take part in our survey, case studies and focus groups. The insight has been invaluable and has been used to formulate the recommendations within this report.

Through 16 short and focused site visits, Healthwatch Lancashire engaged with 183 people who completed the online survey. Of these 183 people, 18 completed a further case study. HWL also spoke to 13 group leaders/representatives from the following groups: Sports and youth clubs, parents, mental health support groups, respiratory long-term condition support groups and carers. This was all to gain an insight into the experiences of these people who may have a heightened risk and need to attend Emergency Departments/Urgent Treatment Centres and Walk-in-Centres.

The aim of this project was to gain insight into patients' experiences of ED/UTC/W-in-C's, their journey leading to needing urgent care and their thoughts on how best the NHS can communicate with them about available NHS services and support. Through HWL's patient engagement qualitative and quantitative feedback was gathered, highlighting what is working well as well as areas for improvement, which will be used to influence NHS winter plans.

Glossary of Abbreviations

ED: Emergency Department

UTC: Urgent Treatment Centre

W-in-C: Walk-in-Centre

A&E: Accident and Emergency

HW: Healthwatch

HWT: Healthwatch Together

HWL: Healthwatch Lancashire

TIA: Transient Ischaemic Attack ("mini stroke")

UTI: Urinary Tract Infections

GTD: gtd healthcare

– a not for profit provider of primary care, urgent care and out of hours dental services in parts of North West England.