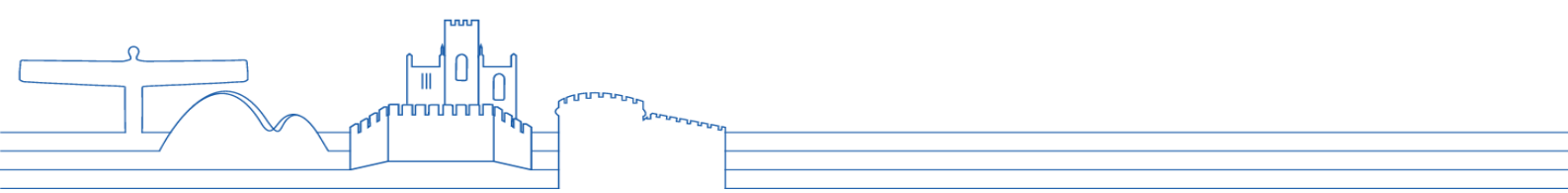
NHS
North East and North Cumbria

Making urgent care work better in Newcastle:

Findings of a listening exercise to understand the views and experiences of patients and staff to inform the urgent care review

August 2023





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Executive Summary

Introduction

The North East and North Cumbria (NENC) Integrated Care Board (ICB) is responsible for ensuring that high quality and safe health services are accessible to all our communities. They are currently conducting a review of urgent care services across Newcastle looking at data analysis, workforce, contracts, finance, and patient, carer and public experience. To understand the views and experiences of patients, carers, members of the public and staff around urgent care services in Newcastle, a listening exercise took place between 30 January 2023 and 21 June 2023. The findings of the listening exercise are summarised in this report, which was open in draft form, for public comment, during July 2023.

For the purposes of the review and throughout this report urgent care is defined as:

"When you suddenly become unwell and need to see a health professional the same day, but it is not an emergency or immediately life threatening."

Patients can get urgent care support in the city from:

- GP practices
- NHS 111 (online and by phone)
- Pharmacies
- Royal Victoria Infirmary (RVI) Hospital
    - Emergency Department (ED) including Paediatric Emergency Department (PED)
    - Minor Injuries Unit (MIU)
- Urgent Treatment Centres:
    - Molineux Street, Byker
    - Ponteland Road Health Centre, Blakelaw
    - Westgate Road (temporarily closed)

A variety of methods were used to engage with people including an online and paper-based questionnaire (including an Easy Read version), interviewer administered on-street survey, focus groups, and social media. NHS staff also completed an online survey. In total 1,236 members of the public and 59 NHS staff gave their views.

Participants were broadly asked about their:

- Experiences of using urgent care services.
- What is most important to them regarding urgent care services.
- Thoughts about the future of urgent care services.
- Feelings about being redirected to other urgent care services.
- Travelling to urgent care services.

Staff were broadly asked about:

- Their understanding of urgent care services and GP-led services.
- What works well and what could be better about these services.
- Support around redirecting patients to other services.
- What they considered most important in terms of urgent care services in Newcastle.
- How they feel future urgent care services could look.

The engagement process

The specific methods used as part of the engagement and included in this analysis were:

- An on-street survey which was completed as a face-to-face survey with a demographically representative sample of residents (n=501). This is the more robust survey methodology.
- An engagement survey (n=600) which was available electronically or in hard copy. As part of the data collection, Involve North East attended Molineux Street Urgent Treatment Centre (UTC), Ponteland Road UTC and the Royal Victoria Infirmary's (RVI) Minor Injuries Unit (MIU) to support completion of surveys (37 of the paper survey completions were generated through this method).
- Fourteen focus groups through Voluntary Community Sector Organisations (VCSOs) with 105 people from protected characteristic groups.
- An online survey with 54 staff.
- Five in-depth interviews with NHS staff.
- Public listening events, which were attended by 26 people.
- Stakeholder submissions in written or verbal form from 23 contacts.

Limitations

The listening exercise sought to give all demographic groups an equal opportunity to share their views. Responses generally match the demographic profile of people living in Newcastle (based on 2021 Census data) although it is recognised that some respondents are not residents of Newcastle (13.2%, n=163). However, despite targeted recruitment throughout the engagement period, people aged 18-24 and men were underrepresented.

Key findings and themes

Understanding of urgent care

Across all methodologies there was a lack of participant understanding, and some confusion around what 'urgent care' means, which services sit within urgent care and when it is appropriate to use them, and participants requested more information to help navigate services.

- Insufficient information and understanding were seen to contribute to confusion about where to seek help for urgent care needs.

- Limited understanding about urgent care services was seen to apply to some members of staff too.

- Participants across all methodologies suggested clear jargon-free information on what illnesses or injuries urgent care covers, when to use different services, and the difference between urgent and emergency care.

- Participants suggested that information on urgent care should be promoted widely using a variety of media formats, including direct community outreach with groups who might otherwise be excluded.

"Ten years ago going to the chemist for help wasn't a thing, sometimes I don't know what to do. Should I be trying to get a GP appointment, ringing 111, going to the walk-in, or just asking the pharmacist? It's confusing, there are too many options."

  - Participants had variable understandings of the term 'urgent care' and told us there was a need for further information and education.
  - Staff who were interviewed individually recognised that 'urgent care' meant different things to different people and varied with the clinical context (e.g., 'urgent' did not always mean 'same day').
  - Some respondents felt 'urgent care' was an emergency, or an issue that required immediate medical attention; others said it was an alternative to seeing their GP if they could not get an appointment.
  - Participants at most focus groups and all public events felt that there was confusion between the terms 'urgent' and 'emergency' care.
  - Participants were sometimes using out of date information and terminology (e.g., referring to UTCs as Walk-In Centres).
  - Some survey respondents directly requested more education about services (n=18, 8.9% on-street; n=14, 10.9% online/paper).
  - Some staff survey respondents saw a need for patient education around when to use which service (n=9, 18.4%), thought that greater patient understanding would improve urgent care services in an ideal world (n=7, 14.9%), and identified this as the most important factor in thinking about urgent care services in Newcastle (n=8, 17.4%).

- Staff who were interviewed individually suggested that clinicians would benefit from a better understanding of other parts of the urgent care system too, perhaps through placements or rotations.

- Some public survey respondents had attended a UTC or the RVI (ED or MIU) based on what they understood an urgent care need to be, which points to a need to ensure that patients have an accurate understanding of when to use urgent care services:
  - Some respondents reported attending a UTC as they thought that it was the best place for their needs (n=35, 24.8% on-street; n=129, 39.2% online/paper).
  - Almost one third (n=55, 30.9% on-street; n=121, 33.5% online/paper) of respondents had not spoken to a healthcare provider before attending urgent care services and for around one third, this was because they considered their need to be urgent (n=18, 40.0% on-street; n=30, 34.1% online/paper).

- A lack of understanding of the different urgent care services available and how to use them made participants in further listening focus groups reluctant to consider using pharmacies or NHS 111.

- Participants at public events echoed the findings from other methodologies, highlighting the importance of information about urgent care services being available in everyday places so it is seen by people who are not 'engaged' or interested because they are currently well, and those who are digitally excluded due to lack of equipment or skills. Participants in further listening groups also highlighted the fact that information needs to be provided in formats that are accessible to those who face barriers due to language, literacy or digital exclusion. Providing information offline as well as online was seen as important either through traditional media (leaflets and posters) or community outreach.

Access

Easily accessible urgent care services are vital to patients, and staff who completed the survey felt this was the most important aspect of urgent care. There was some consistency in how patients physically accessed services and what was important to them, but participants also highlighted broader considerations that would help to make services accessible to all.

The actions people took before attending an urgent care service varied, with the majority seeking guidance from a healthcare provider first, but a minority choosing to attend without any direction.

Actions taken before attending an urgent care service

- A key finding across all methodologies was that some patients attended or would choose to attend a UTC or the RVI without attempting to access other services first. A lack of understanding of services was only a partial explanation for this. Limited access to GP appointments, lack of confidence in NHS 111 and pharmacy-based services encouraged some people to use urgent care as a first resort.
    - Whilst most survey respondents had been directed to a UTC or the RVI (ED or MIU) by a healthcare provider a minority had not (n=45, 25.3% on-street; n=106, 29.4% online/paper). For over a third this was because they considered their need urgent (n=18, 40.0% on-street; n=30, 34.1% online/paper), others were unable to get a GP appointment (n=5, 11.1% on-street; n=14, 15.9% online/paper) and for some, their decision was influenced by past experience (n=4, 8.9% on-street; n=14, 15.9% online/paper).
    - At public events, three of the groups identified a lack of confidence in NHS 111 as a reason for people choosing to attend a UTC or the RVI. In three further listening focus groups and one public event, perceived limitations of pharmacy services, and lack of privacy in a pharmacy environment were given as reasons for people to attend a UTC or the RVI.
    - Some respondents also told us that in the future, they would choose to present at a UTC or the RVI (ED and MIU) rather than seeking advice from their GP or the NHS 111 service first (n=93, 18.6% on-street; n=193, 35.6% online/paper) and difficulty getting GP practice appointments was the main reason given by survey respondents (n=32, 35.6% on-street; n=64, 37.4% online/paper).
    - Feedback from five focus groups also identified difficulties in getting GP appointments.

Participants at further listening focus groups and public events identified specific reasons for people walking in and waiting:

- Lack of knowledge/out of date information
- Certainty about being seen
- Clinical reasons (confidence in the service / testing and equipment)
- Being seen face-to-face
- To avoid delay/reduce waiting time
- Accessibility issues (communication barriers in other services)
- Pressure on other parts of the healthcare system (e.g., inability to get GP appointments)
- Anxiety about their condition deteriorating
- Patient characteristics or needs

Staff who were interviewed individually also identified that some people were accessing urgent care services inappropriately, and a reason for this could be pressure on other parts of the healthcare system (particularly primary care).

Similarly, public participants in Phase 2 of the review (further listening) suggested that some people knew that they should not attend urgent care but did so anyway.

Travelling for urgent care support

- The proximity of urgent care services was important, together with ease of travel (public transport options and car parking), and familiarity with the journey.

- Staff who completed the survey said that having an accessible urgent care service (n=12, 26.1%) was most important.

- Survey respondents were asked to consider future travel to a UTC or RVI (ED/ MIU):
    - Driving themselves was mentioned most frequently (n=192, 38.4% on-street; n=258, 49.0% online/paper).
    - Getting a lift from a relative/spouse (n=198, 39.6% on-street; n=228, 43.3% online/paper) was also mentioned frequently.
    - Around one quarter of respondents said that they would use public transport (n=122, 24.4% on-street; n=131, 24.9% online/paper).
    - Respondents identified the location being easy to travel to as most important (n=397, 79.2% on-street; n=405, 76.9% online/paper) and the service being within twenty minutes using their usual mode of transport as important too (n=260, 51.9% on-street; n=256, 48.6% online/paper).
    - Services being located somewhere close to public transport routes was another factor (n=161, 32.1% / n=164, 31.1% online/paper).
    - Available parking (n=148, 29.5% / n=134, 25.4% online/paper) and free parking (n=133, 26.5% / n=219, 41.6% online/paper) were also mentioned by respondents.

"The services are good, but they are not easy to get to by public transport. When you are picking suitable locations, you should try harder to locate them near a Metro station or a transport interchange."

- Focus group respondents in Phases 1 and 2 of the review also said that locations being easy to access using public transport would be important to them.

- Participants at public events agreed that travel and transport are key considerations when thinking about how urgent care services are provided and used.

Locations of sites – West End

- The need for a service in the West of the city was highlighted by a minority of survey respondents (n=5, 2.5%, on-street; n=9, 7.0% online/paper) and was also raised at public listening events, and in feedback sent via email and social media. All of these respondents lived within the west or outer west of the city.

Interpreters

- Respondents who did not have English as a first language raised issues around access to interpreters to enable them to use urgent care services.
- Two focus groups requested access to interpreters at UTCs including BSL (British Sign Language) interpreters.
- D/deaf participants suggested improvements to video relay interpreting services and training for staff in UTCs and those who signpost to urgent care services, to enable them to appropriately communicate with D/deaf patients.

Layout

- The layout of facilities and in particular waiting areas was identified as an area for improvement by some survey respondents (n=12, 8.3% on-street; n=39, 15.7% online/paper) and suggested by two focus groups.

Attendance

Survey respondents had generally used urgent care services for illnesses rather than injuries and had usually only attended urgent care services after being directed to do so by their GP or NHS 111. A minority of participants had sought urgent care without consulting anyone first, based on their own assessment of their needs.

Waiting times and face-to-face consultation were generally seen as the most important factor influencing attendance. Most participants said that in the future they would seek initial advice for any urgent care needs from their GP or NHS 111.

- A key finding across all methodologies was that future use of UTCs depends in part on other urgent care services being known about, trusted and accessible (e.g., pharmacies, NHS 111).

- Some participants used urgent care to avoid communication barriers in other services (e.g., having to make contact by telephone).

Use of urgent care services

- Around two-fifths of on-street survey respondents (n=204, 40.7%), two-thirds of online/paper respondents (n= 395, 65.8%), and the majority of focus group participants had received support for an urgent care need over the last year. Of survey respondents:
    - Around four in ten respondents had received support once (n= 84, 42.6% on-street; n=173, 44.2% online/paper) and a similar proportion had received support between two or three times (n=78, 39.6%; n=158 40.4%).
    - Six out of ten respondents reported attending for their own care need (n=120, 59.7% on-street; n=249, 63.5% online/paper) and around a quarter of all survey respondents attended for their child's needs (n=58, 28.9%; n=103, 26.3%). When looking at respondents who are parents or carers, the proportion who attended on behalf of a child increased to 62.5% on-street and 51.4% online/paper (n= 50; n=76).
    - Respondents were more likely to report seeking support for an illness (n=119, 59.2% on-street; n=239, 61.0% online/paper) rather than an injury.

- Services most frequently attended were: the RVI ED (n=89, 44.9% on-street; n=154, 40.4% online/paper); Ponteland Road UTC (n=48, 24.4% on-street; n=140, 36.7% online/paper); and Molineux Street UTC (n=34, 17.2% on-street; n=102 26.8% online/paper).

Reasons for attendance

- Most survey respondents told us they attended a UTC or the RVI (ED or MIU) because they had been directed there by their GP (n=36, 25.5% on-street; n=79, 24.0% online/paper) or by NHS 111 (n=48, 34.0% on-street; n=87, 26.4% online/paper). Some respondents reported attending a UTC as they thought that it was the best place for their needs (n=35, 24.8% on-street; n=129, 39.2% online/paper).
- Around two-thirds of respondents had spoken to a healthcare provider before attending an urgent care setting (n= 123, 69.1% on-street; n= 240, 66.7% online/paper).

Future attendance

- Respondents were more likely to say they would contact their GP for an appointment (n=253, 50.6% on-street; n=203, 37.5% online/paper) or use NHS 111 (n=136, 27.2% on-street; n=142, 21.6% online/paper) if they had urgent care needs in the future.
- However, as mentioned in the section on Access, around a fifth of on-street survey respondents (n=93, 18.6%) and a third of online/paper respondents (n=193, 35.6%) reported that they would walk in and wait at a UTC or the RVI without being directed to attend there.
    - Reasons covered include being unable to get a GP appointment (n=32, 35.6% on-street; n=64, 37.4% online/paper); expecting shorter waiting times (n=18, 20.0% on-street; n=20, 11.7% online/paper); believing that their need was urgent (n=15, 16.7% on-street; n=19, 11.1% online/paper); and the service being accessible/easy to get to (n=4, 4.4% on-street; n=20, 11.7% online/paper).
- Focus group participants identified a range of services they would access if they had an urgent care need in the future. The most frequently mentioned was the ED, which they said they would attend as they thought they would be directed there anyway.
- Some participants said they would attend the ED when UTCs were closed, and some Deaflink participants said they would attend the ED to avoid using the telephone (they described difficulties using services designed to support the D/deaf community by contacting urgent care services on their behalf).
- Several focus group participants said that they would avoid contacting their GP if they had an urgent care need because of difficulties in getting an appointment within a reasonable timeframe.

Data gathered from staff interviews, further listening focus groups, and public events during Phase 2 of this review supported these key findings and themes.

Participants at public events highlighted the difficulty of assessing their own illness or injury, or that of a family member, and deciding whether urgent care is required. Triage by a health care professional at an early stage was seen to play an important role in assisting with decision making.

Experience

There is strong evidence of positive experiences of urgent care services in Newcastle from both respondents and staff although participants did identify areas where improvements could be made.

- A key finding across all methodologies was the value attached to timely, effective, convenient, face-to-face urgent care.

- The importance of waiting times was seen by participants in public events to vary according to someone's personal circumstances, characteristics, and health status (e.g., work and caring responsibilities, and conditions such as dementia which might affect their ability to wait).

- For some participants, being informed about waiting times was as important as the length of their wait. For others, being seen quickly was a priority because of work or caring commitments.

- The waiting environment was seen as important too – adequate seating and a calm, safe atmosphere would make the experience more tolerable.

Survey respondents were asked about positive experiences of UTCs and the RVI and over two-thirds of those who had received treatment responded (n= 149, 73.0% on-street; n= 260, 65.7% online).

> **"Everyone from the receptionists to the nurses and the porters were so helpful, thoughtful and friendly."**

- Respondents highlighted positive experiences of short waiting times (n=77, 47.8% on-street; n=105, 38.0% online/paper); staff who are caring, friendly, supportive, and hardworking (n=58, 36.0% on-street; n=95, 34.4% online/paper); and effective treatment resulting in immediate resolution of their issue (n=46, 28.6% on-street; n=65, 23.6% online/paper).
- Some staff survey respondents reported that patients were seen quickly (n=14, 28.0%) and received quality care (n=8, 16.0%) via accessible services (n=6, 12.0%).
- In UTCs, staff highlighted being able to offer out of hours care (n=5, 10.0%) and access to diagnostics and in particular X-ray facilities (n=4, 6.0%) as examples of what was working well.
- UTC and MIU staff respondents also felt that their services took pressure off other services such as the ED, GP practices and NHS 111 (n=6, 10.0%).

However, over half of survey respondents felt their experience could have been improved (n=108, 52.9% on-street; n=210, 53% online/paper).

- Respondents identified potential for shorter waiting times (n= 64, 44.1% on-street; n=89, 35.9% online/paper); more staff, resources, and equipment (n= 17, 11.7% on-street; n=52, 21.0% online/paper); and improvements to the physical layout of services (n=12, 8.3% on-street; n=39, 15.7% online/paper).
- Focus group respondents also highlighted issues with what they perceived to be long waiting times and inadequate waiting areas, citing a lack of seating.

- Participants at public events suggested that improving waiting areas and managing disruptive behaviour would make waiting more tolerable.

"Waiting times are now horrendous. Too many patients unwell, not enough rooms/staff to fill the rooms. To avoid wait time exceeding hours upon hours, people who need help are walking out and seeking treatment elsewhere or going home."

When considering the most important aspects of urgent care staff said that patients should be seen in a timely manner (n=6, 13.0%) by adequately staffed workers (n=9, 19.6%) who were appropriately supported (n=6, 13.0%).

Staff who were surveyed or interviewed also identified areas for improvement:

- Patient education around when to use which service (n=9, 18.4%).
- More joined-up working between urgent care services (n=4, 8.2%).
- More staff (n=11, 22.4%) and more diagnostic equipment (particularly X-ray) in all UTC settings (n=4, 8.2%).
- More bookable appointments (n=5, 10.6%) across the whole healthcare system.
- More same-day appointments in GP practices (n=4, 8.5%).
- Some services operating through the night (n=3, 6.4%).
- Four respondents from GP practices identified a need for additional same day appointments.

Priorities when receiving urgent care support

- When considering future support for an urgent care need, survey respondents said the most important factor would be how quickly they were seen (n=371, 74.2% on-street; n=384, 73.1% online/paper) being seen face-to-face (n=307, 61.4% on-street; n=329, 62.7% online/paper) and having diagnostic facilities on site (n=220, 44.0% on-street; n=257, 49.0% online/paper).
- For focus group participants, the location of the service, and how easy it was to access by public transport were most important, together with being seen face-to-face, having access to diagnostic or testing facilities, and availability of healthcare professionals with mental health expertise.
- When focus group participants were asked how urgent care would look in an ideal world, most groups highlighted more services, improved accessibility (interpreters across all languages, and adjustments to make services more accessible to the D/deaf community), shorter waiting times and greater availability of GP appointments.
- Two focus groups also said that access to mental health support in UTCs would be important to them.

Redirection

Generally, there was acceptance of the process of redirecting people to other, more appropriate urgent care services for their needs after an initial assessment. However, a minority of participants were unhappy about the idea of being redirected. Some staff identified a need for support to help them redirect patients to alternative services and more joint working or integration between urgent care services was seen as important.

- A key finding across all methodologies was acceptance of redirection where it was clinically necessary.

- Trust in healthcare professionals and good communication were identified as factors in redirection working well.

- Although most participants were happy to receive treatment from another service, some had a negative perception of redirection.

- To some people being redirected felt like being ‘passed around’, ‘downgraded’, or ‘told off’ for having gone to the wrong place.

- Redirection did not make sense to some participants who thought they should be treated where they had chosen to attend.

- Concerns were expressed by a few participants about being redirected without having been triaged first.

- Participants highlighted that staff should be able to explain why they were being redirected.

- Practical support (booking appointments at the service the patient is being redirected to and assisting with travel and transport) were suggested as ways of making redirection more acceptable.

Survey respondents were asked how they would feel if they were redirected to a more appropriate urgent care service for their needs, and over half (n=300, 60% on-street; n=277, 52.1% online/paper) said they would be happy or very happy. When asked to explain the reason for their answer, 472 respondents opted to comment:

- Would be happy to go to a more appropriate service (n=90, 31.4% on-street; n=55, 29.7% online/paper).
- Trust the healthcare professionals redirecting them (n=96, 33.4% on-street; n=24, 13.0% online/paper).
- Would simply want to be seen/treated (n=55, 19.2% on-street; n=32, 17.3% online/paper).

Participants in two focus groups felt that being redirected might lead to them getting seen more quickly and receiving specialist care.

> **“I want to be getting the right support from the right place and I am very happy to be signposted to what that is if I have gotten it wrong.”**

A minority of survey respondents said they would be unhappy to be redirected (n=88, 17.6% on-street; n=132, 24.8% online/paper) because:

- They attended an urgent care service because they thought their need was urgent (n=27, 31.8% on-street; n=24, 20.3% online/paper).
- They would expect to be seen by the service they presented at (n=30, 35.3% on-street; n=12,10.2% online/paper).

- They would not want to be passed around services (n=22, 25.9% on-street; n=7, 5.9% online/paper).
- They would be concerned about being able to get an appointment if redirected to their GP (n=22, 18.6% online/paper survey only).
- They would not want to wait longer (n=9, 10.6% on-street; n=16, 13.6% online/paper).

Focus group participants in both phases of the listening exercise were concerned that redirection could lead to increased waiting times and would be perceived negatively.

Some survey respondents were concerned about having to travel between services (n=11, 12.9% on-street; n=4, 3.4% online) citing cost, public transport difficulties, accessing services in the evening, and having children with them as issues.

> **"If I'd gone to a UTC for urgent help with something and was redirected, I'd feel like I was being palmed off. Why else would I have gone there in the first place?"**

Over one third (n=15, 37.2%) of staff respondents said redirecting patients was difficult. Reasons given for this included:

- Lack of capacity in other parts of the system to redirect patients to (n=13, 56.5%).
- Lack of joined up working between services leading to delays (n=5, 21.7%).
- The need for better patient education (n=4, 17.4%).

Staff respondents who were surveyed or interviewed individually suggested specific ways in which redirection could be improved:

- A joined-up e-referral system so they could book appointments elsewhere, e.g., GP/dentistry/pharmacy (n=8, 21.1%).
- Direct communication lines between urgent care services (n=6, 15.8%).
- Greater patient awareness of which services to use (n=7, 18.4%).
- More same day GP practice appointments (n=7, 18.4%).
- Joined up working (n=9, 18.4%), specifically better co-ordination between UTCs/NHS 111, UTCs/GPs, and NHS 111/Out of Hours GP services.

When asked to think about urgent care services in an ideal world, staff suggested direct communication lines with other services, including a real-time online urgent care system to signpost patients to services with capacity (n=7, 14.9%).

> **"[In an ideal world there would be] a network of urgent care locations all linked up electronically to guide patients to the one with the most capacity at a certain day/time."**

Resourcing

Participants and staff requested additional resources to support the urgent care system as a whole, in order to improve capacity and meet patients' needs and expectations. They noted difficulties with getting GP appointments, a need for more staff within UTC services, and a lack of provision around urgent mental health support.

An additional theme which extended across the whole of the urgent care system was the need for additional resources to support services and meet patients' needs and expectations.

- Respondents felt that more funding, better urgent care facilities and increased staffing levels would have improved their experience of using a UTC or the RVI (ED or MIU) (n=17, 11.7% on-street; n=52, 21.0% online/paper).
- When invited to add other comments about urgent care services in Newcastle, respondents identified a need for more urgent care services or more staff working within current services (n=50, 24.6% on-street; n=37, 26.6% online/paper).
- In terms of equipment, one focus group suggested that there should be uniform diagnostic facilities across all UTCs (e.g., x-rays and blood tests).
- Staff interviewees highlighted the need for increased physical space. There was some support for all sites having the same equipment and testing facilities. It was also suggested that there could be one enhanced urgent care service with a full range of equipment including X-ray, blood testing, ECGs and a CT scanner, but it would be important to make it clear to the public that this was not an ED.
- Participants in five focus groups felt that there should be more urgent care services available in the city.

  "Maybe it would be better if they had more staff, plus reopen the Westgate Road Centre [UTC] as well as recruiting more GPs for our own surgeries."

- Across all methodologies there was evidence of difficulties in getting GP appointments.

- Focus group participants in both phases of the review highlighted a lack of mental health practitioners in UTCs and the need for mental health support in this setting.

This report

The full report provides additional information on Phase 1 engagement activities (on-street survey, online/paper survey, focus groups, staff survey) and Phase 2 further listening activities (further listening focus groups, public events, staff interviews). The report also includes full details of the methodology used, a detailed exploration of each question, supported by quantitative and qualitative data, key themes identified from each of the engagement methods, and overall conclusions.

The information gathered from this report will influence the development of new ways of working for Newcastle's same day urgent care services.

Introduction

- The North East and North Cumbria (NENC) Integrated Care Board (ICB) is responsible for ensuring that high quality and safe health services are accessible to all our communities.
- They are currently conducting a review of urgent care services across Newcastle upon Tyne looking at data analysis, workforce, contracts and finance and patient, carer, public and staff experience.
- To understand the views and experiences of patients, carers, members of the public and staff around urgent care services in Newcastle, a listening exercise took place between 30 January 2023 and 21 June 2023.
- This report documents the findings of this engagement alongside the views of NHS staff working within urgent care services or alongside these services. The draft report was open for public comment during July 2023.
- The findings will help inform the next steps of the listening exercise and any proposals for changes to services, to ensure that they best meet the needs of the patients they serve.
- For the purposes of the work and throughout this report urgent care is defined as:

"When you suddenly become unwell and need to see a health professional the same day, but it is not an emergency or immediately life threatening."

Why review urgent care services?

Increasing demand, national changes to how urgent care services are financed and significant staffing pressures have all impacted on how urgent care services and in particular Urgent Treatment Centres (UTCs) are currently operating within Newcastle. And coupled with limited patient feedback around experiences of accessing and using urgent care services, it was felt timely to review services with a focus on UTCs.

Services in Newcastle

Patients can get urgent care support from:

- GP practices
- NHS 111 (online and by phone)
- Pharmacies
- Royal Victoria Infirmary (RVI) Hospital
    - Emergency department (ED) including Paediatric Emergency Department (PED)
    - Minor Injuries Unit (MIU)
- Urgent Treatment Centres:
    - Molineux Street, Byker
    - Ponteland Road Health Centre, Blakelaw
    - Westgate Road (temporarily closed until Spring 2023)

Report structure

The following section describes the methodologies used to engage with people, promotional approaches used throughout this review, and the demographic profile of those engaged. The remainder of the report is split into sections according to the method of engagement used and findings are drawn together in the conclusion which highlight the key themes.

Methodology

Phase 1: Listening exercise 30 January 2023 - 12 March 2023

An initial listening exercise took place between 30 January 2023 and 12 March 2023 where patients, carers, members of the public and NHS staff shared their views and experiences of urgent care services in Newcastle.

Patient, carer, and public engagement

The aim of this phase of the engagement was to understand why and how people use UTCs and the RVI (ED/MIU), their experience of using these services and what is most important them when receiving support for an urgent care need.

Engagement methods

In total 1166 patients, carers, and the public (see Appendix 1 for participant profile) gave their views during the listening exercise in the following ways:

Engagement method	No. of respondents
Online/paper-based questionnaire	600
On-street interviewer-administered survey	501
Focus groups	44
Other methods	21
Total	1166

- Online/paper-based questionnaire
  - Easy Read and audio formats were also available alongside telephone support to help respondents complete the questionnaire.
  - Interviewer-administered questionnaires were also completed at UTCs and the MIU.
  - Respondents were self-selecting.
  - In total, 600 people responded this way.
- On-street interviewer-administered survey
  - Locations covered the city centre, outer west, west, north and east Newcastle.
  - In total, 501 people responded this way.
- Focus groups
  - As part of the review of urgent care services an Equality Impact Assessment was carried out which identified several characteristic groups as disadvantaged in accessing urgent care services in Newcastle. These included deprived socio-economic groups in neighbouring communities to UTCs, people with long-term conditions, obesity, or substance misuse issues, and veterans. These groups were targeted to take part in a focus group alongside other groups or communities who may be seldom heard or more greatly impacted by health service changes.
  - The focus groups were commissioned and facilitated by voluntary, community and social enterprise (VCSE) organisations.

        - In total, eight organisations held a focus group with several involving veterans, people with mental health needs, people with substance misuse issues and people in deprivation:

Organisation/group	Participants
ACANE (African Community Advice North East)	8
Anxious Minds	6
Deaflink	18
First Step	7
Healthworks	3
Oak Trees	8
Tyne Housing	8
Tyneside Women's Health	5
Total	63

    - Please note that the online/paper-based and on-street surveys used the same questionnaire, whilst the focus groups discussed a number of similar topics as those in the questionnaire.

    - Other methods
        - People were also able to share their views by emailing, writing, or responding on social media.
        - In total, 21 people responded this way.

NHS staff engagement

NHS staff who work within urgent care settings in Newcastle, and those who work for other organisations but play a role in the pathways for patients accessing these services, also shared their views of what works well within urgent care services, what could be better, and their experiences of redirecting patients to other services.

- Engagement methods
    - Online questionnaire (open 14.02.23 - 12.03.23)
        - Email with link to questionnaire distributed to staff members by Newcastle upon Tyne Hospitals NHS Foundation Trust, Vocare, Newcastle GP Services (NGPS) and North of Tyne Local Pharmaceutical Committee.
        - Respondents were self-selecting.
        - In total, 54 people responded this way.

Promotion

The listening exercise was promoted via a range of channels to ensure widespread coverage including press releases, social media messages, targeted emails and posters in NHS and community settings. See Appendix 2 for a breakdown of promotional activities.

Limitations

The listening exercise sought to give all demographic groups an equal opportunity to share their views. Responses generally match the demographic profile of people living in Newcastle (based on 2021 Census data) although it is recognised that all urgent care services users are not residents of Newcastle, however, 18 to 24 year olds, those aged 65+, men and Muslim and Sikh

people were underrepresented in this engagement activity. The second listening phase sought to address these gaps.

Phase 2: Further listening 12 May 2023 – 21 June 2023

A further listening phase took place between 12 May 2023 and 21 June 2023.

Patient, carer, and public engagement

The aim of this phase of the engagement was to:

- Provide an opportunity for those who had not engaged during the initial listening exercise to share their views and experiences of urgent care services.
- Enable emerging themes from the initial listening exercise to be expanded on.
- Identify ways in which urgent care services in Newcastle could move forward through practical solutions and amendments.

Engagement methods

In total 70 patients, carers, and the public (see Appendix 3 for a participant profile) gave their views during the further listening phase in the following ways:

Engagement method	No. of respondents
Focus groups	42
Public events	26
Other methods	2
Total	70

- Focus groups
  - Targeted recruitment for the focus groups was based on analysis of the demographic data of people who took part in the initial listening exercise and comparison with census data. This revealed that certain demographic groups including those aged 18 to 24 years old and 65+, males, and people identifying their religion as Islam and Sikhism were under-represented. These groups were represented within the focus groups.
  - The focus groups were commissioned and facilitated by voluntary, community and social enterprise (VCSE) organisations.
  - Groups were self-selecting and in total, seven took place:

Organisation/group	Participants
Anxious Minds	5
British Bangladeshi Network	6
Chilli Studios	6
Elders Council Newcastle	5
First Step	6
Search Newcastle	14
Total	42

- Public events
  - Events were open to anyone to attend with four face-to-face and two online.

- They took place across a range of days and times, including in the evening and at the weekend, across east, west, and central Newcastle:

Location	Date/time	Participants
Brunswick Methodist Church NE1 7BJ,	Wednesday 14 June 1.30 – 3.30pm	6
Walker Activity Dome NE6 3BR,	Saturday 17 June 10.30am – 12.30pm	0
Newcastle City Library NE1 8AX,	Monday 19 June 1.30 – 3.30pm	11
Riverside Community Health Project NE4 8XS	Wednesday 21 June 6 – 8pm	2
Online	Friday 16 June 1.30 – 3.30pm	1
Online (co-hosted with Healthwatch Newcastle)	Tuesday 20 June 2 – 4pm	6
	Total	26

- Events were promoted via a range of channels to ensure widespread coverage with the aim of reaching a diverse range of people.
    - A recruitment campaign used various approaches aiming to reach a diverse range of people.
    - Local VCSE and healthcare organisations promoted the event in their newsletters and forwarded the information through their networks.
    - Posters and leaflets were sent to all GP practices, pharmacies, leisure centres and libraries in the Newcastle area with a request to display. A range of local businesses were also approached to display posters and leaflets, including bigger businesses such as Greggs, Wilko, and Asda, Morrisons, Sainsburys, and Tesco supermarkets. Independent local businesses such as cafes and hairdressers were also approached in the Grainger Market and other central locations, West End and East End (a full list of the 355 local businesses that the poster was delivered to are listed in Appendix 4).

- Other methods
    - People were also able to share their views by emailing, writing or responding on social media.
    - One organisation responded in this way.

NHS staff engagement

NHS staff who work within urgent care settings in Newcastle, and those who work for other organisations but play a role in the pathways for patients accessing these services, were also given a further opportunity to share their views and sense check the findings from the initial listening exercise in Phase 1:

- Engagement method
    - Telephone interviews.

- Email inviting people to take part was circulated across local NHS networks, Vocare and Newcastle GP Services (NGPS).
- Respondents were self-selecting.
- Five people took part in an interview.

Report feedback

The draft report was in public circulation and open to comment from 8 July 2023 until 30 July 2023 with feedback welcomed via email or telephone.

Limitations

People aged 18 to 24 were identified as being underrepresented in Phase 1 of the engagement activities. Whilst there was targeted recruitment at organisations working with younger people for Phase 2, this age group remained underrepresented. This was also the case for men who were underrepresented in this engagement.

Data analysis

- The following sections provide a breakdown of the findings by the method of engagement used. This is because the on-street survey findings are based on a representative sample of respondents reflecting the local population of Newcastle whereas other methods include responses from people who were self-selecting, and which therefore may not be representative. Additionally, different methods elicited some different information from respondents.
- The questionnaires included both closed and open (free text) questions. All free text responses were coded and counted to enable identification of common themes.
- Please note that where tables have been used, percentages may not sum to 100% due to rounding.
- Please also note that where demographic data is included there are noticeable differences in the data, but these are not statistically significant.
- Where there are single responses to open questions this data has been suppressed to protect anonymity and coded as an ‘other’ response.

Phase 1: Listening exercise
Street survey findings

This section summarises the findings from 501 people who took part in an interviewer-administered street survey. It should be noted however that not all respondents completed every question. Please see Appendix 5 for a full profile of respondents. Of those respondents who provided demographic information:

- 40.6% live and work in Newcastle whilst a further 44.0% live in the city.
- The largest group of respondents live in NE15 (19.2%) followed by 16.5% in NE6.
- 50.7% were female and 0.6% did not have a gender identity matching their sex at birth.
- 18 to 24 year olds represented the largest age group (18.6%) followed by 25 to 34 year olds (17.8%). 8.2% were 75 or older.
- 79.6% described their ethnicity as white British, Irish, European, or other, whilst Asian or British Asian made up the next largest group (12.4%).
- Half of respondents had no religion (50.0%) whilst 36.4% were Christian and 6.4% Muslim.
- 87.8% described themselves as heterosexual and 4.2% were bisexual.
- 3.2% of respondents were pregnant.
- 40.5% of respondents were single and 39.9% married.
- Over one quarter (29.6%) of respondents had caring responsibilities.
- 25.5% indicated that they had a disability, long-term illness, or health condition.
- 4.2% currently or previously served in the armed forces.

Key themes

Use of urgent care services

- Two in five respondents had received support for an urgent care need within the last year, with most using services between one and three times, for themselves or their child, and predominantly for an illness. ED was used by nearly half of street survey respondents and this group were more likely to be younger, male, white or heterosexual.

Accessing urgent care services

- Attendance at a UTC or the RVI (ED or MIU) was predominantly motivated by instruction from a healthcare provider (HCP). However, one quarter of respondents attended without consulting an HCP as they felt their need was urgent or they wished to be seen quickly; this group were more likely to be under 45, male, white or heterosexual.
- When considering future urgent care needs over three quarters of respondents stated that they would contact their GP practice to make an appointment or contact NHS 111 for advice or to make an appointment. Those who would choose to attend a UTC or the RVI (ED or MIU) were more likely to be male, under 45, white, or heterosexual. Their motivations for doing so included difficulty in getting a GP appointment, a belief they would be seen more quickly, and a belief that their condition warranted urgent care.

Experiences of using a UTC or the RVI (ED or MIU)

- Nearly three quarters of respondents highlighted positive aspects of their experience, with short wait times, kind, caring and friendly staff, and effective treatment cited most frequently.

- Just over half of respondents suggested things that would have improved their experience, in particular noting reduced waiting times, and more staff and equipment.

Priorities when using urgent care

- For the majority of respondents, how quickly they were seen was of primary importance, followed by being seen face-to-face, and having diagnostic or testing facilities on site.

Feelings around redirection to other more appropriate urgent care services

- Three fifths of respondents would be very or fairly happy to be redirected to a more appropriate service, as they trusted NHS staff to give them the right advice. They said they would not mind being redirected, as long as they were treated.
- Fewer than two in ten respondents would be fairly or very unhappy about redirection as they would expect to be seen and treated at the service at which they presented. They stated they would be there because they thought their need was urgent and therefore should be treated. Others would be unhappy being passed around services. This group were more likely to be male, white, or heterosexual.

Travel requirements

- Respondents would be most likely to use private transport to travel to the UTC or RVI. Nearly one quarter would use public transport.
- Having an urgent care service that is easy to travel to was important to the majority of respondents, followed by access being within 20 minutes of their home via their usual mode of transport, and the service being situated close to a public transport route.

Other comments

- Respondents requested more urgent care services, increased staffing within existing services, and reduced waiting times. They also highlighted problems around getting GP appointments.

Summary of street survey findings

Urgent care needs

Have you or someone you provide care for, received support for an urgent care need in the last year? (N=501)

Respondents were asked to tell us if they or someone they provide care for had received support for an urgent care need in the last year and 40.7% said they had.

	No. of respondents	% of respondents
Yes	204	40.7
No	297	59.3
Prefer not to say	1	0.5

No. of respondents – 501

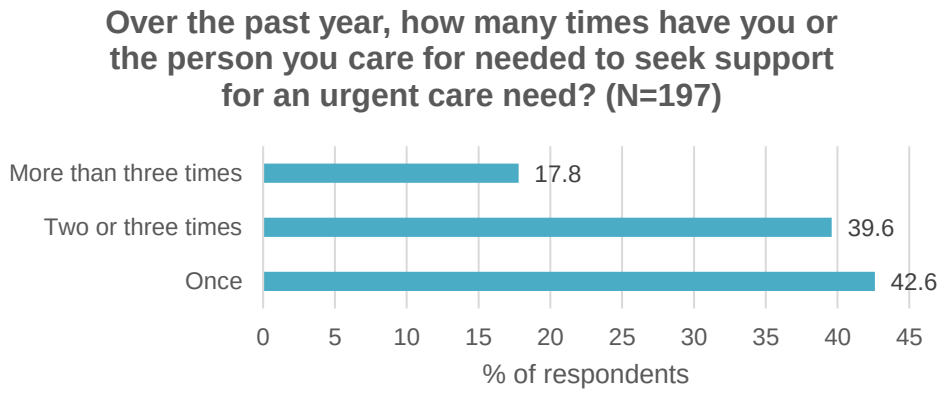
Please can you tell us who received support for an urgent care need? (N=201)

Respondents who told us they, or someone they provide care for, had received support for an urgent care need in the last year were asked to tell us who this applied to. As respondents could select more than one recipient, the sum of the percentages exceeds 100%.

	No. of respondents	% of respondents
Myself	120	59.7
My child	58	28.9
A partner or spouse	27	13.4
An elderly relative or parent	19	9.5
Someone else I provide care for	9	4.5
A patient in my care	1	0.5
Rather not say	2	1.0
Other	1	0.5

Respondents could give more than one answer

For the majority who had received support, this was for their personal needs (59.7%), and/or for their child (28.9%). Of those people who stated that they had caring responsibilities (80) 83.8% attended on behalf of someone else and of this group 56.3% had only ever attended on behalf of someone else. In comparison, of the 124 people who had no caring responsibilities, 34.6% had attended on behalf of someone else and 28.2% had only ever attended on behalf of someone else.



Respondents were slightly more likely to have sought support for an urgent care need once over the past year (42.6%). Of the 35 respondents who had used an urgent service more than three times, 80.0% were under 55, 54.3% were female, and ethnic minorities (excluding White British, Irish, European, or Other) accounted for 22.9% of this group.

And what was the urgent care need? (N=201)

Respondents were asked what the urgent care need was. As they could select more than one reason, the sum of the percentages exceeds 100%.

	No. of respondents	% of respondents
For an illness (such as stomach pain, fever, rashes, breathing difficulties)	119	59.2
Injury (such as a broken bones, sprains, and cuts)	40	19.9
Both illness and injury	26	12.9
Other	17	8.5
Prefer not to say	4	2.0

Respondents could give more than one answer

For the majority of respondents, the urgent care need was for an illness (63.1%), followed by an injury (19.9%), and an illness and injury (12.9%). Respondents were invited to share any other reasons for attending and 17 people provided a comment. Of these:

- Four attended for a long-term condition.
- Two attended for autism.
- Two attended for an infection.

Women were more likely to attend for an illness (53.4% compared to 45.8% for men), and men were more likely to attend for an injury (60.0% compared to 40.0% for women). Parent carers were more likely to attend with their child for an illness (64.9%) as opposed to an injury (15.3%) with the remainder having attended for both. People aged 65 and over were more likely to attend for injury (20.0%) as opposed to an illness (11.0%). Of the eighteen Asian/British Asian respondents, 94.4% were more likely to attend for an illness as opposed to an injury.

Urgent care services used

Respondents who had accessed support for an urgent care need were asked if they had attended any of the following places. As they could select more than one place, the sum of percentages exceeds 100%.

In the past year have you, or someone you care for, attended any of the following places for support for your urgent care need (N=198)

Service	No. of respondents	% of respondents
RVI (ED)	89	44.9
Ponteland Road Health Centre UTC	48	24.2
Molineux Street UTC	34	17.2
RVI (MIU)	32	16.2
Other	23	11.6
Westgate Road UTC	19	9.6
None of the above	19	9.6
Received treatment outside of Newcastle	14	7.1
Can't remember/not sure where	0	0.0
Prefer not to say	1	0.5

Respondents could give more than one answer

Respondents were more likely to say they attended ED at the RVI (44.9%), Ponteland Road Health Centre UTC (24.2%), and Molineux Street UTC (17.2%). This was reflective across all demographics. The majority of respondents (58.0%) only reported attending one venue, with 26.9% identifying two and 15.1% identifying three venues. The data below shows the demographic profile of those who had accessed the three most frequently used services.

- 44.9% of respondents had used ED. Of these:
  - 57.3% were under 45
  - 51.7% were male
  - 80.7% were white
  - 84.3% were heterosexual
  - 23.6% lived in NE6, 21.3% lived in NE15 and 18.0% lived in NE5
- 24.2% had used Ponteland Road UTC. Of these:
  - 58.3% were under 45
  - 58.3% were female

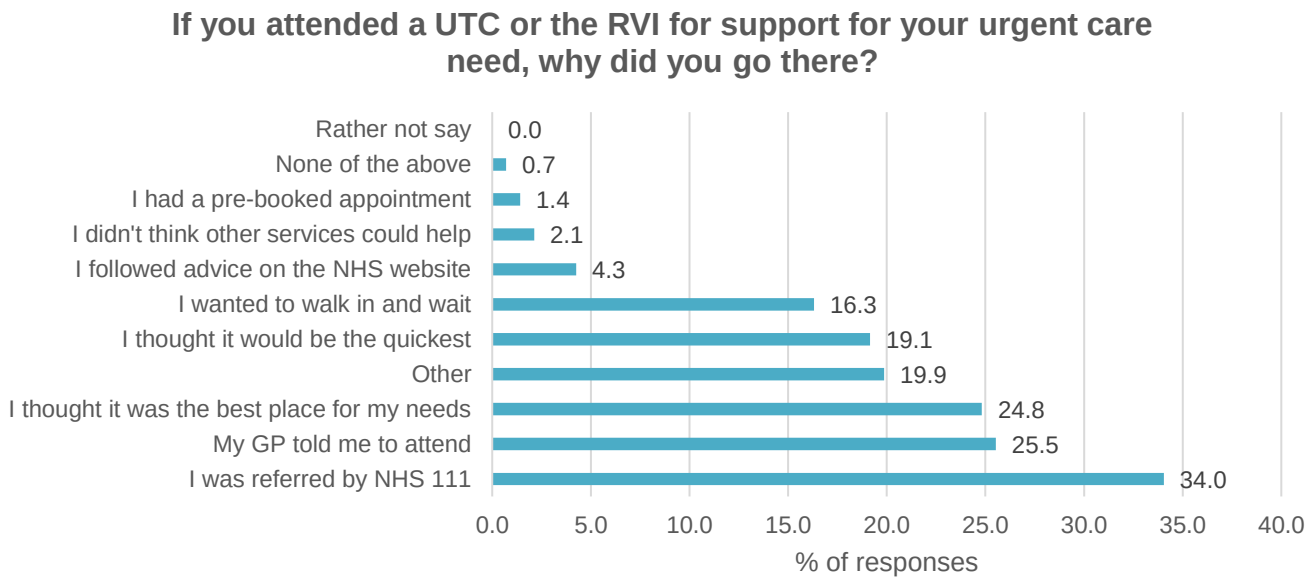
    - 54.2% were carers
    - 77.1% were white
    - 83.3% were heterosexual
    - 39.6% lived in NE15 and 33.3% in NE5
- 17.2% had used Molineux Street UTC. Of these:
    - 67.6% were under 45
    - 55.9% were female
    - 85.3% were white
    - 70.6% were heterosexual
    - 64.7% live in NE6

Respondents were invited to share any other locations they had visited for an urgent care need, and 23 people provided a comment. Of these:

- Seventeen attended their GP practice for a same day appointment.
- Two attended the Freeman Hospital.

If you attended an Urgent Treatment Centre or the RVI for support for your urgent care need, why did you go there? (N=141)

Respondents were asked why they attended a UTC or the RVI for support for their urgent care need. As they could select more than one reason, the sum of percentages exceeds 100%.



Respondents could give more than one answer

- Over half (52.5%) of respondents followed instruction from a healthcare provider to attend a UTC or the RVI.
    - Just over one third (34.0%) of respondents had been referred by NHS 111.
        - People aged under 25 accounted for 25.0% of this group compared to 4.2% of older people aged 65 or older.
        - People with caring responsibilities were more likely to attend because they were referred by NHS 111 (54.2%).
    - One quarter (25.5%) had been told to attend by their GP. Over half (61.1%) of this group were female.

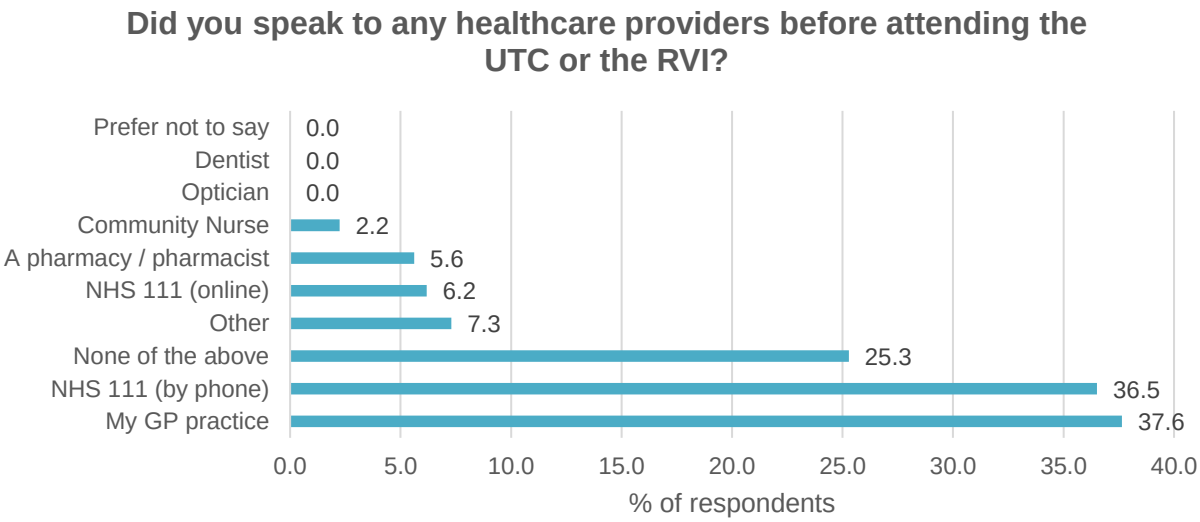
- Others thought that it was the best place for their needs (24.8%). Of those who attended because they thought it would be the best place for their needs, 20.0% were Asian/British Asian.

Respondents were invited to share any other reasons for attending a UTC or the RVI and 28 people provided a comment. Of these:

- Eight reported that they were unable to get a GP appointment.
- Four reported that it was because they were outside of GP practice hours.
- Four were taken there in an ambulance.
- Three were advised to go by a pharmacist.

Thinking about when you last had an urgent care need, did you speak to any of the following healthcare providers before attending an Urgent Treatment Centre or the RVI (ED / Minor Injuries Unit)? (N=178)

Respondents were asked to consider their last urgent care need and whether they spoke to any of the healthcare providers listed before attending a UTC or the RVI. As they could select more than one healthcare provider, the sum of percentages exceeds 100%.



Respondents could give more than one answer

- Nearly seven in ten (69.1%) respondents had spoken to a listed healthcare provider before attending a UTC or the RVI (ED or MIU). A further 7.3% had spoken to another healthcare professional/provider (three had called 999, two were healthcare professionals themselves, and two spoke to a physiotherapist).
- 54.5% had spoken to their GP practice before attending and 56.7% of this group were female. People with a disability, long-term illness or health condition were most likely to speak to their GP practice (43.3%).
- 52.8% had spoken to NHS 111 ahead of their attendance. NHS 111 users were more likely to be under 45 (78.5%), and/or a carer (53.9%). 33.9% of people with a disability, long-term illness or health condition had phoned NHS 111.
- However, 25.2% had not spoken to any healthcare provider before attending the urgent care service. This group were slightly more likely to be younger (54.3% were under 44), male (58.7%), white (82.6%), and to have no caring responsibilities (77.8%).

Respondents were invited to share any other healthcare providers they spoke to before attending the UTC or the RVI and fourteen people provided a comment. Of these:

- Three spoke to 999 and one to a paramedic.
- Four spoke to a professional related to their specific concern (physiotherapist, Tyneside Integrated Musculoskeletal Service, paediatric dietitian, midwife).
- Two used their knowledge as healthcare professionals. One received guidance from a healthcare professional relative.
- Three were directed by a service they attended (receptionist at GP practice, UTC, and minor injuries unit at Rake Lane).

If you attended an Urgent Treatment Centre or the RVI (ED / Minor Injuries Unit) without speaking with another healthcare provider first, why was this? (N=45)

Respondents who had not spoken to a healthcare provider before attending a UTC or the RVI were asked why. As they could give more than one reason, the sum of percentages exceeds 100%.

Reason	No. of respondents	% of respondents
Considered need was urgent	18	40.0
Wanted to be seen quickly	8	17.8
Understood route to go as HCP/staff/or advised by HCP known to them	7	15.6
Couldn't get GP appointment - lack of availability or not registered	5	11.1
Out of hours	5	11.1
Decision influenced by past experience	4	8.9
Brought in an ambulance	2	4.4
Looked at online guidance	2	4.4
Other*	2	4.4

Respondents could give more than one answer
*Single responses suppressed

- Two in five respondents attended a UTC or the RVI (ED or MIU) as they considered that their illness or injury required urgent care either through treatment or advice. Of this group:
  - 72.2% were over 45 years old and two thirds were male (66.7%).
- For 17.8% of respondents, they simply wanted to be seen quickly and felt that using either a UTC, MIU or ED would facilitate this.
- 15.6% felt they knew that this was the appropriate service for their need as they were healthcare professionals themselves, had taken advice from an HCP known to them, or worked in one of the urgent care services.

"I wanted to be seen more quickly. Didn't want to go through the palaver of delays through GP or other."

What was positive about your experience of accessing care at the Urgent Treatment Centre / RVI (ED / Minor Injuries Unit)? (N=161)

Respondents were asked what was positive about their experience of accessing care at a UTC or the RVI. As they could cite more than one aspect, the sum of percentages exceeds 100%.

Positive aspects	No. of respondents	% of respondents
Short waiting times	77	47.8
Staff attitudes	58	36.0
Effective treatment / sorted in one visit	46	28.6
Quality care	29	18.0
Nothing	12	7.5
Got referred/redirected to another service/department	9	5.6
Got assessed/seen same day	7	4.3
Good explanation of treatment	5	3.1
Easily accessible	4	2.5
Didn't have to make an appointment	3	1.9
Can be seen out of hours	3	1.9

Respondents could give more than one answer

- Nearly half of respondents (47.8%) felt that they were seen quickly and did not have to wait very long.
    - Of these, 66.2% were under 44, and 33.8% had a disability, long-term illness or health condition.
- Over one third (36.0%) of respondents praised the attitude of staff from administrative to healthcare professionals. They cited kindness, a caring attitude, friendliness and politeness.
    - Of these, 37.9% had caring responsibilities, 32.8% had a disability, long-term illness or health condition, and 22.4% did not describe their sexual orientation as heterosexual (gay man, gay woman, bisexual, other) or preferred not to say.
- Others felt that their experience was positive as they were effectively treated, or their issue was dealt with within one visit to the urgent care service (28.6%).
    - Of these, 21.74% were Asian/British Asian.
- Twelve respondents (7.5%) however stated that there was nothing positive about their experience.

“The doctor was fantastic, absolutely marvellous. If I could've written a letter and got her name, I would like to have done that.”

What do you think could have been improved about your experience of accessing care at the Urgent Treatment Centre / RVI (ED / Minor Injuries Unit)? (N=145)

Respondents were asked what could have been improved about their experience of accessing care at a UTC or the RVI. As they could give more than one aspect, the sum of percentages exceeds 100%.

Suggested improvements	No. of respondents	% of respondents
Waiting times	64	44.1
Nothing	37	25.5
Resources - funding/staff/equipment	17	11.7
Don’t pass people on to other services	14	9.7
Layout and environment (e.g., waiting area - cramped/no privacy)	12	8.3
Staff attitudes/skills	7	4.8

Availability of GP appointments or other HCP	6	4.1
Information when waiting	6	4.1
Medication - issues accessing it or getting the correct type	3	2.1
Parking	3	2.1
Triage service/by doctor	3	2.1
Make children a priority	2	1.4
More communication about services & when to use them	2	1.4
Patients should wear PPE	2	1.4
Other*	2	1.4

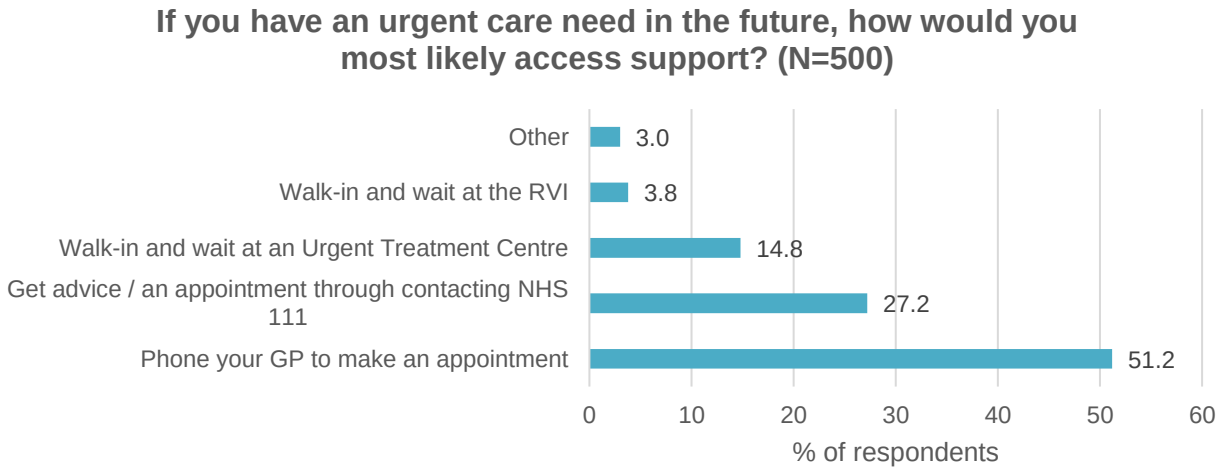
Respondents could give more than one answer

*Single responses suppressed

- More than two in five respondents (44.1%) suggested that their experience could have been improved by waiting times being reduced.
  - Two thirds (66.7%) were under 45, 34.4% had a disability, long-term illness, or health condition, and 17.2% were Asian/British Asian.
- One quarter (25.5%) of respondents felt that there was nothing that needed to be done to improve their experience.
- 11.7% felt that there was a need for more resources in the form of overall funding of services, additional staff or equipment, which would help improve their experience.
- 9.7% did not want to be passed on to other services and wanted their issues dealt with there and then.

Accessing urgent care in the future

Respondents were also asked to consider how they would most likely access support for an urgent care need in the future.



- Half of respondents would phone their GP to make an appointment (50.6%).
  - The demographic breakdown is reflective of local demographic data.
- 27.2% would contact NHS 111 to get advice and/or an appointment.
  - 32.3% of these were under 24.
- 18.6% of respondents would walk in and wait at either a UTC, the MIU or ED.
  - Those who would visit a UTC were more likely to be under 45 (56.7%), male (59.5%), white (79.7%) or heterosexual (78.4%).
  - Similar characteristics were also observed in those who indicated they would visit the RVI although this observation is based on only nineteen responses. 36.8% of these respondents had a disability, long-term health illness or health condition.

- Respondents were invited to share any other ways they would most likely access support in the future and fifteen people provided a comment. Of these:
    - Three would ask their family for advice.
    - Three felt that it would depend on what the issue was.
    - Three would get advice from another healthcare provider.

If you told us in the last question that you would most likely walk-in and wait to be seen at an Urgent Treatment Centre or the RVI (ED / Minor Injuries Unit), why is this? (N=90)

Respondents who would most likely walk in and wait to be seen at a UTC or the RVI to access urgent care in the future were asked why. As they could give more than one reason, the sum of percentages exceeds 100%.

Reason for using UTC/ED/MIU	No. of respondents	% of respondents
Can't get appointment with GP	32	35.6
Short waiting times/see someone more quickly	18	20.0
They feel they have urgent care need	15	16.7
Best route to see someone	11	12.2
Based on past experience	9	10.0
Poor experience of NHS 111	8	8.9
Want to speak to someone face-to-face	8	8.9
Live nearby	8	8.9
Easily accessible	4	4.4
If out of hours/weekend	2	2.2
Work there/family member works there	2	2.2

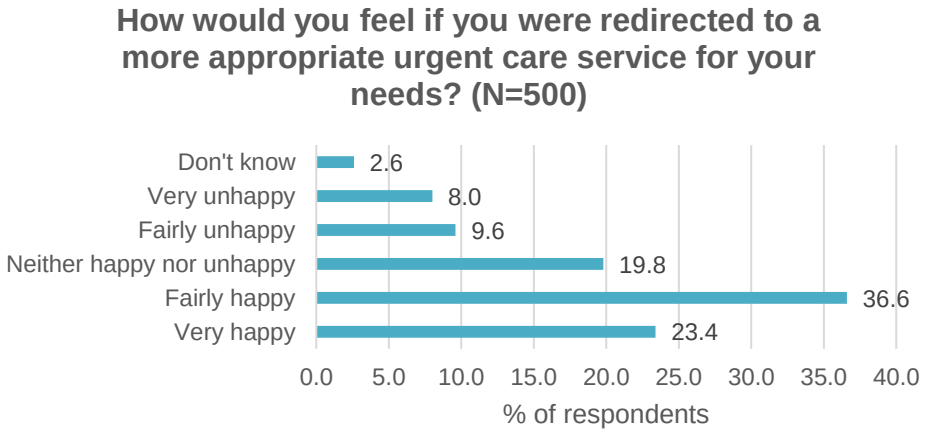
Respondents could give more than one answer

- Just over one third (35.6%) of respondents who stated that they would walk in and wait to be seen at a UTC or the RVI (ED or MIU) would do so because they have difficulties getting appointments with their GP.
    - 28.2% of these were over 65.
- A further 20.0% felt that it would facilitate shorter waiting times to be seen.
    - 66.7% of these respondents were male.
- One sixth (16.7%) would go there if they felt their need was urgent.
- 8.9% had been put off using NHS 111 due to previous bad experiences, citing difficulties in getting through, long waits for call backs and expected redirection to ED or their GP. Whilst this was a small number of respondents, five of these eight respondents (62.8%) had a disability, long-term illness or health condition.
- Those who lived near to a service (8.9%) were located in NE6, NE5 and NE4.

"We know GPs are extremely busy and it's very difficult to get an appointment. I wouldn't therefore see a GP as an 'urgent' option."

Being redirected to other services

The survey also sought to find out people's views of being redirected to other services.



- 60.0% of respondents would be fairly happy or very happy if they were redirected to another more appropriate service.
    - 57.7% of respondents were under 45, with 24.3% being under 25. They were more likely to be female (54.0%). 27.3% had caring responsibilities, and 19.0% described their ethnicity as Asian/British Asian, Black/British Black, Mixed race, or Other.
- 17.6% would be fairly unhappy or very unhappy if they were redirected to another more appropriate service.
    - This group were more likely to be male (56.8%), heterosexual (90.9%) and under 45 (52.9%). 38.6% had a disability, long-term illness or health condition, 28.7% had caring responsibilities, and 27.6% described their ethnicity as Asian/British Asian, black/British Black, or Other.

Respondents who had stated they would be fairly or very happy to be redirected gave reasons for this (N=287). As they could give more than one answer, the sum of percentages exceeds 100%.

Reason for fairly/very happy rating	No. of respondents	% of respondents
Trust NHS professionals/services	96	33.4
Happy to be redirected if service is more appropriate	90	31.4
As long as get seen/treated	55	19.2
No issues with redirecting	16	5.6
Don’t want to waste NHS time	12	4.2
Don’t want to be passed around	10	3.5
Would be seen more quickly	10	3.5
Happy as issue is not serious	9	3.1
Depends on service redirected to	8	2.8
Depends on health issue	6	2.1
Happy to go to GP	6	2.1
Wouldn’t want to travel (far) between services	5	1.7
More education needed on when to use services	4	1.4
Depends when redirected	3	1.0
Would expect to be seen there	2	0.7

No. of respondents – 287
Respondents could give more than one answer

- Just over one third (33.4%) of respondents would be fairly or very happy to be redirected as they trust the healthcare professional to give them advice on the best course of action for their need.
- Nearly one third (31.4%) would be happy to be redirected if it were to a more appropriate service. These respondents were predominantly female (61.1%).
- 19.2% would be happy with the redirection as long as they were treated.
- A number of respondents did however caution that they would not want to be passed around between services and felt that their acceptance of the redirection would depend on which service they were being redirected to, or the health issue that they had.

Respondents who had stated they would be fairly or very unhappy to be redirected gave reasons for this (N=85). As they could give more than one answer, the sum of percentages exceeds 100%.

Reason for fairly/very unhappy rating	No. of respondents	% of respondents
Would expect to be seen there	30	35.3
Have care need they see as urgent	27	31.8
Don't want to be passed around	22	25.9
Wouldn't want to travel (far) between services	11	12.9
Don't want extra wait times	9	10.6
Depends when redirected	4	4.7
History of health problems	2	2.4
Other*	6	7.1

Respondents could give more than one answer

*Single responses suppressed

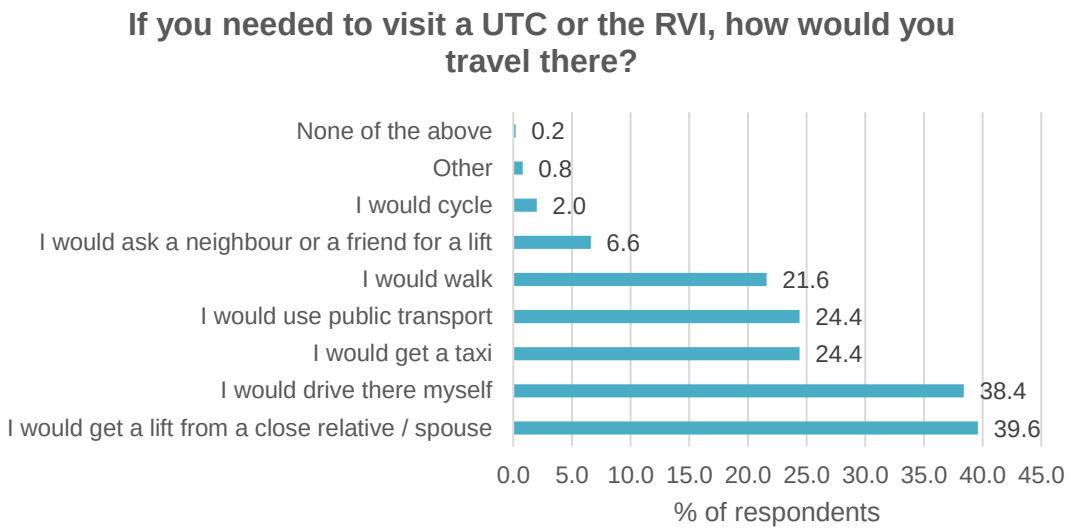
- Just over one third (35.3%) of respondents would want to be seen at the service they presented at as they would want support straight away.
    - 36.7% of these respondents had caring responsibilities.
- For 31.8% of respondents, they would have presented at an urgent care service because they felt there their condition required urgent support so would be unhappy if they were redirected from the urgent care service.
    - 40.7% of these respondents had a disability, long-term illness or health condition.
- Just over one quarter (25.9%) of respondents did not want to be passed around between services. These were predominantly male (68.2%).
- Over one in ten respondents would be unhappy having to travel to another service with a minority citing expense and difficulties travelling with children.

“If I'd gone to a UTC for urgent help with something and was redirected, I'd feel like I was being palmed off. Why else would I have gone there in the first place?”

Travelling for support for urgent care needs

If you needed to visit an Urgent Treatment Centre or the RVI, how would you usually travel there? (N=500)

Respondents were also asked how they would usually travel to receive urgent care. As they could give more than one travel type, the sum of percentages exceeds 100%.

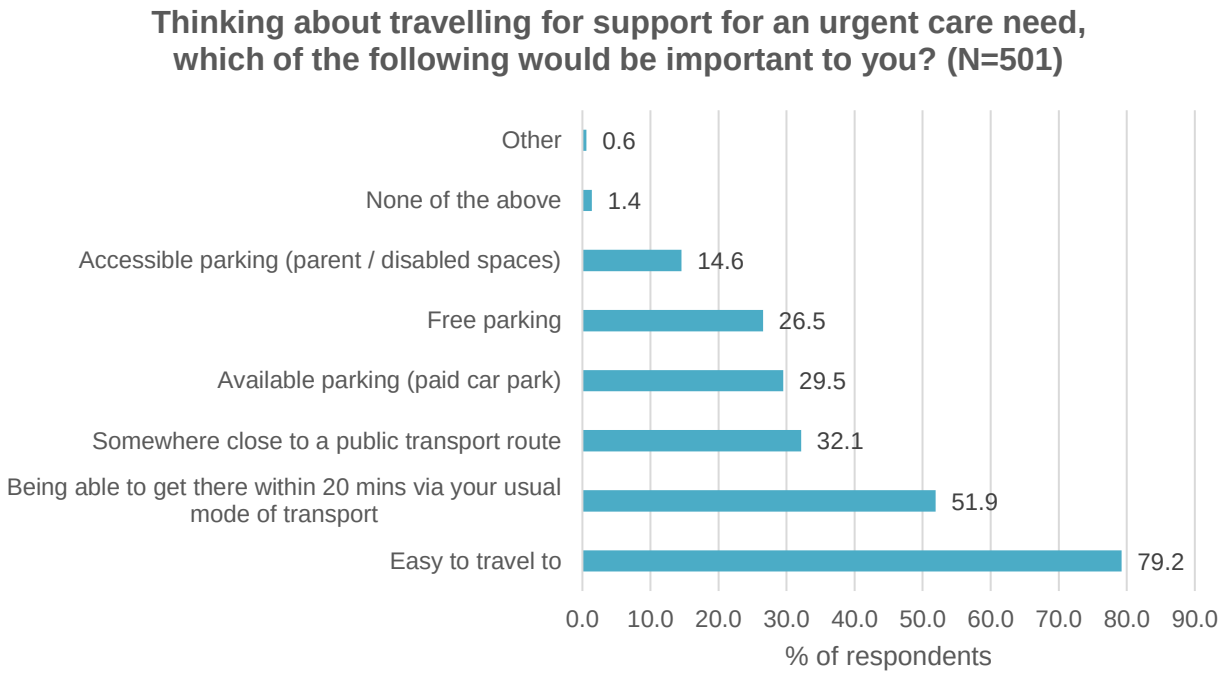


Respondents could choose up to three answers

- Respondents would be most likely to use private transport to travel to the UTC or RVI.
    - 39.6% would get a lift from a close relative/spouse. They were more likely to be female (60.6%), white (84.9%) or heterosexual (84.9%). 24.8% were under 25, and 21.3% over 65.
    - 38.4% would drive there themselves. They were more likely to be male (56.8%), white (82.1%) or heterosexual (91.1%).
- Almost one quarter of respondents would consider using a taxi or public transport (24.4% respectively). Of those who would use a taxi 27.0% were over 65, and 36.1% had a disability, long-term illness or health condition. A quarter of those who use public transport were under 25 (25.4%), and 21.4% described their ethnicity as Asian/British Asian, Black/British Black, Mixed race, or Other.
- Respondents were invited to share any other ways they would usually travel and four people provided a comment – three saying ambulance, and one patient transport.

Thinking about travelling for support for an urgent care need, which of the following would be important to you? (N=501)

Respondents were also asked about travel-related issues that were important to them. As respondents could choose up to three answers the sum of percentages exceeds 100%.

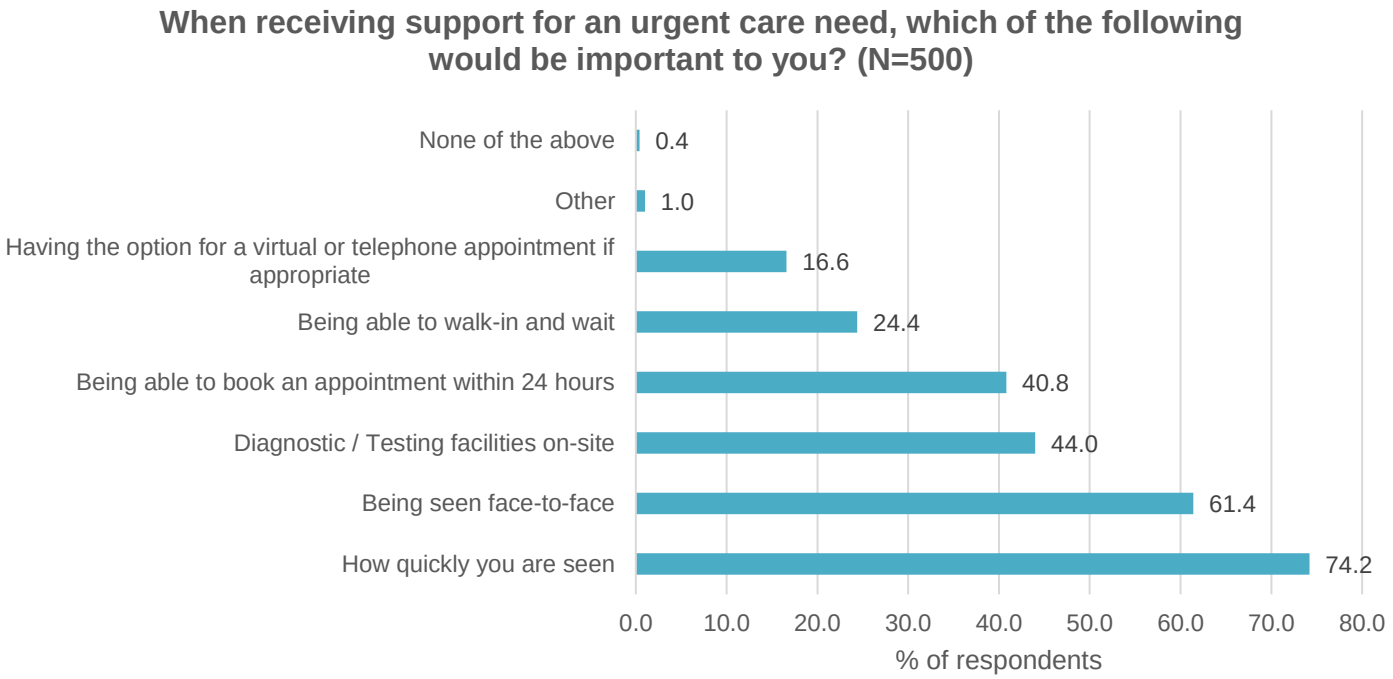


Respondents could choose up to three answers

- An urgent care service that is easy to travel to is important to the majority of respondents (79.2%). Of these 27.0% had caring responsibilities, and 27.2% had a disability, long-term illness or health condition.
- Over half of respondents (51.9%) would like a service that they could get to within 20 minutes via their usual mode of transport. Of these 28.1% had caring responsibilities, and 29.0% has a disability, long-term illness or health condition.
- Nearly one third of respondents (32.1%) would like somewhere that was close to public transport. Of these 23.6% were under 25.

Priorities when using urgent care

Respondents were also asked about their priorities when using urgent care. They could choose up to three answers therefore the sum of percentages exceeds 100%.



Respondents could choose up to three answers

- How quickly they are seen is important to nearly three quarters (74.2%) of respondents. Of these 57.7% were under 45, 79.9% were white and 87.8% heterosexual.
- 61.4% would like to be seen face-to-face, of these 24.4% described their ethnicity as Asian/British Asian, Black/British black, Mixed race, or Other.
- Having diagnostic or testing facilities on site is important to 44.0% of respondents who were slightly more likely to be under 45 years old (54.1%), and more likely to be white (81.2%) or heterosexual (85.9%).
- Respondents were invited to share any other factors that would be important to them if receiving support in the future, and five people provided a comment. Of these:
    - Three mentioned the attitude of staff, or which healthcare professional would be seen.
    - One mentioned being diagnosed quickly.
    - One mentioned toilet facilities.

Any other comments

Respondents were finally asked if there was anything else they would like to tell us about services to support urgent care needs in Newcastle, and 203 people commented. Respondents could comment on multiple aspects of urgent care therefore the sum of percentages exceeds 100%. The following themes were identified:

Other comments	No. of respondents	% of respondents
Need more services/staff	50	24.6
Need improved wait times	39	19.2
Patients struggle to get GP appointments	35	17.2
Need more patient education about services	18	8.9
Happy with service	18	8.9
NHS doing their best	17	8.4

Receive quality care	13	6.4
Don't like NHS 111	5	2.5
Keep Westgate Road open	5	2.5
Need to go back to more face-to-face care	4	2.0
Need longer opening times	4	2.0
Additional support needed for vulnerable populations	4	2.0
Good facilities	3	1.5
Location of UTCs more evenly spread	3	1.5
Travelling is difficult	2	1.0
Other*	11	5.4

Respondents could give more than one answer
*Single responses suppressed

- Nearly one quarter of respondents (24.6%) felt that there was a need for either more urgent care services or more staff working within current services. Respondents were more likely to be male (54.0%), and the most represented age group was 45 – 54 (30.0%).
- 19.2% called for a reduction in waiting times within urgent care services. Of these respondents 59.0% were female.
- 17.2% highlighted difficulties in getting GP appointments. Of these 40.0% were over 65.
- 8.9% called for greater patient education around the services available and when and how to use them.
- 8.9% were happy with the service they receive and 8.4% felt that the NHS was doing its best under difficult circumstances.
- Referencing urgent care services specifically, a minority (2.5%) highlighted issues with NHS 111 and how long it takes to get through and receive advice, and 2.5% requested that Westgate UTC be reopened.

"It concerns me how stretched urgent care services are in general. I do feel for the medical professionals having to cope with very little support from the powers that can provide it. So given the huge task they have on a daily basis they do incredibly well."

Phase 1: Listening exercise Online/paper survey findings

This section summarises the findings from 600 people who completed an online or paper-based questionnaire or took part in an interviewer-administered questionnaire. It should be noted however that not all respondents completed every question. See Appendix 6 for a full profile of respondents. Please note when considering responses by demographic groups that respondents were self-selecting and responses may not be representative. Of those respondents who provided demographic information:

- 49.1% live in Newcastle whilst a further 36.5% live and work in the city.
- The largest groups of respondents live in NE5 (15.8%), NE3 (15.5%) and NE6 (15.5%).
- 69.4% were female and 0.4% did not have a gender identity matching their sex at birth.
- 35 to 44 year olds represented the largest age group (21.9%) followed by 45 to 54 year olds (18.8%). 4.5% were 75 or older.
- 87.1% described their ethnicity as White British, Irish, European, or Other, whilst Asian or British Asian made up the next largest group (5.6%).
- 47.3% of respondents had no religion, whilst 39.1% were Christian and 3.5% Muslim.
- 84.7% describe themselves as heterosexual, 3.0% were gay men and 3.0% bisexual.
- 3.9% of respondents were pregnant.
- 43.2% of respondents were married and 30.7% of respondents were single.
- Over one third (35.2%) of respondents had caring responsibilities.
- 37.2% indicated that they had a disability, long-term illness or health condition.
- 3.2% currently serve or have previously served in the armed forces.

Key themes

Use of urgent care services

- Nearly two thirds of respondents had received support for an urgent care need within the last year with most using it between one and three times for themselves or their child and more frequently, for an illness. ED was used by two fifths of this group who were more likely to be younger, female, carers, white, or heterosexual.

Accessing urgent care services

- When considering why they had attended a UTC or the RVI (ED or MIU) half of respondents were motivated to attend by instruction from a healthcare provider (NHS 111 or GP). However, during their most recent attendance, over one quarter of respondents presented without consulting an HCP. Feeling their need was urgent, past experience of receiving support for the same illness, or using a particular urgent care service were cited as motivations for them doing so.
- Believing it was the best place for their needs was also frequently mentioned.
- When considering future urgent care needs over half of respondents stated that they would contact their GP practice or contact NHS 111 for advice or an appointment. Over one third would choose to walk in and wait at a UTC or the RVI (ED or MIU). Their motivation for doing so included difficulty in getting a GP appointment, that this was an easy option/accessible or a belief that their condition warranted urgent care.

Experiences of using a UTC or the RVI (ED or MIU)

- Nearly two thirds of respondents highlighted positive aspects of their experience, with short wait times, friendly, hardworking, kind and caring staff, and effective treatment cited most frequently.
- Just over half of respondents suggested things that would have improved their experience, in particular reduced waiting times, the layout of facilities, and more staff. A minority of respondents requested changes to make services more accessible such as longer opening hours, free parking and access to BSL interpreters.

Priorities when using urgent care

- For the majority of respondents, how quickly they are seen is of primary importance, followed by being seen face-to-face, and having diagnostic or testing facilities on site.

Feelings around redirection to other more appropriate urgent care services

- Just over half of respondents would be very or fairly happy to be redirected if this were to a more appropriate service, they knew they would still be treated, or they trusted NHS staff to give them the right advice.
- However, nearly one quarter of respondents would be fairly or very unhappy to be redirected as they would be there because they thought their need was urgent and therefore should be treated, would have difficulty getting a GP appointment, or would not want the additional waiting times.

Travel requirements

- Respondents would be most likely to use private transport to travel to the UTC or RVI. Nearly one quarter would use public transport.
- Having an urgent care service that is easy to travel to is important to the majority of respondents, followed by access within 20 minutes of their home via their usual mode of transport, and free parking.

Other comments

- A request for more urgent care services, or more staff within current services, problems around getting GP appointments and a request to reduce waiting times were also mentioned by respondents, alongside an appreciation of urgent care services and the NHS in general.

Summary of online / paper survey findings

Urgent care needs

Have you or someone you provide care for, received support for an urgent care need in the last year? (N=600)

Respondents were asked to tell us if they, or someone they provide care for, had received support for an urgent care need in the last year, and 65.8% said they had.

	No. of respondents	% of respondents
Yes	395	65.8
No	195	32.5
Prefer not to say	10	1.7

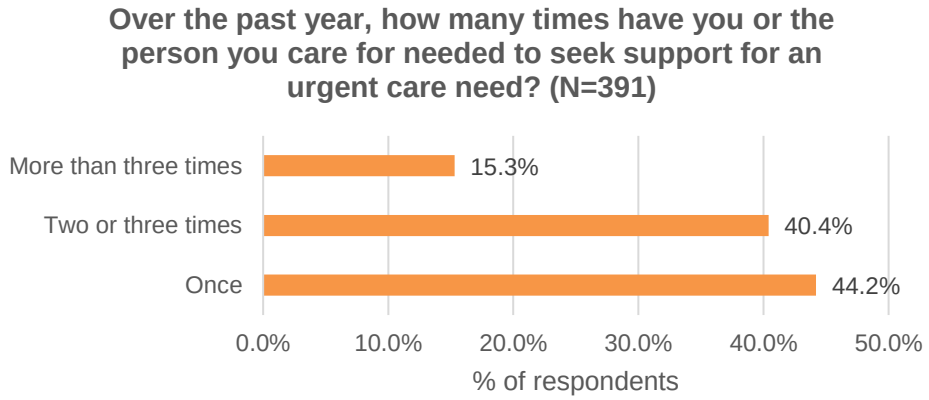
Please can you tell us who received support for an urgent care need? (N=392)

People who told us they, or someone they provide care for, had received treatment for an urgent care need in the last year were asked to tell us who needed treatment. As they could select more than one recipient, the sum of percentages exceeds 100%.

	No. of respondents	% of respondents
Myself	249	63.5
My child	103	26.3
A partner or spouse	57	14.5
An elderly relative or parent	48	12.2
Someone else I provide care for	10	2.6
A patient in my care	1	0.3
Rather not say	7	1.8
Other	3	0.8

Respondents could give more than one answer

For the majority of respondents, this was for their personal needs (63.5%), and/or for their child (26.3%). Of those people who stated that they had caring responsibilities (148) 76.6% had attended on behalf of someone else and of this group 50.7% had only ever attended on behalf of someone else. In comparison, of the 150 people who had no caring responsibilities, 24.7% had attended on behalf of someone else, and 16.0% had only ever attended on behalf of someone else.



No. of respondents – 391

Respondents were slightly more likely to have sought support for an urgent care need once over the past year (44.2%). Of the 60 respondents who had used an urgent service more than three times, 67.9% were under 45, 67.9% were female, and 53.6% had a disability. Ethnic minorities (excluding White British, Irish, European, or Other) accounted for 14.3% of this group.

And what was the urgent care need? (N=392)

Respondents were asked what the urgent care need was. As they could select more than one reason, the sum of percentages exceeds 100%.

	No. of respondents	% of respondents
For an illness (such as stomach pain, fever, rashes, breathing difficulties)	239	61.0

Injury (such as a broken bones, sprains, and cuts)	111	28.3
Both illness and injury	49	12.5
Other	20	5.1
Prefer not to say	8	2.0

Respondents could give more than one answer

For the majority of respondents, the urgent care need was for an illness (61.0%), followed by an injury (28.3%), and an illness and injury (12.5%).

Females were more likely to attend than males for both illness (71.9%) and injury (63.3%). Parent carers were more likely to attend with their child for an illness (59.1%) as opposed to an injury (22.7%) with the remainder having attended for both. People aged 65 and over were more likely to attend for injury (13.4%) as opposed to an illness (11.1%). Of the nineteen Asian/British Asian respondents, 73.7% were more likely to attend for an illness as opposed to an injury. Of the seventeen respondents describing their ethnicity as Black/British Black, Mixed race, or Other, 64.7% attended for illness.

Respondents were invited to share any other reasons for attending and twenty people provided a comment:

- Surgery aftercare (five responses)
- Chest pain/heart issues (three responses)
- Eye emergencies (three responses)
- Mental health issues (three responses)

Urgent care services used

Respondents who had accessed support for an urgent care need were asked if they had attended any of the following places. As people could select more than one place, the sum of percentages exceeds 100%.

In the past year have you, or someone you care for, attended any of the following places for support for your urgent care need (N=381)

Service	No. of respondents	% of respondents
RVI (ED)	154	40.4
Ponteland Road Health Centre UTC	140	36.7
Molineux Street UTC	102	26.8
RVI (MIU)	85	22.3
Westgate Road UTC	39	10.2
Received treatment outside of Newcastle	25	6.6
None of the above	24	6.3
Other	17	4.5
Can't remember	1	0.3
Prefer not to say	0	0.0

Respondents could give more than one answer

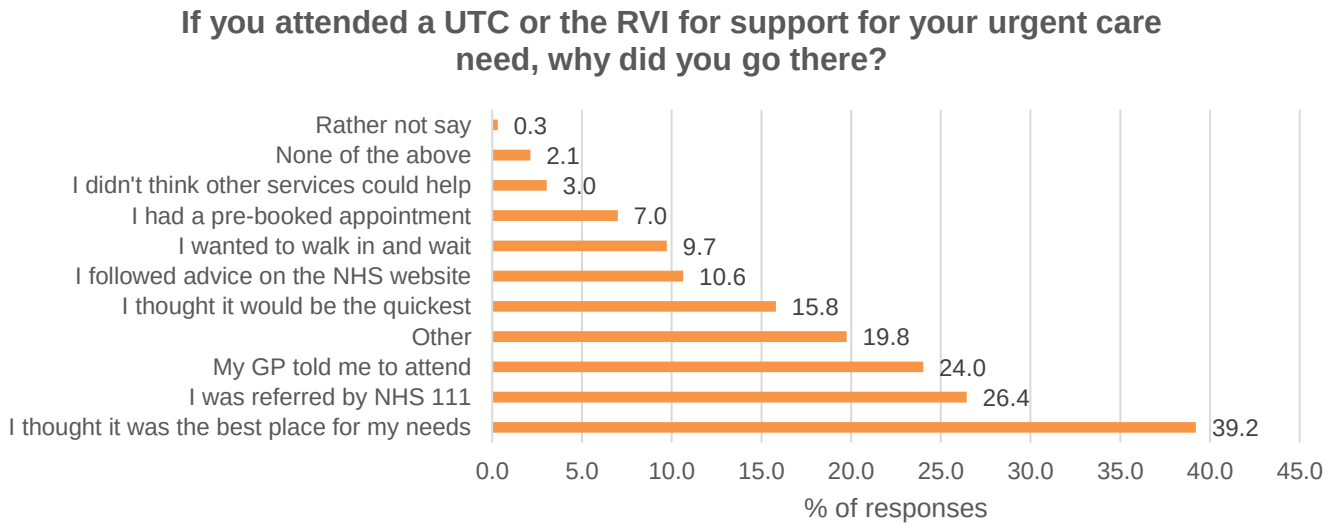
Other services identified included the RVI Assessment Suite, their GP practice for a same day appointment or eye casualty at the RVI.

- 40.4% of respondents had used ED. Of these:

    - 61.4% were under 45
    - 73.7% were female
    - Of the sixteen pregnant women who answered this question, 68.8% had attended ED
    - 47.1% had a disability, long-term illness or health condition
    - 68.2% were carers
    - 12.7% described their ethnicity as Asian/British Asian, Black/British Black, Mixed Race, or Other
    - 11.3% described their sexual orientation as Bisexual, Gay man, Gay woman or lesbian
    - 21.1% lived in NE5, and 20.4% lived in NE3
- 36.7% had used Ponteland Road UTC. Of these:
    - 45.6% were under 45
    - 72.8% were female
    - 41.3% had a disability, long-term illness or health condition
    - 63.6% were carers
    - 8.1% described their ethnicity as Asian/British Asian, Black/British Black, or Mixed Race
    - 5.8% described their sexual orientation as Gay man or Gay woman or lesbian.
    - 32.6% lived in NE5 and 17.4% lived in NE3
- 26.8% had used Molineux Street UTC. Of these:
    - 59.6% were under 45
    - 70.2% were female
    - 43.6% had a disability, long-term illness or health condition
    - 60.8% were carers
    - 12.7% described their ethnicity as Asian/British Asian, Black/British Black, Mixed Race, or Other
    - 6.5% described their sexual orientation as Bisexual, Gay man, Gay woman or lesbian
    - 43.9% lived in NE6 and 13.3% lived in NE7

If you attended an Urgent Treatment Centre or the RVI for support for your urgent care need, why did you go there? (N=329)

Respondents were asked why they attended a UTC or the RVI for support for their urgent care need. As they could select more than one reason, the sum of percentages exceeds 100%.

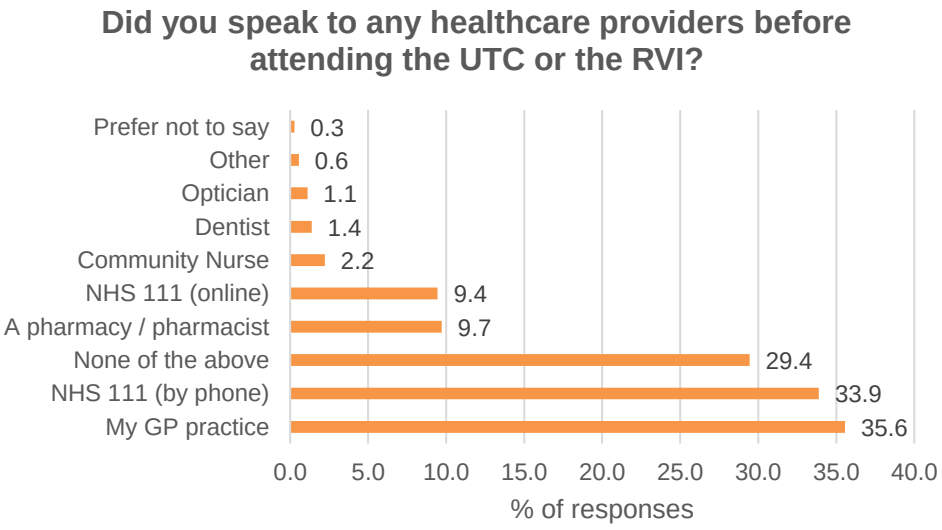


Respondents could give more than one answer

- For 50.5% of respondents, instruction from a healthcare provider to attend a UTC or the RVI was a motivating factor for using the service.
    - 26.4% of respondents had been referred by NHS 111. They were more likely to be under 45 (57.6%), be female (68.8%), be caring for someone (66.7%), white (85.9%) or heterosexual (83.5%).
    - Nearly one quarter (24.0%) had been told to attend by their GP. 18.1% were over 65. This group were more likely to be female (62.5%) carers (55.7%), or heterosexual (87.3%). 48.0% had a disability, long-term illness or health condition, 55.7% were carers, and 13.9% described their ethnicity as Asian/British Asian, Black/British Black, or Mixed Race.
- 39.2% of respondents attend a UTC or the RVI (ED or MIU) because they thought that it was the best place for their health needs. They were more likely to be under 45 (58.7%), more likely to be female (76.9%), a carer (56.6%) or white (89.7%). 38.0% had a disability, long-term illness or health condition. Of the twelve women who were pregnant who responded to this question, 58.3% of them selected this reason. 11.2% described their sexual orientation as Bisexual, Gay man, Gay woman or lesbian.
- 15.8% thought it would be quickest.
- Respondents were invited to share any other reasons for attending and 65 people provided a comment, of these:
    - Twenty reported that they were unable to get a GP appointment.
    - Fourteen were advised by other health professionals/allied health professionals that they needed to attend
    - Nine were taken in an ambulance
    - Five reported that it was because they were outside of GP practice hours.

Thinking about when you last had an urgent care need, did you speak to any of the following healthcare providers before attending an Urgent Treatment Centre or the RVI (ED / Minor Injuries Unit)? (N=360)

Respondents were asked to consider their last urgent care need and whether they spoke to any of the healthcare providers listed ahead of attending a UTC or the RVI. As they could select more than one healthcare provider, percentages will be in excess of 100%.



Respondents could give more than one answer

- Just over two-thirds (67.7%) of respondents had spoken to a healthcare provider listed above, before attending a UTC or the RVI (ED or MIU). A further 3.9% had spoken to another healthcare professional (a nurse, consultant or paramedic were mentioned most frequently).
    - Over one third of respondents (35.6%) had spoken to their GP practice before attending. 16.6% were over 65. They were more likely to be female (67.8%), caring for someone (60.2%), or heterosexual (85.8%). 13.2% described their ethnicity as Asian/British Asian, Black/British Black, Mixed Race, or Other.
    - Around one third of respondents (33.9%) had spoken to NHS 111 ahead of their attendance. NHS 111 users were more likely to be under 45 (58.5%), female (68.9%), a carer (64.8%), white (86.7%) or heterosexual (85.7%).
- However, 29.4% of respondents had not spoken to any healthcare provider before attending the urgent care service. This group were more likely to be under 44 (54.7%), female (69.5%), a carer (55.7%), white (89.2%) or heterosexual (84.9%).

If you attended an Urgent Treatment Centre or the RVI (ED / Minor Injuries Unit) without speaking with another healthcare provider first, why was this? (N=88)

Respondents who had not spoken to a healthcare provider before attending a UTC or the RVI were asked why. As they could give more than one reason, the sum of percentages exceeds 100%.

Reason	No. of respondents	% of respondents
Considered need was urgent	30	34.1
Decision influenced by past experience	14	15.9
Couldn't get GP appointment	14	15.9
Out of hours	11	12.5
Understood route to go as HCP/staff/or advised by HCP known to them	8	9.1
Thought it was most appropriate place	7	8.0
Felt I needed an x-ray	7	8.0
Local	3	3.4
Work advised to attend	3	3.4
Other*	3	3.4
Brought in an ambulance	2	2.3
Looked at online guidance	2	2.3
Wanted to be seen quickly	2	2.3

Respondents could give more than one answer
*Single responses suppressed

- Over one third of respondents (34.1%) attended a UTC or the RVI (ED or MIU) as they considered that their illness or injury required urgent care either through treatment or advice. Of this group:
    - 60.7% were under 45 years old, 67.9% were female and 88.5% were white. 20.8% described their sexual orientation as Bisexual, Gay man, Gay woman or lesbian.
- For 15.9% of respondents, their decision was influenced by their past experiences of receiving support for the same illness or using a particular urgent care service. 85.7% of these respondents were female.
- 15.9% stated that they could not get a GP appointment or could not get through to their GP practice. 71.4% of these respondents were female.

What was positive about your experience of accessing care at the Urgent Treatment Centre / RVI (ED / Minor Injuries Unit)? (N=276)

Respondents were asked what was positive about their experience of accessing care at a UTC or the RVI. As they could cite more than one aspect, the sum of percentages exceeds 100%.

Positive aspects	No. of respondents	% of respondents
Short waiting times	105	38.0
Staff attitudes	95	34.4
Effective treatment / sorted in one visit	65	23.6
Got assessed/seen same day	31	11.2
Quality care	24	8.7
Nothing	16	5.8
Got information needed/good communication	14	5.1
No issues	8	2.9
Easily accessible	7	2.5
Found service helpful	5	1.8
Other*	5	1.8
Waiting area	4	1.4
Can be seen out of hours	3	1.1
Was able to get appointment	2	0.7
Close to where I live	2	0.7

Respondents could give more than one answer
*Single responses suppressed

- Over one third of respondents (38.0%) felt that they were seen quickly and did not have to wait very long. 50.5% of these respondents had caring responsibilities.
- Just over one third (34.4%) of respondents praised the attitude of staff, from administrative to healthcare professionals. They cited friendly, hardworking, kind and caring workers. 80.0% of respondents were female, 54.3% had caring responsibilities.
- Others felt that their experience was positive as they were effectively treated or their issue was dealt with within one visit to the urgent care service (23.6%). 67.7% of respondents were female, 60.0% had caring responsibilities.
- Sixteen respondents (5.8%) however stated that there was nothing positive about their experience. 62.5% of these respondents were aged 35 – 44.

"The staff. Everyone from the receptionists to the nurses and the porters were so helpful, thoughtful and friendly."

What do you think could have been improved about your experience of accessing care at the Urgent Treatment Centre / RVI (ED / Minor Injuries Unit)? (N=248)

Respondents were asked what could have been improved about their experience of accessing care at a UTC or the RVI. As they could cite more than one aspect, the sum of percentages exceeds 100%.

Suggested improvements	No. of respondents	% of respondents
Waiting times	89	35.9
Layout and environment (e.g., waiting area - cramped/no privacy)	39	15.7
Nothing	38	15.3

More staff	36	14.5
Staff attitudes	17	6.9
More resources/equipment	16	6.5
Accessibility	15	6.0
Information when waiting	14	5.6
Injury/illness wasn't sorted	14	5.6
Availability of GP appointments	13	5.2
Better communication around services - which to use and how to access	11	4.4
Triage service/by doctor	11	4.4
Better access to experienced/specialist staff	8	3.2
Other*	7	2.8
Don't pass people on to other services	4	1.6
Patients should wear PPE	3	1.2
Better explanation of treatment	2	0.8
Child departments in UTCs	2	0.8
Joined up working between services	2	0.8

Respondents could give more than one answer
*Single responses suppressed

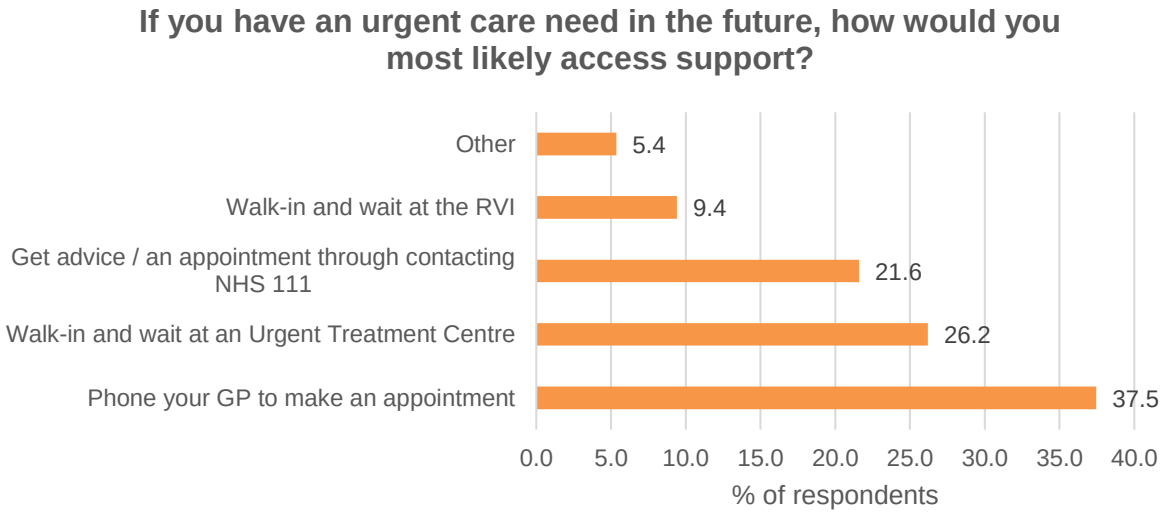
- Over one third of respondents (35.9%) suggested that their experience could have been improved by waiting times being reduced. 56.8% were under 45, 66.2% were female, 9.3% described their ethnicity as Asian/British Asian, Black/British Black, or Mixed race, and 13.0% described their sexual orientation as Bisexual, Gay man, Gay woman or lesbian.
- 15.7% commented on the waiting areas which were described as small, crowded, and lacking in privacy. 46.2% had caring responsibilities.
- Nearly one sixth (15.3%) of respondents felt that their experience could not have been improved.
- 14.5% felt that more staff working within the facilities would help improve their experience.
- A minority of respondents (6.0%) suggested changes to make services more accessible including longer opening times, free parking, improved signage outside and within facilities and access to interpreters for British Sign Language (BSL) users in UTCs.

"Waiting times are now horrendous. Too many patients unwell, not enough rooms/staff to fill the rooms to avoid wait time exceeding hours upon hours, people who need help are walking out and seeking treatment elsewhere or going home."

Accessing urgent care in the future

Respondents were also asked to consider how they might access urgent care support in the future.

If you have an urgent care need in the future, how would you most likely access support? (N=542)



- Over one third of respondents (37.5%) would phone their GP to make an appointment. 73.0% were female.
- Just over one fifth (21.6%) would contact NHS 111 to get advice and/or an appointment. 63.4% were under 45.
- Over one third (35.6%) of respondents would walk in and wait at either a UTC, the MIU or ED.
    - Those who would visit a UTC were more likely to be female (69.2%), white (89.8%) or heterosexual (83.3%). 29.2% of respondents have a disability, long-term illness or health condition.
    - Those visiting the RVI (MIU or ED) were more likely to be female (62.5%), be a carer (54.9%), white (86.1%), heterosexual (85.4%) or have a disability, long-term illness or health condition (51.1%).
- Respondents were invited to share any other ways they would most likely access support in the future and 29 people provided a comment. Of these:
- Fifteen felt that it would depend on what the issue was.
- Four felt that it would depend on the time/day.
- Three would just stay at home.
- Three would call the UTC first.

If you told us in the last question that you would most likely walk in and wait to be seen at an Urgent Treatment Centre or the RVI (ED / Minor Injuries Unit), why is this? (N=171)

Respondents who would most likely walk in and wait to be seen at a UTC or the RVI to access urgent care in the future were asked why. As they could give more than one reason, percentages will be in excess of 100%.

Reason for using UTC/ED/MIU	No. of respondents	% of respondents
Can't get appointment with GP	64	37.4
Easy option/accessible	20	11.7
Short waiting times/see someone more quickly	20	11.7
Based on past experience	19	11.1
They feel they have urgent care need	19	11.1
Assessed same day	16	9.4
Poor experience of NHS 111	16	9.4

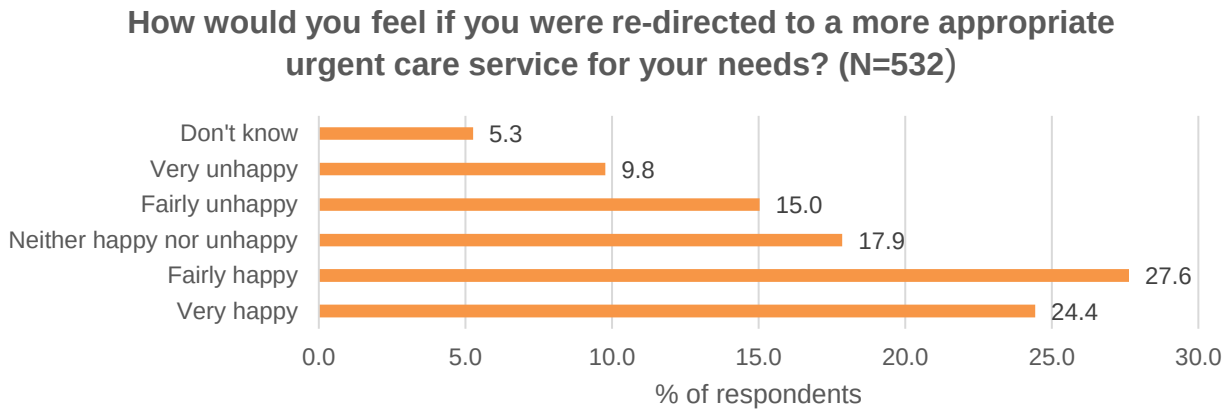
Live nearby	9	5.3
Out of hours	8	4.7
Use UTC to ease ED pressure	8	4.7
Feel they would get referred here anyway	7	4.1
Want to speak to someone face-to-face	7	4.1
Trust urgent care services	5	2.9
Don't have GP in Newcastle	3	1.8
Other*	3	1.8
GP is not for urgent care	2	1.2
No other options	2	1.2

Respondents could give more than one answer
*Single responses suppressed

- Over one third (37.4%) of respondents who stated that they would walk in and wait to be seen at a UTC or the RVI (ED or MIU) would do so because they have difficulties getting appointments with their GP. 64.0% were female, 45.3% had caring responsibilities.
- 11.7% felt that it was the easy and most accessible option to receive urgent care support.
- 11.7% felt they would be seen quickly.
- 11.1% would go there if they felt their need was urgent.
- 11.1% had been put off using NHS 111 due to previous negative experiences, citing referrals to other services, long waits for call backs and a perceived lack of clinical knowledge of staff.

Being re-directed to other services

The survey also sought to find out respondents' views of being redirected to other services.



- Just over half of respondents (52.1%) would be fairly happy or very happy if they were redirected to another more appropriate service. This group were more likely to be under 45 (56.7%) or female (66.4%). Of the 28 Asian/British Asian people responding to this question, 50.0% would be fairly happy or very happy.
- Nearly one quarter (24.8%) would be fairly unhappy or very unhappy if they were redirected to another more appropriate service. This group were more likely to be over 45 years old (56.0%), female (65.1%), carers (60.6%), or heterosexual (81.0%).

Respondents who had stated they would be fairly or very happy to be redirected gave reasons for this (N=185). As they could give more than one answer, the sum of percentages exceeds 100%.

Reason for fairly/very happy rating	No. of respondents	% of respondents
Happy to be redirected if service is more appropriate	56	30.3
As long as get seen/treated	32	17.3
Trust NHS professionals/services	24	13.0
Takes pressure off other services	13	7.0
Would be seen more quickly	13	7.0
Depends on service re-directed to	12	6.5
Depends on health issue	10	5.4
As long as the redirection was timely	9	4.9
Difficult to get GP appointments	8	4.3
Wouldn't want to travel (far) between services	8	4.3
No issues with redirecting	7	3.8
Would have already contacted another service first (GP, pharmacist)	7	3.8
As long as got an explanation/information	6	3.2
Don't want to be passed around	5	2.7
Have urgent care need and expect treatment	5	2.7
Depends when re-directed	4	2.2
Other*	4	2.2
Depends if already been redirected	3	1.6
Expect appointment to be made for them if re-directed	3	1.6
Not confident in other services	2	1.1
Would want to still be seen by service first went to	2	1.1

Respondents could give more than one answer
*Single responses suppressed

- Around three in ten (30.3%) would be happy to be redirected if it were to a more appropriate service.
- 17.3% would be happy with the redirection as long as they were treated.
- 13.0% of respondents would be fairly or very happy to be redirected as they trust the healthcare professional to give them advice on the best course of action for their need.
- A number of respondents did however caution that that their acceptance of the redirection would depend on which service they were being redirected to, citing difficulties in getting GP appointments in particular, how timely the redirection was, what their health issue was, and how far they had to travel.

"I want to be getting the right support from the right place and I am very happy to be signposted to what that is if I have gotten it wrong."

Respondents who had stated they would be fairly or very unhappy to be redirected gave reasons for this (N=118). As they could give more than one answer, the sum of percentages exceeds 100%.

Reason for fairly/very unhappy rating	No. of respondents	% of respondents
Have urgent care need and expect treatment	25	21.2
Difficult to get GP appointments	22	18.6
Don't want extra wait times	16	13.6
Would want to still be seen by service first went to	12	10.2
Not confident in other services	11	9.3
Depends on health issue	9	7.6

Depends when re-directed	8	6.8
Don't want to be passed around	8	6.8
Depends on service re-directed to	6	5.1
Other*	6	5.1
Expect appointment to be made for them if re-directed	5	4.2
Wouldn't want to travel (far) between services	5	4.2
Would have already contacted another service first	5	4.2
Would want to be triaged by HCP	5	4.2
As long as receive treatment	3	2.5
Depend if already been redirected	3	2.5
Trust NHS professionals	3	2.5
Better communication/education around when to use which service	2	
Happy if service directed to more appropriate	2	1.7

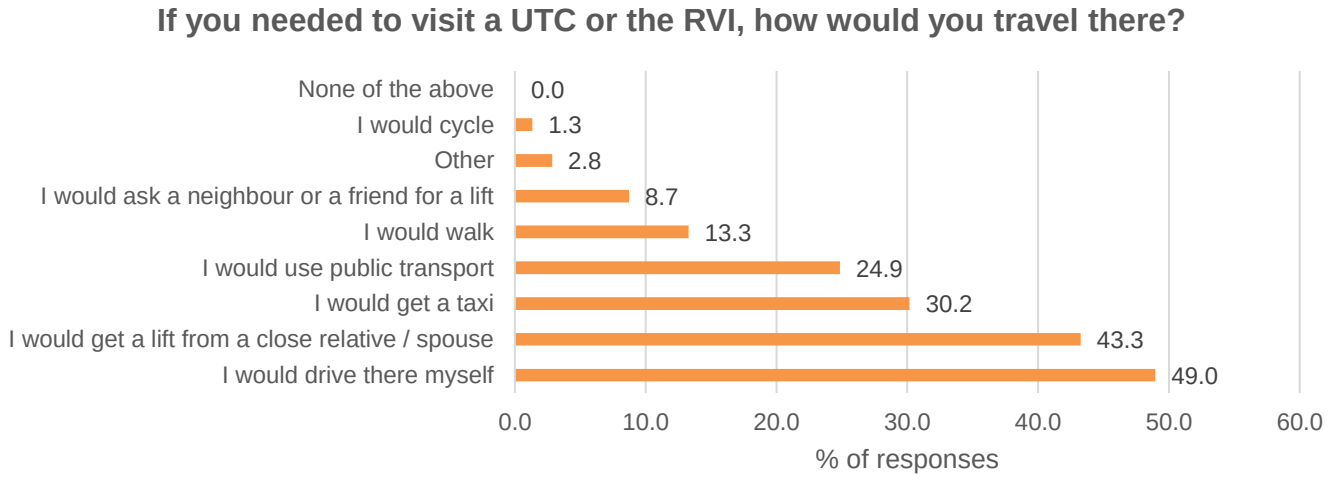
Respondents could give more than one answer
*Single responses suppressed

- Over one fifth (21.2%) of people stated that they would have presented at an urgent care service because they felt their condition required urgent support, so would be unhappy if they were redirected from the urgent care service. 72.0% of these respondents were over 45.
- 18.6% of respondents highlighted difficulties they faced in getting GP appointments. 68.2% were over 45.
- 13.6% felt that the redirection would add to how long it would take them to be seen/treated.
- 10.2% stated that they would be unhappy as they would not feel confident in other services.

Travelling for support for urgent care needs

If you needed to visit a UTC or the RVI, how would you travel there? (N=527)

Respondents were also asked how they would usually travel to receive urgent care. As they could give more than one travel type, the sum of percentages exceeds 100%.

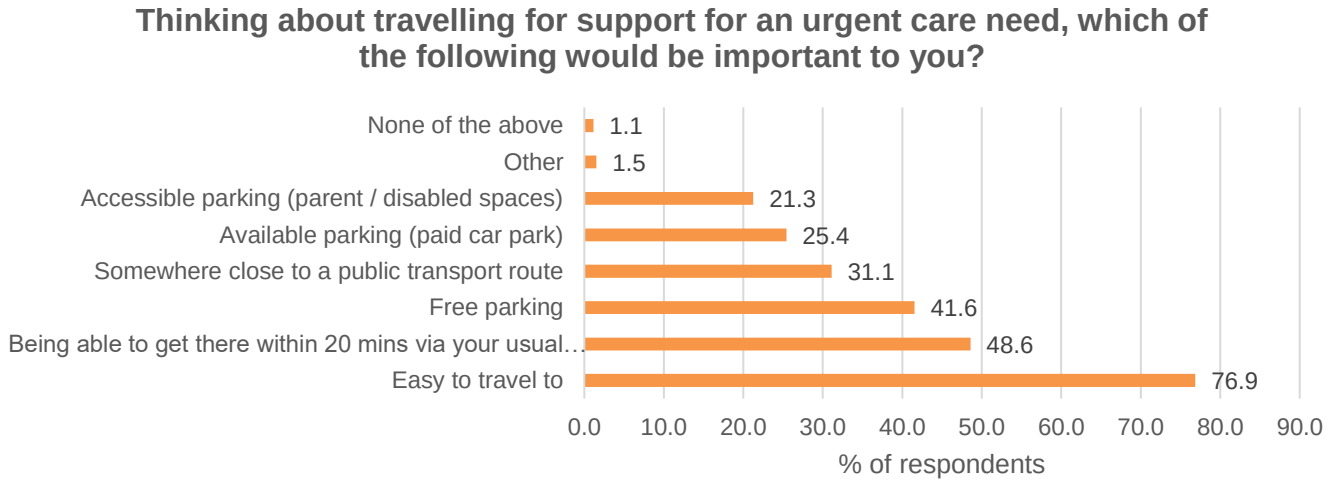


Respondents could give more than one answer

- Respondents would be most likely to use private transport to travel to the UTC or RVI.
  - 49.0% would drive there themselves.
  - 43.3% would get a lift from a close relative/spouse. 77.3% were female.
  - 30.2% would get a taxi. 73.2% were female, 42.9% had a disability, long-term illness or health condition.
- Almost one quarter of respondents would consider using public transport (24.9%).
- Respondents were invited to share any other ways they would travel to a UTC or the RVI and fifteen people provided a comment. Of these:
  - Seven felt that it would depend on their health issue.
  - Two would use an ambulance.

Thinking about travelling for support for an urgent care need, which of the following, if any, would be important to you? (N=527)

Respondents were also asked about what other factors would be important to them when travelling for support for an urgent care need. As they could give more than one answer the sum of percentages exceeds 100%.



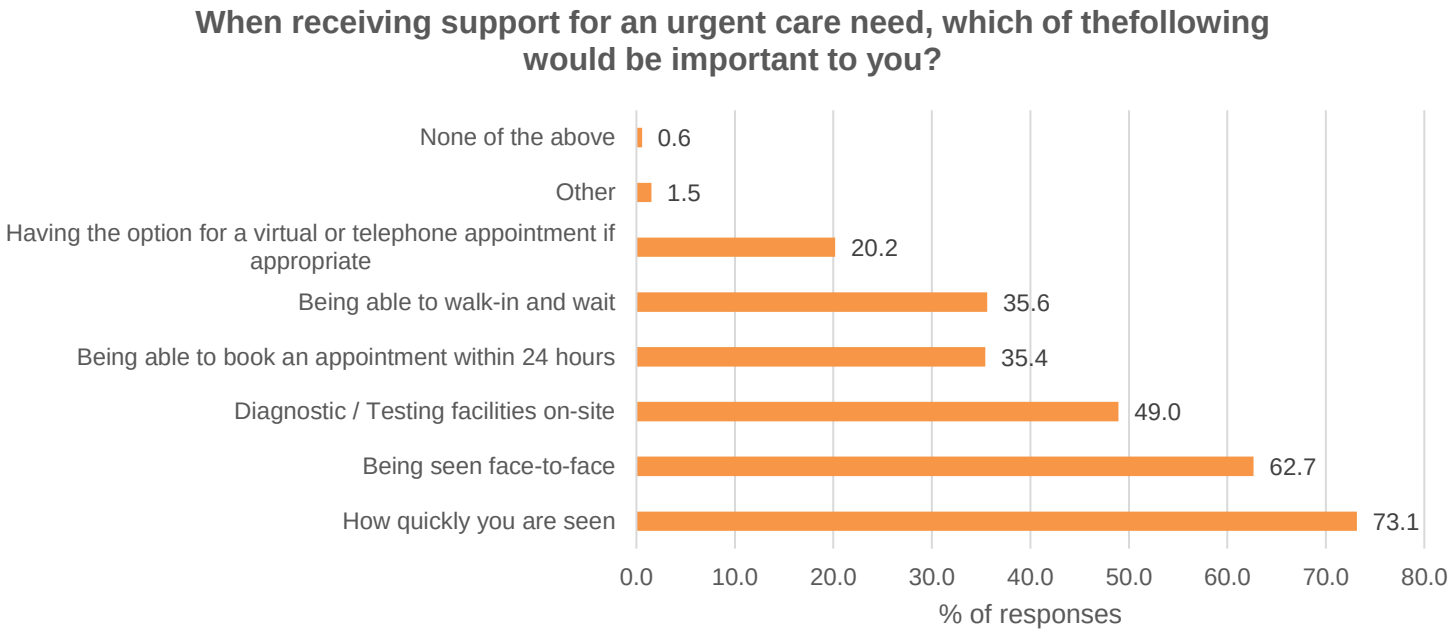
Respondents could give more than one answer

- An urgent care service that is easy to travel to is important to the majority of respondents (76.9%).
- Nearly half of respondents (48.6%) would like a service that they could get to within 20 minutes via their usual mode of transport.
- Over two fifths of respondents (41.6%) would like free parking. 53.9% of these respondents were carers.
- 31.1% of respondents would want somewhere close to a public transport route. 21.5% of these respondents were under 25.

Priorities when using urgent care

Respondents were also asked about their priorities when using urgent care. Because they could give more than one answer the sum of the percentages exceeds 100%.

When receiving support for an urgent care need, which of the following, if any, would be important to you? (N=525)



Respondents could give more than one answer

- How quickly they are seen is important to nearly three quarters (73.1%) of respondents. Of these 56.1% were under 45, with 16.9% under 25. 69.7% were female, 86.3% were white and 83.8% heterosexual. Of the twenty respondents who were pregnant, 95% picked this option as important.
- 62.7% would like to be seen face-to-face and respondents indicating this were more likely to be female (71.2%), white (89.8%) or heterosexual (86.5%). 15.2% were over 65.
- Having diagnostic or testing facilities on site is important to 49.0% of respondents who are more likely to be female (73.0%), white (88.3%) or heterosexual (83.7%). 41.5% had a disability, long-term illness or health condition, and 52.1% were carers.
- Other responses (eight) requested being seen by the right healthcare professional, and for British Sign Language users to be able to communicate with staff.

Any other comments

Respondents were finally asked if there was anything else they would like to tell us about services to support urgent care needs in Newcastle. The following themes were identified:

Other comments	No. of respondents	% of respondents
More resources	37	26.6
Appreciate NHS/good experience	31	22.3
Patients struggle to get GP appointments	30	21.6
Need improved waiting times	19	13.7
Need more patient education about services	14	10.1
Keep Westgate Road open	9	6.5
Need longer opening times	6	4.3
Need better parking facilities	3	2.2
Need interpreting services	3	2.2
Services need to be accessible by public transport	3	2.2
Need improved waiting rooms	2	1.4
Need more information when in waiting room	2	1.4
Other*	2	1.4

No. of respondents – 139
Respondents could give more than one answer

- Over one quarter of respondents (26.6%) felt that there was a need for either more urgent care services, or more staff working within current services. 56.8% were carers.
- 22.3% commented positively about urgent care services they had used, particularly the staff, and the NHS in general. 51.6% were aged over 45.
- 21.6% highlighted difficulties in getting GP appointments.
- 13.7% called for a reduction in waiting times within urgent care services.
- One in ten respondents (10.1%) requested more information about urgent care services that are available and when to use them.
- The remaining comments related to the accessibility of services and in particular the need for a service in the West of the city, services in locations accessible by public transport, longer opening times, access to interpreters (BSL and other languages), and improved parking facilities.

"The services are good, but they are not easy to get to by public transport. When you are picking suitable locations you should try harder to locate them near a metro station or a transport interchange."

Phase 1: Listening exercise Focus group findings

This section summarises the findings from 62 people who took part in a focus group. The groups were self-selecting, but targeted invites were sent to groups identified through the Equality Impact Assessment. This Assessment identified several characteristic groups as being disadvantaged in accessing services, including those in deprived socio-economic groups in neighbouring communities to UTCs, those with long-term conditions, those with substance misuse issues, and veterans. Through our targeted recruitment, we were able to include feedback from several of these identified groups. The following organisations chose to participate:

- ACANE (African Community Advice North East Group) (African Refugee and Asylum Seeker Support)
- Anxious Minds (Mental Health Support)
- Deaflink (D/deaf Support)
- First Step (Migrant Women Support)
- Healthworks Newcastle (Community Health Support)
- Oaktrees Newcastle – Changing Lives (Community Rehabilitation Support)
- Tyne Housing Association (Support for Homeless and Vulnerable People)
- Tyneside Women's Health (Women's Mental Health Support)

Please see Appendix 7 for a full profile of participants. Of those participants who provided demographic information:

- The majority of people (67.9%) lived in Newcastle.
- The largest group of participants live in NE6 (45.5%) followed by 15.2% in NE4.
- 55.9% were female and everyone's gender identity matched their sex as registered at birth.
- The most common age range was 35 to 44 years old (41.2%) followed by 45 to 54, and 55 to 64, both at 17.6%.
- 52.9% described their ethnicity as White and 20.6% as Black or Black British.
- 45.5% were Christian, 27.3% had no religion, and 21.2% were Muslim.
- 84.8% described themselves as heterosexual.
- 5.9% of participants were pregnant or had been in the last year.
- 47.1% of people were single and 29.4% were married.
- 29.0% of people had caring responsibilities, all of which were for a child or children between 2 and 18 years.
- 42.4% indicated that they had a disability, long-term illness or health condition.
- No focus group participants were currently serving, or had previously served, in the armed forces.

Key themes

Understanding of urgent care services

- There was a lot of variation in participants' understanding of urgent care with some citing "serious medical conditions such as a heart attack" or another illness or injury that "requires immediate medical attention" whilst others considered that urgent care could be

"if I am unwell and can't see my GP". Several groups also identified mental health conditions as urgent care such as a "mental breakdown, needing crisis support" or persistent anxiety. Some groups could not identify a difference between the terms "urgent" and "emergency" care.

Experiences of using a UTC or the RVI (ED or MIU)

- All groups had participants who had visited an urgent care service within the last 12 months. Upon describing their experiences, they highlighted issues with the length of time they had to wait to be seen, the quality of the waiting areas, the expectation of seeing a doctor rather than a nurse, and difficulties in getting same day GP appointments.

Priorities when using urgent care

- The location of the service and how easy it was to access by public transport were important to participants when using urgent care services. They valued being seen face-to-face, having access to diagnostic or testing facilities, and healthcare professionals who could treat people presenting with mental health conditions. Other priorities noted were confidence in the staff treating them, improved waiting areas, and the sharing of patient information between agencies.
- When asked how urgent care could look in an ideal world, the majority of groups requested more services, improved accessibility in terms of access to interpreters, shorter waiting times, and greater availability of GP appointments (to prevent the need for use of other services and to identify health problems before they escalate), particularly outside normal working hours. Two groups also requested access to mental health support in UTCs. Other comments included the possibility of a single point of access for patients to avoid confusion and redirection, greater patient awareness of services to use, improved waiting time information, and greater joined up working between services.

Actions when patients have an urgent care need

- All focus groups identified attending the ED, whilst NHS 111 and 999 and UTCs were mentioned by most groups. GP services, pharmacies and online NHS support was mentioned by a smaller number of participants.
- Speaking with family and friends was mentioned by two groups whilst another highlighted a number of non-urgent care services such as crisis teams, Samaritans, accommodation support teams and the police.

Feelings around redirection to other more appropriate urgent care services

- Feelings were mixed around redirection although generally participants were happy if it meant getting seen sooner or getting more specialist support. However, there were concerns around further waiting times, and a belief from some that 'walk-in' suggests you can walk-in and get treated for anything.

Accessibility

- A need for a more "Deaf Friendly" service was highlighted which included improved access to British Sign Language (BSL) interpreters, addressing issues with technology designed to support D/deaf patients, deaf awareness training for staff, and practical adjustments such as clear masks to allow lip reading.
- Greater digital accessibility was highlighted by two groups who cautioned that some people do not have access to the internet, and in some cases a telephone.

Other comments

- There was an appreciation of the NHS in general and NHS staff who were felt to be under pressure due to understaffing and poor pay.

Summary of focus group findings

What do you think an urgent care need is?

There was a general view across the focus groups that the definition of an urgent care need can be subjective and could vary based on who defines it, be that the person seeking care or the healthcare provider. The definitions varied from:

Definition	Groups identifying service
"Serious medical conditions such as a heart attack."	Oaktrees
"If I am unwell and can't see my GP."	Tyneside Women's Health
"When non-medical professionals tell me I need it."	Tyne Housing Association
"Anything threatening/a risk to life."	Healthworks Newcastle
"When a person takes ill or is injured and requires immediate medical attention."	Anxious Minds

Participants from Oaktrees, Tyne Housing Association and Tyneside Women's Health groups also identified mental health difficulties as an urgent care need.

> **"Mental breakdown, needing crisis support."**
>
> (Oaktrees group feedback)

> **"When I am anxious about a health issue, either mental health or physical health that couldn't be easily resolved myself."**
>
> (Tyneside Women's Health group feedback)

Even after the definition was read to participants, there was still some confusion about the difference between urgent and emergency care. Participants from the Oaktrees group felt that the definition of "urgent" did not describe what the service was.

> **"So urgent care is not emergency? I thought urgent care was an emergency."**
>
> (ACANE group feedback)

> **"It's like the GP but you don't need appointments."**
>
> (First Step group feedback)

If you had an urgent care need, what would you do?

NHS service identified	Groups identifying service
ED	Anxious Minds, Tyneside Women's Health, Tyne Housing Association, Oaktrees, Healthworks Newcastle, First Step, ACANE, Deaflink

NHS 111 and 999	Tyneside Women's Health, Tyne Housing Association, Oaktrees, Healthworks Newcastle, First Step, Deaflink
UTC	ACANE, First Step, Healthworks Newcastle, Oaktrees, Tyneside Women's Health, Deaflink
GP	First Step, Healthworks Newcastle, Oaktrees, Deaflink
Pharmacy	First Step, Oaktrees, Healthworks Newcastle, Tyneside Women's Health
Online services	First Step, Healthworks Newcastle

Go to the ED
The Anxious Minds group felt that their GP would direct them to the ED anyway so rather than waiting two weeks for an appointment, they would just go straight to ED. Tyneside Women's Health participants also felt that NHS 111 would direct them to the ED so would use the ED service first when Urgent Treatment Centres are closed, even though they would prefer to avoid the long waiting times. Deaflink participants said that they would go direct to the ED as they could not phone for assistance.

Contact an NHS telephone service
All groups said that they would contact telephone services such as NHS 111 or 999 if they had an urgent care need with the exception of Anxious Minds and ACANE who felt that telephone services would be inadequate in an urgent situation. Tyneside Women's Health did raise concerns about ringing NHS 111 during the night and felt that call operators were not medical professionals.

Speak to friends and family
The ACANE group were more likely to check with friends and family or use Google before deciding whether to use a service such as Urgent Treatment Centres, preferring the wait time and reassurance that you would be seen compared to making an appointment with a GP and waiting two weeks to be seen. The Deaflink group would also get help from their friends and family to aid communication between themselves and healthcare services.

UTCs
Tyneside Women's Health in particular were not aware that Walk-in Centres are now called Urgent Treatment Centres, suggesting that there needs to be further communication around this.

Online services
Healthworks Newcastle and First Step groups mentioned NHS online services but highlighted a need for training to use this.

Other services
Tyne Housing Association responses also identified services such as the Crisis team, Samaritans, out of hours accommodation support team, a mental health app called Shout and seeking voluntary arrest from the Police.

Deaflink mentioned services designed to support the D/deaf community – Sign Video and Relay UK who could contact urgent care services on their behalf. However, issues were identified with these services including miscommunication and technical difficulties.

Have you visited any of these places with an urgent care need in the last 12 months?

Responses from all groups indicated that participants had visited an urgent care service in the last 12 months. Their experience was impacted by the length of time spent waiting to be seen and the lack of comfort in the waiting rooms.

> **"Waiting time was excessive and the waiting rooms were uncomfortable and overcrowded with no seating available."**
>
> (Oaktrees group feedback)

Responses from ACANE group participants suggest that there is a hierarchy of confidence in the medical professional's ability to provide appropriate care, with doctors seen at the very top. The ability of nurses to diagnose, treat or refer to a doctor if needed was queried.

> **"It is bad though if you wait many hours just to see a nurse – want to see a doctor."**
>
> **"People might not go to urgent care if they want to see a doctor and think they will only see a nurse."**
>
> (ACANE group feedback)

Tyneside Women's Health and ACANE participants also reported difficulties in getting GP appointments resulting in them using the ED.

> **"I went when I had an ear problem and couldn't get an appointment at my GP…The doctor there said I should have seen my GP much sooner but I couldn't get an appointment."**
>
> (Tyneside Women's Health group feedback)

If you had an urgent care need, what would be important to you to get the care you need?

The following issues would be important for the groups in getting the care that they need.

- Location or ease of accessibility from home to the service by public transport:

> **"Close to transport (bus or metro)- easily accessible by public transport."**
>
> (ACANE group feedback)

- Face-to-face care and support rather than virtual/telehealth care:

> **"It's got a big impact on the process of healing. If a person says, I haven't been seen, I've just been on the phone, it's going to negatively impact their treatment. But when they've been seen by health care at least there is relief. Your worries are kind of lower than what it was."**
>
> (ACANE group feedback)

- The range of diagnosis and treatment services available in the same venue:

> **"The equipment, if a place has equipment to treat case or not, or for treatment and diagnosis."**
>
> (First Step group feedback)

"There are no mental health practitioners at urgent care centres and it would be good to have some mental health support workers there too."

(Tyneside Women's Health group feedback)

- Which healthcare professional you received care from:

"Having someone who is knowledgeable in diagnosis, who listens to you. You're unsure if you're actually getting a professional. Confidence in feeling like you're being taken care of. Trust in the doctor and building up that relationship by seeing the same person."

(Healthworks Newcastle group feedback)

- Waiting areas:

"…better waiting areas – enough seating, more comfy, accessibility to refreshments, even basic ones such as water. More leniency for car parking… in some cases help with transport."

(Oaktrees group feedback)

- Continuity of care and sharing of information across organisations:

"Agencies working together. Better information sharing between different organisations."

(Tyne Housing Association group feedback)

- Communication access for the D/deaf community and BSL users:

"Face to face interpreter; staff having training in Deaf Awareness; staff wearing clear masks as mask-wearing makes it impossible to lip-read."

(Deaflink group feedback)

How would you feel if you were redirected to a more appropriate urgent care service for your needs?

Participants reported they would have mixed feelings if they were redirected to a more appropriate care service for their needs. Generally, participants were happy if it meant they would get attended to sooner or if they were referred on to more specialist services to get appropriate care. There were concerns about further waiting times at the next service and travelling to get there.

"Our experience is when an individual doesn't know which service can help them, they simply go to those that are the easiest, most well-known, such as the ED and the Police so that they will be redirected."

(Tyne Housing Association group feedback)

"Being redirected would feel as though I'm getting somewhere. Going to a more specialist place. Better to be redirected than told to wait/ring back tomorrow."

(Healthworks Newcastle group feedback)

“Walk-in centre makes it feel like you can walk in and get treatment for anything.”

(First Step group feedback)

“Sometimes we might think it’s urgent but it’s not. Or when they meet you, they say it’s not urgent, you have to go to a certain place, you may feel that they didn’t take care of you but they know. They know which is the best for you.”

(ACANE group feedback)

“I would have anxiety, worried I could not find the right place and cannot ask for help or directions.”

“Would need friends or family to support me to go to a different place.”

(Deaflink group feedback)

In an ideal world, how could urgent care services look in Newcastle?

ACANE, Anxious Minds, First Step, Oaktrees and Tyneside Women’s Health groups felt there should be more centres, improved accessibility and shorter waiting times. Additionally, these groups felt there should be more GP services available outside of normal working hours to meet the health needs and reduce the burden on Urgent Treatment Centres.

“We need interpreters at walk-ins.”

“The problem here… have to ring at 8 and can’t get appointment so the patient goes to walk-in.”

(First Step group feedback)

“Have minimal waiting times for treatments (a maximum of 1 hour).”

“Have two of them open 24 hours, one in the East End and one in the West End of Newcastle.”

(Oaktrees group feedback)

The Tyneside Women’s Health group voiced concerns about elderly people having to pay for taxis to get to the centres and suggested that there was a need for other professionals to “help with money”. The Healthworks Newcastle and Tyneside Women’s Health groups also suggested access to mental health support and care in the Urgent Treatment Centres.

“Walk-in centres won’t address mental health issues at all, only physical health but I also need mental health support and the crisis team don’t come out.”

(Tyneside Women’s Health group feedback)

The Tyneside Women’s Health group also noted a need for alternative forms of access to the services other than online or telephone services to support those who are unable to engage with these methods. However, there were also some comments about having a ‘one door access’ to all urgent care services to avoid confusion with the options and being passed around from service to service.

"10 years ago going to the chemist for help wasn't a thing, sometimes I don't know what to do. Should I be trying to get a GP appointment, ringing 111, going to the walk-in, or just asking the pharmacist? Once, I did ask the pharmacist and she told me to just make an appointment with my GP. It's confusing, there are too many options."

(Tyneside Women's Health group feedback)

The First Step and Tyneside Women's Health groups commented about self-advocacy and the importance of being able to report on their own medical history, and being taken seriously when asking for the care that they needed.

"The priority should be given to the health issue regardless of anything else, older people get ignored and forgotten about."

"The people who shout the loudest get the help and this isn't right."

(Tyneside Women's Health group feedback)

The First Step group suggested that there is a need to promote awareness about Urgent Treatment Centres and the right services to use. The Healthworks Newcastle group suggested using a ticket system with priority depending on severity, allowing people to know their position in the queue and giving time to access refreshments in the cafeteria.

The Deaflink group suggested changes to enable full communication access for the D/deaf community. These included improving access to interpreters and ensuring alerts are on medical records so staff are aware when someone is D/deaf and can respond appropriately through their communication style and ensuring interpretation services are available.

"Interpreter automatically booked for appointments instead of having to request an interpreter every time and worry you might turn up to the appointment without communication support."

(Deaflink group feedback)

Interpretation services are also available through Video Relay Interpreting (VRI), however the group also raised issues with this service such as equipment being unavailable, staff being unaware of how to access the system, and VRI not being suitable for people with sight problems.

Deaflink suggested additional ways for services to become "Deaf Friendly" through providing staff full Deaf Awareness training, staff being able to sign, a display showing names rather than them being called out, and integration of a text system.

Is there anything else you would like to share around urgent care services in Newcastle?

When asked about anything else they would like to share around urgent care services in Newcastle, participants felt that if staff were paid fairly and not understaffed, they would not feel as pressured. The Anxious Minds and Tyneside Women's Health groups noted an appreciation for the free healthcare service received in the UK and the standard of care received from urgent care staff.

"Too much money is wasted and not spent on frontline services."

(Tyneside Women's Health group feedback)

There were conflicting views about the role of GPs, with some groups suggesting GPs should be the first stop before urgent care, highlighting a need to focus on prevention and other groups commenting on the limited capacity of GPs.

> **"It feels as though in the UK the health system is very good at dealing with things when they get very bad. They're very bad at telling that something is very serious when the condition hasn't gotten worse yet. It's only until it's got bad that they start getting appointments and doctors can see you. But when it's early days and you have something serious, you're complaining about pain they don't take you seriously."**
>
> (ACANE group feedback)

> **"GPs should do more to prevent things [health conditions] getting worse and this would take the strain off the ED and urgent care centres."**
>
> (Tyneside Women's Health group feedback)

> **"There is so much pressure on GPs - doctors are human beings!"**
>
> (First Step group feedback)

The Healthworks Newcastle, Tyne Housing Association and Tyneside Women's Health groups commented about a breakdown in communication between services and lack of follow up from appointments.

The ACANE group commented on the diversity of Newcastle and noted more of a widespread need for people outside of the RVI who are knowledgeable on more diseases giving the example of a tropical disease such as malaria.

The Healthworks Newcastle group suggested the need to focus on wider issues. They gave the example of the impact of the cost-of-living crisis, specifically that when people are unable to keep their homes warm, they can get sick and end up in hospital. They noted a need for education on what resources are available and affordable for people, giving the example of financial support for health issues, and cheaper fruits and vegetables.

Similar to the Tyneside Women's Health group, the Tyne Housing Association group acknowledged that those most in need of support, but unable to use the internet, apps and other ICT processes, should not be forgotten. They, however, found it difficult to see how a one size fits all approach could work.

Phase 1: Listening exercise Staff survey findings

This section summarises the findings from 54 NHS staff – healthcare professionals (HCP) and administrative staff - who completed an online questionnaire.

Key themes

Understanding of urgent care and GP-led services

- There is consistency amongst staff of the role of urgent care services and what they should cover. Acute illnesses or injuries that require prompt attention and minor illness and injuries were highlighted most frequently. A minority of respondents however felt that urgent care services cover emergency and hospital care.
- There is less consensus around how GP-led urgent care services work. Over one third of respondents understood the supervisory/supporting role of the GP. There was also a belief from some that patients are triaged by GPs and that they can have a GP appointment if deemed appropriate after triage by another healthcare professional. It was also described by some as a GP out-of-hours service.

Most important aspects of urgent care

- Staff felt that having an urgent care service which is accessible to all was most important and that patients are seen in a timely manner by adequately staffed workers who are appropriately supported. They also felt that improving patient awareness and understanding of urgent care services was important.
- Considering how urgent care services would work in an ideal world they put forward a wide range of suggestions around system-wide and service specific changes. Across the system there were operational, integration, staffing and facility suggestions as well as greater patient understanding of services. In UTCs more bookable appointments and greater capacity was mentioned, and in GP practices more same day appointments.

What is working well in urgent care?

- Considering the current operation of urgent care services in Newcastle respondents described an accessible service where patients are seen quickly and receive quality care. Its role in taking pressure off other services was also highlighted by some.
- In UTCs, being able to offer out of hours care and access to diagnostics and in particular X-ray facilities were highlighted.

Where could improvements be made?

- There is a need for patient education around when to use which service and more joined up working between urgent care services.
- In UTCs there is a need for more staff and diagnostic (X-ray in particular) equipment in all settings.
- In GP practices, several respondents suggested a need for additional same day appointments.

Support to help staff to redirect patients

- Over one third of respondents found it difficult to redirect patients to other more appropriate services and a lack of capacity in the system was cited as the main reason

for this. Patients stated that they were unable to get a GP appointment and staff described a lack of pharmacy and UTC appointments. No direct communication lines between services make arranging appointments difficult as does patients' lack of understanding of the role of each service and their expectation around being seen and treated.

- Staff requested a joined up online referral system to enable them to quickly book onward appointments to the services they were redirecting patients to. They also wanted direct communication lines between services. They requested greater communication with patients so that they understand what each service is for and how and when to use them. Within the GP practice setting there was a request for more same day appointments being made available.

Summary of staff survey findings

Respondents worked in the following job roles and locations:

Job role	No. of respondents	% of respondents
GP	19	35.2%
Nurse Practitioner	11	20.4%
Other	10	18.5%
Administrative	9	16.7%
Clinical Pharmacist	4	7.4%
Practice Nurse	1	1.9%
Total	54	100.0%

Other job roles:

- Consultant 3
- Pharmacist 2
- Radiographer 2
- Healthcare Assistant 2
- Information Technology 1

Location	No. of respondents	% of respondents
UTC in Newcastle	27	50.0
GP Practice based in Newcastle	13	24.1
Other	9	16.7
RVI Emergency Department	8	14.8
Pharmacy based in Newcastle	6	11.1
Another department of the RVI	2	3.7
RVI Minor Injuries Unit	2	3.7
RVI Paediatric Emergency Department	1	1.9

No. of respondents – 54
Respondents could give more than one answer

Other locations:

- GP out of hours 4
- Emergency theatre 1
- GP Practice Gateshead 1

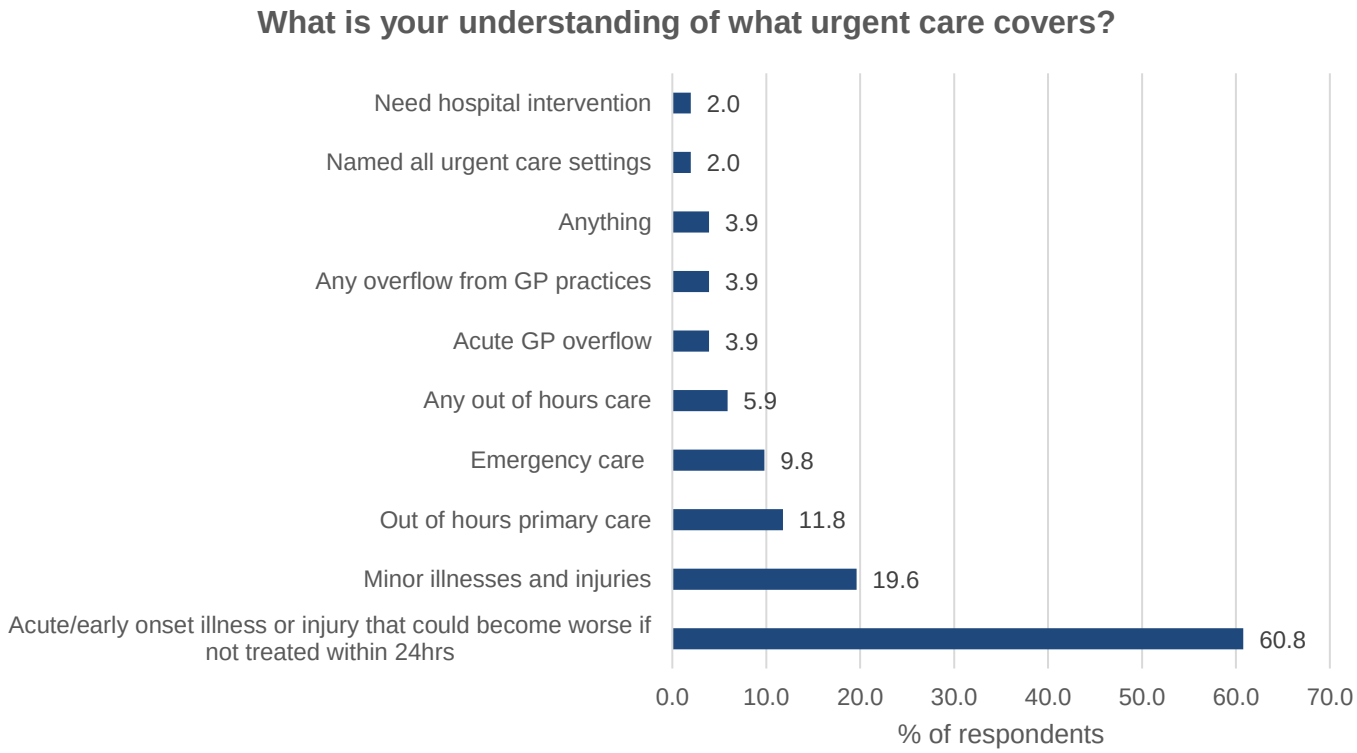
- NHS 111 1
- RVI Eye emergency department 1

Experience of current urgent care services systemwide in Newcastle

Respondents were asked to consider how urgent care services currently operate and offer suggestions for improvements to the system.

What is your understanding of what urgent care covers? (N=51)

Respondents were asked to tell us their understanding of urgent care. As they could give more than one aspect of urgent care, the sum of percentages exceeds 100%.

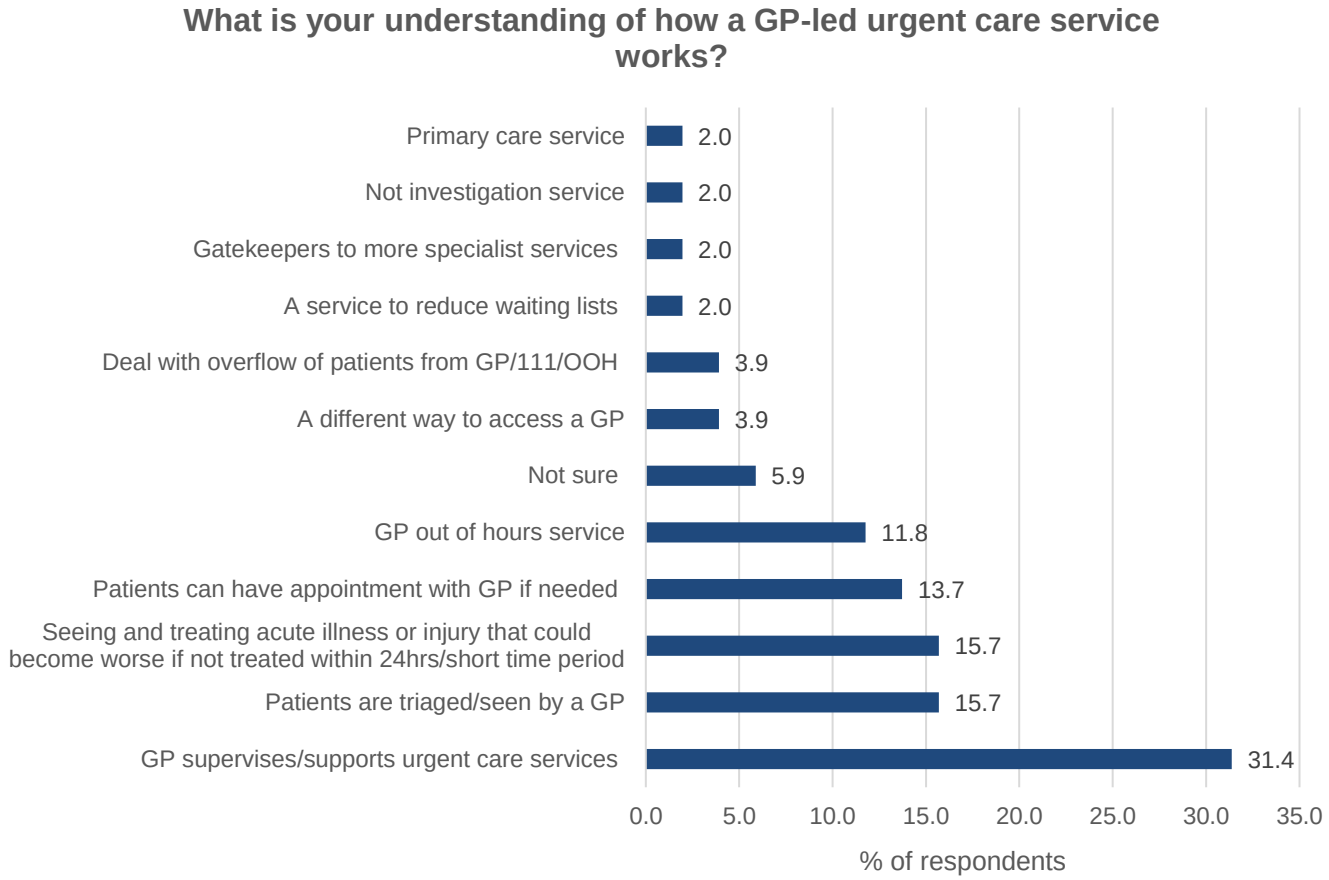


Respondents could give more than one answer

- 60.8% of respondents understood urgent care to cover acute or early onset illnesses or injuries which require examination and/or treatment within approximately 24 hours, without which the condition could deteriorate.
- 19.6% of respondents thought that it covered minor illnesses and injuries.
- 9.8% of staff said that it was for emergency care and one respondent thought that it covered things you would need a hospital intervention for.
- Two UTC workers described how the centres have to book in all presentations regardless of their conditions and are only able to redirect after triage.

What is your understanding of how a GP-led urgent care service works? (N=51)

Respondents were asked to tell us their understanding of how a GP-led urgent care service works. As they could give more than one answer the sum of percentages exceeds 100%.



Respondents could give more than one answer

- In terms of their understanding of how GP-led services work, the largest number of responses (16, 31.4%) related to a GP supervising or supporting urgent care services.
- 15.7% described it as services where patients are triaged and/or seen by a GP whilst 13.7% pointed to the availability of a GP consultation if necessary.
- 11.8% described it as a GP out-of-hours service.

What do you think works well about urgent care services?

Respondents were asked to tell us what works well about urgent care services. As they could mention more than one aspect, the sum of percentages exceeds 100%.

They highlighted positive aspects of urgent care services that were attributable to the whole system, and to specific services.

What do you think works well about urgent care services?	No. of respondents	Percentage of respondents (%)
System-wide comments – 50		
Patients seen quickly/same day	14	28.0
Provide quality care	8	16.0

Provide accessible service to patients	6	12.0
Take pressure off other services	6	12.0
Staff attitude/work ethic	3	6.00
Treat acute illness or injury that could become worse if not treated within 24hrs/short time period	3	6.00
The triage process	2	4.00
Joined up services/access to patient records	2	4.00
Ambulatory care	1	2.00
Being fully staffed	1	2.00
Provide medical advice	2	2.00
Provide a face-to-face service	1	2.00
GP-led services	1	2.00
UTCs specific comments - 14		
See people outside of GP opening hours	5	10.0
Access to X-ray facilities	4	6.0
Has a multidisciplinary team	3	6.0
Has pre-booked appointments available	1	2.0
GP-led set up	1	2.0
GP Out of hours service specific comments - 3		
Cars and drivers provided for GPs and deliveries	1	2.0
GP home visiting	1	2.0
GP triage	1	2.0
Pharmacy services specific comments - 3		
Can refer to telephone triage	1	2.0
Offer walk-in consultations	1	2.0
Provide urinary tract infection medication	1	2.0
Nothing	2	4.0

No. of respondents – 50
Respondents could give more than one answer

- Patients being seen in a timely fashion, on the day was highlighted by 28.0% of respondents.
- Providing quality care (16.0%) and a service which is easy to access (12.0%) were also mentioned.
- One-in-ten respondents felt that urgent care services were able to take the pressure off other services.
- In terms of UTCs, being able to see patients outside of GP practice hours was seen to work well, as was access to X-ray facilities (Ponteland Road UTC and MIU).

What do you think could be better about urgent care services, and why? (N=49)

Respondents were asked what they thought could be better about urgent care services. As they could make more than one suggestion the sum of percentages exceeds 100%.

Again, respondents highlighted things that could be better about urgent care services that were attributable to the whole system, and to specific services. The largest number of comments related to UTCs.

What do you think could be better about urgent care services?	No. of respondents	Percentage of respondents (%)
System-wide suggestions - 24		
Better patient education around when to use which service	9	18.4
Joined up working between services	4	8.2
Centralisation of services	1	2.0
HCP ordering tests should follow-up with patients, not GP	1	2.0
Money to follow patient when treating out-of-area patients	1	2.0
More staff needed	1	2.0
Need a rapid access care of elderly service	1	2.0
Online information board for wait times etc	1	2.0
Only see urgent care cases	1	2.0
Triage staff should be able to redirect	1	2.0
Urgent referrals should be possible without GP	1	2.0
Video urgent care service	1	2.0
Staff working conditions	1	2.0
UTC suggestions – 32		
More staff needed	11	22.4
Ability to do more investigations/investment in equipment	4	8.2
More joined up working between UTCs and GPs	3	6.1
Bigger reception and waiting areas	2	4.1
Longer opening times	2	4.1
More appointments available	2	4.1
No restrictions on who can be treated	2	4.1
Westgate Road UTC should reopen	2	4.1
Have more than one GP working	1	2.0
More joined up working between UTCs and NHS 111	1	2.0
Should triage all walk-in patients	1	2.0
Should not be able to close when appointments are full and refer back to GP	1	2.0
GP practice suggestions – 8		
Availability of GP practice same day appointments	4	8.2
GP Practice longer opening hours	2	4.1
GP-led services should be managed by primary care	1	2.0
GP practices should only deal with non-urgent cases	1	2.0
NHS 111 suggestions – 3		
Better co-ordination between NHS 111 and OOH GP	1	2.0
Patient information provided by NHS 111	1	2.0
Whole NHS 111 service	1	2.0
GP Out of hours suggestions – 1		
Reduce waiting times for OOH GP call-back	1	2.0
Minor Injuries Unit suggestions – 1		
Triage at first point of contact and redirect as necessary	1	2.0
Pharmacies suggestions - 1		
Better understanding of scope of urgent pharmacy services	1	2.0

Respondents could give more than one answer

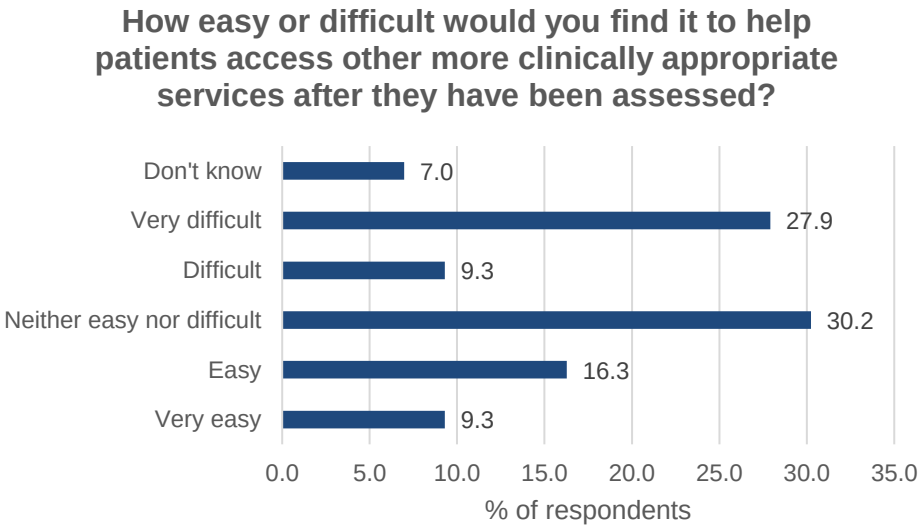
- Respondents felt that patient education around the services available, and how and when to use them, would help urgent care services (18.4%).
- There was also a call for better joined up working between urgent care services (8.2%) with the centralisation of services and a real-time, online information dashboard covering wait times and capacity also suggested.
- In terms of UTCs, it was felt that they would benefit from an increase in staff numbers (22.4%) in particular.
- Giving UTCs the facilities/equipment to be able to do more investigative work was also mentioned (8.2%) as was having better joined up working with GP practices and NHS 111.
- For GP practices, there was a call for improved availability of same day appointments (8.2%).

"I think it is very confusing for patients - they find it difficult to know which service is most appropriate to access."

Redirecting patients to other services

Respondents were asked about their experience of redirecting patients to other more appropriate services for their presentation, and what could support them in this respect.

How easy or difficult would you find it to help patients access other more clinically appropriate services after they have been assessed? (N=43)



- One quarter of respondents found it very easy or easy (25.6%), just under one third (30.2%) found it neither easy nor difficult, whilst 37.2% considered it difficult or very difficult.

They cited the following difficulties when considering redirecting patients:

Reasons for difficulties (N=23)	No. of respondents	% of respondents
Lack of capacity in the system to redirect to	13	56.5
Takes too long to get through to services to arrange appointments/referrals	5	21.7

Need better patient education around when to use which service/expectations	4	17.4
Need up to date information on all urgent care services and what they offer - lots of inconsistencies	3	13.0
Depends on service you are redirecting to	2	8.7
Depends on timing of redirection	1	4.3
Location of services makes referral difficult	1	4.3

Respondents could give more than one answer

- The lack of capacity in the system when redirecting people was the main concern (56.5%) with staff highlighting difficulties with accessing GP, pharmacy, and UTC appointments.
- When trying to arrange appointments at services they are redirecting to, respondents reported a lack of direct communication lines with services, resulting in wasted time.
- There was also a request for better patient awareness of when to use which service and their expectations around being seen (17.4%).

Is there anything more that could be done to support you with this? (N=38)

Respondents were asked whether there was anything more that could be done to support them with redirecting patients to other services. As they could give more than one suggestion, the sum of percentages exceeds 100%.

They gave the following suggestions, again identifying both system-wide and service specific suggestions.

Is there anything more that could be done to support you with this?	No. of respondents	Percentage of respondents (%)
System-wide comments - 30		
Need joined up e-referral system to be able to book appointments (GP/dentistry/pharmacy) for patients elsewhere	8	21.1
Need greater patient awareness of what services to use and when	7	18.4
Need direct communication lines between services	6	15.8
More support for staff to redirect	3	7.9
Increase staffing levels	2	5.3
Redirect at time of triage	2	5.3
Need access to the Urgent and emergency care Directory of Service	1	2.6
Joint training for urgent care staff	1	2.6
GP practice suggestions - 10		
More same day appointments available in GP practices	7	18.4
GP practices need to clinically triage ahead of booking same day appointments	2	5.3
GP practices setting aside a number of appointments for UTC referrals	1	2.6
UTC/MIU suggestions – 4		
Paediatric urgent care specialists in MIU/UTC	2	5.3
Co-locate UTCs in ED/MIU	1	2.6

More flexible access to GP extended access ledger	1	2.6
NHS 111 suggestions – 1		
Better NHS 111 triage	1	2.6
More GPs	1	3.7

Respondents could give more than one answer

- Respondents felt that having a joined-up e-referral system to be able to book appointments for patients elsewhere would help them when redirecting patients (21.1%).
- Improving patient awareness of what services to use and when was also suggested (18.4%).
- Having a system of direct communication lines between urgent care and other services frequently redirected to would also be helpful (15.8%).
- In terms of GP practices, 18.4% of respondents highlighted a need for more same day appointment availability in GP practices.
- In UTCs/MIU an on-site Paediatric urgent care specialist was suggested (5.3%).

"eReferral service to be used by urgent care practitioners where an appointment can be directly made and the patient being sent away with."

Future urgent care services

In an ideal world, how would urgent care services in Newcastle work? (N=47)

Respondents were asked to consider what urgent care services could look like in an ideal world and what they consider is most important when thinking about urgent care services in Newcastle. As they could give more than one suggestion, the sum of percentages exceeds 100%.

In an ideal world, how would urgent care services in Newcastle work?	No. of respondents	Percentage of respondents (%)
System-wide comments - 60		
Operation		
Services would be open through the night	3	6.4
GPs would be in all services	2	4.3
Services would have more capacity	2	4.3
Urgent care staff would be able to order investigations/refer to 2 week wait etc. not bounce patients back to their GP	2	4.3
Patients would be triaged upon presentation	1	2.1
There would be specialist HCPs in urgent care settings	1	2.1
There would be a real-time online urgent care system to signpost patients to services with capacity	1	2.1
Hospital Trust would have a GP department	1	2.1
Urgent care service which first sees patient takes responsibility for patient's follow-up care and not bounce back to GP practice	1	2.1
Would operate like the emergency department	1	2.1
Patients		
There would be appropriate use of services	4	8.5

There would be greater patient awareness of what services to use and when	3	6.4
Care would be timely	2	4.3
Only patients with an urgent care need would be treated	2	4.3
Integration		
Joined up working across all services	3	6.4
HCP would have direct communication lines with other professionals/services	2	4.3
Central telephone triage for all patients, then directed to appropriate care	1	2.1
Full patient records available to all urgent care services	1	2.1
Staffing		
There would be better conditions/more progression for staff	1	2.1
There would be protected administration time	1	2.1
Staff would feel empowered to redirect	1	2.1
Facilities		
Bigger spaces	1	2.1
Locality based services	1	2.1
UTCs suggestions – 11		
More bookable appointments	5	10.6
More capacity	4	8.5
Updated equipment	1	2.1
Longer opening times	1	2.1
GP practice suggestions - 9		
More same day appointments available in GP practices	4	8.5
GP practices would be for non-urgent care	2	4.3
GP practices longer opening times	1	2.1
GP practices have own OOH service for their patients	1	2.1
GP staff educated on appropriate use of UTCs	1	2.1
Pharmacies suggestions - 3		
It would be easy for community pharmacy to make referrals	1	2.1
Pharmacies under less pressure	1	2.1
Pharmacy to provide more treatments	1	2.1
Ophthalmology suggestions - 1		
Out-of-hours opticians should be available	1	2.1

Respondents could give more than one answer

- System-wide comments were most prevalent with operational changes such as services opening through the night (6.4%) and GPs operating in all urgent care services (4.3%) mentioned amongst other suggestions. Patient-related ideals were around the appropriate use of services (8.5%) and education to facilitate this (6.4%). Integration suggestions included greater joined up working (6.4%) and direct lines of communication between services (4.3%).
- In terms of UTCs, in an ideal world there would be more bookable appointments (10.6%) and more general capacity (8.5%).
- In GP practices there would be more same day appointments available (8.5%).

"A network of urgent care locations all linked up electronically to guide patients to the one with the most capacity at a certain day / time."

What do you consider is most important when thinking about urgent care services in Newcastle and why? (N=46)

Respondents were asked to consider what is most important when thinking about urgent care services in Newcastle. As they could give more than one answer, the sum of percentages exceeds 100%.

Most important aspect of urgent care	No. of respondents	% of respondents
Services which are accessible to all patients	12	26.1
Adequate staff levels	9	19.6
Better patient education around how the system works/when to use which service/definition of urgent care	8	17.4
Improving staff support/retention	6	13.0
Patients are seen in timely manner	6	13.0
Good quality care	5	10.9
Fair distribution of services	4	8.7
Improving infrastructure e.g. buildings, IT, X-ray	3	6.5
Improving availability of GP appointments	2	4.3
All GPs should be part of a salaried service	1	2.2
Encourage out-of-area patients to use their local services	1	2.2
Funding	1	2.2
Have a rapid access care of the elderly service	1	2.2
Having joined up services	1	2.2
Making every consultation count - don't bounce back to GP	1	2.2
Management of capacity across services	1	2.2
The patients	1	2.2

Respondents could give more than one answer

- When asked to consider what was most important to them when thinking about urgent care services in Newcastle, services which are accessible to patients was mentioned most frequently (26.1%).
- Adequate staffing levels (19.6%) and improved staff support and retention (13.0%) were also highlighted.
- Improved patient education around how the system works, when to use which service, and what ‘urgent’ actually means in clinical terms was also felt to be important (17.4%).

Phase 2: Further listening Focus group findings

This section summarises the findings from 42 people who took part in a sense checking focus group as part of the further listening phase. Targeted recruitment for the sense checking focus groups was based on analysis of the demographic data of respondents so far and comparison with census data. Through this we were able to identify characteristic groups who were under-represented, including older people, males, and people identifying their religion as Islam and Sikhism, and were able to include people with these characteristics in the groups. Groups were self-selecting, and the following organisations chose to participate:

- Anxious Minds (Mental Health Support)
- British Bangladeshi Network (Community support organisation for Bangladeshi and British Bangladeshi people)
- Chilli Studios (Mental Health support)
- Elders Council Newcastle (Older People Support)
- First Step (Migrant Women Support)
- Search Newcastle (Older People support)

Please see Appendix 8 for a full profile of participants. Of those participants who provided demographic information:

- The majority of people (nineteen) said they live in Newcastle, followed by those who said that they both live and work in Newcastle (four people).
- The most common home postcode was NE4 (twelve people) followed by NE5 (three people), and NE15 (two people).
- Fourteen people were female and eleven people were male. Everyone's gender identity matched their sex as registered at birth.
- The most common age range was 65 to 74 years old (nine people) followed by 35 to 44 (five people), and 55 to 64 (four people).
- Eleven people described their ethnicity as Asian/British Asian, ten people as White, one person as Other.
- Seven people were Muslim, six had no religion, four were Christian and two were Sikh.
- Two people described themselves as bisexual with the remaining fifteen people who chose to answer this question describing themselves as heterosexual.
- No one was pregnant or had been in the last year.
- Fourteen people were married, five people were single, four people were widowed, with one person cohabiting and one person divorced.
- Eleven people had caring responsibilities. Five people were carers for a disabled or older adult, six were carers for a child or children.
- Eleven people had a disability, long-term illness or health condition. This was most commonly a long-standing illness or health condition (ten people) followed by a mental health difficulty (six people).
- One person had previously served in the UK Armed Forces, and one person was a member of a current or former serviceman/woman's family/household.

Key themes

Understanding urgent care

- To improve public understanding of urgent care, groups requested clear jargon-free information on what illnesses or injuries urgent care covers, services available and the difference between urgent and emergency care. This information should be spread widely across various media formats, and through direct community outreach with groups who may otherwise miss out on this information.
- Participants would be reluctant to access pharmacies or NHS 111 in place of UTC/RVI, although they thought pharmacies were appropriate for minor ailments. All groups would use GP appointments if more were available.

Attending without being directed

- Five groups cited being unable to get a GP appointment as a reason for walking in and waiting, but other reasons reflected participants' positive experiences and expectations of attending UTC/RVI (being seen face to face, in a timely manner, equipment on-site, better treatment, a safe environment).
- The groups felt that improvements across all services would be required to support people to feel they didn't need to walk-in and wait, such as more GP appointments, reduced waiting times and amendments to the triage system.

Waiting times

- Suggested appropriate waiting times ranged from 30 minutes to 2 hours.
- All groups felt that some people should be seen quicker than others and this should be determined through a triage assessing urgency of need.
- All groups would be fine if someone with a priority need took their appointment time, provided their own appointment was not cancelled.

Redirection

- Feelings were mixed around redirection and would depend on the timeliness of the redirection, clear reasoning for the redirection, and being seen or triaged first by what they deemed to be an appropriate professional. It was important that they did not feel "fobbed off" or that their own judgment of the urgency of their health need was disregarded.
- Improved communication between services, streamlining of urgent care services available, and providing accessible information on services and health conditions, were all cited as ways to both support people who are being redirected, and to help people use the most appropriate service first time.

Accessibility

- Three groups suggested language and literacy level barriers may prevent people from accessing all urgent care services, increasing health inequalities. Improved access to translators throughout the system was requested.

Mental Health

- Four groups suggested urgent care services should offer support or signposting for mental health issues and have an awareness of the impact that poor healthcare provision could have on mental health.

Summary of focus group findings

Understanding urgent care

In the initial focus groups, feedback was given that people were unsure about what urgent care meant, saying that the definition could be subjective. They also said they were often unsure of what service they should use when they were unwell or injured with an urgent care need.

When asked what could be done to help people understand more about urgent care needs and the different services to support them, the groups responded as below:

How to help people understand more	Groups suggesting this
Clarify "the ailments or illnesses that come under urgent care" to know "what can and can't be treated."	Chilli Studios, Elders Council, Search Newcastle
Campaigns about urgent care services on radio, television, social media.	Anxious Minds, Chilli Studios, Elders Council, First Step
Avoid use of jargon.	Anxious Minds
Define the difference between urgent care and emergency (ED) e.g., Emergency = life-threatening, not treatable by GP.	British Bangladeshi Network, Elders Council
GPs educating their patients on options available other than GP practices.	British Bangladeshi Network, First Step
Attempt to reach people who may not normally access this information – "school children, stay at home mums." Use of approaches through health visitors, workshops.	British Bangladeshi Network, First Step

Two groups working with older people (Elders Council, Search Newcastle) suggested that streamlining services was vital, resulting in fewer services with detailed information available about each of those services. Offering a centralised service or "primary care centre with clinical and non-clinical staff" was suggested. Elders Council also commented on terminology used, stating that the term "walk-in centre" was easier to understand in concept than UTC.

Two groups working with ethnically marginalised populations (British Bangladeshi Network, First Step) raised the importance of reaching out to communities to distribute information rather than expecting people to seek it out themselves.

Participants from the two groups which provide mental health support (Chilli Studios, Anxious Minds) also stated that they felt it was important to ensure mental health needs were included in urgent care provision. For Anxious Minds participants their personal experiences with urgent care needs were in relation to mental health crisis, and they therefore answered focus group questions with this in mind.

> **"Make sure mental health is down there, because it usually just gets left out and people don't really know where to go for help."**
>
> (Chilli Studios group feedback)

The groups were asked how they thought people might feel about accessing different services for an urgent care need – such as visiting a pharmacy or making an appointment with their GP. Groups shared their views in relation to pharmacy, GP practice, and NHS 111 services. Participants in three groups shared that current perception of pharmacy services and what their limitations are may impact people's feelings on accessing them in place of UTC/RVI MIU or ED.

"When it comes to pharmacies people automatically think they only deal with medications."

(Chilli Studios group feedback)

"It would be potentially intimidating if the pharmacy was busy and there were privacy issues with counter staff. The opening times of a pharmacy were also limiting."

(Anxious Minds group feedback)

"Assuming it's a genuinely urgent need, I think you would think 'why am I going to the pharmacy?'"

(First Step group feedback)

However, there were also positive comments on the value of pharmacy services with Anxious Minds stating that they thought they could be an appropriate alternative for minor (non-mental health related) issues. Appreciation for the Pharmacy First campaign was highlighted by First Step participants.

There was discussion of the barriers for people accessing different services, particularly getting GP appointments (raised by all groups except Anxious Minds) which may make them more reluctant to initially contact other services.

"We would access different services if it was possible, a lot of the time we can't get GP appointments and pharmacies often direct you to the GP. Makes it hard to access the other services suggested."

(Search Newcastle group feedback)

British Bangladeshi Network participants discussed using NHS 111 as an alternative. In their experience, they were either advised to go to ED, particularly if it was a child who had the urgent care need, or felt that ringing NHS 111 did not reduce the number of hours they waited to be seen. They also raised accessibility issues around NHS 111:

"Ringing 111 is very challenging for migrant communities or people who do not speak English as a first language. It is difficult to explain things over the phone and some people do not have medical terminology in vocabulary."

(British Bangladeshi Network group feedback)

The Chilli Studios group said their lack of understanding of what urgent care means prevented them from fully answering this question, suggesting further education would be beneficial when supporting people to access different services.

"How can we possibly answer…would I be prepared to go to the chemist with something that's urgent care if I don't know what urgent care means?"

(Chilli Studios group feedback)

Attending without being directed

Around one third of survey respondents stated that they did not contact a healthcare provider before attending a UTC or the RVI, with one quarter of overall respondents saying they would opt to walk-in and wait at an urgent care service for any future urgent care needs. The focus groups were asked why they thought people would choose to walk-in and wait. Participants cited the reasons below:

Reasons people would walk-in and wait	Groups
Want to see someone face to face.	Anxious Minds, Elders Council, First Step, Search Newcastle
UTC or ED are only available options as unable to secure an appointment with GP.	British Bangladeshi Network, Chilli Studios, Elders Council, First Step, Search Newcastle
Get seen in a timely manner.	Chilli Studios, Search Newcastle
X-ray or other diagnostic equipment on-site.	British Bangladeshi Network
Feel that you would get better treatment.	British Bangladeshi Network
Language barriers to using NHS 111.	First Step
Being in a reassuring and safe environment in case condition worsened.	Anxious Minds, British Bangladeshi Network

Reasons given for why people would walk-in and wait included participants' positive views of urgent care services gained from past experiences (being seen face to face in a timely manner, equipment on-site, better treatment, a safe environment). The other two reasons are barriers to using other services (no GP appointments, language barriers for NHS 111). Although five groups cited being unable to get a GP appointment as a reason for walking in, this feedback suggests that all six groups had positive experiences and expectations of the service provided by UTCs/RVI.

The groups were then asked how they thought people could be supported so that they didn't feel that they needed to walk-in and wait.

Participants from five groups (all groups except Anxious Minds) highlighted the importance of viewing urgent care services as part of a wider healthcare system which needs to be improved overall, with groups referring directly to GP practices, NHS 111, and pharmacies.

> **"If all services improve then you would go to the right one. Everyone just wants to be seen."**
>
> (British Bangladeshi Network group feedback)

Elders Council suggested improvements for NHS 111, GP practices and NHS in general.

> **"Better 111 response time; more GPs; more resources to the NHS."**
>
> (Elders Council group feedback)

Suggestions for improving GP services were cited by two groups.

> **"If somehow the [GP] waiting times were cut or more GP appointments were available, people wouldn't feel they need to walk in and wait."**
>
> (Chilli Studios group feedback)

> **"More GP appointments available."**
>
> (Search Newcastle group feedback)

First Step also commented on improving the pharmacy environment.

> **"The patient needs to be calmed down first and walk in centre front desk is more calming and reassuring than a pharmacy. Pharmacist was a bit frantic."**
>
> (First Step group feedback)

Considering amendments to the triage system was raised by two groups. First Step would value a triage system which would help them decide what the best course of action would be. Elders Council said that triage was valuable, but only if it is done at the beginning rather than after waiting for hours.

A need for appropriate translators across services was highlighted by Search Newcastle, as the group participants who have English as an additional language are limited in what services they can access.

Waiting times

The feedback from the public survey provided differing views on waiting times, with some people saying they were seen quickly, and others identifying waiting times as an area for improvement. The groups were asked how long they thought it was appropriate to wait for an urgent care need:

Appropriate waiting time	Group
Ideally within 1 hour.	Anxious Minds
Ideally 1 hour, with a maximum of 2 hours.	British Bangladeshi Network
30 minutes – 1 hour 30 minutes.	Chilli Studios
30 minutes, but 1 – 2 hours is acceptable.	Elders Council
Maximum 2 hours. Accept at busy times it can be up to 4 hours.	First Step
30 minutes, but 1 – 2 hours is acceptable for non-life-threatening illness/injury.	Search Newcastle

The groups were asked if they felt some people should be seen quicker than others. All six groups agreed with this statement.

Chilli Studios felt that waiting times should depend on urgency of needs, and that people who may be at higher risk of becoming more unwell, such as older people and people with certain mental health conditions, should be seen first.

Anxious Minds said that the order people are seen should be judged by triage, but stated they had concerns about how this judgment would be made. First Step suggested triage should be done in the waiting area by a qualified professional – one participant saying this should be a doctor rather than a nurse.

Following on from this, the groups were asked how they would feel if they had an appointment, but another patient with a more urgent care need took priority over this appointment time. All six groups agreed that this would be fine as long as there has been correct assessment and didn't result in their own appointment being cancelled.

> **"As long as someone has been assessed correctly and it's apparent they need to be seen quicker I don't think anyone would have a problem with that."**
>
> (Chilli Studios group feedback)

Two groups highlighted the importance of keeping the patient informed if this situation arose. First Step participants said the situation would need to be fully explained to the patient so that they understood why this was happening. Search Newcastle stated they would need to be kept

informed about time delays. They also raised concerns about whether the impact of delayed appointments would mean their own appointment time was cut short.

Redirection

The public survey and initial focus groups asked people how they would feel if they were redirected to another, more appropriate, service (such as a pharmacist or GP) after they had been assessed. Views on this were mixed with some saying they would be happy with this (60.0% on-street, 52.1% online), and others saying they would be unhappy with this (17.6% on-street, 24.8% online). Focus group participants similarly had mixed views on redirection as shown below:

Positive views on redirection	Groups
As long as assessed first.	British Bangladeshi Network
If redirected at initial triage.	Elders Council
If further investigation by another service or specialist was needed.	Search Newcastle
If it was for prescription medication that can be arranged to be collected.	First Step
As long as given rationale so can understand why they were redirected.	Elders Council, First Step
If redirected by a doctor rather than a nurse.	First Step

Negative views on redirection	Groups
Would feel “fobbed off.”	Anxious Minds
“If they don’t even look you over, I would take that to be disrespectful.”	British Bangladeshi Network
If it was after waiting for hours. “I would be annoyed if I have waited for hours just to be told I needed to go somewhere else, it would also be confusing.”	Chilli Studios, Elders Council
“It can feel like going round in circles.”	Search Newcastle
Would expect to be seen at the service they presented at.	Chilli Studios
“All participants would only use the service if essential and their judgment should be respected.”	Anxious Minds

From the feedback, participants’ feelings on being redirected would depend on the timeliness of redirection, clear reasoning for the redirection, and being seen or triaged first by what they deemed to be an appropriate professional. For British Bangladeshi Network, Anxious Minds and Chilli Studios, their concerns around redirection were linked to a perceived lack of respect towards their situation and their ability to judge the urgency of their own healthcare needs.

British Bangladeshi Network also had concerns that if people were redirected before being seen, language barriers may prevent some people from being able to explain the severity of their symptoms, which could exacerbate health inequalities.

The groups were then asked what they thought could be done to support people being redirected into another service.

Suggestions on supporting people being redirected	Groups
Integration between UTC and other services – patient details made available to the service they are redirected to.	British Bangladeshi Network
Clear communication and coordination between GPs and UTCs – allocating people a GP appointment if redirecting them there.	Elders Council, First Step
Easily accessible information letting people know what service is appropriate for which illness, what can and can't be treated, and other information such as opening hours.	Elders Council, Search Newcastle
Extra support for those who may have difficulty getting to the service they are redirected to (older people, transport barriers, time constraints).	British Bangladeshi Network
Provide follow up and further care to prevent escalation of issue after redirection.	Anxious Minds
Be told how long the waiting list for other service is.	Chilli Studios
Signposting to mental health services to prevent people presenting in crisis.	Search Newcastle
Increase private consulting rooms available at pharmacy.	Elders Council

First Step also said for some people language barriers may increase usage of UTCs and that there should be an effort to improve staff understanding of why people may present at UTCs:

> **"If people don't have good English and know this place [UTC] and they don't know how to get an appointment [elsewhere] and they can't get an appointment, there needs to be understanding of why someone could just turn up."**
>
> (First Step group feedback)

Participants were then asked how they thought people could be supported to attend the most appropriate service for their urgent care need the first time. All six groups highlighted a need for education and information sharing.

It was stated that urgent care service provision was "over complicated" leading to confusion around which service cares for what, and that there needed to be clarification on when to present and where, and perhaps streamlining to reduce the options of where to go (Elders Council, Chilli Studios). Better advertising and information about available services and proper usage of them was suggested, in healthcare settings like GP practices and pharmacies, but also through wider media campaigns (Anxious Minds, Elders Council, Search Newcastle).

Additionally, more information on health conditions and whether you should or should not present at ED was suggested rather than people having to self-diagnose.

> **"The onus is on the patient when this might be a really distressing time."**
>
> (Elders Council group feedback)

First Step participants did not offer suggestions of how they felt services could support them, instead saying they would seek support from family or friends with medical backgrounds.

Anything else participants would like to tell us about urgent care services in Newcastle

The following points were raised when participants were asked if there was anything else they would like to share around urgent care services in Newcastle.

- First Step suggested that all UTCs should have diagnostic facilities like x-rays and ability to give blood tests on site. They also felt it would be beneficial to have access to specialists – specifically trauma specialists.

- There were comments on the difficulty of getting GP appointments, the need for more staff and improved staff training, and a greater investment in services by three groups (Search Newcastle, British Bangladeshi Network, Elders Council). Elders Council said there needed to be more investment in primary care services because "as this name suggests, this should be the first point of contact in a patient's medical care journey."

- There was a concern that difficulties accessing services may result in illness being left untreated, and in turn an increase in mental health problems (British Bangladeshi Network).

- Accessibility issues within urgent care services were raised by Search Newcastle.

> **"Online is a barrier/language issue for illiterate people. Referring people online and going to other services is difficult."**
>
> (Search Newcastle group feedback)

- Finally British Bangladeshi Network referenced the focus group format, suggesting that similar community outreach approaches should be used more often.

> **"NHS should educate us like this (with the help of community groups) about the services we can use without overloading one service. A lot of us don't know when to use what service, let alone the migrants. A workshop or clear leaflets can help us to understand the options and people can use the appropriate service."**
>
> (British Bangladeshi Network group feedback)

Phase 2: Further listening Public events findings

This section summarises the findings from 26 people who took part in further listening public events. Six public events were scheduled over several days and times, including in the evening and at the weekend. There were four face-to-face events in locations across east, west and central Newcastle and two online events. Participants were self-selecting.

Details of events are as follows:

- Event 1 (E1): Brunswick Methodist Church (six attendees)
- Event 2 (E2): General online session (one attendee)
- Event 3 (E3): Walker Activity Dome (no attendees so no data included)
- Event 4 (E4a; E4b): Newcastle City Library (eleven attendees, two groups)
- Event 5 (E5): Riverside Community Health Project, Benwell (two attendees)
- Event 6 (E6): Healthwatch Forum (six attendees)

Of those participants who provided demographic information (in full in Appendix 9):

- Seven people said they lived in Newcastle, and four people said they lived and worked in Newcastle.
- The most common home postcode was NE4 (three people) followed by NE3, NE5 and NE15 (two people for each).
- Ten people were female and four people were male. Everyone's gender identity matched their sex as registered at birth.
- The most common age range was 55 to 64 (four people) followed by 35 to 44, 65 to 74, and 75+ (three people for each).
- Twelve people described their ethnicity as White and two as Asian/British Asian.
- Seven people were Christian, four had no religion, two were Muslim, and one was Jewish.
- Thirteen people said they were heterosexual, and one was a gay man.
- No one was pregnant or had been in the last year.
- Eight people were married, two people were single, and one person respectively was widowed, divorced, in a civil partnership or preferred not to say.
- Five people had caring responsibilities. Two people had caring responsibilities for both a child or children and an older person.
- Eight people had a disability, long-term illness or health condition. This was most commonly a long-standing illness or health condition (three people) and two people were D/deaf or had a hearing impairment.
- One person had previously served in the UK Armed Forces, and one person was a member of a current or former serviceman/woman's family/household.

Key Themes

Understanding urgent care

- There is confusion about what urgent care is, which service should be accessed and when. Communicating this information should be done in an accessible way and aim to

reach people who experience digital exclusion or do not usually engage with healthcare services.
- Perceptions on accessing pharmacies as an alternative service varied, with some participants valuing their skillset, and others suggesting limitations.

Access

- When asked why people would walk-in and wait at UTCs, participants cited reasons such as a public lack of knowledge and understanding about urgent care services, knowing that by being there they would be seen that day, and feeling they had no other choice. They also noted that some people might be more likely to walk-in and wait based on their characteristics or health needs.
- Suggestions on how to support people not to walk-in included providing information about urgent care services, encouraging self-care, promoting alternative services like Pharmacy First, and making it easier to book appointments at UTCs if needed.
- Most participants said UTCs should offer both walk-ins and appointments.

Attendance

- Being seen face to face was ranked as the top priority when attending, although many participants felt they were unable to rank their priorities as it would depend on their circumstances at that time.
- Responses were varied in terms of where people would attend in the future, with some participants naming specific services, and others basing their decision on factors such as parking or ease of access.

Experience

- Most participants did not give a length of time they felt it was appropriate to wait, instead saying it depending on individual circumstances. Keeping people informed about waiting times and improving the waiting area were suggested as ways to make longer waiting times more acceptable.
- Most felt that people should be prioritised based on need.

Redirection

- There were concerns raised about redirection, with some participants saying they would be very dissatisfied.
- Early triage, clear explanations, and assistance with transport were some suggestions to support people being redirected.

Additional themes

Perceptions of the NHS 111 service

- There were differing views and experiences regarding NHS 111, with some participants using it regularly, and others having limited confidence in its clinical effectiveness.

Joined-up working

- There were comments on the importance of acknowledging UTCs as part of a bigger system which would benefit from better joined-up working.

Mental Health

- Participants suggested adequate provision needed to be made for urgent mental health needs, as they felt a lack of support elsewhere in the system was driving people to use UTCs.

Summary of public event findings

Understanding urgent care

What do you think we can do to help people understand more about urgent care needs and the different services to support them?

Confusion about what urgent care is, which service to access, and when

A common theme identified in the five public events was that people found the term 'urgent care' confusing:

- 'Urgent care' can be interpreted in different ways
- The difference between emergency care and urgent care is unclear
- Outdated perceptions add to the confusion (seeing UTCs as 'walk-in centres')
- The term may not translate accurately into other languages (e.g., Urdu)

Confusion around terminology was mirrored in confusion about NHS services:

> "The public just doesn't understand how the NHS works, full stop. We need to be far more clear what happens where." **E2**

> "There are multifaceted ways to go, somehow we're expected to know." **E4b**

> "People used to have a basic understanding of healthcare services, but now there's so many parts…it may put people off" and they may be unsure where they're going.**" E5**

Some participants did not mind where they went as long as they knew where to go. One person described ED as the "only open door" and felt that COVID had added to the confusion. They commented that:

> "People are worn out trying to find out where to go." **E4a**

One participant was unaware that a local service was unavailable until they sought help for an urgent care need:

> "I didn't know Westgate Road was closed. I phoned 111 and was sent to Ponteland – but I didn't know why. When I phoned my GP about an eye injury, I was told to go to Ponteland to see a doctor, or A&E." **E4b**

Another participant was clearer about what was not available rather than what was:

> "I have knowledge of what UTCs can't help with rather than what they can – some people will go wherever they can when concerned even if a UTC is not appropriate. People just want help." **E6**

Navigating urgent care services successfully was seen to depend partly on the ability to assess seriousness, which could be challenging.

> "Needs judgement from a GP or healthcare professional to say "it's not an emergency"." **E6**

> "Meaning of "urgent care" differs depending on if you are already ill or have a long-term health condition or disability." **E5**

> "All we're really doing [in deciding where to go for treatment] is self-diagnosis to an extent." **E4b**

Challenges of informing the public / patients about urgent care

Three groups (E1, E2, E4b) highlighted challenges with informing the public regarding urgent care services.

- Communications need to reach people who do not usually engage with healthcare services or traditional news methods.
- Some people are digitally excluded (due to lack equipment and/or relevant skills).
- People who are feeling well are less likely to be interested in urgent care.

> "…if they are not sick they can't be bothered reading and listening about what they should do when they become sick or are in an urgent situation." **E2**

Accessible communication was seen as particularly important:

> "[Communication] should be simple and straightforward… Whatever we do it needs to be clear to the public, it needs to be clearly understood so it is used in the right way. There are too many clever people in the NHS, we need some simple people." **E2**

Participant suggestions:

- Put clearly visible signposting in the right places, without assuming any existing knowledge of how services work.
- Sustained mass media publicity campaign, with easy-to-understand information in day-to-day places, such as shops, in the metro, and on buses.
- One participant referenced a historic advertising campaign explaining healthcare pathways by using a thermometer with "cold" conditions (go to pharmacy) at the bottom and "hot" conditions (go to ED) at the top (E4a).

How do you think people might feel about accessing different services for an urgent care need – such as visiting a pharmacy or making an appointment with their GP?

Considering pharmacies as an urgent care service

Acceptance of pharmacies	Reservations about pharmacies
Part of the health system "Part of the health delivery community not just where to get medication." **E4a**	**Limited services** "Don't mind seeing a pharmacist but they can only provide so much" (e.g. can't provide steroids for asthma). **E6**
Equal to other services "Personally, I don't care where I go as long as I know where to go. If it's in a	**Lack of equipment and information**

pharmacy and they've got the equipment there that's fine." **E2**	"Does pharmacy have an x-ray machine? Does pharmacy have all the information?" **E4b**
Advice is easily available "Now pharmacies are offering more help you can go straight there for advice." **E6**	**Lack of privacy** "If there are two or three people in the pharmacy and the pharmacist is behind a door, you are not going to open up to them." **E4b**
Expertise "Sometimes they know more than a GP does" [noting that GPs had often contacted pharmacists for advice during appointments] **E6**	**Clinical concerns** Sometimes the "public can get upset; they feel they aren't seeing a 'real healthcare professional'" [when redirected to a pharmacy from a GP practice]. **E5**

Access

Why do you think people choose to walk-in and wait at urgent care services without being directed?

	Events mentioned in
Lack of knowledge / out of date information	E2, E4b, E5
Accessibility and certainty about being seen	E1, E4a, E4b, E5, E6
Patient characteristics or needs	E2, E4a, E4b

Lack of knowledge / out of date information

Lack of knowledge was seen as a key reason for people walking in and waiting:

> "People walk in because they don't know any better and because it hasn't been explained to them that they can make an appointment that day." **E2**

Participants in E2 and E4a said people may walk in and wait as they have outdated information on services and what they can provide (examples given were assuming ED is the only place they can go to for their need, confusion caused by changing names of services, and people finding out they can no longer get GP house calls).

Accessibility and certainty about being seen

Several participants described the "psychological boost" of taking action and walking into urgent care centres as this made them feel they were "waiting near hope" and closer to an end result. Diagnostic equipment made them feel "at least you're sitting there near where you need to be." The visibility of clinical staff was also reassuring:

> "You see activity – there are doctors and nurses moving about – you feel more confident you'll be seen than if you are sitting waiting for a phone call." **E4b**

Several participants described attending urgent care services as a last resort, despite knowing there were more appropriate services but that they were difficult to access:

> "Trying to see someone out of hours [due to severe pain from earache], we ended up going to RVI as there was nowhere else to go. We didn't want to but were left no choice." **E5**

> "People are desperate and just want to get seen and cured." **E6**

Other reasons participants gave for inappropriate 'walk-ins' were not being able to get GP appointments and a lack of confidence in NHS 111:

> "I heard a woman with a baby at my GP saying, "If I can't get an appointment I will go to Accident and Emergency (A&E)." **E4b**

> "They have no faith (in other services especially NHS 111 which isn't quick enough)." **E4a**

Patient characteristics or needs

Some participants suggested certain groups of people were more likely to walk in to urgent care services:

- Older people / care home residents
- Students
- People with psychological problems
- People in mental health crisis
- People with substance misuse issues
- Homeless people
- People seeking treatment for dental emergencies
- People who can't get time off work to see their GP

These are, however, subjective impressions from individuals' experiences of attending urgent care services rather than generally agreed themes.

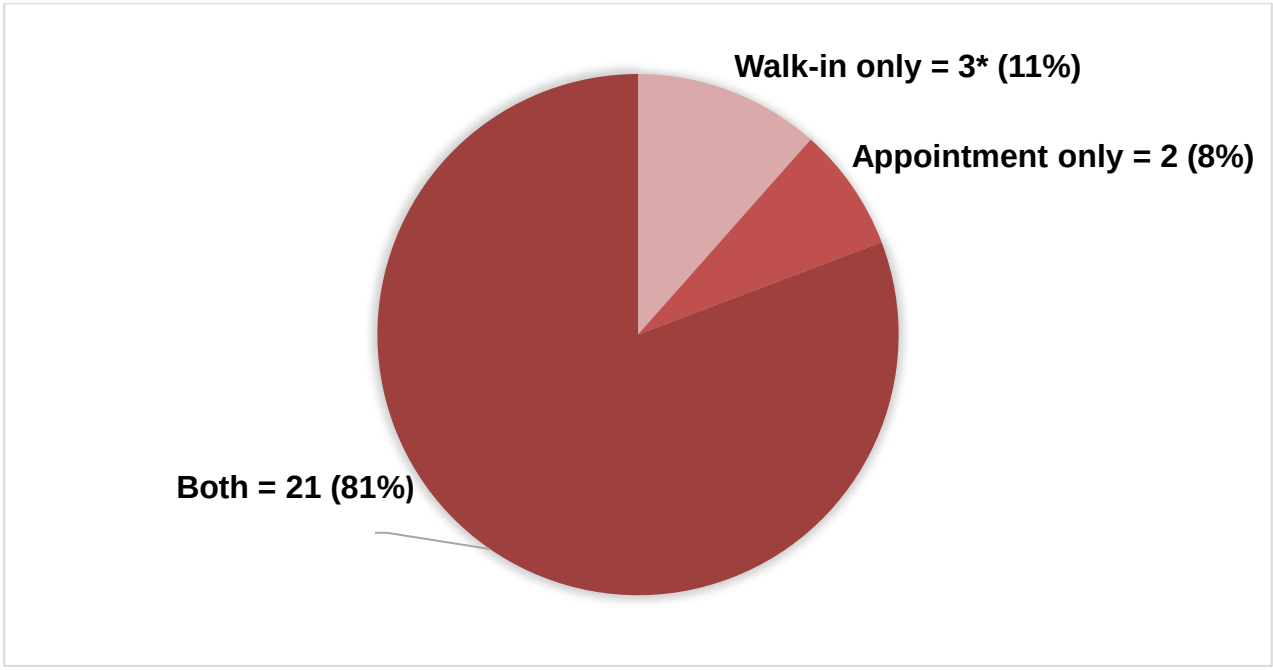
How do you think people could be supported so that they didn't feel they needed to walk-in and wait?

- Provide information about urgent care services, such as which service to access and when
- Encourage self-care (e.g., give advice on pain management)
- Promote alternative services (e.g., Pharmacy First)
- Make it easier to contact UTCs and book appointments

One participant said that they preferred making a timed appointment at the UTC for later on in the day over walking in and waiting. This allowed them to plan their transport and get ready, which they referred to as "the convenience factor" (**E4b).**

Should urgent treatment centres focus on appointments, walk-ins, or both?

Most participants (21) said that UTCs should allow both walk-ins and appointments. Three people said that UTCs should operate a walk-in only service, and two people said that they should offer appointments only.



*One of these participants was an urgent care clinician

> "They should encourage appointments but realise they will have walk-ins. I think you have to plan for that." **E2**

A participant with experience working at a GP practice thought a combination of options worked best:

> "I think having both walk in appointments and pre booked works well. We use a lot of the bookable appointments and our patients prefer that" **E5.**

Attendance

How would you rank the following in terms of importance, and why?

I. **Waiting times (being seen quickly)**
II. **Being seen face-to-face**
III. **Access to diagnostic and testing facilities (X-ray, heart monitoring etc.)**

Many of the participants found it difficult to rank all three factors with some saying their priority would be dependent on circumstances such as the issue they were presenting with. Eleven out of the sixteen people who answered only allocated first place.

Most important	Number of people (groups)
Face to face	12 (E1) (E4a) (E4b) (E5) (E6)
Diagnostic & testing facilities	3 (E2) (E5)
Waiting times	1 (E6)

Second most important	Number of people (groups)
Diagnostic & testing facilities	1 (E2)
Waiting times	3 (E1) (E4a) (E5)

Third most important	Number of people (groups)
Face to face	1 (E5)
Diagnostic & testing facilities	2 (E1) (E4a)
Waiting times	1 (E1)

Practical considerations influencing attendance

- Ability to book an appointment
- Timescale for being seen
- Location, transport, and parking

> "A whole lot of risks underpin this. Like transport – have you got a car? Has your neighbour got a car? Are you on a bus route? When it works it works, it's the access to it. I can drive, so many people don't have that" **E4b**

Clinical considerations influencing attendance

Several participants said that they would try to contact "the service that seems most suitable for what is wrong" (**E2**)**.**

> "Depending on the issue, if I had a UTI or hay fever or conjunctivitis I would contact a pharmacy, if a possible broken bone, I would go to minor injuries. I would only contact my GP if it was an ongoing issue that was not urgent for that day." **E5**

The vulnerability of the person needing treatment was seen as a relevant factor.

> "What would you do with a sick child if you couldn't go in?" **E4b**

One participant gave an example of ringing NHS 111 for urinary retention in an older male. They were given an appointment at a UTC but a doctor rang back before they left home redirecting them to the RVI (due to risk factors of age). They said that this was an example of "the system working like it should" with effective communication between different parts of the healthcare service (**E5**).

Another participant gave an example of attending a UTC for musculoskeletal pain/injury – they felt it was "much more acceptable to spend 20 minutes waiting to be seen" for this type of issue, rather than taking up more of their own and healthcare staff's time booking and attending an appointment (**E5).**

There were concerns around non-clinical staff being involved in decision making:

> "I don't know what qualifications receptionists have to make decisions about symptoms – there needs to be standard operating procedures." **E4b**

> **"**One time I phoned the [GP] receptionist and told them my symptoms then I got a call back a couple of hours later asking me to come straight in – they didn't appreciate what the symptoms might have meant." **E4b**

Being seen by a clinical professional from the outset was suggested as a way of ensuring people get appropriate care.

> "It's the questions the patients are asked [during triage] that result in better care." **E5**

> "Face to face or on the phone, we need to have confidence in the person we're dealing with." **E4b**

If you had an urgent care need in future, which service would you be likely to attend, and why?

Service	Number of people (groups)
GP	2 (E1) (E6)
GP or UTC	1 (E4b)
NHS 111	4 (E2) (E4b)
ED	1 (E1)
Pharmacy	2 (E1) (E5)
Minor injuries	1 (E5)
Place with best transport / parking	1 (E1)
Nearest place	1 (E4a)
Would not go unless dire emergency	1 (E1)

One participant did not specify where they would go but said: "If I can avoid going to UTC/RVI I will – it's a place I don't want to go." (**E6**).

Experience

How long do you think is appropriate to wait to be seen for an urgent care need?

Appropriate waiting time	Number of people (groups)
< 4 hours	1 (E1)
< 2 hours	2 (E1) (E6)
1-2 hours	1 (E6)
< 1 hour	1 (E2)
2-3 hours (ED)	1 (E1)
No specific waiting time suggested	20 (E1) (E4a) (E4b) (E5) (E6)

How long it was appropriate to wait was said to be dependent on someone's circumstances, "if you have a job, caring commitments, time pressures, etc." (**E2**).

> "Personally, I'm not all that fussed about waiting times. I would like it to be as short as possible but it's not a big issue for me. If I was still working my answer would be very, very different. I would have liked to be seen very quickly." **E2**

Early triage was seen to play an important part in reducing waiting times:

> "Triage is for this – I'm not capable of deciding this because I'm not a clinician. I trust their judgement. But you must be triaged as soon as you come in, triage was [queuing] out the door when I went." **E4a**

Another participant had not waited long for triage, showing how variable people's experiences are.

One participant felt strongly that "no one should be waiting for four hours" and that patients should not accept long waiting times. They expressed the view that targets are lowered when they can't be met (e.g., 90% - 80%) and felt that services "don't care that 10% of people are going to have a bad experience" (**E4a**).

Other participants did not have any expectations about waiting times. One participant did not think it was necessary to impose time scales if triage was in place to divert patients who needed to be seen quickly (**E4b).** Someone else suggested that there should be different standards for waiting times in the RVI, ED, and UTCs (**E1**)**.**

Making waiting more acceptable

Several participants said that displaying expected waiting times would make the experience more predictable and acceptable (**E1, E4b, E5**)**.**

> "The worst is waiting and not knowing what is going to happen. If they say it's four hours that's OK." **E4a**

For one participant being kept informed was more important than the length of wait.

> "I think it's more important to be kept informed about waiting times." **E4b**

Participants said they wanted to feel that they were "making progress towards being seen" and one person suggested regular updates (e.g., hourly 'check-ins') (**E1**). Being given reasons for unexpectedly long waiting times was suggested (e.g., if there were staff shortages, or a lot of patients had arrived at the same time) and it would be helpful to tell patients who walk in that they might have to wait longer.

To avoid increasing waiting time unnecessarily it was suggested that staff should communicate clearly with patients regarding next steps for treatment or test results.

Making waiting areas more attractive and comfortable was seen as a way of making waiting more acceptable. One participant found the ED a "warm safe environment" but another participant strongly disagreed as their experience in the ED waiting area had felt unsafe with police and intoxicated people present**.**

Another participant said that long waiting times could be a trigger for disruptive behaviour and pointed out that some patients may find waiting more challenging than others (e.g., people with dementia).

How would you feel if another patient with a more urgent care need took priority over you?

Most participants said that it was acceptable for patients with more urgent care needs to be given priority.

> "I would expect someone with a greater need to be treated before me. No question about it." **E2**

Certain categories of patients were seen as deserving priority (children, older people, those with serious conditions).

One participant was willing to give way to other patients once they had been triaged. For another participant giving way depended on "how many people have come in before me and been seen – if it's one or two that's fine" (**E6**).

Because it might not be obvious why other patients were being given priority, communication about this was suggested to avoid conflict.

> "Some clarity might be helpful - we tell people who jump the queue what we think." **E4b**
>
> "If someone has a drip hanging from their arm I would understand, may help to put a notice up explaining – that would help staff." **E4b**
>
> "I need to be told why I'm sitting on the bench whilst they're going in." **E4a**

Redirection

How would you feel if you were redirected into another service?

In all six groups there were concerns raised around redirection, and four participants saw it very negatively. Three participants said they would not be happy if they were redirected and one person said they would be "enraged" (**E4a**).

Understanding why redirection is necessary

Being told the reason/s for redirection would help some participants to accept it:

> "Why? Why do I need to go to the A&E? Give me the why." **E4b**

The way this was communicated mattered too:

> "Depends on the communication skills of the person redirecting." **E4a**

Dissatisfaction with redirection

- One participant saw redirection as getting "knocked back" and said this might put people off attending in future (**E4a**).
- Someone else was concerned that redirection might increase the risk of serious illness or death (**E4a**).
- Several participants thought that once you were at a service it made sense to triage or treat you there (**E4a / E6**).
- Being redirected somewhere unfamiliar might be a disadvantage (**E1**).

Redirection to a pharmacy was seen in very negative terms by one participant (**E1**) and someone in a different group held similar views (**E4b**).

> "Then we come back to the pharmacy issues [puts up hand making a stop sign]… If I was sent to the pharmacy to be looked at, I would be unsure as to why I was

there… Pharmacists have a job to do – let them get on with it not make them into some kind of pseudo medic." **E4b**

This participant wondered how pharmacists would be able to see people with urgent care needs while dealing with their regular dispensing work and queried what they could offer in terms of clinical assessment.

The same participant felt that redirecting people to the pharmacist would meet with "a lot of resistance" and that some people's reaction would be "I won't be bothering you again." They went on to say that being redirected to the pharmacy would feel like being told "There's nowt wrong with you, why are you bothering us today?" (**E4b**).

Participant suggestions:

- A targeted publicity campaign on things you can go to the pharmacist for.
- Provide better information on pharmacists' training, expertise, and services to encourage people to go there.

Qualified acceptance of redirection

For most participants redirection after triage was seen as acceptable.

- One participant would want reassurance about clinical outcomes: "reassure me that it's not going to affect my treatment" and wellbeing **(E4a).**
- Another participant suggested that redirection to a GP was more appropriate where someone had a permanent GP who knew their long-term conditions (**E6**).
- If the reason for redirection was explained clearly it could overcome any negative feelings "if it's put that way, I wouldn't have any complaints" (**E4b**).
- Redirection was seen by one participant as an opportunity to educate the patient about what they should do if the same thing happened again.
- Effective redirection was seen to rely on joined up working between services.

What do you think we need to do to support people being redirected into another service?

Triaging someone as quickly as possible was seen as important.

"When are you triaged? If when you come in you are triaged and they say go elsewhere - no problem. If you have waited for two hours and told to go elsewhere, I would be [very angry]." **E2**

The journey involved and travel arrangements were relevant too:

"Depends how far away the other service is. If you are going across Newcastle to get to the UTC and then told to go back, that's a different question to going around the corner. If you are going to send them a long distance it would be helpful to know how to get there" **E2**

Someone in another group suggested that transport should be provided if patients were redirected to another service, especially if it wasn't in the city centre, to "get them there and know that they can get back home" (**E4a**).

Make a booked appointment at the next service

Redirection was likely to be more acceptable if an appointment was made at the next service, or the person being redirected was told how long they might have to wait**.**

How do you think we could support people to attend the right service first time?

Improve communication and triage

> "People end up needing redirection because the system is hard to understand." **E1**

> "Co-location is the dream, if someone triaged on the door and then directed people." **E4a**

Participant suggestions:

- Co-produce information about 'where to go for what' and send it out in multiple ways, including leaflets and an app.
- Work through patient groups and forums to support people to attend the right service first time.
- Get Nurse Practitioners to answer GP practice phones to triage and give medical advice (some patients might not even need an appointment).

Participants said that some people attend services that they know are not appropriate for them and thought that this needed to be addressed. Limited availability of GP appointments was said to be resulting in people using UTCs for general healthcare needs.

Additional themes

Is there anything else you'd like to tell us about urgent care services in Newcastle?

This section includes additional themes which emerged during group discussions.

Perceptions of the NHS 111 service

Participants had different perceptions of the NHS 111 service.

Positive views about NHS 111 (accessible, helpful, seen more quickly)

> "I'd tend to ring 111 and be guided by them – I used them before successfully. With the GP if I phone, I don't know what will happen. I never see the same GP so I have no problem dialling 111." **E4b**

> "If I phone the GP, I will just be given an appointment weeks in advance or have to wait for a phone call back so I just call 111." **E4b**

> "If I had an urgent care need now I would phone 111 and ask for advice in the first instance… Tried to phone GP and ask for appointment and they said they didn't have any for two weeks. Asked for urgent telephone appointment and they said no. Phoned 111 and they got me a GP appointment the same day. That's why I would phone 111 first if I felt it was urgent." **E2**

"I couldn't walk so I dispensed with the [GP] surgery and called 111 they were very helpful and an ambulance arrived." **E4b**

Negative views about NHS 111 (impersonal, clinical concerns, delays)

"Wouldn't ever ring 111 again" "next time I would go straight to RVI". 111 "is an experiment I think has failed" **E4a**

"From a personal perspective and from what I've heard from others 111 is something I wouldn't bother with. You get the message saying, "Your call is very important to us". Doesn't have care, it's like a call centre. I lack confidence in the service" **E4b**

A participant described being "Blighted by the curse of 111" and was unhappy that NHS 111 staff were following a script **E4a**

One participant was concerned about the possibility of ringing NHS 111 and the severity of a condition being underestimated (e.g. urinary retention might not require urgent treatment for a younger person, but would for an older person) and "being told not to worry, but it turned out to be serious" **E5**

A participant described "following the process" and calling NHS 111 first for an abscess, which they believed prevented them from getting antibiotics quickly enough. **E4a**

A participant said they had called NHS 111 in the morning, as they didn't have the time to wait in a UTC, but only got an appointment at 7:30pm which they felt unhappy about. **E6**

Joint working

Participants saw urgent care as part of a bigger system, which meant that the problem of inappropriate walk-ins at UTCs couldn't be considered in isolation. Lack of capacity across the whole healthcare system was suggested as a reason for people presenting at ED inappropriately – "ED is the only open door…the whole system has failed" (**E4a**).

One participant described being unable to get an out of hours appointment through their GP or NHS 111 for a young child with croup. They attended ED twice and were sent home with steroids, but the child remained unwell. After a third NHS 111 call, they received a call back at 2am saying they were still on the waiting list for a GP appointment. They went back to ED, which was challenging because the mother spoke limited English (only one person could accompany the child due to restrictions in place during the COVID-19 pandemic). The child

became severely unwell and was admitted to hospital “all because we couldn’t get an appointment with an out of hours GP”.

Participant suggestions:

- Deal with minor injuries through the services provided by individual PCNs rather than having three minor injury units
- Relieve GPs of handling repeat prescriptions to free up more clinical time
- Give patients better information on medications to free up GP appointments
- Enable patients to be referred to specialists without having to go via their GPs

Mental health

Perceived lack of support for people with urgent mental health issues was seen to be driving people to use urgent care services. It was suggested that adequate provision needs to be made for urgent mental health needs. One participant described a “massive mental health crisis where people are presenting as they have nowhere to go – people who can be a risk to self and others. The priority should be mental health care and commissioning a mental health urgent care service” (**E4a**).

Another participant highlighted the importance of mental health literacy and self-care and helping people manage their own mental health to reduce pressure on services.

Phase 2: Further listening
Staff interview findings

This section summarises the findings from five NHS staff who chose to participate in a short telephone interview to sense check the findings from the staff survey. Staff who took part were self-selecting, having responded to an email invitation circulated across local NHS networks, VOCARE and Newcastle GP Services (NGPS).

Key themes

Understanding of urgent care services

- Staff within urgent care services agreed with survey participants' understanding of urgent care which is 'to cover acute or early onset illnesses or injuries requiring examination and/or treatment within approximately 24 hours.' They did however see scope for improving the understanding of community-based staff, including GPs, so that fewer patients attend inappropriately, or fail to get urgent care when this is appropriate.
- Staff identified patient understanding of urgent care services as a crucial factor in ensuring that they access the most appropriate service first time (what urgent care is, and what services can and cannot do was highlighted); they also identified systemic factors such as pressure on other parts of the health care system (e.g., difficulty getting appointments with GPs, and long waiting times to see consultants).

What is working well in urgent care?

- Staff who participated in the sense checking interviews were motivated and committed to improving urgent care services, suggesting both longer-term strategic changes and some immediate practical actions in their area of work which could benefit patients and staff (see 'Where could improvements be made?' below).
- Staff recognised the importance of people in different parts of the healthcare system working together effectively in an integrated way. They expressed enthusiasm about strengthening relationships and improving communication, and appreciated the challenges their colleagues and patients were facing.

Where could improvements be made?

- Participants suggested increasing the physical space available within existing facilities and having one enhanced urgent care service with a range of diagnostic equipment (X-ray, blood test, ECGs and CT scanners) available after 4pm.
- Despite acknowledging improvements in staffing levels in UTCs, two participants felt that there was need for more staff within their services. In some urgent care settings staff were said to be working under considerable strain, which adversely affected their wellbeing, and the quality of the services they were able to provide. This had the potential to become a vicious cycle where staff absences put remaining staff under additional pressure.
- Some participants identified practical impediments to delivering an efficient and effective urgent care service (missing equipment, slow computer systems, difficulty getting timely IT support, lack of integrated patient records, and the inconsistent use or absence of triage).
- Giving patients information was suggested as a way of improving the operation of urgent care services. For example, explaining what urgent care services can and cannot do,

identifying the diagnostic and testing facilities available at each site, and providing specific guidance on urgent dental care.
- Educating staff about other parts of the urgent care system was seen as important too. For example, ensuring that pharmacists understand what urgent dental care covers, and how to access it.
- Participants suggested rotations and short placements as ways of improving understanding, cooperation, and efficiency across the whole system.
- Suggestions were also made about improving clinical communication. For example, having access to 'bypass' phone numbers for GP practices to avoid clinicians getting stuck in queues, being able to send ophthalmology images between locations using PACS so specialists could interpret them remotely, and the facility for community pharmacists to make e-referrals to physiotherapists and occupational therapists (at present they can only make e-referrals to UTCs and GPs).
- One participant proposed reviewing the opening times of the urgent care service (eye clinic) to ensure alignment with changing demand as more patients of working age are attending now.

Insight into implementing change

- Staff were positive about change but highlighted situations in which actions designed to improve service delivery might lead to unintended consequences and create problems instead. For example, offering blood tests could increase the amount of time patients are on site waiting for results.
- Staff were able to identify advantages and disadvantages of introducing specific changes to urgent care services (their professional insights would be a valuable part of decision making and implementation processes).

Support to help staff to redirect patients

- Staff saw redirection as something that could be minimised or avoided if patients and staff had access to accurate information and advice at the outset.
- Staff highlighted the importance of good quality information and efficient communication systems to support them when redirecting patients.

Summary of staff interview findings

To avoid risk of identifying individual members of staff, specific roles and locations that they work at have not been stated. Quotes are not attributed to individual participants to protect their anonymity – where feedback is about a specific service, this will be stated.

Understanding of urgent care services in Newcastle

The five staff members were asked how understanding of what urgent care services cover could be improved from both a staff and a patient perspective.

How can we support raising awareness amongst staff of what urgent care services should cover?

Improving staff understanding of what qualifies as 'urgent care' was seen as partly to do with more effective communication. The following methods were mentioned:

- Email bulletins
- Generic emails
- Social media (Facebook)
- Staff intranet
- Telephone calls
- 'Trickle down' information from senior to junior staff in meetings
- Short placements or rotations in urgent care services

The perceived effectiveness of specific communication methods varied according to the individual and setting.

> **"We pay more attention to emails, they are better, phoning sometimes interrupts our work."**

> **"Normally we find things out via emails, but these can get lost or not be read."**

Communication with community-based staff (including GPs), was identified as particularly important by one participant to avoid inappropriate referrals.

The criterion of an illness or injury requiring examination and/or treatment within approximately 24 hours to qualify as 'urgent care' did not apply to every service.

> **"For our service [ophthalmology], the timeframe is not really 24 hours – as this might imply that anything beyond that doesn't count as urgent. With eye care the timeframe can be longer."**

One participant stated that staff already have a good understanding of what qualifies as 'urgent care' but patients would benefit from more information and insight.

Improving patient understanding of urgent care

What do you think are the key messages patients should know around urgent care services?

Four participants stated that patients need to be better informed about what urgent care is, and what urgent care services can and cannot do, as this will help to ensure patients do not access urgent care services unnecessarily, or delay seeking urgent care when appropriate.

> **"It's difficult to convey to patients. There used to be a list in the waiting room. It's important for people to know what we can and can't do, and the list made that clear."**

> **"Most patients don't realise toothache is an urgent care matter and that they can access dental treatment for toothache out of hours and at weekends."**

Two participants commented that a delay in patients seeking assessment and/or treatment could lead to avoidable health emergencies or irreversible harm.

> **"Sometimes people wait 5-6 weeks then come to us on a weekend. Patients need to be more proactive about getting help."**

"Some stoic people recognise a sudden change in vision but assume this is a cataract and only turn up too late when both eyes are affected, and they can hardly see. It's always a shame when they wait too long – if they had come to us earlier, we would have been able to save their sight."

One participant commented that patients who are new to the UK and unfamiliar with the NHS sometimes have difficulty understanding what hospitals, GPs, and opticians are equipped to provide. With a better understanding of healthcare services patients could opt for a more appropriate initial consultation with an optician who could advise them on urgency.

Are there any key messages specific to the service(s) you work in that you think patients would benefit from?

Two participants identified specific information relating to services that they believed patients would benefit from knowing.

"There is guidance available to staff that includes things such as facial swelling and dental trauma as well as toothache, but this is not available currently to patients."

(Dental School)

"[Patients need to know] that we can't give out antibiotics – a lot expect that. We can provide them in two instances: antibiotic eyedrops and following a positive test for a UTI in women aged 16-64, but these are the only two exceptions."

(Community pharmacy)

One participant commented that the wide range of illnesses and injuries seen at UTCs makes it difficult to provide patients with specific messaging. A second participant observed that when urgent care services are used inappropriately it negates their intended benefit, which is for patients to be seen quickly.

"Patients need to know what can and cannot be covered to avoid congestion (doesn't cover long-term conditions, sick notes, onward referral for non-routine things like mental health or neurology)."

Another area where this participant suggested that patient knowledge could be improved related to variation in equipment and services across sites (they said patients need to know that access to X-ray is limited and blood testing is not currently offered by UTCs).

Improving patient understanding of urgent care services was seen as only part of the solution. The impact of pressure in other parts of the healthcare system was also identified as a factor in patients attending inappropriately.

"GPs are working beyond capacity so patients end up in urgent care services out of desperation...Patients may know the system but be driven out of desperation to go to the urgent care [service] because although it's not really the right service they know they will be seen if they wait for long enough."

"Because the eye emergency department is available, people sometimes use it as a gateway to access treatment for other problems, for example if they

haven't been able to renew a prescription, or they can't get a GP appointment. They know if they go there, they will get to see a healthcare professional."

Two participants said that it was important for patients to understand the pressures and limitations affecting primary care and specialist healthcare services, as frustration sometimes leads to them bypassing the system.

"Sometimes patients say GPs have told them to attend an urgent care service when that may not actually be the case. Important to understand that GPs aren't an urgent service, there is a finite capacity of what they can see."

"People who are waiting for an appointment and who have been waiting for some time sometimes come too. Might be for glaucoma or cataracts. They need to be aware that the service is not there for those sorts of things."

The clinical outcome of not being seen quickly was regarded as crucially important by all participants. One participant also mentioned severe toothache as an example of a condition where urgent treatment could be justified on compassionate grounds, even if the clinical outcome might not vary significantly.

Ways of improving patient understanding of urgent care were also discussed in the section of the interview where staff were asked about re-direction (see 'How can patients be supported to attend the right service first time?')

Waiting times

What do you think is an appropriate waiting time for patients in the service(s) you work in?

The waiting time considered appropriate varied according to the service. Participants thought that actual waiting times were generally reasonable, although these could vary for operational reasons (e.g., staffing), and due to fluctuating patient demand.

Service	Appropriate waiting time
UTC	Triage within 15 minutes, seen within 2 hours With triage 30-60 minutes, without triage 3-4 hours
Community Pharmacy	5 minutes (15-20 minutes if tests are needed)
Dental School	Up to half a day (will be seen am or pm)
RVI Ophthalmology/ eye department	1-2 hours (tests can take longer than the 4-hour target)

How do you think staff in urgent care services should determine which patients are prioritised?

Responses on patient prioritisation highlighted clinical presentation and 'red flags' associated with the vulnerability of the patient, their underlying conditions, and their current health status.

Triage was used in some settings but not others. One participant suggested that introducing triage to their service would assist with waiting times and prioritisation.

> **"At the moment in urgent dental care it's first-come, first-served. Triaging would be helpful."**

Triage was seen to play a vital role in prioritisation in UTCs as people with more urgent needs could be given the next available appointment, and those with less urgent ones could join the queue and be seen in turn.

The availability of triage in one UTC was said to vary according to staffing.

> **"They tend to dip in and out of doing triage. If there's no triage system in place, then 3-4 hours to be seen seems understandable. It depends on the day and who's in."**

One participant observed that waiting times reflect the fact that UTCs are not an emergency service; if the need is more urgent the patient should be at ED.

Another participant noted that the ophthalmology department's opening hours no longer aligned well with patients' needs, with low demand for early morning appointments and greater demand late in the day.

> **"The service operates Monday-Friday 8.30-4.30pm... something I have thought of is the service staying open later into the evening, more people we see are of working age now. Opening later in the morning could work too."**

Things that could be improved in urgent care services

What are your thoughts on the equipment and facilities currently available in urgent care services?

One participant highlighted the shortage of dentists, rather than equipment.

Another participant commented that in UTCs equipment sometimes goes missing, which means staff having to share, impacting negatively on consultations.

Potential unintended consequences of enhancing equipment and facilities available within UTCs were also mentioned by a participant.

> **"Tempting to think more facilities and equipment make things better but this can lead to further unforeseen consequences – e.g., offering blood tests could rule in or out blood clots, but then you'd have a whole lot of patients awaiting blood test results."**

Can you give us some examples of which equipment and/or facilities you are referring to?

One participant said that it was probably sufficient for one UTC (Ponteland Road) to have X-ray available during certain hours as the system for filtering patients there is quite good. They identified pros and cons associated with having ECG facilities in UTCs.

> **"[ECGs] can be helpful if someone has acute chest pain but you may be opening up a Pandora's box if there are anomalous results. You could end up with an increased workload and more congestion."**

Lack of physical space in one of the UTCs, and the RVI Ophthalmology/eye department, was highlighted as a significant challenge by two participants. In the case of the UTC the shortage of space was seen to have been exacerbated by the closure of Westgate Road.

> **"Sometimes there are so many staff that there aren't enough rooms, but that is a better problem to have than significant staff shortages."**

How do you think equipment should be distributed across urgent care services?

One participant thought it made sense to have one higher level urgent care site to refer people to and mentioned that currently X-ray, ultrasound and eye examination equipment is only available at the RVI until 4pm.

It was also suggested that sites should have the same equipment as this has a significant impact on the service delivered.

Another participant thought that providing a UTC site with a full range of equipment and services (X-rays, blood tests, CT head imaging, ECGs) could potentially be beneficial, but this would require extensive staff training, and information for patients, to manage their expectations. They cited an enhanced urgent care centre in North Tyneside which they were familiar with.

> **"Only negative...is that [North Tyneside] is seen more as an A&E service because it has a full range of services, but it's not equipped to deal with things like stroke or severe limb injury. The additional facilities are only intended for use in certain clinical scenarios and patients may get the wrong idea."**

In reference to the RVI Ophthalmology/eye department, one participant said that it would not be feasible to replicate eye equipment across urgent care services sites as some of it is extremely expensive, and staff would need extensive training. However, they did see benefits in being able to send images from imaging cameras between locations using the PACS system, so that an ophthalmologist could interpret the results via remote telemedicine.

What are your thoughts on staff levels across services in Newcastle that support urgent care needs?

Staffing levels in UTCs were said to have improved following the closure of Westgate Road. Another participant agreed that staffing levels in general had improved. However, they also highlighted a vicious cycle in which nursing staff got stressed and went off sick, leaving the service under-staffed, which resulted in more nursing staff becoming stressed and going off sick, leading to unsafe situations where there may only be one nurse on duty. Another participant also identified staffing issues relating to stress and burnout.

> **"More staff would be helpful, but they could all burn out. It's like a bucket with a hole in it and a tap, you need a way of controlling the flow."**

One participant commented that referrals from community pharmacies to Ponteland Road are working very well, after initial teething problems. One weekend there was no doctor available so a contingency plan might be necessary to avoid that happening again. They suggested that the NHS 111 service needs more staff as call back times ranging from 2 – 7+ hours have been

reported. They also noted that after hours pharmacists don't get paid for 'walk-ins,' only referrals.

Another participant stated that the local shortage of dentists at the Dental School reflected a national shortage.

What are your thoughts on other health professionals (such as pharmacists or mental health practitioners) supporting urgent care needs?

One participant thought it would be helpful to train pharmacists on which dental issues fall under urgent care, and where they can signpost people to.

Two participants saw additional scope for more pharmaceutical support.

> **"Pharmacy one hundred percent could support. We see a lot of people who don't go to Pharmacy First and use us as a first port of call. We also have issues with people asking for repeat prescriptions, which we can't supply, but pharmacies can provide emergency supplies."**

> **"Pharmacists have been very helpful within Primary Care, but what would be more useful in urgent treatment services is ensuring as many nurses as possible are themselves prescribers."**

Another participant reported positive experiences of working with the mental health crisis team.

> **"Services are stretched but their staff are fantastic. This is needed as up to two people per week are picked up purchasing over the counter medication potentially intended for suicide."**

Two participants commented on the role of mental health practitioners.

> **"We don't get a lot in terms of mental health but more of a link in those services would be good."**

> **"People who need mental health support generally fall into two categories. Those with chronic mental health problems where their usual GP is best placed to see them, and those in mental health crisis who might need support from the crisis team or A&E... If they need a place of safety A&E is much more suitable than a UTC."**

One participant highlighted the value added by opticians and pharmacists and suggested an extended role for GPs.

> **"[Opticians and pharmacists] can all be very useful in differentiating between something more serious which needs investigation and something less serious which can be dealt with straightaway. All hospitals should have a department with GPs – a GP department – working alongside the emergency department. Some patients could be seen there. There could be a rota – people could be posted there for a few weeks or a few months at a time."**

What would help you feel that you are supported to do your job?

Participants were asked how staff working in specific services could be supported to do their jobs. Their responses varied and are summarised below.

Service / setting	Support that would help
UTCs	People attending a pharmacy in the first instance, then their GP, so we don't have to signpost. Encouraging collaborative working between doctors and nurses and ongoing nursing support (in GP service attached to ED).
Community Pharmacy	Clearer messages to patients around issuing antibiotics. Fewer inappropriate referrals from NHS 111 for repeat medication for long term conditions, or emergency medication for controlled drugs, which we can't issue.
RVI Ophthalmology/ eye department	More investment, more staff, and more space. A good IT system that functions well. Electronic records that update quickly. More easily accessible IT support. A truly national NHS IT system – better access to records would free up a lot of time.

Re-direction

If you were asked to redirect patients to a different service what would support you to do this?

Participants identified several ways in which specific services could be supported to redirect patients to a different service. Their responses are summarised below:

Service / setting	Support for redirection
UTCs	Clear clinical history of presenting complaint. Set of observations to assess risk. Bypass phone numbers for GP practices (to avoid having to wait in a queue using the main number).
Community Pharmacy	One simple sheet that lists what services are available, opening times, how to get someone an appointment, and if they take 'walk-ins.'
Dental School	Would not redirect.
RVI Ophthalmology/ eye department	More capacity.

How can patients be supported to attend the right service first time?

Participants identified a variety of ways in which patients could be supported to attend the right service, first time. Their responses are summarised below:

Service / setting	Support for redirection
UTCs	Greater awareness and availability of services. Continue encouraging use of NHS 111 service.

Community Pharmacy	Clearer messaging in the media (especially about ED and Pharmacy First). More consistent messaging across services.
Dental School	Make sure patients know where to go for toothache or other urgent dental issues.
RVI Ophthalmology/ eye department	More specialties in hospital with their own urgent care. Better guidelines for GPs. Review of pathways (not always necessary to see GP). Improving NHS 111 service.

One participant highlighted the potentially serious consequences of patients not knowing where to go in an emergency.

> **"People who should be in A&E turn up at Pharmacy First for example with heavy blood loss or heart attacks."**

They also mentioned the risk of patients failing to access services after being redirected.

> **"Research has shown that people who get turned away often then don't go to the right place they've been directed to."**

Integration

What do you think could support the integration of services?

Participants were asked what could support the integration of services. Integration was mostly seen positively, but one participant noted a potential drawback. Responses are summarised below.

Service / setting	What could support integration
UTC 1	Shadowing opportunities. Better links with GPs.
UTC 2	Integration is tricky – offering referral to other services could encourage an influx of patients.
Community Pharmacy	e-referral option to a chiropodist, physiotherapist, or Occupational Therapist, which could be checked and approved by a GP (at present they can only refer to a UTC or GP).
Dental School	Make sure dentistry is included in patient health information (often forgotten).
RVI Ophthalmology/ eye department	Emergency departments with primary care alongside them. National IT systems and integration of clinical letters and medical records.

Is there anything else you'd like to tell us about working in urgent care services in Newcastle?

At the end of the interview participants were invited to add any additional information that they considered important. Three participants responded with the following comments.

> **"Urgent care has taken a battering due to GP access issues. Better GP access would help."**

“Just how hard the nursing staff work and the volume of patients they see. I’ve come across nurses leaving the UTCs to work in other areas, to work somewhere where it could be a bit easier. Recognition of how hard nurses work is really important.”

“This postcode thing – we do get patients from Carlisle and Sunderland. There’s a thing called ‘patient choice’ but at the end of the day most patients would prefer to get treatment close to where they live.”

“I worry that Newcastle gets inundated by people from far afield, which means that someone local doesn’t get treated.”

“If something non-urgent doesn’t get treated on time it becomes urgent. Some of this relates to older people – they assume that something is just age-related, or they may not have support to attend. Sometimes a condition may not be painful even if it results in someone slowly losing their sight. Or they may think it might just get better.”

This participant also mentioned the need for public education around alcohol use as eye problems are commonly caused by trauma in fights and optical nerve damage can also result from excessive alcohol consumption over time.

Other methods of engagement findings

This section summarises the findings from 23 individuals or organisations who shared their views of urgent care services in Newcastle via social media, email and letter.

Feedback via media

Five people responded via Facebook and Twitter. Their comments were negative and covered:

- Urgent care services not being effective.
- Poor access to GP appointments.
- A query about whether urgent care services are privately run.

Fourteen people responded via a local online newspaper website. Their comments covered:

- A belief that these services were underused.
- A feeling that the ED should redirect patients to these services which should all have a GP onsite.
- Concerns about lack of resources within the NHS.
- Westgate UTC:
    - The need for greater promotion of the service.
    - No free parking onsite.
    - Six people commented suggesting they thought that the decision to close Westgate UTC permanently had already been made.
    - Positive feedback about the service provided.

Feedback via letter and email

There were four responses to the review via email.

An individual shared an experience they had when trying to get pain relief for an oral infection. They were unable to get medication via their dentist or the UTC they attended after their dental appointment. The experience highlighted the following:

- A need for greater patient understanding of urgent care services:
    - What services they can provide in terms of dental care.
    - How UTCs operate in terms of the role of the onsite GP.
    - How UTCs operate in terms of patient access to the onsite GP.

Deaflink, a local charity supporting D/deaf, Deafblind, Hard-of-Hearing and Deafened people and their families, also provided feedback on experiences of people living with these conditions.

- The main issue for the D/deaf community using urgent care services in Newcastle is around interpretation and communication.
    - In particular it is important that appropriate interpretation services are available for BSL users if they are to attend an urgent care service. This could be provided through a service called ‘video relay interpreting.’
    - There have been examples of GPs referring BSL users to UTCs with the assurances there would be the facilities for interpreting, only for the services not to

be available (this often results in family members having to interpret for them). This could be due to a lack of staff training.
    - D/deaf awareness staff training should be provided to all staff so they are able to appropriately communicate with Deaf patients, as well as understanding how to access interpreting services.
- The Deaf community also want equitable access to local-based services.

Riverside Community Health Project is a local charity, working to improve the health and wellbeing of disadvantaged communities in the west of Newcastle. They shared feedback from some of their service users around urgent care services:

- Comments mainly related to difficulties getting GP appointments and waiting times at ED.
- Westgate UTC being closed was also mentioned.
- Several parents felt that when trying to make a GP appointment, babies and children no longer seem to be given priority over adults.
- There was an understanding of the need to triage patients ahead of booking a GP appointment but it was felt that this should be carried out by someone who was clinically trained and not receptionists.

An individual shared their views which reflected key themes established throughout the report:

- The meaning of urgent care is subjective.
- They felt it was a “meaningless phrase [which] has no currency outside the NHS” and is difficult to translate into other languages and cultures.
- They stated that information on the website requires updating.
- They also mentioned the issue of long waiting times for GP appointments, and how this may push people to use UTCs.

Report feedback

The draft report was in public circulation and open to comment from 8 July 2023 until 30 July 2023 with feedback welcomed via email or telephone. During this period we received feedback from two people and their comments covered:

Understanding of urgent care

- Difficulties in not knowing which service to use (leading to delayed treatment), particularly when trying to avoid ED due to the pressures they are under.
- A suggestion for UTCs to advertise whether they have X-ray facilities on site.
- A belief that greater use of pharmacies could take pressure off other services but a feeling that some patients would be reluctant to use them as they would feel they should see a doctor or would be worried about being overheard.

Access

- A suggestion that to avoid inappropriate use of ED, UTCs should be open 24 hours a day, seven days a week and accessible by public transport.
    - It was stated that Ponteland Road UTC is difficult to get to on public transport with few direct buses. Some people get a bus to Stamfordham Road and walk along to the UTC, it was felt that this is would be a difficult walk for elderly or very poorly people.
- Difficulties in getting GP appointments via the system of calling each morning if you are working.
- Difficulties in accessing GP appointments outside of work hours.
- A suggestion of having GP practices open two nights per week for later appointments.
- A suggestion that Westgate UTC re-open as it has better public transport links from the outer west of the city.
- A concern around digital exclusion with those unable to use the internet not being able to access services such as ordering prescriptions or making appointments.
- A need for access to BSL interpreters in urgent care settings.

Experience

- Positive experiences of the UTC and the RVI.
- Appreciating community access to X-ray facilities at a UTC but a request for UTC staff to be able to diagnose the injury rather than having to then attend the RVI to have the diagnosis verified.
- Ponteland Road was felt to be very busy with long waiting times.

Resourcing

- A need for specialist mental health urgent care which was felt to be a growing problem which should have parity with physical health.

Listening Exercise

- A lack of awareness of the survey in Phase 1 of the listening exercise.
- A suggestion to target face-to-face consultations at local community hubs to increase responses.

Conclusions

The findings suggest that urgent care services across Newcastle are operating well, with strong evidence of positive experiences. However, both staff and participants have identified areas where improvements could be made to ensure that services are meeting the needs of the local population.

Understanding of urgent care

Across all methodologies there was a lack of participant understanding, and some confusion around what 'urgent care' means, which services sit within urgent care and when it is appropriate to use them, and participants requested more information to help navigate services.

- Focus group participants saw 'urgent care' and 'urgent care need' as subjective terms which vary based on who defines them. For some public event participants the successful navigation of urgent care services was seen to depend on the ability of people to assess the seriousness of their situation.
- There was also some confusion around the difference between emergency care and urgent care and public event participants highlighted that the term 'care' may not translate accurately into other languages and cultures. Changes or inconsistencies in the name given to services such as A&E or ED, and walk-in centres or UTCs, added to the confusion.
- The importance of clear patient knowledge and understanding is evident when considering the survey results. Over one quarter of respondents had visited a UTC or the RVI (ED or MIU) as they believed it was the best place for their health needs.
- An understanding of the different urgent care services available and when and how to access them is vital to ensuring that they are used appropriately, and that pressure is not placed on particular parts of the system. Focus group and public event participants considered how people might feel about accessing a range of services if they had an urgent care need.
    - Despite some understanding of the support and expertise available within pharmacies from some public event participants, others felt there were barriers to using the service for an urgent care need. This was mirrored within several focus group discussions. Perceptions that pharmacies only provide medication and not medical advice, are limited in what medication they can provide and don't have the medical expertise were shared. A lack of equipment such as x-ray machines, a lack of privacy and limited opening times were also a concern.
    - Participants at one focus group and four public events highlighted issues with using NHS 111 – concerns were expressed about people usually being directed to ED, lack of confidence in the knowledge and ability of staff, it not being a face-to-face service, and using NHS 111 increasing waiting times. Accessibility was also an issue as sharing medical information over the telephone is difficult for people who do not have English as a first language.
    - Almost all focus groups stated that they would be happy to use their GP practice if appointments were more readily available.
- Staff responses echoed patient feedback. They said that greater patient understanding was crucial to ensuring that patients used the most appropriate service first time, and that better understanding would also assist them when redirecting patients to other urgent care services.

- Participants requested clear, simple, jargon-free information on what illnesses and injuries urgent care covers and the difference between urgent and emergency care. Focus group and public event participants suggested mass media campaigns and direct outreach with communities.
- Awareness of what qualifies as 'urgent care' was also seen as important for all community-based NHS staff. A range of methods was suggested to share this information including emails, the intranet, staff meetings and staff rotations or short placements.

Access

Easily accessible urgent care services are vital to patients, and staff who completed the survey felt this was the most important aspect of urgent care. There was some consistency in how patients physically accessed services and what was important to them, but participants also highlighted broader considerations that would help to make services accessible to all.

The actions people took before attending an urgent care service varied, with the majority seeking guidance from a healthcare provider first, but a minority choosing to attend without any direction.

- Most survey respondents would use private transport (driving or getting a lift from friends/family) to travel to urgent care services and a location which was easy to access, close to public transport, with free parking available was most important.
- For respondents who did not have English as a first language there were issues around access to interpreters to enable them to use urgent care services. Two focus groups highlighted the need for access to interpreters at UTCs including BSL interpreters. D/deaf participants said that improvements were needed in video relay interpreting services, and that UTC staff and those who signpost to urgent care services needed training to enable them to appropriately communicate with D/deaf patients.
- The layout of facilities and in particular waiting areas was also identified as an area for improvement by survey respondents and participants in two focus groups, who described them as overcrowded, cramped and lacking in privacy.
- Participants identified reasons why people would choose to walk-in and wait at urgent care services without contacting a healthcare provider first. Difficulties in getting GP appointments was the reason cited most frequently across survey and focus group respondents. A lack of knowledge of urgent care services, feeling like they were taking action, getting seen in a timely manner, and face-to-face communication were also mentioned. Focus group and public event participants suggested that better sharing of information about available urgent care services, improved access to GP appointments, easier ways of contacting UTCs, and faster NHS 111 response times could reduce the number of people walking in.

Attendance

Survey respondents had generally used urgent care services for illnesses rather than injuries and had usually only attended urgent care services after being directed to do so by their GP or NHS 111. A minority of participants had sought urgent care without consulting anyone first, based on their own assessment of their needs.

Waiting times and face-to-face consultation were generally seen as the most important factor influencing attendance. Most participants said that in the future they would seek initial advice for any urgent care needs from their GP or NHS 111.

- Survey respondents had accessed urgent care services in Newcastle, mainly for illnesses rather than injuries, and had attended ED at the RVI, Ponteland Road UTC and Molineux Street UTC in particular. They had usually attended between one and three times within the last year, mostly for themselves, although around one quarter attended with a child.
- The main motivating factor for those who had used a UTC or the RVI (ED or MIU) was because they had been directed to urgent care services by their GP or NHS 111, but over one quarter said they attended because they thought it was the best place for their needs.
- When considering what was most important to them when receiving support for an urgent care need almost three quarters of survey respondents identified how quickly they expected to be seen, followed by being seen face-to-face and having access to on-site diagnostic facilities. Public event participants ranked face-to-face contact as most important with waiting times ranked as next most important.
- When considering future attendance at an urgent care service most survey respondents said they would contact their GP for an appointment or use NHS 111 and this was echoed by public event participants.

Experience

There is strong evidence of positive experiences of urgent care services in Newcastle from both respondents and staff although participants did identify areas where improvements could be made.

- Around two thirds of survey respondents reported positive experiences of UTCs and RVI (ED and MIU) services citing short waiting times, staff who are caring, friendly, supportive and hardworking, and receiving effective treatment resulting in immediate resolution of their issue.
- Staff respondents reported that patients are seen quickly and receive quality care via accessible services whilst UTC and MIU staff respondents felt that their services take pressure off other services such as the ED, GP practices, and NHS 111.
- However, over half of survey respondents felt that their experience could have been improved mentioning shorter waiting times, better resourcing in terms of staffing and equipment, and improvements to the physical layout of services in particular. For focus group respondents long waiting times and inadequate waiting areas were their main concerns.
- Staff interviews, focus groups, and public events explored views around appropriate waiting times. Staff responses were dependent on the service they were considering ranging from 5 minutes to half a day. When asked how to prioritise patients most effectively staff suggested clinical presentation; a triage system was also suggested by those currently working without one. Focus group and public event participants also had varied views on waiting times with the suggested range extending from 30 minutes to around 4 hours, with timely triage seen as making waiting more acceptable. Most participants would be happy for others with a more urgent need to be seen before them if they had been triaged first and their treatment wasn't delayed too much. Participants suggested that waiting would be more acceptable if they were made aware of the process within the service at the outset, told how long they might be expected to wait,

and crucially, kept informed of their progress towards being seen. Public event participants also suggested making waiting areas more comfortable.

Redirection

Generally, there was acceptance of the process of redirecting people to other, more appropriate urgent care services for their needs after an initial assessment. However, a minority of participants were unhappy about the idea of being redirected. Some staff identified a need for support to help them redirect patients to alternative services and more joint working or integration between urgent care services was seen as important.

- Respondents unhappy with redirection stated that they would have gone to a specific service because they felt their need was urgent, would expect to be seen there, and would not want to be 'passed around.' Redirection was seen as being likely to increase waiting times.
- Some participants were concerned about a lack of appointments if they were redirected to a GP practice. Other participants lacked confidence in the service that would be provided if they were redirected to a pharmacy.
- Public event and focus group participants suggested that thorough triage, timely redirection, a clear explanation of the reasons for it and what to do next, would be helpful. Some wanted appointments to be booked for them and some requested support with transport to attend another service. Integration of services such as sharing patient records and communication between services was also mentioned.
- The need for greater joined up working was echoed by staff who completed the survey, who also identified a lack of capacity in the urgent care system as barriers to the redirection process. As well as increasing efficiency and integration (suggestions made included e-referrals to a range of community services, a real-time urgent care capacity system and access to medical records), staff said that it would be helpful to have more information about each urgent care service and how to redirect patients into them.
- Both staff and participants felt that greater patient awareness of urgent care services and how and when to use them would support patients to attend the right service first time. The role of pharmacies was mentioned in particular, with some participants lacking confidence in this option and other participants seeing potential for greater use to be made of the urgent care services they provide.

Resourcing

Participants and staff requested additional resources to support the urgent care system as a whole, in order to improve capacity and meet patients' needs and expectations. They noted difficulties with getting GP appointments, a need for more staff within UTC services, and a lack of provision around urgent mental health support.

- Survey respondents and focus group participants identified the need for more funding, improved urgent care facilities and better staffing levels within services to improve their experience.
- Some staff survey respondents also suggested a need for more staff, within UTCs in particular, to increase the capacity of urgent care services.
- Across all methodologies there was evidence of difficulties in getting GP appointments; this was the main reason survey respondents gave for choosing to walk in and wait at a UTC or the RVI in the future without being directed to do so.

- In terms of equipment, one focus group suggested that there should be uniform diagnostic facilities across all UTCs (e.g., x-rays and blood tests).
- Staff interviewees who were asked about availability of equipment and facilities within urgent care services highlighted the need for increased physical space. There was some support for all sites having the same equipment and testing facilities, although additional training would be required, and congestion could be caused by people waiting for test results. It was also suggested that there could be one enhanced urgent care service with a full range of equipment including X-ray, blood testing, ECGs and a CT scanner, but it would be important to make it clear to the public that this was not an ED.
- Staff interviewees also discussed staffing levels and whilst there had been improvements, there was a call for more staff within some services. It was generally seen to be beneficial to have more support from pharmacists and mental health practitioners within the service.
- Participants at six focus groups and two public events highlighted a lack of mental health support within urgent care. Two focus groups highlighted a lack of practitioners in UTCs in particular and felt that mental health support should be included within urgent care provision.

Appendices

Appendix 1: Phase 1 Listening exercise - Profile of survey and focus group respondents
Please note that not all respondents chose to complete these questions

How old are you?	No. of respondents	% of respondents
16 – 17	29	2.8
18 – 24	162	15.4
25 – 34	176	16.7
35 – 44	202	19.2
45 – 54	171	16.3
55 – 64	151	14.4
65 – 74	90	8.6
75 or older	64	6.1
Prefer not to say	6	0.6
Total	1051	100.0

What is your gender?	No. of respondents	% of respondents
Male	409	38.9
Female	631	60.0
Other	2	0.2
Prefer not to say	9	0.9
Total	1051	100.0

Does your gender identity match your sex as registered at birth?	No. of respondents	% of respondents
Yes	1024	98.1
No	7	0.7
Prefer not to say	13	1.2
Total	1044	100.0

Are you currently pregnant or have you been pregnant in the last year?	No. of respondents	% of respondents
Yes	38	3.7
No	751	72.1
Prefer not to say	6	0.6
Not applicable	246	23.6
Total	1041	100.0

Are you currently?	No. of respondents	% of respondents
Single (never married or in a civil partnership)	378	35.9
Cohabiting	114	10.8
Married	434	41.2
In a civil partnership	14	1.3
Separated but still legally married/in a civil partnership	16	1.5
Divorced or civil partnership dissolved	40	3.8
Widowed or surviving partner from a civil partnership	33	3.1

Prefer not to say	24	2.3
Total	1053	100.0

Do you have disability, long-term illness or health condition?	**No. of respondents**	**% of respondents**
Yes	337	32.2
No	684	65.3
Prefer not to say	26	2.5
Total	1047	100.0

Please can you tell us what your disability, long-term illness or health condition relates to?	**No. of respondents**	**% of respondents**
A long-standing illness or health condition	180	53.7
A mental health difficulty	121	36.1
A physical impairment or mobility issues	46	13.7
A social/communication impairment	14	4.2
A specific learning difficulty	38	11.3
Blind or a have a visual impairment uncorrected by glasses	4	1.2
D/deaf or have a hearing impairment	18	5.4
An impairment, health condition or learning difference that is not listed above	61	18.2
Prefer not to say	8	2.4
		No. of respondents 335

Do you have any caring responsibilities?	**No. of respondents**	**% of respondents**
Primary carer of a child or children (under 2 years)	42	12.0
Primary carer of a child or children (2-18 years)	222	63.6
Primary carer of a disabled child or children	10	2.9
Primary carer or assistant for a disabled adult (18 years and over)	18	5.2
Primary carer or assistant for an older person or people (65 years and over)	49	14.0
Secondary carer (another person carries out main caring role)	26	7.4
Prefer not to say	23	6.6
		No. of respondents 349

Which ethnicity best describes you?	**No. of respondents**	**% of respondents**
Asian or British Asian (Bangladeshi, Chinese, Indian, Pakistani, or other)	91	8.8
White (British, Irish, European, or other)	854	82.4
Black / British black (African, Caribbean, or other)	42	4.1
Mixed race (black & white, Asian & white, or other)	22	2.1
Gypsy or traveller	1	0.1
Prefer not to say	11	1.1

Other	16	1.5
Total	1037	100.0

Are you currently serving in the UK Armed Forces (this includes reservists or part-time service)?	**No. of respondents**	**% of respondents**
Yes	6	0.6
No	982	98.8
Prefer not to say	6	0.6
Total	994	100.0

Have you ever served in the UK Armed Forces?	**No. of respondents**	**% of respondents**
Yes	31	3.1
No	952	96.1
Prefer not to say	8	0.8
Total	991	100.0

Are you a member of a current or former serviceman or woman's immediate family/household?	**No. of respondents**	**% of respondents**
Yes	29	3.0
No	942	96.1
Prefer not to say	9	0.9
Total	980	100.0

Which of the following terms best describes your sexual orientation?	**No. of respondents**	**% of respondents**
Heterosexual or straight	898	86.2
Gay man	29	2.8
Gay woman or lesbian	13	1.2
Bisexual	37	3.6
Asexual	1	0.1
Other	10	1.0
Prefer not to say	54	5.2
Total	1042	100.0

What do you consider your religion to be?	**No. of respondents**	**% of respondents**
No religion	501	47.9
Christianity	397	38.0
Buddhist	2	0.2
Hindu	24	2.3
Jewish	2	0.2
Muslim	57	5.5
Sikh	3	0.3
Other	19	1.8
Prefer not to say	40	3.8
Total	1045	100.0

Do you live or work in Newcastle?	No. of respondents	% of respondents
Live in Newcastle	533	47.5
Work in Newcastle	258	23.0
Live and work in Newcastle	284	25.3
Live and work outside Newcastle	41	3.7
Prefer not to say	7	0.6
Total	1123	100.0

Please tell us the first part of your home postcode	No. of respondents	% of respondents
NE6	188	16.8
NE3	168	15.0
NE5	160	14.3
NE15	145	13.0
NE4	89	8.0
NE2	51	4.6
NE7	39	3.5
NE1	31	2.8
NE13	28	2.5
Gateshead	41	3.7
Northumberland	39	3.5
South Tyneside	27	2.4
North Tyneside	74	6.6
Durham	16	1.4
Sunderland	9	0.8
Teesside	5	0.4
Outside North East	7	0.6
Total	1117	100.0

Appendix 2: Phase 1 Listening exercise - Promotional activities undertaken

- Press release – The Chronicle newspaper ran a story 01.02.23 - https://www.chroniclelive.co.uk/news/health/nhs-walk-centres-reviews-newcastle-26119895
- Stakeholder briefing emailed to 142 contacts including local Members of Parliament, councillors, NHS Trusts and Newcastle City Council.
- Email to local statutory and VCSE organisations and all schools in Newcastle containing information about the listening exercise, a link to the online survey and posters (which included a QR code to the online questionnaire) to use digitally or in print.
- Included in HAREF, On the Hoof, Connected Voice News, InformationNOW email bulletins 6 times.
- Shared via Involve North East and HAREF's Facebook and Twitter pages. Email sent to 220 HAREF contacts.
- Newcastle Patient, Public and Carer Engagement Forum – email to mailing list including link to online survey.
- Newcastle weekly GP Bulletin – four editions.
- Posters in all GP practices, UTCs and the MIU with paper questionnaires and freepost envelopes available.
- Posters in 19 community venues across the city with paper questionnaires and freepost envelopes available.
- Posters in a further 18 community venues.
- Posted survey link and information within 16 local Facebook community groups (combined membership of 107,000) 3 times during the engagement period.
- Paid advert on Facebook with link to online survey - reach 38176, impressions 152903 and interactions 1249 and 4 comments made.
- NHS Newcastle Gateshead Facebook page - posts with link to online survey 8 times.
- NENC ICB Facebook page - post with link to website with more information.
- NENC ICB's Twitter account – post with link to website with more information: 1529 views, 2 retweets, 1 comment.

Appendix 3: Phase 2 Further listening - Profile of focus group participants and public event attendees

Please note that not all respondents chose to complete these questions

How old are you?	No. of respondents	% of respondents
16 - 17	0	0.0%
18 - 24	1	2.6%
25 - 34	1	2.6%
35 - 44	8	20.5%
45 - 54	3	7.7%
55 - 64	8	20.5%
65 -74	12	30.8%
75 or older	6	15.4%
Prefer not to say	0	0.0%
Total	39	100.0%

What is your gender?	No. of respondents	% of respondents
Male	15	38.5%
Female	24	61.5%
Other	0	0.0%
Prefer not to say	0	0.0%
Total	39	100.0%

Does your gender identity match your sex as registered at birth?	No. of respondents	% of respondents
Yes	36	97.3%
No	0	0.0%
Prefer not to say	1	2.7%
Total	37	100.0%

Are you currently pregnant or have you been pregnant in the last year?	No. of respondents	% of respondents
Yes	0	0.0%
No	23	60.5%
Prefer not to say	1	2.6%
Not applicable	14	36.8%
Total	38	100.0%

Are you currently?	No. of respondents	% of respondents
Single (never married or in a civil partnership)	7	17.9%
Cohabiting	1	2.6%
Married	22	56.4%
In a civil partnership	1	2.6%

Separated /but still legally married or in a civil partnership	0	0.0%
Divorced or civil partnership dissolved	2	5.1%
Widowed or a surviving partner from a civil partnership	5	12.8%
Prefer not to say	1	2.6%
Total	39	100.0%

Do you have disability, long-term illness or health condition?	**No. of respondents**	**% of respondents**
Yes	20	54.1%
No	17	45.9%
Prefer not to say	0	0.0%
Total	37	100.0%

Please can you tell us what your disability, long-term illness or health condition relates to?	**No. of respondents**	**% of respondents**
A long-standing illness or health condition	13	65.0%
A mental health difficulty	7	35.0%
A physical impairment or mobility issues	1	5.0%
A social/communication impairment	0	0.0%
A specific learning difficulty	0	0.0%
Blind or visual impairment uncorrected by glasses	0	0.0%
D/deaf or have a hearing impairment	2	10.0%
An impairment, health condition or learning difference that is not listed above	2	10.0%
Prefer not to say	0	0.0%
		No. of respondents 20

Do you have any caring responsibilities?	**No. of respondents**	**% of respondents**
Primary carer of a child or children (under 2 years)	4	25.0%
Primary carer of a child or children (2-18 years)	7	43.8%
Primary carer of a disabled child or children	0	0.0%
Primary carer or assistant for a disabled adult (18 years and over)	2	12.5%
Primary carer or assistant for an older person or people (65 years and over)	6	37.5%
Secondary carer (another person carries out main caring role)	1	6.3%
Prefer not to say	0	0.0%
		No. of respondents 16

Which ethnicity best describes you?	No. of respondents	% of respondents
Asian or British Asian (Bangladeshi, Chinese, Indian, Pakistani, or other)	13	36.1%
White (British, Irish, European, or other)	22	61.1%
Black / British black (African, Caribbean, or other)	0	0.0%
Mixed race (black & white, Asian & white, or other)	0	0.0%
Gypsy or traveller	0	0.0%
Rather not say	0	0.0%
Other	1	2.8%
Total	36	100.0%

Are you currently serving in the UK Armed Forces (this includes reservists or part-time service)?	No. of respondents	% of respondents
Yes	0	0.0%
No	34	100.0%
Prefer not to say	0	0.0%
Total	34	100.0%

Have you ever served in the UK Armed Forces?	No. of respondents	% of respondents
Yes	2	6.3%
No	30	93.8%
Prefer not to say	0	0.0%
Total	32	100.0%

Are you a member of a current or former serviceman or woman's immediate family/household?	No. of respondents	% of respondents
Yes	2	6.7%
No	28	93.3%
Prefer not to say	0	0.0%
Total	30	100.0%

Which of the following terms best describes your sexual orientation?	No. of respondents	% of respondents
Heterosexual or straight	28	90.3%
Gay man	1	3.2%
Gay woman or lesbian	0	0.0%
Bisexual	2	6.5%
Asexual	0	0.0%
Other	0	0.0%
Prefer not to say	0	0.0%
Total	31	100.0%

What do you consider your religion to be?	No. of respondents	% of respondents
No religion	10	29.4%
Christianity	11	32.4%
Buddhist	0	0.0%
Hindu	0	0.0%
Jewish	1	2.9%
Muslim	9	26.5%
Sikh	2	5.9%
Other	0	0.0%
Prefer not to say	1	2.9%
Total	34	100.0%

Do you live or work in Newcastle?	No. of respondents	% of respondents
Live in Newcastle	26	74.3%
Work in Newcastle	3	8.6%
Live and work in Newcastle	4	11.4%
Live and work outside of Newcastle	2	5.7%
Prefer not to say	0	0.0%
Total	35	100.0%

Please tell us the first part of your home postcode	No. of respondents	% of respondents
NE1	1	2.7%
NE2	1	2.7%
NE3	3	8.1%
NE4	15	40.5%
NE5	5	13.5%
NE6	1	2.7%
NE9	1	2.7%
NE15	4	10.8%
NE24	1	2.7%
NE26	1	2.7%
NE28	1	2.7%
NE29	1	2.7%
NE31	1	2.7%
NE47	1	2.7%
Total	37	100.0%

Appendix 4: Phase 2 further listening - Local businesses where posters and leaflets for public events were accepted and displayed in June 2023

Venue	Area	Venue	Area
Grainger delicatessen	Grainger Market	Vape as	Elswick
Lindsay	Grainger Market	Chin Chin	Elswick
Chirton Fisheries	Grainger Market	Happiness	Elswick
Tea bar	Grainger Market	Gossip	Elswick
30 Coffee	Grainger Market	Carols	Elswick
Shack Wallah	Grainger Market	Family clothing	Elswick
Acropolis	Grainger Market	Land of fur to tie	Elswick
Best Costs Less	Grainger Market	Your city location	Elswick
Yesterday Society	Grainger Market	Benwell bargains	Elswick
Lc	Grainger Market	Jjvas supermarket	Elswick
King baby bagels	Grainger Market	Star pizza	Elswick
Vermuteria	Grainger Market	Village supermarket	Elswick
The Shave Centre	Grainger Market	Adelaide fish bar	Elswick
Northern optical	Grainger Market	Patchwork project	Elswick
Red heads mac n cheese	Grainger Market	Polo market	Elswick
Market Leisure	Grainger Market	Sarah Marie fairly	Elswick
Ruffles	Grainger Market	Tchibo cafe	Elswick
Feos	Grainger Market	Enayat t home store	Elswick
Scented M	Grainger Market	Post office	Elswick
Dennis and Junes Sarnies	Grainger Market	Polski Smaki	Elswick
Kandy box	Grainger Market	Shop local	Elswick
Amblergem	Grainger Market	Sainsburys	Denton
The sock factory	Grainger Market	Barber shop	Denton
Universal export	Grainger Market	Angela delight	Denton
Healing	Grainger Market	Denton pharmacy	Denton
Feel Pretty	Grainger Market	Post office	Denton
Grainger Crafts	Grainger Market	Gorman’s	Denton
Recent Relics	Grainger Market	Mozzarella	Denton
Bao Down	Grainger Market	Bindi	Denton
Bryan miners and son	Grainger Market	La Famgita	Denton
Cafe one2one	Grainger Market	Tongs	Denton
Let it be music merch	Grainger Market	Sports Entertainment	Scotswood
Oliver and Eden	Grainger Market	Muai Thai	Scotswood
Creatooons for occasions	Grainger Market	Lifestyle express	Lemington
Habiknit	Grainger Market	Wilson Defraine	Lemington
Petticoat Lane	Grainger Market	Building services	Lemington
M&S	Grainger Market	Lemington butchers	Lemington
Lady Grainger	Grainger Market	Little Connie’s cafe	Lemington
Geordie	Grainger Market	Go local and post office	Lemington
Bags of Bags	Grainger Market	Legends barber shop	Lemington

Jack and Jill	Grainger Market	Boots	Lemington
Hector Hall	Grainger Market	Lemington Deli	Lemington
Richard Campbell	Grainger Market	Sports Centre	Newburn
Geordie Bangers	Grainger Market	Off license newsagent	Newburn
Pig Style	Grainger Market	Tasty House	Newburn
Tiana Gifts	Grainger Market	Fashion Sense Boutique	Newburn
Pro 19	Grainger Market	The Barbering Station	Newburn
Pet Lamb Brasserie	Grainger Market	Extending Beauty	Newburn
S Murray	Grainger Market	K Donnelly Prosthodontic Dental Laboratory	Newburn
Supastitch	Grainger Market	Bank Studio	Newburn
Oliver's	Grainger Market	Well Beck Convenience Store	Walker
Cheese	Grainger Market	Glam	Walker
Youngs	Grainger Market	Best One	Walker
French Oven	Grainger Market	Walker Library	Walker
Pumphreys	Grainger Market	Snack Box	Walker
Hungry Panda	Grainger Market	Mr Gees	Walker
Hunters Deli	Grainger Market	Walter Cox	Walker
Scorpios	Grainger Market	Walker Pharmacy	Walker
Robinsons Pet Store	Grainger Market	G Bassi Convenience Stores	Walker
Dunn's Hair Salon	Grainger Market	St Martins Centre Church and Nursery	Walker
Coffee Lounge	Grainger Market	Walker Premier	Walker
Eats	Grainger Market	Fossway Tandoori	Walker
Cigarettes and Vape	Grainger Market	A and a Barber Shop	Walker
British Heart Foundation	Grainger Street	Cost Cutter	Walkergate
Tesco Northumberland street x2	Northumberland street	Willow2	Walkergate
Sainsbury's Northumberland	Northumberland street	Glitz and Glamour	Walkergate
Hancock Museum	Newcastle	Shield Road	Walkergate
Amart	Newcastle	Lidl	Walkergate
Joy Handmade	Newcastle	Regal Catering	Walkergate
Newcastle college library and notice board	Newcastle	Miami Pizza	Walkergate
Nail bar	Percy Street	Asda	Byker
Three Bulls Heads	Percy Street	JD	Byker
Mode Hair	Percy Street	Argos	Byker
The Goose Stonehouse	Percy Street	Poundland	Byker
Tesco Express	Percy Street	Pets at home	Byker
Pure Gym	Percy Street	M&S	Byker
Koba	Percy Street	TK Maxx	Byker
Mops	Newcastle	B and M	Byker
Zuju	Newcastle	Home Bargains	Byker

Bar and Block	China town/St James	Sports Direct	Byker
Best one	China town/St James	Phones and Co	Shields Road Byker
Okipoke	China town/St James	Dali	Shields Road Byker
The back page	China town/St James	Electric Cigarette	Shields Road Byker
Stixs	China town/St James	Pink Salon	Shields Road Byker
Sweet dreams	China town/St James	Butchers Arms	Shields Road Byker
David Harvey	China town/St James	Bobbys	Shields Road Byker
Tsjuiri	China town/St James	AC Taylor	Shields Road Byker
Butterflies sandwich deli	China town/St James	Premier Shields Road	Shields Road Byker
Rosie's bar	China town/St James	Sparkling	Shields Road Byker
China town	China town/St James	Bond pawnbroker	Shields Road Byker
Hot pot little Asia	China town/St James	Sulan	Shields Road Byker
Landmark	China town/St James	Mini Market	Shields Road Byker
Snooker club	China town/St James	Dickson a	Shields Road Byker
Amaysia	China town/St James	Bar 22	Shields Road Byker
Freya's	China town/St James	Veterans at Ease	Shields Road Byker
Cosmix Ballroom	China town/St James	Barnados	Shields Road Byker
Sky	China town/St James	Card factory	Shields Road Byker
Dojo	China town/St James	Tan UK	Shields Road Byker
King Neptune	China town/St James	The Raby	Shields Road Byker
Red diner	China town/St James	Savers	Shields Road Byker
Ohato	China town/St James	Lifestyle Express	Shields Road Byker
Wing Kee	China town/St James	The Old Post Office	Shields Road Byker
Happiness 2	China town/St James	No Aesthetics	Shields Road Byker
Master	China town/St James	Sabor	Shields Road Byker
Muacha	China town/St James	Phone Tech Repair	Shields Road Byker
Bubble Cha	China town/St James	Mystic Beauty Salon	Shields Road Byker
Wing Hong Chinese supermarket	China town/St James	Was Hair Salon	Shields Road Byker
Asia Supermarket	China town/St James	Cycle Centre	Shields Road Byker
Tyne News	Newcastle	Greggs	Shields Road Byker
Angel Nails	Central Station Area	Iceland	Shields Road Byker
Lisa's	Central Station Area	Tracey's Hair	Shields Road Byker
Pink Lane Bakery	Central Station Area	Sami's Barbers	Shields Road Byker
Clayton St Chippy	Central Station Area	Geordie Bell	Shields Road Byker
Grainger news	Central Station Area	Phone Hub	Shields Road Byker
Mr Q	Central Station Area	Fries and Burg	Shields Road Byker
Gunner Tavern	Central Station Area	Grazin Kitchen	Shields Road Byker
Barbers	Central Station Area	Gabson	Shields Road Byker
Subway	Central Station Area	Byker Shoe Repairs	Shields Road Byker
Greggs	Central Station Area	Goodfellas Barber shop	Shields Road Byker
The Victoria Comet	Central Station Area	Littles News	Shields Road Byker
Sainsburys station	Central Station Area	Swan Nails	Shields Road Byker
Destination 1850	Central Station Area	Eastern Europe	Shields Road Byker
WH Smith	Central Station Area	Platinum Beauty	Shields Road Byker
M&S	Central Station Area	Fardin Kitchen	Shields Road Byker
Starbucks	Central Station Area	The Photo Expert	Shields Road Byker

Central News	Central Station Area	Tanning and beauty	Shields Road Byker
Turcos	Central Station Area	Presto	Shields Road Byker
Hudson	Central Station Area	Stop and shop	Shields Road Byker
Metro Express	Central Station Area	Compton's Barber Shop	Shields Road Byker
Slaters	Central Station Area	Superinks	Shields Road Byker
Central Bar	Central Station Area	Money wise	Shields Road Byker
Best One	Central Station Area	Fantasie florist	Shields Road Byker
Bertos	Central Station Area	At Oswald's Hospice	Shields Road Byker
Be at One	Central Station Area	Expressing Slots	Shields Road Byker
Wake and Cake	Newcastle	Kt Nails	Shields Road Byker
Quayside Express	Newcastle	Bargain Essentials	Shields Road Byker
Ship Inn	Ouseburn	African Beauty	Shields Road Byker
The Cluny	Ouseburn	Lackys Right Choice	Shields Road Byker
Farm Cafe Beam	Ouseburn	Wazobia Africa	Shields Road Byker
Seven Stories	Ouseburn	Normal International	Shields Road Byker
Jim Edwards Art Gallery	Ouseburn	Terran Bakery	Shields Road Byker
Food Father	Elswick	Post Office Byker	Shields Road Byker
Legends Barbers	Elswick	East End Library	Shields Road Byker
Taste of Europe	Elswick	Ramadan's	Shields Road Byker
African lounge	Elswick	Totally wicked	Shields Road Byker
Omo Naija foods	Elswick	Eastern Health Spa	Shields Road Byker
Ahura Lounge	Elswick	Burgers and Bites	Shields Road Byker
Head Shop	Elswick	Carrefoor	Shields Road Byker
Greggs	Elswick	Wilko	Shields Road Byker
Iceland	Elswick	Wetherspoons the High Main	Shields Road Byker
Asda	Elswick	Home Store	Shields Road Byker
Ramsdens	Elswick	British Heart Foundation	Shields Road Byker
Betel Charity Furniture	Elswick	Top Bargain	Shields Road Byker
Card Factory	Elswick	Greggs	Shields Road Byker
Trap Corner	Elswick	Morrisons	Shields Road Byker
European Market	Elswick	Kerr Pharmacy	Shields Road Byker
Shop Local	Elswick	Pinto Italian kitchen	Heaton
Barnados	Elswick	At Teresa's Catholic Church	Heaton
Najib	Elswick	Leaf Hair	Heaton
Lori Nails	Elswick	Butterfly Cabinet	Heaton
Cash 4 Clothes	Elswick	Boquerones	Heaton
Hair Stylist	Elswick	Tattoo	Heaton
Romanian Food	Elswick	Block and Bottle	Heaton
Farah Chemists	Elswick	Flight Bar	Heaton
European Shop	Elswick	Little Piece of Sky	Heaton
Fancy goods	Elswick	Smoke and Sear Kitchen	Heaton
Bites of India	Elswick	Heaton Hideaway	Heaton
M&J Hair	Elswick	Arcot Interiors	Heaton
Specials	Elswick	Premier	Heaton

Adelaide News	Elswick	Mojo Hair Design	Heaton
Sajys	Elswick	Fork in the Rose	Heaton
Culture	Elswick	Fitness Fraternity	Heaton
Remember	Elswick	Sainsbury’s	Heaton
Phone Dr	Elswick	Point Brickwork	Heaton
Freshway Butcher	Elswick	Turkish Barber	Heaton
Be you	Elswick	Nail Box	Heaton
Aria	Elswick	Siam Supreme	Heaton

Appendix 5: Phase 1 Listening exercise - Profile of on-street survey respondents

Please note that not all respondents chose to complete these questions

How old are you?	No. of respondents	% of respondents
16 – 17	23	4.6%
18 – 24	93	18.6%
25 – 34	89	17.8%
35 – 44	75	15.0%
45 – 54	68	13.6%
55 – 64	63	12.6%
65 -74	49	9.8%
75 or older	41	8.2%
Prefer not to say	0	0.0%
Total	501	100.0%

What is your gender?	No. of respondents	% of respondents
Female	254	50.7%
Male	246	49.1%
Other	1	0.2%
Prefer not to say	0	0.0%
Total	501	100.0%

Does your gender identity match your sex as registered at birth?	No. of respondents	% of respondents
Yes	493	99.0%
No	3	0.6%
Prefer not to say	2	0.4%
Total	498	100.0%

Are you currently pregnant or have you been pregnant in the last year?	No. of respondents	% of respondents
Yes	16	3.3%
No	316	64.1%
Prefer not to say	0	0.0%
Not applicable	161	32.7%
Total	493	100.0%

Are you currently?	No. of respondents	% of respondents
Single (never married or in a civil partnership)	203	40.5%
Cohabiting	58	11.6%
Married	200	39.9%
In a civil partnership	6	1.2%
Separated but still legally married/in a civil partnership	4	0.8%
Divorced or civil partnership dissolved	9	1.8%
Widowed or surviving partner from a civil partnership	20	4.0%
Prefer not to say	1	0.2%
Total	501	100.0%

Do you have disability, long-term illness or health condition?	No. of respondents	% of respondents
Yes	133	26.7%
No	364	73.0%
Prefer not to say	2	0.4%
Total	499	100.0%

Please can you tell us what your disability, long-term illness or health condition relates to?	No. of respondents	% of respondents
A long-standing illness or health condition	83	62.4%
A mental health difficulty	26	19.5%
A physical impairment or mobility issues	14	10.5%
A social/communication impairment	6	4.5%
A specific learning difficulty	14	10.5%
Blind or a have a visual impairment uncorrected by glasses	0	0.0%
D/deaf or have a hearing impairment	6	4.5%
An impairment, health condition or learning difference that is not listed above	18	13.5%
Prefer not to say	8	6.0%
		No. of respondents 133

Do you have any caring responsibilities?	No. of respondents	% of respondents
Primary carer of a child or children (under 2 years)	20	15.9%
Primary carer of a child or children (2-18 years)	86	68.3%
Primary carer of a disabled child or children	2	1.6%
Primary carer or assistant for a disabled adult (18 years and over)	11	8.7%
Primary carer or assistant for an older person or people (65 years and over)	16	12.7%
Secondary carer (another person carries out main caring role)	0	0.0%
Prefer not to say	0	0.0%
		No. of respondents 126

Which ethnicity best describes you?	No. of respondents	% of respondents
Asian or British Asian (Bangladeshi, Chinese, Indian, Pakistani, or other)	62	12.4%
White (British, Irish, European, or other)	398	79.6%
Black / British black (African, Caribbean, or other)	22	4.4%
Mixed race (black & white, Asian & white, or other)	12	2.4%
Gypsy or traveller	0	0.0%
Prefer not to say	1	0.2%
Other	5	1.0%
Total	500	100.0%

Are you currently serving in the UK Armed Forces (this includes reservists or part-time service)?	No. of respondents	% of respondents
Yes	4	0.8%
No	493	99.0%
Prefer not to say	1	0.2%
Total	498	100.0%

Have you ever served in the UK Armed Forces?	No. of respondents	% of respondents
Yes	17	3.4%
No	479	96.4%
Prefer not to say	1	0.2%
Total	497	100.0%

Are you a member of a current or former serviceman or woman's immediate family/household?	No. of respondents	% of respondents
Yes	15	3.0%
No	477	96.8%
Prefer not to say	1	0.2%
Total	493	100.0%

Which of the following terms best describes your sexual orientation?	No. of respondents	% of respondents
Heterosexual or straight	440	87.8%
Gay man	14	2.8%
Gay woman or lesbian	4	0.8%
Bisexual	21	4.2%
Asexual	1	0.2%
Other	7	1.4%
Prefer not to say	14	2.8%
Total	501	100.0%

What do you consider your religion to be?	No. of respondents	% of respondents
No religion	250	50.0%
Christianity	182	36.4%
Buddhist	0	0.0%
Hindu	13	2.6%
Jewish	1	0.2%
Muslim	32	6.4%
Sikh	3	0.6%
Other	9	1.8%
Prefer not to say	10	2.0%
Total	500	100.0%

Do you live or work in Newcastle?	No. of respondents	% of respondents
Live in Newcastle	219	44.0%
Live and work in Newcastle	202	40.6%

Live and work outside Newcastle	61	12.2%
Work in Newcastle	15	3.0%
Prefer not to say	1	0.2%
Total	498	100.0%

Please tell us the first part of your home postcode	**No. of respondents**	**% of respondents**
NE15	95	19.2%
NE6	82	16.5%
NE3	74	14.9%
NE5	63	12.7%
NE4	38	7.7%
NE2	27	5.4%
NE1	18	3.6%
NE13	4	0.8%
NE7	3	0.6%
Gateshead	19	3.8%
Northumberland	17	3.4%
South Tyneside	16	3.2%
North Tyneside	14	2.8%
Durham	10	2.0%
Sunderland	8	1.6%
Teesside	3	0.6%
Outside North East	5	1.0%
Total	496	100.0%

Appendix 6: Phase 1 Listening exercise - Profile of online/paper survey respondents

Please note that not all respondents chose to complete these questions

How old are you?	No. of respondents	% of respondents
16 - 17	6	1.2%
18 - 24	68	13.2%
25 - 34	82	15.9%
35 - 44	113	21.9%
45 - 54	97	18.8%
55 - 64	82	15.9%
65 -74	39	7.6%
75 or older	23	4.5%
Prefer not to say	6	1.2%
Total	516	100.0%

What is your gender?	No. of respondents	% of respondents
Male	148	28.7%
Female	358	69.4%
Other	1	0.2%
Prefer not to say	9	1.7%
Total	516	100.0%

Does your gender identity match your sex as registered at birth?	No. of respondents	% of respondents
Yes	498	97.3%
No	2	0.4%
Prefer not to say	12	2.3%
Total	478	100.0%

Are you currently pregnant or have you been pregnant in the last year?	No. of respondents	% of respondents
Yes	20	3.9%
No	412	80.2%
Prefer not to say	6	1.2%
Not applicable	76	14.8%
Total	514	100.0%

Are you currently?	No. of respondents	% of respondents
Single (never married or in a civil partnership)	159	30.7%
Cohabiting	54	10.4%
Married	224	43.2%
In a civil partnership	7	1.4%
Separated /but still legally married or in a civil partnership	11	2.1%
Divorced or civil partnership dissolved	28	5.4%
Widowed or a surviving partner from a civil partnership	13	2.5%
Prefer not to say	22	4.2%
Total	518	100.0%

Do you have disability, long-term illness or health condition?	No. of respondents	% of respondents
Yes	189	36.8%
No	303	58.9%
Prefer not to say	22	4.3%
Total	480	100.0%

Please can you tell us what your disability, long-term illness or health condition relates to?	No. of respondents	% of respondents
A long-standing illness or health condition	96	43.0%
A mental health difficulty	78	35.0%
A physical impairment or mobility issues	28	12.6%
A social/communication impairment	7	3.1%
A specific learning difficulty	21	9.4%
Blind or a have a visual impairment uncorrected by glasses	4	1.8%
D/deaf or have a hearing impairment	12	5.4%
An impairment, health condition or learning difference that is not listed above	42	18.8%
Prefer not to say	31	13.9%
		No. of respondents 223

Do you have any caring responsibilities?	No. of respondents	% of respondents
Primary carer of a child or children (under 2 years)	22	10.4%
Primary carer of a child or children (2-18 years)	127	60.2%
Primary carer of a disabled child or children	8	3.8%
Primary carer or assistant for a disabled adult (18 years and over)	7	3.3%
Primary carer or assistant for an older person or people (65 years and over)	33	15.6%
Secondary carer (another person carries out main caring role)	26	12.3%
Prefer not to say	19	9.0%
		No. of respondents 211

Which ethnicity best describes you?	No. of respondents	% of respondents
Asian or British Asian (Bangladeshi, Chinese, Indian, Pakistani, or other)	28	5.6%
White (British, Irish, European, or other)	438	87.1%
Black / British black (African, Caribbean, or other)	13	2.6%
Mixed race (black & white, Asian & white, or other)	10	2.0%
Gypsy or traveller	0	0.0%
Rather not say	10	2.0%
Other	4	0.8%
Total	503	100.0%

Are you currently serving in the UK Armed Forces (this includes reservists or part-time service)?	No. of respondents	% of respondents
Yes	2	0.4%
No	489	98.6%
Prefer not to say	5	1.0%
Total	496	100.0%

Have you ever served in the UK Armed Forces?	No. of respondents	% of respondents
Yes	14	2.8%
No	473	95.7%
Prefer not to say	7	1.4%
Total	494	100.0%

Are you a member of a current or former serviceman or woman's immediate family/household?	No. of respondents	% of respondents
Yes	14	2.9%
No	465	95.5%
Prefer not to say	8	1.6%
Total	487	100.0%

Which of the following terms best describes your sexual orientation?	No. of respondents	% of respondents
Heterosexual or straight	430	84.6%
Gay man	15	3.0%
Gay woman or lesbian	9	1.8%
Bisexual	15	3.0%
Asexual	0	0.0%
Other	3	0.6%
Prefer not to say	36	7.1%
Total	508	100.0%

What do you consider your religion to be?	No. of respondents	% of respondents
No religion	242	47.3%
Christianity	200	39.1%
Buddhist	2	0.4%
Hindu	11	2.1%
Jewish	1	0.2%
Muslim	18	3.5%
Sikh	0	0.0%
Other	10	2.0%
Prefer not to say	28	5.5%
Total	512	100.0%

Do you live or work in Newcastle?	No. of respondents	% of respondents
Live in Newcastle	293	49.1%
Work in Newcastle	55	9.2%
Live and work in Newcastle	218	36.5%
Live and work outside of Newcastle	25	4.2%
Prefer not to say	6	1.0%
Total	597	100.0%

Please tell us the first part of your home postcode	No. of respondents	% of respondents
NE5	93	15.8%
NE6	91	15.5%
NE3	91	15.5%
NE15	50	8.5%
NE4	45	7.7%
NE7	35	6.0%
NE2	24	4.1%
NE13	23	3.9%
NE1	12	2.0%
North Tyneside	59	10.0%
Gateshead	22	3.7%
Northumberland	21	3.6%
South Tyneside	11	1.9%
Durham	6	1.0%
Teesside	2	0.3%
Sunderland	1	0.2%
Outside North East	2	0.3%
Total	551	100.0%

Appendix 7: Phase 1 Listening exercise - Profile of focus group participants

Please note that not all respondents chose to complete these questions

How old are you?	No. of respondents	% of respondents
16 - 17	0	0.0%
18 - 24	1	2.9%
25 - 34	5	14.7%
35 - 44	14	41.2%
45 - 54	6	17.6%
55 - 64	6	17.6%
65 -74	2	5.9%
75 or older	0	0.0%
Prefer not to say	0	0.0%
Total	34	100.0%

What is your gender?	No. of respondents	% of respondents
Male	15	44.1%
Female	19	55.9%
Other	0	0.0%
Prefer not to say	0	0.0%
Total	34	100.0%

Does your gender identity match your sex as registered at birth?	No. of respondents	% of respondents
Yes	34	100.0%
No	0	0.0%
Prefer not to say	0	0.0%
Total	34	100.0%

Are you currently pregnant or have you been pregnant in the last year?	No. of respondents	% of respondents
Yes	2	5.9%
No	23	67.6%
Prefer not to say	0	0.0%
Not applicable	9	26.5%
Total	34	100.0%

Are you currently?	No. of respondents	% of respondents
Single (never married or in a civil partnership)	16	47.1%
Cohabiting	2	5.9%
Married	10	29.4%
In a civil partnership	1	2.9%
Separated /but still legally married or in a civil partnership	1	2.9%
Divorced or civil partnership dissolved	3	8.8%
Widowed or a surviving partner from a civil partnership	0	0.0%
Prefer not to say	1	2.9%
Total	34	100.0%

Do you have disability, long-term illness or health condition?	No. of respondents	% of respondents
Yes	15	44.1%
No	17	50.0%
Prefer not to say	2	5.9%
Total	34	100.0%

Please can you tell us what your disability, long-term illness or health condition relates to?	No. of respondents	% of respondents
A long-standing illness or health condition	1	5.9%
A mental health difficulty	17	100.0%
A physical impairment or mobility issues	4	23.5%
A social/communication impairment	1	5.9%
A specific learning difficulty	3	17.6%
Blind or visual impairment uncorrected by glasses	0	0.0%
D/deaf or have a hearing impairment	0	0.0%
An impairment, health condition or learning difference that is not listed above	1	5.9%
Prefer not to say	0	0.0%
		No. of respondents 17

Do you have any caring responsibilities?	No. of respondents	% of respondents
Primary carer of a child or children (under 2 years)	0	0.0%
Primary carer of a child or children (2-18 years)	9	100.0%
Primary carer of a disabled child or children	0	0.0%
Primary carer or assistant for a disabled adult (18 years and over)	0	0.0%
Primary carer or assistant for an older person or people (65 years and over)	0	0.0%
Secondary carer (another person carries out main caring role)	0	0.0%
Prefer not to say	4	30.8%
		No. of respondents 13

Which ethnicity best describes you?	No. of respondents	% of respondents
Asian or British Asian (Bangladeshi, Chinese, Indian, Pakistani, or other)	1	2.9%
White (British, Irish, European, or other)	18	52.9%
Black / British black (African, Caribbean, or other)	7	20.6%
Mixed race (black & white, Asian & white, or other)	0	0.0%
Gypsy or traveller	1	2.9%
Rather not say	0	0.0%
Other	7	20.6%
Total	34	100.0%

Are you currently serving in the UK Armed Forces (this includes reservists or part-time service)?	No. of respondents	% of respondents
Yes	0	0.0%
No	0	0.0%
Prefer not to say	0	0.0%
Total	0	0.0%

Have you ever served in the UK Armed Forces?	**No. of respondents**	**% of respondents**
Yes	0	0.0%
No	0	0.0%
Prefer not to say	0	0.0%
Total	0	0.0%

Are you a member of a current or former serviceman or woman's immediate family/household?	**No. of respondents**	**% of respondents**
Yes	0	0.0%
No	0	0.0%
Prefer not to say	0	0.0%
Total	0	0.0%

Which of the following terms best describes your sexual orientation?	**No. of respondents**	**% of respondents**
Heterosexual or straight	28	84.8%
Gay man	0	0.0%
Gay woman or lesbian	0	0.0%
Bisexual	1	3.0%
Asexual	0	0.0%
Other	0	0.0%
Prefer not to say	4	12.1%
Total	33	100.0%

What do you consider your religion to be?	**No. of respondents**	**% of respondents**
No religion	9	27.3%
Christianity	15	45.5%
Buddhist	0	0.0%
Hindu	0	0.0%
Jewish	0	0.0%
Muslim	7	21.2%
Sikh	0	0.0%
Other	0	0.0%
Prefer not to say	2	6.1%
Total	33	100.0%

Do you live or work in Newcastle?	No. of respondents	% of respondents
Live in Newcastle	21	75.0%
Work in Newcastle	1	3.6%
Live and work in Newcastle	5	17.9%
Live and work outside of Newcastle	1	3.6%
Prefer not to say	0	0.0%
Total	28	100.0%

Please tell us the first part of your home postcode	No. of respondents	% of respondents
NE1	1	3.0%
NE3	3	9.1%
NE4	5	15.2%
NE5	4	12.1%
NE6	15	45.5%
NE7	1	3.0%
NE13	1	3.0%
Northumberland	3	9.1%
Total	33	100.0%

Appendix 8: Phase 2 Further listening - Profile of focus group participants

Please note that not all respondents chose to complete these questions

How old are you?	No. of respondents	% of respondents
16 - 17	0	0.0%
18 - 24	1	4.0%
25 - 34	1	4.0%
35 - 44	5	20.0%
45 - 54	2	8.0%
55 - 64	4	16.0%
65 -74	9	36.0%
75 or older	3	12.0%
Prefer not to say	0	0.0%
Total	25	100.0%

What is your gender?	No. of respondents	% of respondents
Male	11	44.0%
Female	14	56.0%
Other	0	0.0%
Prefer not to say	0	0.0%
Total	25	100.0%

Does your gender identity match your sex as registered at birth?	No. of respondents	% of respondents
Yes	23	95.8%
No	0	0.0%
Prefer not to say	1	4.2%
Total	24	100.0%

Are you currently pregnant or have you been pregnant in the last year?	No. of respondents	% of respondents
Yes	0	0.0%
No	13	54.2%
Prefer not to say	1	4.1%
Not applicable	10	41.7%
Total	24	100.0%

Are you currently?	No. of respondents	% of respondents
Single (never married or in a civil partnership)	5	20.0%
Cohabiting	1	4.0%
Married	14	56.0%
In a civil partnership	0	0.0%
Separated /but still legally married or in a civil partnership	0	0.0%
Divorced or civil partnership dissolved	1	4.0%

Widowed or a surviving partner from a civil partnership	4	16.0%
Prefer not to say	0	0.0%
Total	25	100.0%

Do you have disability, long-term illness or health condition?	**No. of respondents**	**% of respondents**
Yes	12	52.2%
No	11	47.8%
Prefer not to say	0	0.0%
Total	23	100.0%

Please can you tell us what your disability, long-term illness or health condition relates to?	**No. of respondents**	**% of respondents**
A long-standing illness or health condition	10	83.3%
A mental health difficulty	6	50.0%
A physical impairment or mobility issues	1	8.3%
A social/communication impairment	0	0.0%
A specific learning difficulty	0	0.0%
Blind or visual impairment uncorrected by glasses	0	0.0%
D/deaf or have a hearing impairment	0	0.0%
An impairment, health condition or learning difference that is not listed above	2	16.6%
Prefer not to say	0	0.0%
		No. of respondents 12

Do you have any caring responsibilities?	**No. of respondents**	**% of respondents**
Primary carer of a child or children (under 2 years)	3	27.3%
Primary carer of a child or children (2-18 years)	4	36.4%
Primary carer of a disabled child or children	0	0.0%
Primary carer or assistant for a disabled adult (18 years and over)	2	18.2%
Primary carer or assistant for an older person or people (65 years and over)	3	27.3%
Secondary carer (another person carries out main caring role)	0	0.0%
Prefer not to say	0	0.0%
		No. of respondents 11

Which ethnicity best describes you?	**No. of respondents**	**% of respondents**
Asian or British Asian (Bangladeshi, Chinese, Indian, Pakistani, or other)	11	50.0%
White (British, Irish, European, or other)	10	45.5%
Black / British black (African, Caribbean, or other)	0	0.0%

Mixed race (black & white, Asian & white, or other)	0	0.0%
Gypsy or traveller	0	0.0%
Rather not say	0	0.0%
Other	1	4.5%
Total	22	100.0%

Are you currently serving in the UK Armed Forces (this includes reservists or part-time service)?	No. of respondents	% of respondents
Yes	0	0.0%
No	20	100.0%
Prefer not to say	0	0.0%
Total	20	100.0%

Have you ever served in the UK Armed Forces?	**No. of respondents**	**% of respondents**
Yes	1	5.6%
No	17	94.4%
Prefer not to say	0	0.0%
Total	18	100.0%

Are you a member of a current or former serviceman or woman's immediate family/household?	**No. of respondents**	**% of respondents**
Yes	1	6.3%
No	15	93.7%
Prefer not to say	0	0.0%
Total	16	100.0%

Which of the following terms best describes your sexual orientation?	**No. of respondents**	**% of respondents**
Heterosexual or straight	15	88.2%
Gay man	0	0.0%
Gay woman or lesbian	0	0.0%
Bisexual	2	11.8%
Asexual	0	0.0%
Other	0	0.0%
Prefer not to say	0	0.0%
Total	17	100.0%

What do you consider your religion to be?	**No. of respondents**	**% of respondents**
No religion	6	30.0%
Christianity	4	20.0%
Buddhist	0	0.0%
Hindu	0	0.0%
Jewish	0	0.0%

Muslim	7	35.0%
Sikh	2	10.0%
Other	0	0.0%
Prefer not to say	1	5.0%
Total	20	100.0%

Do you live or work in Newcastle?	**No. of respondents**	**% of respondents**
Live in Newcastle	19	76.0%
Work in Newcastle	1	4.0%
Live and work in Newcastle	4	16.0%
Live and work outside of Newcastle	1	4.0%
Prefer not to say	0	0.0%
Total	25	100.0%

Please tell us the first part of your home postcode	**No. of respondents**	**% of respondents**
NE3	1	4.3%
NE4	12	52.2%
NE5	3	13.0%
NE6	1	4.3%
NE9	1	4.3%
NE15	2	8.7%
NE28	1	4.3%
NE29	1	4.3%
NE47	1	4.3%
Total	23	100.0%

Appendix 9: Phase 2 Further listening - Profile of public event participants

Please note that not all respondents chose to complete these questions

How old are you?	No. of respondents	% of respondents
16 - 17	0	0.0%
18 - 24	0	0.0%
25 - 34	0	0.0%
35 - 44	3	21.4%
45 - 54	1	7.1%
55 - 64	4	28.6%
65 -74	3	21.4%
75 or older	3	21.4%
Prefer not to say	0	0.0%
Total	14	100.0%

What is your gender?	No. of respondents	% of respondents
Male	4	28.6%
Female	10	71.4%
Other	0	0.0%
Prefer not to say	0	0.0%
Total	14	100.0%

Does your gender identity match your sex as registered at birth?	No. of respondents	% of respondents
Yes	13	100.0%
No	0	0.0%
Prefer not to say	0	0.0%
Total	13	100.0%

Are you currently pregnant or have you been pregnant in the last year?	No. of respondents	% of respondents
Yes	0	0.0%
No	10	71.4%
Prefer not to say	0	0.0%
Not applicable	4	28.6%
Total	14	100.0%

Are you currently?	No. of respondents	% of respondents
Single (never married or in a civil partnership)	2	14.3%
Cohabiting	0	0.0%
Married	8	57.1%
In a civil partnership	1	7.1%
Separated /but still legally married or in a civil partnership	0	0.0%
Divorced or civil partnership dissolved	1	7.1%

Widowed or a surviving partner from a civil partnership	1	7.1%
Prefer not to say	1	7.1%
Total	14	100.0%

Do you have disability, long-term illness or health condition?	**No. of respondents**	**% of respondents**
Yes	8	57.1%
No	6	42.9%
Prefer not to say	0	0.0%
Total	14	100.0%

Please can you tell us what your disability, long-term illness or health condition relates to?	**No. of respondents**	**% of respondents**
A long-standing illness or health condition	3	37.5%
A mental health difficulty	1	12.5%
A physical impairment or mobility issues	0	0.0%
A social/communication impairment	0	0.0%
A specific learning difficulty	0	0.0%
Blind or visual impairment uncorrected by glasses	0	0.0%
D/deaf or have a hearing impairment	2	25.0%
An impairment, health condition or learning difference that is not listed above	2	25.0%
Prefer not to say	0	0.0%
		No. of respondents 8

Do you have any caring responsibilities?	**No. of respondents**	**% of respondents**
Primary carer of a child or children (under 2 years)	1	20.0%
Primary carer of a child or children (2-18 years)	3	60.0%
Primary carer of a disabled child or children	0	0.0%
Primary carer or assistant for a disabled adult (18 years and over)	0	0.0%
Primary carer or assistant for an older person or people (65 years and over)	3	60.0%
Secondary carer (another person carries out main caring role)	1	20.0%
Prefer not to say	0	0.0%
		No. of respondents 5

Which ethnicity best describes you?	**No. of respondents**	**% of respondents**
Asian or British Asian (Bangladeshi, Chinese, Indian, Pakistani, or other)	2	14.3%
White (British, Irish, European, or other)	12	85.7%
Black / British black (African, Caribbean, or other)	0	0.0%

Mixed race (black & white, Asian & white, or other)	0	0.0%
Gypsy or traveller	0	0.0%
Rather not say	0	0.0%
Other	0	0.0%
Total	14	100.0%

Are you currently serving in the UK Armed Forces (this includes reservists or part-time service)?	No. of respondents	% of respondents
Yes	0	0.0%
No	14	100.0%
Prefer not to say	0	0.0%
Total	14	100.0%

Have you ever served in the UK Armed Forces?	**No. of respondents**	**% of respondents**
Yes	1	7.1%
No	13	92.9%
Prefer not to say	0	0.0%
Total	14	100.0%

Are you a member of a current or former serviceman or woman's immediate family/household?	**No. of respondents**	**% of respondents**
Yes	1	7.1%
No	13	92.9%
Prefer not to say	0	0.0%
Total	14	100.0%

Which of the following terms best describes your sexual orientation?	**No. of respondents**	**% of respondents**
Heterosexual or straight	13	92.9%
Gay man	1	7.1%
Gay woman or lesbian	0	0.0%
Bisexual	0	0.0%
Asexual	0	0.0%
Other	0	0.0%
Prefer not to say	0	0.0%
Total	14	100.0%

What do you consider your religion to be?	**No. of respondents**	**% of respondents**
No religion	4	28.6%
Christianity	7	50.0%
Buddhist	0	0.0%
Hindu	0	0.0%
Jewish	1	7.1%

Muslim	2	14.3%
Sikh	0	0.0%
Other	0	0.0%
Prefer not to say	0	0.0%
Total	14	100.0%

Do you live or work in Newcastle?	**No. of respondents**	**% of respondents**
Live in Newcastle	7	50.0%
Work in Newcastle	2	14.3%
Live and work in Newcastle	4	28.6%
Live and work outside of Newcastle	1	7.1%
Prefer not to say	0	0.0%
Total	14	100.0%

Please tell us the first part of your home postcode	**No. of respondents**	**% of respondents**
NE1	1	7.1%
NE2	1	7.1%
NE3	2	14.3%
NE4	3	21.4%
NE5	2	14.3%
NE15	2	14.3%
NE24	1	7.1%
NE26	1	7.1%
NE31	1	7.1%
Total	14	100.0%