

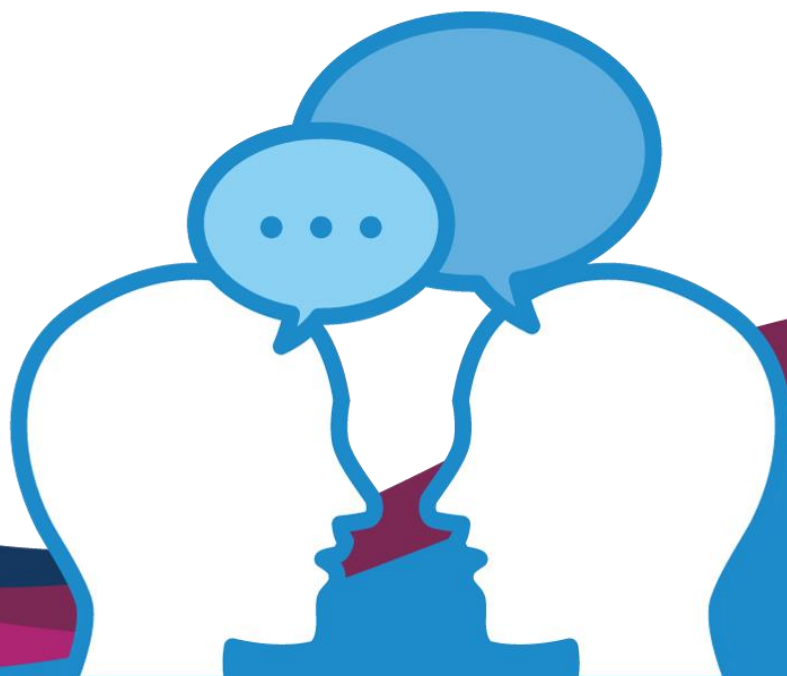


**Lancashire and
South Cumbria**
Integrated Care Board

Urgent care Listening to communities report

December 2024

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Contents

Introduction	4
Executive summary	5
What have we been talking to people about and why?	6
Who have we heard from and how?	7
Previous engagement	7
Blackburn	7
Blackpool	7
Lancashire and South Cumbria	7
How did we speak to people?	9
Public events (roadshows)	9
Community groups and events	9
Survey	9
How many people got involved?	10
What did we hear?	10
Roadshows	10
West Lancashire	10
Barrow	11
Preston	11
Blackpool	12
Morecambe	12
Burnley	13
Blackburn	15
Online events	16
Priorities	16
Community groups and events	17
Online survey	19
Q1. Which local authority area do you live in?	19
Q2. Which NHS urgent care services do you already know about and are there any that you can remember using?	20
Q3. Are there any other urgent care services you know about?	21
Q4. If you needed urgent care (treatment for something that was urgent but non-life threatening), where are you most likely to go, and why? Please also tell us where you would be most likely to seek urgent care for a child.	22
Q5. Thinking about NHS urgent care services, which of the following statements are most important to you and/or your family?	22

Q6. The ICB is currently looking to improve urgent care services across Lancashire and South Cumbria. We will be following the design principles below and making sure these are considered at all times. These are draft principles, so we want to know your views on them. Do you feel these are the right principles for us to be following?	23
Q7. Is there anything missing that is important to you and your family?	25
Q8. How important is it that NHS urgent care services are available and at the same opening times across all of Lancashire and South Cumbria?	26
Q9. Is there anything else you wish to tell us about NHS urgent care services in your area or across Lancashire and South Cumbria?	26
What we have learned	28
What the public have told us.....	28
What the public have told us (continued)	29
Conclusion	30
Recommendations.....	30
Appendix 1 – Demographic monitoring	32
Appendix 2 – Knowledge of and use of urgent care services	35
Appendix 3 – Where would you seek help for an urgent care need (broken down by Place).....	39
Appendix 4 – Priority statements ranking by area	42
Appendix 5 – Agreement with draft design principles by area	47

Introduction

The Integrated Urgent Care Recommissioning Programme Group was established to provide a forum for system partners of Lancashire and South Cumbria to collaborate and work in partnership to review the current Integrated Urgent Care services offer across the Lancashire and South Cumbria ICB footprint.

The Programme is exploring and agreeing options that are available to re-commission these services, ensuring the population we serve have access to consistent high quality clinical assessment, advice, treatment and, where required, ongoing referral 24 hours a day, 365 days of the year.

Objectives:

Recommission integrated urgent care contracts from 1 April 2026.

Identify opportunities to deliver savings, where possible.

Improve patient outcomes.

Standardise the integrated urgent care offer accounting for local nuances.

Deliver a long-term contract with flexibility (e.g. up to 10 years).

Maximise economies of scale.

Develop a model that is fit for future state.

Develop a model that is better equipped to deal with workforce challenges.

Provide a consistent approach to navigation and access that is aligned with objectives outlined in the Fuller stocktake report, for integrating primary care).

To achieve these objectives the Programme held two provider workshops (2 September 2024 and 29 October 2024), which were focussed on reviewing the current service offers across Lancashire and South Cumbria, deciding what should be delivered at a system level and what could be delivered more appropriately at a place level. From these workshops, a proposed draft clinical model is being developed.

Previous patient engagement has been reviewed by the Programme and this has fed into the discussions about what type of new clinical model should be adopted for Lancashire and South Cumbria. Further engagement with the public then took place during September – November 2024.

This report outlines the method and findings of that period of engagement. It is to be noted that some of the urgent care insights captured in this report are from engagement activities

which will also be captured in a 'Your Health. Your Future. Your Say.' engagement programme report, as those insights have fed into the overarching findings for urgent care that are outlined here.

Executive summary

Those we engaged with told us that access to urgent care is inconsistent, with a lack of walk-in facilities in some areas and a significant gap in providing services tailored to address health inequalities. Many of those we spoke with were unaware of the available urgent care options, often defaulting to A&E due to familiarity, and they told us they have an increased reliance on A&E when they are unable to secure GP appointments. This highlights the necessity for enhanced integration of primary and secondary care services and improved education regarding urgent care services.

There was support for the Programme's draft design principles, with strong support for easier navigation for patients and professionals, accessible, secure and connected IT systems, having the right care in the right place at the right time and providing pathways to 24-hour access. The public ranked statements to indicate what they prioritised when seeking care and the highest levels of importance were given to receiving the best possible quality of care, medical safety, having the right specialists available to help and getting the best possible results for their health need/s.

Concerns were raised regarding service variability among GP practices, long wait times for services e.g. phlebotomy, and the navigation complexities within the urgent care system. The potential deterring effects of UTCs co-located with hospitals were noted, alongside the need for primary care enhancement to alleviate pressure on urgent care services.

The confusion surrounding healthcare service naming and structure complicates navigation for patients. There were calls for simpler messaging and clearer terminology, particularly regarding urgent treatment centres (UTCs) and available services, which is essential to enhance public understanding and alleviate confusion. There was also a noticeable lack of confidence in services such as the NHS 111 helpline, suggestions for enhancing triage effectiveness upon arrival at A&E and advocating for urgent care to reduce accessibility barriers.

In some areas, public transport to access urgent care and hospitals was felt to be inadequate. As was access to joined-up care through shared access to patient records.

There was an emphasis on the importance of community-based urgent care, with people highlighting successful models like the one in Blackpool. The emphasis on effective triage and improved community navigation roles suggests a multifaceted approach towards addressing barriers to care, including service variability across GP practices and lengthy wait times for specific services. Those we engaged with advocated the importance of establishing 24/7 urgent care services, particularly in underserved regions like Barrow and exploring virtual urgent care alternatives to enhance accessibility.

We also heard suggestions to utilise community resources, like leisure centres, for wellness services, which further reflected the need to innovate service delivery in response to rising urgent care demands.

In summary, the public called for accessible, 24-hour, person-centred urgent care solutions, and the importance of integrating mental health and physical health services. Addressing the demand for urgent care requires not only improving access to services but also fostering

greater awareness and understanding of the options to ensure patients seek the right care at the right time in the right place.



What have we been talking to people about and why?

We want to make sure local people...



...Are aware and informed about proposals...

... Know how they can get involved...



... Understand why decisions are made...

...Feel enthusiastic about what is possible...



...Have trust in the process.

We have been talking to people about what is important to them and their families when it comes to urgent care services. We asked what urgent care services they are aware, which they use, why they choose them and what their experience has been.

Part of the engagement work has focussed on testing out the Programme's draft design principles with the public to find out if these are the right ones, what people's understanding of them are and if anything is missing.

Who have we heard from and how?



Previous engagement

Face-to-face public engagement took place by Healthwatch during 2021-2023.

Blackburn

In 2023, conversations involving 105 residents highlighted several key issues regarding higher attendances at Emergency Departments (ED) in priority wards. Key findings include:

- Confusion among residents about the different health services available.
- A tendency for individuals to delay visiting their GP and defaulting to ED.
- Residents attending ED due to lack of employment and engagement, treating it as a form of social activity.
- The need for outreach by health professionals to better connect services with communities and promote preventative health checks.
- Residents reported feeling insufficiently supported, experiencing a disjointed care pathway.
- Barriers to service access for those with low literacy or non-native English speakers, underscoring the need for translation services to be made readily available.

Blackpool

Blackpool has identified five priority wards: Bloomfield, Talbot, Tyldesley, Claremont, and Park, where in 2023 Healthwatch conducted interviews with 383 residents about the underlying causes and factors of unplanned hospital admissions. Key findings include:

- Residents lack confidence in healthcare services due to poor communication, inadequate early intervention, and negative hospital experiences.
- Difficulty accessing primary care leads to deterioration of conditions, prompting people to seek urgent care instead.
- Many prefer face-to-face appointments but face challenges in getting these through general practice, often opting for walk-in centres.
- Trust issues with the healthcare system result in individuals bypassing GPs.
- There is a notable lack of community support for those with chronic conditions, contributing to health decline and urgent care visits.
- Complicated health services make it hard for individuals to navigate, often leading them to default to urgent care.
- Delays in referrals and long waiting lists exacerbate health issues, while insufficient mental health support creates additional challenges for individuals in crisis.
- Residents are unaware of alternative out-of-hours services, further complicating their healthcare access.

Lancashire and South Cumbria

In November and December 2021, Healthwatch Together (HET) were commissioned by the ICB to complete face to face engagement in Emergency Departments, Walk-in Centres and Urgent Treatment Centres, covering 17 sites across Lancashire and South Cumbria. HWT

gathered feedback from 565 people, had 44 in-depth discussions and engaged with 16 focus groups.

The findings led to these recommendations being made:

NHS 111 service:

- Increase awareness of NHS 111 online and telephone.
- Provide clearer understanding and expectations in relation to clinical call backs.
- Make the NHS 111 process quicker.
- Better promotion for parents of under 5-year-olds on the NHS 111 service.
- Promote the service in various languages.
- Provide additional information on the role of Walk-In-Centres, Urgent Treatment Centres and Emergency Departments whilst waiting to be connected.
- Make the NHS 111 online service easier to navigate and understand.
- Use links with the voluntary sector and Council adult learning courses to provide training to members of the public on how to use the NHS 111 online service.
- Develop clearer messaging and communication by NHS 111 to direct those in need of treatment to the correct and most appropriate service (this includes online as well as by call handlers).
- Make it clear that Urgent Treatment Centres/Walk-in-Centres are not an appointment-based services or, better still, make some appointment-based.

General practice:

- Promote extended access across Lancashire and South Cumbria to ensure that it is utilised by Primary Care for appointments.
- Increase the number of face-to-face GP appointments.
- Improve advertising of booking methods and alternatives to GP support.
- Reduce the amount of time patients have to wait for a GP appointment.

Communication

- Provide more information about services.
- Enhance communication between services to create a smoother pathway.
- Provide transparency on waiting times for services.
- Promote 'being prepared' for Emergency Departments.

Community pharmacy and self-care:

- Increased promotion of the role of the community pharmacy.

Accessibility of services:

- Create and advertise alternative places for blood tests and X-rays across the whole area.
- Have more locally based Walk-in-Centres.
- Better promotion of minor injuries units for members of the public.
- Extended x-ray times at minor injuries units.
- Increased mental health support in the community.
- Have more urgent care and primary care availability at weekends:
 - Many people attending ED on a Saturday were people who worked full time, were self-employed or cared for young children (family members) during the week - came to ED as their GPs were not open and didn't have time to attend their GP during the week.
- Have a primary care department before ED at the hospital.

How did we speak to people?

To build on the previous engagement, a programme of engagement was put in place to listen to local residents about what is important to them in relation to urgent care. To ensure feedback opportunities were as accessible as possible a range of engagement techniques were adopted including public events, attending existing community groups and launching an online survey.

Public events (roadshows)

Public engagement events took place as part of a 'Your health. Your future. Your say.' programme of engagement. These took place at the following locations across Lancashire and South Cumbria:

- West Lancashire – 24 September 2024
- Barrow – 26 September 2024
- Preston – 9 October 2024
- Blackpool – 11 October 2024
- Morecambe – 14 October 2024
- Burnley – 21 October 2024
- Blackburn – 21 November 2024

Two virtual events were held via MS Teams for anyone in Lancashire and South Cumbria:

- 18 November 2024
- 20 November 2024

Community groups and events

The following health inclusion groups were attended by ICB engagement team members:

- Asian women walking group in Pendle - 3 sessions in September and October (19 South East Asian women)
- Kirkby Lonsdale health and wellbeing event in South Cumbria - October (12 people)
- Dementia awareness group with Age UK in Lancaster - November (20 older people with dementia and carers)
- Older people's groups in Ribble Valley - 2 sessions in November (36 people)
- Clitheroe Warm Hub group - November (30 people living in deprivation)
- Veterans in the Community group - November (18 military veterans)
- Neurological patient support group in Blackburn - November (20 people)
- Poverty Truth Commission in Barrow - November (10 citizens with lived experience of poverty, health inequalities, disability and mental health)
- Virtual Carers Forum - November (12 carers)
- Pendle health awareness event - December (40 people, mainly South Asian community)
- Brinscall coffee morning - December (10 people)

Survey

The online survey was promoted through:

- The ICB Citizens' Health Reference Group
- The ICB Citizens' Panel
- ICB and NHS Trusts' website
- ICB and Trusts' social media channels
- ICB and Trusts' staff newsletters and intranet
- Place newsletters
- Community groups, networks and events at Place
- GP intranet and bulletin

How many people got involved?



- 188 people attended the public roadshows.
- 227 people were spoken to at a community event/group.
- The online survey received 1,059 responses.

In total 1,474 people were engaged with.

A breakdown of the demographics of the respondents to the online survey can be found in [Appendix 1](#).

What did we hear?



Roadshows

West Lancashire

- Date: 24 September
- Time: 3.30pm – 5.30pm
- Location: The Hub @ Banks, Northern Parishes, West Lancashire
- Attendance: 9 members of the public

IUC design principles

- Not discussed specifically, as the event was focused on Shaping Care Together programme.

Summary of discussions

Accessing urgent care for children can be challenging, especially when Ormskirk is closed, as getting to Alder Hey can be a long journey. The urgent care centre in Southport requires appointments through a GP, making it difficult to access. Public transport to hospitals in the area is limited, leading some to use A&E when they can't get a GP appointment. There's a need for better integration of urgent care and A&E services. The Ormskirk Urgent Treatment Centre, which has limited hours (8am-8pm), contributes to pressure on Southport A&E since patients with non-emergency conditions have nowhere else to go after hours. Additionally, local preferences affect attendance: Southport residents tend to go to their local A&E, while Ormskirk residents are more likely to use the Urgent Treatment Centre unless faced with an emergency. Improving IT systems for better patient history tracking is also highlighted as necessary.

Barrow

- Date: 26 September 2024
- Time: 5pm – 7pm
- Location: The Forum, Barrow
- Attendance: 29 members of the public

IUC design principles

- Equitable access does not exist.
- The right help at the right time and place.
- Agree that IT systems are not compatible and don't talk to each other.
- Communication should be one of the draft design principles for urgent care.

Summary of discussions

There is a pressing need for 24/7 urgent care services to alleviate the burden on A&E, particularly in areas like Barrow, where access is inadequate. The community requires an urgent care centre that serves as a middle ground between GP services and A&E, especially as local chemists are closing down.

Access to urgent care is inconsistent, with insufficient walk-in facilities and a need for services tailored to higher health inequalities. Many people are unaware of how to access appropriate care, leading them to default to A&E, which emphasises the need for clear communication and education about available services.

There's a suggestion to explore virtual urgent care options to improve accessibility. The complexity of service names and lack of public understanding contribute to confusion, necessitating a unified approach to service naming and navigation. Additionally, the public's lack of confidence in services like 111 and pharmacy care highlights the need for better education and integration among healthcare providers. Engaging local councils and improving NHS staff knowledge about available services is also essential for enhancing care quality.

Preston

- Date: 9 October 2024
- Time: 4pm – 6pm
- Location: South Connect Units, Preston
- Attendance: 19 members of the public

IUC design principles

- Easy navigation is very important, and it would be good to know how long you are going to wait.
- Waiting times are important.
- IT systems
 - Need to join up so all can access medical records
 - This needs to include all hospitals not just those in LSC
- The principles listed overlap and use too much jargon.
- Reducing health inequalities needs to be done by other services not just the NHS.
- Connectivity within the system is needed.

Summary of discussions

The discussion highlighted a general lack of awareness about urgent treatment centres (UTCs) and emphasised the need for better education on when to seek emergency care versus other options. Many people default to A&E due to familiarity, and the messaging around various care options—such as urgent care, walk-in, and minor injury—can be confusing. Simplicity in messaging is crucial, and there was a call to establish clearer terminology around different care levels.

Attendees expressed a desire for more accessible and community-centred healthcare options, citing successful models like those in Blackpool. The importance of effective triage and immediate guidance upon arrival at A&E is stressed, as well as the need for dedicated community urgent care centres away from hospital sites to reduce barriers like parking. There are concerns about service variation among GP practices and the lengthy wait times for services like phlebotomy.

The role of healthcare professionals in navigating care options is crucial, and there was a call for a navigator role in community settings to assist patients. A need for promoting diverse communication methods about available services was identified.

Concerns about the co-location of UTCs with hospitals potentially deterring usage were raised. There was an emphasis on improving primary care to alleviate pressure on urgent care services and enhancing communication to inform the public about available options. The discussion also touched on the decline of certain specialised services and the potential for leveraging community resources, such as leisure centres, to bridge gaps in healthcare provision. Overall, improving primary care and utilising community assets, such as leisure centres for wellness services, were suggested to help address the rise in urgent care demand.

Blackpool

- Date: 11 October
- Time: 1.30pm – 3.30pm
- Location: The Winter Gardens (Active into Autumn event), Blackpool
- Attendance: 15 members of the public

IUC draft design principles

All attendees were supportive of the principles.

Morecambe

- Date: 14 October 2024
- Time: 3.30pm – 5.30pm
- Location: More Music, Morecambe
- Attendance: 22 members of the public

IUC draft design principles

- On the whole, broadly supportive of the principles.
- Right care, right place, right time was felt to be fundamental.

- Pathways to 24-hour access – would this be triaged access and did it require the use of 111?
- Easier navigation for patients and professionals – the consistency of this was underlined as very important but within this 24-hour pulmonary care was needed. The ‘same offer across LSC’ should be based on the need of local communities.
- Equitable access would still need advocates to support people and a care navigator.
- More urgent care within a community setting – where in the community would this be placed? It needs to be situated close to communities to be positive. 111 – does this need looking at? Does the triage within 111 work well? They want it to work well, but not sure it does at present. Is there always a video call option? If so, these need to be more consistent and user friendly.
- Discussion on having more urgent care in the community – good if it doesn’t delay things, community seen as important for continuing care, examples of good advice from pharmacy (and then discussion regarding variation in offer in terms of opening hours depending on where you live).
- Right Care in the Right Place at the Right Time – sounds good but can you provide it?
- Principles around workforce development and stakeholder engagement aren’t very clear as to what they mean.

Summary of discussions

- Concerns regarding the navigation and accessibility of urgent care services.
- Urgent care centres are confusing and often require calling 111 before visiting, unlike A&E.
- There is a need for clearer information about alternatives to GP visits and improved urgent care options outside GP hours.
- Geographic equity is important, particularly in rural areas where access can be challenging.
- Suggestions include creating community hubs that combine multiple services in one location and a single point of access for patients.
- There are concerns about the reliance on phone technology for health access and the need for better workforce availability, especially in neurology.
- Prescribing nurses could enhance urgent care, reducing the need for GP appointments.
- People are hesitant to call 111 due to previous negative experiences, leading to the recommendation for improved public education on its function.
- Access to mental health support is easier in crises but remains difficult to navigate in non-crisis situations.

Burnley

- Date: 21 October 2024
- Time: 4.30pm – 6.30pm
- Location: Daneshouse, Burnley
- Attendance: 38 members of the public

IUC design principles

- **More urgent care within a community setting**

There is a need for more accessible urgent care services within the community, reducing the reliance on travelling to Blackburn. Urgent care should encompass both physical and mental health, with an emphasis on person-centred approaches, especially as mental health teams have moved away from face-to-face visits. The Falls Team deserves recognition for their work. Additionally, there is a need for increased education about healthcare options, as some individuals who aren't registered with a GP often turn to A&E as their first point of contact.
- **Right care, right place, right time**

The NHS journey can be confusing for patients, with repeated information from various staff leading to frustration. Patients often find themselves unsure about where to seek treatment. Although initiatives like community paramedics have potential, service consistency is lacking, particularly with the 111 service, which attendees felt didn't always have the right answers. Clear communication is essential, especially considering varying literacy levels, as the current system is overly complicated with multiple treatment options.
- **Pathways to 24-hour access**

Working people face challenges with GP hours, especially during busy shifts, and there is a need for prioritising younger, older, and vulnerable populations. Public transport options are inadequate, making it difficult to access A&E at night, particularly in rural areas where 24-hour care is inaccessible. It's essential to ensure equitable access for older individuals with low income and limited digital resources.
- **Easier navigation for patients and professionals**

Many people understand their needs but struggle with navigating the NHS. There is a need for clearer communication, less jargon, and improved interdepartmental collaboration. Early contact with the appropriate department is crucial, and prevention should be prioritised. Education and a single point of access, along with clear pathways to services, would enhance patient experience.
- **Accessible, secure IT systems**

There's a significant lack of communication within the NHS and between external partners, such as care providers and the police. Attendees agreed with implementing a unified IT system for the NHS to allow access to patient records in urgent care situations.
- **Equitable access**

Access to NHS services in Burnley varies for individuals, particularly those with disabilities or language barriers. While digital services are beneficial, they are not universally accessible, and there is a need for alternative solutions like BSL translators for those who cannot use digital platforms.
- **Appropriate waiting times**

People should have access to the specific healthcare providers who understand their needs best. While waiting lists for GPs in Nelson are manageable, they are problematic in Burnley, highlighting the variability based on individual GPs, practices, conditions, and personal situations. Additionally, the existence of corridor beds in hospitals is concerning.
- **Stakeholder engagement**

Clear communication among the NHS, stakeholders, and partners is essential. Understanding stakeholder opportunities can be challenging and requires time for consultation and engagement. Volunteer organisations are currently overstretched, and the NHS should avoid pressuring them. It's important to recognise that everyone is a stakeholder and to engage the public effectively.

- **Reduce health inequalities**
Services are difficult to access without BSL.
- Suggestion to include education in as part of these principles.

Summary of discussions

Attendees discussed several urgent care challenges, emphasising the need for improved services concerning alcohol and mental health. They advocated for more compassionate care and better training, particularly regarding conditions like sepsis. There were concerns about the overwhelming wait times in urgent care facilities, the difficulties faced by individuals with disabilities (e.g. deafness), and the need for a more efficient triage process in A&E. It was felt that people needed more information about what the urgent care/minor injuries unit can do so they choose the right place to access care.

There was a call to shift minor injury treatment from hospitals to community settings and for increased long-term funding and support for the voluntary sector, particularly organisations like Age UK Lancashire, which provide essential aftercare services. Concerns were raised about potential reductions in vital transport services and the impact this will have on patient access.

Additionally, attendees pointed out the burden dementia patients place on urgent care staff requiring one-on-one support, the inconvenience of accessing hearing aid batteries through hospitals, and the increasing pressure on third sector organisations handling healthcare duties without adequate resources.

Blackburn

- Date: 21 November 2024
- Time: 4.30pm – 6.30pm
- Location: Blackburn College
- Attendance: 19 members of the public

Summary of discussions

Attendees discussed the need for improved accessibility and sharing of medical records with specialist hospitals outside of Lancashire and South Cumbria, NWAS, patients themselves and healthcare professionals in community teams, particularly during care pathway changes.

Key themes included the importance of effective coordination (right care, right place, right time) to enhance efficiency and patient dignity. Conversations advocated for urgent care services to be more community-oriented, equitable and available 24/7, with attendees emphasising the necessity for immediate diagnostics on-site to reduce travel elsewhere for x-rays etc and the right services located in community settings to reduce hospital visits.

Concerns were raised about the decline of Accrington Victoria, and the importance of continuous stakeholder engagement. There were mixed experiences regarding waiting times and a recognition that while digital solutions can help, they can also exclude those with limited IT literacy.

Improved navigation and easier access to urgent care services were thought to be vital, along with allowing for drop-in access rather than solely appointment-based, and a push for education about services among children and promoting early health checks.

Online events

- Dates: 18 and 20 November 2024
- Time: 11am – 1pm and 6pm – 8pm
- Location: MS Teams
- Attendance: 20 and 17 members of the public

Summary of discussions

Many people were unaware of the variety of urgent care services available, leading to confusion about which to use.

There are too many apps with inconsistent usage among GPs—some utilise the NHS app for appointments whilst others do not, and many fail to update their apps.

There is a need for better education on when to use specific urgent care services and the names of them all, whilst also ensuring people have a positive experience, otherwise they will go elsewhere, which could lead to defaulting to A&E.

Retaining staff is crucial, and measures should be taken to prevent abuse and eliminate parking fees for staff visiting patients. Additionally, staffing schedules need to ensure key personnel are consistently available.

‘Prevention’ should be integrated into design principles for urgent care.

The triage system at Chorley Hospital is effective, but there is confusion regarding services for children (where and when they are available).

Priorities

All attendees at the roadshows (face-to-face and virtual) were asked to vote on the six statements below, by choosing the three that were of the most importance to them.

- I receive the best possible quality of care.
- Medical safety always comes first.
- Where I receive treatment is easy to access e.g. parking/public transport/building accessibility.
- The specialists I need are there to help me.
- I am treated in a healthcare setting as close to home as possible.
- I get the best possible result for my health need/s.

The results are shown below. The top three priorities overall are shown in green, and these were consistently within the top priorities from the online survey (outlined in the next section) results. However, one statement below did not match the results from the online survey, as 'Medical safety always comes first' was in the top four priorities for each area of Lancashire and South Cumbria.

	I get the best possible result for my health need(s)	Medical safety always comes first	I receive the best possible quality of care	Where I receive treatment is easy to access eg parking/public transport/building accessibility	The specialists I need are there to help me	I am treated in healthcare setting as close to home as possible
West Lancs	2	1	6	3	6	4
Barrow	15	10	16	1	12	6
Preston	9	2	14	9	5	6
Blackpool (Active into Autumn)	10	3	15	5	9	4
Morecambe	11	0	8	6	7	4
Burnley	12	9	11	20	25	5
Virtual 1	5	8	8	2	3	1
Virtual 2	8	1	8	7	8	3
Blackburn	6	3	5	4	3	6
Totals	78	37	91	57	78	39

Community groups and events

A number of health inclusion groups were attended between September and December 2024 to capture people's views and experiences in relation to the vision of the ICB. The overarching themes from this engagement work are relevant for consideration in the Integrated Urgent Care recommissioning programme. These included:

Digital exclusion: Older people, while receptive to the idea of digital services, were concerned about the challenge of using digital and technology. Digital literacy, know-how and use is lower. There was a fear of scams and fraud, particularly where older people live alone and cannot easily check with others if notifications, for example, are legitimate or not. It was clear that this creates distrust and there is a preference for human interaction.

Digital literacy required: Digital literacy is assumed to be high by the NHS and services but there was a concern throughout our engagement that unless there is a concerted effort to simplify digital services and access, and to provide digital literacy support and training many would be excluded and left behind. The plea was that the NHS must not assume that everyone has access to digital technology or is confident and able to use it with ease.

Back office support functions: Clinical care, when it is received, was generally considered to be excellent. Throughout our engagement, a consistent message was that back office functions that support the experience of health care and services are variable in quality, tend to duplicate effort, can create confusion and are not responsive. For example, the process of attending a hospital appointment or investigation is confounded by duplicated letters and texts, contradictory messages and inconsistency between letters and text messages, last minute cancellations, and erroneous details about the patient or the hospital appointment. Much of the time and energy of patients is spent trying to clarify the details of hospital arrangements and chasing for clarity. We heard of people with neurological conditions, dementia and those who rely on public transport with low incomes taking time to get to a hospital appointment only to learn that it had been cancelled with no advance notification of this.

Travel: Travel to hospital and other services, particularly where there is a reliance on public transport is a significant issue for older people, those in poverty or with low incomes, carers and those with conditions that make it harder such as dementia, neurological conditions and frailty. For many, a hospital appointment requires careful planning, time and reliable services.

Hospital parking: For those with their own transport, parking at hospital continues to be a source of stress, particularly with poor mobility. This is caused by people searching for parking spaces while worrying about missing an appointment, the cost of parking and, for those with mobility issues, the location of parking which is deemed to be inconvenient and challenging as often availability of spaces is not in close proximity to services.



















Communication and language: This is an important consideration. The NHS, staff and services need to be much better at communicating clearly and simply. While people praised health professionals for their expertise, there was a general perception that many staff could be trained to communicate better. Information and communication of that information was seen as an important part of the health services people receive. This includes verbal and written communication.

Online survey

The survey ran from 25 October – 10 November 2024 and received 1,059 responses. The survey questions were tested initially with the ICB Citizens' Health Reference Group and the wording was then updated based on their feedback.

A summary of the findings is shown below, split by question.

Q1. Which local authority area do you live in?

1	Blackburn with Darwen Borough Council		6.76%	71
2	Blackpool Council		4.28%	45
3	Cumberland Council		0.10%	1
4	Burnley district - Lancashire County Council		4.19%	44
5	Chorley district - Lancashire County Council		7.71%	81
6	Fylde district- Lancashire County Council		7.99%	84
7	Hyndburn district - Lancashire County Council		2.85%	30
8	Lancaster district - Lancashire County Council		12.27%	129
9	Pendle district - Lancashire County Council		1.81%	19
10	Preston district - Lancashire County Council		8.09%	85
11	Ribble Valley district - Lancashire County Council		3.14%	33
12	Rosendale district - Lancashire County Council		3.81%	40
13	South Ribble district - Lancashire County Council		6.57%	69
14	West Lancashire district - Lancashire County Council		3.24%	34
15	Wyre district - Lancashire County Council		10.18%	107
16	North Yorkshire Council		0.10%	1
17	Westmorland and Furness Council		16.46%	173
18	Other (please specify):		0.48%	5

Q2. Which NHS urgent care services do you already know about and are there any that you can remember using?

We asked respondents to select all of the statements on each row that were true for them.

1,051 people answered the question.

The urgent care service most known about was NHS 111 online (41.2 per cent), followed by GP out of hours (40.9 per cent), walk in centre (38.4 per cent), NHS 111 telephone (37.7 per cent), urgent treatment centre (35 per cent), minor injuries unit (33.3 per cent) and minor treatment unit (27.9 per cent).

Three services were almost unheard of with only 7.9 per cent having heard of both the ARI hubs and AVS, and 10.9 per cent and 11.6 per cent respectively having heard of 2-hour UCR and CAS.

The most used service was NHS 111 telephone (40.4 per cent).

	I've heard of this service	I have used this service	I have friends or family who have used this service	I can't remember if I've previously used this service	I haven't used this service before	I haven't heard of this service	Response Total
Urgent treatment centre (UTC)	35.0% (543)	26.0% (403)	18.8% (291)	1.4% (21)	7.2% (112)	11.7% (181)	1551
Minor treatment unit (MTU)	27.9% (329)	8.3% (98)	7.0% (83)	1.2% (14)	16.2% (191)	39.5% (466)	1181
Walk-in centre (WIC)	38.4% (516)	20.5% (275)	11.5% (154)	0.6% (8)	11.8% (159)	17.3% (232)	1344
Minor injuries unit (MIU)	33.3% (402)	10.4% (126)	7.9% (95)	1.2% (15)	14.2% (171)	33.0% (398)	1207
NHS 111 (telephone)	37.7% (613)	40.4% (658)	17.6% (287)	0.3% (5)	3.7% (60)	0.3% (5)	1628
NHS 111 (online)	41.2% (551)	22.6% (303)	8.4% (112)	0.9% (12)	17.2% (230)	9.7% (130)	1338
GP out-of-hours service	40.9% (572)	21.9% (306)	10.9% (153)	1.6% (22)	14.9% (208)	9.9% (139)	1400
Acute Visiting Service (AVS)	7.9% (85)	0.8% (9)	1.2% (13)	0.7% (8)	14.4% (154)	74.9% (802)	1071
Clinical Assessment Service (CAS)	11.6% (127)	1.5% (17)	1.5% (16)	1.6% (18)	14.2% (156)	69.6% (765)	1099
ARI hubs (acute respiratory infection)	7.9% (85)	0.5% (5)	1.4% (15)	0.4% (4)	15.4% (166)	74.5% (804)	1079
2-hour Urgent Community Response	10.9% (119)	1.3% (14)	1.5% (16)	0.6% (6)	14.4% (157)	71.4% (778)	1090

The matrix charts for each of the above services can be found in [Appendix 2](#).

Q3. Are there any other urgent care services you know about?

1,042 people answered this question.

Out of those who answered, 95 said 'yes' and 947 said 'no'.

For those who said 'yes', a free text box appeared to capture what those urgent care services were. Those answers provide some insight into the confusion that people experience when trying to understand what urgent care actually is and what is available in their area. Most answers reiterated the urgent care services already stated in Q2 (SDEC, urgent care centres, GP practice/GP out of hours) alongside emergency care, such as an ambulance/999 or A&E/emergency departments.

Other responses named services provided in the community or at home, such as:

- Crisis response for mental health
- MUACS
- Rapid response
- Falls lifting service
- Virtual care
- Frailty unit
- Community mental health
- Community matron
- Crisis teams
- Social care teams
- Community COPD teams
- Community midwives
- Patches
- Specialist nurses
- Home respiratory nurse team
- IHSS
- Rapid Intervention Treatment Team
- First Responders volunteers
- District nurses EOL care

There were one-off mentions of the following services that were viewed by respondents as 'urgent care':

- Disability support team in hospital
- Crisis Line West Strand Preston
- Enhanced Access service
- X-ray
- MAU referral
- MECS for urgent eye checks

Multiple respondents mentioned the urgent dental helpline in their area, and some provided answers that were not urgent care services, which only further highlights the public's misunderstanding and lack of clarity around what urgent care is and which services fall under urgent care for them to access. This was consistent across all areas of Lancashire and South Cumbria.

Q4. If you needed urgent care (treatment for something that was urgent but non-life threatening), where are you most likely to go, and why? Please also tell us where you would be most likely to seek urgent care for a child.

1,002 people answered this question.

Given this was an open text question, it is not possible to give qualitative results for where people said they would go as we wanted to capture the context of why they would make the choices they did. The below is a word cloud of all the responses given where the key words have been lifted and then displayed by size compared to how often those terms were used.

Overall, across Lancashire and South Cumbria, the most common places where respondents said they would seek help with an urgent care need, were a walk in centre or urgent treatment/care centre for themselves, with GP practices/out of hours GP and NHS 111 (telephone and online) also featuring high in results, and NHS 111 telephone or A&E/emergency department for a child. Responses are shown in the word cloud below.



<https://wordcloudplus.com> - Not for commercial use

A breakdown by area is provided in [Appendix 3](#).

Q5. Thinking about NHS urgent care services, which of the following statements are most important to you and/or your family?

1,054 people answered this question.

Respondents were asked to put the list into order of importance by placing the number 1 next to the most important, the number 2 next to the second most important, and so on.

Across Lancashire and South Cumbria, the order of importance came out as:

Item	Total Score ¹	Overall Rank
I receive the best possible quality of care.	5161	1
Medical safety always comes first.	4047	2
I get the best possible result for my health need(s).	3906	3
The specialists I need are there to help me.	3886	4
I am treated in a healthcare setting as close to home as possible.	2603	5
Where I receive treatment is easy to access e.g. parking/public transport/building accessibility.	2531	6

¹ Score is a weighted calculation. Items ranked first are valued higher than the following ranks, the score is a sum of all weighted rank counts.

Every single area (with the exception of Cumberland where there was 1 respondent) ranked 'I receive the best possible quality of care' as their number one priority. This was the second highest priority for the Cumberland respondent.

'Medical safety always comes first', 'The specialists I need are there to help me' and 'I get the best possible result for my health need(s)' were interchangeably the next top priorities across every area of Lancashire and South Cumbria.

'I am treated in a healthcare setting as close to home as possible' and 'Where I receive treatment is easy to access e.g. parking/public transport/building accessibility' were ranked fifth and sixth in the list across every area of Lancashire and South Cumbria.

The full breakdown tables for each area are contained in [Appendix 4](#).

Q6. The ICB is currently looking to improve urgent care services across Lancashire and South Cumbria. We will be following the design principles below and making sure these are considered at all times. These are draft principles, so we want to know your views on them. Do you feel these are the right principles for us to be following?

1,052 people answered this question.

The vast majority either 'strongly agreed' or 'generally agreed' with each of the statements and this was reflected throughout each of the areas.

Some design principles received a higher level of agreement than others, with 'stakeholder engagement' being the principle that respondents didn't feel as strongly about (55.9 per cent strongly agree), followed by 'workforce development' (67.4 per cent strongly agree) and 'efficiencies' (69.7 per cent strongly agree).

The highest scoring principles were 'easier navigation for patients and professionals' (82.4 per cent strongly agree), 'accessible, secure, connected IT systems' (81.8 per cent strongly agree), 'right care, right place, right time' (81.7 per cent strongly agree) and 'pathways to 24-hour access' (81.6 per cent strongly agree), which provide some indication to the main areas that respondents feel are important to focus on, are perhaps not currently working well and that we can improve on.

The table below shows the overall responses to each draft design principle and a full breakdown by area can be found in [Appendix 5](#).

	Strongly agree	Generally agree	Generally disagree	Strongly disagree	Response Total
More urgent care within a community setting – ensuring more appropriate use of A&E and enabling people to access care closer to home	78.6% (823)	19.0% (199)	1.5% (16)	0.9% (9)	1047
Right care, right place, right time - for all people in Lancashire and South Cumbria	81.7% (855)	17.0% (178)	0.9% (9)	0.5% (5)	1047
Pathways to 24-hour access – everyone can access some form of urgent care advice and care 24 hours a day (pathways are how people access this)	81.6% (855)	16.9% (177)	1.2% (13)	0.3% (3)	1048
Easier navigation for patients and professionals – making it clear how to access services and having consistency across Lancashire and South Cumbria	82.4% (864)	16.8% (176)	0.7% (7)	0.2% (2)	1049
Accessible, secure, connected IT systems – all clinicians/professionals being able to access required records, systems that connect and 'talk' to one another	81.8% (857)	16.5% (173)	1.3% (14)	0.4% (4)	1048
Equitable access – ensuring access is fair for all our population	74.6% (782)	22.6% (237)	2.3% (24)	0.5% (5)	1048
Appropriate waiting times –improving people's experience by being seen in the most appropriate place e.g. appropriate conditions will be seen in A&E and an appointment slot provided to be seen in an Urgent Treatment Centre.	79.7% (832)	18.5% (193)	1.0% (10)	0.9% (9)	1044
Stakeholder engagement – ensuring we engage with all stakeholders, which includes people who use urgent care services, staff and partner organisations	55.9% (584)	40.1% (419)	3.3% (34)	0.7% (7)	1044
Joint working and integration – working jointly across the system with the same goals/aims, to provide our population with the best high-quality service and outcomes	71.6% (745)	26.0% (271)	2.1% (22)	0.3% (3)	1041
Efficiencies – using resources more wisely, workforce productivity, savings	69.7% (729)	27.2% (285)	2.4% (25)	0.7% (7)	1046
Reduce health inequalities – ensuring we do all we can to provide appropriate access to health care regardless of someone's age, income, health status or background.	78.0% (815)	19.4% (203)	2.2% (23)	0.4% (4)	1045
Workforce development – a multi-disciplinary and rotational skill mix ensuring appropriate use of and training for the workforce, contributing to development and retention of urgent care staff	67.4% (704)	29.4% (307)	2.7% (28)	0.5% (5)	1044

Q7. Is there anything missing that is important to you and your family?

1,036 people answered this question.

Of those who answered the question, 746 said 'no' and 290 said 'yes'.

The themes from those who answered 'yes' are summarised below. These themes can be seen as expansion on the current draft design principles, with people giving specific examples of where they support them and what their personal experience has been.

Access to care

There was a strong emphasis on improving access to GP services, urgent care, and timely appointments. Many respondents expressed frustration over limited availability and the lack of online booking options.

Integrated services

A call for better integration between primary and secondary care, including shared medical records for seamless access to patient information.

Support for vulnerable groups

Concerns were raised about the need for prompt care for children with autism, understanding dementia, and culturally competent services for BME communities.

Respect and dignity in treatment

Respondents emphasised the importance of treating all patients with dignity, regardless of their condition, and highlighted the need for empathy and communication in healthcare interactions.

Environment and facilities

Suggestions for creating a more welcoming and suitable environment for patients, particularly for elderly or frail individuals, were noted, including the necessity for larger waiting areas.

Funding and resource allocation

There were strong opinions regarding the underfunding of healthcare services, the need for adequate staffing, and ensuring that services are appropriately resourced.

Digital inclusion

The digital divide was mentioned, stressing the importance of ensuring that those who are not tech-savvy or are digitally excluded are not left behind in accessing services.

Efficiency and clarity

Many expressed the need for clear communication about available services and triage processes, arguing that healthcare navigation can be overly complex and confusing.

Accountability and professional standards

A desire for accountability in urgent care services and assurance that staff are well-trained and capable was identified.

Patient feedback mechanisms

Calls for better mechanisms to voice concerns and experiences, focusing on involving patients in discussions about service improvement.

Q8. How important is it that NHS urgent care services are available and at the same opening times across all of Lancashire and South Cumbria?

1,048 people answered this question.

Across Lancashire and South Cumbria, the majority of respondents felt it was either very important (63.07 per cent) or quite important (26.62 per cent) that urgent care services are available at the same opening times in all areas. Respondents from Hyndburn, Blackburn, Burnley, Westmorland and Furness and Blackpool gave the highest numbers of ratings to 'very important', which, given the levels of deprivation and health inequalities in those areas when compared to others, and the lack of a physical urgent treatment centre (in Barrow), can be seen as an indication of the reliance communities have on those services and how equal and consistent access is valued in those areas.

The lowest ratings of 'very important' came from respondents in Rossendale, South Ribble, Lancaster, Fylde, Chorley, West Lancashire, Preston and Ribble Valley.

			Response Percent	Response Total
1	Very important		63.07%	661
2	Quite important		26.62%	279
3	Not very important		9.16%	96
4	Not at all important		1.15%	12

Q9. Is there anything else you wish to tell us about NHS urgent care services in your area or across Lancashire and South Cumbria?

1,038 people answered this question.

Of those who answered the question, 778 respondents said 'no' and 260 said 'yes'. The themes from those who answered 'yes' are outlined below.

Access to care

Many comments highlight the difficulty in accessing timely healthcare, particularly in urgent situations. There were concerns about long wait times for ambulance services and frustrations about long waiting times in emergency departments after being transported by ambulance, indicating a need for more efficient system and quicker access to care. Many respondents were supportive of co-location of urgent treatment centres with A&E departments, but also felt that access to urgent care in out of hospital settings was needed – referring to physical one-stop-shops in the community; that would include access to other services such as primary care and mental health services.

Awareness and education

Several respondents emphasised the need for better public education about available healthcare services, which options to use for different health issues, and how to navigate the system effectively to avoid misuse. They expressed confusion regarding the various services available, suggesting that better communication, simplification of options and consistent naming conventions would help patients make more informed choices. Many called for better public awareness campaigns to inform communities about where and how to access urgent care services, including real-time information on wait times and patient capacity.

Service availability

There was a strong demand for urgent care services to be available 24/7, as well as concerns around physical access regarding transport limitations for those who cannot drive or have public transport issues. There were calls for greater consideration of transportation barriers, particularly for those relying on public transport who cannot easily reach care facilities, especially during late hours.

Quality of care

Comments reflected concerns about the quality of care and the compassion of staff involved in urgent care management. Respondents called for more clinical oversight and better management of urgent care facilities to ensure quality treatment.

System confusion

Many expressed frustrations with the confusion surrounding healthcare services, what they provide, and for which conditions. Clear communication about service availability and usage is seen as critical to reducing misuse.

Demographic considerations

Some comments mentioned the importance of understanding local demographics and socioeconomic factors that affect healthcare access and delivery when designing healthcare services to ensure they meet community needs effectively.

Patient experience

Experiences of patients waiting for extended periods in emergency departments with little communication about their care highlighted the need for improved patient management and staff-to-patient communication in emergency settings. There were criticisms regarding insufficient staffing and insufficient clinical spaces, which contributed to extended waiting times and chaotic conditions in urgent treatment centres and emergency departments.

Continuity of care

Some comments highlighted that follow-ups after initial visits were lacking, stressing the necessity of continuous care for proper recovery.

Urgent care redesign

There was agreement that a redesign of urgent care services was needed with suggestions to focus on better integration, clearer distinctions between services, and responsive care structures that fit community needs. Suggestions also included the need for urgent care facilities to be distinctly different from emergency rooms, assuring that they cater specifically to urgent, non-life-threatening conditions.

What we have learned

What the public have told us

Equitable access

- There is often inadequate provision of urgent care services.
- There are insufficient locations for walk-in services, particularly in areas like Millom and Barrow.
- Public transport limitations hinder access to A&E and services.
- Disparities in access, especially for vulnerable populations and areas with high health inequalities.
- Preference for the same opening times across LSC.
- There's a need for services tailored to specific community health needs.
- Consideration should be made to use advocates to support people and a care navigator.

Joint working and integration

- There is often poor communication between NHS services and external organisations, leading to fragmented care.

Easier navigation for patients and professionals

- There should be a one stop shop / single point of access.
- There is need for better public education on navigating the healthcare system and understanding urgent care services.
- There is confusion among patients about where to seek care, resulting in increased A&E visits.
- It is important there are consistent messages and reduced jargon in communications.

More urgent care within a community setting

- There is a desire for more urgent care services within the community to reduce the burden on A&E.
- Members of the public recognised the valuable role of community paramedics and mental health services.

Accessible, secure, connected IT systems

- There is often incompatibility of IT systems across different healthcare providers needs improving.

Right care, right place, right time

- Need to ensure people know where and when.
- Organisations need to make terminology really straightforward and remember low literacy levels.
- Lancashire and South Cumbria has a complicated system with too many places people can end up.

What the public have told us (continued)

Pathways to 24-hour access

- Working people struggle and need out of hours access.
- Younger, older and vulnerable people should be a priority.
- Public transport options need to be robust.
- There needs to be access for people in rural or remote areas.
- Considering the needs for those with no digital resources is important.

Reduce health inequalities

- Services are difficult to access without BSL.
- This needs to be done by other services not just the NHS.

Appropriate waiting times

- People should always be able to see exactly who they need to see.
- It would be good to know how long you are going to wait.

Stakeholder engagement

- The NHS, all stakeholders and partners need to communicate in clear language.
- It's not easy to understand stakeholder opportunities. Consultation and engagement takes time.
- Volunteer organisations are over stretched. The NHS must not pressure them.
- Remember everyone is a stakeholder. Get the public on side.

Workforce development

- Health care professionals are often risk averse and only send people to services they have firsthand knowledge of - they need educating on what's out there too.

New design principle suggestion: 'Patient-centric services'

- The need for services to be person-centred, especially for mental health.
- Recognition of specific demographics that require more focused attention, such as younger, older, and vulnerable populations.

'**Education**' (for the public), '**prevention**' and '**communication**' suggested to be included explicitly in existing design principles.

Conclusion

The public are unsure about the difference between urgent and emergency care, and where to go with an urgent care need. The variety of urgent care services, and the terminology used, can be confusing for many people. Access is often a challenge for those in rural areas and for people who may require additional support to navigate services, and consideration needs to be given around reducing barriers for those who are digitally excluded.

There was an emphasis on improving the availability of primary care appointments to alleviate pressure on urgent care services, and improving clinicians' access to patients' record by having joined up IT systems across health and social care.

Multiple people expressed a desire for accessible physical 'one-stop shops' in community locations, especially in areas such as Barrow and Millom, where people expressed concern that there currently was not adequate urgent care provision, and there were some suggestions to provide this virtually.

The need for urgent care to be co-located on hospital sites was supported by the majority of those who we engaged with, with appropriate triage for patients when emergency departments are inappropriately attended.

Recommendations

1. **Establish 24/7 urgent care:** Create urgent care pathways that are person-centred and operate around the clock to provide accessible services for non-emergency cases outside of traditional GP hours and reduce pressure on A&E departments.
2. **Improve public awareness:** Develop simple, easy-to-understand messaging about and consistent naming for urgent care services to help the public navigate their options effectively. Launch campaigns to educate the public on the types of urgent care available, how to access them, and clarify the differences between A&E, urgent treatment centres, and walk-in facilities. Provide education campaigns focused on urgent care pathways, including the role of services like 111 and pharmacies, to build public confidence and understanding.
3. **Launch community-based health hubs:** Create centralised community hubs that combine multiple health services, including urgent care, primary care (including dentistry), and mental health support.
4. **Utilise virtual care options:** Explore and implement virtual urgent care to improve accessibility and to allow patients to consult healthcare professionals remotely, thereby reducing travel and wait times for non-emergency issues.
5. **Implement a single point of access:** Create a single, clear point of access for urgent care services, such as one telephone number that integrates various healthcare services, making it easier for patients to navigate their options.
6. **Enhance IT systems:** Implement joined-up IT solutions for accessing patient records and service navigation to ensure healthcare providers have immediate access to accurate patient information.
7. **Utilise community resources:** Leverage existing community spaces, such as leisure centres, to provide health services, wellness programmes, and urgent care options directly within neighbourhoods.

8. **Reduce inequalities:** Focus on rural and underserved areas by ensuring that urgent care services are geographically accessible (in collaboration with wider partners to address issues around transport) and consider mobile/virtual healthcare options in those regions. Include ways for people who are digitally excluded to access services. Make urgent care services available at the same opening times across all of Lancashire and South Cumbria.
9. **Expand workforce roles:** Introduce care navigator roles in community settings who can assist patients in understanding their options and accessing appropriate services. Expand on which healthcare professionals can prescribe medications and handle minor ailments, which could reduce patient load on GPs and streamline the urgent care process.

Appendix 1 – Demographic monitoring

Below is a breakdown of the demographics of all respondents who took part in the online survey.

What is your age?							Response Percent	Response Total
1	0 to 18						0.00%	0
2	18 to 24						0.48%	5
3	25 to 34						3.92%	41
4	35 to 44						9.76%	102
5	45 to 54						16.94%	177
6	55 to 64						26.51%	277
7	65 to 74						27.37%	286
8	75 or older						15.02%	157
Statistics	Minimum	2	Mean	6.07	Std. Deviation	1.36	answered	1045
	Maximum	8	Variance	1.86	Std. Error	0.04	skipped	18

Which of these best describes you?							Response Percent	Response Total
1	Male						20.34%	213
2	Female						77.27%	809
3	Non-binary						0.38%	4
4	Gender-neutral						0.10%	1
5	Prefer not to say						1.91%	20
Statistics	Minimum	1	Mean	1.86	Std. Deviation	0.6	answered	1047
	Maximum	5	Variance	0.36	Std. Error	0.02	skipped	16

Does your gender identity match your sex as registered at birth? (please tick)									Response Percent	Response Total	
1	Yes									97.60%	1017
2	No									0.48%	5
3	Prefer not to say									1.92%	20
	Minimum	1	Mean	1.04	Std. Deviation	0.28	Satisfaction Rate	2.16	answered		1042
									skipped		21

Does your gender identity match your sex as registered at birth? (please tick)

							Response Percent	Response Total
Statistics	Maximum	3	Variance	0.08	Std. Error	0.01		

Which of these best describes your ethnicity?

							Response Percent	Response Total
1	White British						90.49%	942
2	White Irish						1.25%	13
3	East European						0.29%	3
4	Gypsy/Roma/Traveller						0.00%	0
5	White other						0.96%	10
6	Mixed white/black African						0.38%	4
7	Mixed white/black Caribbean						0.19%	2
8	Mixed white/Asian						0.67%	7
9	Mixed other						0.19%	2
10	Asian or Asian British - Indian						1.25%	13
11	Asian or Asian British - Pakistani						0.58%	6
12	Asian or Asian British - Bangladeshi						0.00%	0
13	Asian or Asian British - other						0.10%	1
14	Black or black British - Caribbean						0.29%	3
15	Black or black Caribbean - other						0.00%	0
16	Chinese						0.10%	1
17	Other						0.48%	5
18	Prefer not to say						2.79%	29
Statistics	Minimum	1	Mean	1.93	Std. Deviation	3.41	answered	1041
	Maximum	18	Variance	11.63	Std. Error	0.11	skipped	22




Would you consider yourself (or the person you are answering for) to have a disability? (Described in the Equality Act 2010 as 'a physical or mental impairment' of which has a 'substantial and long-term adverse effect on your ability to carry out normal day-to-day activities')

							Response Percent	Response Total
1	Yes						28.31%	295
2	No						67.18%	700
3	Prefer not to say						4.51%	47

Would you consider yourself (or the person you are answering for) to have a disability? (Described in the Equality Act 2010 as ‘a physical or mental impairment’ of which has a ‘substantial and long-term adverse effect on your ability to carry out normal day-to-day activities)







									Response Percent	Response Total
Statistics	Minimum	1	Mean	1.76	Std. Deviation	0.52	Satisfaction Rate	38.1	answered	1042
	Maximum	3	Variance	0.27	Std. Error	0.02				







Are you a carer?





									Response Percent	Response Total
1	Yes								19.14%	200
2	No								78.09%	816
3	Prefer not to say								2.78%	29
Statistics	Minimum	1	Mean	1.84	Std. Deviation	0.44	Satisfaction Rate	41.82	answered	1045
	Maximum	3	Variance	0.19	Std. Error	0.01				

Appendix 2 – Knowledge of and use of urgent care services

Matrix Charts

2.1. Urgent treatment centre (UTC)						Response Percent	Response Total	
1	I've heard of this service					35.0%	543	
2	I have used this service					26.0%	403	
3	I have friends or family who have used this service					18.8%	291	
4	I can't remember if I've previously used this service					1.4%	21	
5	I haven't used this service before					7.2%	112	
6	I haven't heard of this service					11.7%	181	
Statistics	Minimum	1	Mean	2.55	Std. Deviation	1.68	answered	1551
	Maximum	6	Variance	2.81	Std. Error	0.04		

2.2. Minor treatment unit (MTU)						Response Percent	Response Total	
1	I've heard of this service					27.9%	329	
2	I have used this service					8.3%	98	
3	I have friends or family who have used this service					7.0%	83	
4	I can't remember if I've previously used this service					1.2%	14	
5	I haven't used this service before					16.2%	191	
6	I haven't heard of this service					39.5%	466	
Statistics	Minimum	1	Mean	3.88	Std. Deviation	2.15	answered	1181
	Maximum	6	Variance	4.63	Std. Error	0.06		

2.3. Walk-in centre (WIC)						Response Percent	Response Total
1	I've heard of this service					38.4%	516
2	I have used this service					20.5%	275
3	I have friends or family who have used this service					11.5%	154
4	I can't remember if I've previously used this service					0.6%	8

2.3. Walk-in centre (WIC)							Response Percent	Response Total
5	I haven't used this service before						11.8%	159
6	I haven't heard of this service						17.3%	232
Statistics	Minimum	1	Mean	2.79	Std. Deviation	1.93	answered	1344
	Maximum	6	Variance	3.73	Std. Error	0.05		

2.4. Minor injuries unit (MIU)							Response Percent	Response Total
1	I've heard of this service						33.3%	402
2	I have used this service						10.4%	126
3	I have friends or family who have used this service						7.9%	95
4	I can't remember if I've previously used this service						1.2%	15
5	I haven't used this service before						14.2%	171
6	I haven't heard of this service						33.0%	398
Statistics	Minimum	1	Mean	3.51	Std. Deviation	2.17	answered	1207
	Maximum	6	Variance	4.72	Std. Error	0.06		

2.5. NHS 111 (telephone)							Response Percent	Response Total
1	I've heard of this service						37.7%	613
2	I have used this service						40.4%	658
3	I have friends or family who have used this service						17.6%	287
4	I can't remember if I've previously used this service						0.3%	5
5	I haven't used this service before						3.7%	60
6	I haven't heard of this service						0.3%	5
Statistics	Minimum	1	Mean	1.93	Std. Deviation	0.97	answered	1628
	Maximum	6	Variance	0.94	Std. Error	0.02		

2.6. NHS 111 (online)							Response Percent	Response Total
1	I've heard of this service						41.2%	551
2	I have used this service						22.6%	303
3	I have friends or family who have used this service						8.4%	112
4	I can't remember if I've previously used this service						0.9%	12

2.6. NHS 111 (online)							Response Percent	Response Total
5	I haven't used this service before						17.2%	230
6	I haven't heard of this service						9.7%	130
Statistics	Minimum	1	Mean	2.59	Std. Deviation	1.81	answered	1338
	Maximum	6	Variance	3.28	Std. Error	0.05		

2.7. GP out-of-hours service							Response Percent	Response Total
1	I've heard of this service						40.9%	572
2	I have used this service						21.9%	306
3	I have friends or family who have used this service						10.9%	153
4	I can't remember if I've previously used this service						1.6%	22
5	I haven't used this service before						14.9%	208
6	I haven't heard of this service						9.9%	139
Statistics	Minimum	1	Mean	2.58	Std. Deviation	1.78	answered	1400
	Maximum	6	Variance	3.18	Std. Error	0.05		

2.8. Acute Visiting Service (AVS)							Response Percent	Response Total
1	I've heard of this service						7.9%	85
2	I have used this service						0.8%	9
3	I have friends or family who have used this service						1.2%	13
4	I can't remember if I've previously used this service						0.7%	8
5	I haven't used this service before						14.4%	154
6	I haven't heard of this service						74.9%	802
Statistics	Minimum	1	Mean	5.37	Std. Deviation	1.42	answered	1071
	Maximum	6	Variance	2.01	Std. Error	0.04		

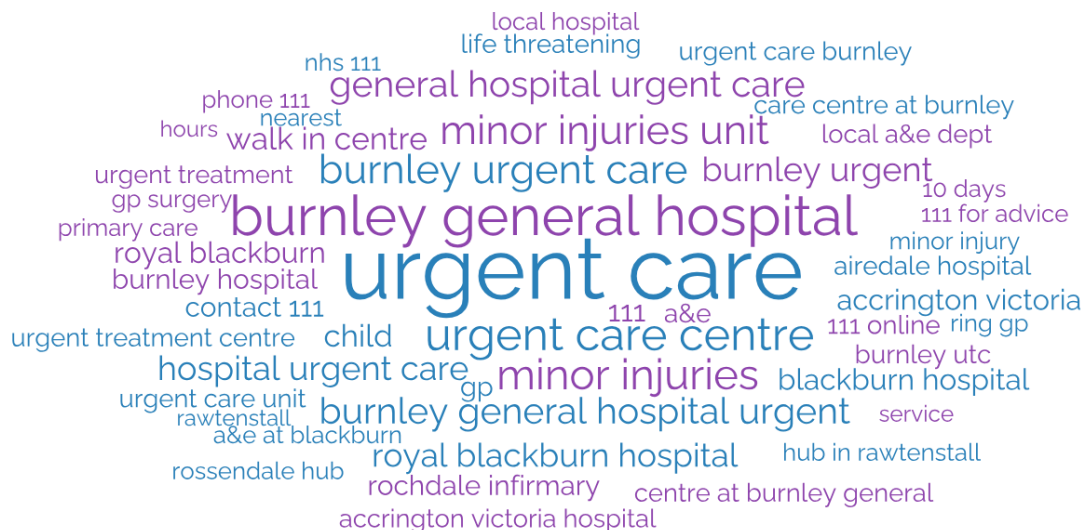
2.9. Clinical Assessment Service (CAS)							Response Percent	Response Total
1	I've heard of this service						11.6%	127
2	I have used this service						1.5%	17
3	I have friends or family who have used this service						1.5%	16
4	I can't remember if I've previously used this service						1.6%	18

2.9. Clinical Assessment Service (CAS)							Response Percent	Response Total
5	I haven't used this service before						14.2%	156
6	I haven't heard of this service						69.6%	765
Statistics	Minimum	1	Mean	5.14	Std. Deviation	1.65	answered	1099
	Maximum	6	Variance	2.74	Std. Error	0.05		

2.10. ARI hubs (acute respiratory infection)							Response Percent	Response Total
1	I've heard of this service						7.9%	85
2	I have used this service						0.5%	5
3	I have friends or family who have used this service						1.4%	15
4	I can't remember if I've previously used this service						0.4%	4
5	I haven't used this service before						15.4%	166
6	I haven't heard of this service						74.5%	804
Statistics	Minimum	1	Mean	5.38	Std. Deviation	1.4	answered	1079
	Maximum	6	Variance	1.96	Std. Error	0.04		

2.11. 2-hour Urgent Community Response							Response Percent	Response Total
1	I've heard of this service						10.9%	119
2	I have used this service						1.3%	14
3	I have friends or family who have used this service						1.5%	16
4	I can't remember if I've previously used this service						0.6%	6
5	I haven't used this service before						14.4%	157
6	I haven't heard of this service						71.4%	778
Statistics	Minimum	1	Mean	5.2	Std. Deviation	1.61	answered	1090
	Maximum	6	Variance	2.6	Std. Error	0.05		

East Lancashire - 129 respondents



<https://wordcloudplus.com> - Not for commercial use

Central Lancashire - 266 respondents



<https://wordcloudplus.com> - Not for commercial use

North Lancashire (including Fylde and Wyre and West Lancashire) - 443 respondents



<https://wordcloudplus.com> - Not for commercial use

South Cumbria (including Cumberland, Westmorland and Furness and North Yorkshire) - 171 respondents



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Appendix 4 – Priority statements ranking by area

Blackburn with Darwen – 70 respondents

Item	Total Score ¹	Overall Rank
I receive the best possible quality of care.	346	1
Medical safety always comes first.	272	2
The specialists I need are there to help me.	270	3
I get the best possible result for my health need(s).	259	4
I am treated in a healthcare setting as close to home as possible.	175	5
Where I receive treatment is easy to access e.g. parking/public transport/building accessibility.	148	6

Blackpool – 45 respondents

Item	Total Score ¹	Overall Rank
I receive the best possible quality of care.	231	1
Medical safety always comes first.	179	2
The specialists I need are there to help me.	156	3
I get the best possible result for my health need(s).	154	4
Where I receive treatment is easy to access e.g. parking/public transport/building accessibility.	125	5
I am treated in a healthcare setting as close to home as possible.	100	6

Cumberland – 1 respondent

Item	Total Score ¹	Overall Rank
I get the best possible result for my health need(s).	6	1
I receive the best possible quality of care.	5	2
The specialists I need are there to help me.	4	3
Medical safety always comes first.	3	4
Where I receive treatment is easy to access e.g. parking/public transport/building accessibility.	2	5
I am treated in a healthcare setting as close to home as possible.	1	6

Burnley – 44 respondents

Item	Total Score ¹	Overall Rank
I receive the best possible quality of care.	214	1
Medical safety always comes first.	170	2
The specialists I need are there to help me.	164	3

Item	Total Score ¹	Overall Rank
I get the best possible result for my health need(s).	151	4
I am treated in a healthcare setting as close to home as possible.	124	5
Where I receive treatment is easy to access e.g. parking/public transport/building accessibility.	101	6

Chorley – 81 respondents

Item	Total Score ¹	Overall Rank
I receive the best possible quality of care.	398	1
Medical safety always comes first.	319	2
I get the best possible result for my health need(s).	286	3
The specialists I need are there to help me.	284	4
I am treated in a healthcare setting as close to home as possible.	209	5
Where I receive treatment is easy to access e.g. parking/public transport/building accessibility.	205	6

Fylde – 83 respondents

Item	Total Score ¹	Overall Rank
I receive the best possible quality of care.	383	1
Medical safety always comes first.	333	2
The specialists I need are there to help me.	327	3
I get the best possible result for my health need(s).	310	4
Where I receive treatment is easy to access e.g. parking/public transport/building accessibility.	198	5
I am treated in a healthcare setting as close to home as possible.	192	6

Hyndburn – 30 respondents

I receive the best possible quality of care.	145	1
I get the best possible result for my health need(s).	118	2
The specialists I need are there to help me.	117	3
Medical safety always comes first.	113	4
I am treated in a healthcare setting as close to home as possible.	79	5
Where I receive treatment is easy to access e.g. parking/public transport/building accessibility.	58	6

Lancaster – 129 respondents

Item	Total Score ¹	Overall Rank
I receive the best possible quality of care.	610	1
Medical safety always comes first.	510	2

Item	Total Score ¹	Overall Rank
The specialists I need are there to help me.	491	3
I get the best possible result for my health need(s).	487	4
I am treated in a healthcare setting as close to home as possible.	311	5
Where I receive treatment is easy to access e.g. parking/public transport/building accessibility.	300	6

Pendle – 19 respondents

Item	Total Score ¹	Overall Rank
I receive the best possible quality of care.	101	1
I get the best possible result for my health need(s).	74	2
Medical safety always comes first.	70	3
The specialists I need are there to help me.	66	4
I am treated in a healthcare setting as close to home as possible.	51	5
Where I receive treatment is easy to access e.g. parking/public transport/building accessibility.	37	6

Preston – 85 respondents

Item	Total Score ¹	Overall Rank
I receive the best possible quality of care.	408	1
Medical safety always comes first.	321	2
The specialists I need are there to help me.	319	3
I get the best possible result for my health need(s).	311	4
Where I receive treatment is easy to access e.g. parking/public transport/building accessibility.	219	5
I am treated in a healthcare setting as close to home as possible.	207	6

Ribble Valley – 33 respondents

Item	Total Score ¹	Overall Rank
I receive the best possible quality of care.	162	1
I get the best possible result for my health need(s).	125	2
The specialists I need are there to help me.	123	3
Medical safety always comes first.	122	4
Where I receive treatment is easy to access e.g. parking/public transport/building accessibility.	81	5
I am treated in a healthcare setting as close to home as possible.	80	6

Rossendale – 40 respondents

Item	Total Score ¹	Overall Rank
I receive the best possible quality of care.	202	1
Medical safety always comes first.	168	2
I get the best possible result for my health need(s).	159	3
The specialists I need are there to help me.	130	4
Where I receive treatment is easy to access e.g. parking/public transport/building accessibility.	94	5
I am treated in a healthcare setting as close to home as possible.	87	6

South Ribble – 69 respondents

Item	Total Score ¹	Overall Rank
I receive the best possible quality of care.	339	1
I get the best possible result for my health need(s).	286	2
The specialists I need are there to help me.	267	3
Medical safety always comes first.	249	4
Where I receive treatment is easy to access e.g. parking/public transport/building accessibility.	168	5
I am treated in a healthcare setting as close to home as possible.	140	6

Wyre – 106 respondents

I receive the best possible quality of care.	541	1
I get the best possible result for my health need(s).	410	2
The specialists I need are there to help me.	399	3
Medical safety always comes first.	390	4
Where I receive treatment is easy to access e.g. parking/public transport/building accessibility.	244	5
I am treated in a healthcare setting as close to home as possible.	242	6

West Lancashire – 34 respondents

Item	Total Score ¹	Overall Rank
I receive the best possible quality of care.	169	1
Medical safety always comes first.	132	2
The specialists I need are there to help me.	132	3
I get the best possible result for my health need(s).	113	4
Where I receive treatment is easy to access e.g. parking/public transport/building accessibility.	95	5
I am treated in a healthcare setting as close to home as possible.	73	6

North Yorkshire – 1 respondent

I receive the best possible quality of care.	6	1
Medical safety always comes first.	5	2
The specialists I need are there to help me.	4	3
I get the best possible result for my health need(s).	3	4
I am treated in a healthcare setting as close to home as possible.	2	5
Where I receive treatment is easy to access e.g. parking/public transport/building accessibility.	1	6

Westmorland and Furness – 172 respondents

I receive the best possible quality of care.	836	1
Medical safety always comes first.	642	2
I get the best possible result for my health need(s).	620	3
The specialists I need are there to help me.	588	4
I am treated in a healthcare setting as close to home as possible.	503	5
Where I receive treatment is easy to access e.g. parking/public transport/building accessibility.	423	6

Other area (Calderdale, Cumbria, Bolton, West Yorkshire, Wigan) – 5 respondents

I receive the best possible quality of care.	25	1
Medical safety always comes first.	20	2
The specialists I need are there to help me.	20	3
I get the best possible result for my health need(s).	17	4
Where I receive treatment is easy to access e.g. parking/public transport/building accessibility.	12	5
I am treated in a healthcare setting as close to home as possible.	11	6

1 Score is a weighted calculation. Items ranked first are valued higher than the following ranks, the score is a sum of all weighted rank counts.

Appendix 5 – Agreement with draft design principles by area

Matrix Charts

More urgent care within a community setting – ensuring more appropriate use of A&E and enabling people to access care closer to home									Response Percent	Response Total
1	Strongly agree								78.6%	823
2	Generally agree								19.0%	199
3	Generally disagree								1.5%	16
4	Strongly disagree								0.9%	9
Statistics	Minimum	1	Mean	1.25	Std. Deviation	0.52	Satisfaction Rate	8.21	answered	1047
	Maximum	4	Variance	0.27	Std. Error	0.02				

Right care, right place, right time - for all people in Lancashire and South Cumbria									Response Percent	Response Total
1	Strongly agree								81.7%	855
2	Generally agree								17.0%	178
3	Generally disagree								0.9%	9
4	Strongly disagree								0.5%	5
Statistics	Minimum	1	Mean	1.2	Std. Deviation	0.45	Satisfaction Rate	6.72	answered	1047
	Maximum	4	Variance	0.21	Std. Error	0.01				

Pathways to 24 hour access – everyone can access some form of urgent care advice and care 24 hours a day (pathways are how people access this)									Response Percent	Response Total
1	Strongly agree								81.6%	855
2	Generally agree								16.9%	177
3	Generally disagree								1.2%	13
4	Strongly disagree								0.3%	3
Statistics	Minimum	1	Mean	1.2	Std. Deviation	0.45	Satisfaction Rate	6.74	answered	1048
	Maximum	4	Variance	0.22	Std. Error	0.01				





Easier navigation for patients and professionals – making it clear how to access services and having consistency across Lancashire and South Cumbria									Response Percent	Response Total
1	Strongly agree								82.4%	864
2	Generally agree								16.8%	176





Easier navigation for patients and professionals – making it clear how to access services and having consistency across Lancashire and South Cumbria								Response Percent	Response Total	
3	Generally disagree							0.7%	7	
4	Strongly disagree							0.2%	2	
Statistics	Minimum	1	Mean	1.19	Std. Deviation	0.42	Satisfaction Rate	6.23	answered	1049
	Maximum	4	Variance	0.18	Std. Error	0.01				

Accessible, secure, connected IT systems – all clinicians/professionals being able to access required records, systems that connect and 'talk' to one another								Response Percent	Response Total	
1	Strongly agree							81.8%	857	
2	Generally agree							16.5%	173	
3	Generally disagree							1.3%	14	
4	Strongly disagree							0.4%	4	
Statistics	Minimum	1	Mean	1.2	Std. Deviation	0.46	Satisfaction Rate	6.77	answered	1048
	Maximum	4	Variance	0.21	Std. Error	0.01				





Equitable access – ensuring access is fair for all our population								Response Percent	Response Total	
1	Strongly agree							74.6%	782	
2	Generally agree							22.6%	237	
3	Generally disagree							2.3%	24	
4	Strongly disagree							0.5%	5	
Statistics	Minimum	1	Mean	1.29	Std. Deviation	0.53	Satisfaction Rate	9.54	answered	1048
	Maximum	4	Variance	0.28	Std. Error	0.02				

Appropriate waiting times –improving people’s experience by being seen in the most appropriate place e.g. appropriate conditions will be seen in A&E and an appointment slot provided to be seen in an Urgent Treatment Centre.								Response Percent	Response Total	
1	Strongly agree							79.7%	832	
2	Generally agree							18.5%	193	
3	Generally disagree							1.0%	10	
4	Strongly disagree							0.9%	9	
Statistics	Minimum	1	Mean	1.23	Std. Deviation	0.5	Satisfaction Rate	7.66	answered	1044
	Maximum	4	Variance	0.25	Std. Error	0.02				





Stakeholder engagement – ensuring we engage with all stakeholders, which includes people who use urgent care services, staff and partner organisations								Response Percent	Response Total	
1	Strongly agree							55.9%	584	
2	Generally agree							40.1%	419	
3	Generally disagree							3.3%	34	
4	Strongly disagree							0.7%	7	
Statistics	Minimum	1	Mean	1.49	Std. Deviation	0.6	Satisfaction Rate	16.22	answered	1044
	Maximum	4	Variance	0.36	Std. Error	0.02				

Joint working and integration – working jointly across the system with the same goals/aims, to provide our population with the best high-quality service and outcomes								Response Percent	Response Total	
1	Strongly agree							71.6%	745	
2	Generally agree							26.0%	271	
3	Generally disagree							2.1%	22	
4	Strongly disagree							0.3%	3	
Statistics	Minimum	1	Mean	1.31	Std. Deviation	0.52	Satisfaction Rate	10.37	answered	1041
	Maximum	4	Variance	0.27	Std. Error	0.02				

Efficiencies – using resources more wisely, workforce productivity, savings								Response Percent	Response Total	
1	Strongly agree							69.7%	729	
2	Generally agree							27.2%	285	
3	Generally disagree							2.4%	25	
4	Strongly disagree							0.7%	7	
Statistics	Minimum	1	Mean	1.34	Std. Deviation	0.56	Satisfaction Rate	11.34	answered	1046
	Maximum	4	Variance	0.31	Std. Error	0.02				

Reduce health inequalities – ensuring we do all we can to provide appropriate access to health care regardless of someone's age, income, health status or background.								Response Percent	Response Total
1	Strongly agree							78.0%	815
2	Generally agree							19.4%	203
3	Generally disagree							2.2%	23
4	Strongly disagree							0.4%	4

Reduce health inequalities – ensuring we do all we can to provide appropriate access to health care regardless of someone’s age, income, health status or background.									Response Percent	Response Total
Statistics	Minimum	1	Mean	1.25	Std. Deviation	0.5	Satisfaction Rate	8.33	answered	1045
	Maximum	4	Variance	0.25	Std. Error	0.02				

Workforce development – a multi-disciplinary and rotational skill mix ensuring appropriate use of and training for the workforce, contributing to development and retention of urgent care staff									Response Percent	Response Total
1	Strongly agree								67.4%	704
2	Generally agree								29.4%	307
3	Generally disagree								2.7%	28
4	Strongly disagree								0.5%	5
Statistics	Minimum	1	Mean	1.36	Std. Deviation	0.56	Satisfaction Rate	12.07	answered	1044
	Maximum	4	Variance	0.31	Std. Error	0.02				