

Fylde Coast Insights

Emergency Department and Urgent Treatment Centres

Informing Winter Plans 2021-2022



Visited A&E or a Local Urgent
Treatment Centre?
**We would love to hear from
you!**

**SCAN THE QR CODE AND
SHARE YOUR VIEWS**



**Healthwatch
Together**

Blackburn with Darwen,
Blackpool, Cumbria and
Lancashire working
in partnership

If you would like this survey in a different format please contact
your local Healthwatch on:
0300 32 32100 (option 4)

Contents

Introduction *(page 3)*

Site Visits

Executive Summary of Site Visits *(page 4- 6)*

Methodology *(page 7)*

Demographics *(page 8)*

Blackpool Victoria Hospital Emergency Departments *(page 9-17)*

Blackpool Victoria Hospital Urgent Treatment Centre *(page 18-24)*

Blackpool Walk-In Centre *(page 25-33)*

Fleetwood Urgent Treatment Centre *(page 34-41)*

Patient Experiences

Executive Summary of Case Studies *(page 43-44)*

Blackpool Victoria Hospital Emergency Department Case Studies *(page 45-48)*

Blackpool Victoria Hospital Urgent Treatment Centre *(page 49-51)*

Blackpool Walk In Centre *(page 52-53)*

Fleetwood Urgent Treatment Centre *(page 54)*

Parent Perspectives *(page 54-55)*

Grandparent Perspectives *(page 56)*

Sports Coach/Sports Person Perspectives *(page 57)*

Focus Groups

Executive Summary of Focus Groups *(page 59-60)*

Youthwatch *(page 61)*

Blackpool Coastal Housing *(page 62)*

Seasiders College Blackpool *(page 63)*

Seasiders College Fleetwood *(page 64)*

Garstang Memory Café & Speak Out Self Advocacy *(page 65)*

Friendship Group St Annes *(page 66)*

Conclusions and Next Steps

Conclusions and Next Steps *(page 67-71)*

About Healthwatch Blackpool

Healthwatch Blackpool is the independent consumer champion for health and social care, existing under the Health and Social Care Act 2012.

We listen to the views of local people and aim to make services work for the people who use them. Through our work, Healthwatch Blackpool welcomes local people's experiences of healthcare services. Our primary aim is to influence change and offer public insights with supporting recommendations.

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

Introduction and Context

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

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

Executive Summary of Site Visits

Healthwatch Blackpool have collected feedback from local residents to understand experience and presentation at Urgent Treatment Centres and the Emergency Department within the Fylde Coast area. Through numerous short and focused site visits, Healthwatch Blackpool engaged with 213 people who have provided the insight that features in this report. We are incredibly grateful to all of the people that chose to take part in conversations and support our survey, the insight has been invaluable and has been used together to formulate our recommendations.

Key Messages:

Patients were most frequently being driven to sites by a friend/family member, and this was most commonly due to a condition yet to be diagnosed. Prior to attending the ED or UTC, 30% of patients had tried their GP, 19% had tried an NHS 111 service and 15% had tried multiple different healthcare services. There were 23% of patients in an ED or UTC that had not tried to access another healthcare service. Across all four sites, there is a pattern of patients being advised to attend by a GP, or being unable to get a GP appointment resulting in their attendance. Despite this, many patients suggested they would try their GP again next time for initial advice. There appears to be a preference and more awareness of NHS 111 telephone as opposed to NHS 111 online. Feedback relating to NHS 111 telephone suggests that improvements may need to be considered. In terms of receiving information, methods such as the NHS website, TV adverts and Facebook were consistently preferred.

Blackpool Victoria Hospital Emergency Department:

Of the 77 patients we spoke with in ED, 62% identified as women. The most common ages were 55 and over, with 45% of patients residing in a FY4/FY5/FY8 postcode. The most common reason for patients attending ED was as a result of GP advice. The majority of patients had tried their GP or NHS 111 telephone prior to attending ED. Individuals experienced issues with long waits to see a GP, as well as problems with the NHS 111 service.

Blackpool Victoria Hospital Urgent Treatment Centre:

Of the people that attended and engaged with Healthwatch Blackpool, 80% were in employment or education, with the most frequent age being between 25 and 44. Themes with patient presentation at the UTC included injuries as a result of a fall and adverse reactions as a result of a COVID-19 booster. The findings suggest patients using this site are more comfortable with using the NHS 111 telephone service, and the most common reason for attending this site was due to direct advice from NHS 111 telephone.

Blackpool Walk-In Centre:

Of the 66 patients within the Walk-In Centre that conversed with Healthwatch Blackpool, 65% identified as women, and 56% were visiting from an FY1/3/4 postcode. Of those visiting from Preston, 75% had a PR4 postcode. A higher number of patients at this site stated they are aware of 111 services but do not use them. This was largely due to negative past experiences with the service. The primary causes for attendance at this site were being advised to attend by a GP or being unable to get a GP appointment, as well as wanting a second opinion. With that being said, 44% of patients attended the Walk-In Centre without trying anywhere else beforehand.

Fleetwood Urgent Treatment Centre:

The most popular age category present within the UTC was 65+, with this group making up 35% of the patients Healthwatch Blackpool engaged with. Additionally, 37% were retired, and 65% of respondents resided in an FY5/7 postcode. In terms of patients travelling to the site, 57% drove themselves, with this being the most frequent method of travel. The highest cause for seeking medical attention was due to an infection or illness. The primary causes for attendance were due to being unable to get a GP appointment, or being advised to attend by their GP.

Recommendations

Improved NHS 111 service:

Feedback suggests NHS 111 is algorithmic, with long waits and the outcome sometimes being disappointing for patients. Multiple participants reported that a clinician did not follow up with a call within an appropriate timescale, therefore choosing to attend another service. Some patients were digitally excluded or did not have the confidence to access the NHS 111 online service. With that being said, it was clear that many patients were not aware that the NHS 111 online service existed.

Clearer messaging throughout NHS 111 waits is recommended in order to direct those most in need to the appropriate service. Further suggestions include increasing awareness of NHS 111 online, as well as making questions and response options easier to navigate and understand.

GP:

Those who had tried to access their GP had experienced issues such as long waits for appointments, being unable to use the My GP app and being advised to attend ED, UTC or the Walk-In Centre via telephone. Some patients have described a preference for face to face appointments, and believe this is currently not something they can access via the GP. Improved patient messages on telephone triage and assessment is needed.

Communications:

The preference on the Fylde Coast suggests patients prefer information via the NHS website (NHS.uk), TV adverts and Facebook. With that being said, Healthwatch Blackpool have explored the digital information available in relation to the Fylde Coast sites, and feel that this needs updating. For example, the opening times for Blackpool Walk-in Centre differ across NHS websites, with some stating 8pm and others stating 10pm.

Patient UK website and Local Child Health Advice Booklet website:

It is clear that the vast majority of patients are not aware of either of these websites. Better promotion of these services is required in order to increase use.

Preparation for Emergency Department attendance:

It became clear when completing our site visits that some patients were not prepared for an extended visit to ED or a ward (if admitted). Examples of this include patients not having the means to contact loved ones or the funds to purchase refreshments. Though the Trust has made improvements since our visits, we heard experiences of patients not having a drink or any food for many hours. In some instances, patients had money on their person but were unable to purchase anything within ED, due to the vending machines being contactless payment only. Healthwatch Blackpool have produced an infographic to try and mitigate some of these issues. If other healthcare services, when directing patients to ED, could promote preparedness, this will be helpful in reducing some of these issues.

Recommendations

Equality, Diversity and Inclusion:

During site visits, Healthwatch Blackpool witnessed patients struggling to hear members of staff and communication appeared difficult in some cases. Further to this, feedback from patients who are hard of hearing or deaf suggests that the wearing of face coverings has made communicating even more challenging. As a result, some participants described not understanding what was explained to them as they were unable to hear the member of staff. From this feedback, it is important that barriers to communication are considered when patients attend an Emergency Department or Urgent Treatment Centre. One measure that may be beneficial to ensure patients can hear their name being called is a numbered ticket system when in the waiting area, with the patients number appearing on a screen as well as being called out.

Methodology

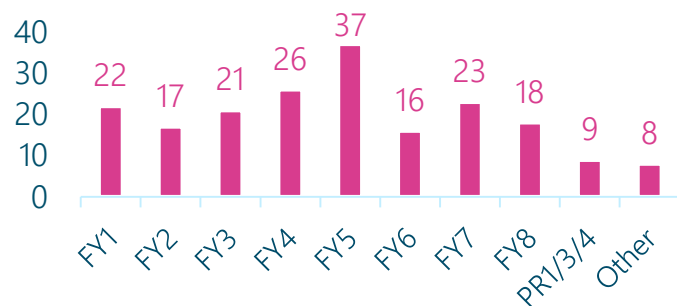
Healthwatch Together produced a questionnaire, with input from commissioners, in order to collect data and insights. This survey was distributed by Healthwatch Blackpool via our social media channels and with local third sector partners. Face to face engagements in Emergency Departments and Urgent Treatment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

Site	Date and time	Total number of respondents
Blackpool Victoria Hospital Accident and Emergency Department	Weds 17/11/21 10:30am-13:00pm Thurs 18/11/21 13:15pm-14:45pm Mon 22/11/21 18:00pm-20:00pm Fri 26/11/21 08:00am-11:00am Thurs 02/12/21 14:30pm-16:30pm Mon 20/12/21 10:30am-12:00pm	77 respondents
Blackpool Victoria Hospital Urgent Treatment Centre	Weds 17/11/21 10:30am-13:00pm Thurs 18/11/21 13:15pm-14:45pm Mon 22/11/21 18:00pm-20:00pm Thurs 02/12/21 14:30pm-16:30pm Mon 20/12/21 10:30am-12:00pm	16 respondents
Blackpool Walk-in Centre	Mon 22/11/21 16:00-18:00pm Tues 23/11/21 16:00pm-19:00pm Mon 29/11/21 15:00pm-16:30pm Fri 03/12/21 12:30pm-15:00pm Mon 20/12/21 14:30-15:30pm	66 respondents
Fleetwood Urgent Treatment Centre	Fri 26/11/21 08:00am-10:00am Sat 27/11/21 09:00am-11:00am Mon 06/12/21 15:00pm-17:00pm Wed 15/12/21 15:00pm-17:00pm Thurs 16/12/21 09:30am-12:00pm	54 respondents
		213 respondents

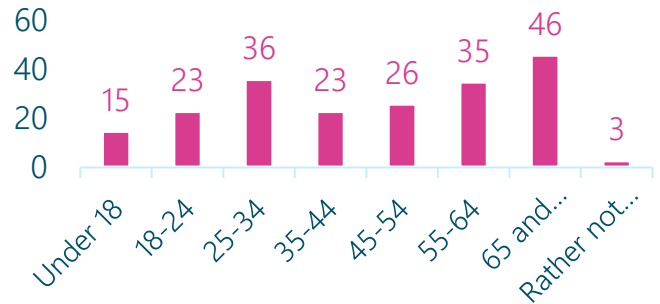
Demographics

The survey was completed by 213 patients, who have attended one of the four sites on the Fylde Coast. The graphs below display the demographic information of those who took part.

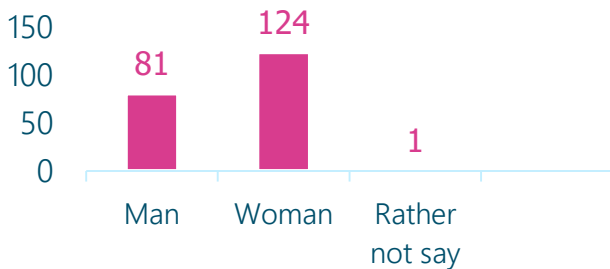
What is the first half of your residential postcode?



How old are you?



What is your gender?



Ethnicity	Total number
Asian/Asian British	2
Black/Black British	1
White/White British	200
Other	2
Rather not say	2

Employment Status	Total number
Employed - full time	70
Employed - part time	20
Self-employed	12
Unemployed	15
In full time education	14
Caring responsibilities	5
Retired	52
Disabled and unable to work	8
Rather not say	5
Other	2

Blackpool Victoria Hospital Emergency Department

Blackpool Victoria Hospital Emergency Department

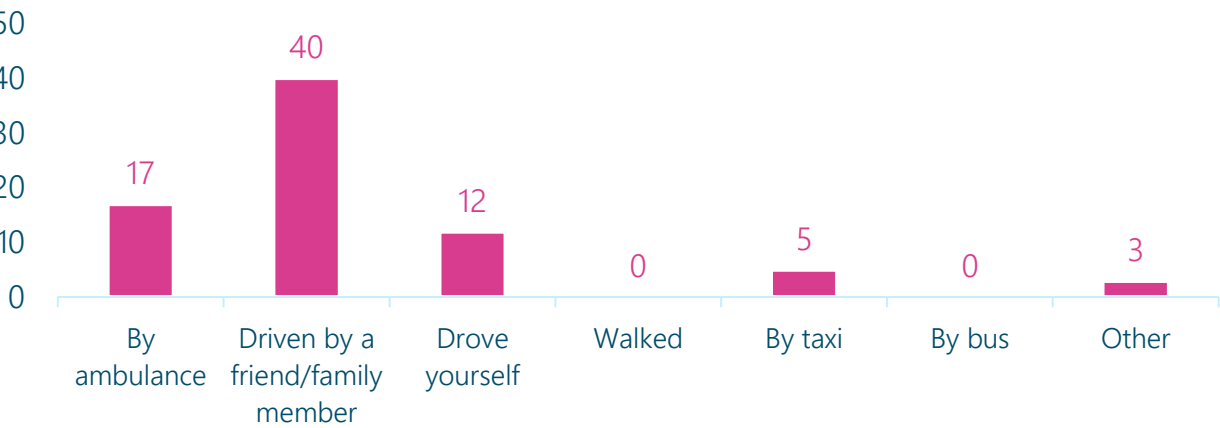
Whinney Heys Road, Blackpool, FY3 8NR

The Emergency Department (A&E) at Blackpool Victoria Hospital treats life-threatening and emergency conditions. The service is operational seven days per week, 24 hours a day. (<https://www.bfwh.nhs.uk/our-services/emergency-department/>)

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

What we found

How did you travel to Blackpool Victoria Hospital Emergency Department?



Other: "I'm in prison so was driven here", two people said "social worker."

What caused you to seek medical attention?	Total number
An accident	15
An infection or illness	13
Yet to be diagnosed	18
A long-term condition	13
A mental health condition	4
Prefer not to say	0
Other	14

Some examples of 'Other' responses: "A seizure", "Stroke specialist asked to return for a scan", "Dehydration", "Sent by GP", "Panic attack", "Overdosing on tablets", "Pregnant- morning sickness".

Blackpool Victoria Hospital Emergency Department

Whinney Heys Road, Blackpool, FY3 8NR

Patients were asked to provide clarification/further details:

For those who selected an accident, six of the fifteen participants had injuries as a result of a fall:
"I slipped yesterday and banged my head... I contacted my GP and they advised I come here to A&E as there weren't enough doctors on."

"Fell over and knocked myself out. I have headaches so wanted to get checked. I am waiting on a CT scan."

"Fell over in the night and Vitaline advised I be checked at A&E as my back was sore. Had to wait for an ambulance for 4 hours whilst stuck on the floor as Vitaline advised I was not to be moved."

Three accidents involved various modes of transport, including electric bike, road traffic accident and a bicycle. Other accidents mentioned were horse accident, burns and a dog bite.

The infections and illnesses reported were varied, with two people suffering from a water infection. Other examples:

"Blood clot in lung. Have had a heart bypass so waiting for a bed to sort it out"

"Toe ulcer sent by podiatry"

"Infected dog bite"

"Been very sick with an uncontrolled sugar level. I am type one diabetic."

Four of the patients who were yet to be diagnosed were struggling with breathing or lung issues, and a further four were present due to chest pain/suspected heart attack. One person stated, *"Potential pulmonary embolism. I have had long Covid for 18 months and have been twice previous with chest pain. I have had a pain in my calf and my lungs feel on fire. I rang my GP and she advised I come."* Other presentations included *"Chronic pain, can't take a full breath, suspected blood clot or pleurisy"* and *"Pins and needles with very severe chest pains."* Two people had pains in their side, with one suspected appendicitis.

Other patients were there due for various reasons such as:

"I have just had knee surgery and my blood pressure is sky high... I contacted NHS 111 telephone who advised I contacted my GP. I waited 4 days to get an appointment. The GP suggested the high blood pressure is a sign of infection in the new knee and that I come to A&E."

"Had a black out last night, not sure why."

The long-term conditions included two patients with cancer diagnoses, two with spinal problems and two with heart conditions. Other examples included:

"Pains in my stomach, been going on for a year, blood in my poo..."

"Seizures as a result of an accident. GP made an appointment with the walk-in centre and they advised I come to A&E."

The people attending the Emergency Department for their mental health, described their symptoms as depression and suicidal thoughts. *"I have chronic daily headaches, fibromyalgia, severe depression, Asperger's newly diagnosed and recently PTSD. Have chest pains and suicidal thoughts..."*

Blackpool Victoria Hospital Emergency Department

Whinney Heys Road, Blackpool, FY3 8NR

Why did you choose to attend Blackpool Emergency Department?	Total number
Advised to attend by NHS 111 online	3
Advised to attend by NHS 111 by phone	16
Advised to attend by 999	7
Advised to attend by GP	23
Advised to attend by another healthcare service	14
Unable to get a GP appointment	5
Geographical convenience	1
Wanted a second opinion	7
I didn't know where else to go	7
Other	18

Some examples of 'Other' responses:

"Paramedics"

Two people said *"Advised to attend by my manager"*

"Advised to attend by Vitaline"

Two people said *"Advised to attend by the walk-in centre"*

"I was advised by the Healthcare department at Kirkham prison"

"Just thought A&E"

"Advised by my consultant"

On the most part, it appears that patients have been advised to attend the Emergency Department by another NHS service, such as the GP or 111. Where people have chosen to select 'Other', Council services and employers are noted.

Blackpool Victoria Hospital Emergency Department

Whinney Heys Road, Blackpool, FY3 8NR

Are you aware of the following:

	Yes I'm aware of it and use it	Yes I'm aware of it and don't use it	No I am not aware of it	No response
NHS 111 online	23	34	17	5
NHS 111 telephone	51	18	5	3
Local Pharmacy	58	11	4	4
GP	70	3	1	3
999	54	16	0	7
NHS.uk website	37	16	8	16
Patient UK website	11	5	55	6
Local child health advice booklet website	2	2	66	7

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

111 services:

For NHS 111 services, seven put forward they have not needed to use online or the telephone. Seven participants struggle with using online, or do not have the resources to do so. A further nine people have a preference for communicating via the telephone as opposed to online, whether that be NHS 111 or their GP.

"The telephone NHS 111 operator only just told me last night that I can access the NHS 111 service online, but I prefer being on the phone speaking to people directly. I struggle using online."

"I am illiterate. Not sure what the 111 services are – thought it was the number you call when you want the police."

999:

The primary reason for being aware of 999 but not using it was because people felt as though they haven't required the service, or use 111 instead.

"I can make my own way here – ambulances should be left for those most vulnerable who need medical attention there and then."

Blackpool Victoria Hospital Emergency Department

Whinney Heys Road, Blackpool, FY3 8NR

Which of the following did you try before attending Blackpool Emergency Department?	Total number
NHS 111 online	6
NHS 111 telephone	21
Local Pharmacy	2
GP	32
999	10
None	12
Other	18

Some examples of 'Other' responses:

Nine patients tried a walk-in centre or UTC.

"Christies"

"Police force called ambulance"

"Physio contacted the GP then they contacted me"

"District nurse"

"Doctor at Prison"

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

"As I got ran over, I thought it was best I come straight here as I had a pain in my leg."

"Can't get an appointment with the GP, when I first came 8 days ago the Doctor in A&E said if the infection continues to get worse come back."

"Walk-in centre shuts at 8pm and didn't know where else to go."

"Wanted to come straight to A&E to get checked as I have a heart condition and on blood thinners."

Blackpool Victoria Hospital Emergency Department

Whinney Heys Road, Blackpool, FY3 8NR

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

No problems:

Twenty three people reported no issues with the services they had used. Here are some examples:

"The Doctor at Fleetwood walk-in centre was really good and noticed little details. All of the staff there were attentive and friendly... The doctor advised I come to A&E."

"Straight through to 999 and the Ambulance was relatively quick."

"Accessed GP fine – they advised I come to A&E because of my chest pains."

"Straight through to 111, they advised they would send an Ambulance."

"Accessed my GP with ease- phoned up at 8am and they had me in for an appointment at 9:40am."

"Advised I have my bloods done at the walk-in centre at Whitegate Drive and I was in and out so quickly. Then came up to A&E as my bloods showed a blockage near my liver. I have been waiting in A&E for 14 hours to go on a ward."

"111 telephone service – all very good."

GP:

"Feel like I'm bothering my GP when I have appointments and they can be quite sarcastic."

"The doctors had a lot of people waiting and because I had hit my eye, the GP suggested coming to A&E to get checked."

"My GP rang A&E and triaged me to be 'fast tracked' but I have been waiting in A&E for 8 hours and they have told me I won't get a bed for another 24 hours."

"Can never get a GP appointment... It is a nightmare"

"Quicker getting into prison than it is the GP now. I have to have an injection and can only have an appointment 16th December. Could be dead and buried by then."

111:

"Rang 111 on Saturday and was on hold for 50 minutes, had to go and couldn't get through. Did 111 online to check symptoms and it just said seek care. I have a demanding job so have been into work today and the pain has just got worse. I tried to ring GP today but I missed the 8am deadline as I was at work. Went to Whitegate Drive walk in centre at 1pm, waited there for 3 and a half hours and then they sent me to A&E"

"The wait times of 111 were very long."

999:

"Waited an hour for an Ambulance when I had chest pain."

"Rang GP earlier and they said ring 999... I rang 111 and they said ring an Ambulance. When I rang 999 they said it would be 4 hours for an ambulance so would I mind if they ordered me a taxi..."

Other healthcare services:

"I went to the walk-in centre two days ago but don't feel like everything was done that could have been done so I wanted a second opinion. They didn't do a chest x-ray or tell me about my blood results. As someone with anxiety they should tell you the results so you're not going home worrying about it all."

"Spoke to the district nurse who didn't want to fit a catheter as it had been such a long time so my wife and I made the decision to come to A&E as we were not sure what else to do."

Blackpool Victoria Hospital Emergency Department

Whinney Heys Road, Blackpool, FY3 8NR

Would you consider trying any of the following for initial advice on the same problem next time?	Total number
NHS 111 online	14
NHS 111 telephone	28
Local Pharmacy	2
GP	24
No I wouldn't	24

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

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

111:

Some positive feedback received related to NHS 111 telephone service, for example *"Preference to use 111 telephone because it's easier"* and *"It was straight forward using the 111 telephone."*

However, other patients did not have a positive experience using the NHS 111 telephone, with comments put forward such as:

"I find 111 on the phone very robotic - if you go off script some people can not get past the initial questions due to questionable capacity, which could add to hospital admissions. The first question asks if you have permission to ring on behalf of someone but if they lack capacity and you say no, you cannot proceed. However, if I rang for an ambulance for someone, they do not ask for permission in this aspect. This leads to an increase in hospital admissions when you have a duty of care to support that person because you cannot get past the first question for NHS 111 telephone."

"Need shorter waiting times for the NHS 111 telephone service."

Five patients struggle with using NHS 111 online, or were not aware of it and so have never used it before. To assist with this, suggestions were made such as providing training, raising awareness of NHS 111 online or making the choices clearer on the website itself.

Blackpool Victoria Hospital Emergency Department

Whinney Heys Road, Blackpool, FY3 8NR

GP:

When answering regarding their General Practice, the most common responses were an increase in available appointments and additional face to face capacity. *"Just cannot get hold of the GP - if you get through to reception it's a miracle. Quicker appointments and accessible GP services would be useful."* Another suggestion that was made *"If I could ring the GP at a different time that would be helpful. My GP has an app but it doesn't show any available appointments."*

Other people suggested the following:

"Leaflet through the post"

"Could put up posters"

"More adverts for 111 and things through the television."

"Struggle to hear over the phone when talking to Pharmacy. When I tell them over the phone they seem to click a button and then said is that better and I said that's much better thank you. If they had a way that people who are hard of hearing can communicate more over the phone so I can hear them. The GP Practice have just started to have people's names being called out as well as being displayed on the screen so it caters for all people."

Which of the following methods would you use to receive information about available health services that may suit your needs? Tick all that apply:	Total number
NHS website	42
NHS electronic newsletter	11
NHS paper newsletter	15
Leaflets in health centres (hospitals, GPs, Pharmacies)	26
Posters in health centres/libraries/community centres/bus stations	19
Billboards	7
TV adverts	36
(Local) radio	10
YouTube advert	6
Newspaper	11
Facebook	29
Twitter	9
Instagram	15
Twitch	4
TikTok	10
Other "google, email, postal, SMS, employers"	13

Blackpool Victoria Hospital Urgent Treatment Centre

Blackpool Victoria Hospital Urgent Treatment Centre

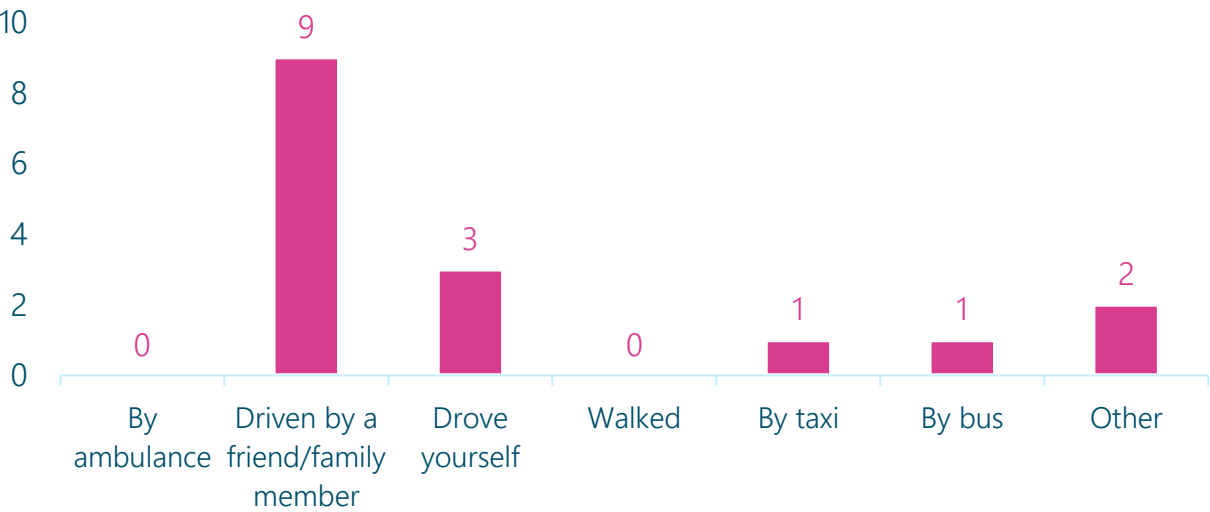
Whinney Heys Road, Blackpool, FY3 8NR

Blackpool Urgent Treatment Centre (UTC) is based within Blackpool Victoria Hospital, located adjacent to the ED. The UTC works in collaboration with the ED and treats minor injuries and illnesses (<https://www.nhs.uk/Services/hospitals/Services/Service/DefaultView.aspx?id=405888>) The service is operational 08:00am-21:00pm, seven days per week.

Healthwatch Blackpool visited the site on five occasions, providing patients an opportunity to give feedback on their visit.

What we found

How did you travel to Blackpool Victoria Hospital Urgent Treatment Centre?



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

‘Other’ responses: “Stitches being taken out of arm”, “Nose bleed”, “Suspected blood clot”, “Pain”

Blackpool Victoria Hospital Urgent Treatment Centre

Whinney Heys Road, Blackpool, FY3 8NR

Patients were asked to provide clarification/further details:

For those who selected an accident, two of the three participants had injuries as a result of a fall. The third person did not provide further details.

Of those who responded an infection or illness, *"daughter had a high temperature and a rash", "kidney stones" and "believe to have a blood clot in leg"* were the three responses.

Two patients who were yet to be diagnosed were struggling as a result of the COVID-19 booster vaccination, with one stating *"had my COVID booster yesterday and I have had an adverse reaction to it"* and the other *"Booster jab this morning and now I have a pain in my leg."* Other patients yet to be diagnosed were struggling with back pain and a suspected TIA.

The long-term condition mentioned was a *"stomach ulcer that flared up."*

For the person attending the UTC for their mental health, they said *"PTSD, struggle with mental health, trauma from what's happened in the past. Feeling depressed."*

Why did you choose to attend Blackpool Urgent Treatment Centre?	Total number
Advised to attend by NHS 111 by phone	5
Advised to attend by GP	4
Advised to attend by another healthcare service	2
Wanted a second opinion	1
I didn't know where else to go	1
Other	3

'Other' responses: *"The pain", "Job centre advised me to come", "Decided to come by myself"*

Blackpool Victoria Hospital Urgent Treatment Centre

Whinney Heys Road, Blackpool, FY3 8NR

Are you aware of the following:

	Yes I'm aware of it and use it	Yes I'm aware of it and don't use it	No I am not aware of it	No response
NHS 111 online	7	7	1	1
NHS 111 telephone	14	2	0	0
Local Pharmacy	11	4	0	1
GP	14	2	0	0
999	11	4	1	1
NHS.uk website	8	4	3	0
Patient UK website	1	1	13	0
Local child health advice booklet website	0	2	13	1

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

Two participants stated they haven't needed to use 111 online, as well as three not needing to use the NHS website.

111 online or telephone:

- "Easier to explain via 111 telephone rather than algorithmic questions"
- "Don't think I need to use 111"
- "111 online sends me round in circles so choose to use 111 phone."
- "I do not have the internet at home to use the online services. No need to use the 111 telephone service"

GP:

"The GP hasn't bothered with my asthma check up for almost 2 and a half years now. Supposed to be every 6 months. They never answer the phone and don't see patients anymore. I have learnt how to manage my illnesses, with medication etc. and only seek help if it's mega urgent and I'm in trouble. Otherwise I just struggle on."

Blackpool Victoria Hospital Urgent Treatment Centre

Whinney Heys Road, Blackpool, FY3 8NR

Which of the following did you try before attending Blackpool Urgent Treatment Centre?	Total number
NHS 111 online	0
NHS 111 telephone	6
Local Pharmacy	0
GP	5
999	1
None	3
Other	6

Some examples of 'Other' responses:

"Anticoagulant service"

"Blackpool Emergency Department"

"District nurse sent out by GP"

"Opticians"

"Whitegate walk-in centre via telephone, after calling community care team who were useless. At 5:55 they said the GP is still open and advised to call there"

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

"Thought this was the best place to come"

"Wanted to get here quickly because I was in pain. Arrived at A&E and they sent through to UTC"

"I thought the pharmacy/111/GP would only send me to the urgent treatment centre anyway so I came straight here to save going round the houses"

Blackpool Victoria Hospital Urgent Treatment Centre

Whinney Heys Road, Blackpool, FY3 8NR

Those participants who accessed another health service before attending the UTC were asked if they had experienced any problems. The following was said:

No problems:

"All fine- took a while to get through but not ages"

"No problems with my GP. Firstly advised I come in today at 5:15pm then rang back and said go to hospital"

"No problems with 111"

GP:

"Tried my GP, no appointments. Told me to ring 111"

"Nothing has been working with GP, nothing he can do that makes me feel better"

111:

"Yes 111 didn't answer"

"Half an hour wait before I got through to 111. Lots of menu options, had to ring twice because the first time they said they would get a clinician to phone me back but they didn't. My condition worsened so I had to phone again"

999:

"999 very busy, in a lot of pain and passed out, then co-codamol kicked in and didn't need Ambulance anymore. They suggested to attend, so has been brought by a friend today."

Would you consider trying any of the following for initial advice on the same problem next time?	Total number
NHS 111 online	2
NHS 111 telephone	5
Local Pharmacy	2
GP	3
No I wouldn't	7

Blackpool Victoria Hospital Urgent Treatment Centre

Whinney Heys Road, Blackpool, FY3 8NR

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

Six people responded stating nothing would help as they feel comfortable using those resources. Other people suggested the following:

"Ability to live chat with someone and send photos of problem being described"

"Shorter waiting times"

"Perception of 111 online is FAQs rather than an actual triage at the end of it. It felt like a help menu and not personal."

"NHS 111 requires improvement, a few years ago the service was much better than what it is now. Felt like someone off the street had just answered the phone. Puts you off ringing 111 and rather go straight to 999."

"GP's that were willing to see patients"

Which of the following methods would you use to receive information about available health services that may suit your needs? Tick all that apply:	Total number
NHS website	9
NHS electronic newsletter	4
Billboards	1
TV adverts	2
(Local) radio	1
Newspaper	2
Facebook	5
Twitter	1
Instagram	1
Twitch	1
TikTok	1
Other	5

Some examples of 'Other' responses:

"Anything online on Google"

"Face to face appointments"

"Google"

"Email"

"Doctor contacts me directly"

Blackpool Walk-In Centre

Blackpool Walk-In Centre

Whitegate Drive, Blackpool, FY3 9ES

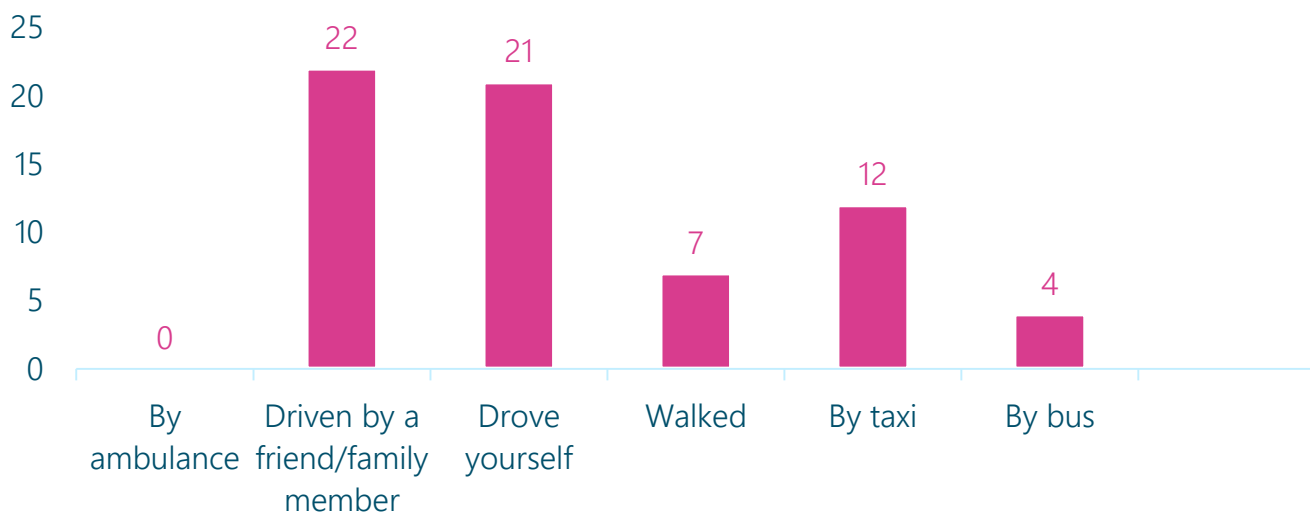
Blackpool Walk-In Centre is equipped to diagnose and treat minor illnesses and injuries, through both walk-in and pre-booked appointments.

(<https://www.nhs.uk/services/Clinics/Overview/DefaultView.aspx?id=96579>) The service is operational seven days per week, during the hours 08:00am-20:00pm.

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

What we found

How did you travel to Blackpool Walk- In Centre?



What caused you to seek medical attention?	Total number
An accident	17
An infection or illness	17
Yet to be diagnosed	17
A long-term condition	5
A mental health condition	2
Prefer not to say	0
Other	8

Other: 3 patients were having a blood test.

"Non-accidental injury sustained at work", "A bowel problem", "Back spasms", "Insulin pen not working", "Diabetic eye clinic"

Blackpool Walk-In Centre

Whitegate Drive, Blackpool, FY3 9ES

Patients were asked to provide clarification/further details:

For those who selected an accident, six participants had injuries as a result of a fall. Three of the accidents recorded had occurred at school. Four patients were attending with ankle/foot injuries. Other accidents included burns, head injuries and being *"stabbed in the eye at work"*.

Of those who responded an infection or illness, the most frequent answer was an ear infection, with four people suffering with this. In addition, three people had a chest infection, two people had facial pain and two people had urinary infections. *"A bite"*, *"an infection in one of my teeth"* and *"falling asleep in public"* were additional responses.

Patients who were yet to be diagnosed were struggling with symptoms such as an aching knee, bleeding during early pregnancy and being unable to see out of their eye. Two participants believed they may have had tonsillitis, whilst four were attending the walk-in centre to have lumps/a rash checked over.

The long-term conditions mentioned included fibromyalgia, COPD and Crohn's disease.

Further information relating to mental health was limited, although one patient referred to their *"emotions"*.

Why did you choose to attend Blackpool Walk-in Centre?	Total number
Advised to attend by NHS 111 online	1
Advised to attend by GP	13
Advised to attend by pharmacist	2
Advised to attend by another healthcare service	6
Unable to get a GP appointment	20
Geographical convenience	7
Time of availability	4
Wanted a second opinion	15
I didn't know where else to go	1
Other	20

Some examples of 'Other' responses: *"111 didn't answer the phone"*, *"GP wouldn't listen"*
"Advised to go to wound clinic at my GP surgery but they sent me on to here"
"All dentists were shut so didn't have any other options", *"Been to the GP 4 times and not getting better"*, *"Don't have the GP so this was the best bet"*, *"Thought it would be quicker than A&E"*
"Thought it would be easier to come here"

Blackpool Walk-In Centre

Whitegate Drive, Blackpool, FY3 9ES

Are you aware of the following:

	Yes I'm aware of it and use it	Yes I'm aware of it and don't use it	No I am not aware of it	No response
NHS 111 online	27	22	16	1
NHS 111 telephone	42	17	4	3
Local Pharmacy	52	9	2	3
GP	60	3	0	3
999	41	21	1	3
NHS.uk website	45	8	10	3
Patient UK website	10	5	48	3
Local child health advice booklet website	0	7	56	3

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

Nine participants stated they haven't had a need to use 999, as well as seven not needing to use 111 services. Some patients mentioned using 111 via the telephone, due to reasons such as being busy, preferring it to the 111 online service and to 999.

111 online or telephone:

"I don't know what the 111 service is for"

"When I've tried to use 111 in the past, haven't got anywhere and don't have appointments"

"Slow system (111 online)"

"Don't have access to online, generational thing as to why I don't use 111"

"The NHS 111 services have a long wait and I can make an educated guess myself"

"The NHS 111 services always direct you to someone else so I don't bother"

"I don't like the 111 service- always say they want to call an ambulance but I think it's to cover themselves"

"Don't use the 111 service as hate talking on the phone"

GP:

"Unsure if I am registered with a GP"

"Don't use the GP much because struggle to get in"

"Don't have a GP at the minute"

"Tried to use my GP app but you can't book appointments through it anymore"

"Always been able to get into the doctors usually until this"

Blackpool Walk-In Centre

Whitegate Drive, Blackpool, FY3 9ES

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

Other reasons:

"Not aware of them as don't speak very good English or know of these things"

"Don't like speaking on phones"

"Trying to use the internet less"

"It's hard to explain what's wrong with you over the phone without them seeing you. I prefer face to face"

"Not online"

"Takes a long time to get through"

"It is usually more helpful coming and seeing someone in person rather than online"

Which of the following did you try before attending Blackpool Walk-in Centre?	Total number
NHS 111 online	2
NHS 111 telephone	3
Local Pharmacy	6
GP	25
999	1
None	29
Other	6

Some 'Other' responses:

"Early pregnancy unit"

"Blackpool A&E"

"Clifton Hospital"

"Sent by the hospital for a post-op"

Blackpool Walk-In Centre

Whitegate Drive, Blackpool, FY3 9ES

Patients who said they did not use any of the above services before attending the Walk-in Centre provided further details as to why:

Difficulties with GP access:

"My doctor never has any appointments"

"Already knew that can't get appointments with GP. Don't use 111"

"Can't get in to see GP and 111 wouldn't help me as I need to be seen"

"Don't like talking on the phone. I hate the doctors and the wait for a GP appointment is so long"

"I work nights and find it difficult to get GP appointments and it's nearly the weekend so won't get seen"

Two participants stated that they do not currently have a GP.

Advised to attend by another healthcare service:

"Advised to come here by my GP for my bloods to be done"

"Advised to come here by the hospital for my bloods to be done"

"Advised to come by carers, came straight here"

Geographical convenience:

"The walk-in centre seemed like the most convenient"

"Convenience, quicker to come to walk-in centre"

"Thought it would be easier to come straight to the walk-in"

"The pharmacy that was open was too far away. It was a Saturday that I needed the help with my tooth so it was just easier to go the walk-in centre. It's only a 10 minute walk from my house"

"I live near the walk-in centre so it's easier. I prefer face to face"

Personal judgment:

"Thought this was the best place to come in the first instance as I think I need antibiotics"

"Thought the walk-in centre was the most appropriate service"

"Thought the walk-in centre was the best option"

"I looked online and I know I need stitches so I have come to the walk-in centre"

"The pain and swelling, needed to come straight to walk-in"

"Because it was urgent and think my hand might need stitches as it won't stop bleeding"

Other reasons:

"School advised I bring him straight to the walk-in centre"

"Wanted to get it looked at in person as hard to describe"

"They will only say to come to the walk-in centre anyway so I may as well be waiting here rather than waiting an hour on the phone to even get through to the NHS 111 services"

"I'd rather know what it is in an hour at the walk-in centre than wait hours on the phone to 111 and then four hours at A&E. Cannot ever get a GP appointment so don't bother"

Blackpool Walk-In Centre

Whitegate Drive, Blackpool, FY3 9ES

Those participants who accessed another health service before attending the Walk-In Centre were asked if they had experienced any problems. Seven participants stated they had no issues. The remainder said the following:

GP:

Eleven participants were advised to attend the Walk-in Centre by the GP.

"The GP said they are fully booked for today and couldn't provide an appointment. They suggested the walk-in centre or 111"

"Advised the wait would be two weeks for an appointment so they recommended coming to the walk-in centre"

"GP couldn't offer an appointment. Earliest appointment they could offer for a chest infection was Sunday (today is Tuesday). GP said come to walk-in"

"Came to the walk-in centre yesterday and had my bloods done. Contacted my GP this morning as I still wasn't right and they said they to come to the walk-in centre again today as they had no appointments"

"Contacted my GP this morning and put me on triage. They said there was no appointments today so advised I come to the walk-in centre today"

Ten participants were unable to successfully make a GP appointment.

"Contacted GP for an appointment and they called back at lunch. When I answered the call they dropped off and this happened twice. I called back at 4 o'clock and they said they were full so I came here"

"Tried ringing twice and I was on hold for over half an hour each time. On my own with the baby... They didn't answer either time"

"Rang the GP 39 times at 8am to try and get an appointment for my son. Got through at quarter past 8 and they said they didn't have any more appointments"

"Tried to get a GP appointment on Friday and again today. Said there was no GP appointments left so I came here"

"I could not get a GP appointment (there were seven people in queue)"

111 services:

"Couldn't get through to 111"

"111 was waiting and waiting and waiting on multiple attempts and ended up having to give up due to pain. Could not get GP apt as too late in the day"

Other responses:

"Haven't tried the GP for a couple of weeks because I'm worried that they think I'm just wanting the tramadol"

"Struggling to be heard at the GP, problems were getting heard"

"Wanted cream from pharmacy but they said to attend here"

"Experience at A&E was ok, sent me here for the dressings being changed"

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

Twenty eight people responded stating nothing would help as they feel comfortable using those resources. One individual praised 111 and said *"Always found NHS 111 telephone really helpful and had no problems."*

The following themes were identified from the responses:

GP:

Thirteen participants mentioned it would be helpful to have an increase in availability of GP appointments, as well as reduced waiting times.

"Tried to get an appointment with GP and it was a 6 week wait for a telephone appointment. I use the My GP app to book appointments and they aren't giving the option for face to face."

"Being able to use my GP would help if they actually gave appointments."

"Waiting times to be seen when you're in the queue on the phone, it was half an hour for each queue and I jumped from 16th in the queue to 18th. Easier to be seen at the hospital than the GP that's why people come to places like this."

111:

The most common responses within this theme related to shorter waiting times for 111 services and a lack of access to the internet preventing use of 111 online.

"No Wi-Fi, eye sight is really bad and can't see out of one eye."

"Can't use online, happy to use Pharmacy and GP but not 111."

"Shorter waiting times for the 111 services would be useful."

"Telephone NHS 111 service very busy."

Blackpool Walk-In Centre

Whitegate Drive, Blackpool, FY3 9ES

Further comments made about 111 services included:

- "The online 111 I have used before and the system wasn't great, it kept going round in circles"*
- "Availability in different languages. I speak Arabic not very good English."*
- "Might be beneficial to do prescriptions via the 111 service."*
- "Not aware they had a 111 service online- better awareness would be useful"*
- "Training would be good"*
- "If I could get a prescription straight away via those sources then I would use them."*
- "Can't get further referrals through 111 to other services."*

Which of the following methods would you use to receive information about available health services that may suit your needs? Tick all that apply:	Total number
NHS website	31
NHS electronic newsletter	9
NHS paper newsletter	7
Leaflets in health centre's (hospitals, GPs, Pharmacies)	15
Posters in health centres/libraries/community centres/bus stations	13
Billboards	4
TV adverts	26
(Local) radio	14
YouTube advert	5
Newspaper	5
Facebook	25
Twitter	12
Instagram	17
Twitch	3
TikTok	9
Other (snapchat ,via text, don't know, when face to face)	16

Fleetwood Urgent Treatment Centre

Fleetwood Urgent Treatment Centre

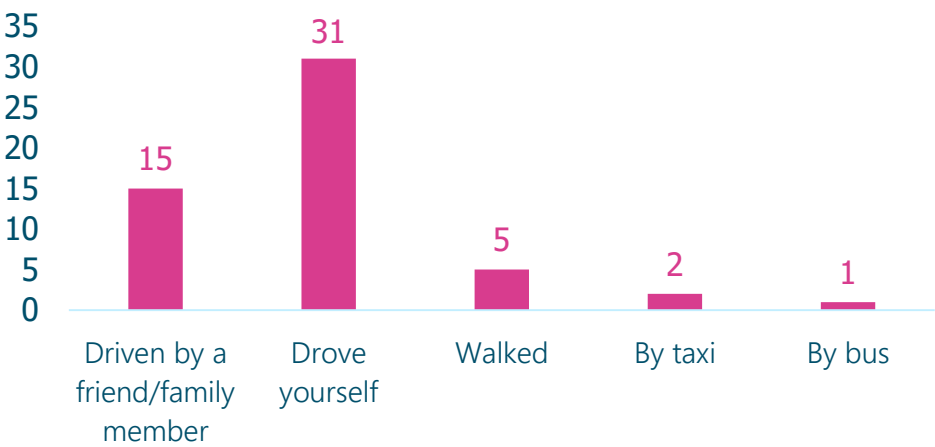
Dock Street, Fleetwood, FY7 6HP

Fleetwood Urgent Treatment Centre (UTC) provides same day assessment, diagnosis, treatment and advice to patients presenting with minor illness and minor injuries. The service offers phlebotomy, ECG, ear syringing and plastering (<http://www.fcms-nw.co.uk/urgent-care/#fleetwood-urgent-treatment-centre>) The service is operational seven days per week, between 08:00am-20:00pm.

Healthwatch Blackpool visited the site on five occasions providing patients with an opportunity to give feedback on their visit.

What we found

How did you travel to Fleetwood UTC?



What caused you to seek medical attention?	Total Number
Accident	12
An infection or illness	16
Yet to be diagnosed	14
Prefer not to say	2
Other	10

Where participants have responded with 'other' responses include "blood tests", "joint pain", "long term conditions" and "wound care".

Fleetwood Urgent Treatment Centre
Dock Street, Fleetwood, FY7 6HP

Patients were asked to provide clarification/further details:

For those who selected accident, nine participants had injuries as a result of a fall. Two of the accidents recorded had occurred at school. Five patients were attending with ankle and foot injuries. Other accidents included head injury, skin tag and an incident at work.

“Hit the back of my head on a metal bar last week. I came home on the Wednesday and I slept for two full days. I went back to work at the weekend but my headaches are coming back so I thought I'd come to the walk-in centre to get checked”.

Of those who responded an infection or illness the most frequent answers included suspected chest infections, tonsillitis and coughs with five participants making reference to one of the above. In addition to this two people had issues with their toe and two people referred to pain from headaches. “repeat prescription”, “kidney infection”, “ultrasound of bladder and stomach” and “insect bites” were additional responses.

Patients who were yet to be diagnosed described issues with eyes, feeling deaf, severe headaches and a mole that needed a second opinion. Three participants made reference to their chest suggesting infection and pain. Two participants noted bleeding including blood clots. One participant noted ‘waterworks’ whilst another described needing an x-ray.

Why did you choose to attend Fleetwood Urgent Treatment Centre?	Total number
Advised to attend by NHS 111 online/phone	5
Advised to attend by GP	12
Advised to attend by pharmacist	1
Advised to attend by another healthcare service	0
Unable to get a GP appointment	12
Geographical convenience	5
Time of availability	0
Wanted a second opinion	3
I didn't know where else to go	4
Other ("knew to turn up", "aware that the service is open")	6

Fleetwood Urgent Treatment Centre

Dock Street, Fleetwood, FY7 6HP

Are you aware of the following:

	Yes I'm aware of it and use it	Yes I'm aware of it and don't use it	No I am not aware of it	No response
NHS 111 online	19	23	11	1
NHS 111 telephone	35	13	1	5
Local Pharmacy	45	3	1	5
GP	47	2	0	5
999	38	7	2	7
NHS.uk website	26	16	7	6
Patient UK website	3	3	43	5
Local child health advice booklet website	3	1	45	5

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

Seven participants stated that they are not computer literate and one stated they haven't had a need to use 999 and other online services. When asking about 111, five participants noted that they have not needed to use 111 services whilst two participants noted lacking in confidence using the service.

111 online or telephone:

"Never had a need to use the 111 services. I'm generally quite healthy and well"

"Never had a need to used the 111 services"

"I don't have much confidence in the 111 services. I used the telephone 111 service years ago and they sent an ambulance out. They told me there was nothing wrong with me but two days later I was in hospital with cancer"

"Don't use 111 because I rang them at 6pm at night and they rang me back at 5am in the morning for a 19 month old baby. It turned out he had croup (an infection of the chest and lungs). Don't trust them anymore"

Other reasons:

"Don't know how to get on the internet, old fashioned"

"I am useless with computers so cannot use anything that's online"

"I have had sepsis 3 times so my GP has always said if any problems or any symptoms of sepsis to get seen asap"

Fleetwood Urgent Treatment Centre

Dock Street, Fleetwood, FY7 6HP

Which of the following did you try before attending Fleetwood UTC?	Total number
NHS 111 online	2
NHS 111 telephone	8
Local Pharmacy	4
GP	24
999	0
None	18
Other "advised by Clifton"	1

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

GP:

A large proportion of the responses related to General Practice's, with three people being unable to get an appointment and three people stating their General Practice was closed.

"Couldn't get through to my GP."

"Cannot get a GP appointment it's useless. Come straight here to Fleetwood because the service is good. I've been here a few times and I like it. Blackpool walk-in centre is a nightmare and there's never anywhere to park."

"Would have called the GP for an emergency appointment if it wasn't weekend."

"I rang the GP last week but it said they were shut for some reason."

Two additional patients also stated they aren't local and so are unable to access their GP whilst in Fleetwood.

"I am a non-Blackpool resident on holiday in our holiday home. As my GP isn't registered locally I come to the walk-in centre in emergencies and thought I better get checked."

"I have come to the walk-in centre here as it was convenient and a short drive away so didn't bother contacting my GP as they're in Blackpool."

Other responses:

"This was the first place I thought to come"

"Local, know that this service exists."

"Tried home tablets."

"Needed to be seen face to face. Ongoing issue for months."

Fleetwood Urgent Treatment Centre

Dock Street, Fleetwood, FY7 6HP

Those participants who accessed another health service before attending the UTC were asked if they had experienced any problems. The following was said:

No problems:

"No problem. Staff at pharmacy very helpful."

"Good experience with pharmacy, advised to come to Fleetwood UTC."

GP:

The feedback relating to experience at General Practice's was mixed, with some having a positive experience as seen below:

"No problem with GP... Had telephone and face to face."

"No problems with GP they have been wonderful."

"Can't fault the GP."

Other feedback received regarding General Practice's was of a negative sentiment:

"Unable to get a GP appointment... They wouldn't see me. I rang up yesterday and they advised I come to the walk-in centre. They said they were only seeing people in person if it was an emergency."

"I contacted my GP and told the receptionist my symptoms. She didn't suggest giving me a GP appointment and said I should see if I can get anything over the counter to help. I told her I think it's a bit more than that and needs looking at. She then recommended I come to the walk-in centre."

"The GP were too busy so sent me here. I could not get an appointment."

"The GP didn't even offer me an appointment. They just advised I come to the walk-in centre."

"GP said couldn't offer an appointment for a fortnight."

"I had a lump on my head, I visited five separate GP's around the issue and none picked up on cancer. It feels like neglect, it was blamed on COVID. I'm now having to come here for dressings because they removed the cancer in an operation."

"No GP appointments (tried for days and gave up and went to same day and waited to be seen). As a full time worker we need better hours - evening and weekend GP appointments."

111:

"Tried 111 but couldn't get through there was a long wait."

"GP surgery had no appointments for a while so the receptionist advised I call 111 for advice who then wanted my daughter to be seen at the walk-in centre."

"Didn't get anywhere with 111."

Fleetwood Urgent Treatment Centre

Dock Street, Fleetwood, FY7 6HP

Would you consider trying any of the following for initial advice on the same problem next time?	Total number
NHS 111 online	6
NHS 111 telephone	6
Local Pharmacy	5
GP	27
No I wouldn't	13

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

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

The following themes were identified from the responses:

GP:

Those who mentioned GP suggested it would be helpful to have an increase in availability of GP appointments, as well as approachable staff.

"More availability, nicer receptionists."

"Actually being able to see a GP within the week and being able to book a GP appointment when ringing up, not just same day appointments."

"GP's actually being helpful and listening to your problem instead of brushing you off."

111:

The most common responses within this theme relate to a lack of trust in 111 services due to previous experiences.

"No confidence based on previous experience in 111 and too time consuming asking too many irrelevant questions by staff obviously not medically trained."

"Had problems with 111 online, went round in circles so wouldn't use that again. 111 via the phone is quite robotic, feels like they're reading a script."

"Wouldn't use 111 again as they have let me down in the past. They said a Doctor would ring me back and then they didn't..."

Fleetwood Urgent Treatment Centre

Dock Street, Fleetwood, FY7 6HP

Which of the following methods would you use to receive information about available health services that may suit your needs? Tick all that apply:	Total number
NHS website	25
NHS electronic newsletter	5
NHS paper newsletter	4
Leaflets in health centres (hospitals, GPs, Pharmacies)	10
Posters in health centres/libraries/community centres/bus stations	12
Billboards	1
TV adverts	17
(Local) radio	8
YouTube advert	3
Newspaper	5
Facebook	18
Twitter	5
Instagram	6
Twitch	1
TikTok	2
Other	8

Some examples of 'Other' responses:

"Word of mouth"

"The news"

"Direct text messages"

"Information through the GP/Hospital"

Patient Experiences

Executive Summary of Case Studies

Healthwatch Blackpool gave survey respondents an opportunity to leave their contact details in order to have a further conversation about their experience of attending the Emergency Department or Urgent Treatment Centre. Of the 213 people who completed the survey, 38 participants consented to sharing their contact details and were willing to provide a case study at a later date. Healthwatch Blackpool have since reached out to each of these people via text message, phone call and/or email, with 13 people sharing further details about their experience.

In addition to this, Healthwatch Blackpool have had conversations with four parents, two grandparents and three sports person/coach perspectives.

Key Messages:

Overall, the case studies across all four sites were a mixture of positive and negative experiences. For those who provided positive feedback, this was mainly due to the following reasons:

- Resolved the health issue that they attended for.
- Staff were friendly and helpful.
- The visit has resulted in onward referrals being made for additional treatment/support.

On the other hand, negative experiences seemed to result from:

- A lack of or poor communication.
- Being passed around various different services.
- Feeling unheard/dismissed.
- No follow ups, despite their symptoms not being resolved.

Themes and recommendations relating to communicating information:

Through having further in depth conversations with Fylde Coast residents, it is clear that there is some confusion around the purpose of an Urgent Treatment Centre, with particular mention from parents around suspected fractures. Some participants have stated that they do not believe Urgent Treatment Centre's can fit a temporary cast, despite being aware that they have the facilities to x-ray. Healthwatch Blackpool have received confirmation from both Fleetwood UTC and Blackpool Walk-in Centre that they can diagnose minor injuries using their x-ray facilities, apply a temporary cast and subsequently make a follow up appointment with the fracture clinic. Our conversations suggest that some people are not aware of this, and believe fractures require diagnosis and treatment within an Emergency Department. A focused communications piece to convey the correct information to the public in a clear manner is required.

In addition to this, when communicating with individuals within an Emergency Department or Urgent Treatment Centre, considerations need to be made about the barriers to communication. For individuals who are hard of hearing or deaf, the mandatory requirement of wearing a face covering has exacerbated the difficulty in understanding what is being said. Furthermore, for people who have a learning disability, readily accessible easy read information is helpful. These are just a few examples of the barriers people face to effective communication, and so it would be beneficial if each site ensures all patients understand the information being given to them.

Some members of the public expressed a preference for receiving information through a professional they already know and receive support from, with the most common answer being their GP. Other responses included a social worker, Community Care team or Samaritans.

Themes and recommendations relating to pathways between services:

Some of the negative aspects of experience were as a result of accessing various services prior to arriving at the Emergency Department or Urgent Treatment Centre. Healthwatch Blackpool heard from patients who had tried four or five different services, including Pharmacies, GP Practices, NHS 111 and other healthcare services. In some of these cases, patients felt they were *"going round everywhere"* and were turned away from services due to reasons such as *"no appointments"* and *"due to being complex"*. Ultimately, this led to patient frustration and distrust in the process.

Going forward, it is felt that both communication regarding available services, alongside increased integration between Primary Care, Urgent Treatment Centres and Emergency Care, could be beneficial for overall patient experience. An understanding of the confusion faced by people accessing services may help when directing patients elsewhere.

Themes and recommendations relating to follow ups and referrals:

A few patients were informed upon discharge from the Emergency Department or Urgent Treatment Centre that they required further investigation or a follow up. Since then, these patients are unaware of when they can expect to be seen, and whether the referrals have been made.

A clearer pathway upon discharge will be helpful for patients who require further assessment or treatment, as they will have explicit expectations of their next steps. Directions on who patients can contact to query where their referrals are in the system, and when is a suitable time to do this would be helpful for those who are wondering where to turn.

Blackpool Victoria Hospital Emergency Department

"Phoned the GP before Christmas (long-term health condition) and was offered antibiotics and steroids. Advice from the GP was that if conditions worsen to get back in touch with the GP or use 111.

Symptoms deteriorated, went on 111 online and the service said to go to Fleetwood UTC. Visited Fleetwood UTC and they advised that I go straight to A&E due to being complex, they sent me with a print out to take with me.

I got to A&E at 4pm and didn't leave until the next day (was there for 20 hours). I visited with my husband who is my carer because I am hard of hearing. I had an ECG and blood test. The blood test result suggested a blood clot, was put on blood thinning tablets and sent to the waiting room.

I was then told that my ECG and bloods needed to be taken again. My husband was then told to leave, as he was only allowed to stay if I had dementia. A DR then came over and told me that I would be admitted, I was supported to fill in admission forms. I phoned my husband and told him to bring a bag.

I was given a heparin injection and pain relief and was sat on the hard chair all night. I didn't have any sleep, then a DR came to see me the next morning and spoke about being admitted. Following this, a nurse came over to see me as she was worried that I would have pressure sores. She took me in the toilet to see if I had sores from sitting, I am 72 years of age.

At 11:30am another DR came and called me into a room. He said that I could go home and that I don't need to be admitted, he could use previous scans. I went home, I have had no follow up and have burning pain in my shoulder and neck.

I don't want to complain, but I can only describe the situation as traumatising. I need to contact the GP to see what can be done, my blood D dimer, which should be 200, was nearly 1200 and I have had no follow up.

I would have preferred to be told to go back, so I could sleep/lie down. I was offered a sandwich at 5pm and tea and biscuits in the morning."

Blackpool Victoria Hospital Emergency Department

"I visited ED because of a panic attack. I called 999 and they sent me to ED. My experience was neither positive nor negative.

I do slightly feel that with extra support or assistance, my visit could have been avoided. If I was in the same position again in the future, I would consider another option first.

I currently receive information about help and support by advertising and social media. This is my preferred format to receive this kind of information."

"I have a long-term condition and this was the reason for my visit. I suffer from dehydration and this is down to anxiety that I will choke on drinks. I feel like it will go down the wrong way and I will choke to death, I am waiting for a therapist. I rang my social worker and she took me up to A&E. I have headaches all the time and I knew I was dehydrated.

I don't really think extra support would help, as the GP cannot give drips. I find that when I am talking to someone I can drink and they are taking my mind off it, so this is something that prevents me from choking and needing to go to A&E.

If I'm in the same position again in the future, I would wait until I am at my worst and go back to A&E. Overall, my experience at A&E was positive.

I currently receive information through my social worker, she sorts it for me. She has sorted an occupational therapist and a chairlift."

"I fell over in the night and Vitaline said I should be checked at A&E because my back was sore. I had to wait for an Ambulance for four hours and I was stuck on the floor whilst I waited, Vitaline said I couldn't be moved. I do normally use the 111 telephone for advice but I'd already pressed my Vitaline button after falling.

Extra support wouldn't have helped as I needed to check I hadn't broken anything. I would do the same again if it happened again, even though I don't like going to A&E.

I currently receive information off my doctor, this is how I prefer it. Information through the post would be useful too. I have hearing aids so I struggle to hear sometimes."

Blackpool Victoria Hospital Emergency Department

"On the A&E front I found the experience generally very positive. Although it took a little while to be seen everyone who dealt with me was pleasant friendly and professional. The checks I was given to my head were thorough and I was given information to take away and told what to do in case my symptoms returned or got worse.

The only thing that I would have liked as well was my knee injury to have been looked at. My main injury was my concussion which was understandably prioritised but I would have liked my knee injury looked at too as I'm still having problems with it."

"I was having troubles passing water. It had lasted a couple of months so I decided to go to A&E and get checked and let them look at me properly. I did not try any other options and went straight there. I have previously tried Spire and was willing to pay for treatment but when I went there, they went through the same checks I'd already had so many years before. I have already answered them so I didn't think it was needed again. They did a quick survey and charged me £165. It was all the same jargon I'd heard years before at the vic. I told them there and then I don't want any more treatment here. After that I decided to go to A&E. I went in at 2pm in the afternoon and didn't manage to get away until 8.30pm. The only thing that has come of my experience at A&E is that I have an appointment at the urology clinic.

I don't feel that with extra support or assistance, my visit could have been avoided, I think I will have always been better at the Vic. If I was in the same position again in the future, I would go straight to the Vic as from what I've experienced before, the Vic has been ok. Everything went alright and I've had one or two little operations going back over the years.

I currently receive information about support that is available from the doctors usually but we haven't been able to see them. There's that many doctors at our surgery, at least 8 or 9, and we don't know who is who so we are going to change doctors. The average person needs a fixed doctor to go and see so they know you. In terms of barriers, I have a hearing aid like most elderly people. To be honest I think my hearing is alright but I have them in just incase."

Blackpool Victoria Hospital Emergency Department

"I have a long-term condition and this was the reason for my visit. On Boxing day, I was experiencing breathing difficulties and struggling to talk so rang NHS 111 for advice. The lady on the phone told me to keep my phone handy as I would be receiving a call back within the next hour. She advised that if I got worse, to call 999. This never happened and an ambulance arrived 45 minutes after my phone call which I wasn't expecting. The ambulance crew carried out observations and decided that I needed to go in for further treatment. They put a cannular in my hand to give me medication and a nebuliser. They then transferred me via wheelchair to the ambulance and carried out further checks on my way there (only took 8 minutes to get to A&E). The crew were fantastic with me. When I arrived at the isolation part of A&E, I was taken to a cubicle with a triage nurse who carried out routine bloods and took my blood pressure. I was then given further nebulisers and a portable chest X-Ray with an ECG. Later on in the night, I was transferred to the Acute Medical Unit who continued with my care. All the staff from start to finish were amazing and a credit to the NHS. Overall, my experience was positive.

Due to the time of day, there was no GP available and my social prescriber wasn't available with it being weekend. Instead, I rang 111 for advice.

In terms of additional support for my long-term condition, I feel I would benefit from a home nebuliser but I have been told that I can't. If I'm in the same position again in future, I would call NHS 111 if it was weekend, however if it was midweek, I would contact my GP.

I currently receive information via email and this is my preferred format. Information needs to be shorter and to the point with no jargon. I have Asperger's and learning disabilities so benefit from easy read information."

"I have a long-term condition but this wasn't the reason for my visit. I visited ED because of suicidal thoughts. My experience at ED was positive. The mental health team were good with me and got me a patient ambulance to take me back home at 1am. I didn't try any other options before my visit.

I don't think extra support would have prevented my visit. I might consider another option first if I'm in the same position again in the future.

I got mental health support papers from the police, this is my preferred format of information. I also have a preference for Samaritans."

Blackpool Victoria Hospital Urgent Treatment Centre

"I had a fall at home which you could say is part of my pre-existing problems. I have mobility issues and had fallen over in the hallway in the middle of the night. I got up and went dizzy which caused me to pass out and fall. I woke up there and rang my Community Care team for medical advice and they told me to contact my GP even though they were closing in five minutes. The team said that the only option is the GP and they can make appointment at urgent care. I called the GP who said they had no appointments and couldn't see me. The GP advised that I need to contact the walk-in centre. I then rang Whitegate Drive walk-in centre who told me that they close at 8pm and they have an hour wait currently so will not be accepting anyone else. Whitegate Drive advised I go to A&E at the Vic so I did. They all sent me to another service. I went from the Community Care team to the GP to Whitegate Drive walk-in centre to A&E. If my GP had seen me in the first place it would have saved me going round everywhere. More appointments are needed.

If I'm in the same position again in future, I would try and go through my GP again but dealing with them at the minute is like dealing with gold dust.

I am registered as blind so I have visual impairments. I get my information and support through the community care team and GP."

Blackpool Victoria Hospital Urgent Treatment Centre

"My son has a long-term condition and this was the reason for our visit. He has been taking medication for almost three years (Movicol and Senna daily). He had been constipated, complaining of abdominal pain as he hadn't had a bowel movement for over five days. When we arrived at A&E, I was seen by the receptionist who advised I take my son to the Urgent Treatment Centre. I was told there would be a long wait - I arrived there at 6.30pm and wasn't seen until midnight. They kept checking my son until he was seen. They asked for a wee sample so they could test his urine. They wanted him to wee in a pot but this was hard as he's only four years old. I tried him on the toilet but the seat was too big and he didn't feel safe so he wouldn't. They gave me an appointment for the Children's Assessment ward at 9am the next morning. Because he had done a wee in his nappy, they were happy with him being sent home as they knew he was being seen the following day. The Children's Assessment ward was an amazing experience with loads of information. They had toys to play with and were engaging with him. It made him feel comfortable.

Before the Urgent Treatment Centre, we attended the walk-in centre but we were told to leave as due to waiting times, we would not be seen before it closes. A brief discussion with the doctor at the walk-in centre through a triage assessment resulted in me taking my son straight to A&E.

What would help me is regular appointments with his consultant. We have not seen them face to face for over two years. I have had ten minute telephone appointments. It offers very little reassurance.

It would hopefully not get to this position again in the future. I was misinformed. When I went to the Children's Assessment ward, they informed me about his dosage of Movicol and explained it so clearly. They gave me websites to view and loads of new information I had never heard before even though he is under a consultant (although his consultant is located in Calderdale).

I currently receive information off my GP, this is how I prefer it. I have also been told about a really good website."

Blackpool Victoria Hospital Urgent Treatment Centre

"I have a long-term condition, it's a stomach ulcer that flares up. It was a Saturday so I didn't try my GP. I tried stuff from the chemist and over the counter medication. My friend advised I ring NHS 111. I contacted the NHS 111 telephone service at 10pm because I was in a lot of pain and they said they'd call me back. They rang me back at 7am the next morning. They gave me an appointment to see a GP at the Urgent Treatment Centre for 1pm on the Sunday but I didn't get seen until about 3pm. The doctor was really kind/good and she advised I wait in A&E and see a specialist for a camera. As I walked into A&E it was full and there was no where to sit so I went home. Someone from Urgent care rang me up on Monday and started shouting at me for missing my appointment. I thought she was having a go at me for not going to A&E. It turns out she had something like 1am in the morning written down instead of 1pm. She was cross and having a go at me. There was a lack of communication. They didn't give me anything and the pain had subsided. A GP home visit would have stopped me going. They should do what they do in Spain- chemists are more qualified than GP's around medication and they can prescribe, it saves time.

What would really help me is a doctor sitting down with me and explaining what foods I can eat and what I can drink to help my ulcer. When it gets less and less dangerous health wise they don't really bother as much so more advice and education would help. Is there anything else I could do to help myself?

Next time it flares up, I would probably not even bother ringing NHS 111 and just be in agony. I think I'm not even going to bother. By the time I got to UTC the pain had eased and the crisis had passed.

I don't currently receive any information about help and support, it would be useful if I had a regular health check with a nurse or doctor. The barriers are GP's not seeing people and restrictions causing chaos."

Blackpool Walk-In Centre

"I have a long-term condition, COPD, but this wasn't the reason for my visit. I had to come to the walk-in centre because of a fall. I slipped on leaves and hurt my head and hand. The skin on my hand was completely broken and I ended up with a black eye and a big bruise on my chin.

I live on my own in Preston and my daughter lives in Blackpool. She drove to me and took me to my local Pharmacy who I really trust. The Pharmacy was excellent, they showed concern for me due to the skin on my hand being broken and they recommended I visit the hospital. I didn't want to do this so they then suggested I could go across to my GP and see a nurse.

I went to the GP but they couldn't provide me with an appointment. The receptionist suggested I went over to the community part of the GP and speak to the lady over there, so I did but she said they were fully booked- no appointments available with either a nurse or a doctor. I asked if they could spray some anti-septic onto my wound but they wouldn't.

We then went down to Whitegate Drive walk-in centre in Blackpool as it is near to my daughter's and she thought that was the next best option. From walking in to the building, to being dealt with, to then being treated and leaving it was all very pleasant. The receptionist downstairs in Whitegate Drive and the receptionist upstairs at the walk-in centre were both lovely. I waited just under an hour or just slightly over, so I was really pleased with that. The nurse was really nice and explained everything to me. I didn't know what to expect as I'd never been to a walk-in before but was very impressed. She was so competent and didn't hurt me, it was completely painless. It was 10/10, the word is excellent.

Day to day I don't really receive any information about support, unless someone tells me. I watch the television and the news all the time so I'm up to date that way but I do not have any access to online. I do not have a computer or tablet, and I wouldn't even know how to use one. If I needed to, I would ask my daughter to go on her computer or contact my GP surgery/chemist for any information I need.

If I'm in the same position again in future, I think we would do the same thing and try my local Pharmacy and GP first. I've never felt the need to use 111 as I don't really understand what it is."

Fleetwood Urgent Treatment Centre

"I have a long-term condition, but this wasn't the reason for my visit. I had a positive pregnancy test and was bleeding. I knew to go there as I am often there with symptoms relating to my numerous conditions. I didn't try any other options as it was just after New Year (a bank holiday) and the GP wasn't open. I didn't want to go to the hospital.

The experience was overall negative, as the UTC said that I had a kidney infection, gave me antibiotics and dismissed my concerns about a positive pregnancy test. There was no follow up, I didn't get better so ended up going back to my GP when it was open. They have given me more antibiotics and suggested a bladder scan, but nothing appears to have been done. I am now just waiting, but at what point do I start following up and chasing?

I don't receive any information really, I usually get some of my information from Facebook. I used to go to Fleetwood UTC for dressings so know what they do. When I call my GP they tell me to call 111 if they don't have any appointments available.

It would be good to have information about all of the places that you can go for certain things."

"My son had tonsillitis, he gets this regularly so I was used to dealing with it. I called 111 for advice and was on hold for 45 minutes and was then offered an appointment at Fleetwood UTC. I took my son and waited outside as 111 said that I needed to go through a side door because they queried COVID. In the end they asked me to wait with my son in the waiting area (it wasn't COVID).

111 could have given me a prescription over the phone, my son gets tonsillitis regularly and it will be on his notes. We now have an arrangement that works (with the GP) and my son has been referred on to Chorley (these are the only appointments available in our area to deal with tonsils CDH -waited a year for this)

If this happens again in the future, I will go to the GP and they would be able to issue a prescription.

I don't currently receive information, it would be good to receive this through school."

Parent Perspectives

"I would usually take my children to the walk-in centre if they needed to be seen, as we can't get in at the GP. I can tell when there is something more seriously wrong with my child, therefore I use my intuition as a parent to determine when A&E is the most appropriate option. I do not feel as though A&E is the default position for myself as a parent. I have had previous experiences with my daughter whereby I phoned 111 for guidance, and they advised she needed an Ambulance and escalated this. As we were waiting for the Ambulance, her condition was deteriorating and I was becoming increasingly more worried. I phoned back 111 after an hour to ask when the Ambulance would be arriving and they said I need to ring 999 myself and chase it up. I then had to phone 999 and the Ambulance didn't arrive for another hour."

"It would depend on what appears to be wrong with my child. Trekking off to the hospital would be a last resort, but if it's something I thought a GP could deal with I'd try and go there first or get a telephone appointment. I usually would take my daughter to the GP for something like an ear infection or tonsillitis. I'd go to the pharmacy for more minor things like if she had a cold. My child would have to be really ill for me to take her to A&E. I would probably gravitate towards Dock Street walk-in centre if she fell and hurt her wrist for example because it's closer. If it was really obvious that something was broken, I would go straight to A&E because I think that's the only place that can put a plaster cast on. I know I could get my child x-rayed at a walk-in centre, but I don't know if they can put a cast on. I wouldn't bother with 111 because what will it do, what can that tell me that I couldn't find out for myself? I don't see the point in ringing 111, they just tell you to go somewhere like the walk-in centre or the GP so I may as well just find the solutions myself. It's madness to me, you're just waiting for someone who is following a script to tell me something that I already know or could work out for myself."

Parent Perspectives

"If my children were unwell, I would contact NHS 111 for support. It's usually late at night when they're unwell so that's why I contact them. If they had fallen at school, I would go to a pharmacy if it's a graze that's at risk of infection.

The only time I use a GP is for my children's asthma reviews and tonsillitis. Because my children are small, they have priority appointments at the GP so we don't have to wait. They have them in that day. If the GP wasn't open and it was a weekend, I would use the walk-in centre. If it was a sprain or potential break that was not visible however they were in discomfort, I would go to the walk-in centre as they have X-ray facilities. I avoid A&E at all costs. It's an emergency department for life threatening conditions. My exception is if it was an open fracture - then I would go to A&E."

"So in the past I've had to ring 111 when she was very young as she was just really sleepy and not responding much and they sent an ambulance. Was going to go to A&E but 111 said the ambulance would be quicker. When she's had minor illnesses I've tended to go GP if they're open and if not the walk-in centre. I'd probably just go walk-in centre in future as they're much faster than the GP. And when she's had like a minor rash or something I've tried the pharmacy but because she's under 2 they don't tend to be able to help much, so I usually end up at the GP. If she even injured herself like bones/cuts etc. I'd probably just go straight to A&E, never had that issue but as she gets older is probably most likely."

Grandparent Perspectives

"I would go to a pharmacy if my granddaughter had a rash or something, or a cough and I'd ask for some cough medicine. I would go to the doctors for this if the pharmacy told me to. If she was weasing, had an eczema flare up or an ear infection then I'd go to the GP. We've never really taken our children or granddaughter to hospital, only if they break something or if I thought the rash was an emergency like meningitis. I would try the walk-in centre first if I thought it was a sprain, but if I knew it was a break I would take my granddaughter to hospital and cut the middle man out. Otherwise you're just going to the walk-in centre for an x-ray and then having to go the hospital anyway to get the cast put on."

"If my grandchildren weren't taking food for example then I'd go to the Pharmacy. If I thought they had broken a bone I would go to the hospital. If I thought my grandchildren needed stitches, I would take them to Dock Street walk-in centre. If I was in doubt about what was wrong with them, I think I'd go to the walk-in centre rather than waiting for people to answer the phone on 111. I think it's better for them to be able to see the child in person rather than trying to determine if they're alright over the phone. A head injury I think it would be the hospital, but it would have to be a serious accident to get me to go to A&E. If I rang 999 it would be because we couldn't get them in the car ourselves. We would mainly just drive the children to places ourselves."

Sports Coach/Sports Person Perspectives

"If any of my players (or the opposition team) had a minor injury, we carry first aid kits in our kit bags and there are also ones in the building when at our Home Venue. I have first aid training and we also have designated first aiders on site to help if needed. We have also been put through online defibrillator training in case it is ever needed. Again, there is one at our home venue. During training and matches, the children have parents on the side-lines due to their young ages. I would communicate with them if there was any more serious injuries. If I felt the injury was bad enough, I would call an ambulance. If not, I would advise the parent to take their child to A&E or the Walk-In Centre, depending on the seriousness of the injury. With their parents almost always being present, I would always discuss with them and advise what I think was the best option."

"When I fell off the horse, they took me for some water and sat me down. They ask if you want an ambulance, and if you want to go to the hospital. They fill out an accident form, and if it's nothing major, they advise you to just go and get checked at A&E. When I hurt my elbow about four years ago this is what they advised."

"There are policies and procedures, and obviously if someone needed an ambulance we would call. Lots of the children we work with have falls and sprains, so we advise that they get a second opinion, parents tend to choose where to take their children."

Focus Groups

Executive Summary of Focus Groups

Healthwatch Blackpool have completed six focus groups across the Fylde Coast. The aim of this engagement was to gain greater insight into patient understanding of healthcare services. These focus groups were completed between 31/01/2022 – 10/02/2022.

We heard from the following groups:

- Youthwatch
- Blackpool Coastal Housing Community Centres
- Seaside College classes (Blackpool and Fleetwood)
- Garstang Memory Café
- Speak Out Self-advocacy forum
- Friendship Group, St Anne's

Key messages:

Across all six focus groups, the themes most commonly shared were the following:

- Minimal use of NHS 111 online due to a lack of awareness or digital exclusion.
- Attending a walk-in centre due to a lack of availability within General Practice's.
- A clear preference for verbal communication, as well as access to translation in order to effectively communicate.
- 999 is unanimously used in an emergency scenario.
- Walking and eating a healthy diet were the most common methods of self-care for physical health.
- Having a group that provides purpose and belonging was crucial to maintaining good mental health and preventing isolation.

NHS 111:

A large proportion of those we engaged with were not aware of NHS 111 online or do not use the online service due to issues with access. Despite this, there was a clear awareness from younger people of the purpose of NHS 111 services. Younger people appeared confident with using NHS 111, as it was described as good for 'reassurance'. However, the algorithmic nature of the service was highlighted as an issue. Further problems arose when speaking with people whose first language is not English, as the 111 telephone service can be difficult to understand when a translator is not available. The 111 online service does not appear to have an option to translate into other languages, therefore this limits the use of this resource.

Accessing GP and pharmacy services:

When discussing access to General Practice's, many participants highlighted long telephone queues and struggles with receiving an appointment. Some participants put forward a preference for improved continuity of care and a desire for their GP to know them and their needs. Access to a translator if required appears difficult, as some people have faced barriers within primary care when requesting this. Pharmacy feedback appears positive, although the vast majority of participants only mentioned accessing a pharmacy for collecting prescriptions. Geographical convenience appears to be a deciding factor with pharmacy. Issues that became apparent with regards to pharmacy services related to paying for over the counter medication that someone would receive for free through a prescription. Accessing a community pharmacy for advice is desirable, but if people then cannot afford to pay for the medication they are recommending, they will still require a GP visit.

When to use Walk-In Centres or Emergency Departments:

Walk-in centres have been described as a service to be utilised if the wait is too long to see a GP or if you cannot get an appointment. Almost all participants stated they would only attend an Emergency Department if they felt it was absolutely necessary, as the preference for many seemed to be treatment within General Practice. The waiting times within both Walk-in centres and Emergency Department's have been consistently mentioned.

When to call 999:

There was a clear understanding of 999 being for emergency situations, although, variation was noted. Those who have previously used 999 following falls now receive support from Vitaline.

Self Care:

The most frequent suggestions relating to keeping well included physical activity (mostly walking), a healthy diet and reliance on support networks for physical and mental health. There was mention across many different settings the importance of purpose, whether that be through employment, by attending a group or being a friend.

Recommendations

Themes and recommendations from focus groups and community conversation mirror the themes and improvements required, that are evidenced throughout this report.

Particular mention needs to be given to equality and inclusion for all, and the real value in speaking to and directly engaging with our community. The benefit of community groups and services within the third sector was apparent when completing this community engagement across the Fylde Coast. Improved links between the NHS and these groups will only strengthen communication and relationships with the local population.

Awareness and general education tools would be helpful for groups within our local community. The Fylde Coast has access to numerous services and it is important that patients understand what services offer.

Focus Group One

Youthwatch – 3 participants

NHS 111:

The young people understood the purpose of NHS 111 to be a service that advises people how to treat their condition at home, or directs people to the most appropriate service. They believe NHS 111 relieves pressure from the Ambulance service.

"I think it is quite a useful tool because it can either help you with a solution for your problem, preventing you from using the time of the emergency services unnecessarily, or it could direct you there which reassures you that you're needing that service at that time."

"Prior to discussing 111 on a recent Youthwatch meeting, I was not fully aware of what this service could provide. I think that the different uses of 111 should be made more aware..."

Accessing GP and pharmacy services:

Methods of booking a GP appointment were put forward by young people, including telephone, via the app and in person. Some participants have the belief that, despite the different options, it still remains difficult to book an appointment due to issues such as long waits on hold and being unable to enter a General Practice because of Covid-19.

"I usually call to book a GP appointment, although I often feel that this is time-consuming as you are often on hold for a long amount of time. I would use the pharmacy next to my GP for convenience."

When referring to pharmacy services, it is clear that the young people view this as a method of collecting prescriptions, and did not mention attending a pharmacy for any other purpose.

"I also only really go to pharmacies to collect a prescription for someone else."

When to use Walk-In Centres or Emergency Departments:

"I view walk in centres as the place to go when your problem is too serious to wait for a GP appointment, but not as serious as needing to go to A&E."

"When I might have a broken bone or a severe injury that I don't feel the need to call an ambulance for. A head injury would be an emergency."

This led to suggestions being made in relation to waiting areas:

"I think we should have a separate emergency department for mental health crisis'. If someone is having a mental health crisis (someone self harming or having suicidal thoughts), being in an environment surrounded by other distressed, upset, injured people would not be suitable..."

"I have had friends (young people who were children/teenagers at the time) that had to sit in a waiting room with adults. Due to the current Covid situation, they had to be in that room alone surrounded by distressed adults with different problems with no family members to support..."

When to call 999:

"In case of an emergency e.g. when a crime has taken place, a fire has broken out or if there has been an accident or injury or health problem which requires immediate attention due to an individual's life being at risk."

Feedback was given from the perspective of a resident from a rural community in Wyre:

"Our local hospital is Blackpool Victoria so it can be a long wait of a few hours for an ambulance to arrive. This is a long time to wait and can be distressing and upsetting..."

Self Care:

The most frequent suggestions to keep well were physical activity, a balanced diet and methods to deal with stress/anxiety such as reading and talking worries through with family and friends.

Focus Group Two

Blackpool Coastal Housing Community Centres – 11 participants

NHS 111:

Only one participant used both NHS 111 telephone and online, and the other ten participants do not use 111 online due to a lack of awareness or not having access to the internet. Some people use NHS 111 telephone service and knew to call if they require advice.

"I have heard of it but rarely use it. I rang them once when I overdosed and it was ok. I've never used 111 online but I've heard of it. I prefer to phone people. I know I can ring them when I'm ill."

"I am unaware of 111 online. This would be better for me as I am deaf and wouldn't have to listen to anybody."

Accessing GP and pharmacy services:

Many of the reasons put forward for accessing a GP imply this is people's first port of call, and if they feel they need help in relation to their health they contact their Practice. There was a mix of positive and negative feedback relating to General Practice's. The main factors determining the sentiment of the experience were rapport with the staff member, their ability to get through via the telephone in a timely manner and availability of appointments.

"No continuity of care, never get to see the same Doctor and have to explain everything again."

"They know me well and I get appointments ok. I had appendicitis and they found it..."

"I can never get through (usually tenth in the queue). I go as and when necessary or when I really need it."

Feedback relating to receiving prescription medication from pharmacies was mostly positive.

None of the participants mentioned accessing a pharmacy for advice, with some stating they do not feel they're qualified to give medical advice.

"I use the pharmacy regularly. They know me and I know them."

When to use Walk-In Centres or Emergency Departments:

The general consensus across the community centres was to attend a walk-in centre for x-rays, blood tests and when unable to get a GP appointment. Additionally, participants stated using A&E for emergencies or if advised to attend by another healthcare service.

"I use the walk-in centre if they say I need a blood test and it's easier and quicker than waiting for a Doctor's appointment... I use A&E in an emergency, it has to be something serious for me to go."

"I use the walk-in centre very rarely. I would go in an emergency and if the doctor's was shut. I went to A&E for my angina... I was in a bay between 9:30am to 11pm... I was starving."

When to call 999:

Almost all participants voiced the purpose of 999 being emergencies only, however, it is clear that how people define an emergency varies dependent on circumstances. Many people rely heavily on family members for assistance when in need.

"I would call 999 when it's an emergency. I wouldn't call them any other time."

"In an emergency for something like a broken bone. If I slip in the house I call Vitaline."

"In an emergency, even if I fell I would call my son. He lives around the corner."

Self Care:

It is evident that the sense of community and friendship within the groups that Blackpool Coastal Housing facilitates enables people to keep themselves well and prevent loneliness. Ways in which people maintain their physical health included going for walks, eating healthy and cycling. Some participants listen to music and attend talking therapies to maintain a healthy mind.

Focus Group Three

Seasiders College (Blackpool) – 29 participants

NHS 111:

The overall consensus from participants was that they were aware of the NHS 111 telephone service, but were unsure of its purpose. The majority of participants believed this was an emergency number, whilst one individual believed it to be a Covid testing line. People have struggled with using the telephone service because they cannot understand what the operator is saying, as English is not their first language.

"It's the medical service – the doctor and nurse service."

"Urgent medical service."

"It's about testing for Corona – 111 give information about Covid testing."

Only one individual was aware of NHS 111 online, however, difficulties in operating this service were mentioned. This was due to complex language being used and there being no clear option to translate into other languages. It was also noted that a large proportion of the group did not have access to the internet via their mobile phones or within a home setting. When shown the NHS 111 online service in a classroom setting, the initial webpage asked questions, to clarify if the situation was an emergency. Members of the group experienced difficulty with phrases such as 'enough to make a puddle' and 'tight band'. It was highlighted that these phrases were unclear and could be interpreted literally when English is not the first spoken language. Consequently, the NHS 111 online service proved difficult for the group to navigate independently if no support was available to clarify such expressions.

Accessing GP and pharmacy services:

The majority of participants were registered with a GP and use this healthcare service as their first port of call when feeling unwell. Despite this, some individuals noted difficulties with accessing GP services as a result of language barriers. One participant struggled to access a translator in their native language and was subsequently informed that there were none available, resulting in difficulties with communication.

"They don't let you see a doctor if they know you're not English, only a nurse."

"They told me there were no Kurdish translators."

When to use Walk-In Centres or Emergency Department:

Those participants who use the Walk-in centre largely do so when they are unable to get a GP appointment. One individual stated that they use the Walk-in centre as they are currently unregistered with a GP. Some of the group highlighted difficulties with a lack of available GP appointments and language barrier complexities, making accessibility difficult. The general consensus from participants was that they visit the Emergency Department if they require assistance outside the opening hours of the Walk-in centre.

When to call 999:

All members of the group were aware of the purpose of 999 and stated this was to be used in an emergency. Participant's noted that this service was useful if a situation was life threatening. One individual stated she had rang 999 when her baby was choking and she required immediate support.

"You would call them if someone couldn't breathe, was choking or needed an ambulance."

** Healthwatch Blackpool have provided information and support relating to GP registration, education on self-care, when to call 999/NHS 111. This is ongoing.*

Focus Group Three

Seasiders College (Fleetwood) – 27 participants

NHS 111:

Approximately a third of participants have used NHS 111 services, with others showing confusion about the purpose of 111. It appeared that none of the participants were aware of NHS 111 online. Most of the problems faced when accessing 111 arise from the language barriers experienced, particularly when trying to communicate via the telephone, as English is not the groups first language. Individual's stated it is more difficult trying to speak and listen via the telephone as you cannot read expressions or use visual cues. Additionally, some were unaware they could ask for a translator, and others have asked for a translator in the past but it has not been provided.

"111 good, got a translator, they helped."

"Wait for 5 hours, say just go to GP."

"Sometimes they don't have a translator in my language."

"I rang 111 for my child, they had a fever and they were good."

Accessing GP and pharmacy services:

Of all participants, five are not currently registered with a GP. In the main, the problems with accessing a GP related to the language barriers, as described above. Four participants that have required an appointment with their GP stated it was good. Approximately thirteen participants described a negative experience during GP appointments, with only two of these receiving a translator for their appointment. In contrast, experience with pharmacy services was reported to be significantly better by all participants, although some seemed more confident in the purpose of this service than others. Some parents within the group said that they take their children to the GP, as they have tried the pharmacy and have been turned away. This is due to their children being under the age of five.

"Sometimes they tell us to book another appointment and bring someone with us who can translate."

"It can be easy to make GP appointment but the problem is to get there. Salvation Army support worker takes me to appointments, without her it would be hard."

"Pharmacy, very good- no problem. Go there first then if more complicated, go to GP."

"The experience at a pharmacy is better, they have more time to explain."

When to call 999:

Participants seemed to be aware of the purpose of 999, and knew this was for emergency situations. None of the participants have required this service.

Self Care:

Many ideas were put forward in relation to both physical and mental wellbeing. The most prominent responses to promote physical health were eating healthy foods, exercise and sleeping for a lengthy periods. In terms of mental health, many participants read and listen to music, although others stated that they struggle with this more so due to the uncertainty of their residency. Talking to family and friends appeared important to group members, especially for those who do not live with their family.

** Healthwatch Blackpool have provided information and support relating to GP registration, education on self-care, when to call 999/NHS 111. This is ongoing.*

Focus Group Four

Garstang Memory Café – 9 participants

NHS 111:

Of the nine people who discussed NHS 111, six of them do not use the services, two use 111 and one was unsure. With that being said, five people were aware of NHS 111 online and seven participants use the internet.

"I don't use 111, I am a nurse so I tend to do my own care."

"I have used 111 but they sent an ambulance anyway, it's good when it's not life and death."

Accessing GP and pharmacy services:

Eight participants all stated that they have been able to access their General Practice in the last twelve months. Telephone queues were noted as a particular area that causes frustration.

"The GP queues are a nightmare, you could be 13 or 14 in the queue at 8am or even later in the day."

"My GP is pretty good with appointments, but I know it's different for everyone. I know someone who is 90 who feels forgotten about."

Focus Group Five

Speak Out self-advocacy forum – 2 participants

NHS 111:

Both participants were aware of the NHS 111 service, one participant had used it on more than one occasion during the Covid-19 pandemic due to respiratory problems and as a result an ambulance was dispatched. Both participants had not attempted to use the NHS 111 online service, with one participant not being aware that it can be accessed online.

"NHS 111 have always been good, they sent an ambulance for me. Sometimes there is a wait on the line"

"I never knew that the online service did the same as the phone, I will have a look"

Accessing GP and pharmacy services:

Both participants have accessed GP and pharmacy services, with pharmacy usage appearing to be most commonly for collecting prescriptions. Participants would like more information on what to ask the pharmacy for, possibly in easy read.

"I have accessed my GP, I have been able to have both face to face and video call too"

"I have had my annual health check with the learning disability nurse too"

"It would be good to have an easy read on what you can go to the pharmacy for"

When to use Walk-In Centres or Emergency Departments:

Both participants described the walk-in centres and spoke about accidents and possible broken bones. One participant discussed a recent visit with a suspected broken bone and described this as a positive experience. Emergency departments were described as a last resort with both participants attending on advice from another healthcare professional such as GP or NHS 111.

Self Care:

Volunteering and *"having a purpose"* was an important factor for self-care and wellbeing. Other ideas were put forward around *"healthy eating"* and *"getting fresh air"*

Focus Group Six

Friendship Group, St Annes – 10 participants

NHS 111:

On the whole, participants did not use NHS 111 services. However, the minority that have used 111 do so through the telephone service. Issues such as lack of awareness of NHS 111 online, as well as digital exclusion were apparent within discussions.

"I have used NHS 111 telephone. I had a mini stroke and they advised I come straight to Urgent Care. I was seen straight away. All was very quick."

"I am not aware of NHS 111 online but wouldn't use it anyway. I prefer to speak to someone."

"I do not ring the 111 service, they would only say go to the hospital. I've never rang it before."

"I have never used it ever... I have no internet as I cannot afford it."

Accessing GP and pharmacy services:

A combination of positive and negative feedback was received from participants relating to General Practice. Those who had a positive experience with their GP put this down to an ability to get an appointment with someone whom they trust and have rapport with. For those who have struggled accessing their GP, the long waiting times and a lack of appointments has caused issues.

"Always about 8th in line."

"I get appointments ok if I call up at 8am."

"I got no appointments during Covid, only telephone appointments."

When discussing pharmacy services, almost all participants had a positive experience with receiving their prescription, whether that be via collection or delivery. Aside from collecting prescriptions, few access the pharmacy for advice, with only one person mentioning this.

"I sometimes go in to ask for advice, they're marvellous."

"I phone the pharmacy for tablets. They're always ready."

"I have blister packs and all my prescriptions are delivered, it's really good."

When to use Walk-In Centres or Emergency Departments:

Despite there only being a small amount of people using these services, the reasons put forward for attending a Walk-in centre related to blood tests and an inability to access their GP. It is clear that these individual's intended to visit their GP, however, were unable to access this service due to no appointment availability or the Practice being closed. Participants stated they have not needed to visit A&E, and wouldn't do so unless absolutely necessary.

"I use Whitegate Drive when I trapped my leg under my wheelchair. It was out of GP hours so I would have gone to my GP if it was open."

"I don't use A&E unless I really need to. I have only used it when I've had a collapse."

"I have only used the Walk-in centre when I had wax in my ear and I couldn't get in with my GP."

When to call 999:

The majority of people would use 999 if they perceived it to be an emergency or life-threatening.

"If it was life threatening because they are a long while coming... Rang an ambulance and they said it would be an hour. I rang back and they said it would be a further few hours."

"I would call 111 in a medical emergency. I don't think to use 999."

Self Care:

A large focus from the group related to purpose and togetherness, with people putting forward a need to be busy and have social connections. Some mentioned medication, exercise and working.

"This group is a life saver for most people here."

Conclusions

Conclusions

Healthwatch Blackpool is the local champion of health and care. We exist to ensure that patient voice and experience is heard and shared with key commissioners and NHS leaders. Our overarching aim is to improve patient care.

Our engagements to support Lancashire Health and Care Partnership have given us a fabulous opportunity to engage and learn about motivation for attendance at Emergency Departments, Urgent Treatment Centres and Walk In Centres. We have attempted to capture experience and patient challenges. We will use the insight from this report to work with our local colleagues to drive improvements and support local communications.

It is clear from the feedback that where Fylde Coast residents have had a positive experience, particular feedback has been given around staff attitude, kindness and clear messaging from health professionals. Where patient experience could be improved patients have talked about being unable to access primary care, long waits and “going around the houses” by attending numerous departments.

Healthwatch Blackpool would like to say a huge thank you to all the people who chose to take part in our survey, case studies and focus groups. We are also incredibly grateful to the NHS trusts and the staff at the Emergency Departments, Urgent Treatment Centres, and Walk-in-Centre’s for their invaluable assistance and for helping to make this possible.

In terms of areas for further development and recommendations, Healthwatch Blackpool have noted some of the themes to consider below:

Improvements should be considered within the NHS 111 service

Feedback suggests NHS 111 is algorithmic, with long waits and the outcome sometimes being disappointing for patients. Multiple participants reported that a clinician did not follow up with a call within an appropriate timescale, therefore choosing to attend another service. Some patients were digitally excluded or did not have the confidence to access the NHS 111 online service. With that being said, it was clear that many patients were not aware that the NHS 111 online service existed.

Clearer messaging throughout NHS 111 waits is recommended in order to direct those most in need to the appropriate service. Further suggestions include increasing awareness of NHS 111 online, as well as making questions and response options easier to navigate and understand.

It would be really helpful if the NHS 111 information could be accessible for those whereby English is not their first language. Feedback from Seasiders college, highlighted that not all members of our community are aware of the service purpose. There was further comment in relation to the accessibility of certain translators such as “Kurdish”, making it difficult for some members of our community to access.

Healthwatch Blackpool heard from patients who were using the NHS 111 service due to being unable to access their GP. In order to prevent unnecessary visits to walk in centres and Emergency Departments it may be helpful to consider using NHS 111 to filter directly into primary care booking systems such as extended access.

Primary Care

Those who had tried to access their GP had experienced issues such as long waits for appointments, being unable to use the My GP app and being advised to attend ED, UTC or the Walk-In Centre via telephone. Some patients have described a preference for face to face appointments, and believe this is currently not something they can access via the GP. Improved patient messages on telephone triage and assessment is needed.

Through further patient enquiry Healthwatch Blackpool have understood that some patients do not feel confident using the telephone and therefore find it much more convenient to attend a walk-in centre instead of using their GP. It may therefore be useful for a targeted campaign informing patients of the My GP app and alternative methods of accessing primary care.

Additionally, Healthwatch Blackpool heard from patients who were choosing to attend a 'walk-in' facility due to work commitments, lack of appointments or due to their availability. It may be useful to further develop the extended access information to Fylde Coast residents and possibly consider alternative methods of choosing to book this service.

Preparation for Emergency Department attendance

It became clear when completing our site visits that some patients were not prepared for an extended visit to ED or a ward (if admitted). Examples of this include patients not having the means to contact loved ones or the funds to purchase refreshments. Though the Trust has made improvements since our visits, we heard experiences of patients not having a drink or any food for many hours. In some instances, patients had money on their person but were unable to purchase anything within ED, due to the vending machines being contactless payment only. Healthwatch Blackpool have produced an infographic to try and mitigate some of these issues. If other healthcare services, when directing patients to ED, could promote preparedness, this will be helpful in reducing some of these issues.

Equality, diversity and inclusion

During site visits, Healthwatch Blackpool witnessed patients struggling to hear members of staff and communication appeared difficult in some cases. Further to this, feedback from patients who are hard of hearing or deaf suggests that the wearing of face coverings has made communicating even more challenging. As a result, some participants described not understanding what was explained to them as they were unable to hear the member of staff. From this feedback, it is important that barriers to communication are considered when patients attend an Emergency Department or Urgent Treatment Centre. One measure that may be beneficial to ensure patients can hear their name being called is a numbered ticket system when in the waiting area, with the patients number appearing on a screen as well as being called out.

Clear information on services available in different languages, easy read.

Reasonable adjustments in communication methods and language may be helpful so that members of our community are not left behind. Healthwatch Blackpool have heard from local people who are unaware of NHS 111 and also services that are readily available in our Urgent Treatment Centres and Walk In Centres. Providing information in easy read and different languages will support those who are unable to access other methods of communication.

Access to translation

Translation services has been highlighted within focus groups and community engagements. Without access to an interpreter, people are unable to communicate their needs and wishes well, therefore their overall experience and health is suffering as a result.

Communicating information

Through having further in depth conversations with Fylde Coast residents, it is clear that there is some confusion around the purpose of an Urgent Treatment Centre, with particular mention from parents around suspected fractures. Some participants have stated that they do not believe Urgent Treatment Centre's can fit a temporary cast, despite being aware that they have the facilities to x-ray. Healthwatch Blackpool have received confirmation from both Fleetwood UTC and Blackpool Walk-in Centre that they can diagnose minor injuries using their x-ray facilities, apply a temporary cast and subsequently make a follow up appointment with the fracture clinic. Our conversations suggest that some people are not aware of this, and believe fractures require diagnosis and treatment within an Emergency Department. A focused communications piece to convey the correct information to the public in a clear manner is required.

Integration and pathways between services

Some of the negative aspects of experience were as a result of accessing various services prior to arriving at the Emergency Department or Urgent Treatment Centre. Healthwatch Blackpool heard from patients who had tried four or five different services, including Pharmacies, GP Practices, NHS 111 and other healthcare services. In some of these cases, patients felt they were *"going round everywhere"* and were turned away from services due to reasons such as *"no appointments"* and *"due to being complex"*. Ultimately, this led to patient frustration and distrust in the process.

Going forward, it is felt that both communication regarding available services, alongside increased integration between Primary Care, Urgent Treatment Centres and Emergency Care, could be beneficial for overall patient experience. An understanding of the confusion faced by people accessing services may help when directing patients elsewhere.

Consideration of Emergency Department streamer and booking methods.

In speaking directly to patients that have kindly shared a case study, particular mention has been made to time waiting and how this has impacted experience. One patient stated *"I would have preferred to be told to go back, so I could sleep/lie down"*. It may be useful to assess and introduce the streamer on the Fylde Coast to promote better patient outcomes and experience.

Clarity and clear messaging on follow ups and referrals

A few patients were informed upon discharge from the Emergency Department or Urgent Treatment Centre that they required further investigation or a follow up. Since then, these patients are unaware of when they can expect to be seen, and whether the referrals have been made.

A clearer pathway upon discharge will be helpful for patients who require further assessment or treatment, as they will have explicit expectations of their next steps. Directions on who patients can contact to query where their referrals are in the system, and when is a suitable time to do this would be helpful for those who are wondering where to turn.

Communicate with the population around the value of community pharmacy

In discussing community pharmacy, we learnt that the primary attendance was for collecting prescriptions. In speaking with members of our community, some people stated that they were unaware of what they could access the pharmacy for, or felt that they would then need to pay for over the counter medications that they would usually access for free with a prescription.

It is important that the NHS considers that peoples preference may be determined by whether the service or treatment method is free. A refreshed communication on community pharmacy may need to be considered.

More education and care advice for minor ailments and services to support

Supporting our local population to understand what services are available and how to self-manage certain conditions may relieve some of the pressure on our services. If patients are unaware of when to raise concern and don't feel confident in managing their conditions, they are turning to the NHS for support. It is important that we manage patient expectations and provide clear and concise messaging that is tailored to local people.

Promote social connectedness, purpose and groups and the value it has within our communities for information sharing and wellness/self-care.

When communicating with participants in the community, Healthwatch Blackpool learnt that a key aspect of wellbeing for local people is the sense of belonging and community gained from accessing support groups. People valued social connections and communicating within groups, particularly to maintain their overall wellbeing. When visiting community groups across the Fylde Coast, Healthwatch Blackpool acknowledged the dual purpose of said groups for filtering information relating to health and social care advice and support.

We heard from participants who stated these groups are *"a life saver"* and people who *"stay in the house at all times apart from lunch clubs"*. Courses such as English and Maths, walks and GOGA (Get Out Get Active) were some of the things that participants described they do to keep well.

When the NHS communicates new local information it would be helpful if this is filtered to third sector partners so that it can be shared directly with those who may otherwise be excluded from other methods of communication. It would be helpful to connect with social prescribing services to ensure that NHS messaging is relayed back into the community too.

Next Steps

Healthwatch Blackpool will continue to champion the patient views highlighted within the report and will endeavour to work with partners to enhance and improve patient experience across the Fylde Coast.

We will champion the voices and celebrate and share changes and updates with our community.

We will link in with Lancashire Health and Care Partnership and third sector partners and share messages on health access and information.

We would like to follow up with site visits in the future to further develop insights and improvements.