

**Newark Urgent Treatment Centre
Listening Exercise:
Engagement Report**

November 2023

**Nottingham and Nottinghamshire
Integrated Care Board**

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Executive summary

Background

The Urgent Treatment Centre (UTC) within Newark Hospital is currently open between 9.00am -10.00pm. These opening hours have been in place on a temporary basis since March 2020, when the impact of the Covid-19 pandemic meant that there were issues with safely and sustainably staffing the UTC worse than there had previously been.

Even before the pandemic, it was very difficult to recruit staff to work overnight at the UTC and retain these on a sustainable basis. There were nights when the service had to be closed at very short notice due to the lack of staff able to support the service. The pandemic intensified these issues, but the underlying challenges remain.

Nottingham and Nottinghamshire Integrated Care Board (ICB), working with Sherwood Forest Hospitals (SFH), are looking to identify a sustainable alternative solution.

The overarching aim of the listening exercise was to gather the perspectives of both citizens and stakeholders in relation to urgent care services provided and accessed in Newark and the surrounding areas. Specifically, we wanted to understand whether the current opening hours of Newark UTC were suitable, or if there could be a different way to spread the opening hours over the day. We also wanted to check that the other ways to access urgent care overnight are working as we expect them to so that we can best serve the local population's need.

Our listening exercise began on 4th September 2023 and concluded on 17th October 2023 (60 days). A range of different methods were used to listen to citizens and stakeholders, to understand their views. In total, 1,932 individuals participated by either responding to our survey, attending a public meeting or community group meeting or providing a response to the promotion of the engagement on social media.

Key findings

Newark UTC opening times:

- 70.5% of survey respondents disagreed that the current opening hours of the service are suitable. A similar view was heard in public meetings and when visiting community groups.
- The majority of people we heard from through our various methods told us that they would like Newark UTC to be open 24 hours and/or an Accident and Emergency Department.
- If UTC was to remain open 13 hours a day, there was no consensus of views regarding whether the opening hours should stay as they are, open earlier in the morning and close later in the evening, or open later in the morning and close later in the evening.
- Some people suggested extending the opening hours beyond the current 13 hours.

Experience of out of hours urgent care services

- The majority told us they received a compassionate care, and their needs were met.
- The overall feedback about the service provided and treatment was positive.
- Some people find the services quick and efficient; others find the waiting time is very long.

- There is a view that there is a significant shortage in the workforce which makes services overstretched and increase the waiting time.
- People of Newark find it difficult to access services outside of Newark due to challenges related to transportation and travel, and so prefer to access services locally.
- It is difficult for some to navigate the health and care system and know how to access the right service at the right time.
- Accessing GP services in Newark can be challenging, with a perception that this increases the pressure on other services.

Next steps

The findings from this listening exercise will be used by Nottingham and Nottinghamshire ICB, alongside clinical and financial considerations, to develop a final set of options for the opening hours of Newark UTC.

Conclusions and recommendations

Conclusion 1: There is some confusion with citizens in Newark around understanding how and when to access services for emergency and urgent care needs. There is a need to communicate clear messages about how and when citizens can access emergency and urgent health and care services in the Newark area.

Recommendation 1: Consider developing a full directory of urgent and emergency care services available to citizens, with details about which should be accessed based on medical need.

Recommendation 2: Develop a communications plan with the aim of sharing information about the opening times of the Newark UTC, and how to access alternative urgent care services when this is closed.

Conclusion 2: There is a desire for Newark UTC to be open for 24 hours, 7 days a week, or for an Accident and Emergency Department located at Newark Hospital

Recommendation 3: Consider this feedback as part of the options appraisal for the future opening hours of Newark UTC, taking into account the operational and financial implications.

Recommendation 4: Provide clear information to citizens around the evidence base of any options regarding the future opening hours of Newark UTC.

Conclusion 3: There was considerable positive feedback about workforce in different out of hours urgent care services, including Newark UTC. However, people also talked about staffing shortages, specifically in the context of providing a safe and sustainable service.

Recommendation 5: Consider flexible hours and working patterns for staff members when developing the options regarding the future opening hours of Newark UTC.

Conclusion 4: Transport is an issue, especially for those who have accessibility issues such as a disability or no access to other transportation.

Recommendation 6: Work with system partners (e.g. Newark and Sherwood District Council, Nottinghamshire County Council and Voluntary, Community and Social Enterprise organisations) to further understand what is available to citizens and whether more could be offered.

Recommendation 7: Provide citizens with information on Patient Transport Services when needing to access services at Sherwood Forest Hospitals sites.

Conclusion 5: The survey respondents are under representative of citizens aged 16 – 34 and those living in the most deprived areas.

Recommendation 8: Reaching younger adults and those living in areas of high deprivation should be the focus of future engagement exercises with Newark citizens.

Context

Newark Hospital

Newark Hospital is an important and vital part of the health and care landscape in the Newark area. We know that local residents really value being able to access care they need close to where they live.

Over recent years, Newark Hospital has continued to expand the range of services and procedures available to residents. Under the “Ask for Newark” initiative, many more people are already able to access diagnostics, operations, treatments and planned care at Newark Hospital.

The investment and expansion of Newark Hospital has already included:

- Introduction of a Breast Cancer Pathway One Stop Service.
- Additional car parking with works underway for 80 extra parking spaces for patients, visitors and staff.
- Implementation of an additional operating theatre and upgrades to existing minor operations facilities.
- Introduction of gynaecology procedures.
- A new state-of-the-art soundproof hearing booth to help conduct more accurate hearing tests including for those who are referred to the hospital for support with their hearing aids.
- A refurbished endoscopy unit and a CT scanning unit to identify illnesses such as cancer in the bowel, bladder, stomach, oesophagus, brain and bones.
- Site upgrades to improve experience for patients and staff including changing rooms, further storage to support theatres and a rolling painting and decorating schedule.
- Development of a wider Health and Wellbeing offer working within the Mid Nottinghamshire area. This involves working with partners within the education sector, the District Council, the YMCA and volunteers to build the hospital site as a valuable community asset.

Over the next five years, the development of Newark Hospital will continue with a wider range of procedures and operations being available. This will include using technology which will improve the availability of blood tests on site, and working with partners to deliver a wide range of health and wellbeing offers for the local community. The hospital’s range of therapeutic support and interventions will also be extended in response to the National Discharge Policy and a ‘Home First’ approach.

Newark Urgent Treatment Centre

Prior to the Covid-19 pandemic, Sherwood Forest Hospitals Trust (SFH) struggled to consistently staff the medical rota for Newark UTC overnight. The medical rota was very fragile with recruitment to permanent positions being unsuccessful over several years. The UTC service became increasingly reliant on agency staff filling gaps which also became challenging to maintain.

The year before the pandemic the UTC was closed overnight on a regular basis (c. 1 in 3 days) because it was impossible to staff the rota with the required number of staff to provide a safe service.

SFH and several system partners came together when the challenges regarding staffing were identified but despite these efforts no sustainable alternative solution could be found.

As the pandemic evolved in 2020 this situation became challenging due to patient safety concerns. An urgent decision to temporarily close the UTC overnight was taken by SFH on 6 April 2020 in conjunction with the former Nottingham and Nottinghamshire Clinical Commissioning Group. This decision was conveyed to both Nottinghamshire Health Scrutiny Committee and NHS England and further extensions on the same basis have since been enacted on 14th July 2021, 26th May 2022 and 20th June 2023.

This decision was taken with senior managerial, clinical and wider partner engagement across acute and primary care sectors and continues to be supported. The UTC's current opening hours fit with the requirements of the national UTC service specification and designation criteria¹ as extant at the time of latest extension to temporary opening hours arrangements.

The Urgent Treatment Centre within Newark Hospital is currently open between 9.00am - 10.00pm. These opening hours have been in place on a temporary basis since March 2020, when the impact of the Covid-19 pandemic made issues with safely and sustainably staffing the Centre worse than they had previously been.

Even before the pandemic, it was very difficult to recruit staff to work overnight at the Centre and retain these staff on a sustainable basis. There were nights when the service had to be closed at very short notice due to a lack of staff. The pandemic intensified these issues but the underlying challenges remain.

Our statutory duties around public involvement

Nottingham and Nottinghamshire ICB have a legal responsibility – under the NHS Act 2006 (as amended), section 14Z45 – for involving and consulting the public in developing and considering proposals for changes in commissioning arrangements:

“The ICB must make arrangements to ensure that individuals to whom the services are being or may be provided, and their carers and representatives (if any), are involved (whether by being consulted or provided with information or in other ways):

- (a) in the planning of the commissioning arrangements by the integrated care board
- (b) in the development and consideration of proposals by the integrated care board for changes in the commissioning arrangements where the implementation of the proposals would have an impact on
 - (i) the manner in which the services are delivered to the individuals (at the point when the service is received by them), or

¹ <https://www.england.nhs.uk/wp-content/uploads/2017/07/urgent-treatment-centres%E2%80%93principles-standards.pdf>

(ii) the range of health services available to them, and (c) in decisions of the integrated care board affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

The substantial change provisions arise under separate legislation, the Local Authority (Public Health, Health & Wellbeing Boards and Health Scrutiny) Regulations 2013. Where these apply, the obligation is to consult with the Local Authority, and they are the body that can then require a public consultation, if the proposals reach the relevant threshold.

NHS providers, such as SHFT, have equivalent public involvement and consultation duties under section 242 of the NHS Act.

Aims and objectives

The overarching aim of the listening exercise was to gather the perspectives of both citizens and stakeholders in relation to urgent care services in Newark. This can be broken down into the following objectives:

- Understand whether the current opening hours of Newark UTC are suitable, or if there could be a different way to spread the opening hours over the day.
- Check that the other ways to access urgent care overnight are working as we expect them to so that we can best serve the local population's need.
- Ensure that the ICB meets its statutory duty to involve the people affected in the development of plans for service changes.
- Ensure the ICB meets its statutory duty to involve the Local Authority/Authorities in any development of proposals for substantial variation to services.
- Ensure that our engagement is transparent and meets statutory requirements and best practice guidelines.
- Undertake meaningful and appropriately targeted engagement with local stakeholders, enabling the involvement of our diverse and ethnic communities.
- Clearly articulate the implications, impact and benefits of our proposals.
- Create a thorough audit trail and evidence base of feedback.
- Develop a comprehensive programme of communications and engagement activity that delivers these objectives.

Principles

All engagement activity was undertaken in line with our statutory duties and with The Gunning Principles², which are:

- That engagement and consultation must be a time when proposals are still at a formative stage.
- That the proposer must give enough reasons for any proposal to permit intelligent consideration and response.
- That adequate time is given for consideration and response.
- That the product of engagement and consultation is conscientiously taken into account when finalising the decision.

² [The Gunning Principles.pdf \(local.gov.uk\)](#)

Methods

Our listening exercise began on 4th September 2023 and concluded on 17th October 2023 (60 days).

A range of different methods were used to listen to citizens and stakeholders, to understand their views. In total, 1,932 individuals participated by either responding to our survey, attending a public meeting or community group meeting or providing a response to the promotion of the engagement on social media (see Appendix 1).

To ensure consistent messaging across all methods utilised, a narrative describing the proposals was developed. This formed the basis for all content in the engagement materials, including the public engagement document³, stakeholder presentations, events and media briefings.

Alternative versions and formats of the public engagement document, including in languages other than English, were available upon request.

Our approach

To ensure meaningful engagement with patients and the public, we:

- Tailored our methods and approaches to specific audiences as required.
- Identified and used the best ways of reaching the largest amount of people and provide opportunities for underserved groups to participate.
- Provided accessible documentation suitable for the needs of our audiences.
- Offered accessible formats, including translated versions relevant to the audiences we wanted to engage with.
- Undertook equality monitoring of participants to review the representativeness of participants and adapted activity as required.
- Used different virtual/digital methods or direct and 1-1 telephone activity to reach certain communities where we become aware of any under-representation.
- Arranged our engagement activities so that they covered the local geographical areas that make up Nottingham and Nottinghamshire.

Elected member briefings

Six virtual/in person briefings to MPs and councillors were attended by ICB representatives, providing information about the proposals, methods of engagement and requesting any support in dissemination to constituents.

Adjustment to our approach during listening exercise:

Towards the end of the listening exercise, a group of Parish Councillors requested an evening meeting at Newark Town Hall. Despite our best efforts, the key spokespeople for the Programme were not available for the dates and times suggested.

Details of the public meeting taking place on the evening of 17th October 2023 was shared with the Parish Councillors so that they were aware of the opportunity. In addition, paper copies were sent directly to Parish Councillors (on request) to share with people and community in their constituencies.

Public meetings

Six public meetings were arranged for members of the public to give feedback about the proposals and to ask any questions they had, to ICB and SFH representatives. Two meetings were conducted online via Microsoft Teams and four were held in community venues in Newark. British Sign Language (BSL) interpreters attended the public meeting on 12th October 2023 to support members of the deaf community to be part of the conversation.

To help us understand how many people to expect at public events (particularly to ensure that maximum capacity was not exceeded), an Eventbrite page was created⁴, which could be accessed from the ICB website. This let people know that registration was preferable, but not necessary. People also had the opportunity to telephone to register their interest in attending a public event. For the online public meetings instructions were shared on how to access the online meetings via MS Teams for those who may not know how to do so.

Adjustment to our approach during the listening exercise:

At the first public meeting (19th September 2023), the timing of the meeting was questioned as it excluded many working age citizens from engaging face to face. An additional face to face meeting was therefore arranged, taking place on 17th October 2023, 6.30pm – 8pm.

Following the first public meeting, we extended the time of all future public sessions from 60 minutes to 90 minutes to ensure sufficient time for questions from citizens.

We encouraged citizens to register their attendance at a public event through Eventbrite. Over the listening exercise, we amended the wording on the ICB website to advise that booking was preferable but not necessary. For the online public sessions, the direct links for the meetings were shared with stakeholders together with joining instructions for MS Teams to help and assist with those who were not used to system. This meant that people could attend the online meetings without needing to register.

In each public meeting, ICB and SFH spokespeople described the current services offered at Newark Hospital, urgent care provision in Newark and the current opening hours of Newark UTC. Attendees were then given the opportunity to ask questions or provide any comments they had.

⁴ [Newark Hospital Urgent Treatment Centre Opening Times: Public Session Tickets | Eventbrite](#)

Recordings of the two online public meetings were made available on the ICB YouTube channel for people who were unable to join the live event^{5 6}.

In total, 139 individuals attended a public meeting.

Community group meetings

Key groups and communities were identified through an extensive stakeholder mapping database undertaken by the ICB. An invitation was sent to these stakeholders, offering members of the ICB Engagement Team to attend community/groups meetings, provide presentations and obtain feedback.

Adjustment to our approach during the listening exercise:

An individual told us that they (and likely others) were not able to access the venues where public events were organised and commented that there should have been a public event held in the centre of Newark town.

Whilst we attempted to organise a public meeting in the town centre, we were unable to secure a suitable venue during the period of the listening exercise. In response to this feedback, on 12th October 2023, the ICB Engagement Team organised a stand at Castle House (Newark and Sherwood District Council) for citizens to provide feedback directly to a member of the team and/or fill in the survey.

Following a conversation with a Parish Councillor, we attempted to arrange a drop-in session for those living in Farndon. Unfortunately, Farndon Village Hall was unavailable on the dates suggested in the evening. The ICB Engagement Team shared details of the additional face to face public meeting (17th October 2023) held at the YMCA, which was shared on the village Facebook page.

In total, 22 community group meetings were attended and we heard from 306 individuals.

Interviews

Where individuals were unable to complete a digital or paper survey and were unable to attend one of the sessions, the Engagement Team were available to undertake interviews, over the telephone or face-to-face.

One individual was interviewed.

Survey

Citizens and stakeholders were invited to complete an online survey about the proposals (see Appendix 2). The survey was circulated electronically to individuals and groups whose details were held on our stakeholder database.

⁵ [Newark Hospital Urgent Treatment Centre - Public Session 4 October 2023 - YouTube](#)

⁶ [Newark Hospital Urgent Treatment Centre - Public Session 14 October 2023 - YouTube](#)

Paper surveys were also available which contained the same questions as the online survey. There were no requests for other languages or formats.

Adjustment to our approach during the listening exercise:

Following a discussion with the Nottinghamshire Health Scrutiny Committee, the survey was amended so that a response to Q4 was not mandatory. An extra open ended question was also added, allowing respondents to tell us what was important to them regarding the current opening hours of Newark UTC.

We intended to provide paper survey upon request. Many citizens told us that this was their preference over responding online. Paper copies of the survey were available at Newark Hospital, were available at all public meetings and given to community group leaders for distribution.

The survey comprised a number of questions, where responses could be made via rating scales or through free text. In total, 1,018 individuals provided a response to the survey (962 online surveys and 59 paper surveys completed).

Media

Linked to the stakeholder briefings prior to the start of the engagement exercise, an embargoed media briefing was organised at Newark Hospital for local journalists on 29 August, attended by senior representatives from both the ICB and SFH. Alongside an embargoed press release, this generated online, print and broadcast coverage, including in the Newark Advertiser, Nottingham Post, Nottinghamshire Live, BBC online, BBC Radio Nottingham and BBC East Midlands Today, Notts TV and West Bridgford Wire.

More media coverage was generated in response to journalist enquiries throughout the duration of the listening exercise and through two further press releases about the public events.

Social media

There were regular social media posts promoting the public events on the ICB Facebook and X (Twitter) accounts, which included static social media assets for each event and a [video message](#). The social media posts attracted nearly 180 comments.

Two paid-for targeted Facebook adverts promoting engagement events reached 28,459 and 9,139 Facebook users, respectively.

Data analysis and reporting

All written notes taken during the public meetings, community group meetings, and qualitative responses from the survey were thematically analysed. Quantitative data was analysed to produce descriptive statistics.

Survey demographics

In total, 1,018 people responded to the survey and 832 provided responses to all the demographic questions presented. The demographic information for this cohort is summarised below, with a full breakdown available in Appendix 3

The majority of the responses we received (89.6%; n = 912) were from people who were answering as a member of the public. 5.3% (n = 54) responded as a member of NHS staff, and 2.2% (n = 22) on behalf of patients.

The largest proportion of respondents were from Newark and Sherwood (80.7%; n = 822). A smaller number of responses were received from residents in other areas, such as NG24, Rushcliffe and South/North Kesteven.

About three quarters of the respondents were women (including trans women: 72.1%; n = 710) whilst 25.3% (n = 249) were men (including trans men), 2.5% (n = 25) would prefer not to say and 0.1% (n = 1) identified as non-binary. Nearly all respondents indicated that their gender matched their sex registered at birth (97%; n = 945). The highest number of responses to the survey were completed by the 55-64 year age group (21.9%; n = 223).

The highest number of responses to the survey (90.5%; n = 921) were completed by the White - English, Welsh, Scottish, Northern Irish, or British ethnic group. This is in line with the Newark and Sherwood population who are 90.8% White ethnicity.

The majority were heterosexual/straight (82%; n = 794).

319 people (31.3%) indicated that they had a long-standing health condition and/or physical/mental impairments that have an impact on their ability to carry out day to day activities. 154 indicated that they had caring responsibilities (15.8%). 34.9% (n = 340) stated that they did not have a religion and 57.3% (n = 558) were Christian.

Respondents of the survey is over representative of the 55-74 year age groups, which account for 372 (46%) of the responses. The younger age groups (ages 16-34) account for 64 (8%) of the response, which is under representative. The survey is over representative of the 3 and 4 Index of Multiple Deprivation (IMD) deciles (least deprived), which account for 429 (54.3%). The lower deciles, 1 and 2 (most deprived) account for 179 (22.7%).

Findings

This section presents the analysis from the responses received as part of the engagement activity, including the survey, public meetings, and visiting community groups in Newark. The statistics presented in this report are related to the quantitative data collected in the survey. We also conducted a thematic analysis to the qualitative data collected through all methods of engagement to identify the emerging themes which presented below.

Attendance at Newark UTC

We wanted to know how many of our survey respondents had been seen at Newark UTC in the last 12 months. 56.5% (n = 575) told us that they had been seen at Newark UTC in the last 12 months, 42.1% (n = 429) had not been seen and 1.4% (n = 14) were not sure or did not provide a response.

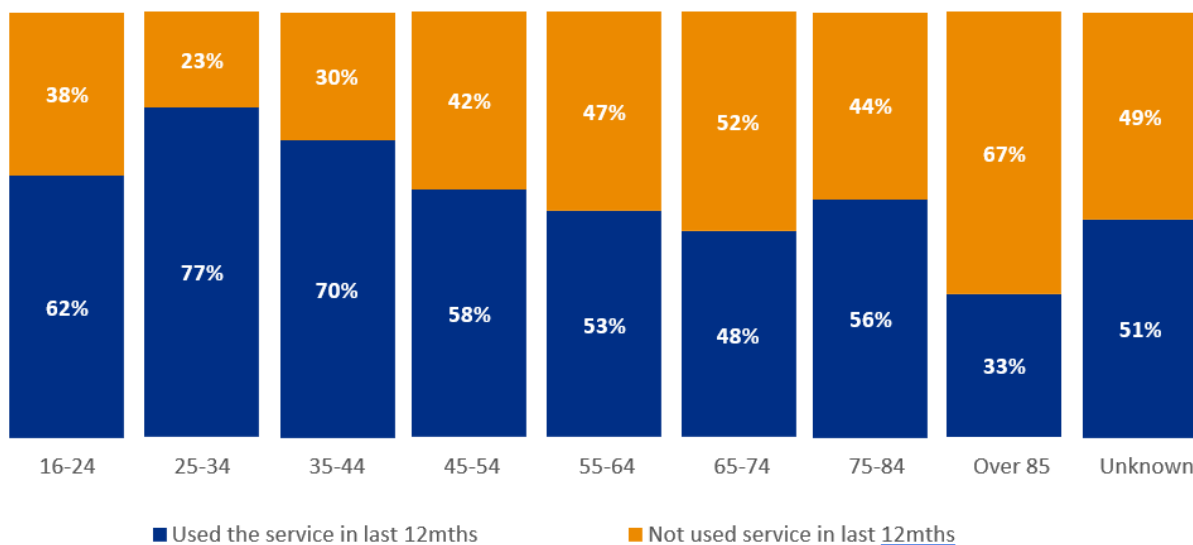


Figure 1. Newark UTC usage by age (n = 1,018)

From the responses to this survey, 70% of users of the service in the last 12 months were under 65 years of age (see Figure 1).

Support for the current opening hours of Newark UTC

The responses to the current opening hours being suitable, shows an overall 22.4% 'Agree' or 'Strongly agree'. A further 7.1% 'Neither agree nor disagree' to them being suitable. The majority of responses, 70.5% 'Disagree' or 'Strongly disagree' that the opening hours of the service are suitable (see Table 1).

Table 1. Suitability of the current opening hours of Newark UTC (n = 1,018)

Response	Number of responses	%
Strongly agree	81	8.0%
Agree	147	14.4%
Neither agree nor disagree	72	7.1%
Disagree	290	28.5%
Strongly disagree	428	42.0%
Total	1,018	100.0%

There is a higher percentage for 'Disagree' and 'Strongly disagree' that opening hours are suitable (74%) from the users of the service in the last 12 months (see Figure 2).

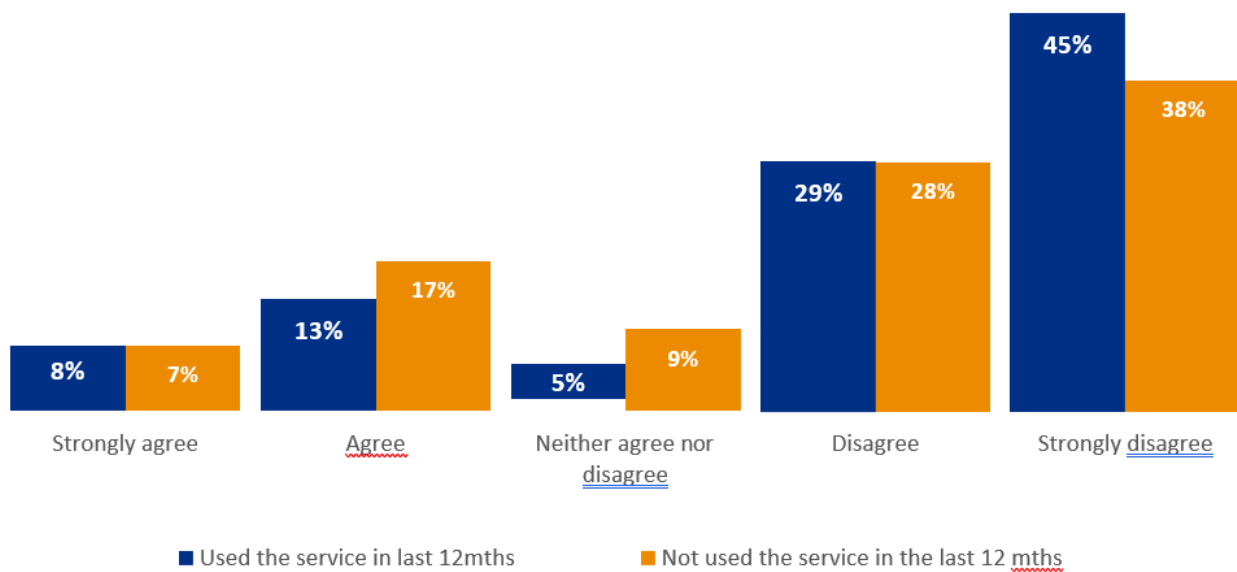


Figure 2. Suitability of the current opening hours of Newark UTC and usage in the last 12 months (n = 1,018)

Preference of future opening hours

For this question, people had the opportunity to rank three options of UTC opening hours in order of preference. This was a closed question designed to understand relative preferences of these possible options and should be interpreted against the results set out in Paragraph 6.2. The options were: open as currently (9am to 10pm), open earlier than 9am and closing earlier than 10pm, open after 9am and closing after 10pm. An overview of responses can be found in Figure 3.

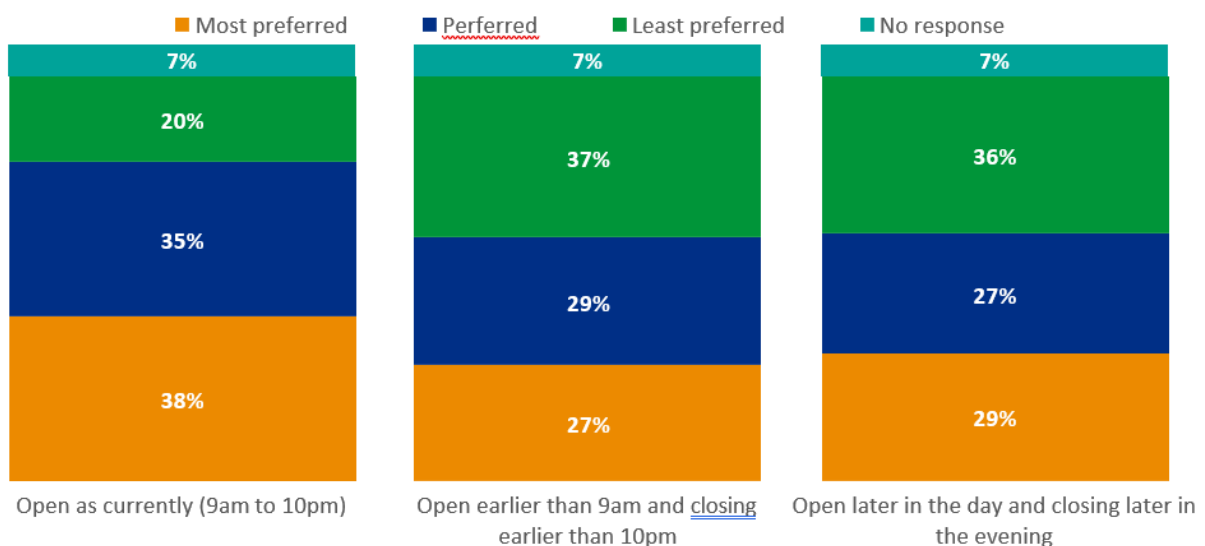


Figure 3. Options for preferred opening times

Open as currently 9am to 10pm - was the 'Most preferred' choice in 38% of responses and 35% preferred. Only 20% ranked this time as 'Least preferred', making this the most preferred option of the three.

There was support for this option as it appeared to fit with people's lifestyles and the coverage of hours offered, some mentioned the impact of alcohol-related incidents if the hours were later:

"I think people would most likely go for an issue after work rather than the morning before hand but the current hours seem the most logical to me."

"I think it covers a compromise between early morning and late evening. Anything later and I believe the staff will deal more with alcoholic lead issues. Any earlier and the public may fail to use either GP or pharmacy options first."

"The times are adequate as they are. People want assistance gift thing in the morning and later at night, not morning or night. Leave the times as they are."

"Most common time of day for when service is required. Covers core hours."

Open earlier than 9am and closing earlier than 10pm was 'Most preferred' in 27% and 29% preferred, 37% ranked this time as 'Least preferred'. Open later in the day and closing later in the evening was 'Most preferred' in 29% and 27% preferred, 36% ranked this time as 'Least preferred'.

For those who said that they would prefer either earlier or later opening times, the reasons are broadly the same. People want the option to be able to visit outside of their working hours and when other services are closed.

"I see many members of the public waiting outside the unit before it opens and feel that a sooner time would work better around people's working lives."

"Other places are open to get advice and hopefully be seen in the day, pharmacies, Dr's etc. Somewhere that is open at night would be beneficial."

"If something has happened during the night 9am is a long time to wait. Also opening earlier, say 8am, would avoid the 'rush hour' and school run."

"...getting to other hospitals gets harder later in the day unless you are able to drive. I cant drive for health reasons and rely on friends to take me places. After 10pm there is no one & i would have to need an ambulance to take me to kings mill, whereas i could afford a taxi to Newark UTC."

Many referenced that when looking after young children or caring for adults often illnesses get worse into the evening and overnight, so having the opening hours earlier in the morning or later in the evening would be better.

"Many conditions can become more worrisome overnight so an early morning start would reassure people. Secondly a 13 hour provision seems very reasonable to me during core

day hours when most accidents take place and when people can access care when public transport is more frequent.”

“Because I am a volunteer at the hospital and many times I have had to tell people who come in at 8am that they have another hour to wait. When you have had an accident or are not feeling well during the night, 9am is very late to be seen.”

“We can try and get a GP appointment or visit a pharmacy in the day but at night time these are not available. It is such a long way to go the Kings Mill and the roads are horrible. It is awful having to take a poorly child at night on a 45 minute journey when there is a hospital across the road that could help us immediately and most likely the problem would be resolved within a couple of hours.”

For those who said earlier opening times other reasons given referenced current staffing issues and staff wellbeing:

“I injured myself early in the morning and arrived at Newark at 8am but it was closed and had to go to Kings Mill which was very stressful and I didn't receive the correct treatment as they were so busy.”

“Because working the shift times we currently do is not healthy for staff or patients. We often end up working enforced overtime awaiting ambulances sometimes until 4am. The department needs to close earlier to clear properly like other UTC's in the country. Staff should not be expected to drive home after working 16+ hours. It is not only unsafe for patients but also staff who very much love the department but who are on their knees working the current shift times.”

There were number of suggestions that emerged from the free-text responses about preferred opening hours for Newark UTC, including reasons behind these:

Suggestion 1: 24 hour provision/Accident and Emergency Department

The majority of respondents to the survey and many we heard from in community settings would, ideally, want the Newark UTC to be open 24 hours and/or an A&E department. Many respondents to the survey expressed displeasure that the ranking question restricted their options and did not reflect their ultimate preference. Reasons given for a change to a 24 hour/A&E were because of travel times to other services, the expanding population of Newark and to ease pressure on other services.

“For a town of this size, and one which is growing exponentially due to the growth point, I feel we should have a 24 hour service in Newark, like we used to do... by forcing Newark and Sherwood residents to use other areas' services, we are adding to the pressure of other hospitals in areas where they already have large populations to care for. People will continue to die or suffer more complications due to the downgrading of our local services.”

“We need a 24hr accident and emergency department at Newark hospital. We are a growing town and it's at least a 50 min drive to an A&E which is unacceptable and often too late for some patients. This and a shortage of ambulance and emergency response workers is going to affect our town with all the new housing developments. Bring back the 24hr A&E.”

“A town the size of Newark should have a hospital that is open 24 hours a day, the town is

still growing in size and the emergency facilities are absolutely diabolical having to travel further afield for treatment will result in more deaths. Disgusting!”

Suggestion 2: Longer opening hours

Numerous people said that they would like the UTC to be open longer, for the hours to be flexible and led by usage data:

“I believe the hours should, however, be 24hrs, or earlier AND later - perhaps close for the least used hours e.g. 1am-5am.”

“I think some incidents/accidents occur at night. I am not sure this should be led by data. Also some health problems will be overnight, so the opening hours should be longer rather than stating later.”

“I would prefer an option for it to be open earlier and stay open later. I worry that my family or myself will need services over night and having to travel so far in the night worries me.”

“if the current footfall indicates a need to change to earlier (ie a queue waiting at 9am) then consideration of change should be made.”

Use of out of hours urgent care service

Of the total 1,018 responses to the survey, 394 (38.7%) had used out of hours urgent care services in the last 12 months, and 624 (61.3%) haven't. For those who had accessed out of hours urgent care services, they gave details of all services that they had accessed during the last 12 months (see Figure 4).

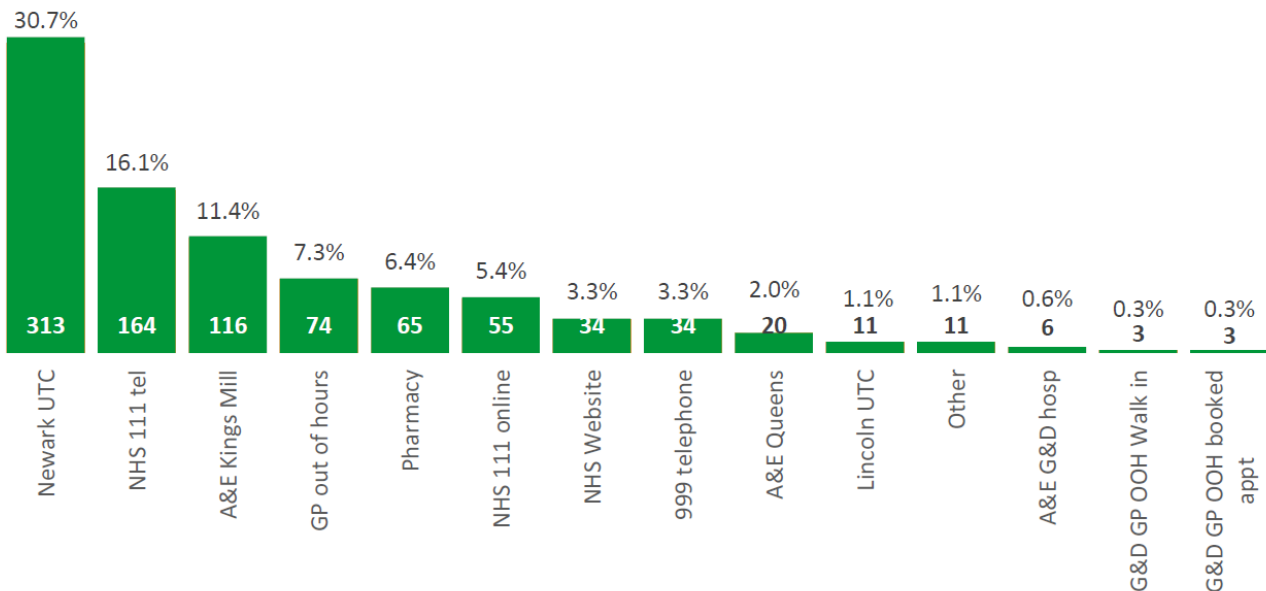


Figure 4. Urgent care services in latest 12mths.NOTE: Some users visited more than one of the services listed in the period. (The % is calculated as the total visits to each of the services. For example, of the 38.7% who accessed a service, 30.7% accessed the Newark Urgent Treatment Centre. Of the 38.7% who accessed a service, 6.4% accessed their local pharmacy)

Those who had accessed an out of hours urgent care service, 394 (38.7%) gave details of all services that they had accessed during the last 12 months. Users of the urgent care services out of hours was highest in the 35-45 (19.8%) and 45-54 (19.5%) year age groups.

Experience of out of hours urgent care service

We wanted to know about the experience of those who had accessed out of hours urgent care services in the last 12 months. Where survey respondents told us that they had used an urgent care service in the last 12 months, they were asked if:

- Their needs were met. Of those who accessed:
 - Newark UTC, 79% strongly agreed/agreed.
 - Lincoln UTC, 79% strongly agreed/agreed.
 - Local pharmacy, 70% strongly agreed/agreed.
- They received compassionate care. Of those who accessed:
 - Grantham and District A and E, 100% agreed.
 - Lincoln UTC, 100% agreed.
 - Newark UTC, 86% strongly agreed/agreed.
- They were told how long they would need to wait to see a doctor or nurse. Of those who accessed:
 - Newark UTC, 49% strongly agreed/agreed.
 - NHS 111 (telephone), 65% strongly agreed/agreed.
 - NHS website, 64% strongly agreed/agreed.
- It was easy to access the care that they needed. Of those who accessed:
 - Newark UTC, 68% strongly agreed/agreed.
 - Grantham and District out of hours GP (booked appointment), 66% strongly agreed/agreed.
 - All other services, less than 50% strongly agreed/agreed.

A full breakdown of responses by service accessed can be found in Appendix 4.

We then asked people to give us more details about their experience of the out of hours urgent services, what worked well for them, what could have been improved their experience, and any other comments they would like to add. The following themes emerged:

Theme 1: Quality of the service provided

A large proportion of the responses described their overall experience with out of hours urgent care services in a positive way. This theme was mainly identified when we asked people what worked well when using the service. Whilst some people gave a general comment about the services for example saying “*Excellent Care*”, “*All good*” or “*Professional service*”, other people provided more detailed feedback about their positive experience, illustrated in the following themes.

Theme 2: Appropriate treatment

When asked what worked well for them, many respondents stated that they were happy and satisfied with the treatment they received by saying things like “*Seen and treated appropriately*” or “*The treatment I eventually received was appropriate*”. What counted as appropriate treatment for people included diagnosis, provided with medications, discussing symptoms with healthcare professionals and accessing X-ray facilities.

“Straight forward diagnosis and medications”

“I broke my wrist and visited the hospital at approx 6.30. I was treated and had my wrist put in plaster within 2 hours. It was lovely to receive this level of service and efficiency and didn't disrupt my family unnecessarily.”

“The treatment I received was professional, caring and swift and efficient.”

This positive feedback also apply to NHS 111 as several people found the service helpful and efficient, and were happy how the NHS 111 managed to get them an appointment.

“111 system worked very well...”

“...111 excellent service to assess and signpost to where is needed.

Although the majority of people commented positively about the service and treatment they received, some responses showed the opposite view. This was noted when people were asked what could have improved their experience. People were not happy with the treatment they received for several factors related to either the staff, type of treatment offered, or facilities. Similarly, some views on NHS 111 were negative as some people found the service not really helpful, and they had had to wait for a long time to get through and/or to receive a call back.

“I was immunosuppressed (having chemo) so would have appreciated not having to sit in a waiting room full of ill patients, some of whom were coughing and sneezing everywhere. The GP was very dismissive and rushed, I would have appreciated some compassion.”

“Tel.111 is a complete waste of time and money.”

Theme 3: Response timeframe and waiting times

Those we heard from have equally opposing views regarding waiting and response times. Many referred to waiting times for an ambulance or paramedics, to receive treatment or speak to a healthcare professional and waiting times for appointments. For some people, the timeframe for being seen and treated was as they expected, and they described the services as quick and efficient. For others, however, it was the opposite and they described their experience of waiting for a response and treatment in a negative way.

In the survey, for example, when asked what worked well, many individuals said they were seen quickly, received diagnosis; treatment and interventions immediately, and didn't have to wait for a long time. Positive comments were also received from the survey responses and during our conversations with community groups.

“I arrived was seen within 5 minutes, X-ray and treatment and back home within the hour.
Fantastic!”

“I was taken to Newark Urgent Treatment Centre at 4:50 pm and was seen and treated within 50 minutes, and the staff were very helpful and caring...”

“only waited a very short time before being seen. Was very happy with treatment I received.”

On the other hand, similar proportion of the survey responses referenced waiting times in a negative way. People described how the waiting time lasts for hours, including waiting to be seen inside the health facility or waiting for an ambulance to arrive.

“it was a very long wait (7 hours) of being breathless, really unpleasant.”

“Need more staff to reduce waiting times and longer opening hours. Staff working in urgent care are amazing but stretched”

“Sadly waiting times were an issue. 12hrs in a+e from 4am!”

“When my child needed urgent support during the night, the ambulance was due to take 8 hours to reach her (allergic reaction causing difficulty breathing)”

Although we didn't ask people any direct questions about GP services in this listening exercise, people took the opportunity to tell us about the challenges they face to get GP appointments in Newark. This is for reasons like the long waiting times to get a GP appointment and the long waiting times on the phone to book a GP appointment.

“GP appointments so difficult to get and waiting times on phones to even speak to GP reception”

For ambulance services, people usually talk about the long waiting time for an ambulance to arrive. This seems to be a concern for the people in Newark. Yet, other people said the ambulance have arrived quickly when needed.

“waiting times for ambulances are ten hours plus at the moment to get elsewhere...”

“Ambulance came quickly”

Theme 4: Staff - skills, attitude and shortage in workforce

A strong theme identified was the positive feedback given about the staff working in different Out of Hours services. The majority of the survey responses were positive about the staff when we asked patients what worked well for them. Responses included “Staff are lovely”, “The staff were great” and “Whole Team Excellent- reception to discharge”. The staff made the patients' experiences positive by being caring, friendly, compassionate, skilled, offering a good level of care, informative, and helpful.

“All the staff do a fantastic job and provide the best quality of care”

“When I've been seen at urgent care, 90% of my care was excellent. Friendly staff, lovely and clean”

A few responses were negative about the staff, however, a good number of the responses mentioned the healthcare workforce shortages. It was also noted from the responses that the patients do appreciate the effort made by the staff to support even though the services are overstretched and under high pressure. People stressed the need to recruit more staff to address issues like overcrowding and waiting times.

“...too many people. not even enough room to sit down. not enough staff though they did their very best against all odds.”

“More staff to reduce waiting times”

“The staff were helpful and caring even though under great pressure”

Theme 5: Accessing services – location, travel and availability

Many citizens stressed the importance of having services located in Newark that are easy to access. Responses included “Local accessibility”, “Being seen in Newark” and “Access to more services at Newark”. It was perceived as a positive that the UTC is in Newark and easy to access for the local population when it is open.

One of the main reasons why people are keen to access services locally – in Newark – is because they find it inconvenient to travel to the A&E at Kings Mill Hospital and other services outside Newark. People mentioned different challenges regarding travelling such as no access to a vehicle, being unable to drive and lack of other transportation options, particularly at night. Because there is no direct public transportation from Newark to Kings Mill Hospital, people sometimes take taxis which are unaffordable. Many also mentioned the journey to Kings Mill Hospital is long and uncomfortable especially for someone who is unwell.

“Being in the town and not having to travel for nearly an hour to Sutton in Ashfield as a single parent with 3 children”

“Have no means of transport, had to pay for an expensive taxi”

“...local services should be available for everyone, I was lucky my husband was there to drive me to kings mill, but many people don't drive and a taxi costs about £40 one way.”

People find it very challenging to access GP services due to lack of appointments and no face-to-face appointments. The people we talked to believe that the population of Newark is increasing thereby reducing available GP services. People also believe that the lack of GP appointments increases the pressure on other services, like UTC and A&E.

“If I could more easily access my GP I probably would use the UTC less”

“It is almost impossible to get a doctors appointment. I am 83 and have not seen a doctor since before covid.”

Theme 6: Communication

This theme refers to the different methods and purposes of communication. For example, how information on available services within the healthcare system is communicated to the local population, and how the staff communicate with patients. The importance of communication was clearly stated by those we heard from as an important element of their experience. Some people found communication about the healthcare system poor and therefore difficult to navigate.

“It has been confusing about how we should access the urgent care at Newark urgent care.”

“It is incredibly confusing to understand, particularly when already worried/tired, which service to use.”

“Sign posting for out of hours pharmacies.”

People also mentioned the communication from healthcare professionals to patients on subjects such as waiting times and signposting. Although most of the feedback regarding communication from healthcare professionals was positive, some suggested areas for improvement:

“Better way to call patients when it’s their turn to see a doctor.”

“Being told as a best estimate how long I would have to wait by a member of staff ...”

“...Better communication about how long the wait would be.”

“Informed at all stages of care”

“The doctor didn't explain what was wrong. He gave the prescription at me and said this will help.”

Theme 7: Facilities and parking

We received responses providing feedback on specific health facilities, particularly when asked people what could have improved their experience. Considering that many comments referenced long waiting times, people believe it is important to improve waiting areas by providing more comfortable places to wait, including specific areas for children and young families. People also requested improved changing rooms and a few comments also mentioned parking and how it should be made easier. There was a call for more accessible facilities for people with disabilities and improvements to disabled toilets, as well as offering quiet waiting areas for people who are neurodivergent.

“Better children area hard to keep young children entertained especially if it’s not them needing treatment.”

“The disabled toilets were not suitable for my 93 old mothers needs. Too basic. Also the wheel chair was not easy to manoeuvre, especially in the toilet.”

“Better waiting area.”

Next steps

The findings from this listening exercise will be used by Nottingham and Nottinghamshire ICB, alongside clinical and financial considerations, to develop a final set of options for the opening hours of Newark UTC.

Acknowledgements

We would like to thank all of the citizens and community groups who engaged and spoke with us during this listening exercise. We would also like to thank Newark and Sherwood CVS for their support during this listening exercise.

Appendices

Appendix 1: Overview of participants

Date	Meeting/Activity	Number of people directly engaged
15/08/2023	Elected member briefing	2
15/08/2023	Elected member briefing	3
22/08/2023	Meeting with Healthwatch Nottingham and Nottinghamshire	1
22/08/2023	Elected member briefing	2
23/08/2023	Elected member briefing	9
31/08/2023	Elected member briefing	8
12/09/2023	Nottinghamshire Health Scrutiny Committee	12
15/09/2023	NNICS Engagement Practitioners Forum	13
19/09/2023	Public meeting (face to face - YMCA)	46
19/09/2023	Ollerton, Boughton, and Edwinstowe Community Alcohol Partnership	10
21/09/2023	NNICS Citizen's Intelligence Advisory Group	8
21/09/2023	Bean Block Café - Maternity Voice Partnership	7
23/09/2023	Play Support Group - Millgate Community Centre	3
26/09/2023	Public meeting (face to face - Farndon)	24
28/09/2023	Butterflies Project	21
28/09/2023	Newark Dementia Carers	24
28/09/2023	Newark Community Event (Bridge Community Centre)	11
03/10/2023	The Sheds: Conversation with group leader	1
04/10/2023	Balderton Methodist Church Bubble Group	29
04/10/2023	Public meeting (online)	10
05/10/2023	Bilsthorpe Heritage Museum	8
07/10/2023	Nottinghamshire County Council Shadow event	200
09/10/2023	Newark Friendship Group (mental health support group)	15
09/10/2023	St Giles Church Monday Group (Balderton)	10
09/10/2023	Cleveland Square Friendship Group in Hawtonville	15
10/10/2023	Southwell Methodist Homes Association, Kings Court	10
12/10/2023	Public meeting (face to face - North Muskham)	35
12/10/2023	Southwell Rotary Club	11
12/10/2023	Stand at Castle House, Newark and Sherwood District Council	13
13/10/2023	Newark Women's Masons, Newark Masonic Lodge	40
14/10/2023	Public meeting (online)	2
16/10/2023	Newark and Sherwood Local Design Team meeting	20
16/10/2023	Balderton Methodist Church drop in session	11
16/10/2023	Newark Rotary Club - Balderton	20
16/10/2023	Collingham Men in Sheds	8
16/10/2023	Salvation Army Friendship Group	15
17/10/2023	Newark Memory Café	2
17/10/2023	Gem Friendship Group (Collingham)	20
17/10/2023	Newark MySight group	15

Date	Meeting/Activity	Number of people directly engaged
17/10/2023	Public meeting (face to face - YMCA)	22
	Paper surveys completed	56
	Online surveys completed	962
	Social media comments	178
	Total	1932

Appendix 2: Survey questions

Newark Hospital Urgent Treatment Centre Opening Times Survey

Invitation

We are inviting you to share your views on the Urgent Treatment Centre opening times. A member of the team can be contacted if there is anything that is not clear or if you would like more information.

We are also inviting people to public events, attending community groups and would welcome any telephone interviews or conversations with you to obtain your feedback. If you would like to hear more about this and would like to request attendance at groups or to provide feedback please contact the Engagement Team at nnicb.engagement.team@nhs.net or call or text Katie Swinburn on 07385 360071. This survey is also available in alternative formats and languages upon request, so please do contact us.

Please complete all sections of the survey that you feel are relevant to you. You do not need to answer all of the questions. The survey will take around 10 minutes for you to complete.

Why have I been asked to complete the survey?

Over recent years Newark Hospital has continued to expand the range of services and procedures available to residents. Under the “Ask for Newark” initiative, many more people are already able to access diagnostics, operations, treatments and planned care at Newark Hospital.

Services will continue to be extended as a result of a recent £5.6 million investment. This investment will provide an extra 2,600 operations and procedures locally each year with the creation of a new theatre and recovery area, as well as the development of two minor operations suites.

The Urgent Treatment Centre (UTC) at Newark Hospital is and will continue to be a key part of the urgent and emergency care network available to local people – alongside NHS111, community pharmacies, out of hours and ‘same day’ GP appointments, 999 and A&E. It delivers everything that the national NHS specification for UTCs requires.

We are now gathering and reviewing a range of evidence which will help to shape the discussions about the best opening hours for the UTC at Newark Hospital. Your feedback is really important to us as we plan for the future.

Will my taking part be kept confidential?

This survey contains some questions where you can write freely. When providing responses to these, please do not write any information that may identify you (for example, name or address). Your responses may be recorded but the data you provide will be anonymised, so we will not analyse or share any information that will make you identifiable. To read about our privacy notice visit <https://notts.icb.nhs.uk/privacy-policy/>

This survey will close on 17 October 2023. All information from the engagement activity will be collated and produced in a final report which will be available on our website here: <https://notts.icb.nhs.uk/get-involved/current-and-previous-engagement-consultations/>

Should you require a copy of the report to be sent to you please contact nnicb.engagement.team@nhs.net, or call 07385 360071 to request a copy, which we can send to you either via email or post.

1. How are you responding to this survey? (Please only tick one)

- As a member of the public
- As member of NHS staff
- On behalf of a patient
- On behalf of an NHS organisation (please state) _____
- On behalf of a voluntary or community group, or charity
- Other _____
- Prefer not to say

Your views on the opening hours of Newark Hospital’s UTC

This section will ask you to share your views on the current opening hours of Newark Hospital’s UTC.

2. Have you been seen at Newark Hospital’s UTC in the last 12 months?

- Yes
- No
- Not sure

3. The current opening hours of Newark Hospital’s UTC are 9am to 10pm. To what extent do you agree or disagree that these opening hours are suitable?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

4. It is anticipated that the UTC will remain open for 13 hours a day in the future, slightly exceeding the national standard for 12 hours per day. We have listed some options of how those hours could be spread over the day. Please rank these options 1-3 in order of your preference below (1 = most preferred, 3 = least preferred).

Open earlier than 9am and closing earlier than 10pm	
Open later in the day and closing later in the evening.	
Open as currently (9am to 10pm)	

5. Please tell us why you ranked these options in this order.

6. Please share anything else you want to about the opening hours of Newark Urgent Treatment Centre

Your experience of out of hours urgent care

This section will ask you about your use of out of hours urgent care services.

The term *out of hours* refers to the time period from 6.30pm to 8am on weekdays and all day at weekends and on Bank Holidays.

The term *urgent care* covers the health services available to people who need same day care and treatment to advice, diagnosis and care for non-life threatening conditions or injuries that can be treated outside of an acute hospital.

Common conditions that can be treated by urgent care services include:

- Cuts and grazes
- Sprains and strains
- Simple broken bones
- Wound and wound infections
- Minor burns and scalds
- Minor head injuries
- Insect and animal bites

- Minor eye injuries
- Minor back injuries
- Minor illnesses

7. Have you been seen at urgent care services out of hours in the last 12 months?

- Yes
- No (go to question 11)
- Not sure

8. Which service(s) did you access (tick all that apply)?

- GP out of hours
- Local pharmacy
- NHS 111 telephone
- NHS 111 online
- NHS website
- Newark Urgent Treatment Centre
- Lincoln Urgent Treatment Centre
- Grantham and District GP Out of Hours Service (Walk in service)
- Grantham and District GP Out of Hours Service (Booked appointment)
- Accident & Emergency (Grantham and District Hospital)
- Accident & Emergency (Kings Mill)
- Accident & Emergency (Queens Medical Centre)
- 999 telephone
- I don't remember
- Other _____

9. Thinking about your experience, to what extent do you agree or disagree with the following statements (please tick in the corresponding box):

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
My needs were met.					
I received compassionate care.					
I was told how long I would need to wait to see a doctor or nurse.					
It was easy for me to access the care that I needed.					

10. Please provide any comments about what worked well.

11. Please provide any comments about what could have improved your experience.

Equality and Diversity Questions

We are committed to providing equal access to healthcare services to all members of the community. To achieve this, gathering the following information is essential and will help us ensure that we deliver the most effective and appropriate healthcare.

Responding to these questions is entirely voluntary and any information provided will remain anonymous.

12. What is your postcode?

13. Which of these, best describes your gender?

- Female
- Male
- Intersex
- Nonbinary
- Other _____
- Prefer not to say

14. Is your gender the same as the sex you were assigned at birth?

- Yes
- No
- Prefer not to say

15. Which of these, best describes your sexual orientation?

- Asexual
- Bisexual
- Gay
- Heterosexual/ Straight
- Lesbian/ Gay Woman
- Pansexual
- Other _____
- Prefer not to say

16. Are you pregnant, on maternity leave or returning from maternity leave?

- Yes
- No
- Prefer not to say

17. Which of these best describes your ethnicity?

A White

- English, Welsh, Scottish, Northern Irish, or British
- Irish
- Gypsy or Irish Traveller
- Roma
- Any other white background, please state _____

B Mixed or Multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed or multiple background, please state _____

C Asian or Asian British

- Indian
- Pakistani
- Bangladeshi

- Chinese
- Any other Asian background, please state _____

D Black, Black British, Caribbean or African

- Caribbean
- African background, please state _____
- Any other Black, Black British or Caribbean, please state _____

E Other ethnic group

- Arab
- Any other ethnic group, please state _____

18. Which of these best describes your religion or belief?

- No religion
- Christian
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Other religion, please state _____
- Prefer not to say

19. Do you have an impairment, health condition or learning difference that has a substantial or long term impact on your ability to carry out day to day activities? (tick all that apply)

- No known disability, health condition or learning difference
- A long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy
- A mental health difficulty, such as depression, schizophrenia or anxiety disorder
- A physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches
- A specific learning difficulty such as dyslexia, dyspraxia or AD(H)D
- Blind or have a visual impairment uncorrected by glasses
- Deaf or have a hearing impairment
- A social/communication impairment such as a speech and language impairment or Asperger's syndrome/other autistic spectrum disorder
- An impairment, health condition or learning difference that is not listed above (specify if you wish) _____
- Prefer not to say

20. Are you a carer?

- Yes, a paid carer
- Yes, a carer providing unpaid support
- No, I am not a carer

Prefer not to say

21. Which age band do you fall into?

Under 16

16-24

25-34

35-44

45-54

55-64

65-74

75-84

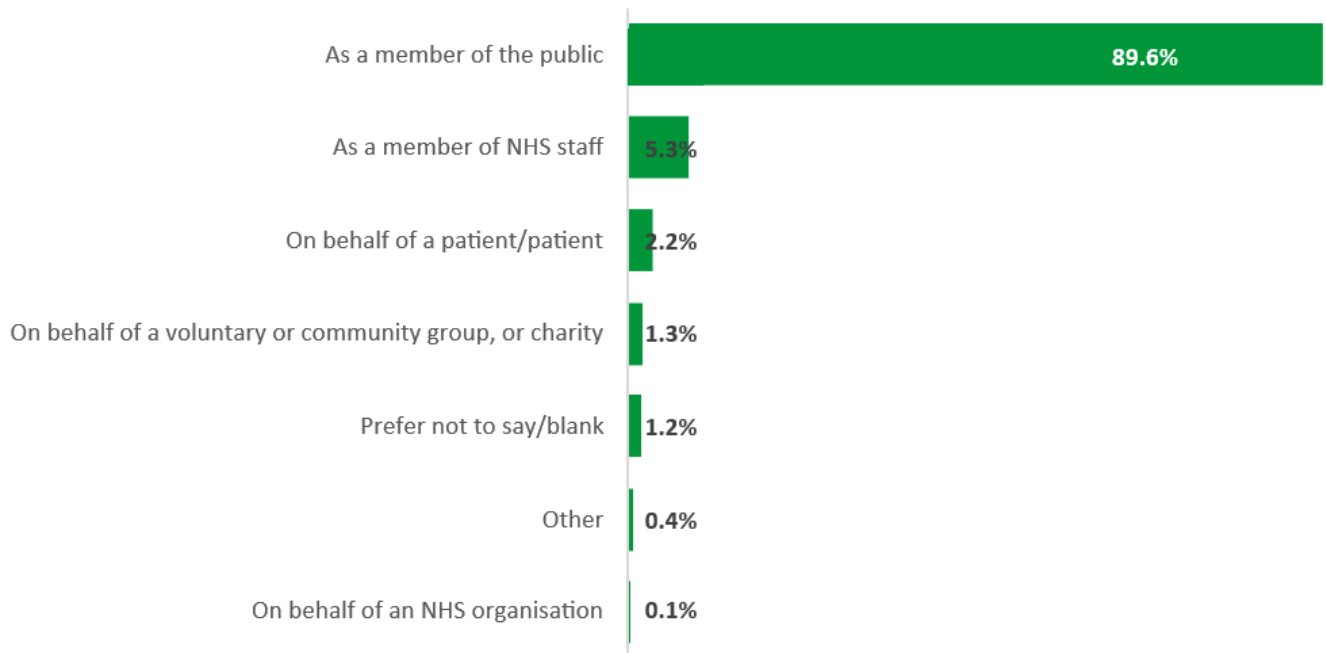
Over 85

Prefer not to say

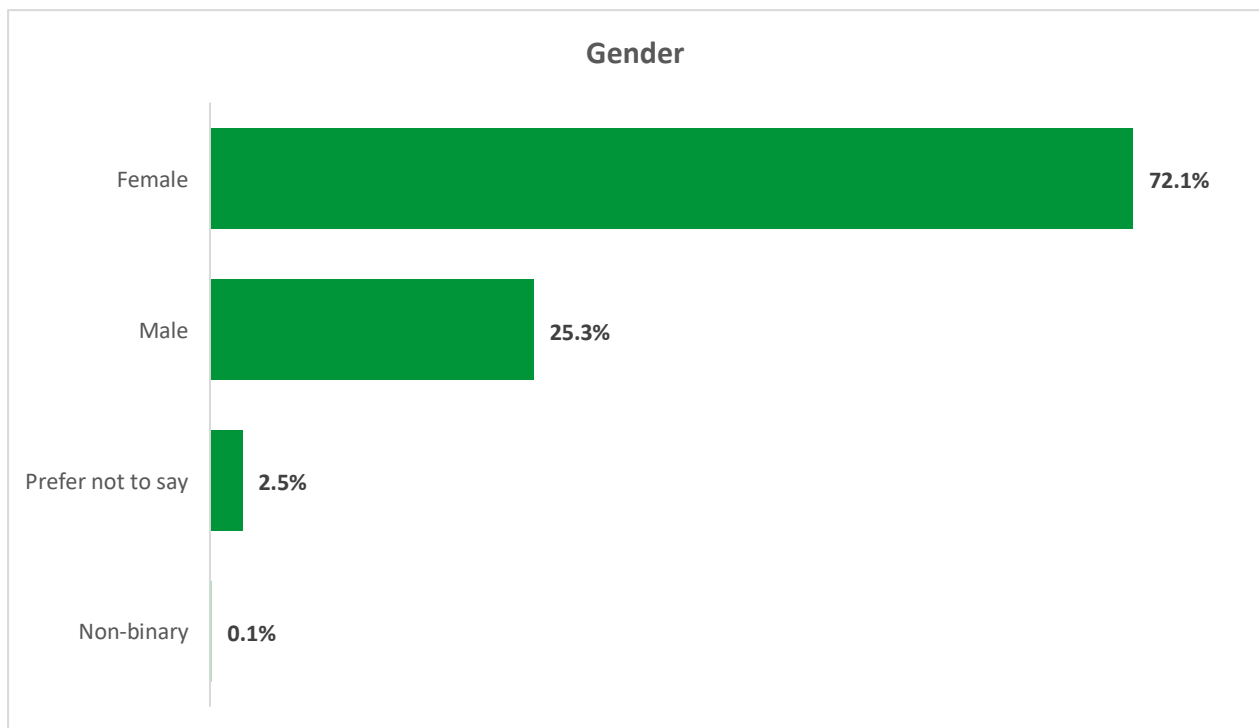
Thank you for taking the time to fill out this survey. Your views are important to us.

6.2 Appendix 3: Demographic profile of survey respondents

Respondents



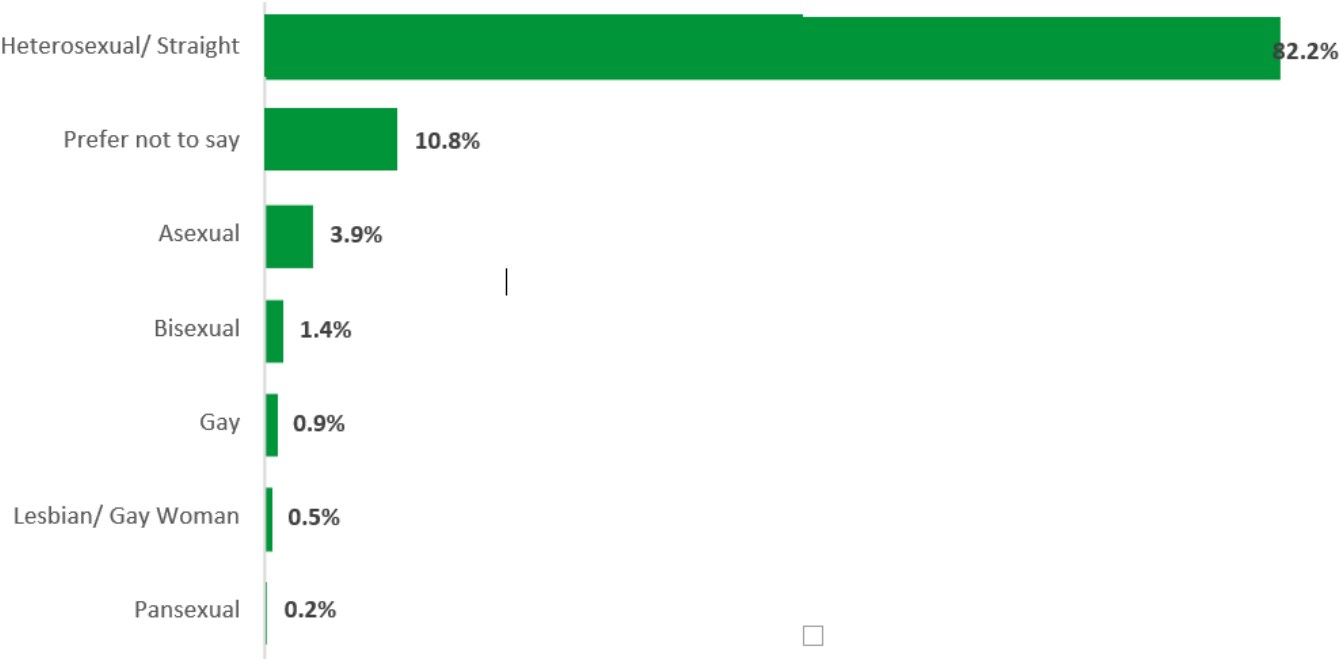
Gender



Gender reassignment



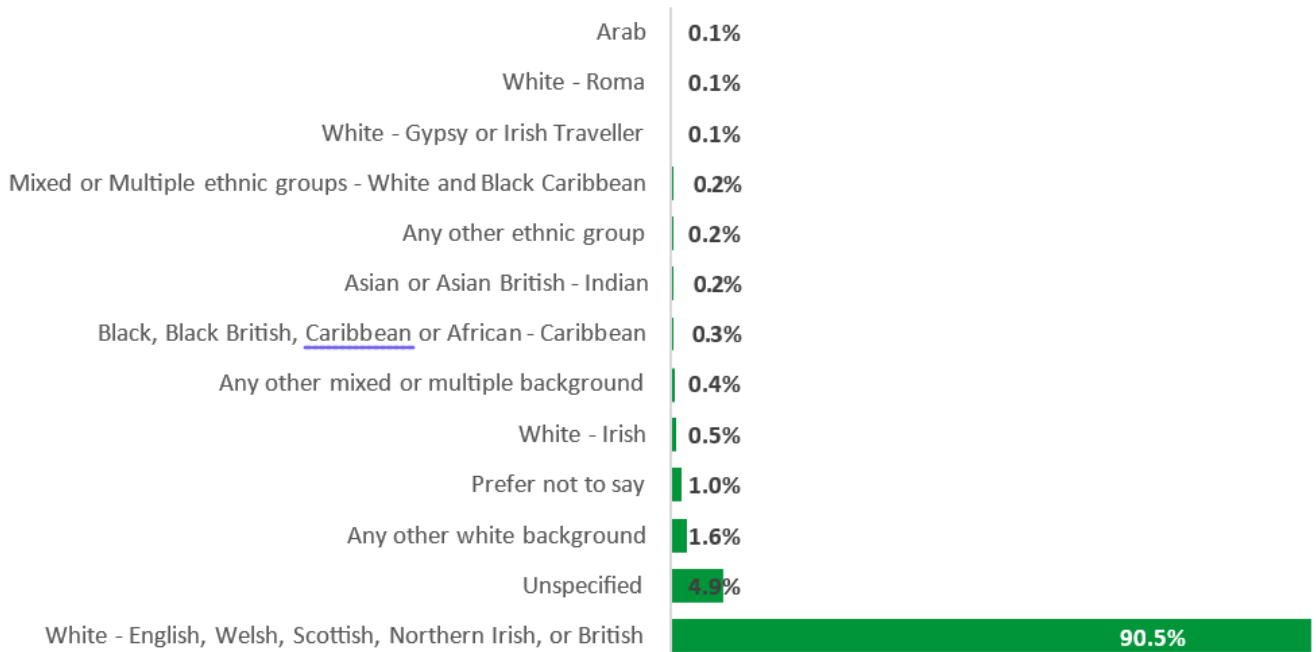
Sexual orientation



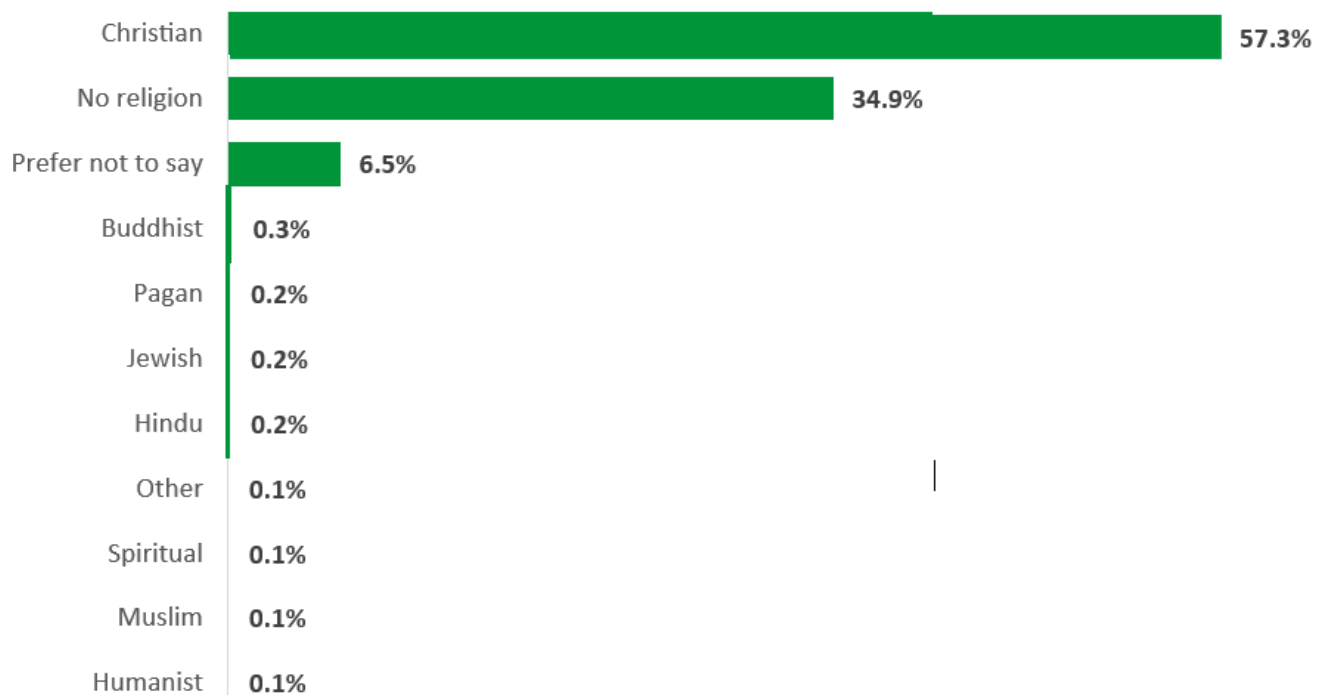
Are you pregnant, on maternity leave or returning from maternity leave?



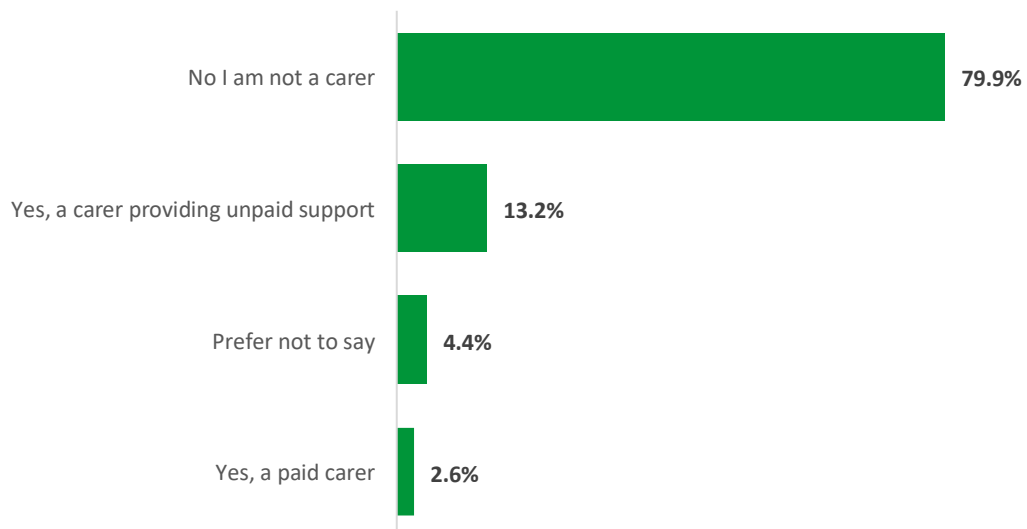
Ethnicity

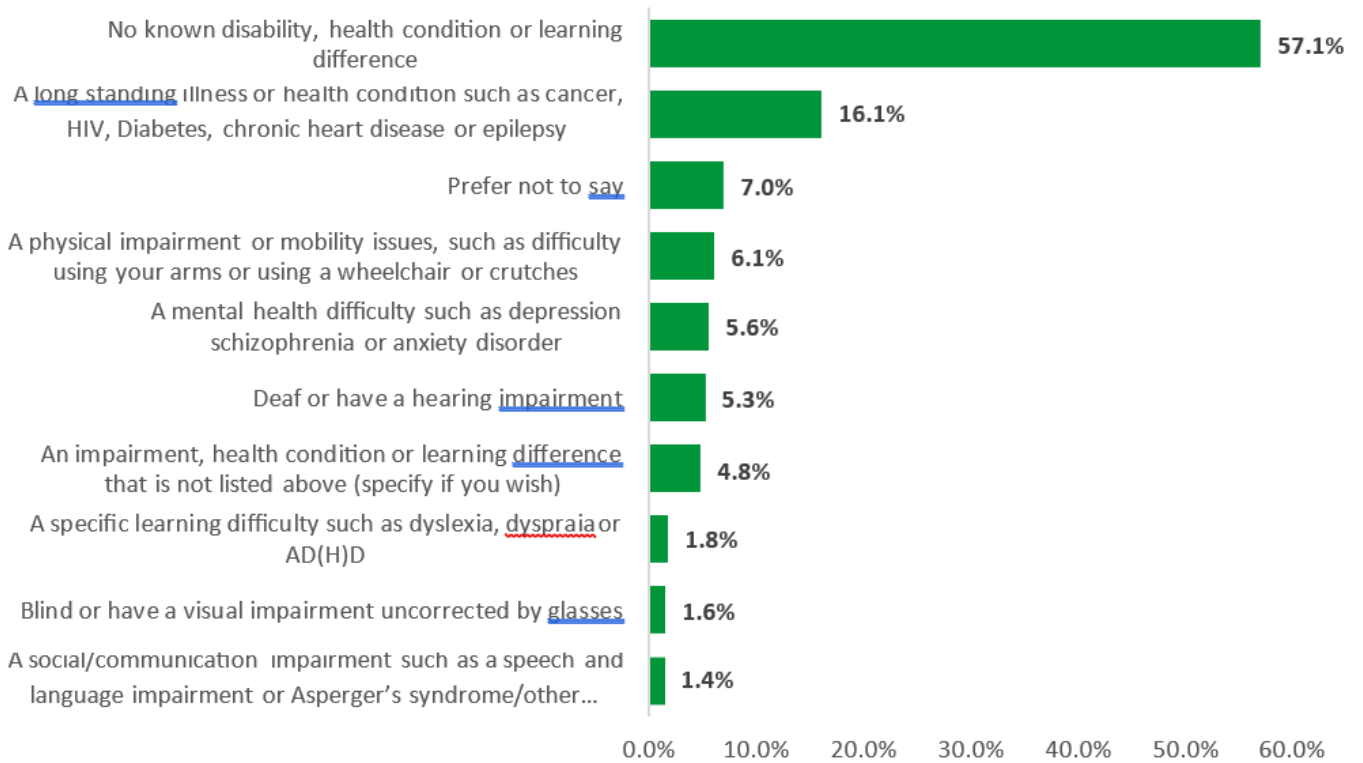


Religion

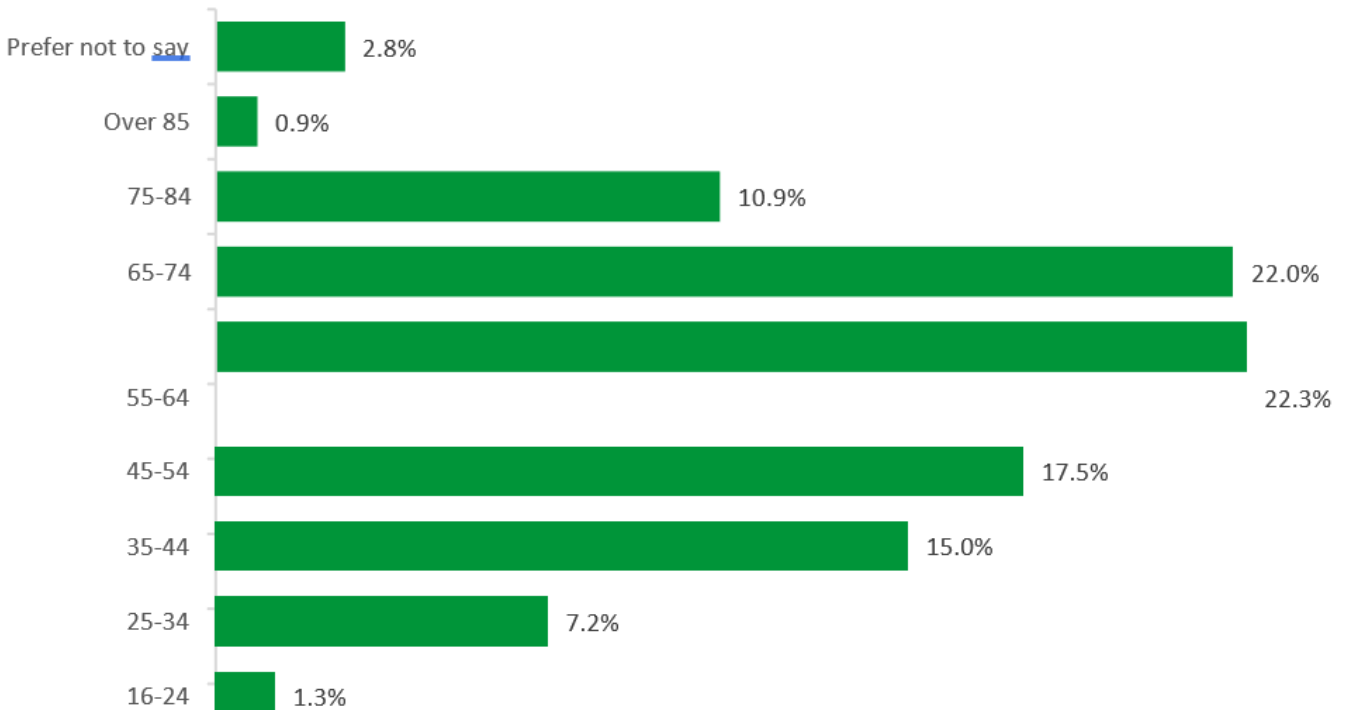


Care giving responsibility



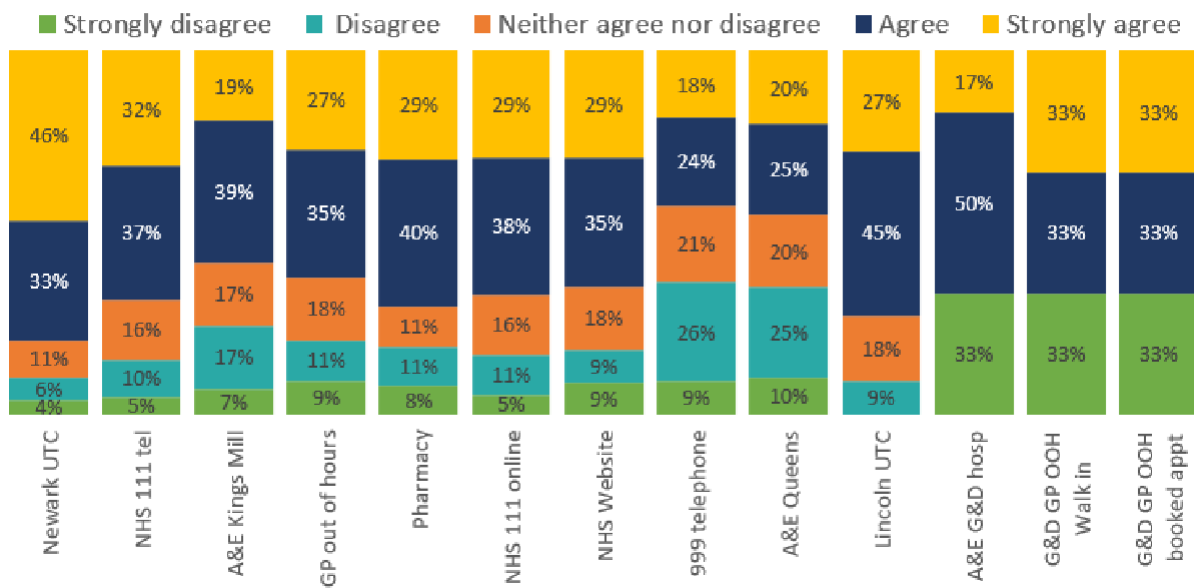


Age

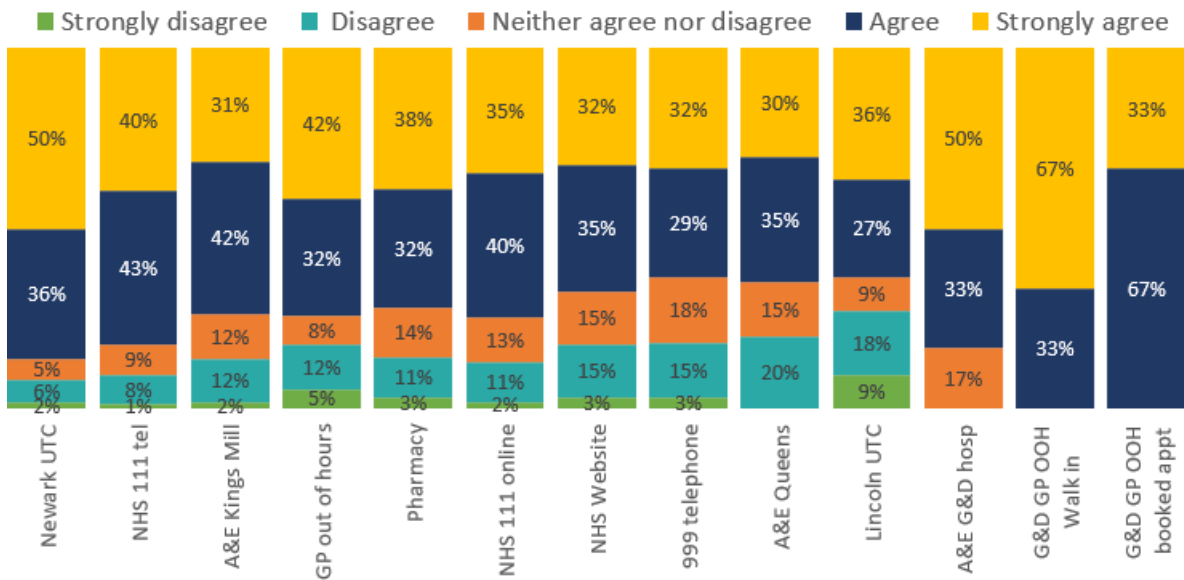


6.3 Appendix 4: Experience of out of hours urgent care services

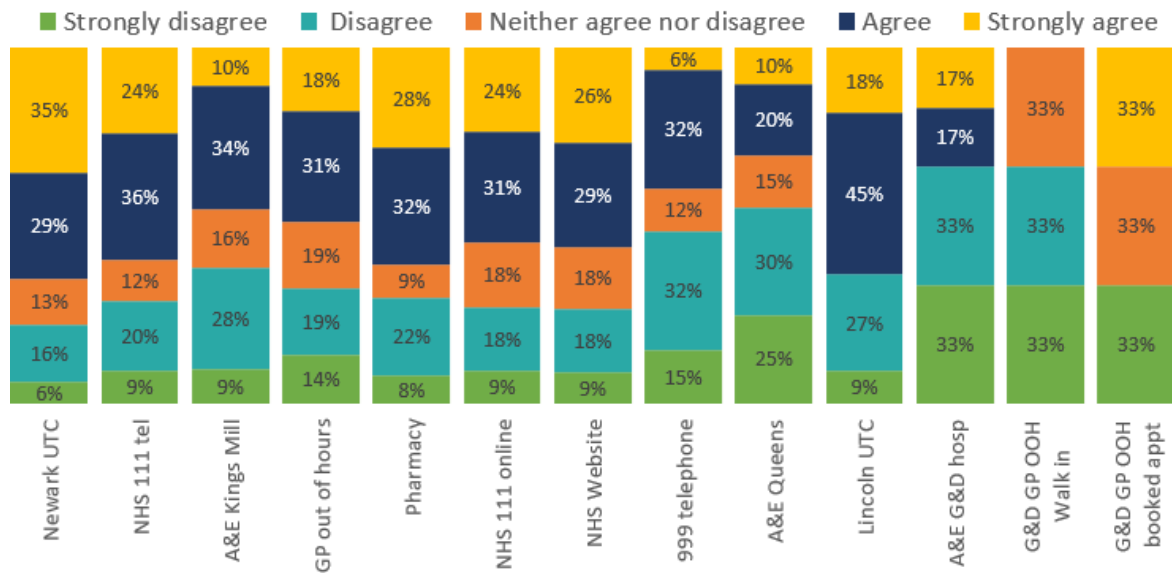
My needs were met



I received compassionate care



I was told how long I would need to wait to see a doctor or nurse



It was easy for me to access the care that I needed

