

**What people have
told us about
Urgent and
Emergency Care
services**

December 2020 – August 2022

Introduction

This briefing discusses people's experiences of urgent and emergency care (UEC) services from December 2020 to August 2022.

A note on our data – the main section of this report is based on qualitative analysis of a sample of 3,000 self-reported experiences of urgent care services shared with local Healthwatch. These data are qualitative, and we cannot quantify themes with exact numbers. However, all issues highlighted were consistent themes in the data, gathered from multiple local Healthwatch across the country over time. Further validated by national representative polling we have carried out, this data represents a reliable snapshot of patient experience of urgent and emergency care services.

Headline findings:

- Despite growing pressures on UEC services, we heard positive stories about good care from staff, especially paramedics and ambulance staff.
- However, negative feedback about A&E has increased over time, with people concerned about long waiting times, understaffing, and perceived poor staff attitude.
- Feedback about ambulance services is a growing theme, with concerns about waiting times accelerating since April 2022.
- People were also concerned about long waiting times to speak to NHS 111 call-handlers and there continues to be confusion over NHS 111 First services.

We wanted to find out more about whether the themes we heard in our data were reflected across the whole population. We commissioned a nationally representative poll of 2,036 adults (18+) across England, to assess whether public confidence in urgent and emergency care services had changed as a result of the pandemic and what had led to this change.

- People are confident that urgent and emergency care services will provide good quality care but are less confident in the timeliness of care.
- Confidence in urgent care services changed over the pandemic, and where it changed, it was likely to decrease. Nearly 60% of our sample said their confidence had changed, and over 70% of these said it had decreased either a little or a lot.
- Older people were more likely to say their confidence decreased than younger people and more likely to base this change after reading stories in traditional media such as newspapers and TV news.

- People don't think that NHS targets for emergency departments are being met often.
- People or their loved ones who were admitted to hospital after using an urgent care service were more likely to say their confidence had increased.

This briefing is based on:

- Analysis of 3,038 people's self-reported experiences of UEC services shared with us via local Healthwatch and our online feedback form. This dataset is the basis for the qualitative analysis in this report.

This is supported by evidence from:

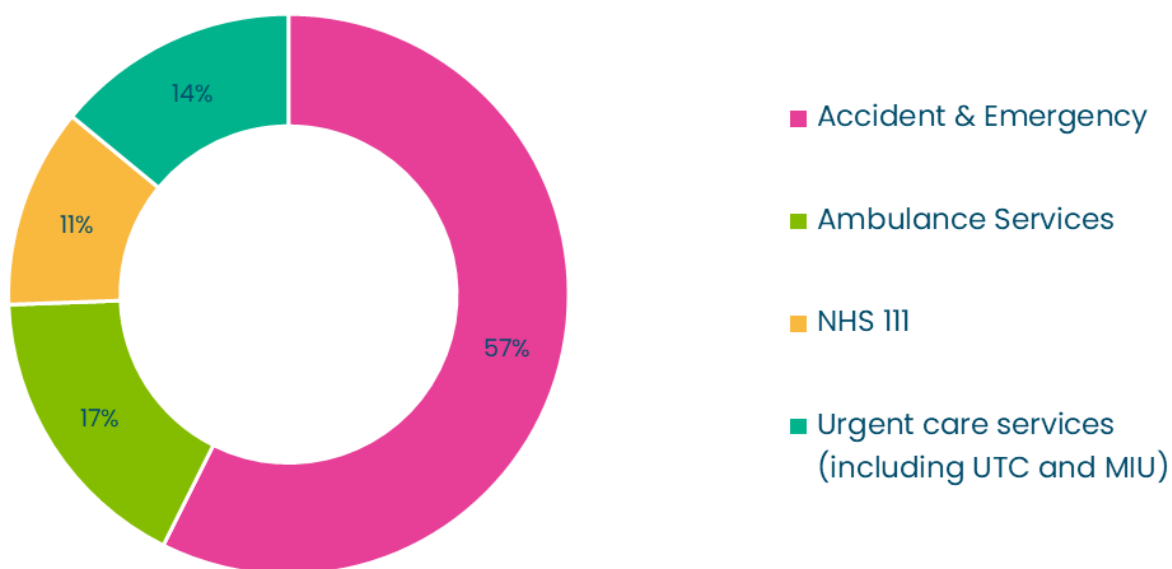
- 2,036 people who took part in a nationally representative poll conducted for us by Survation.
- 1,962 people who took part in specific UEC research projects conducted by local Healthwatch.
- 330 people who took part in [our previous work on A&E](#).
- 2,476 people who shared their [views on NHS 111](#) in January 2021.



What our evidence shows

As outlined above, the following section of this briefing is based on qualitative analysis of a sample of 3,038 self-reported pieces of feedback on urgent and emergency care received between December 2020 and August 2022. Nearly two-thirds of the feedback we analysed related to people's experiences of A&E.

Proportion of feedback received by service type

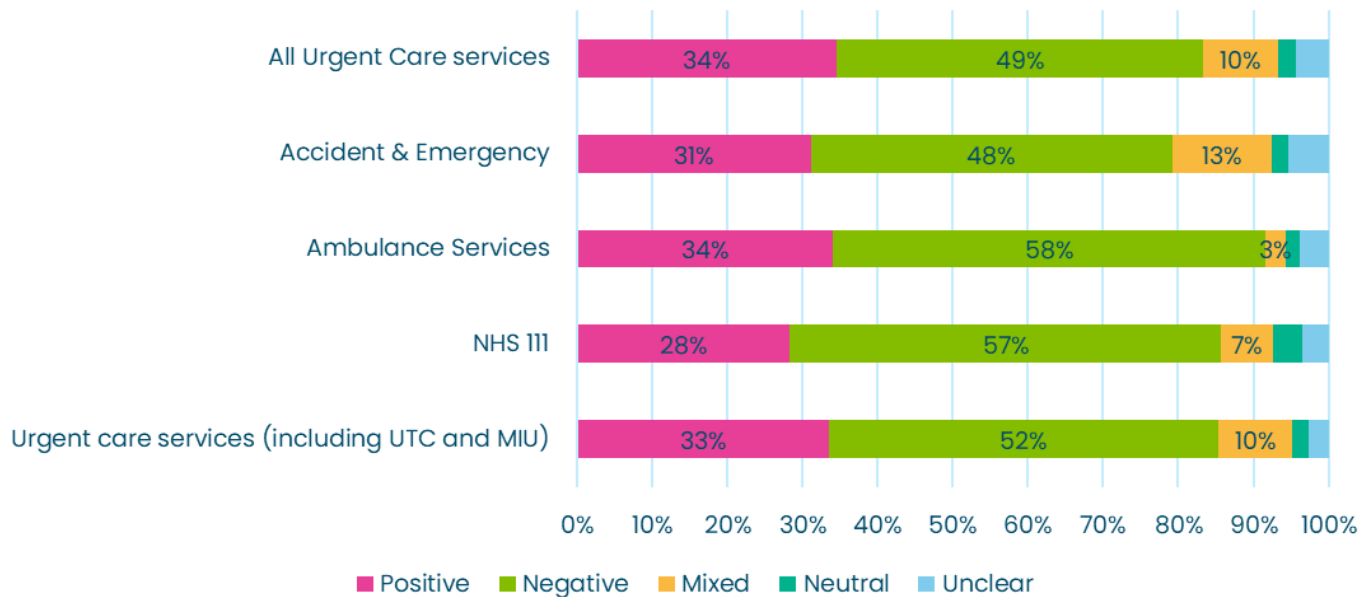


Overall, nearly half (49%) of the feedback we received on all urgent and emergency care services was negative. This is in line with the sentiment of the feedback we receive about most other health and care services¹.

However, nearly two-thirds of feedback on both NHS 111 and ambulance services was negative. This indicates that NHS 111 and ambulances are areas of concern for the public.

¹ Please note that our qualitative feedback is unsolicited and therefore is more likely to be negative. It is therefore the changes over time and differences in feedback between services that are of most interest.

Sentiment of feedback across urgent and emergency services



Accident & Emergency

In February 2020, we produced a report on [What matters to people using A&E](#). This included an analysis of 330 patient interviews conducted across six A&E departments and 6,000 free text comments from the [Friends and Family Test](#).

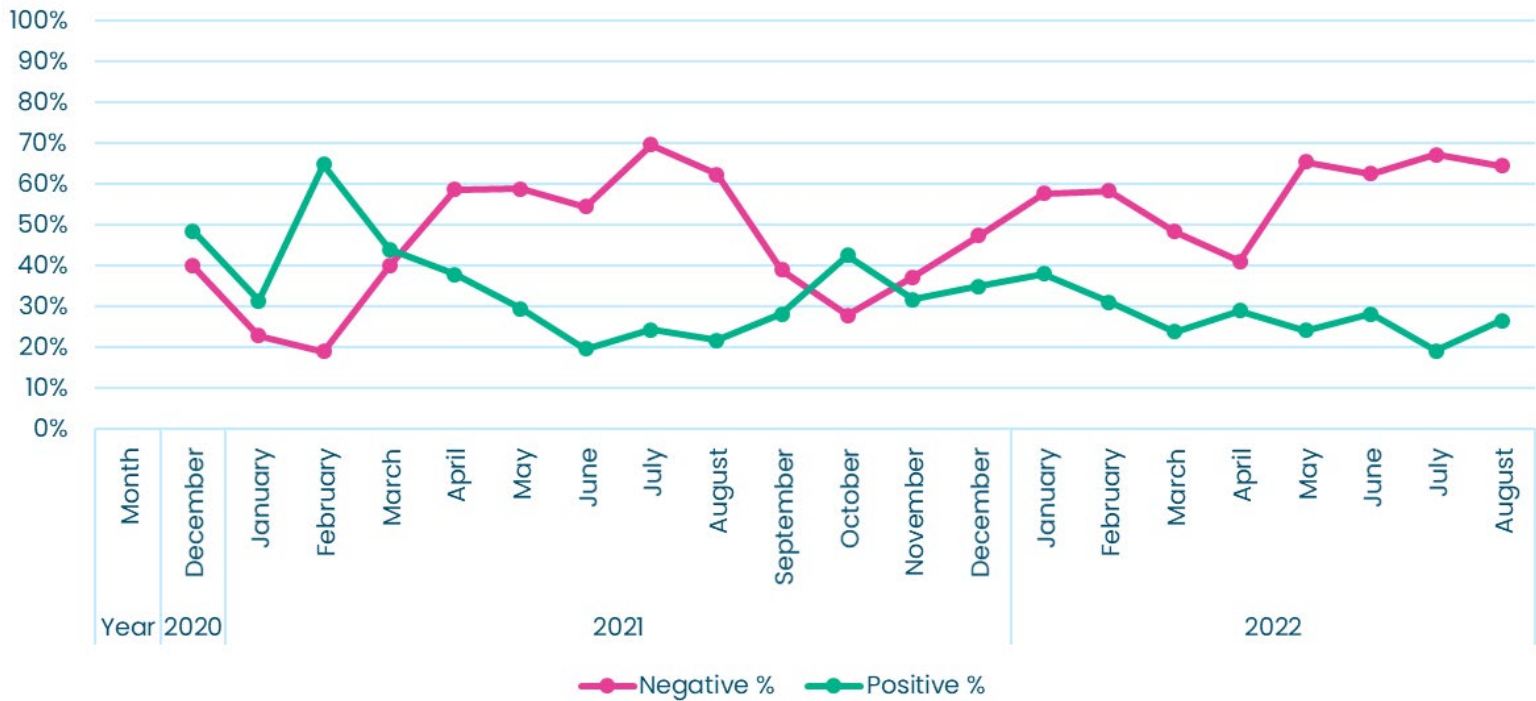
Key findings:

The amount of time people wait to be seen is not the only factor that dictates how people feel about their experience of A&E. Overall patient experience is shaped by other factors, including:

- The quality of clinical care they receive
- The quality and frequency of communication
- The attitude of staff and whether they have time to offer empathetic care
- The quality of the A&E facilities themselves, including things that can make the experience of long waits easier on people, such as access to food and drink.

When we look at the sentiment shown by feedback about A&E over time, we can see that the proportion of negative feedback is increasing. While the actual numbers behind this trend are small, this trend does indicate that public confidence in A&E is falling.

Sentiment of A&E data December 2020 - August 2022



We can also see that the proportion of negative feedback tends to spike over the summer. This could be because people are used to long waiting times in winter when pressure on A&E traditionally increases.

In our evidence, people often told us they felt A&E was overwhelmed and understaffed, and we saw an increase in the number of people reporting long waiting times.

“On arrival at A&E to my horror the place was busting at the seams. To say it was full would be an understatement. Chairs all taken, the elderly standing on the edges, women sitting on the floor and children crying, the two receptionists overwhelmed with requests.”
 – Quote from Healthwatch Harrow, June 2021

Research by local Healthwatch shows that people often went to A&E because of difficulties accessing GP appointments and NHS 111 services. This contributed to increased pressure on emergency departments.

[Healthwatch Devon, Plymouth and Torbay reported on four Emergency Departments across Devon](#) in September 2021. At all four hospitals they found that people had gone to the emergency department because they could not access another service, such as the GP or NHS 111. In one visit to one of the emergency departments they found that over half (51%) of patients attending were there because they couldn't see their GP.

In their [September 2021 Feedback Report](#), Healthwatch Greenwich found that people reported increased reliance on hospital services because of difficulties accessing their GP. People told Healthwatch Greenwich they would much rather see their GP, but couldn't get through on the phone, get a timely appointment, nor get a face-to-face appointment.

What's working well in A&E

Of the 3,000 stories we analysed it is clear that many people (31% of cases) continued to highlight their positive experiences of A&E. People told us that they didn't have to wait long to receive care, including waiting times for treatment or getting test results back. We also heard a lot of positive feedback about the staff, who were described as respectful, kind, dedicated and highly skilled.

Key points we heard about:

- Patients really value good communication. People told us they were reassured when staff kept them well informed, were open to questions, and thoroughly explained possible complications and outcomes.
- Cleanliness and comfort are important. People told us they were happy when they have not been moved around from room to room unnecessarily, when their environment and facilities are clean, and when they have privacy. People also appreciated access to conveniences that made the experience more comfortable, such as lockable bedside tables and charging ports.
- People told us their positive experiences of pre-booked timeslots with urgent care services, as they were seen promptly. However, we know from [previous work on NHS 111](#) that access to pre-booked timeslots is not always consistent.
- Patients expected delays in A&E, but this was made much easier when they felt reassured that someone would monitor and check up on them.
- Many people told us they appreciated staff members who were upbeat and had a positive attitude.

"Can't thank enough the amazing staff in A&E. Care provided was amazing, I was very comfortable. And relatively fast too. I arrived at midnight, didn't have to wait long for the procedures and the test results back. Thank you very much NHS, for all your hard work." – Quote from Healthwatch Hackney, December 2020

What's not working well in A&E

Waiting times

Many of the 3,000 people who shared their experiences with us told us about long waiting times. This included ambulances struggling to arrive in a timely way, delays offloading patients due to a lack of capacity, and long waiting times in A&E.

People told us that ambulances were 'piled up' outside A&E waiting to drop off patients, with people left waiting in the ambulance to be admitted. Others who arrived by ambulance were not seen immediately and spent hours waiting for care.

We also heard that people felt that emergency departments were overwhelmed, with few or no beds available and not many staff on duty.

People told us they felt they did not receive the appropriate care, and many put this down to emergency departments being overwhelmed. We heard that meals were missed, and people waited many hours for pain relief. We also heard that people were left on trolleys in corridors for as long as 23 hours. Those who were left in discomfort in A&E waiting rooms described their experience as undignified and dehumanising.

"Triage service appalling. [I] was considered ill enough for admission. No bed. Treatment [was] sporadic and a total of 24 hours spent in A&E finally requesting to be allowed home as was in too much pain and discomfort to remain sitting on a hard chair any longer. Traumatic experience which was largely due to poor communication, lack of staff, poor triage system, and overcrowded accommodation. A truly shocking experience." – Quote from woman aged 65+, August 2022

Poor management of care and staff attitudes

People told us that they didn't think A&E staff took them seriously and failed to carry out the appropriate investigation of their symptoms. We heard about emergency services not managing referrals correctly, meaning that patients who were expecting scans, x-rays, and other treatments didn't get them. This was very distressing for patients who were referred because consultants suspected the onset of more serious conditions, such as cancer.

The experience of A&E was particularly frustrating when people felt staff were unhelpful and distracted. Several patients referenced what they saw as unprofessional behaviour and attitudes, with staff appearing to be sitting around talking and laughing with other staff members rather than assisting patients. Whilst staff obviously need breaks, and many are working long and stressful shifts, services need to work through how to support this in the right way and think about how it could be perceived by patients, who will likely be in pain or distress.

[Healthwatch Dorset reported on people's experiences of A&E in Poole Hospital](#) between January and June 2021. Staff attitude was raised as a top theme by many people who had a negative experience and seemed to have the most impact on whether someone's experience of A&E was good or bad. However, people also told Healthwatch Dorset that NHS staff were incredibly stretched, with doctors running from patient to patient.

“The staff and the NHS are amazing but so stretched – running from patient to patient. The young doctor who saw me had only had three hours sleep since Tuesday – he was doing 12 hour shifts and covering for all other staff that were off.” Quote from Healthwatch Dorset, June 2021

NHS 111 timeslot booking service is not always working well

Some people told us that previously booked timeslots were not always available upon arrival at A&E, with patients waiting several hours despite booking a slot in advance. We heard from people who were advised by NHS 111 to go to A&E but felt they were made to feel guilty for seeking urgent care upon arrival. A doctor told one patient specifically not to call NHS 111 again as they would send her back to A&E.

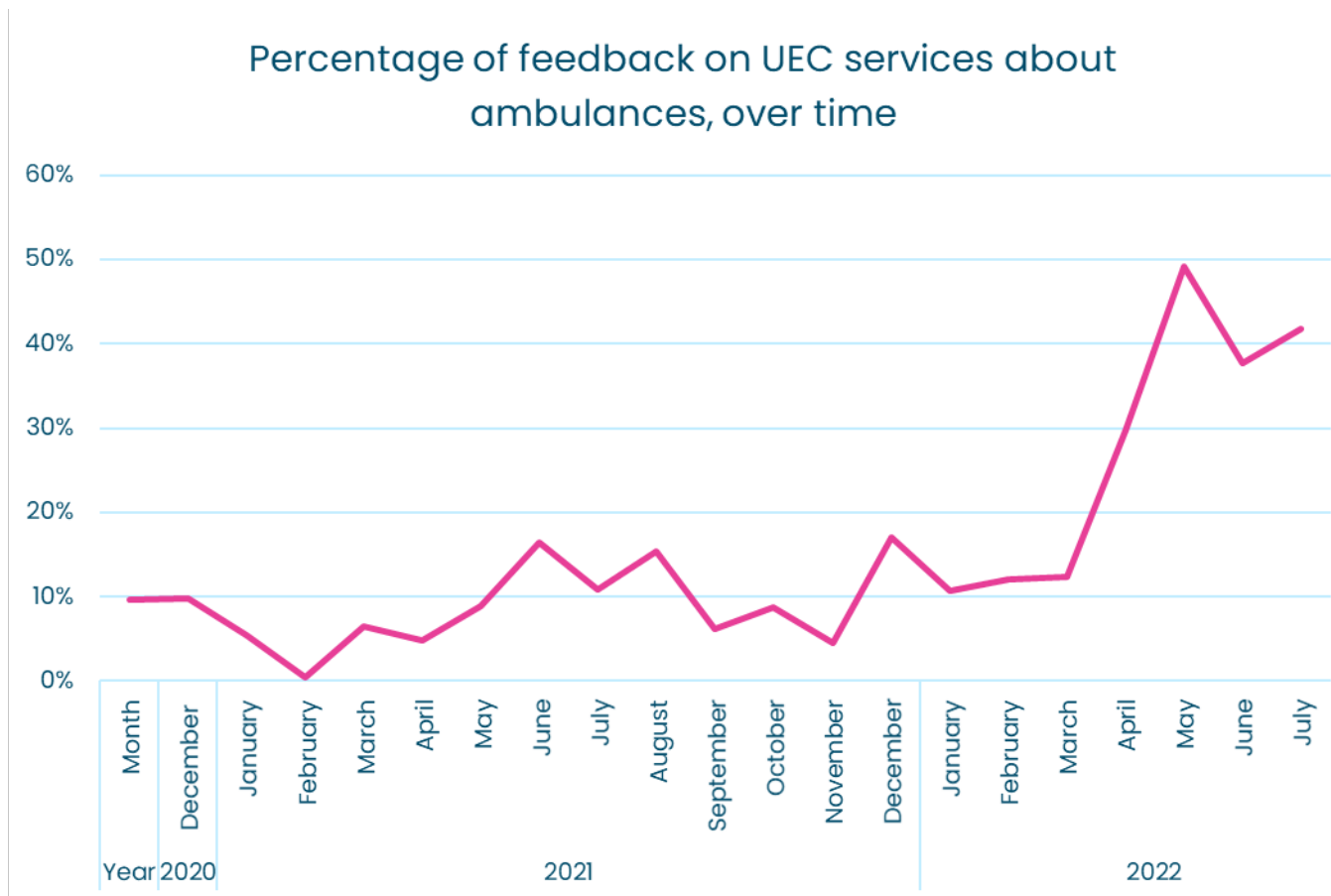
“Demoralising experience. Made to wait in urgent care after being referred by 111. Then made to feel guilty for going with the doctor implying her time was wasted. Felt worse than when I went in.”
Quote from Healthwatch Harrow, August 2021

Facilities

Some people were unhappy with the cleanliness and facilities at A&E departments. We heard instances where only one toilet was working the entire time a patient waited in A&E, for several hours. People were also concerned about COVID-19 safety in waiting rooms that were not properly ventilated.

Ambulance services

In the last six months we have seen a rapid increase in the amount of feedback about ambulance services shared with local Healthwatch. In June 2021, feedback about ambulances made up just 9% of the feedback about urgent and emergency care services. In June 2022, this had risen sharply to around 50%.



Over the summer there has been an increase in media coverage about pressures on ambulance services leading to long waiting times. This may have contributed to the rise in feedback we received as people became more aware that this is an area we are monitoring.

Because we heard from small numbers of people for most months in this period, a reliable analysis of the overall trends is not possible. Between December 2020 and August 2022, we heard from 516 people about their experiences using ambulances. Overall, over half (58%, 297 people) of the feedback shared with us was negative. This is more negative than other areas of care.

People shared experiences of long waiting times for ambulances to arrive, sometimes up to 12 - 24 hours, even for people experiencing heart attack or stroke symptoms. We heard of frustrations as call-handlers could not say when ambulances would arrive. However, we did hear that the staff were caring and efficient, with paramedics providing excellent care.

What's working well in ambulance services

- People told us that ambulance staff were caring, efficient, and reassuring, keeping patients informed of what they were doing.
- Many people told us they didn't have to wait long for ambulances.
- People told us how paramedics went above and beyond, providing thorough care, carrying out extensive tests, and providing advice to patients.

"Called 999 and they were outside in no time! They sat outside for two hours - carrying out lots of tests and giving advice and checking everything was okay. They were just incredible." – Quote from Healthwatch Norfolk, November 2021

What's not working well in ambulance services

- Long waiting times for ambulances to arrive was a consistent theme throughout the data. This was particularly frustrating when call handlers could not advise how long ambulance waits would be. In some cases, ambulances never arrived, or weren't available.
- We heard concerning stories of older people who had fallen or otherwise been injured, waiting more than seven hours for an ambulance to arrive. People shared that they were advised not to move, or couldn't move, and so had to remain where they had fallen – sometimes on hard floors or outside – for considerable lengths of time while in severe pain.

"My Mom had a fall at home. I called an ambulance and Mom was left on a cold kitchen floor for 21 hours until the ambulance came the following day. Even though I telephoned 999 five times and basically told them that I thought Mom had fractured something I was told stop ringing unless anything changed in her condition. ... Mom has osteoporosis of the spine, hips and knees and I advised them of this but still she was left on the floor." – Quote from Healthwatch Shropshire, December 2021

- Some were concerned that they were at a disadvantage because of where they lived and that ambulance waiting times were unacceptably long in their area. One person told us they experienced long waiting times as they were not serviced by their nearest ambulance station, which is located 10 minutes away, because it is in a different county.
- Some people felt the ambulance staff had not provided appropriate support, including not offering a stretcher or chair to get to the ambulance, or handling patients 'roughly' or unsafely when getting them into the ambulance.

NHS 111 Services

In February 2021, we produced a briefing on [What people have told us about NHS 111 during the pandemic](#). We took a closer look at people's experiences and views of NHS 111, and the new timeslot booking service being rolled out through NHS 111 First.

The new timeslot booking system meant that callers could now receive a pre-booked timeslot to attend their local A&E, or receive a same-day appointment booking with another urgent health service of out-of-hours GP.

We spoke to local Healthwatch in early mover sites, attended several patient engagement forums, conducted a survey gathering people's experiences of NHS 111, and commissioned [nationally representative polling](#) to explore experiences and attitudes towards NHS 111 First.

Key findings from our 2021 poll

- **The public have a good awareness of NHS 111 and are likely to use it:** 70% of polling respondents agreed that they were more likely to call NHS 111 than go straight to an emergency department when they had an urgent medical problem.
- **People who call 111 feel they are getting the help they need:** 79% of polling respondents who called NHS 111 felt that it gave them the help they needed, although 13% felt that it did not, and 8% were unsure.
- **Confidence in NHS 111 is relatively high:** 62% agreed that they would feel confident that NHS 111 would give them the help they needed if they needed urgent health advice, but 15% did not feel confident and 17% were neutral.
- **Awareness of the new NHS 111 First service is low:** 80% of polling respondents were not aware that NHS 111 could reserve timeslots at GPs and 73% were not aware that they could reserve timeslots at A&E. 60% of those who were previously unaware that NHS 111 could reserve timeslots stated that they were more likely to call NHS 111 next time they had an urgent medical problem.

The qualitative analysis of the 3,000 stories for this briefing paints a similar picture to the findings in our February 2021 specific briefing on NHS 111.

What's working well in NHS 111

- Many of the 3,000 people found the NHS 111 service helpful, particularly when they arranged appointments for patients experiencing difficulties. Other people found the service helpful for accessing emergency prescriptions.

"111 advisor was brilliant in reassuring me and transferring my call details to GP (it was Bank Holiday). GP was open the next day and phoned me back then asked me to come in for an examination. I was referred to RSH that day for surgery. At all stages of the process I received excellent care and I am grateful to you all. This

was my first time of calling 111.” – Quote from Healthwatch Shropshire, February 2022

What’s not working well in NHS 111

- Some people are waiting too long to get through to NHS 111. We heard of people waiting for an hour and having to give up. We also heard that people are having to wait an unacceptably long time for a call back when they can get through.
- People find the NHS 111 service confusing as there are too many options.
- The NHS 111 service doesn’t always work well as people are instructed to visit services which are too far away, or appointments with other services are not properly managed.

“Went into AF and felt very ill so rang 111. Doctor rang back and told me to go to A&E ... where they would be expecting me. It was 10pm when I got there, and they knew nothing about my arrival. Very busy with few staff. Saw the doctor at 2.30 am by which time people were sitting on the floor as ran out of seats.” – Quote from woman aged 65+, July 2022

Findings from our national polling

Background

Through feedback from the public about urgent and emergency care services, we have consistently heard that people are worried about waiting times for all services. People experience hours-long waits for ambulances, emergency departments, and NHS 111. We also hear of poor experiences of care when using urgent and emergency care services.

Because our qualitative data is largely unsolicited, it tends to be fairly negative. We therefore wanted to understand whether the themes in our data were reflected across the population as a whole. We commissioned a nationally representative poll of 2,036 adults (18+) across England to assess whether public confidence in urgent and emergency care services had changed due to the pandemic, and what had led to this change.

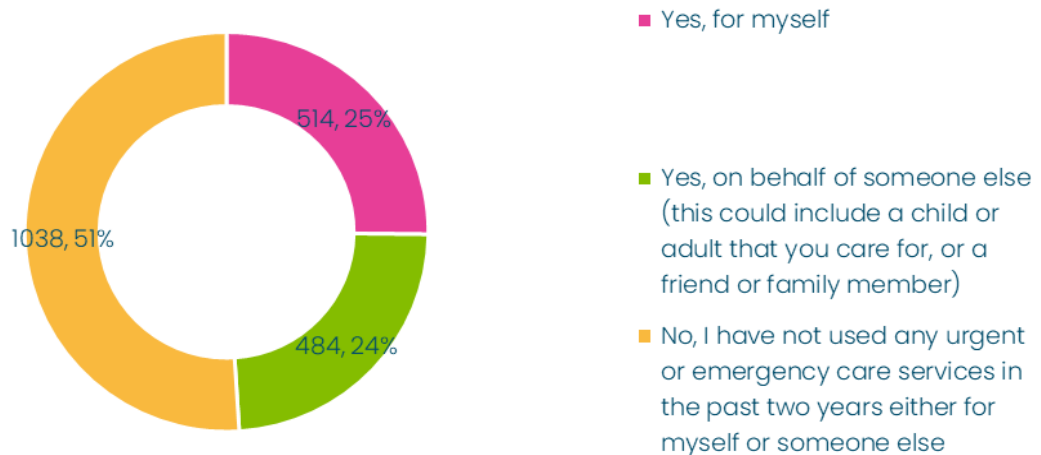
Fieldwork was completed between 19 – 22 August 2022 by Survation.

Our sample

We heard from 2,036 adults across England.

Over the past two years, 25% of the sample had personally used an urgent or emergency care service, 25% had used a service on behalf of someone else, and 50% had not used an urgent or emergency care service.

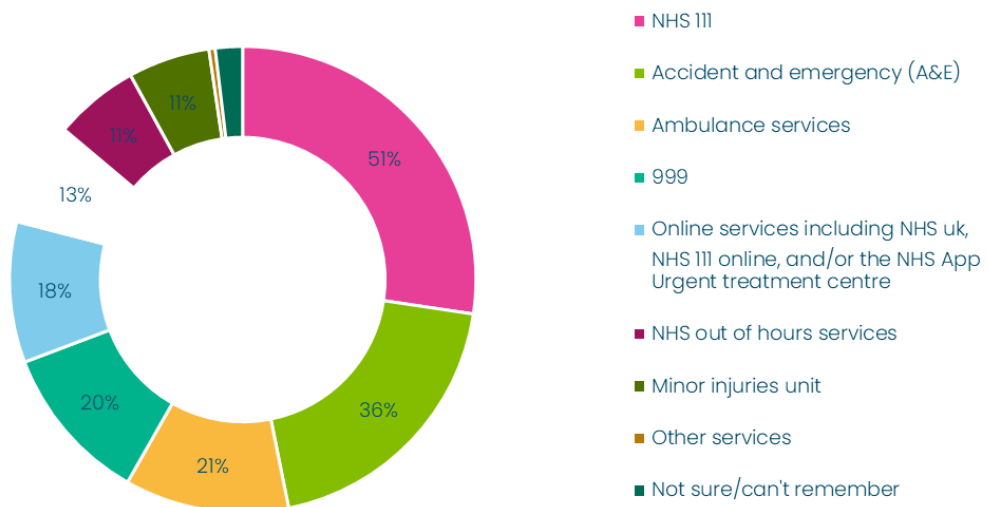
In the past two years, have you used an urgent or emergency care service?



Base: 2,036 respondents

Of the 1,131 people who had used an urgent and emergency care service in the past two years, 50% had used NHS 111, 35% A&E, and 21% an ambulance service.

Thinking about the most recent time you used urgent and emergency care, which of the following services did you use? You can select more than one option.



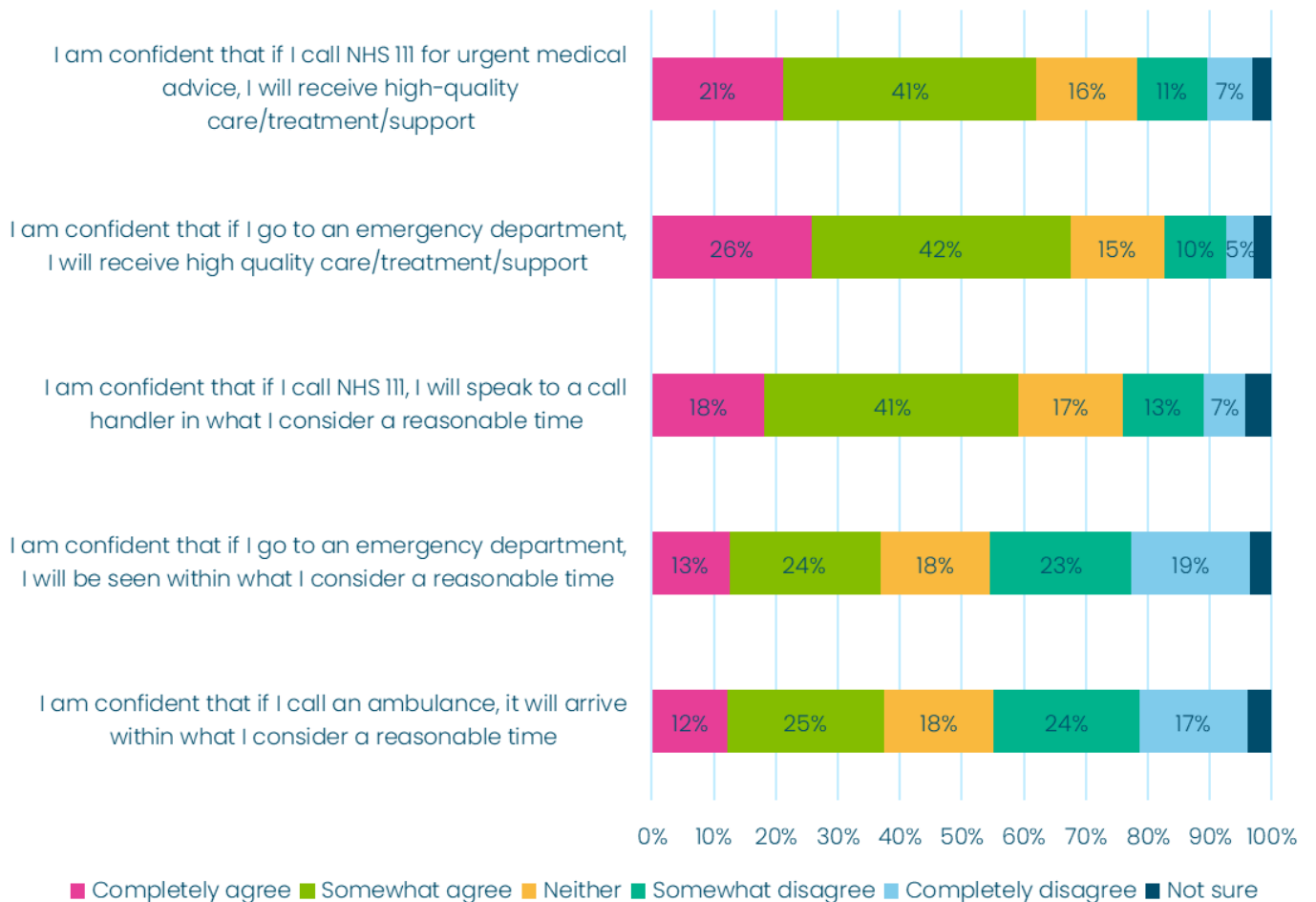
Base: 1,131 respondents

Of those who used an urgent and emergency care service, 48% received care/support but not admitted, and 45% were admitted to the hospital following triage/treatment.

Confidence in Urgent and Emergency services

We asked people how far they agreed with statements about the quality and timeliness of urgent and emergency care services. Overall, people were confident in the quality of care they would receive, with over 60% agreeing that NHS 111 and Emergency Departments would offer high-quality care.

Thinking about your experiences with urgent and emergency care services, or what you've heard about urgent and emergency care services, during the past two years, please rate how much you agree with the following statements



Base: 2,036 participants

However, people were doubtful that they would be seen in a reasonable time at emergency departments or that ambulances would arrive in a reasonable time. People were more confident that they would speak to an NHS 111 call handler in a reasonable time if they called.

Generally, these findings align with what we heard through the qualitative feedback. While we did hear about some poor experiences of care, many of the people who fed back to local Healthwatch were more concerned about waiting a long time for that care.

Confidence change in urgent and emergency services

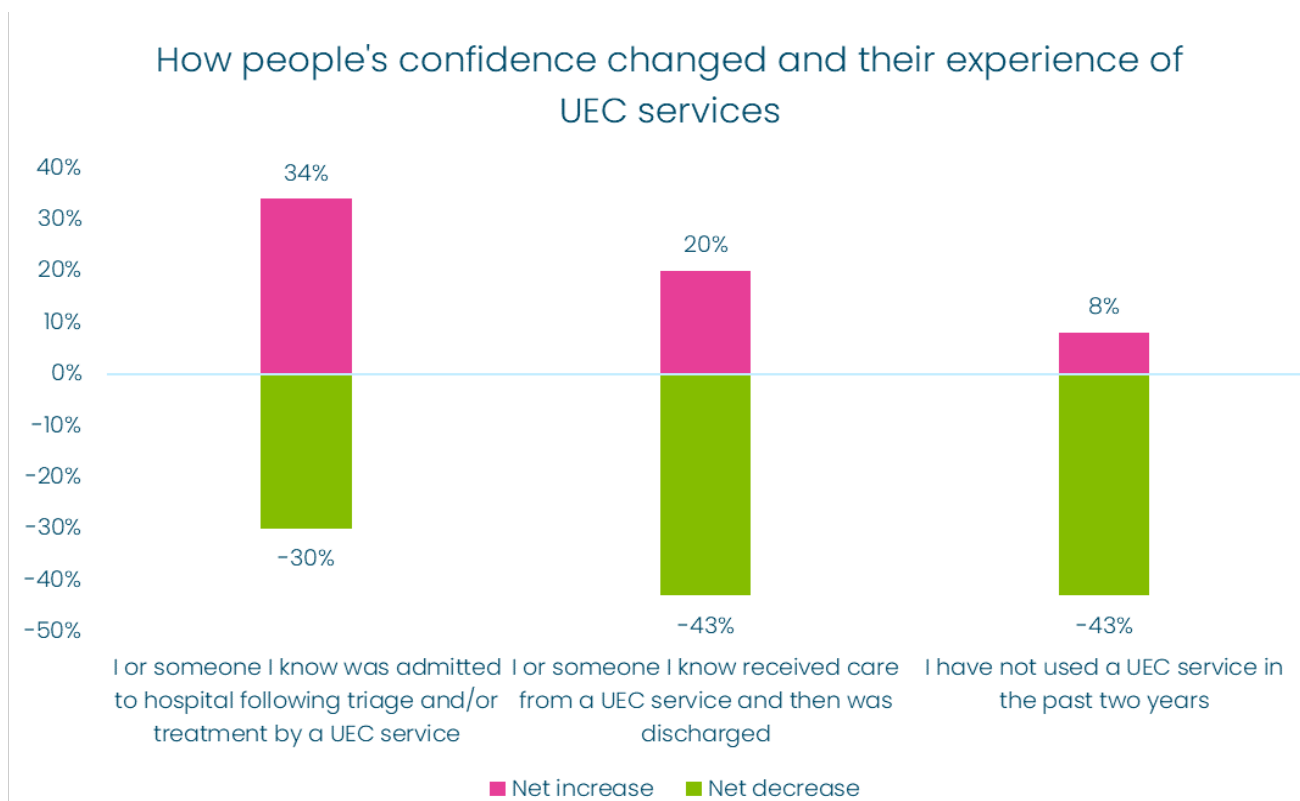
We asked people whether their confidence had changed, and if so, whether it had increased or decreased.

58% of people agreed that their confidence had changed over the pandemic, compared to 23% of people who said that it had not and 19% who were unsure.

72% of the people who said their confidence had changed, said it had decreased. Just a quarter of people whose confidence had changed said that it had increased over the course of the pandemic.

People or their loved ones who were admitted to hospital following a visit to A&E were more likely to say their confidence increased

People who were admitted to hospital following use of an urgent or emergency service, or who knew someone who was admitted, were the group most likely to say that their confidence had increased. People are likely to be admitted to hospital following attendance at an emergency department if their condition is severe or life-threatening, cannot be treated at home or by another service, or requires further investigation.



Base: 1,950 participants (494 used service and admitted; 561 used service and discharged; 895 did not use service). This graph shows the proportion of people in each group whose confidence changed, and whether it increased or decreased. It does not include those whose confidence did not change, nor those who were unsure.

34% of people or their loved ones who were admitted to hospital following use of an urgent care service, said that their confidence had increased, compared to 20% of those who used or knew someone who used a service and were discharged, and just 8% of those who had not used an urgent care service.

This could indicate that actual experience with urgent care services, especially in more severe cases that require admission, leads to increased overall confidence. Further research is needed to unpick this relationship further and identify the underlying reasons.

But older people are more likely to be less confident overall, and to have decreased confidence since the pandemic

Over 55s were more likely to say their confidence had changed, and more of them said it had decreased overall.

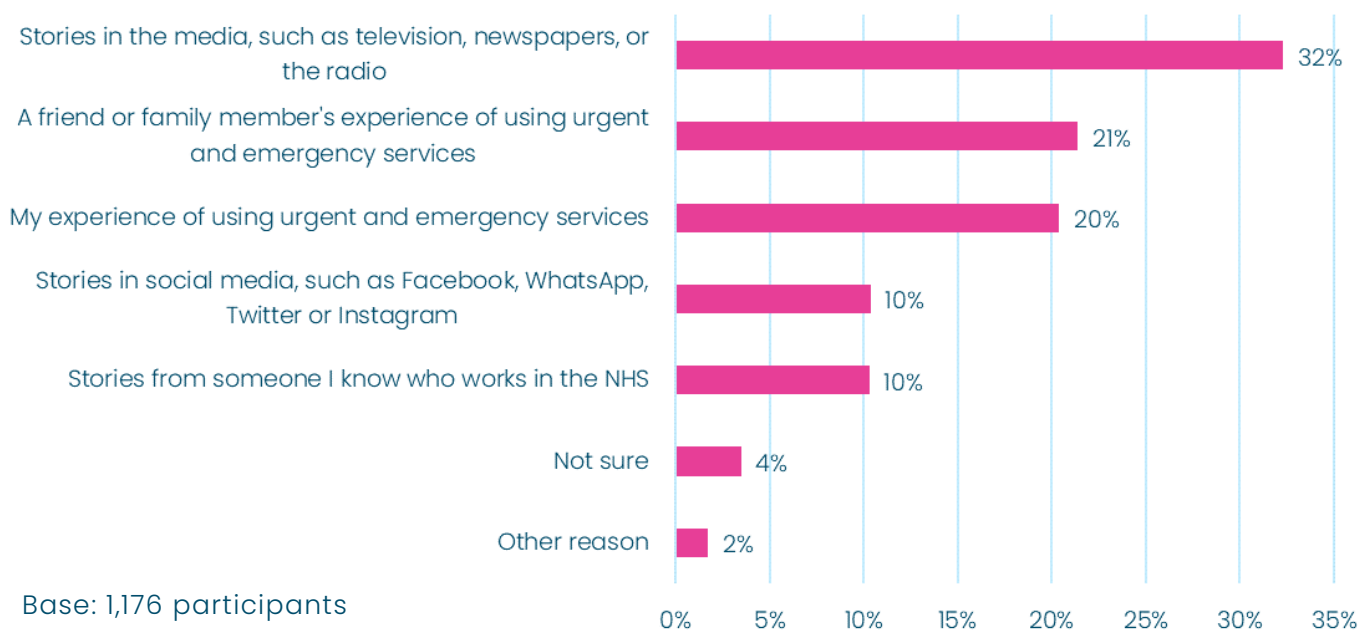
90% of the over 55s who said their confidence had changed said it had decreased. In comparison, only 60% of the under 55s who said their confidence had changed, said it had decreased.

Why did people’s confidence change?

We asked people who said their confidence had changed what reason had led to the change.

32% of people said that stories in traditional media had led to their confidence in urgent and emergency services changing. 21% said a friend or family member’s experience, and 20% said their own experience had led to their confidence change.

You said that your confidence in urgent and emergency services has changed. Out of the following reasons, what would you say led to this change?



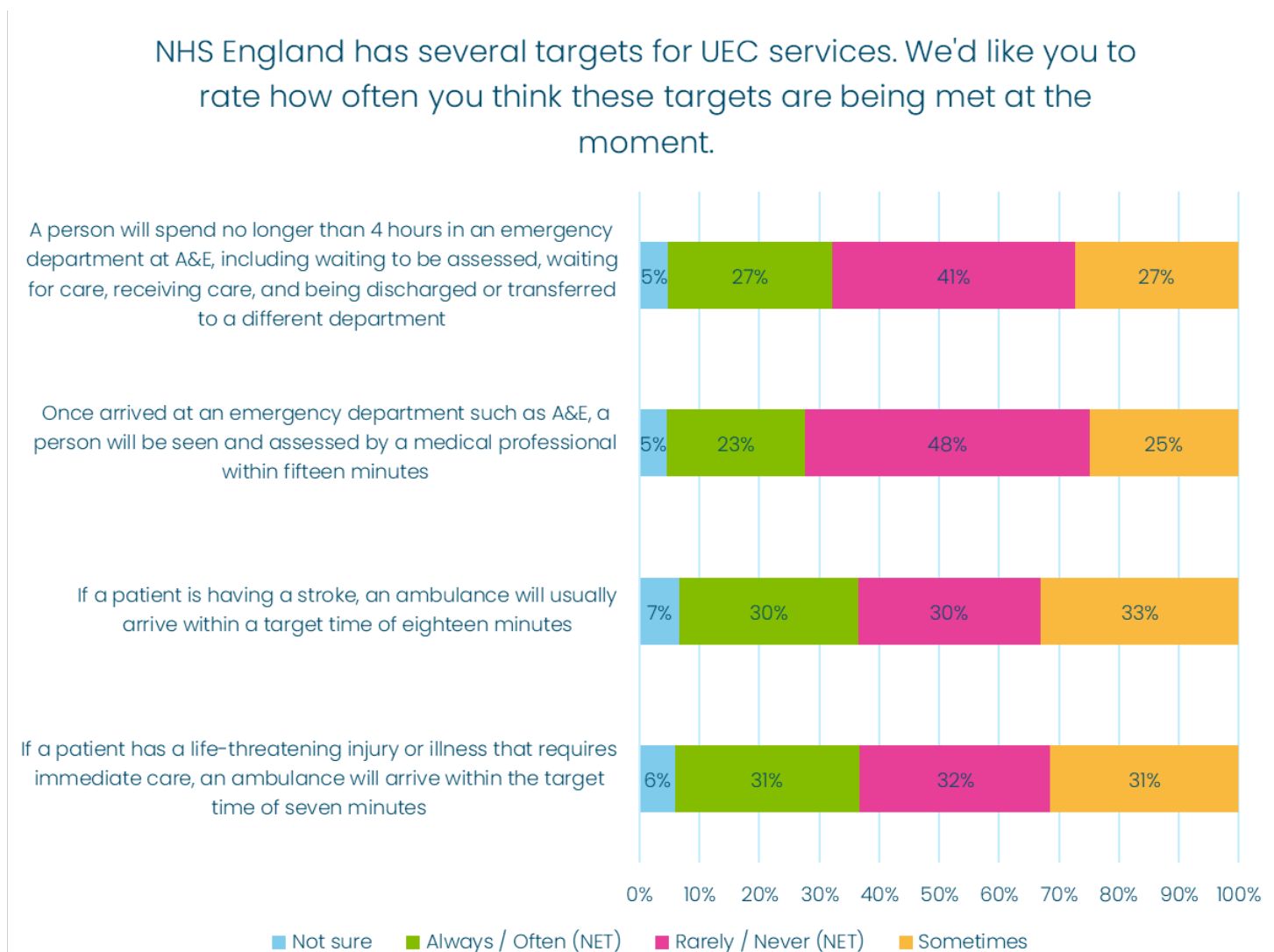
Older people were more likely to base their confidence change on stories in the media than younger people. Of the 380 people who said their confidence change was due to stories in the media, 62% were over 55. Younger people were more likely to base their confidence change on their own or someone else's experience.

70% of the 240 people who said their confidence change was based on personal experience were under 55. Under 55s were also more likely to base their confidence change on stories from social media. 82% of the 122 people who based their confidence change on social media were under 55.

The group that was most likely to say their confidence had decreased was also the group most likely to base their change in confidence on the media. This suggests a link between stories in the media, and decreased confidence.

Do people think NHS services are meeting their targets?

We also asked people to rate how often they think Urgent and Emergency Care services meet their targets.



Base: 2,036 participants

Ambulances

Current targets for ambulances response times are measured from receiving a 999 call to arrival at a patient’s location. ² [Recent data published by NHS England](#)

Category and definition	NHS Target	NHSE performance data for August 2022
Category 1 – life-threatening, needing immediate intervention and/or resuscitation e.g. cardiac arrest.	Ambulance arrives in 7 minutes on average	Average ambulance arrival: 9 mins 8 sec
	90% of people are responded to within 15 minutes	90% of people responded to within 16 min 20 seconds
Category 2 – emergency or potentially serious condition that may require rapid assessment, urgent on-scene intervention and/or urgent transport.	Ambulance arrives in 18 minutes on average	Average ambulance arrival: 42 min 44 sec
	90% of people responded to within 40 minutes	90% of people responded to within 1 hour 33 min
Category 3 – urgent problems that are not immediately life-threatening, but still need treatment.	No target for average response	Average ambulance arrival: 2 hour 16 min
	90% responded to within 120 minutes (2 hours)	90% responded to within 5 hour 41 min
Category 4 – non-urgent but still need assessment and possible transport.	No target for average response	Average ambulance arrival: 2 hour 56 min
	90% responded to within 180 minutes (3 hours)	90% responded to within 7 hour 27 min

shows that these performance targets are largely not being met, with longer average waits for all categories of emergency than the target.

When we asked people how often they felt ambulance targets were met, we received a fairly even split of responses, with roughly a third of people answering in each category.

This lack of any clear consensus from our polling respondents indicates that, despite the recent pressures and the subsequent increased press coverage, people are unsure of how quickly ambulances are currently arriving at scenes of emergency.

² Nuffield Trust: <https://www.nuffieldtrust.org.uk/resource/ambulance-response-times#background>

Emergency departments and A&E

Current NHS targets aim for a person to spend no longer than four hours in an emergency department, including waiting to be assessed, waiting for care, receiving care, and being discharged or admitted. The operational standard is that 95% of patients will be admitted, transferred or discharged within four hours.³

41% of our participants thought that this target was achieved rarely or never, 27% felt it was achieved sometimes, and 27% thought it was always or often achieved.

[Data from NHS England](#) shows that just over 70% of people were seen within four hours at an emergency department between February and August 2022, below the 95% target they aim for. This means nearly three in ten people wait over four hours in an emergency department at the moment.

However, it's important to note that this figure represents the average waiting times in all emergency departments, covering A&E, single-speciality departments and minor injury units. When we look at the data closely, 58% of people in A&E are seen within four hours, compared to 95% in single speciality departments and minor injury units.

The NHS also aims for a person to be seen and assessed by a medical professional within fifteen minutes of arrival at an emergency department. This is the target that the public feel is least likely to be met; 47% of our sample felt that this was met rarely or never.

We could not analyse data about how often people are assessed within fifteen minutes, as this data is not currently published at national level.

Furthermore, there is limited evidence on how waiting times affects patient experience. A patient may wait longer than four hours but be happy with this, or someone may wait thirty minutes and be frustrated. To really understand the impact of waiting times in an emergency department on patient experience, ongoing measurement needs to consider how waiting times interact with other factors such as quality of care and communication.

³ Nuffield Trust: <https://www.nuffieldtrust.org.uk/resource/a-e-waiting-times#background>

Conclusions

What we know

Urgent and emergency care services are under pressure, and performance is declining.

Urgent and emergency care services in England are clearly under intense pressure. This is reflected in the steadily declining performance against the national 4-hr target and key ambulance response times.

The [latest data](#) from NHS England shows that at type one A&E departments ('major' departments providing 24-hr service across all specialities), only 58% of people were seen within four hours in August 2022, compared to 66% in August 2021 and 78.3% August 2019. [Analysis by the Nuffield Trust](#) shows the overall downward trend of the number of people being seen within four hours at an A&E.

We have also seen increasing numbers of stories in the media about people waiting dangerously long times for ambulances or treatment in A&E. For example, a recent [article in the Guardian](#) told the story of a gentleman who waited more than four hours for an ambulance after calling 999 while having a heart attack.

While this is an extreme case, we know that these stories have an impact on how people perceive the NHS and reflect the challenging reality for services.

The stories we hear from people via the Healthwatch network indicate growing concerns around A&E/urgent and emergency care performance.

The change in performance statistics is directly reflected in patient experience gathered by our network. We hear from thousands of people every month about their experiences of health and social care, and these stories back up growing concerns about urgent and emergency care services.

Over the last 18 months, we have seen a real increase in feedback on urgent care services. In line with feedback on other services, half of this feedback is negative. 1,438 people (49% of the sample) shared negative experiences of urgent and emergency care services with us. We've noticed that the people we heard from are particularly concerned about waiting times at A&E, long waits for ambulances, and overwhelmed staff.

Our polling shows that these concerns are replicated across the population.

The results of our nationally representative poll show that what we see in our ongoing qualitative analysis broadly reflects wider views. The results show that

confidence in urgent and emergency care services has fallen significantly during the pandemic.

Despite the current pressures, people still have high confidence that they will receive high-quality care from urgent and emergency services. It is also encouraging that people with direct experience of urgent and emergency care were more likely to report increased confidence, indicating that they felt they received good treatment from the NHS.

But people were significantly less confident that services would see them in a reasonable timeframe. Older people were particularly concerned about waiting times in A&E and for ambulances.

Media stories are an important influence.

Our polling data also tells us that media stories of poor performance in A&E are a key driver of people's falling confidence.

The media attention on NHS targets is right and proper given the pressures on services and its impact on patients. It also helps the NHS highlight the need for resources and staff.

However, there are also questions around whether media reporting corresponds with people's real-life experiences of urgent care services and whether the NHS is doing enough to tell the whole story of what is happening in emergency departments.

Our conclusions

The four-hour target alone does not always reflect what matters most to people.

[Our previous work](#) on the four-hour emergency care target has shown that this single national target does not always give people enough information about what matters most to them.

Although overall waiting times are important to people, it is often more important for people to be seen quickly for an initial assessment, feel confident that they will be treated more quickly if they have a more urgent issue, and understand how long they will have to wait.

A basket of target measures could be better aligned to what matters most to people using urgent care services.

Urgent and emergency care targets were [comprehensively reviewed](#) two years ago, and recommendations were made for a basket of measures, including targets in areas which we know are priorities for improving patient experience – e.g. a target for a maximum time to initial assessment.

While these have been piloted in several trusts, the new standards have not been formally rolled out. This means data on these measures is still not being collected at all trusts and is not being publicly reported.

While the Secretary of State has confirmed that there are no immediate plans to change the 4-hour target, rolling out some of the additional measures which are

well-aligned with what patients say is most important to them would provide people with important additional information on NHS performance.

By implementing a basket of measures, including some of those recommended by the national review of urgent and emergency care targets, the NHS can set more accurate expectations for patients.

Urgent and emergency care services face a huge challenge this winter, and the NHS must be clear with the public about what they can expect.

While the four-hour target can be a useful overall indicator of performance, reporting on additional measures, including some of those recommended by the clinical standards review, would help with setting patient expectations if/when they need to go to A&E.

Giving patients a more detailed picture of what is happening at different parts of the pathway in A&E may help rebuild public confidence that the NHS will be there for them in their hour of greatest need. As our research has shown, we know that those with direct experience of the service were more likely to say their confidence had increased.

This clearer reporting would also help build a stronger case for what resource is needed to fix the capacity and staffing issues in health and social care, which is a driver of poor performance in urgent and emergency care.

Improved data around performance can be used to help patients make good decisions.

As part of the Clinical Review of Standards, there were discussions about rolling out live online updates on average waiting times at different A&E departments to help people choose the best service to visit and help set expectations for people before arriving in the department.

Although this approach has also been trialled, there has been no review of whether it should be rolled out more widely.

However, if these data were available, combined with a consistent application of the 111 First approach to facilitating pre-booked slots, then we could greatly improve user navigation of urgent and emergency care services and help emergency departments better manage the flow of patients.

For example:

- Providing real-time data on demand for different local emergency departments would enable patients to make better choices and trade-offs between waiting in department and travel times. This information could be made available online, or when patients call 111.
- Being able to see this real-time data, alongside waiting times for other services, could also encourage patients to try using alternative services first, such as seeing a local pharmacist for minor ailments.
- Supporting patients to book in with urgent and emergency services (where appropriate) would help departments stagger demand and help them make

the experience more efficient for patients by setting up tests and scans ahead of someone's arrival.




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