



What are people's views of Urgent Treatment Centres?

Understanding the provision of services across Birmingham and Solihull.

June 2025



Contents

Executive Summary	3
Summary of Findings.....	3
Key Areas for Improvement.....	4
Summary of BSOL ICB's response	5
Background.....	5
Findings.....	9
Conclusion.....	33
Appendices.....	35

Executive Summary

Introduction

Healthwatch Birmingham & Solihull partnered with Birmingham and Solihull Integrated Care Board (BSOL ICB) to understand people's experiences of using Urgent Treatment Centres (UTCs).

Our aim was to explore:

- How patients understand and access UTCs.
- Their expectations and satisfaction with the care they receive.
- What needs to improve.

The report feeds directly into the BSOL ICB's transformation programme and national UTC standards.

Summary of Findings

Our findings show UTCs are a valued service among respondents. When people manage to navigate through the difficult process of accessing these services, the majority report a good experience with the care and treatment they receive. This report identifies the key reasons people choose – or choose not – use a UTC in Birmingham and Solihull. Factors such as limited access to GP appointments, convenience, proximity, available facilities, opening times, ease of access and ways of booking all influence patient decisions.

However, significant barriers to access remain. People note that the process of accessing a UTC is complicated and time-consuming, which limits patient choice and increases waiting times. There is also confusion around UTC services, with the public unclear of what the different services are, what the provision is, and how to access them. This is especially true when they receive conflicting information from healthcare professionals.

Choice is further affected by geography. Because some UTCs are not local, people are sometimes expected to travel long distances – even bypassing their nearest A&E. For patients with limited mobility or means, this presents a serious barrier to care. Standardising facilities and services at all UTCs would reduce unnecessary referrals and improve equity of access.

There are mixed opinions about staff. Some people report excellent care from both GP-led and nurse-led services, while others express concerns about communication, professionalism, or a preference for GP-led models. A strong view is that for UTCs to be successful, they must provide something different from standard GP services. A key factor is the ability to have walk-in access, and not be too reliant on pre-booked appointments.



Key Areas for Improvement

Access

Patients want greater flexibility and choice in how they use UTCs, including the ability to walk in or book ahead, depending on their needs. Booking processes should be simple and inclusive. Online booking should be easier for those who prefer it, while other options should be available for those who cannot or do not wish to use technology. Making UTC services the same everywhere, including tests and scans, would help reduce travel burdens and ensure patients can access the right care close to home.

Communication and Awareness

A clear and coordinated information campaign is needed for both patients and healthcare staff. This will help people understand when and how to use a UTC. Better public education on what conditions can be treated at a UTC will help reduce unnecessary visits to A&E or GP practices. Likewise, healthcare staff—including NHS 111 and GP receptionists—must be consistently informed to help direct patients appropriately.

Enhancing Patient Experience

Waiting areas should be comfortable, child-friendly, and suitable for people with additional needs while also providing privacy. Reducing long waits by making services run more smoothly should be a priority. Staff training should be improved so that staff easy to recognise and provide kind, supportive care. Finally, UTCs should also have better referral systems to make sure patients get the right help from other services when needed.

Next steps

We shared our findings with BSOL ICB, who have used these findings to inform their review of UTC services across Birmingham and Solihull. The findings and actions they have taken were reported to the West Midlands Clinical Senate and are included in this final report. This report has been shared on our website as well as with participants and relevant stakeholders.

In 2025–26 Healthwatch Birmingham & Solihull will follow-up with BSOL ICB to understand how the findings of this report informed the future model of UTCs in Birmingham and Solihull.

Acknowledgements

We would like to thank everyone who shared their experiences. We are grateful to NHS BSOL, UTCs in Solihull and Birmingham, GP services across Birmingham and Solihull, and our partners for sharing the survey with service users.

Summary of BSOL ICB's response

We partnered with Healthwatch Birmingham & Solihull to carry out research to help us better understand how our populations access UTCs, their experiences of UTC provision, the barriers to access, and ways UTCs could be enhanced. The report and its findings were shared with the Birmingham and Solihull ICB's Urgent Treatment Centre Programme Board on the 14th of March 2025. The board accepted and welcomed the findings, agreeing that they would be used to help shape the future model.

"The UTC report from Healthwatch Birmingham & Solihull has been fantastically helpful for the UTC review. A really good piece of work. Impressive to get over 1,000 responses on the survey." (Dominic Benson, Director of Communications & Engagement)

"Firstly, my sincerest thanks for an excellent and extremely helpful report – I appreciate the extent of work that has gone into this and the quick turnaround. Thank you. I look forward to sharing this in the evidence we present to clinical senate on our progress to date." (Emma McKinney, Associate Director of Communications & Engagement)

The findings of the Healthwatch Birmingham & Solihull report were presented to the West Midlands Clinical Senate Review Panel¹, alongside our proposed plans for a future UTC model for the system, on the 10th of April 2025. The findings will continue to inform the completion of the pre-consultation business case, including the development of options for a future UTC model across Birmingham and Solihull. Further discussions will continue following the West Midlands Clinical Senate meeting, through the Urgent Treatment Centre Programme Board, of which Healthwatch Birmingham & Solihull is a member.



¹ The core function of the Clinical Senate is to provide high quality, independent, evidence-based strategic clinical advice and guidance to any requesting party within the local health and care systems, assisting them to make the best and most well-informed decisions to improve health outcomes of their population.

Background

In January 2025, Healthwatch Birmingham & Solihull agreed to partner with BSOL ICB on their review of Urgent Treatment Centres across Birmingham and Solihull. BSOL ICB aims to standardise UTCs, ensuring consistent care, increased capacity, and full alignment with national standards to improve equity and access. The ICB's plans aligned with HWB/HWS priorities, as we had been receiving varied experiences of accessing urgent care in Birmingham and Solihull.

Our role in this project was to engage with local people through a survey to understand their experiences of using UTCs and to inform the ICB's transformation plans.

UTCs provide urgent medical help for non-life-threatening emergencies. They are equipped to investigate, diagnose, and manage many common illnesses and injuries typically seen in A&E. While patients do not need an appointment to attend a UTC, access is possible through walk-in, NHS 111, or GP referral. Some UTCs are co-located with emergency departments (A&E), while others are based in community locations. There are six UTCs across Birmingham and Solihull, commissioned by BSOL ICB and delivered by three providers, with a mix of nurse-led and GP-led models.

Our study into urgent care in Solihull² and on community pharmacies in Birmingham³/Solihull⁴ highlighted challenges and barriers people faced when trying to access urgent treatment and the impact on health, wellbeing and quality of life. In addition to this, our feedback on UTCs over the past year shows that people have concerns with:

- Using the online booking system for appointments.
- Patient caps leading to closures of waiting lists ahead of closing times.
- Long waiting times to be seen.
- Being seen by a nurse instead of a doctor.
- Being referred to other services rather than being helped at the UTC.
- The quality of facilities at UTCs.

This study focused on collecting people's experiences of accessing and receiving care at UTCs. Our key objectives were:

- To understand people's awareness and understanding of the access points for UTCs and their experience of this.
- To understand whether UTCs provide services and care in a way that is easy to access, safe and suitable to people's needs (including whether there are barriers to accessing the service or information about UTCs).
- To explore with service users and their families any improvements that can be made to UTCs and the type of UTC provision and care people would like to see in the future.

2 March-2023-The-experiences-of-Solihull-residents-who-try-to-access-urgent-care-Final-Version.pdf

3 Access and barriers to NHS Community Pharmacies in Birmingham - Healthwatch Birmingham

4 Access and barriers to NHS Community Pharmacies in Solihull - Healthwatch Solihull

Methodology

In an initial meeting, HWB and HWS worked with BSOL ICB to identify key themes and data that needed to be gathered during the project. During this meeting, we identified that access to UTCs across Birmingham and Solihull is variable, mainly because:

- They have different opening hours due to the daily cap on the number of patients each UTC can see.
- They have different ways of booking appointments and limited acceptance of ambulance arrivals, creating a disparity between those who book appointments and those who attend as walk-in patients.
- They provide different services (e.g. access to diagnostic services) leading to inequity and patient confusion.
- They operate different models with some being nurse-led and others GP-led.

The current daily cap on the number of patients that can be treated at each UTC results in UTCs closing once this cap has been reached, further limiting access.

Based on this discussion, we developed a research protocol outlining the approach for the study and a survey, which was agreed to by BSOL ICB.

The survey was shared by BSOL ICB, who requested GPs across Birmingham and Solihull to send out a call to patients through the GP messaging app (see Appendix 1). They were also sent a poster to be placed in GP practices. BSOL ICB also arranged visits for HWB staff to attend Solihull UTC to speak to people attending the UTC on the day. People were given a self-administered questionnaire, while others were supported to complete the questionnaire. Two visits were carried out.

The survey was also available online through HWB and HWS social media, through our partners who distributed it to their members and at events across Birmingham and Solihull. The views of 1004 people are included in this report. Based on the 246 people who provided their postcode, a majority (73%) live in a deprived area of Birmingham and Solihull (Index of Multiple Deprivation [IMD] 1-4)⁵ with 28% living in the most deprived area of Birmingham and Solihull (IMD 1). Nineteen percent of the respondents live in the least deprived areas of Birmingham (IMD 6 – 10, ten being the least deprived) (see Appendix 2). For further characteristics of the respondents to this study, see Appendix 6.

Profile of Respondents and Patterns of UTC Users

Fifty-five percent (n=555) of the respondents had either attended a UTC or were a family member/carer of someone who had attended a UTC. Forty-five percent (n=449) told us they had no experience of using a UTC but wanted to share their views on what a future UTC service should look like in terms of access and care provision.

Seventy-five percent of the respondents are residents of Birmingham, 24% are from Solihull, and 1% from across the West Midlands. Ninety-nine percent of the respondents are registered with a GP, and one told us they are not registered. Most (68%) respondents had used a UTC once over the past 12 months, followed by those who had used it 2-3 times (25%), with only 2% saying they had used a UTC more than six times in the past year.

⁵ IMD (Index of Multiple Deprivation) is a measure of relative deprivation in England based on income, employment, education, health, crime, barriers to housing and living environment. This measure is on a scale of 1-10, 1 being most deprived area and 10 least deprived area.

More than four-fifths (82%) said they tended to use the same UTC all the time, while 9% said they usually visited one more often but had used others, and another 9% used different UTCs without a clear preference. Reasons for using the same UTC ranged from proximity to residence, ease of access and good transport routes, convenience, availability of parking, quality of service and availability of services.

We get excellent service from clinicians who work for Badger. They are very professional and comprehensive on their assessment and their management.

I went to the urgent treatment centre in Solihull as it's my nearest (8 miles for what I needed). I wish that there was such a place near where I live and may reduce the huge wait at A&E. The treatment I had was excellent and I was in and out in two hrs. Katy Road near to where I live doesn't have the facilities that are in Solihull.

Lack of choice or failure to get an appointment at a preferred UTC was the most common reason that led people to use different UTCs. People tended to use the UTC that NHS 111 refers them to, which was often where the appointment was found.

Sometimes I get referred to another urgent treatment centre, which is a nightmare as I can't get there without 3 buses, whereas my local one is one bus.

Very often UTC's have no appointments available, so have to get in where you can.

Called 111 and they suggested me to go to urgent care unit in Solihull but I live in Birmingham.

The problems that people visited a UTC were typical UTC presentations such as cuts, bruises, minor burns, bites, sprains and strains, back injury, wound dressing, high temperature, abscesses, headaches, coughs, colds or flu symptoms, chest infections, abdominal pain, UTIs, and falls among others (see Appendix 7). The range of UTCs in Birmingham and Solihull that we heard feedback about are shown in Table 1 below.

Table 1: Tell us the name of the UTC that you used in Birmingham or Solihull?

Name of the UTC	Response Percentage	Response Total
South Birmingham GP Urgent Treatment Centre ("Katie Road") (Selly Oak)	45%	252
North Birmingham UTC (Good Hope Hospital or at its previous locations either at Erdington's High Street or Warren Farm)	11%	59
Erdington Urgent Treatment Centre (Stockland Green Primary Care Centre)	5%	26
Washwood Heath Urgent Treatment Centre	3%	19
Summerfield Urgent Care Centre (Winson Green)	3%	18
Solihull Urgent Treatment Centre	33%	182

Findings

Reasons for visiting an Urgent Treatment centre

A majority (40%, n=218) of the respondents visited a UTC following advice by another NHS service. This advice mostly came from NHS 111 (38%, n=208) followed by GP staff (14%, n=77). A small number were advised by A&E, district nurses or by a midwife (3%, n=15).

Table 2: Why did you visit an Urgent Treatment Centre?

Answer Choice	Response Percent	Response Total
Advised by another NHS service (e.g. NHS 111)	40%	218
Received good treatment before	14%	76
It is a convenient location	21%	117
The opening hours are convenient	12%	68
Felt it was the right place to come for my health problem/symptoms	23%	127
I suspected I needed a scan/x-ray	10%	52
Couldn't get a GP appointment	29%	156
Other reason (please specify):	14%	79

Twenty-nine percent of the respondents visited a UTC because they could not get an appointment with their GP.

Advised to do so by my local surgery who were not available to change my dressing at the weekend.

Never can get a GP appointment, need to book in advance. It's been this way since covid pandemic.

I couldn't get an appointment at my Drs on the same day.

GP was closed at the time, and I felt the symptoms didn't warrant an A+E visit.

I had requested a gp appointment 2 days before and still not allocated anything when I was taken seriously ill.

However, some respondents visited a UTC because it was the right place to treat their problems/symptoms (23%) or because of its convenient location (21%).

Experiences of accessing UTCs

People's understanding of how to access UTCs

UTC principles and standards⁶ state that UTCs should be described in a consistent way to avoid public confusion. People should understand what services are available and how people should access them. This is particularly important in Birmingham and Solihull, where the six UTCs provided offer a mix of GP-led and nurse-led models. The services provided at each UTC vary, and some enable access to both walk-ins and appointment. The number of patients that can be seen at each centre varies, as do opening hours and the availability of diagnostic services, leading to concerns around equity. Therefore, one of our objectives was to understand people's awareness and understanding of the access points for UTCs and their experiences of this.

Views and experiences shared with us about accessing UTCs show that there are differences in how people understand how to access them or indeed their experience of access. People are often unclear about what the different services are and how to access them (e.g. what process is for accessing a UTC for a minor illness or a minor injury). Where changes have taken place, they have not always been made aware of this change (e.g. changes from walk-in to appointment-based systems).

Receptionist was very abrupt and unhelpful. I was attending with my 80 year old father and she just kept asking if it was an illness or an injury! At this point we didn't know what it was and couldn't label as either. In the end we had to ring and make an appointment while we were waiting as she decided it was an illness. Fortunately, the woman on the phone was able to help and get an immediate appointment. Once inside, we couldn't receive an x-ray because it was an illness and even though the doctor felt it was necessary we had to go to heartlands and wait for 4 hours. Both inconvenient for Solihull and heartlands hospitals AND most horrible for my father who had a 30 minute journey and a further 4 hour wait for help which could have easily been given at Solihull where we were originally. Really disgusted by the whole experience due to box ticking and strict criteria. If only common sense could prevail.

So went to x UTC [name redacted] because it was impossible to get a gp appointment. When I arrived I was told I couldn't be seen unless I had an appointment that had to be booked via another NHS source. I had used this service several times in the past and always walked in so this confused me. I was told by the UTCs staff to go to a different centre in Smethwick.

When things worked well, people were aware of how to access the service, followed the procedure, and received the care they needed:

Perfect, asked what was wrong then after being assessed I was told I would receive phone call. All done within half hour, appointment booked, arrived on time, seen within 10 minutes.

⁶ <https://www.england.nhs.uk/long-read/urgent-treatment-centres-principles-and-standards/>

However, where things did not work well, it led to frustration and confusion:

Phoned 111 told needed to be seen. Got call back from who I was told was a doctor, who gave a website address to book. All slots were either booked or greyed out. Phoned back 111, who said they'd send me through different route as I needed to be seen. Then I got a call back from the same woman who was annoyed, as she said she is the only out of hours contact for Solihull and that I had to keep checking every hour when slots are released (nobody told me this prior to this call). I found this to be completely time wasting if i had to book through website anyway. Why not just tell me that when I phoned 111 initially. The doctor was rude when it wasn't my fault she hadn't explained about how the booking system worked. When I saw the woman in the clinic she was an ANP and not a doctor. Failed to diagnose a uti which couple of days later I was at the gp who diagnosed a kidney infection.

People's awareness of the UTC they accessed

The top three ways that respondents told us they came to know about a UTC were through NHS 111 (33%), their GP (22%) and through friends/family (20%). Most of the respondents that indicated 'other' told us that they knew about the UTC because it was local to them, while others had used it previously or they worked for the NHS (see Table 3).

Table 3: How did you come to know about the Urgent Treatment Centre that you visited?

Answer Choice	Response Percent	Response Total
My GP	22%	118
NHS 111	33%	182
Booklet/leaflet/poster	1%	7
Found the service online	9%	48
My local pharmacy	1%	3
Community nurse	1%	4
Social services	1%	3
Friends/family	20%	110
Don't know	3%	16
Other (please specify):	10%	56

Ways of accessing UTCs

Most people (38%) told us that they walked in and made an appointment on site (see Table 4). This wasn't always straightforward, as some people were turned away and told that they needed an appointment. For some, the UTC staff made an appointment for them, while others were told to call the number for the UTC and make their own appointment. Some said they had to complete a paper form, or indeed go online while they were already at the UTC. Others told us they had tried to access a UTC as a walk-in patient but were turned away without any further support.

We were advised that normally we should have made an appointment first but we're accepted because my wife was very poorly.

Not happy I sat there for a hour to be told I need a appointment made to come back up.

I went to the site and called the phone number they pasted on the door.

I walked in but was told it was now only by appointment.

Table 4: Did you need to make an appointment in order to use that Urgent Treatment Centre?

Answer Choice	Response Percent	Response Total
Yes, I called NHS 111 who made an appointment for me	34%	187
Yes, I used my previous visits online link to make an appointment	8%	45
Yes, it was a GP referral	8%	43
No, I was a walk-in and made an appointment on site	38%	207
No, I came through an ambulance	1%	6
Other (please specify):	11%	59





Respondents who accessed the UTC through a GP (8%) had similar experiences to walk-in patients. People were told by their GP to go to a UTC but were being asked on arrival to book an appointment: **'didn't realise needed an appointment as gp said I could just turn up. They did however, book me an appointment on-site for within the hour'**.

Walk-in patients told us that they were concerned about the lack of privacy and confidentiality, noting that the set-up and size of the room meant that other patients could hear the reasons for their visit.

Easy process to access services. However whole room could hear reason which isn't ideal for confidentiality.

Not very private giving personal details in front of a packed full room. Couldn't hear what receptionist was saying as she was behind a screen set back behind a desk. Tiny room is always boiling hot and stuffy.

Thirty-four percent of the respondents called NHS 111 who booked an appointment on their behalf. Although some found the process straightforward, others didn't. As this respondent noted 'called 111 and got an appointment at Washwood Heath. It was very straightforward and not as complicated as myself and family have experienced in the past'. However, some respondents who called NHS 111 told us they were asked to book through the online booking system when they arrived at the UTC making them feel that their call to NHS 111 had been an unnecessary step.

Called 111 had to book myself through booking system making the call to 111 redundant and time wasting.

111 told me to go to the walk in and that they would tell them I was coming. Went to a UTC [name redacted] rude person on a desk said I had to go and make an appointment online but no reception dangerous outside to even get your phone out your pocket you feel ill and you have to try and make an appointment. Had to phone a friend to go online make me an appointment for an hour later felt terrible got a lift home. Come back again to see the same rude person on reception staff looked like they didn't care or want to be there at all.

Some respondents noted that getting an appointment with a UTC through NHS 111 is sometimes difficult. They are often unable to find an appointment for patients, and if they find one, it's usually far from the person's residence.

111 send you a link to book but appointments aren't always available as only so many are released at a time, I had to call 111 back and then they sorted the appointment out for me.

I always get sent to Stockland Green because Katie Road doesn't give many appointments.

Went to Solihull as i couldn't get seen at Katie road. Lovely staff and wait wasn't too long.

We used to use Katie rd as a walk in centre. It was much more convenient. Whenever I have called 111 they never have an appointment there. Even for my little boy who we have used UTC for and ended up sat in A&E with him - completely unnecessary for an ear infection on a Friday night - out of hours!! Very frustrating.

Others found access to a UTC through NHS 111 a lengthy and drawn-out process, as you have to wait for a call back, and this wait can sometimes be long.

it was a long drawn out experience with someone over the telephone and it was only resolved when I expressed on them how old my wife was and her need for urgent medical treatment.

I was told it was unlikely I would be seen without an appointment. I couldn't get one online and there was a wait with 111 for callback and I wasn't feeling well.

it was a lengthy process phoning 111 going through all the questions then having to wait for a call back they told us to book online but it showed fully booked so we went to the utc and they booked us in later that day.



A majority of the respondents who selected 'other' told us that they called the UTC directly to make an appointment. The outcome for these respondents was varied, with some able to book the appointment, some waiting long periods on the phone but most noting there were often no available appointments. Only 8% of our respondents had booked their UTC appointment using an online form. Some respondents found online booking convenient and simple, although they had to regularly check the site in order to get an appointment.

My daughter uses the services sometimes as she has severe health problems. She said it was best to book online and that appointments become available throughout the day. I found the site easy to use and made my booking.

A matter of checking every few minutes as I discovered that appointments were added at change of shifts.

Absolute nightmare! I couldn't book an appointment for us, referred to link which we had used before. No appointments available from Friday evening to Sunday morning despite constant refreshing. Finally managed to get the only slot free when refreshed at the time we were advised appointments become available following a call with a pharmacy. Walk ins are refused at Solihull. Only a handful of appointments released at a time for one per time slot - the town urgently needs more appointment slots made available and more staff on because GP services in the area are not being made available either.

Other respondents found the online system difficult to use and complicated and found that it was not always easy to find the link to book an appointment. The website booking system did not always work and was not available to use over the weekend. They noted that the online system was clunky and felt that there was a need for technical help when using it, especially for people that are not confident with technology.

I had to deregister my number/acc in the link to book UTC appt that the NHS GP at hand had sent as my number is registered with me. However, I had to create a new account for son with my number to make an appointment. Stressful added extra 30 mins of trial and error and there is no technical help and the person didn't book the appointment... waste of time if all they do is just direct me to the website that's available publicly.

The booking process online was a little long winded, but once I completed all the details it was straightforward, however on a couple of occasions it would say there wasn't an appointment but when I refreshed the page the appointments would show. Overall, it was easy for me however for someone who isn't tech savvy it may take longer

Access to UTCs for people with additional needs

We asked respondents who indicated that they had additional needs how well those needs were supported to enable them to access UTCs (see Table 5).

Table 5: If you have any additional support needs (for example with communication, mobility, or because of neurodiversity or a learning disability etc.) how well do you feel that this service supports you with this when accessing their services?

Answer Choice	Response Percent	Response Total
Very well	13%	69
Well	10%	53
Neither well nor badly	8%	45
Badly	2%	8
Very badly	2%	11
Don't know	2%	10
I do not have any additional needs	63%	336

Most (23%) felt that UTCs support them well when accessing their services.

English is my second language but all the doctors speak slowly and clearly to understand.

I have autism so it was a quick and easy way of booking an appointment. The form was simple to fill out and being able to book without verbally communicating helped a lot.

My son is autistic and his needs were accommodated brilliantly.

Only 4% said their needs were not supported well when they accessed services. They highlighted concerns with communication, inappropriate waiting areas, and a lack of understanding of conditions such as ADHD and mental health.

Didn't acknowledge, had to sit in a small room with screaming children while I had sensory overload. Used my noise cancelling headphones, but then doctors called and I missed. No screen to acknowledge how long the wait is or for me being called.

I have mobility issues due to spinal injury. Chairs are far too low to sit on then to get up. I ended up standing and leaning on my crutch.

Not everyone has internet and told you can't have an appointment unless you fill out the forms online unless you are an older person.

I was made to feel stupid because I didn't understand some of the questions. Instead of raising their voice the person on the other end of the phone could have slowed down & spoke more clearly.

Child has adhd. Does not understand 'waiting' I explained at booking in There is no quiet area so was overwhelmed and struggling with being crowded in.

Elderly patient in wheelchair, not enough disabled car spaces close to entrance at Solihull.

Long wait and no quiet areas for those who are overwhelmed or suffering mental health issues and are neurodivergent.



People's awareness and experience of the care and treatment provided at UTCs

Views from people with experience of using a UTC in the last twelve months

The question in Table 6 aimed to understand people's awareness of what conditions can be treated at a UTC and explore their preferences. In four of the six scenarios, more respondents said they would choose to see a GP. In one scenario⁷ where more respondents said they would choose a UTC (32%), a similar percentage said they would go to A&E.

Table 6: This question lays out various situations. Which service would you choose in each case?

Answer Choice	Your GP	Urgent Treatment Centre	Pharmacy	A&E	NHS 111	Self-care
3 year old child is collected from nursery, has been unwell all day, at home has a high temperature and is being sick	30%	20%	4%	8%	21%	18%
Elderly person has fallen coming home from the shops with bad grazes to their knees and a painful arm	13%	32%	3%	32%	14%	7%
Young adult with a sore throat for 3 days that seems to be getting worse	52%	11%	22%	1%	8%	5%
Teenager playing football collides with another player banging his head but not blacking out	10%	22%	1%	29%	19%	20%
Middle aged person with a cough for 4 days and some chest pain and mild temperature	41%	12%	7%	17%	18%	5%
Adult with a single red swollen painful lower leg for 2 days	35%	25%	2%	24%	12%	1%
Following a visit to a restaurant a person starts complaining of stomach pain	15%	12%	11%	5%	15%	41%

We asked respondents which service they would access if they did not choose a UTC for the scenarios in Table 6. Their GP was chosen by almost half (47%) of the respondents, followed by 7 Elderly person has fallen coming home from the shops with bad grazes to their knees and a painful arm

local pharmacy (22%) and NHS 111 (16%) [see Appendix 3]. When we asked those that did not select a UTC for any of the scenarios in Table 6 why they would not choose a UTC, some (29%) said they did not know the service was available to treat these conditions at a UTC. In addition, they were not aware that this service was available during weekdays and daytime hours. Others thought the service was only available when you failed to get a GP appointment or when you needed additional tests (see Table 7).

Table 7: If you did not select to visit an Urgent Treatment Centre for any of the health problems in the previous question, please tell us why you chose to go elsewhere other than use the UTC?

Answer Choice	Response Percent	Response Total
Wanted to see a doctor or nurse I knew	20%	88
I didn't know this service was available at an Urgent Treatment Centre	29%	129
I would prefer to get this sort of advice from a doctor not a nurse	17%	76
I would ask friends or family or look for advice on the internet	5%	22
UTC services are not suitable for me or my problem	10%	46
I haven't needed advice about a minor illness or injury	16%	73
They don't have x-rays or blood tests that I need	14%	60
Other (please specify):	13%	59

I did not know urgent treatment centres covered this kind of treatment. I don't think it is very clear what you can go to an urgent treatment centre for. Also, if it is out of hours, which it probably is as they are only open 8 to 8, I would call 111 for advice or go to A&E.

I was under the impression that UTC were when additional tests/diagnostics were required.

I have only used the urgent treatment centre on a weekend. I thought it was only opened out of hours which is why I've only used it out of hours. I might use it for some of the issues above if I knew it was open.

In many of those situations I found myself wondering at what time and what day they had occurred because my preference would be to go to my own GP as I trust that service but if it wasn't available I would go to the Walk in (unless it was Urgent). And also, there were a couple where I would monitor the situation. I think it would be helpful to be clearer with the Public about what services are available at Walk in as this might prevent A and E filling up.

I thought the UTC is for when you cannot see your GP. I would always try to see the GP first. Then use UTC if this is not possible or is out of hours.

A quarter of the respondents said they would like to see a doctor or nurse they knew, followed by those who preferred to get this sort of advice from a doctor rather than a nurse. The

respondents felt that using a GP will result in more seamless care and treatment without moving back and forth between services.

My first option would be GP but would speak to 111 if no appointments available. If they advised, I would then use the UTC.

Some urgent care centres do not have GPs and cannot prescribe some medications.

I'm old so more used to going GP as first port of call for advice.

There needs to be a clear remit for what UTCs can be used for. Nurses do NOT replace doctors just because they can prescribe. In most instances I would prefer to go somewhere where things can be escalated in a timely manner and not have to be moved from one service to another. A nurse [redacted] is not someone I want to be diagnosing my child. I can do this myself as an HCP. We want to see doctors.

It is awful and not efficient or timely. We want to see doctors not nurses.

For some, their preference for a GP was a matter of trust, reassurance, continuity and a preference for facilities available at a GP practice (e.g. the waiting room).

Prefer my own GP and trust them.

Sometimes it's more reassuring to see your own gp.

To visit local GP, nicer environment not overcrowded like UTC [name redacted], lots of aggressive people have been there when I was there. Lots of shouting and people getting angry due to wait, I would never visit again unless I had no other choice.



Some respondents said they believe that UTC is a step before A&E, and therefore would like to leave those appointments for people who need that level of help.

I feel that a UTC is the step before A@E so I would try not to use it if I could leave space free for someone that needs it more urgently.

I would not want to waste resources unless I absolutely felt it necessary.

Would prefer to check through a different avenue before taking up an appointment at the UTC which may not be necessary.

The lack of diagnostic equipment, further treatment options, and referral pathways at some UTCs deterred people from accessing the service. People pointed out that the availability of services such as x-rays and blood tests would influence whether they chose to use a UTC for some of the scenarios in Table 6.

I only go to a&e if it's emergency (heart attack severe, loss of blood) or I need a scan to confirm that I'm ok or not. (As urgent centres don't have scans, which they should, to remove the burden from a&e.)

I go to the urgent treatment centre as they have more facilities than the local GP.

They wrote to my GP asking for a referral with justification yet this was not followed up by my GP.

Treated on a here and now basis, no option for follow up or referral.

The current process for accessing UTCs was another reason some people did not choose a UTC for the scenarios in Table 6. They noted that they would not go directly to the UTC but would do so through NHS 111. Others would only go to a UTC if it was out of hours and they could not see their GP.

I thought 111 was first point of call for most issues to Triage.

Need to be referred to urgent treatment centre so usually try gp or 111 first.

You have to be referred to UTC and appt only. Not a general walk in Centre.

I just assume that we must use GP in the first instance unless an absolute emergency.

Unless it is out of hours or seems serious first call would always be GP. If out of hours or GP not available I would always ring 111 or do it online. they take symptoms & give advice as to where to go next. I wasn't aware I could just walk into UTC.

Didn't think available for minor illness without getting referral code to book appointment.

Previous experience also deterred people from choosing a UTC for the scenarios in Table 6. Some people are not quite sure what they can visit a UTC for, as they had previously been refused treatment for issues they thought were appropriate for a UTC rather than A&E. This lack of clarity also exists amongst healthcare professionals who try to refer into the UTC service.

not sure what they actually deal with my sister in law went there with nosebleed that wouldn't stop they told her to go to a&e

Have been told [name redacted] UTC will not review people with head injuries. I know of an elderly gentleman who did fall and had minor injuries, again UTC [name redacted] said because he was on blood thinners he cannot be seen in UTC and must attend a&e. I have tried to refer someone there with a suspected chest infection was told to send to a&e by UTC staff.

Previous experience included people's interactions with staff at the UTC they accessed. In addition to concerns about staff behaviour, people felt that it was unclear who was treating them, as healthcare professionals did not always introduce themselves or wear a name badge.

Reception staff came across as rude, telling me i 'couldn't just show up' despite telling her i had an appointment booked following a 111 call. The medical professional i saw was very friendly, made me feel calm and comfortable despite having trouble breathing. I felt he genuinely cared about my issues and was taking my concerns seriously.

The nurse was very helpful in getting a prescription for wound care dressings as I was discharged from surgery with no follow up care. She commented that sadly this was a regular occurrence and that GP appointments are so hard to come by that many are left having to use UTC or end up developing further complications from lack of care. I genuinely don't know what I would have done without this service.

The actual treatment and demeanor of the staff was excellent. The booking setup is traumatic.

Nurse did not make clear she was a nurse. Just called self-clinician which is very misleading. Additionally, she did not have a grasp of my condition. Nor helped me at all manage it or reassure me.

Staff member not wearing badge. Didn't introduce themselves/ didn't know if doctor nurse or other staff was.

Also highlighted are long waiting times from the time that people call NHS 111 to actually being seen at a UTC.

Long wait time from when I called. Booked in at 12pm and wasnt given appointment till 2.15pm then have to wait to see another triage nurse then doctor then nurse then doctor. All in all waited 4-5 hrs.

Views from people without experience of using a UTC

Four-hundred and forty-nine respondents told us that they have not used a UTC for minor injuries or minor illnesses⁸. When we asked them which service they would use for minor injuries or illnesses, almost half (49%) told us that they would see a GP. Twelve percent said they saw a local pharmacy, whilst 18% said they contact NHS 111 (see Table 8).

Table 8: If you don't use an Urgent Treatment Centre for minor injuries or minor illness, where are you most likely to go for advice and treatment for these?

Answer Choice	Response Percent	Response Total
A GP surgery (to see a doctor or nurse)	49%	220
Local pharmacy	12%	52
A&E	3%	13
NHS 111	4%	16
NHS website	18%	79
Another website / Internet	6%	28
Friends or family	2%	10
Other (please specify):	3%	15

As per Government guidelines pharmacies have to apply additional services that would I presume cover minor injuries.

I only see a gp if I need a drug, otherwise self-care, or otc at pharmacy.

It depends on the nature of the minor illness. I might go directly to Pharmacy if it was something that they now provide but didn't before or if I already know what's wrong with me and know what meds I need. 111 can be good for getting meds you need if you know what you need and clinician agrees - all you have got to do then is find a pharmacy that's open !!!

Depending on symptoms pharmacist first or GP.

Depends on the illness or injury- some I would like to gain advice from a GP, others I would seek advice from my local pharmacist.

We presented the same scenarios in Table 6 to those who do not have experience of using UTCs to understand their awareness of what conditions can be treated at a UTC and their preferences. Similar to the views of those who have used a UTC, they chose to see a GP in the same four scenarios of the six scenarios presented to them. However, a UTC was not chosen as a first choice in any of the scenarios, with A&E chosen as the first port of call in two of the six scenarios (see Appendix 4).

⁸ This was made of those who had never used a UTC previously and those who have done so but their experience older than 12 months

For more than half (53%) of the respondents, the main reason for not selecting a UTC for the scenarios in Appendix 4 was a lack of awareness that the service was available at a UTC. This was followed by those (28%) who hadn't needed to see anyone concerning a minor illness or injury. Eighteen percent said they would prefer to receive this sort of care or treatment from a doctor rather than a nurse (see Appendix 5).

We asked respondents to specify a reason for not selecting a visit to a UTC if the choices outlined in Appendix 5 were not suitable. The majority of those who chose to specify a reason (12%) said they are unaware of the existence of UTCs and what they do. Below are some of the reasons specified for not selecting a UTC in the scenarios provided.

Unaware of what UTCs are, what they do, how to use them, and where they are located

Have never heard of a UTC before. Wasn't aware it existed.

Not sure where urgent treatment centres are.

Not sure what they do.

I don't know how you would get an appointment to go there.

They have not been promoted in our area.

I am not aware of any Urgent Treatment Centres local to me. Not sure what they can deal with if there was one.



Lack of walk-in UTCs, opening times and lack of availability of a local UTC makes it difficult to access

Local UTCs are by referral from 111, can't walk-in.

Didn't realise UTC's were contactable directly, that's why I'd contact NHS 111 regarding noncritical issues.

Only know of one UTC and believe services and opening times reduced.

I would only use utc if told to by GP Or 111. Don't know where they are either. Apparently online says you need appointment. So not walk in!!!

Opening hours could be longer plus they often run out of possible appointments early so I end up at A&E

Didn't like that treatment centre closes at 8 pm. Especially at weekends when you are more likely to need a dr.

I would for many of these but there is no local UTC anymore. I would do most things to avoid clogging an A&E.

I have used the drop in centres in the past e.g. Katie Road but these are not as available as they once were as you still have to go through 111. Should be more of them to take load off A&E.

I used the UTC in Kingstanding many years ago for a dog bite! I think this and the one in Erdington High Street are now closed? Had no idea there was anywhere available in Birmingham - Solihull would be too far to travel without transport - so for a UTC to be useful it needs to be better publicised AND local.

Need to see a specialist

A child needs to be seen by paediatric- trained staff. Children can deteriorate very quickly

Honestly, I've never heard of UTC, so have no idea what they are capable of.

Personally, my biggest problem at the moment is that I have COPD... and I don't drive, so its usefulness would depend on where it is? Though I presume UTC doesn't handle COPD!

Some of these scenarios might need X-ray - especially an elderly person falling. Would have presumed that some scenarios with potential underlying disease might need further investigation by a qualified Doctor - unless there are Drs available at UTC.

People's satisfaction with Urgent Treatment Centres in Birmingham or Solihull

Overall satisfaction with UTCs across Birmingham and Solihull is high, with 71% of the respondents telling us they rate the service as very good (39%) or good (32%). Seventeen percent rated the service as average, and 11% as poor or very poor. We asked respondents about their satisfaction with specific aspects of UTCs (see Table 9). Overall, respondents expressed satisfaction across the issues presented in Table 9.

Table 9: Thinking about your appointment, how satisfied are you with the following aspects of Urgent Treatment Centres? (select one on each row) n=419

Answer Choices	Very satisfied	Fairly satisfied	Uncertain	Dissatisfied	Very dissatisfied	N/A
Convenience of the location of the service	49.40% 207	32.46% 136	5.25% 22	6.68% 28	4.06% 17	2.15% 9
Convenience of opening hours	42.72% 179	37.23% 156	10.02% 42	6.44% 27	1.67% 7	1.91% 8
Ease in accessing the service (e.g. travelling to the services, parking etc)	37.23% 156	41.29% 173	6.68% 28	10.98% 46	2.15% 9	1.67% 7
Ways of booking appointment	28.64% 120	29.59% 124	20.05% 84	9.55% 40	4.53% 19	7.64% 32
Assessment and triage	37.95% 159	36.28% 152	12.89% 54	6.44% 27	2.39% 10	4.06% 17
The time you had to wait to see a doctor or nurse	33.89% 142	34.37% 144	9.55% 40	12.41% 52	7.64% 32	2.15% 9
Level of attention and care	47.49% 199	33.41% 140	8.83% 37	5.25% 22	3.34% 14	1.67% 7
Communication in an appropriate language	56.32% 236	24.82% 104	4.06% 17	2.15% 9	0.72% 3	11.93% 50
The explanation that the doctor or nurse gave you and clarity of instructions	53.46% 224	32.46% 136	6.68% 28	3.82% 16	1.67% 7	1.91% 8
The care/treatment and advice you were given	52.51% 220	32.94% 138	6.44% 27	3.34% 14	3.10% 13	1.67% 7
The information given to care for your condition at home	45.11% 189	31.26% 131	7.16% 30	4.53% 19	1.43% 6	10.50% 44
Referral to other services	22.20% 93	22.91% 96	10.50% 44	7.64% 32	3.10% 13	33.65% 141

More than half of the respondents expressed satisfaction with communication (56%), the explanation provided by the doctor or nurse, including clarity of instructions (53%), and the care, treatment and advice given (53%).

My answer is very positive outcome. Receptionist polite and very helpful. Time given to me was excellent. Excellent listening skill by the lady I saw. It was rather crowded.

The doctor was perceptive and surely, turned out she was quite right in her diagnosis.

Almost half of the respondents were happy with the location of UTCs (49%), opening hours (43%), attention and care received (47%), and the information given to support self-care (45%). The lowest levels of satisfaction were reported for:

- Referrals to other services (22%).
- Ways of booking (29%).
- Waiting times (34%).
- Ease of access (38%).
- Assessment and triage (37%).

Key issues or areas people would like to see improved

We explored with respondents and their families/carers the improvements they would like to see made to UTCs, and explored the type of UTC provision and care they would like to see in the future. The views of those who had used a UTC and those who had not used one in the past 12 months were similar. A majority wanted UTCs to carry out blood tests (64%); x-rays (61%), and ECGs (50%). Fifty-one percent wanted UTCs to make referrals to other services. Those who selected 'other' said they would like to see MRI scans, basic imaging equipment, blood test and diagnostic services available (see Table 10).

Table 10: Which of the following services would you like your local Urgent Treatment Centre to provide?

Answer Choice	Response Percent (used a UTC in the past 12 months) n=443	Response Percent (not used a UTC in the past 12 months) n=449
ECG (electrocardiogram)	50%	49%
Blood tests	64%	57%
X-ray	61%	59%
Advice about minor health problems	40%	42%
Referral to other services	51%	52%
Don't know	10%	19%
Other (please specify):	4%	2%

People told us they would like to see the following improvements made to UTCs:

Improve accessibility

Make UTCs local ensuring that facilities are easy to reach for all patients

Your local GP Surgery should carry out more patient treatment and reduce the workload from A&E because UTC are not local and are not available and are poorly located.

I think they are a marvellous idea. Very important they are local. Some of us do not drive and don't have spare cash for taxis. The fact most access to treatment is centralised makes it prohibitive for many of us.

To be able to access the centre without having to get a taxi across the city and without having to sit in A&E for minor illnesses that absolutely do not require A&E.

Have more GP led UTCs alongside nurses

needs to be like a&e with qualified staff not just nurse's.

Install quick turnaround services to run alongside the already invaluable services they provide. GPs dedicated to doing callback appointments. I recently contacted NHS 111 online on a Sunday & I believe a GP from a UTC called me back, dealt with my problem & issued my prescription very quickly.

Increase the number of UTCs, staff and appointments

Staff them more so that you can actually be seen by someone after the gone by 10.00am appointments are gone.

A full comprehensive service with support from multiple doctors.

I guess that if the idea is to get people to use a UTC rather than go to A&E or their GP - then I suppose as many services as possible. Though I foresee confusion in people's minds about who they should approach.

The level of help they can provide now is sufficient, just not enough appointments. There needs to be more appointments available for what they currently offer before adding more services. The service is essentially having to act as a GP service because they are so poor. Improve the GP service in the Borough so that UTC can provide options like bloods and scans. Blood test and scan availability in the borough does need expanding but also needs additional staff.

It would be of benefit if there were more Urgent treatment centres to leave A and E for serious cases.

Depending on what time of day you went you could either be seen straight away or it could take a couple of hours. At the end of the school day and weekends seemed to be the worse so more staff at peak times would be useful.

UTCs seem to be a middle option between small issues that you don't need to see a professional for and big emergencies that you need A and E for. Also, they're for issues where you want to see someone quickly, and you always have to wait ages for an appt with a GP. I haven't been in this situation very often myself. Also there seem to be no UTCs at all in my area which is very sad. There should be more of these, and as with all healthcare services they must be public! NHS needs way more funding.

Offer patients the ability to walk in as well as book an appointment. Ensure this is understood by both staff and patients to reduce confusion around ways of accessing services and promote choice.

Make it more appointment based as I had to take children to the appointment it wasn't very nice to be there for 6 hours.

Need to be walk in not by appointment.

Easier access to Birmingham services, you shouldn't have to get an appointment for the walk-in centre. Be available as a 'walk in' rather than appointment only.

Make it quick and easy to book. Make it accessible through phone and through walk in and through online. As some people do not have the means to use a mobile phone.

Clue is in the title "Urgent Walk in centre" why do you need to make an appointment before you go??

Standardise the availability of equipment and testing services at UTCs to prevent the need for patients to be signposted to other UTCs or A&E

Access to testing like smear tests.

Basic imaging equipment should be provided at urgent centres to relieve the burden at a&e.

UTCs are little use without these diagnostic tests, particularly blood tests.

I think urgent medical treatment centres should offer X-rays and blood tests as well as a physio and occupational therapist as one stop centre for some patients rather than blocking accute hospitals.

I think having the option of ecg would mean people can be checked out and then transferred to an A&E if necessary. Someone could be having a panic attack which could lead them to feel they're having heart palpitations but by being able to be seen quickly at an urgent treatment centre would mean their mind could be put to rest easily.

I made an appointment to have a ring removed from my hand due to pregnancy related swelling. After making my appointment online, received a call from the UTC stating they had 'no facilities' to cut/remove jewellery and that I must attend A&E instead. This was at a time when the trust had made announcements about how busy the A&E were and people should be seeking alternative places of treatment if not an emergency. Considering a lot of minor injuries may result in swelling to limbs, I feel the unit should be supplied with equipment to be able to remove things like swollen jewellery. Instead, I attended another minor injuries unit.

UTCs should carry out: ECGs – I think this is only provided by A&E or paramedics. UTC's could take pressure off these services. Blood tests – not all GP practices do blood tests. Do X-rays but also keep x-ray depts in hospitals for emergencies. [They should treat] minor health problems – this will free up GPs for more urgent issues & allow them to spend more personable time with patients. Referrals by UTCs would also free up GPs time. If the Services I have selected were available at the UTC, it would save time and NHS Services by not having to ask patients to contact their GP or send them to A&E to provide them. This would give a more seamless service and quicker diagnoses.

Improve the ability of UTCs to refer to other services

My experience was going to the centre, having to take a letter to GP, then sent to A and E. I don't know if the lady I saw at the centre was an excellent clinician and therefore it was a registered doctor that needed to refer me to A and E urgently.

I would like my South Birmingham Centre to be able to refer me to mental health services that require referrals from a GP. Accessing my GP services can be a nightmare and very time consuming.

Depending on findings instead of going back to GP for a referral UTC should be able to do it.

Where GPs and A&E fail to help would be great that UTC could refer to well needed services/treatments.

I needed a x ray and had to go back my doctors to be referred.

Referral to other departments instead of being told to go to doctors to arrange a appointment for specialist.

UC need to have access to gp records and be able to make referrals for patients instead of waiting another week as 8am appointment rush does not guarantee an appointment so it's dangerous for the patient.

UTCs should be kitted out to do as much as possible, and provide referrals to specialists for very serious problems that they can't deal with.

More joined up communication with other services such as hospitals (could they be used for hospitals to make appointments for patients who are being discharged and need wound care for the next day before the patient then seeks further follow up care with their own GP).

Increase awareness of UTC services and be clear about the UTC provision

Whatever the UTC provides needs to be transparent with information published.

More information about urgent treatment centres as was unaware we have one in our area, also how to contact them.

Clear guidance online in regards to services available. Needs to be more clear what they provide and do not. Make it simple. And make it fast.

Clear and concise information on their services and what they can provide. Type of limitations if any. Some people were in and out within minutes – makes one wonder where they could have gone alternatively. So, I think better clear and concise advertising.

Don't really know but maybe publicise what UTCs offer and even go further by creating a flow chart to show who to go to with examples of ailments.

Publicise boundaries between using UTC and going to A&E – explicit statements about what is NOT provided by UTC e.g. broken bones? Bleeding?

Review the suitability of the building and waiting area for children, and people with additional needs. Address privacy and confidentiality issues

Need to be able to book aptmnt in advance on phone, and need to improve waiting area and signage.

Separate room whilst giving personal information. Temperature/ fresh air control for hot waiting room.

The treatment care centre is new. I have no idea why the waiting room is therefore an unventilated space.

Improve feedback provision on tests and treatment

Would be nice if we could get answers to our health problems straight away instead of waiting several weeks to find out what's wrong with you.

More advice/treatment in 1 go the better and would be easier than several visits or having to re refer elsewhere.

My appointment for acute lower back pain felt like a form filling exercise with minimal examination. Also, when asked about referral for X-ray/MRI staff comment was very dismissive ... said I could go private if I wanted. It felt like the staff at the appointment assumed I would pursue further help from GP rather than this appointment taking pressure off GP.

There should be a UTC for people, and have confidence any tests needed would be performed quickly, with results being shared as quickly as possible.

X- ray facility might take some of the pressure off A&E for some minor falls particularly in the elderly.

Improve access to key patient information (e.g. medical notes/healthcare records) in order to meet individual needs

It is not a service I know anything about, and considering my medical history I would prefer the person I might see would have this information to be able to suit my needs.

The treatment centres do not seem to refer on, preferring to write to GP for them to do which takes longer, not sure if they have access to full medical histories.

Enhance staff training and ensure that they wear lanyards or badges for identification purposes

Very good in almost all respects, thank you. Minor points: Receptionists could be more welcoming/friendly. They are the first point of contact when patients arrive, by definition, distressed. The doctor? /nurse practitioner? we saw did not introduce himself so we were unsure of his role - important to have a name/title in case of later queries/issues.

More of them (UTCs) or greater availability within them. A focus on patient-facing communication skills for all staff, clinical and non-clinical; see my previous comments!

Conclusion

Our findings show that UTCs are a valued service among respondents. When people are able to navigate the often difficult process of accessing a UTC, the majority report a good experience of the care and treatment they receive.

This report identifies the key reasons people choose to use—or avoid—UTCs in Birmingham and Solihull. These include limited access to GP appointments, convenience, proximity, facilities, opening times, ease of access, and ways of booking. However, barriers remain. Many patients find the process of accessing a UTC confusing, time-consuming, and restrictive, leaving them with limited choice. This also contributes to longer waiting times.

There is widespread confusion about what UTCs offer, how they operate and how to access them – especially when they get conflicting information from healthcare professionals.

Choice is further impacted by location. Some respondents questioned why they should travel 8 miles to a UTC when an A&E is located less than a mile from their home—particularly when travel is difficult. Service variability also affects care: differences in diagnostic tools and treatment availability lead to unequal experiences. Many called for all UTCs to offer a consistent level of service to reduce unnecessary referrals across sites.

Experiences with staff were mixed. Some patients praised the care they received at GP or nurse-led UTCs, while others had really poor experiences with staff and preferred a GP-led UTC. A strong theme was that UTCs should offer something different from traditional GP services. Crucially, patients valued the ability to walk in and expressed concern about the increasing reliance on pre-booked appointments, which made the service feel no different from their regular GP.

These findings highlight the importance of designing UTCs around the needs and expectations of the people who use them. Addressing barriers to access, improving consistency across sites, and ensuring patients receive clear information and compassionate care are essential to improving trust in the service. While many patients value the care they receive once inside a UTC, the process of getting there must be made simpler, more equitable and better understood. The following section outlines the key areas where patients and carers told us improvements are most urgently needed.

Key Areas for Improvement

Feedback from patients, carers, and members of the public highlighted several areas where Urgent Treatment Centres (UTCs) need to improve to better meet the needs of local communities. These relate to how patients access services, the information available to them and staff, and the overall experience of care once they arrive. The following sections set out the specific changes service providers should make in relation to access, communication and awareness, and the patient experience.

Access

Service providers need to offer patients greater flexibility and choice in how they access UTCs. This includes ensuring that all UTCs allow both walk-in attendance and advance booking, so patients can choose the option that best suits their needs.

Booking processes must be simple, inclusive, and easy to understand. Clear information about how to access UTCs should be consistently provided to both staff and patients to reduce confusion. Online booking systems should be made more user-friendly, and alternative options—such as telephone or in-person booking—must be available for those who do not use digital tools.

All UTCs should offer the same core services, including diagnostic tests such as x-rays and blood tests. Standardising the service offer will help reduce unnecessary travel and make care more accessible. Patients should not have to travel long distances or turn to A&E because of inconsistent provision or limited local appointment availability.

The number and distribution of UTCs, as well as staffing levels, must be reviewed to ensure services are adequately resourced and accessible to all communities. More GP-led provision is also needed to reflect patient preferences.

The NHS 111 booking process requires urgent improvement. The current system is too time-consuming, with long calls and delayed callbacks before appointments are confirmed. This creates unnecessary barriers for patients and must be streamlined to improve efficiency and ease of use.

Communication and Awareness

Service providers must deliver a clear and coordinated information campaign for both patients and healthcare staff. This should explain when and how to use UTCs, and what services they offer.

Public education needs to be strengthened so that people understand which conditions can be treated at a UTC. This will help reduce unnecessary visits to A&E and GP practices. Confusion around the purpose of UTCs is leading to misdirected use, which can delay care and increase pressure on other parts of the system.

Healthcare staff—including NHS 111 call handlers and GP receptionists—must receive consistent, up-to-date information about UTC services. This will enable them to give patients accurate advice and make appropriate referrals.

Patients also need access to clear, accessible materials about UTCs—what they treat, how to book, and what to expect. When this information is missing or unclear, patients are more likely to access the wrong service or avoid seeking care altogether.

Enhancing Patient Experience

Service providers must ensure that UTC waiting areas are comfortable, child-friendly, and suitable for people with additional needs. Waiting environments must also support patient privacy and confidentiality.

Reducing long waits should be a priority. Providers need to streamline internal processes to minimise delays from arrival to treatment. Respondents also highlighted the need to review UTC infrastructure and improve the physical environment of waiting rooms.

Staff training must be strengthened to ensure all staff are easily identifiable and provide kind, respectful, and supportive care. Patients reported concerns about staff attitudes and communication. It is essential that staff wear name badges and clearly introduce themselves to patients.

UTCs must also be able to refer patients to other services where appropriate. Respondents raised concerns about treatment decisions, including prescriptions, that did not consider the patient's individual medical needs. Some patients reported that digital systems were difficult to use and that the current booking processes—both online and by phone—need improvement.

Providers should also review how UTCs access and use patients' digital health records. Improving this access was seen by respondents as important for delivering appropriate care and supporting better coordination with other services.

Appendices

Appendix 1: Letter from GPs to patients

ST HELIERS MEDICAL PRACTICE

Sent today at 7:05pm

Dear Mrs [REDACTED],

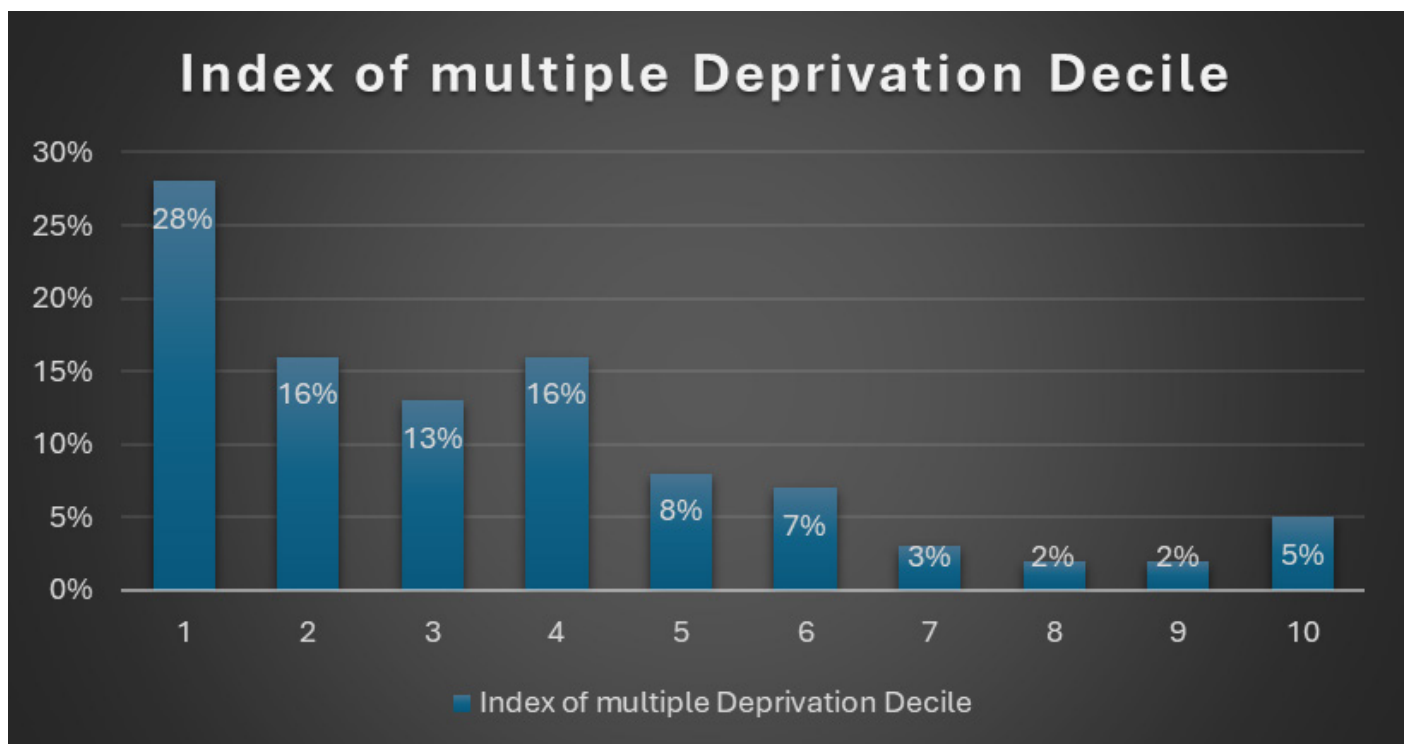
The NHS and Healthwatch are seeking your feedback on the Urgent Treatment Centres in the area and how they can be further developed. Your input is invaluable and can only be considered if submitted.

Please take 5 to 10 minutes to complete the survey here: Urgent Treatment Centre Survey. The survey is only open for a short period, so please respond as soon as possible.

<https://www.smartsurvey.co.uk/s/UrgentTreatmentCentreBirminghamandSolihull/>

St Heliers Medical Practice

Appendix 2: IMD



Appendix 3: Which service you would use if not a UTC (those with experience of using a UTC)

If you don't use an Urgent Treatment Centre for minor injuries or minor illness, where are you most likely to go for advice and treatment for these?

Answer Choice	Response Percent	Response Total
A GP surgery (to see a doctor or nurse)	47%	210
Local pharmacy	22%	98
A&E	5%	21
NHS 111	16%	69
NHS website	5%	20
Other website / Internet	2%	8
Friends or family	2%	7
Other (please specify):	2%	10

Appendix 4: Scenarios for those who have not used a UTC

This question lays out various situations. Which service would you choose in each case?						
Answer Choices	Your GP	Urgent Treatment Centre	Pharmacy	A&E	NHS 111	Self-care
3 year old child is collected from nursery, has been unwell all day, at home has a high temperature and is being sick	33.18% 149	14.03% 63	2.23% 10	10.47% 47	27.39% 123	12.69% 57
Elderly person has fallen coming home from the shops with bad grazes to their knees and a painful arm	12.47% 56	22.72% 102	2.90% 13	36.97% 166	14.03% 63	10.91% 49
Young adult with a sore throat for 3 days that seems to be getting worse	55.01% 247	6.68% 30	20.94% 94	1.78% 8	10.02% 45	5.57% 25
Teenager playing football collides with another player banging his head but not blacking out	12.47% 56	18.49% 83	0.67% 3	25.84% 116	21.16% 95	21.38% 96
Middle aged person with a cough for 4 days and some chest pain and mild temperature	43.43% 195	10.69% 48	6.90% 31	12.47% 56	18.93% 85	7.57% 34
Adult with a single red swollen painful lower leg for 2 days	39.64% 178	21.83% 98	2.23% 10	19.82% 89	14.70% 66	1.78% 8
Following a visit to a restaurant a person starts complaining of stomach pain	10.47% 47	10.91% 49	8.91% 40	8.02% 36	23.39% 105	38.31% 172

Appendix 5: Which service you would use if not a UTC (those without experience of using a UTC)

If you did not select to visit an Urgent Treatment Centre for any of the health problems in the previous question, please tell us why you chose to go elsewhere other than use the UTC?		
Answer Choice	Response Percent	Response Total
Wanted to see a doctor or nurse I knew	13%	59
I didn't know this service was available at an Urgent Treatment Centre	53%	238
I would prefer to get this sort of advice from a doctor not a nurse	18%	79
I would ask friends or family or look for advice on the internet	4%	18
UTC services are not suitable for me or my problem	4%	17
I haven't needed advice about a minor illness or injury	28%	124
They don't have x-rays or blood tests that I need	6%	28
Other (please specify):	12%	55

Appendix 6: Characteristics of the respondents

Answer Choice	Response Percent	Response Total
Gender		
Woman	68%	563
Man	29%	239
Prefer not to say	2%	19
Characteristics that apply to you		
I have a disability	13%	106
I have a long term health condition	36%	288
English is not my first language	6%	48
None of the above	48%	384
Prefer not to say	6%	49%

Ethnicity		
Arab	0.2%	2
Asian/Asian British: Bangladeshi	0.4%	3
Asian/Asian British: Chinese	2.1%	17
Asian/Asian British: Indian	2.3%	19
Asian/Asian British: Pakistani	1.7%	14
Asian/Asian British: Any other Asian/Asian British background	0.4%	3
Black/Black British: African	3.3%	27
Black/Black British: Caribbean	3.0%	25
Black/Black British: Any other Black/Black British background	0.2%	2
Mixed/multiple ethnic groups: Asian and White	0.2%	2
Mixed/multiple ethnic groups: Black Caribbean and White	0.2%	2
Mixed/multiple ethnic groups: Any other Mixed/Multiple ethnic group background	0.7%	6
White: British/English/Northern Irish/Scottish/Welsh	0.7%	6
White: Irish	2.9%	24
White: Roma	0.0%	0
White: Any other White background	0.2%	2
Prefer not to say	3.4%	28
Other (please specify): (specified English/White British)	6.3%	52

Appendix 7: Problems that led people to visit a UTC

Please state the problem that led you to visit the urgent treatment centre	
Infection could not get gp appointment	After a fall downstairs had an injured ankle- wasn't sure if it was broken.
Having had an operation to remove my prostate found a lump and was in pain was examined and given some antibiotic cream	My son had developed a raised rash
Own GP told me she couldn't understand what I was trying to say. No checks on BP done. Felt humiliated. Took a water sample - ignored me and never checked it.	Had rash on face
My partner was suffering from vertigo	Family member had been chesty for over a week

Please state the problem that led you to visit the urgent treatment centre

The patient was in a critical condition and needed help. Thankfully the patient got the help needed with the immediate arrival of the EMT. He was saved.	Urgent x-ray required
wife had severe migraine	A bite from a cat
Cold cough	My son who was younger wasn't very well and I was concerned of his health so I ended up taking him there which was very helpful.
Stomach pain	Very bad chest infection and asthmatic. Couldn't get a drs appt despite trying for days. Ended up being prescribed antibiotics and steroids.
High temperature with chills/aches; increasingly severe headache; sore throat.	Acute lower back pain
Chest infection	Son had a football injury to his hand
Bleeding	Unwell child. Temperature. Coughing. Sore throat.
Tonsillitis. I was told I couldn't go to Katie Rd. I was sent to Queen Elizabeth hospital	I had a swollen knee
Have not been	Chest infection causing issue with asthma
Cellulitis	Food poisoning
Chest infection	Fell over and was in pain
Went with stomach problems.	Sharps injury with wound to gand
Pneumonia	My son broke his arm
Balance issues	Waiting for a knee replacement. Thursday night inside of knee moved alarmingly. Emailed consultant Thur night, his secretary advised go to walk in or a&e.
Sepsis following emergency bowel obstruction surgery	Injury x2
Infected follicle	111 told me to take my daughter there as she couldn't stop vomiting and couldn't keep anything down
can never get into Katie Road & I think Katie Road should be open longer through the night	Child had a shoulder injury
Tonsillitis	My daughter broke her elbow playing netball
I needed to have a wound, from surgery, cleaned and redressed every day for a few weeks.	Brilliant service

Please state the problem that led you to visit the urgent treatment centre	
Ear infection	Son got dog bite
I went there about swelling to my legs and they sent me to hospital with a letter	My child has a cut on her neck
As above	I was really u well and ended up in hospital with a really bad UTI which I did t realise I had
An intermittent whoosh sensation under my left breast. Do not think the UTC I visited listed above.	My child could not weight bare on his foot
Severe reaction to an insect bite.	High BP
Difficulty breathing/significant wheezing	Difficulty breathing due to whooping cough
Appendix I had my appendix out	Sinus infection
Bathal cyst	Injured foot
Sinusitis	Swelling to ankle
Pain in my shoulder	My child was not well with ear and chest infection.
Very quickly and staff was nice	Arms were itchy and no appointments available at gp
Severe ear pain abscess resulting in bleeding ear	I suddenly developed a swollen face and a very bad abdominal pain. I had to go through a process that took five hours to book appointment and be seen. It's called walk in centre, why do we have to book and wait before we can be seen? What was wrong when we could walk in and be seen? Everything in the NHS is getting from bad to worse.
Emergency wound care after released from hospital from a pilonidal sinus abscess surgery	Hand injury
Eye infection/cellulitis	Suspected mumps
Shoulder pain. Referral for xrays.	Fall
I did not attend Erdington. I attended Aston, 1 Bourne Road. UTI	Rash
Open wound dressings following ileostomy reversal.	I had a bad rash that was not disappearing and was very painful.
I had skin cancer on my ear they sent me to my G P who sent me Q E hospital and had it removed	Children were sick Mum was sick

Please state the problem that led you to visit the urgent treatment centre	
Collapse at home possibly a Tia managed to get to QE hospital Birmingham A and E	Chest infection
Fever and sore throat	Chest infection
I have severe COPD, I had a chest infection	Daughter hurt her thumb whilst playing football and needed to get an x-Ray to check it wasn't broken
Change of dressing on Saturday and Sunday, when my surgery is closed, following abdominal surgery.	I have needed appointments for a couple of different problems that still HAVE NOT BEEN RESOLVED in process of. CHanging PRACTICE
Daughter had a undiagnosed kidney infection was in a lot of discomfort and our own GP surgery refused to give us an appointment because out of the 2 x day time slot to book appointment even though explained how poorly she was.	Urine infection
Cyst that became extremely painful at the weekend when our gp surgery is closed	I had breathing probs. Couldn't get in to my own Docs quick enough. I have chronic C.O.P.D & Emphases.
Bowel bleed	Blood in urine, bladder pain. Had a cystoscopy which identified a tumour which was removed and biopsies taken.
Inguinal Hernia	Personal
See above.	Ear Infection at Weekend
Pain in arm and leg. Couldn't put weight on my leg	Had an incident with a loose dog who knocked me over
Optician referred to NHS	Haemorrhage
Cut hand	Sprained foot/ankle potential fracture
High temperature and flu like symptoms.	Chest infection
Uti	Throat is swollen up and was hard to breathe
Kidney colic, agonising pain	Had a fall
none	Fall at home
Dental problem	In severe pain with constipation that had lasted for days. I could hardly walk.
Dental problem	Facial rash
Flu/cold	Severe, COPD sufferer, I had a chest infection
Had an attack of gout	Kidney infection. Then went onto a&e for IV anti biotic
My grandson hurt his hand	Blood in urine and bladder pain

Please state the problem that led you to visit the urgent treatment centre

Throat infection	I had been bitten by a bug in the garden and around 12 at night I started to swell and get big lumps I phoned 111 and they got a doctor to phone me from katie road and called me in to see him. I was given medications
Needed antibiotics for my daughter's tonsillitis	As couldn't get a doctors appointment
Allergy, swollen mouth	Ear infection
Can't remember. Was pleased I could go and see a doctor when I couldn't access my own GP service. (it was longer than 12 months ago).	Depression
Back pain	Follow up to a absis that was lanced at QE needed to be packed
Uti	Cut the top of my finger off in my kitchen and could not stop the bleed,
Skin infection, abscess	I had a uti and need some tablets it was very uncomfortable and in pain
UTI	Sciatica pain in back and legs
Dr GP not helpful all 111nhs mental health team learning disabilities team on call duty crisis mental health help lines not helpful o zero anything from p with autism learning o zero in community	I visited with my grandson who is 3 yrs old who was suffering with high temperature
I visited South Birmingham centre, as I was exhibiting a painfull swollen throat, and was having difficulty swallowing. I was given told it was an infection and given antibiotics in pill form. Over the next 12 hrs, the condition deteriorated, and I was unable to swallow anything, and my breathing became more laboured. I attended the local A&E department and was diagnosed as having severe quinsy assessment, and was keep in hospital for 4 days.	Gallbladder removed
Intense pain on lower left side & need to urinate abt every 2hrs especially at night. When tried to sleep. Also had been treated for UTI with antibiotics by Sandwell Urgent Care Centre. But pain returned to intense level once antibiotics 5day course ended	Audiologist visit revealed an object lodged in my ear canal that he could not remove. Tries to make a GP appointment but was told that they do not have the instrumentation required for such issues. Advised to visit "A&E". Heartlands is always very busy so visited the UTC
Can't remember now So long ago	Stabbing pain in the right side of the stomach st helier doctors

Please state the problem that led you to visit the urgent treatment centre	
My left breast i think - long time ago i can't remember	Knee X-ray
My catheter was blocked and the district nurse couldn't replace it, so she sent me to the hospital so a doctor could do it.	Infected cyst
It was urgent care at Qe hospital	Symptoms such as numb tingling hands, dizziness, migraines, rash and incontinence
Pains in chest and arm led me to panic	Needed urgent xray
Bad stomach pain.	Daughter dehydrated and food poisoning (we think). Was referred to a and e
Suspected broken wrist	Eyes
Chest infection	Swelling of the neck and face, possible mumps
UTI	It was long ago at Selly oak
Prescription	Chest pains.
Wife's back	My knuckle had swollen and it was a finger I had a ring on and it was cutting off blood supply.
Suspected Celulitis	Swollen finger ring was cutting off blood supply.
Body system closing down	Flu 111 triage
Urinary tract infection	My wife was diagnosed with double pneumonia and required urgent treatment
Need doctors intervention outside normal working hours - wad an emergency	Hip X-ray
Shoulder injury and chest infection	Suffer with kidney problems went there in severe pain
Chest infection	Could not get appointment
I cut my hand badly with a Stanley knife whilst working as a floorlayer, I was treated immediately and , my cut was glued and stitched, excellent service!.	Waited hours for a phone call from Katie road, was struggling with my asthma and a chest infection, they rang back 10 mins before closing and asked if I could make it down before they closed, which I couldn't as I lived further than 10 mins away so i was directed to badge and still wasn't given any medication which led to me being hospitalised for over a week on oxygen really poorly

Please state the problem that led you to visit the urgent treatment centre

This is 12.1 miles from home and not really viable for a person on pension, especially when Queen Elizabeth Hospital is only 2 miles away.	My son had fractured his foot
My wife had a badly swollen ankle and very high temperature.	My then 22 month old son had breathing difficulties - he was presenting with stridor
I was really poorly with swollen glands	It was a bad kidney infection
Brain aneurysm Multiple Sclerosis	chest infection needed antibiotics also started a course of steroids
Breathing problems	This was years ago, I booked it for me
A family members child was very poorly with an awful cough and poorly chest. This happened at the weekend and Katie road was our go to UTC and saved us a lot of stress and further travelling.	Burns
Stomach pain	Burns
Flare up of diverticulitis, sent me with letter to QE hospital where I spent 2 nights	My wife's copd
I had been to a party,had one drink and danced most of evening.I passed out completely when I got to my friends house and fell off a breakfast bar stool hurting my leg.I was shaking and tired but couldn't switch off all night and felt very unwell ,so in the morning my friend put me in a taxi to Summerfield because I couldn't get GP appt and was told to go to Summerfield by the receptionist.	Daughter having serious pain in side needed an x-ray
Swollen foot	Blood pressure. Heart pains .chest problem
Husband had a swollen foot	I didn't receive an appointment and was told to book myself when they opened. My GP surgery's, St Heliers Northfield, website, states urgent care centres don't need appointments, it also doesn't list Katy Road as an option on it's website. System is ridiculously broken and it's no surprise A&Es are overwhelmed.
Heavy bleeding with heart palpitations caused by uterine fibroids	I had an abscess on my tailbone
Ear infection	My child that time was 1 month old. Had fever and skin rashes
Granddaughter.. Fever ...sickness	Few years ago, my 1 month old child had fever and skin rashes

Please state the problem that led you to visit the urgent treatment centre	
Pyrexia child	Cannot remember
Was waiting for a longer for M son to be seen	Cannot remember the utc name
Broken finger	Kingstond
Cat bite	Infected eczema.
Extreme stomach pains advised by III	Chest infection
Heart rhythm problems	Excellent treatment nurse was very good and helpful would recommend
An insect bite that had become infected and painful	Rheumatoid arthritis flareup
I was on holiday in gambia and had a full come back home to see doctor and sent me to QE hospital Birmingham	Husband had a deep cut on his arm, they were brilliant
Needed medication for bad infection to leg.	My daughter had severe tonsillitis & it was the weekend
Overdose of tablets	Painful shoulder
Daughter had an injury under her eye	Needlestick injury
Daughter was unwell	deep cut to arm, possible stitches needed.
Can't remember.	Twisted ankle and required it checking for possible fracture
Really slow response times when going for urgent care. I have seen the elderly left alone for hours with visible injuries. Not been taken care of. It is very disturbing seeing this as a patient coming in to receive treatment. And you lose hope. Which is very worrying.	My son has eye brow Cuts at school.
Shingles	Could not get a gp appointment as a cancer patient prone to sepsis
Was Kingstanding warren farm	Family member chest infection
Viral infection with rash.	Swollen hand, causing ring to be stuck on finger
Obesity	My son had a chest infection and temperature over 40. The GP said there was no infection and his temperature will go down with calpol. I saw the GP His heath deteriorated he developed hives/blisters from reaction to being so poorly.
Breathlessness	URTI
As I have asthma... i've had treatment to help me breathe. which at the time was a lifeline.	Gallstones
Chest infection.was numoania	No appointments at the doctors

Please state the problem that led you to visit the urgent treatment centre

Out of hours	I recall seeing a hernia on my son. Concerned took him to utc. Only to confirm hernia and needed to see gp as utc can not do referrals. Went to gp who confirmed hernia and started the referral process. Hospital doctors confirmed hernia also and surgery was carried out. Would have been less time had the utc just referred to hospital for surgery tbh
Chest cough	Loss of breath dizziness
Teeth ache	Blood in urine
Breathing issue	I was advised by the GP to visit the UTC
Good Hope hospital urgent care center Waran farm clinic kingstanding Scott arm urgent care center	Infection insect bite
Chest pain	Child with abdominal pain referred from 111
They need to rely on patients to confirm if they are able to get in to the selected MRI machine I told them I wouldn't bfit as I have been tried before on that one and it proved to be correct so had to be rebooked and it ended up at Solihull	Hemorrhoids operation 18/02/2025 Good Doctor with successful operation
Breast cancer concerns	Head injury.
Severe Urticaria	Injured finger with a drill
Referral for a DVT	Adverse reaction to amoxicillin for toothache
Injured wrist	Painful wrist after fall - X-ray revealed wrist fracture
Wrist injury	I had a large cyst on my neck that got infected and was causing me pain and irritation
Child-football injury	UTI symptoms worsening out of hours
sons arm pain/ fall	Child's ear infection
My husband has damaged his thumb and is in great pain. Our practice recommended the centre to get an X Ray.	Chest infection, Breathing difficulties
My 4 y.o. daughter fever, loss of appetite, cough	grandson had eye infection drs would not see him so talk him there
Gp directed	Back issue

Please state the problem that led you to visit the urgent treatment centre	
Persistent cough	111 requested an ambulance
Allergic reaction to medication outside of GP hours	I have not had any appointments
Infected insect bites	I have only ticked this as it gives me no other option
Head bump with cut	Unwell child
Child bumped head and needed to be glued up	I had a stabbing pain in my back
UTI	My wife damaged her hand after tripping over a kerb.
I went to Sandwell, it is not on the list. I had very high blood pressure on two occasions. Called 111	Water infection
Abdominal pain	I can't remember now as it was sometimes ago.
Chest infection, Breathing difficulty	I used the one in washwood Heath for suspected cellulitis
My partner had a fall and needed wounds treating due to serious bleeding as he was on blood thinners due to a thrombosis and ongoing cancer treatment.	Burn 2nd degree
Chest infection	Suspected broken ankle
A dog I knew jumped up at me and caught his eye tooth on my hand and reopened a cut. By the following day, my hand and fingers had swollen.	Hit in the nose during a rugby match.
Back pain	Leg injury
Couldn't get a GP appt so got an appt at urgent treatment centre. Was having trouble breathing due to asthma, wheezing and coughing.	Anaphylactic reaction
Wait times too long. Doctors not spending enough time and not paying attention to what patients are saying about symptoms	Can't get appointment with GP
Recurring tonsillitis	My ankle was swelling up and didn't know what was causing it. I got told to go to a&e for an x-ray
Suspected broken toe	I'd fallen and needed my arm x rayed
Infection	Throat infection laryngitis
Suspected hernia in groin	Lump under armpit
Breathing problems awaiting more test	Frozen shoulder

Please state the problem that led you to visit the urgent treatment centre	
Congested Eustachian tubes and ear infection	Head injury
Before I got diagnosed with bells palsy	My sons toe turn blue and nail off
My daughter had her tonsils removed at Solihull hospital and about 4 days later she haemorrhaged.	My husband had a recurring chest infection that had got worse He has been admitted in the past to hospital where his condition was serious ad treatment had been delayed This was fantastic service
Poor health and not able to see GP on the same day, not able to book any appointments	Uti
Headache following head injury	Son went tobogganing and sustained a wound to his knee
Sinusitis	I had a serious migraine.
My dad was in severe pain in his foot	Uti
I was sent there by III. I had a question about medication I could use. But have underlying health conditions. III was very good too.	Not attended one for many years
Traumatic face injury black eye	Feeling cold inside and shaking. Was just getting over knee replacement
It was at Heartlands hospital, so not listed here. I was sent by III	Sprained ankle in 3 year old daughter
Fell downstairs and hurt my ankle	Children with high fever
Dislocated thumb	Uti
My son was unwell with tachycardia, Temp 38.5° & confused. Telephoned III & was advised to attend UTC.	Hip replacement
UTI	Had a bad fall and hurt my knee
Shoulder pain	Minor cut
Child chest infection	Ear infection
Severe chest infection & could not get a go appointment.	Son had injured foot
Broken finger	Cycling accident
UTI child	Stomach cramps and upset stomach
I went here, as I'd been several times before, only to be told I couldn't go here as it was no longer walk in and I was sent to the place in Smethwick.	Needing bandages changed after an operation.
Ear infection	Torn rota cuff

Please state the problem that led you to visit the urgent treatment centre	
Injured finger, swollen and in pain, possible sprain fracture or broken	Suffering the back tail bone pain, can't walk properly
Finger puncture wound	Glass went through hand
Daughter fell and needed her ankle checked	Acute anxiety
Injury on toe	Uti
UTI	Urine infection
Acute back pain over the Xmas period.	Suspected strep throat - child
My daughter had broken ankle	My husband damaged his knee in awkward fall. He could walk but it was painful
Pains in back, water infection	Son knee injury

About us

Local Healthwatch were established in every local authority area across England following the Health and Social Care Act 2012. Our key role is to ensure those who commission, design and deliver health and social care services hear, and take into account, the public voice. Healthwatch Birmingham & Solihull listen to and gathers public and patient experiences of using local health and social care services such as general practices, pharmacists, hospitals, dentists, opticians, care homes and community-based care. We hear these experiences via our Information and Signposting Line, our online Feedback Centre, and through our community engagement activity led by staff and volunteers.

Read more about the work of [Healthwatch Birmingham and Solihull](#).



healthwatch

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