healthwatch Herefordshire

Understanding Emergency Department Attendance in Herefordshire

March 2026

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Executive Summary

Healthwatch Herefordshire has undertaken a project to explore and better understand how and why members of the public access urgent care services, with a particular focus on the use of the Emergency Department (ED). Increasing demand on urgent and emergency care services continues to present significant challenges for the NHS, making it essential to understand patient decision-making, experiences, and barriers to accessing appropriate care.

This project aimed to gather over 500 patient experiences through a combination of in-person engagement within the ED setting and telephone follow-up feedback. It sought to identify patterns in public behaviour, including how socio-economic factors and demographics may influence decision-making when seeking urgent care. The work also explored whether patients felt informed and supported in choosing the most appropriate service, and what improvements could help ensure people access the right care, in the right place, at the right time.

Engagement was primarily conducted within the Emergency Department, supported by trained volunteers and Healthwatch staff, with appropriate risk management measures in place due to the sensitive and high-pressure nature of the environment. Additional follow-up contact was conducted to capture reflections beyond the immediate ED experience.

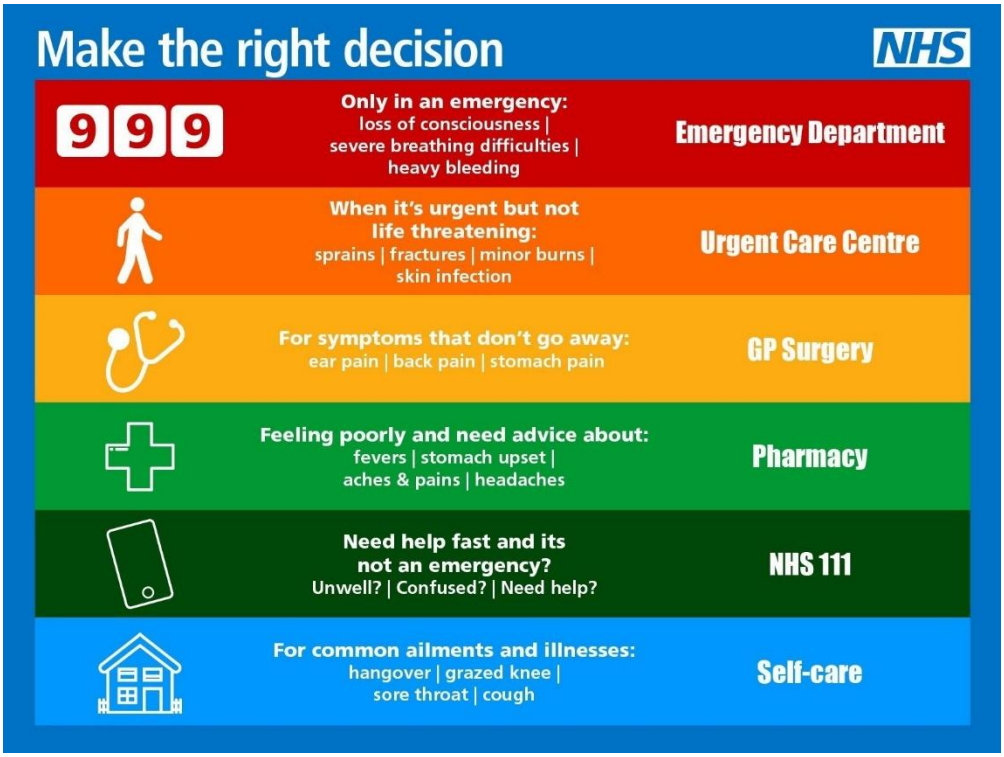
The findings from this project will provide valuable patient experience evidence to support local NHS partners in improving urgent care pathways. Insights will help inform service design, strengthen communication and signposting, and ensure that patients are better equipped to make informed decisions about their care. Ultimately, the project aims to contribute to more effective use of Emergency Department services and improved patient outcomes across Herefordshire.

What is the Urgent Care System?

Urgent care refers to medical services that provide assessment and treatment for health conditions that require prompt attention but are not immediately life-threatening. Within the NHS, urgent care sits between routine primary care (such as planned GP appointments) and emergency care provided by Emergency Departments and ambulance services. The urgent care system is designed to ensure that people can access timely advice, assessment, and treatment for unexpected health concerns while directing patients to the most appropriate service for their needs.

The urgent care system includes a range of services that support patients with different levels of need. These commonly include **NHS 111**, which provides telephone and online advice and can direct people to appropriate services; **General Practice**, including same-day urgent appointments where available; **Community Pharmacies**, which can provide advice and treatment for a number of common conditions; and **Emergency Departments**, which provide care for serious or life-threatening conditions. Ambulance services also form part of the urgent and emergency care system, responding to situations where immediate medical intervention is required.

The intention of the urgent care system is to ensure patients receive the **right care, in the right place, at the right time**. By offering a range of services that can respond to different types of needs, the system aims to improve access to care, reduce pressure on Emergency Departments, and ensure that specialist emergency services remain available for those who need them most. Understanding how the public navigate these services, and the factors that influence where people choose to seek help, is an important part of improving how urgent care operates locally.



Understanding Wye Valley Trust

Wye Valley NHS Trust is the provider of healthcare services at Hereford County Hospital, which is based in the city of Hereford, along with a number of community services for Herefordshire and its borders. They also provide healthcare services at community hospitals in the market towns of Ross-on-Wye, Leominster, and Bromyard.

Serving a population of 195,000 in Herefordshire and around 40,000 from Powys, the Trust is one of the smallest rural District General Hospitals in England. They work hard to deliver across traditional boundaries to provide integrated care in order to deliver a standard of care we would want for ourselves, our families, and friends.

NHS
Wye Valley
NHS Trust

Methodology

This project used a mixed-methods engagement approach to capture a broad and representative range of patient experiences relating to urgent care and Emergency Department (ED) use.

🔍 Engagement Approach

Primary data collection took place within the Emergency Department at Wye Valley Trust. Healthwatch Herefordshire staff and trained volunteers engaged directly with patients in the waiting area, inviting them to share their experiences through structured surveys. Surveys were available in both paper and digital formats to maximise accessibility and inclusivity.
Where appropriate, participants were asked to provide consent for follow-up telephone contact. This enabled the project to capture reflections on the full patient journey, beyond the immediate ED experience.

📝 Survey Design

The survey included a combination of quantitative and qualitative questions, designed to:

- Understand why individuals chose to attend the ED
- Explore awareness and use of alternative urgent care services (e.g. GP, NHS 111, pharmacies)
- Capture patient experiences and satisfaction with urgent care services
- Identify barriers to accessing appropriate care
- Gather demographic information to explore variations across different groups

👥 Sampling and Participation

A target of over 500 responses was set to ensure a robust evidence base. Participants were recruited opportunistically within the ED, with efforts made to engage a diverse cross-section of the population.

🤝 Volunteer Involvement

Healthwatch volunteers played a key role in supporting engagement activities. All volunteers received appropriate training, guidance, and support to ensure safe, effective, and sensitive interactions with patients.

🚨 Risk Management

Given the nature of the ED environment, several precautions were implemented:

- Close liaison with ED staff and security teams
- Avoidance of engagement with patients who were visibly distressed or unwell
- Flexible engagement approaches to prioritise patient wellbeing

🕒 Limitations

- Engagement within the ED may have influenced responses, as participants were in a potentially stressful or unwell state, which meant that experiences captured were predominately from patients well enough to participate.
- Follow-up response rates were lower than initial engagement, limiting longitudinal insights
- Opportunistic sampling may not fully represent all population groups, particularly those less likely to attend ED
- Access to the ED required approval from the Band 7 nurse in charge. If staff were particularly busy then engagement sessions were delayed, shortened, or rescheduled.
- Time pressures within a clinical setting – patients were called for triage, assessment and treatment at times cutting short the engagement session.
- Participation was voluntary.

Despite these limitations, the methodology provided rich, real-time insights into patient decision-making and experiences.

Addressing Project Limitations:

✔ Working Closely with ED Staff

- Engagement sessions were coordinated with the **Band 7 nurses in charge** before entering the department & wider transformation team with weekly check-ins.
- This ensured activity took place only when it was **safe and appropriate within the clinical environment**.

🗓 Flexible Engagement Scheduling

- Visits were scheduled across **different days, times, and evenings** to capture a wider range of patient experiences.
- Engagement took place between **8:00am and 11:00pm**, including **weekdays and weekends**.

👥 Increasing Capacity Through Volunteers

- **Healthwatch volunteers were trained and supported** to assist with engagement.
- This allowed the team to **speak with more people and maintain consistent coverage** across the engagement period.

💬 Offering Follow-Up Conversations

- Participants were given the option to **take part in a follow-up conversation** after their ED visit.
- This allowed individuals to reflect on their experience once their immediate healthcare needs had been addressed.

🤝 Patient-Centered Approach

- Staff and volunteers prioritised **patient wellbeing and comfort** when approaching individuals.
- Conversations were kept **flexible and respectful**, ensuring participants could stop or leave the discussion at any time.

📊 Broad Sample Size

- A total of **501 people were engaged**, helping to ensure a **large and diverse range of experiences** were captured despite the operational constraints of the environment.

Key Findings

Key Findings
Of the 501 interviews that were conducted by Healthwatch Herefordshire staff, analysis of the data identified several recurring themes relating to public awareness, decision-making, and experiences of urgent care services.

1. Reasons for Attending the Emergency Department
Many patients reported attending the ED because they perceived their condition to be urgent or serious. However, a considerable proportion indicated uncertainty about alternative services or felt the ED was the safest or quickest option.
Common reasons included:

- Concern about severity of symptoms
- Difficulty accessing timely GP appointments
- Advice from NHS 111 or other professionals
- Lack of awareness of alternative urgent care options

Patient Story:

"I wasn't sure what was going on, but my symptoms felt quite serious and I didn't want to take any chances. I tried to get a GP appointment, but there was nothing available soon enough, and I wasn't really sure where else I could go. I ended up calling NHS 111 and they suggested I come to A&E. At that point, it just felt like the safest option—I knew I'd be seen and could get answers quickly rather than worrying at home."

2. Awareness and Understanding of Urgent Care Services
There was varied awareness of available urgent care services. While some participants demonstrated good understanding, others were unclear about:

- When to use NHS 111
- The role of pharmacies in urgent care
- Availability of out-of-hours GP services

This inconsistency suggests a need for clearer public messaging and education.

Patient Story:

"I wasn't really sure where I was supposed to go. I'd heard of NHS 111, but I didn't know if it was for something like this or only for emergencies. I didn't think about going to a pharmacy—I didn't realise they could help with things like this—and I wasn't sure if there were any GPs open out of hours. In the end, I just went straight to A&E because it felt like the only option I understood. Looking back, I probably would have tried somewhere else first if I'd known what was available."

3. Barriers to Accessing Alternative Services

Participants identified several barriers that influenced their decision to attend ED:

- Limited access to same-day GP appointments
- Long waiting times for other services
- Perceived complexity of navigating the system
- Lack of confidence in alternative services

Patient Story:

"I did try to go through the usual routes first, but it just felt too difficult. I couldn't get a same-day GP appointment, and when I looked at other options, the waiting times sounded really long. I wasn't even sure where I was supposed to go—it all felt a bit confusing trying to figure out the system. In the end, I just didn't feel confident that I'd get the help I needed anywhere else, so I came to A&E because it seemed like the most straightforward and reliable option."

4. Patient Experience in the Emergency Department

Experiences of ED care were mixed:

- Many patients reported positive interactions with staff and felt reassured by the care received
- However, long waiting times and overcrowding were commonly highlighted concerns

Patient Story:

"The staff were really kind and took the time to explain what was happening, which made me feel a lot more at ease. Once I was seen, I felt like I was in good hands and that my concerns were taken seriously. But the waiting was difficult—it was really busy, and I was there for hours before being called. It was quite stressful sitting in a crowded waiting room, especially not knowing how long it would be, even though the care itself was good once I got through."

5. Demographic and Socio-Economic Influences

Preliminary analysis suggests that:

- Individuals from more deprived backgrounds may be more likely to use ED as a first point of contact
- Younger and working-age adults often cited convenience and accessibility as key factors
- Older individuals were more likely to have been referred or advised to attend

Patient Stories:

Younger / Working-Age Adult:
"I work full-time and it's really difficult to get a GP appointment that fits around my hours. I didn't want to take time off unless I absolutely had to, so I went to A&E in the evening. It just felt more convenient—I knew it would be open and I could get it sorted without having to wait days or rearrange work."

Older Patient:
"I wasn't sure what to do at first, so I spoke to my GP, and they advised me to go to A&E to get checked over. I wouldn't usually go straight there myself, but I felt reassured knowing a professional had told me it was the right thing to do."

Individual from a IMD area:

"I've always just gone to A&E if something's wrong—it's what I know, and it feels like the safest option. I'm not always sure how to access other services or what I'd be entitled to, and it can be hard to get appointments anyway. At least at A&E I know I won't be turned away, and someone will see me."

Language or culture differences driving ED use:

"Have just moved from Crawley so not registered with GP yet. Know about 111 but English is not good so would prefer to come to A & E, many times go to Crawley A & E, he has Asthma so needs special medication."

Analysis of attendance patterns indicates that individuals living in **HR2 and HR6** postcode areas—both associated with higher levels of deprivation (lower IMD rankings)—are more frequent users of the Emergency Department in Herefordshire. This suggests that socio-economic factors may play a role in driving higher ED utilisation within these communities.

In addition, a higher frequency of attendance is observed among patients residing in **HR1,** particularly within the city centre. This trend is likely influenced by geographical proximity to the hospital, making the Emergency Department a more accessible and convenient option. Notably, many of these patients are also registered with GP surgeries located closest to the ED, which may further

contribute to patterns of use, potentially reflecting both ease of access and local healthcare navigation behaviours.

Additional Findings:

GP receptionists acting as gatekeepers

"Phoned the GP this morning… receptionist said the doctor said to go to A & E."

"Receptionist didn't want to see her and said to go to minor injuries."

Patients unable to get a timely appointment

"GP said yesterday to come to A & E for emergency procedure."

"Phoned GP… they offered more painkillers."

GP systems down or overwhelmed

"Contacted GP yesterday, but the computers were down so they wanted to wait until today."

111 Frequently Directs People to ED

Many patients contacted 111 first and were told to attend ED, even for conditions MIUs could treat.

Quotes Include:

"111 said to come to A & E."

"Explained symptoms and they said to come to A & E within an hour."

"They did want to send an ambulance, but she preferred to get a lift."

This suggests **111 is risk-averse**, pushing people toward ED rather than MIU or GP.

Repeat ED Attendance for Unresolved Long-Term Conditions

Several people are returning repeatedly because their underlying condition is not being managed elsewhere.

Examples:

- Gynaecology delays (multiple cases)
- Kidney stones

- Chronic abdominal pain
- Mental health crises
- Asthma in children
- Recurrent injuries

Quotes include:

"This is the 3rd time since May that I've been at A & E."

"Over the last 12 months, have been to A & E 4 times."

"Been in and out of the hospital system in the last year."

This is a **system failure signal** — ED is becoming the default for chronic conditions.

Mental Health Presentations Are High and Often Linked to System Gaps

You have several mental health-related attendances, including:

- Suicidal ideation
- Self-harm
- Depression with physical symptoms
- Crisis team delays
- CAMHS unavailability

Quotes Include:

"I'm suicidal… came off section 2… crisis team know him well."

"Self harm… CAMHS team weren't available."

"Depressed anyway so waiting in A&E is not making it better."

This is a **clear pressure point**: ED is acting as the mental health safety net.

People Value Being Seen Quickly — But Also Being Informed

A strong theme is **not just speed**, but **communication**.

Quotes Include:

"Don't mind waiting as long as I know why and what next."

"Just the information on the screen… doesn't give a lot of information."

"Want to be kept informed of what's going on."

This is a **service improvement opportunity**: better real-time communication could significantly improve experience.

Many Patients Expect Investigations Only ED Can Provide

Even when MIUs exist, patients often need:

- Bloods
- ECG
- Ultrasound
- X-ray
- Specialist review

Quotes Include:

"GP said she needed a chest x-ray."

"Waiting for bloods and women's health."

"Radiology rang to say to come to A&E."

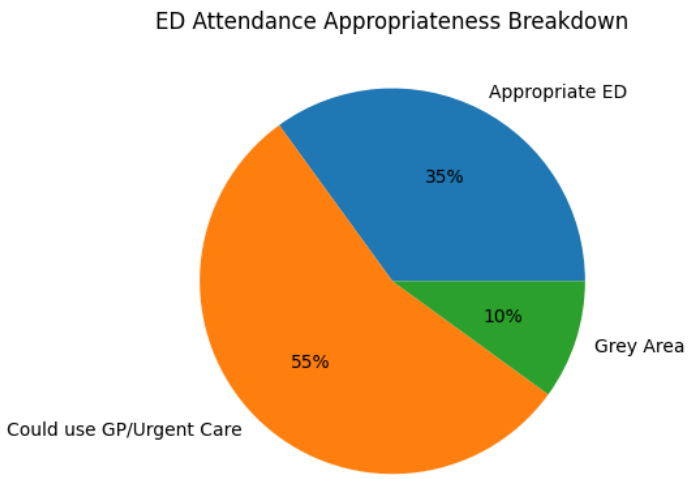
This explains why MIUs are bypassed — **patients know MIUs can't do diagnostics**.

People Are Travelling Long Distances to Attend Hereford ED

You have attendances from:

- SY8 (Ludlow)
- SY6 (Shropshire)
- HR5 (Kington)
- HR8 (Ledbury)
- HR9 (Ross)
- LD3 (Brecon)
- NP25 (Monmouth)

About Our Participants


ED Attendance Appropriateness Breakdown
Appropriate ED
35%
10%
Grey Area
55%
Could use GP/Urgent Care


urgent
no_appointments
immediate
check_symptoms
appointment
delay
pain
safe
reassurance
open
quicker
no_access
help_now
anxious
night
worried
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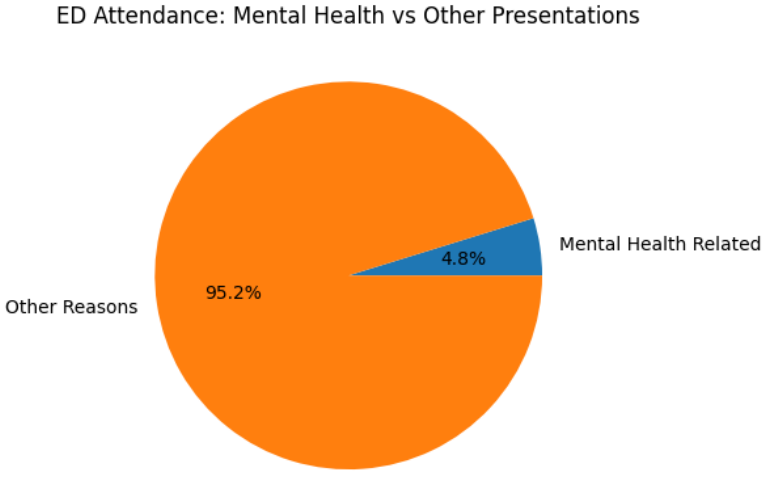

ED Attendance: Mental Health vs Other Presentations
Mental Health Related
4.8%
95.2%
Other Reasons

Reflections of ED Experiences

As part of this work, participants were asked if they would consent to a follow-up call to reflect on their experience. This approach was included at the request of Wye Valley Trust to gain deeper insight into patient perspective. Of the **501** engagement conversations, **183 individuals agreed to be contacted**, and **73 reflective follow-up calls were successfully completed** between January and March 2026.

During these calls we asked;

1. How did you feel about your experience of care?
2. When you reflect on your ED experience as a whole, what stands out the most to you?
3. Were you treated with care dignity & respect?
4. Did you witness other patients being treated with care dignity & respect?
5. Additional comments, suggested improvements, and ideas

📊 Overall Sentiment

- **80% positive or mostly positive experiences**
- Small proportion reported negative experiences

👉 Insight:

Patients generally value the **quality of care**, even when the experience itself is challenging.

⭐ What Stood Out Most to Patients

👩‍⚕️ Staff Care & Compassion (Strongest Positive Theme)

This was the most consistently positive feedback.

Patients described staff as:

- “kind”, “polite”, “reassuring”
- “doing their best under pressure”

- “thorough and professional”

Examples included:

- Staff explaining care clearly
- Making patients feel at ease
- Showing kindness to children and vulnerable patients

👉Insight:

Staff behaviour is the biggest driver of positive experience, even in difficult circumstances.

⏱️ Long Waiting Times (Strongest Negative Theme)

This was by far the most dominant issue across responses.

Patients reported:

- Waiting **5–14+ hours**
- Delays to see a doctor after triage
- Long waits for results, beds, or discharge

Common phrases:

- “Once seen, care was excellent—but the wait was too long”
- “Left waiting and felt forgotten”
- “Sitting for hours in pain”

👉 Insight:

The problem is not care quality—but access to it in a timely way

🚑 System Pressure & Capacity Issues

Patients clearly recognised system strain:

- “Too many patients”
- “Not enough staff”
- “No beds available”

Many patients were sympathetic:

- Acknowledged staff were “rushed off their feet”
- Understood delays were not staff fault

👉Insight:

Patients see ED as **overstretched but doing their best**

🗣️ Communication & Information Gaps

Mixed experiences here:

Positive:

- Clear explanations when staff had time
- Patients felt reassured when kept informed

Negative:

- Not knowing what was happening
- No updates unless they asked
- Confusion about next steps

Quotes Included:

- *"If you didn't ask, you weren't told"*
- *"Nobody explained what was happening"*

👉Insight:

Communication strongly shapes perception of care, especially during long waits

🪑 Environment & Comfort

A major practical issue:

- Uncomfortable chairs
- Long waits in waiting rooms
- Lack of space / overcrowding
- Patients waiting in corridors

Some specific concerns:

- Elderly patients struggling
- Patients in pain sitting for hours
- Lack of quiet/private spaces

👉Insight:

Physical environment worsens the impact of long waits

🔒 Privacy & Dignity Concerns

While most felt respected (**80% said yes**), issues were still raised:

- Conversations overheard
- Observations done in public areas
- Having to explain symptoms at reception window

Quotes Included:

- *"You have to shout your reason through a window"*
- *"People could hear everything"*

👉Insight:

Dignity is generally maintained—but environment limits privacy

⚠️ Feeling "Forgotten" or Not Taken Seriously

A smaller but important theme:

- Patients feeling overlooked during long waits
- Some felt dismissed initially
- Pain relief delays

Quotes Included:

- *"I felt completely forgotten"*
- *"Initially not taken seriously"*

👉Insight:

Even a small number of these experiences can **damage trust significantly**

🔁 Delays, Pathways & Follow-Up Issues

Patients reported:

- Being sent home and asked to return
- Lack of follow-up
- Delays in diagnosis or tests

Quotes Included:

- *“Had to come back the next day”*
- *“No follow-up after tests”*

👉Insight:

System inefficiencies extend the patient journey beyond ED

💡 Key Overall Insights

Patient experience in the Emergency Department is shaped by a contrast between **high-quality, compassionate care** and **system pressures that create delays, discomfort, and uncertainty**. While staff are consistently viewed positively, long waiting times, communication gaps, and environmental challenges significantly impact how care is experienced.

Conclusions & Recommendations

Overall, the findings highlight that while many patients attend the Emergency Department with genuine concern and a need for reassurance, a range of underlying factors influence their decision to do so. These include uncertainty about available services, difficulties accessing primary care, and a lack of confidence in alternative options. Patterns of attendance also reflect wider inequalities, with higher use observed in more deprived communities, alongside the influence of convenience and proximity for those living closer to the hospital.

Patient experiences within the ED were generally positive in terms of care received; however, pressures such as long waiting times and overcrowding remain significant challenges. Taken together, these insights suggest that improving awareness, access, and confidence in the wider urgent care system will be key to supporting patients to make informed choices and ensuring services are used appropriately.

The following recommendations are informed by patient experiences and aim to address these challenges, improve overall patient experience, and support a more effective and sustainable urgent care system in Herefordshire.

RECOMMENDATIONS

1. Strengthen Public Awareness and Education

- Develop clear, consistent messaging about urgent care options and when to use them
- Promote NHS 111 as a first point of contact for non-life-threatening conditions
- Increase awareness of the role of community pharmacies and other local services

2. Improve Access to Primary Care

- Explore opportunities to increase availability of same-day GP appointments
- Enhance communication around how to access urgent GP care, including out-of-hours services

🔀 3. Simplify Navigation of Urgent Care Services

- Provide clearer signposting across all services
- Ensure information is accessible, easy to understand, and widely available

🤳 4. Enhance Patient Confidence in Alternative Services

- Address perceptions around quality and reliability of non-ED services
- Share positive patient experiences to build trust and reassurance

💬 5. Targeted Support for Vulnerable Groups

- Develop tailored communication and outreach for communities with higher ED usage
- Work with local organisations to improve health literacy and access to information

🧠 Continue Engagement and Feedback Collection

- Maintain ongoing patient engagement to monitor changes and improvements
- Use patient experience data to inform service design and commissioning decisions

Acknowledgements

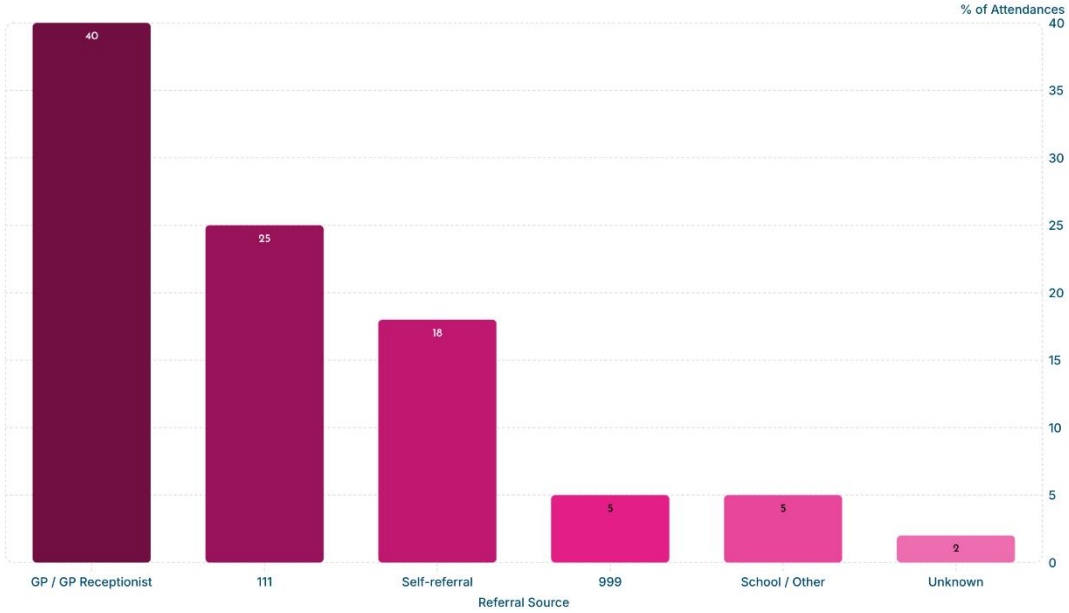
We would like to thank everyone who contributed to this project. In particular:

- The patients, carers, and members of the public who shared their experiences
- Healthwatch staff and volunteers who supported engagement
- The Emergency Department teams at Hereford County Hospital
- Wye Valley NHS Trust Transformation Team for their collaboration and insight

Appendix

Who Is Directing Patients to ED?

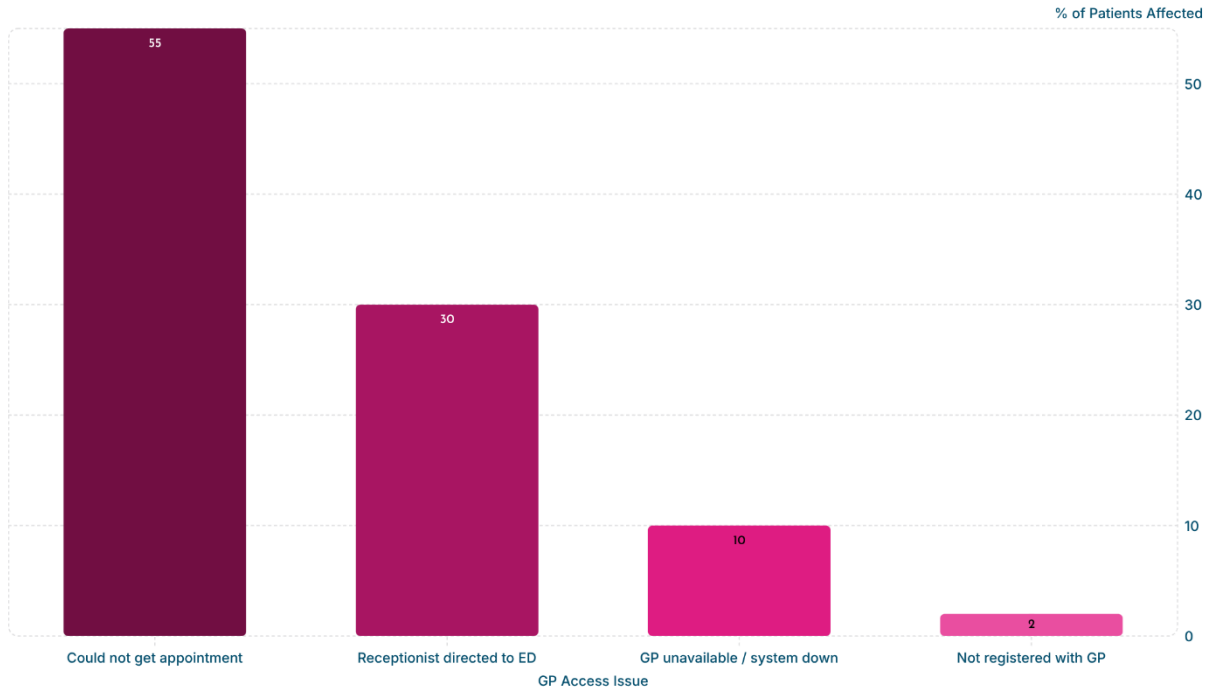
Understanding referral sources is critical to identifying where systemic pressure originates. GP and 111 referrals together account for nearly two-thirds of all ED attendances.



GP access issues and 111 referrals are the **dominant drivers** of ED attendance, together accounting for 65% of all presentations. This points to upstream systemic pressure rather than patient misuse of emergency services.

GP Access Barriers Driving ED Demand

Over half of all patients reported experiencing a GP access barrier before attending ED. This chart reveals the specific nature of those barriers — from inability to secure an appointment to being actively directed to ED by reception staff.



55% Could Not Get Appointment

The single largest driver — patients unable to access timely GP care turn to ED as a default.

30% Directed by Receptionist

A significant proportion were actively told to attend ED by GP reception staff, bypassing clinical triage.

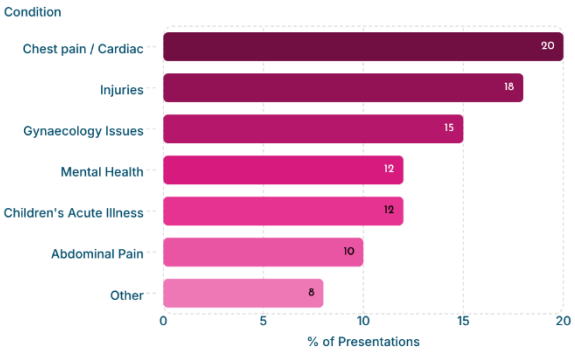
10% GP Unavailable

System outages and GP unavailability push patients toward emergency services unnecessarily.

Conditions Presented at ED

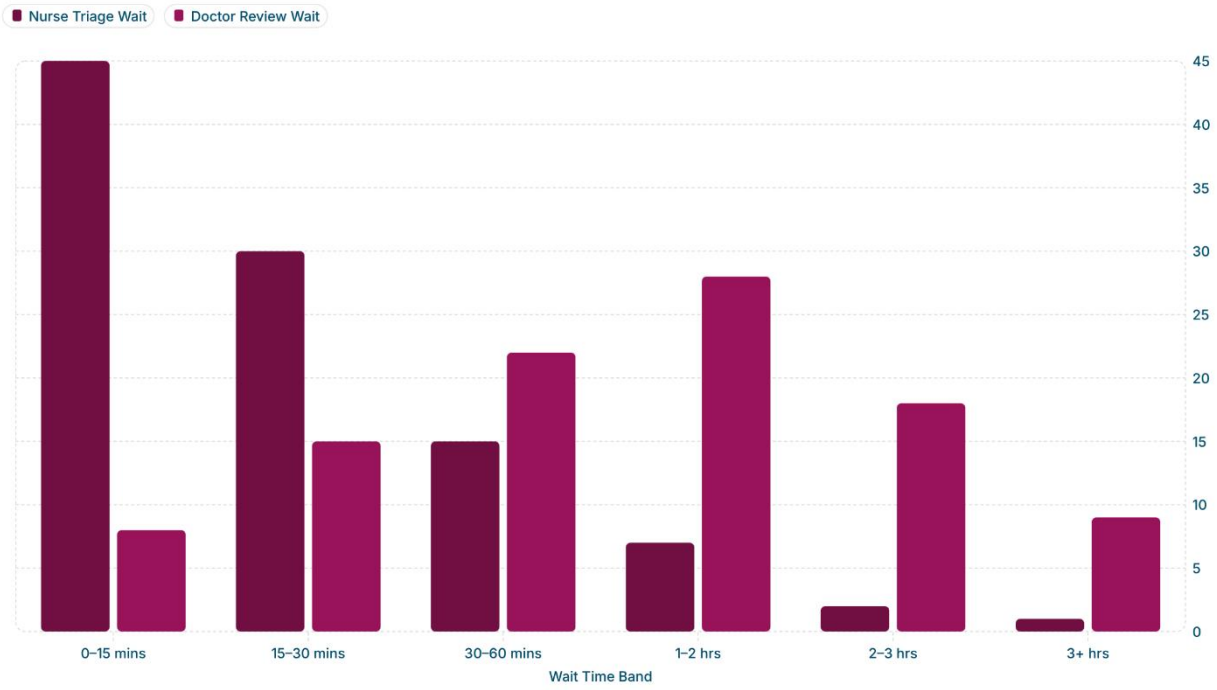
A broad mix of acute and chronic conditions presents at ED, with cardiac and injury cases leading. Mental health and children's acute illness together represent nearly a quarter of all presentations — highlighting the breadth of demand placed on emergency services.

The diversity of conditions underscores that ED is absorbing demand that could, in many cases, be managed in primary or community care settings with adequate access.



Wait Times: Nurse Triage vs. Doctor Review

Patients are generally triaged by nursing staff quickly, but the gap between initial triage and medical review is significant. The dual-bar comparison below illustrates this disparity across time bands — highlighting where bottlenecks occur in the patient journey.



⚠ Most patients were triaged quickly by nursing staff, but **waited considerably longer for medical review** — with over half waiting more than one hour to see a doctor. This reflects capacity constraints rather than triage inefficiency.

Geographic Demand: Attendance by Postcode & MIU Availability

Geographic analysis reveals that ED attendance is highest in areas closest to Hereford and in communities with limited access to Minor Injury Units (MIUs). The two heat maps below illustrate postcode-level demand and the relationship between MIU provision and ED attendance rates.

Attendance by Postcode Area

Postcode	Attendance Level
HR1	🔴 High
HR2	🔴 High
HR4	🔴 High
HR6	🟡 Medium
HR8	🟡 Medium
SY8	🟡 Medium
HR3 / HR5 / LD3 / NP25	🟢 Low

ED attendance is highest in areas closest to Hereford and in communities with limited GP access.

Attendance vs. MIU Availability

Areas WITH MIU

🟡 **Medium** ED attendance – local MIU provision absorbs a meaningful share of minor injury and illness demand, reducing pressure on the main ED.

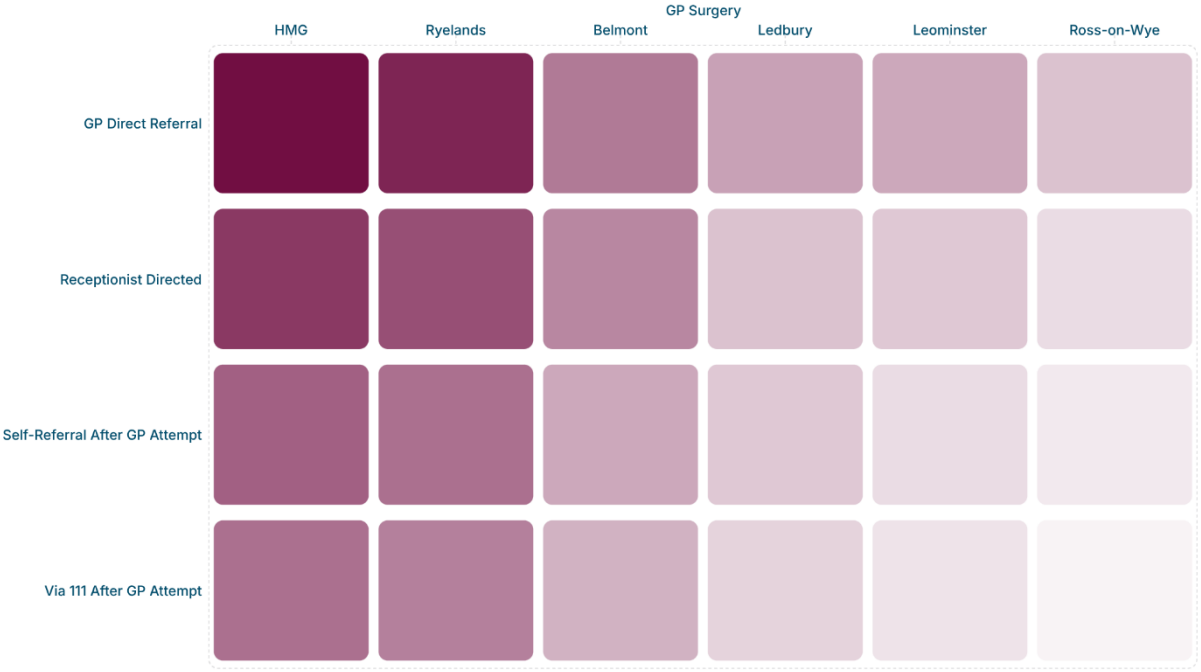
Areas WITHOUT MIU

🔴 **High** ED attendance – in the absence of a local MIU, patients default to the main ED for conditions that could be managed at a lower acuity setting.

ⓘ Patients from MIU-less areas attend ED more frequently, suggesting that investment in community-based urgent care infrastructure could meaningfully reduce ED demand.

GP Surgery → ED Referral Patterns

The heat map matrix below maps referral frequency from individual GP surgeries to ED, broken down by referral type. Colour intensity reflects frequency – darker cells indicate higher referral volumes. HMG and Ryelands appear most frequently, but this reflects population size rather than inappropriate referral behaviour.



Higher referral volumes from HMG and Ryelands are consistent with their larger registered patient populations. This data should **not** be interpreted as evidence of inappropriate referral practice at these surgeries.

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