



**Integrated  
Care System**  
Nottingham & Nottinghamshire

# **healthwatch**

**Nottingham & Nottinghamshire**

## **Urgent Community Response Report**

**November 2023**

## Who are Healthwatch Nottingham & Nottinghamshire?

Healthwatch Nottingham & Nottinghamshire is the local independent patient and public champion. We hold local health and care leaders to account for providing excellent care by making sure they communicate and engage with local people, clearly and meaningfully and that they are transparent in their decision making.

We gather and represent the views of those who use health and social care services, particularly those whose voice is not often listened to. We use this information to make recommendations to those who have the power to make change happen.

## Why is it important?

You are the expert on the services you use, so you know what is done well and what could be improved. Your comments enable us to create an overall picture of the quality of local services, based on your experience. We then work with the people who design and deliver health and social care services to help improve them.

## How do I get involved?

We want to hear your views about services such as GPs, home care, hospitals, children and young people's services, pharmacies, and care homes.

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## Executive Summary

The Urgent Community Response (UCR) project was undertaken to examine the effectiveness of this service. This project was commissioned by the Nottingham & Nottinghamshire Integrated Care Board (ICB). Since they are in the early stages of piloting this new pathway, it was considered important to collect patient feedback to help shape the trajectory of this service.

We spoke to 34 service users in a telephone interview, from 103 individuals whose details were shared with us and who had agreed to take part in this study. All persons were contacted, but some elected not to take part and others were not contactable after repeated attempts to get in touch. In some cases, we spoke to a carer or family member as opposed to the service user directly, where the individual was unwell or had other difficulties in communicating.

The primary results of this study suggest that almost all service users find UCR invaluable, and that it had achieved its purpose in either avoiding a hospital stay or allowing someone to come out of hospital and to go home with some support. This success is in part due to the speed of the service and its ability to identify and deliver the care and support the service user needs. That said, a great deal of credit is owed to the staff themselves, whose friendliness and compassion played a key role in working well with people who are often distressed and struggling.

Few areas of improvement were commented on by service users. There were several remarks on waiting times and issues around being able to contact the service. However, one of the primary concerns is that public awareness of the service is low and thus people are unable to avail themselves of such assistance in meeting their needs when they are struggling.

We conclude from the findings of this report that the UCR service succeeds in its aims, and that, for those who have accessed the service, it ensures that the individual receives the right care in the right place at the right time.

That said, we have noted that the service users we spoke to were all of white ethnicity who consider themselves one of the British nationalities, and who speak English as their preferred language. Does this represent a realistic sample of the communities that should be accessing UCR services, or are there barriers to access for some groups?

Thus, our recommendations are:

1. Find a way to notify service users of when to expect staff to arrive for the first time
2. Ensure that carers/family members know when UCR staff will arrive
3. Develop a good explanatory leaflet to describe the nature of the service
4. Provide a means of letting service users contact the service if issues arise
5. Identify if the service is not reaching certain minority communities

Urgent Community Response serves an invaluable need. Its continuation and development will aid patients, save money and deliver a better service to our community.

## Introduction

We were commissioned by the Nottingham and Nottinghamshire Integrated Care Board (ICB) to investigate the experiences of individuals who have utilised the Urgent Community Response (UCR) service. UCR is a service that provides rapid crisis response and reablement care within a specified timeframe, offering in-home support by multi-skilled teams to individuals in urgent need, to reduce hospital admissions and promote independence. The primary objective of this project was to investigate whether the UCR service is making a difference to, and an improvement in, people's health and wellbeing, and whether the commissioned service is being effectively delivered. We also aimed to gain insights into what aspects of the service are working well and identify areas where improvements can be made to ensure that it is responsive to patients' needs. By understanding the experiences of those who have used the service, we can provide valuable recommendations for enhancing it.

The impetus for undertaking this project at this time arises from Nottingham and Nottinghamshire ICB's involvement in the NHS England Frailty Collaborative and its commitment as a signatory to the national initiative known as the 100 Day Challenge. The 100 Day Challenge is designed to reduce ambulance conveyance for low-priority patients by transitioning their cases to the 2-hour UCR service within the community. As Nottingham and Nottinghamshire ICB is in the early stages of piloting this new pathway, it was considered crucial to seek feedback from patients to shape the future of UCR.

## Background

Urgent Community Response (UCR) is the name for the service designed to enhance the quality and capacity of care for individuals. This service delivers urgent, crisis response care within a two-hour timeframe and reablement care responses within a two-day period. Crisis response teams are community-based, typically provided by a multi-skilled team, to individuals with an urgent care need in their own home. UCR aims to minimise avoidable hospital admissions and support people in maintaining their independence for longer. The service is required to respond within two hours, involving an assessment and short-term interventions which usually last up to 48 hours.

Individuals are typically referred to this service by:

- General practice
- NHS 111
- A&E
- Same day emergency care services
- Frailty assessment units
- Ambulance services
- Self-referrals
- Carer referrals
- Community-based health and social care (including care homes)



## Our Approach

The agreed approach was to undertake one-to-one interviews with recipients of UCR. Service providers contacted all persons that received the UCR service sometime after they received care, seeking their permission to share contact information with Healthwatch. It was immediately apparent that this would not work for some service users as they live with dementia or have a hearing loss, and in these circumstances the input of a carer involved with day-to-day care would be appropriate to provide insight.

This is obviously a self-selecting group, but the specialist nature of this service meant that it was not possible for Healthwatch to approach the community more generally as the service usage is quite narrow. There were delays in the contacts being provided, which has meant that some people had forgotten about the service they had accessed and thus decided not to take part in the interviews.

All interviews were conducted over the telephone, either immediately on contact by an interviewer or at a mutually agreed time. Participation was voluntary and some service users elected at this stage to not take part. If we received no reply from a telephone contact, we would leave a message and try a further two times, trying to vary the times of calls to maximise the chances of the recipient being able to answer. The majority of the interviews were conducted between April and June 2023.

Questions were developed alongside the commissioner to explore the experience of the recipient with the service offered by UCR. Broadly, questions explored *what* help was received, *how* it was received, and *what difference* it made. Interviews generally took approximately 30 to 40 minutes including gathering demographic data, and all respondents were given the chance to feed back on any other observations around the service that they wished to share. We took a conversational approach to the interview, which encouraged them to explore their feelings around the service and time to

recall events that were several months earlier, and which occurred when they were unwell.

Where a partner or carer gave feedback, questions were reframed to explore their observations of the impact of the UCR service on the person they cared for.

We were eventually provided with contact details for 103 people, and attempts were made to contact all of them. Out of these, 27 were non-responsive despite three attempts to contact them at different times and on different days. 42 individuals, when contacted, said they either did not wish to participate or were unable to participate. This last group included service users who were still too ill to participate, had gone back into hospital, or had challenges contributing, such as dementia or hearing issues. In one case, a patient had subsequently died.

Of the 34 who did complete an interview, 6 were from City of Nottingham residents, 28 were residents of the County. The original target had been to interview 40 individuals, 15 from the City, 25 from the County. We were constrained by both the relative numbers of referrals (we received more referrals from the County) and also by the actual willingness of individuals to participate.

The age profile of the people we spoke to is overwhelmingly towards older ages. Only one person was under the age of 50, and the median age of participants was 80 years. This reflects the nature of the service aiming to keep people out of hospital combined with the known increase in need for such services in older age.

There was broadly an even split between males and females (52.9% female, 47.1% male). There were no individuals identifying as transgender but given the age profile and recent Office of National Statistics data from Census 2021 it is to be expected as the majority of transgender-identifying individuals are under 25. All individuals, apart from one, identified themselves as heterosexual, which is consistent with UK census estimates of the proportion of heterosexual adults.

One area where this study indicates an issue, is that all participants in this study identified as White (aside from one person who preferred not to say). It is impossible to know if this represents an issue with the sampling of willing participants, or whether the service is not accessed by members of minority ethnic communities. We are aware that over 93% of the county population are white but for city residents, this amounts to 57.3% according to the last census.

## Summary of Findings

We were able to get responses to almost all questions, so percentages quoted are from 34 respondents, unless otherwise noted.

### **Q1 - How long ago did you receive this service?**

The vast majority of service users (76.5% [25]) received help from 1 to 5 months previous to the interview. A few (17.7% [6]) received help in the last month. The reason for the delay was that service users were not asked at the time of accessing the service, as they were, by definition, unwell and in need. They were contacted some time later to seek permission by the Trust and were then contacted by Healthwatch once permission was given.

### **Q2 - Were you told how long you would have to wait for the Urgent Community Response service to arrive?**

Most participants were either not told (38.2% [13]) or did not recall (23.5% [7]) when to expect the UCR services to arrive. Only 17.7% (6) were told when to expect UCR staff to arrive. This could be because UCR service is arranged by other organisations, such as a hospital, or by other relatives. Consequently, the service user has no contact with UCR until they first arrive.

As a result of this lack of prior contact, most participants have no idea if the service arrived within the defined time parameters. As UCR respondents normally arrived quickly from the viewpoint of the service users, it would seem that this is not perceived as an issue. Only one service user had to contact the service a second time, but they still arrived within 4 hours.

One other service user did point out that as they have no contact information for UCR, *"if someone falls through the cracks, they don't have a way to find out what is happening."*

### **Q3 - Were you offered a choice of how your care would be delivered?**

Service users in the majority said 'No' to this question (55.9% [19]), whilst 44.1% (15) said 'Yes', they were given a choice.

For those who said 'Yes', UCR seems to have offered suggestions: *"I was given the choice of going into hospital."* Additionally, UCR also took the time to explain options, particularly around equipment to help the service user, helping them to find the right choice.

Of the majority that said 'No', this perhaps reflect the fact that service users are unwell and don't feel able to ask for specific support and they are grateful for the help offered. One relative commented *"A choice didn't need to be made; they accepted the help they received."*

### **Q4 - Did you fully understand what care the Urgent Community service responder was offering you?**

A large majority answered 'Yes' to this question (79.4% [27]), with only 20.6% answering 'No' [7]. Several of those who commented that they hadn't understood also mentioned that they were too unwell to take in what was said to them. In other words, although UCR staff were explaining, some service users were confused because of their health, making it difficult for them to fully grasp the conversation.

Where service users' comprehension was impacted by illness, the service involved relatives and carers who were present. Relatives also made some comment *'that staff from UCR did make a strong effort to help confused service users understand and that they did sometimes succeed'*.

Thus, though not every service user did understand what the UCR was there to offer, staff seem to have made every effort to aid comprehension.

### **Q5 - Were the staff polite? Please rate 1-5**

Almost every person asked rated the service as a 5 'very polite' (97%) with only one person rating politeness as a 4. It is clear that UCR staff come over very well:

*"You could see they genuinely wanted to help."*

*"They always asked if there was anything else I needed".*

### **Q6 - Did the staff show compassion?**

This was a question answered unanimously with a 'Yes' (100%). There are many elements to this display of compassion which a few quotes really capture:

- *"It felt like a friend coming round for a cup of tea."*
- *"They were so kind to me and showed patience with us old people!"*
- *"They spoke to him as a person and it was all about him, how they could help him, what they could do for him."*

Service users were clear in their feedback that the UCR team understands the need to reassure family and carers present too:

*"They could see how overwhelmed we were and that we [both] needed help."*

### **Q7 - Did you feel listened to by the staff?**

32 people answered 'Yes' to this question (94.1%), with only 2 (5.9%) saying 'No'. Being 'listened to' is reflected in many different ways in how service users felt about the conversations they had had:

*"They acted in a very professional way; not just reading off a 'tick sheet' but talking about anything we said we needed."*

*“They went at my pace and didn’t hurry me along.”*

Of the two who said ‘No’, it seems in part to reflect the clinical duty of UCR staff to consider the urgent care needs of a service user, particularly if the patient is balancing other issues:

*“It was because I was more concerned about my animals and that my partner was dying.”*

### **Q8 - Did the staff treat you with respect and dignity?**

Once more every respondent answered ‘Yes’, they were treated with respect and dignity. It is clear from the comments that people really appreciated the way they were spoken to, but they were also grateful for a host of other little things to help a service user deal with the situation they were in, which was itself highly stressful.

*“They put my socks and slippers on; these little things help you when you are in a situation where you can’t think for yourself.”*

*“They sat down next to him and talked [directly] to him. They treated him like a human being despite his dementia.”*

It is clear that this consideration extended to other people present:

*“When they talked to my wife as a [former] nurse they treated her as an equal.”*

The feedback very much came across that staff went the extra mile to help people in lots of little ways, seeing their role as more than simple clinical need. This means people felt treated as individuals with individual needs.

### **Q9 - Did the staff treat your home with respect and dignity?**

All respondents answered ‘Yes’ to this question. Staff seem very much to have made an effort to not treat the property as though it were their own home,

always seeking permission to move between rooms, and tidying up after themselves.

*“It was my home - like offering to take their shoes off, tidying up after themselves. I didn't feel awkward having them in the home.”*

One person commented that they were careful not to let out the service user's cat, an aspect of the task which many might forget but which is of importance in reassuring people in their own home.

**Q10 - Did the Urgent Community Response service staff provide you with any of the following? Equipment; Package of Care; Interventions; Other**

The breakdown was:

Equipment	70.8% [17]	Interventions	29.2% [7]
Package of care	41.7% [10]	Other	12.5% [3]

Percentages can exceed 100% as more than one kind of support could be offered to an individual. 10 respondents did not receive any such support, so percentages are out of 24.

The commonest support was providing equipment, and service users often commented that equipment was provided very promptly:

*“They provided the bed the same day. Then I could rest properly and helped my wife to relax and rest too!”*

Some also said that staff called them back and made sure that equipment was delivered, and if anything else was needed:

*“They checked up the following day to see if everything had been fitted [it had been] and followed up to check if I had everything I needed.”*

Respondents make a point to say that care was delivered swiftly and seemed to cover their needs. Importantly, they also made sure to communicate with



other health and care providers to ensure that accurate information and service user need was conveyed:

*“They did a lot of chasing the doctor and passing information to the nurses, setting everything up for my mum.”*

This is important for most of the service users that UCR service supports, as they are likely to already be known to the health and care system and sudden changes need to be communicated to ensure continuity of care.

It is pleasing to see that there was some mention of staff recommending that service users seek help for other clinical issues they may have, thus giving action to the ‘Make Every Contact Count’ as encouraged under the government’s health infrastructure plan and local Integrated Care Strategy.

*“They recommended that I needed to get a pressure ulcer on my heel looked at.”*

Finally, there is also an indication that staff have picked up additional care aspects, such as the patient for whom they organised to send a nurse to remove staples from a wound at the recommended time, rather than the patient waiting on their GP practice which would have involved a delay.

### **Q11 - Did the care you were given by the Urgent Community Response service help you to get better?**

For service users, 81.8% [27] said ‘Yes’, and 18.2% [6] said ‘No’.

*“It helped me improve far quicker than I would have without any help - I may have ended up back in hospital.”*

*“Over a period, definitely yes. It meant I didn't have to go to hospital.”*

In one extreme case, the service user commented: *“If they hadn't come, I would probably have stayed there [in the chair], not eaten until I passed away.”*

There is clearly an important role too in helping not just the service user but also the family and carers around that person: *“My husband has made a full recovery and it has helped us both mentally, that he could get care if he needed it. Meant I could go on caring.”*

There is a signposting aspect to the role which can make sure people receive pointers to services they do not know exist and which can help them (again, Making Every Contact Count). One service user felt very lonely after their spouse died because they did everything together and the leaflets provided by the nurses helped them to get in touch with people.

For most of those who answered ‘No’, their elaboration on that answer explained that the main reason they did not get better was because they were unlikely to get better, clinically:

*“He wasn't able to be re-enabled so there wasn't anything they could do to help with this; it's not their fault.”*

*“Unfortunately, my wife is on palliative care. There is no way of her getting better.”*

It is important to recognise this in evaluating this aspect of the service.

## **Q12 - Did you receive all the help you needed from the Urgent Community Response service?**

A strong majority (94.1% [32]) said ‘Yes’, with only 5.9% [2] saying ‘No’. There are several aspects to this positive response. In part, it reflects that people are unfamiliar with the service and thus were really impressed when they encountered the UCR service. But it is, clearly, also that the service delivers on its purpose.

*“It couldn't have been better. With the frustrations with the doctors and the phone systems I was amazed how good it was - they were wonderful!”*

*“They did everything I could have asked for at the moment - they were quite professional. And they didn't judge me!”*

*“It was like private medical healthcare! We were stunned at the level of care. It was unbelievable getting this on a one-to-one basis. I really appreciated it.”*

Where service users answered 'No', it related to specific needs rather than general faults with the provision, such as *“I don't have two good legs. I struggle to get up and use the commode at night. I wish there was more help for that.”*

This last comment is indicative of the gaps in services outside UCR.

In line with the NHS Constitution and the Shared Decision-Making Approach, it is good to see that staff respected conscious service user choices, as typified by: *“They respected that I didn't want to go into hospital, and I persuaded them I would care for myself and go into hospital if I didn't get better.”*

**Q13 - How likely are you to recommend this service to a friend or family member? Rate 1 to 5.**

Another remarkably positive feedback, 97.1% [33] rated UCR 5, and one rated it 4. Positive comments related to the quality and existence of the service:

*“I didn't want for anything - I wouldn't have got better without them.”*

*“I thought they did a brilliant job under the circumstances and what they have to face.”*

It must be said that some service users reported that they are already recommending the service to others:

*“If anybody wanted help... I have already shared how good they are with a lady across the road!”*

**Q14 - Please tell us how happy or unhappy are you with the service. Rate 1 to 5.**

A rating of 5, 'Very Happy', was given by 91.2% [31] of respondents, a rating of 4 by 5.9% [2], and one person gave a rating of 2. The overall satisfaction rating is thus 4.85 out of 5.

That single low rating was expanded upon by the service user with an explanation that *"the first man I spoke to wasn't very nice to me, said they didn't like coming to me."* They did say that all other staff were really polite, but sadly that *"first interaction stuck in my mind"*.

This stands in contrast to the other feedback given to this question, with remarks such as:

*"They were as near perfect as anything I experienced"*.

*"The speedy response to arrive and once they started talking to me - they really pulled out the stops. I appreciate all the efforts they put in for me."*

*"I can't fault the service - we've been amazed, and they were so kind. They didn't rush me."*

Previous answers indicated that people did not know about the service, but that on encountering it they were amazed that it did exist and that it was truly exceptional to the vast majority in delivering the care and support they needed.

**Q15 - Please tell us two things you liked about the Urgent Community Response service**

There are a number of key themes which arise repeatedly in the feedback people shared.

The most commented upon is what can be described as **good communication skills**, interacting effectively with service users and family:

*“They put it in the language needed for the person they were talking to.”*

*“They talked to me like a person.”*

*“They kept in touch and followed up – good communication.”*

But this communication went beyond merely professional to *feeling friendly* to service users.

*“They are very friendly and you feel comfortable in answering questions.”*

*“They were happy and we had a rapport. They had a joke and put me at my ease.”*

One family member commented that ‘older people aren’t always welcoming due to fear and their mental state, but that UCR responders were very considerate of that, for which their parent was very grateful’.

Another theme that came across strongly throughout was **compassion**; there were many comments on the caring nature of the staff and service received.

*“The level of caring was brilliant.”*

*“They were going to rescue me from my situation!”*

*“They looked after us wrinklies! They helped my mood swings and tried to cheer me up!”*

On a par, service users commented on the **speed and reliability** of the service offered by UCR:

*“The delivery happened so fast.”*

*“They were there at the time they said they would be here.”*

*“I never had to wait, they were always dead on time.”*

Taken together it is clear that for nearly all service users, UCR staff were recognised as having a warm and caring nature that set them at ease, and

allowed staff to deliver the right help explained in a way that service users could understand.

### **Q16 - Please tell us two improvements you would make to the Urgent Community Response service**

Almost all respondents commented that there was nothing that could improve the service for them.

There were a handful of suggestions about improvements. A key one was to let more people know that UCR exists. In part, it was suggested that this would help set people's minds at ease, knowing there was help which was available if problems arise. If the intent is to permit self-referral, this promotion of the service would be key.

Another couple of service users commented that the service could be quicker in responding. This may be because they knew that someone was coming but as they had not initiated contact with the UCR service they were not aware of when they would arrive.

Others commented on specific issues:

*"I only wanted to have ladies to help me with the shower" (as a male staff member was the only one available).*

*"Shoe coverings for staff, as it was winter and it was raining."*

And of course, as we are aware, one service user felt they were spoken to on one occasion in a rude manner and wanted to say that this should not happen.

**Q17 - Is there anything else that you would like to tell us about the Urgent Community Response service?**

Most respondents felt they had already had an opportunity to say the things they wanted.

For those who had something to add, several wanted to make sure that we passed along their thanks to the service and its staff for the help they provided.

One respondent took the opportunity to say again that the service was too slow in providing help, but even then, added that the help the service does provide is *"fantastic"*.

## Conclusion

Healthwatch Nottingham and Nottinghamshire was commissioned by the Integrated Care Board of Nottingham & Nottinghamshire to speak to users of the Urgent Community Response service, interviewing them over the telephone, to understand their experience.

Through this project we sought to find out whether the Urgent Community Response service is making a difference or an improvement in people's health and wellbeing, and whether they are delivering the services they are commissioned to. We also want to understand what is working well about these services and if the services are responsive to patients' needs.

The vast majority of those who used the Urgent Community Response service told us that the service had been very effective for them. In most cases it helped them to either avoid going into hospital, or helped them to stay out of hospital and at home once they were discharged. Perhaps as importantly, the service made sure that some patients were taken into hospital care when they really needed it and were perhaps unaware of how unwell they were.

The service is a part of the '100 Day Challenge' from NHS England, in reducing ambulance conveyance, reducing ambulance wait times for high priority patients, providing care more quickly to low priority patients who are less likely to need conveyance to hospital, and reducing the number of patients presenting at A&E and being admitted to hospital.

From that perspective and purpose, the service seems highly successful for those who accessed it. From the point of view of people needing help, **UCR ensures that the individual receives the right care in the right place at the right time.**



## Recommendations

It is very clear from the service users that we have spoken to that Urgent Community Response works as a service and delivers on what it set out to do: keeping patients out of hospital. Consequently, our primary recommendation is simple: keep doing what you are doing, maintain the service, and invest in being able to continue to deliver with an ageing population.

There are however a few practical steps that could see the service become more effective for those that need it:

- 1. Find a way to notify service users of when to expect staff to arrive for the first time**

This may not be straightforward as first contact with the UCR service is often not the service user themselves. Nonetheless, if a telephone number is obtained for the service user, it would be helpful to let them know when to expect the service. This will help manage expectations and provide an initial connection with the person being helped.

- 2. Ensure that carers/family members know when UCR staff will arrive**

This was raised a few times, that carers did not know when to expect UCR staff to be visiting their loved one, and thus were not around to assist. This can be particularly crucial when the service user is less able to understand what is happening, for example when living with dementia. Carers expressed that they gained great relief in understanding the care plans and timings, thus allowing them to feel able to continue caring.

- 3. Develop a good explanatory leaflet to describe the nature of the service**

This is valuable not merely for the service user themselves but also family and friends around them. For the service user, they need to try and understand and retain information at a time when they are necessarily in distress. For carers, they may need to understand something that has

happened for the person they care for when the carer is not around.





4. **Provide means of letting service users contact the service if issues arise**





A repeated comment was that people did not have a way to contact the service directly. Now, users did understand that there is a good reason why people cannot just refer themselves to the service, as that could lead to overwhelming numbers or abuse of the service. However, if given a reference alongside a phone number, this would allow checking if a case was currently open and permit questions to be asked. It could combine quite well with the leaflet, with a section to write in details.

5. **Identify if the service is not reaching certain minority communities**





Look at the demographic profile of its users. Is there any inherent bias which means that minority ethnic communities may not use the service? Are there cultural barriers to receiving this help which needs to be overcome? Similarly, are there language barriers to understanding the service and asking for its help? We recognise that the service does not have direct control of who is referred to them for help, but it would be prudent to work with referrers and ensure that there are no barriers within their own approaches which results in reduced service use by members of minority communities.

## Appendix: Data



2. How long ago did you receive this service?				
Answer Choices			Response Percent	Response Total
1	Less than a month ago		17.65%	6
2	1-5 months		76.47%	26
3	6-12 months		2.94%	1
4	1-2 years		0.00%	0
5	Other (please specify):		2.94%	1
			answered	34
			skipped	0

3. Were you told how long you would have to wait for the Urgent Community Response service to arrive?				
Answer Choices			Response Percent	Response Total
1	Yes		17.65%	6
2	No		38.24%	13
3	Don't know		20.59%	7
4	Can't remember		23.53%	8
			answered	34
			skipped	0



#### 4. Did they arrive in the time you were told?

Answer Choices			Response Percent	Response Total
1	Yes		30.00%	6
2	No		10.00%	2
3	Don't know		50.00%	10
4	Can't remember		10.00%	2
			answered	20
			skipped	14



#### 5. Were you offered a choice of how your care would be delivered?


Answer Choices			Response Percent	Response Total
1	Yes		44.12%	15
2	No		55.88%	19
			answered	34
			skipped	0



**6. Did you fully understand what care the Urgent Community service responder was offering you?**

Answer Choices		Response Percent	Response Total
1	Yes		79.41% 27
2	No		20.59% 7
		answered	34
		skipped	0

**7. Were the staff polite? Please rate, with 1 being not at all polite and 5 being very polite:**

Mean Score: 4.97		Response Percent	Response Total
1	1 - Not at all polite		0.00% 0
2			0.00% 0
3			0.00% 0
4			2.94% 1
5	5 - Very Polite		97.06% 33
		answered	34
		skipped	0

8. Did the staff show compassion?				
Answer Choices			Response Percent	Response Total
1	Yes		100.00%	34
2	No		0.00%	0
			answered	34
			skipped	0





9. Did you feel listened to by the staff?				
Answer Choices			Response Percent	Response Total
1	Yes		94.12%	32
2	No		5.88%	2
			answered	34
			skipped	0

10. Did the staff treat you with respect and dignity?				
Answer Choices			Response Percent	Response Total
1	Yes		100.00%	34
2	No		0.00%	0
			answered	34
			skipped	0



**11. Did the staff treat your home with respect and dignity?**

Answer Choices		Response Percent	Response Total
1	Yes		100.00% 34
2	No		0.00% 0
		answered	34
		skipped	0

**12. Did the Urgent Community Response service staff provide you with any of the following? Please tell us more about your answer.**

Answer Choices		Response Percent	Response Total
1	Equipment		70.83% 17
2	Package of Care		41.67% 10
3	Interventions		29.17% 7
4	Other (please specify):		12.50% 3
		answered	24
		skipped	10

**13. Did the care you were given by the Urgent Community Response service help you to get better?**



Answer Choices			Response Percent	Response Total
1	Yes		81.82%	27
2	No		18.18%	6
			answered	33
			skipped	1

**14. Did you receive all the help you needed from the Urgent Community Response service?**




Answer Choices			Response Percent	Response Total
1	Yes		94.12%	32
2	No		5.88%	2
			answered	34
			skipped	0



**15. How likely are you to recommend this service to a friend or family member? With 1 being not at all likely, and 5 being very likely.**









<b>Mean Score: 4.97</b>			<b>Response Percent</b>	<b>Response Total</b>
1	1 - Not at all likely		0.00%	0
2			0.00%	0
3			0.00%	0
4			2.94%	1
5	5 - Very likely		97.06%	33
			answered	34
			skipped	0

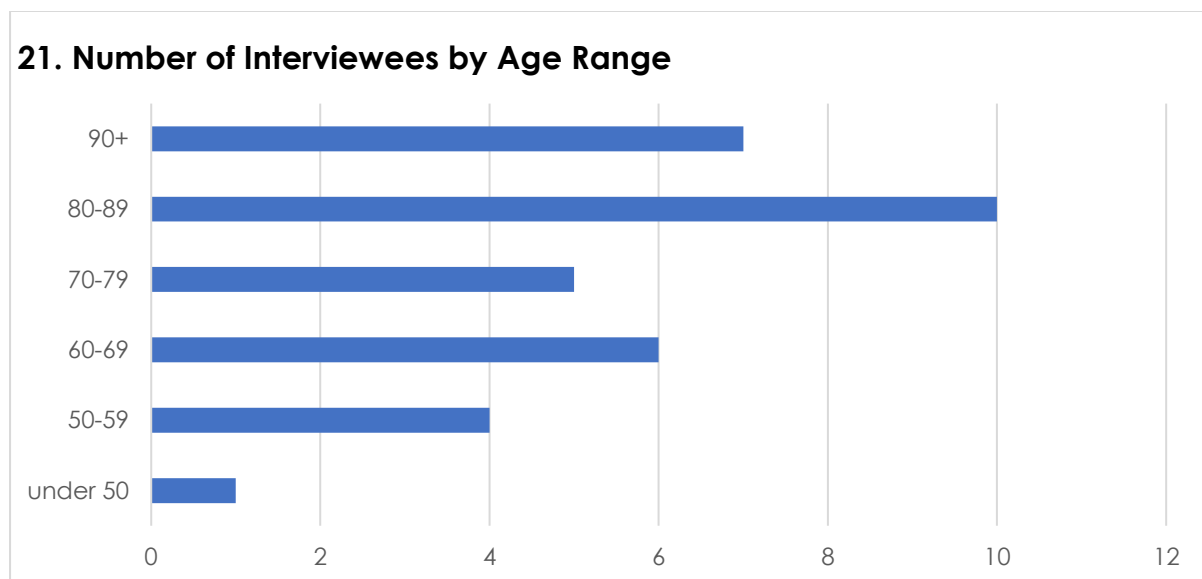
**16. Please tell us how happy or unhappy are you with the service (1 being not at all happy and 5 being very happy):**

<b>Customer Satisfaction Score: 4.85</b>			<b>Response Percent</b>	<b>Response Total</b>
1	1 - Not at all happy		0.00%	0
2			2.94%	1
3			0.00%	0
4			5.88%	2
5	5 - Very happy		91.18%	31
			answered	34
			skipped	0



Questions 17 through 19 are open text answers which we will not reproduce here.

## Demographics


20. In which area do you live?				
Answer Choices			Response Percent	Response Total
1	Ashfield		24.24%	8
2	Bassetlaw		9.09%	3
3	Broxtowe		3.03%	1
4	Gedling		3.03%	1
5	Mansfield		18.18%	6
6	Newark & Sherwood		27.27%	9
7	Nottingham City		12.12%	4
8	Rushcliffe		3.03%	1
9	Outside of Nottinghamshire		0.00%	0
			answered	33
			skipped	1



## 22. Are you?

Answer Choices			Response Percent	Response Total
1	Woman		52.94%	18
2	Prefer not to say		0.00%	0
3	Man		47.06%	16
4	Prefer to self-describe		0.00%	0
5	Non-binary		0.00%	0
			answered	34

## 23. Is your gender identity the same as recorded at birth?

Answer Choices			Response Percent	Response Total
1	Yes		100.00%	34
2	No		0.00%	0
3	Prefer not to say		0.00%	0
			answered	34
			skipped	0



### 24. If aged 16+: what is your sexual orientation?

Answer Choices		Response Percent	Response Total
1	Asexual	0.00%	0
2	Heterosexual/straight	94.12%	32
3	Prefer to self-describe	0.00%	0
4	Bisexual	0.00%	0
5	Lesbian/gay woman	0.00%	0
6	Prefer not to say	2.94%	1
7	Gay man	2.94%	1
8	Pansexual	0.00%	0
		answered	34
		skipped	0






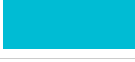

### 25. Are you a carer? (Carers provide regular unpaid care for a family member, friend or partner who is unwell or disabled).

Answer Choices		Response Percent	Response Total
1	Yes	12.12%	4
2	No	87.88%	29
		answered	33
		skipped	1






### 26. Are you cared for by anyone? (paid or unpaid)

Answer Choices		Response Percent	Response Total
1	Yes		78.13% 25
2	No		21.88% 7
		answered	32
		skipped	2

### 27. Do you work?

Answer Choices		Response Percent	Response Total
1	Full time		0.00% 0
2	Part time		0.00% 0
3	Not employed		0.00% 0
4	Retired		73.53% 25
5	Student		0.00% 0
6	Unable to work		23.53% 8
7	Prefer not to say		2.94% 1
		answered	34
		skipped	0

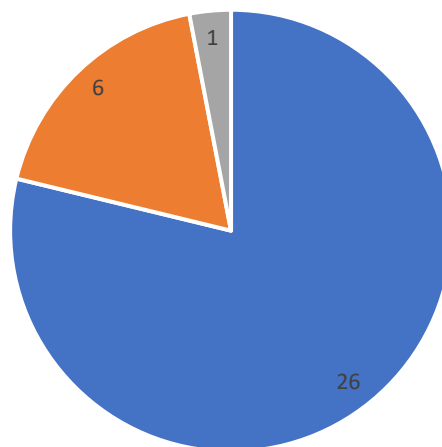
**28. Which of these statements best describes you? (Please note Christian includes Catholic, C of E, Methodist, etc.)**

Answer Choices			Response Percent	Response Total
1	Atheist		2.94%	1
2	Buddhist		0.00%	0
3	Christian (all denominations)		44.12%	15
4	Hindu		0.00%	0
5	Jewish		0.00%	0
6	Muslim		0.00%	0
7	No Religion		47.06%	16
8	Sikh		0.00%	0
9	Prefer not to say		2.94%	1
10	Other (please specify):		2.94%	1
Other: spiritual (1)			answered	34
			skipped	0

### 29. What is your ethnic group?

Answer Choices		Response Percent	Response Total
1	Arab	0.00%	0
2	Asian	0.00%	0
3	Black	0.00%	0
4	Gypsy or Traveller	0.00%	0
5	Mixed/Multiple Ethnic	0.00%	0
6	South Asian	0.00%	0
7	White	97.06%	33
8	Prefer not to say	2.94%	1
9	Other (please specify):	0.00%	0
		answered	34
		skipped	0




### 30. How would you describe your nationality?



■ British ■ English ■ Scottish

31. What is your preferred language?

English 100%

32. Are you pregnant or do you have any children under the age of 5?				
Answer Choices			Response Percent	Response Total
1	Yes		3.03%	1
2	No		90.91%	30
3	Prefer not to say		6.06%	2
			answered	33
			skipped	1

33. Would you be identified as any of the following?				
Answer Choices			Response Percent	Response Total
1	Asylum Seeker/Refugee		0.00%	0
2	Homeless		0.00%	0
3	Sex Worker		0.00%	0
			answered	0
			skipped	34



**34. Do you live with any of the following? (Please tick all that apply)**

Answer Choices			Response Percent	Response Total
1	Hearing impairment		31.25%	10
2	Learning disability		3.13%	1
3	Mental health condition		21.88%	7
4	Physical impairment		65.63%	21
5	Social/behaviour problem		3.13%	1
6	Visual impairment		12.50%	4
7	A long-term health condition		75.00%	24
8	Prefer not to say		3.13%	1
			answered	32
			skipped	2

## About Us

Healthwatch Nottingham & Nottinghamshire is the local independent patient and public champion. We hold local health and care leaders to account for providing excellent care by making sure they communicate and engage with local people, clearly and meaningfully and that they are transparent in their decision making.

We gather and represent the views of those who use health and social care services, particularly those whose voice is not often listened to. We use this information to make recommendations to those who have the power to make change happen.

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