healthwatch Gloucestershire

Review of the Integrated Urgent Care Service for Gloucestershire

Neighbourhood health and wellbeing insights – September 2026

About us

Healthwatch Gloucestershire is the county's health and social care champion. As an independent statutory body, we have the power to make sure that NHS leaders and other decision makers listen to your feedback and use it to improve standards of care.

We're here to listen to your experiences of using local health and care services and to hear about the issues that really matter to you. We are entirely independent and impartial, and anything you share with us is confidential. We can also help you find reliable and trustworthy information and advice to help you to get the care and support you need.

Healthwatch Gloucestershire is part of a network of over 150 local Healthwatch across the country. We cover the geographical area of Gloucestershire County Council, which includes the districts and boroughs of Cheltenham, Cotswold, Forest of Dean, Gloucester, Stroud, and Tewkesbury.

Why did we visit the Gloucestershire Integrated Urgent Care Service (IUCS)?

Purpose of the visit:

The Gloucestershire IUCS was developed as a new model of Urgent Care delivery in Gloucestershire, bringing together NHS 111, a Clinical Assessment Service (CAS) and an out-of-hours GP service. The IUCS is commissioned by NHS Gloucestershire and has been provided by Gloucestershire Health and Care Trust since November 2024. As a representative of independent patient voice, Healthwatch Gloucestershire has been monitoring and sharing public feedback with the Trust as the service was implemented. We arranged to visit with service leads at the IUCS hub at Edward Jenner Court to find out how the service was working 18 months on. What were the successes and challenges, how is patient feedback being responded to, and what had been learnt since the service began?

Details of the visit

Service visited:

The Gloucestershire Integrated Urgent Care Service (IUCS)

Visit date:

18th May 2026

About the service:

The Integrated Urgent Care Service for Gloucestershire includes:

- **NHS 111** – The primary entry point for patients through telephone and online support. This includes the option of dialling '2' for mental health support.
- **A Clinical Assessment Service (CAS)** - A 24/7 specialist team of GPs, advanced nurse practitioners, pharmacists, and paramedics who provide the public and health professionals access to clinical advice or direct referrals.
- **An out-of-hours GP service** – Provides telephone advice and face-to-face appointments either at a local hospital or in people's own homes when standard GP surgeries are closed.

The service is provided by Gloucestershire Health and Care NHS Foundation Trust (GHC) in a partnership with a social enterprise organisation called Integrated Care 24 (IC24).

The service is managed from Edward Jenner Court, in Brockworth. However, IC24 NHS 111 call handlers work remotely, and clinical advisers may also work remotely or from other Trust bases. Through contacting NHS 111, either online or by phone, the IUCS aims to function as an integrated system to direct patients to the correct care pathway. They will triage and directly book appointments or refer patients to specific services including:

- **Minor Injury and Illness Units (MIIUs):** Open daily across community hospitals, including Stroud General Hospital, Cirencester Hospital, Forest of Dean, Vale (Dursley), North Cotswolds, and Tewkesbury.
- **Gloucester Health Access Centre (GHAC):** Located at Quayside House, offering appointment-based and walk-in services 7 days a week.
- **Acute Hospital Facilities**: Gloucestershire Royal Hospital and Cheltenham General Hospital for emergencies.
- **Pharmacies, urgent dental services, mental health and community services** such as Rapid Response.

- IUCS also acts as a **Single Point of Clinical Access (SPOA)** for professionals such as **Community Nursing** teams and **Paramedics** (South West Ambulance Service Trust – SWAST). Paramedics can call the IUCS back for a clinical reassessment and triage if they have been dispatched but find that on arrival, an Emergency Department (ED) attendance is not required when another care pathway could be more appropriate.

The service is overseen by a clinical Service Director, working alongside a senior GP as Clinical Director supported by a Governance Lead. The Clinical Assessment Service is led by an experienced GP.

More information can be found on the Gloucestershire Health and Care Trust website: www.ghc.nhs.uk/our-teams-and-services/iuc/

How the visit was conducted

We arrived onsite at 1pm to meet with the Service Director, the Operations Manager and the Integrated Flow Patient Lead. Over the course of 2.5 hours, they kindly took the time to respond to our feedback and questions, and show us around the hub. During this time, we were able to observe the multi-disciplinary teams working within the same space and speak to some staff about their roles.

Key findings

- Feedback received by Healthwatch Gloucestershire on people's experiences of the IUCS has been mixed. Some people have highlighted lifesaving intervention because of contacting NHS 111, while others have identified areas for improvement such as feeling frustrated with rigid "scripts", not receiving timely call backs, being directed to inappropriate services, needing to repeat your medical history, and needing to make repeat calls.
- The IUCS identified improvements they have made, and are working on, based on listening to and reviewing data, and staff and patient experiences, since the beginning of the contract. People should continue to be encouraged to feedback through the Patient Carer Experience Team at GHC – all concerns are investigated by the IUCS.
- Positive feedback was received from a GP employed by the IUCS who feels supported by the organisation and likes the ability to work flexibly as working "out of hours" suits her lifestyle.
- The IUCS would like to encourage more people to use NHS online if they are able to, as online enquiries are triaged in the same way as the phone but allows people to go through the questions at their own pace and rather than feeling 'stuck' on the phone.

- Members of the public should be signposted to the One Gloucestershire Click or Call first campaign for guidance to help them get the right help at the earliest opportunity. For example, people don't always know what services they can access through the pharmacy which can be a much quicker way to get treatment, such as Pharmacy First and many over the counter medications.
- Healthwatch Gloucestershire will continue to monitor improvement work being carried out by the IUCS through patient experience feedback, and support the aims of the IUCS through promotion of resources, advice and guidance.

Observations and feedback

Since the new Integrated Urgent Care Service began in November 2024, Healthwatch Gloucestershire has received mixed feedback from patients. The following represents some examples of positive feedback we have heard:

"I had a brain haemorrhage at home and NHS 111 diagnosed it, sent an ambulance within 15 minutes and I was in hospital within 30 minutes. The call handler had saved my life!"

"I had fantastic treatment at a minor injuries unit today. The staff were lovely, and the appointment we booked via 111 was only running 10 minutes late."

"I was getting chest pains and it felt different than gas so I called 111 and an ambulance arrived fairly fast. They said it was a clot. They got me to hospital and were fantastic and I will be forever grateful."

The following is based on themes within Healthwatch Gloucestershire public feedback where areas of improvement have been highlighted. This feedback was shared with the IUCS ahead of our visit.

Frustration with NHS 111 call handler "scripts"

What people tell us: People can feel frustrated with the algorithms being used by the call handler and feel it can waste time in an urgent situation. E.g. being

asked if they are pregnant when the preceding questions would clearly indicate that it was irrelevant to the caller.

"The conversation with the NHS 111 professional was "robotic" in nature and it was very clear they had a checklist that he could not deviate from. I could only describe the pain I was experiencing in one way - all over the front of my stomach – but I continued to be asked questions about whether it was at about half a dozen other locations."

"I wasn't happy that the telephone operator read from a script and did not really listen to my concerns about how unwell my mother was. I was told a doctor would ring back, but as my mother was deteriorating more, I rang 111 again. The telephone operator went through exactly the same script again."

Response: We were told that the algorithm is an important process for ensuring that clinically risky situations are not missed, but call handlers should also be able to use their discretion in cases such as the example given. NHS 111 calls are audited by IC24 and patient feedback is being used to train and develop call handlers. IC24 carry out their own Patient experience questionnaires and Gloucestershire Health and Care Trust use Family and Friends test to gain patient feedback on services. Some people, for example, those who are tech enabled or of working age, may also benefit from being signposted to using NHS 111 online, instead of calling NHS 111 on the phone. This means that they can complete the form at a convenient time to them and reduce the feeling of being tied to the phone, but people can also be assured that online forms are triaged in the same way as NHS 111 calls.

People need to repeat their medical history with health professionals

What people tell us: People find it a burden to provide their medical histories and repeat their stories to ensure the IUCS health professional has all the relevant information. This can lead to delays in getting the person the right care if they are unable to establish a person's history or communication needs e.g. needing to establish permission to speak to a carer or an advocate on the person's behalf.

"If the call handler had been able to see my medical records, or been able to contact my GP it would have made a lot of difference."

"There appears to be issues with communication between departments, with patient records and notes not being readily accessible. As a result, I have had to repeatedly provide my medical history, which is both time-consuming and concerning from a continuity-of-care perspective."

Response: Different organisations store their information separately, which means it has not always been easily available to other services, especially in times of emergency.

JUYI (Joining Up Your Information) is a software system that allows instant, secure access to a person's health and social care records for the professionals involved in a person's care. The record combines key information from Gloucestershire Health and Social Care services, such as GP practices, the hospital and social care, and it is used by the IUCS.

However, JUYI does not enable access to a person's full GP medical records. Similarly, "read codes" used on Hospital or Primary Care records are not always visible to the IUCS through JUYI e.g. identifying that someone has a learning disability or that they are a carer for someone. Digital integration is recognised as a system wide issue, but also a necessary barrier to overcome.

Challenges were also acknowledged with information sharing between our English and Welsh border due to different systems being used. Ongoing work is being carried out to improve Digital integration, for example, adding RESPECT forms to JUYI. More information on JUYI can be found on One Gloucestershire's website here: www.onegloucestershire.net/programmes/joining-up-your-information/

Not getting a call back

What people tell us: People can wait a long time for call backs or not receive them at all. This can lead to worry and frustration, and people deciding to head straight to the Emergency Department.

"I contacted NHS 111 online and waited for more than 12.5 hours for a response, despite them advising it would be no longer than 6 hours."

"I was waiting for seven hours after NHS 111 told me a doctor would call within two hours."

"After calling 111 it took nearly 24 hours to receive a call back."

Response: We were told that the IUCS does have Key Performance Indicators (KPIs) around how they should be responding to NHS 111 enquiries, so performance is regularly reviewed. It was acknowledged that there are times when they are experiencing large volumes of calls/ enquiries which impacts on being able to meet these. At these times, a Senior GP will prioritise patients based on presenting urgent need. IC24 (111 call handlers) will then be directed by Gloucestershire Health and Care Trust IUCS staff to carry out comfort calls to people who are waiting to provide reassurance and reassess their needs in case of deterioration.

Being directed to inappropriate services e.g. because they are closed

What people tell us: People have experienced being directed to services that will be closed by the time they arrive, or do not have the equipment and expertise to assess or treat the person's health condition. This can result in wasted time and travel for the individual and their loved ones, and ultimately, they will still end up attending the Emergency Department but with a potentially deteriorating health condition as a result.

"I was advised by NHS 111 to attend A&E at Cheltenham General Hospital. I told them that Cheltenham does not have an A&E department, but they assured me that this was the correct location and that a referral would be sent to the injuries unit. I was driven to Cheltenham Hospital—a 40-minute journey— while in severe pain, only to be told upon arrival that there were no facilities available and that I would need to go to Gloucestershire Royal Hospital, another 25 minutes back in the direction we had come from."

"I was advised by NHS 111 to attend Cirencester Hospital, only to find that it was unable to treat the condition for which advice was originally sought. They weren't equipped to deal with the situation and sent me to Gloucestershire Royal hospital anyway."

Response: IC24 (NHS 111) uses a Directory of Services (DoS) which is kept up to date as much as possible, however, it is recognised that it does not easily allow for temporary closures to services due to staffing shortages. For example, due to things like sickness or Industrial Action. We were told that some IC24 GPs are based in Gloucestershire and therefore have local knowledge about services

and understand the Gloucestershire geography. This has led to improved messaging between IC24 and the CAS to try to signpost people into more appropriate services. Cinapsis is also being onboarded which connects out-of-hospital clinicians such as GPs, paramedics from SWAST (South Western Ambulance Service), and NHS 111 call handlers, with local hospital specialists within minutes, to share advice and guidance on whether a hospital referral is needed, or if the patient's condition can be treated elsewhere - whether that's an outpatient referral, treatment in the community, or self-management.

Repeated calls to NHS 111 and not getting needs met

What people tell us: We hear that some people resort to calling NHS 111 because they are unable to access the support they feel they need through either their GP or mental health services. This suggests that there is a level of unmet need amongst some NHS 111 callers which either requires earlier intervention or wrap around support in the community. This could reduce the need to contact an urgent service.

> "I contacted the NHS 111 service five times over the past week when things felt very dark. However, they are busy and I don't feel I get enough support during these difficult times."

Response: The IUCS analyses data on the calls they receive and can identify high intensity users of the service. They can then work with a person's GP, and other system partners such as Gloucestershire Hospitals NHS Foundation Trust, to better meet the needs of individuals outside of an urgent care pathway.

What IUCS staff told us

- Since the start of the contract in November 2024, which was at a time of high demand through Winter, the IUCS team feel they have taken significant learning and made improvements accordingly in many areas. For example, patient and staff experience data and key performance indicators show improved performance through Winter 2025 compared to Winter 2024.
- The Trust have reported a significant increase in complaints since the start of the contract, however given the volume of people who use this type of service, this is to be expected. It works out to be one complaint per thousand people who use the service.
- People should be encouraged to feedback through the Patient Carer Experience Team – all concerns will be expected to be investigated by the IUCS.
- Staff recruitment was recognised to be a challenge at the start but now is stable. We heard positive feedback from a GP employed by the service. She

feels very supported by the organisation and likes the ability to work flexibly – working "out of hours" suits her lifestyle.

- The IUCS recognised the need to continue to promote lesser known or used aspects of the IUCS and NHS 111 model. For example, the ability to access NHS 111 online which is triaged in the same way as NHS 111 calls. NHS online can be accessed through the NHS app which also includes helpful advice and guidance that may signpost people to other services without the need to contact NHS 111. Options such as video calling may also be beneficial for some patients to avoid needing to travel to a service. They also have access to an Independent Prescribing pharmacist through IC24 enabling fast electronic prescribing.
- They also wanted to promote further alternative ways of accessing health advice and treatment to enable people to access the right service the first time. For example, following the One Gloucestershire Click or Call first campaign guidance https://www.onegloucestershire.net/campaigns/click-or-call-first/ For example, people don't always know what services they can access through the pharmacy through Pharmacy First and many over the counter medications.

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