

# Experiences of Urgent and Emergency Care Across Greater Manchester

**2024–2025**

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# Disclaimer

This report summarises feedback gathered by local Healthwatch services across Greater Manchester between April 2024 and April 2025. It reflects the views and experiences of patients, service users, carers, and members of the public who voluntarily shared their stories. While not a representative account of all service users or staff, the report provides valuable insight into individual experiences of urgent and emergency care. Quotations are included where appropriate to illustrate key themes and highlight the voices of those who contributed. Within the Demographics section, questions that have been unanswered or responses marked as 'prefer not to say' or left blank have been excluded from the demographic breakdowns presented in this report. Therefore, totals may not sum to the full number of participants.

# Healthwatch

## Healthwatch Nationally

Healthwatch is a network of 152 independent organisations across England, supported by Healthwatch England, the national body based in London. Established as part of the Health and Social Care Act 2012, Healthwatch exists to champion the voices of people using health and social care services. By gathering patient experiences and insights, Healthwatch influences policy and service delivery, ensuring that individuals' needs remain at the heart of decision-making. Healthwatch has statutory powers to challenge care providers, commissioners, and policymakers, ensuring transparency and accountability in the healthcare system.

## Healthwatch Locally

Each local Healthwatch operates independently within its respective local authority area, ensuring that people's voices—especially those who find it hardest to be heard—are at the heart of health and social care decisions.

Healthwatch listens to individuals' experiences with health and social care providers, including GPs, hospitals, mental health services, and community care providers. Local Healthwatch champion what matters most to local communities, working collaboratively to find practical solutions that improve services.

As an independent statutory watchdog, local Healthwatch ensure that public feedback is not only heard but actively shapes service planning and delivery. This role extends beyond identifying concerns. It involves actively working to ensure that services are designed around the real needs of the people who use them, while also coming up with small changes and practical solutions to improve patients' overall experience

Local Healthwatch teams collaborate with the voluntary sector, community organisations, and NHS providers to highlight service gaps and drive meaningful improvements. Informing residents about changes to services, advocate for their involvement in decision-making, and provide clear, accessible information about available health and social care support.

Ultimately, the goal is to make sure health and care services work better for everyone—now and in the future.

## Healthwatch in Greater Manchester

The Healthwatch in Greater Manchester Network is a collaboration of ten independent Healthwatch organisations, working across the boroughs of Greater Manchester. Recognising that healthcare extends beyond local authority boundaries, Healthwatch in Greater Manchester has a long-standing history of working together on joint projects, sharing intelligence, and ensuring that residents who access care across multiple areas receive seamless support. This collective approach enhances our ability to drive meaningful change in health and social care services across the region.

Since 2021, the ten local Healthwatch organisations have been actively integrating within the Integrated Care System by strengthening collaborative strategies, and deepening partnerships. This integration ensures that Healthwatch effectively represents the voices of Greater Manchester residents in an evolving healthcare landscape. While each local Healthwatch continues to fulfil its statutory role through local authority commissioning, Healthwatch in Greater Manchester also plays a vital role in working collectively with Integrated Care System leaders and other key system stakeholders to shape regional healthcare policies and services.

As a network, Healthwatch in Greater Manchester has a unique ability to gather intelligence from community engagement activities across the region, capturing insights that reflect the lived experiences of individuals and communities. These insights inform decision-makers, holding them accountable for delivering improvements that truly meet local needs. The strength of this collaboration led to a formal partnership agreement between Healthwatch in Greater Manchester and Greater Manchester Integrated Care System (2023–2026), reinforcing Healthwatch’s role in influencing regional health and care policies.

Beyond Greater Manchester, Healthwatch in Greater Manchester contributes to national policy discussions, sharing local intelligence with Members of Parliament, the Care Quality Commission (CQC), and Healthwatch England. This ensures that the challenges and priorities identified by local people shape national healthcare decisions.

By fostering cross-borough collaboration and strengthening ties with the Integrated Care System, Healthwatch in Greater Manchester enhances patient advocacy, increases transparency in decision-making, and ensures that health and social care services are developed with the needs of local communities at their core.

# Introduction

Healthwatch in Greater Manchester has gathered insight directly from the people who use these services – listening to what worked well, what could be improved, and what matters most when accessing care during urgent health situations.

This report brings together lived experience from across the ten Greater Manchester boroughs. It is based on engagement with patients, carers, and members of the public between 2024-2025 and aims to reflect the voices behind the statistics, the real experiences of navigating care in times of stress, pain, and uncertainty.

By highlighting common themes and concerns, as well as examples of good practice, this report aims to support local Integrated Care System leaders, commissioners, and providers to design more responsive, accessible, and person-centred urgent and emergency care services across the region.

## The purpose of this report is

- To share what people across Greater Manchester told us about their experiences of UEC.
- To identify patterns and key issues raised by patients and the public.
- To highlight areas where services are working well and where improvements are needed.
- To provide recommendations based on real lived experience to inform system planning and decision-making.

# Overview of Feedback Received



*"18 hours in A&E. Where do I start. The most degrading experience of my life."*



Across Greater Manchester, during 2024-2025 there were 485 contributions and feedback were gathered from people sharing their experiences of health and care services. Each Local Healthwatch played a role in collecting this insight, ensuring that local voices were represented in the wider picture. Healthwatch Bolton had the most responses (120), followed by Healthwatch Tameside (105) and Healthwatch Salford (91). The remaining feedback came from Healthwatch Rochdale (53), Manchester (29), Wigan & Leigh (28), Oldham (24), Bury (16), Stockport (12), and Trafford (7).

When people shared their experiences with us, the majority (276) told us their experience of Urgent and Emergency Care Services were negative. These stories often focused on difficulties getting GP appointments which caused attendance at Urgent Care or A&E, long waiting times, or poor communication. However, people also had a positive experience to share (125). They described kind and caring staff, good quality treatment, and times when services worked well for



them. A further 84 people shared mixed feedback, where some parts of their care were good, but others left them feeling frustrated or let down.



*"Mum was taken to A&E by ambulance after we couldn't get her seen anywhere else."*



People's feedback covered a broad range of health and care services across Greater Manchester, with the majority of comments relating to including A&E, and Urgent Care Centres. Some people did not specify the exact service they were referring to but described Emergency Care, Urgent primary care, including Urgent Treatment Centres, walk-in care, out of hours GP services, minor injury and treatment centres environments.

A&E departments were frequently mentioned, particularly where people described experiencing long waits, feeling unsure about whether they should be there, or being referred from other services. Some people told us they had attempted to contact their GP or NHS 111 but, when unable to get timely support, felt A&E was the only place they could turn to. Others described being directed to A&E by a health professional but still questioned whether this was the right outcome. People expressed a desire for clearer pathways and more responsive alternatives when dealing with urgent health concerns.

A number of responses highlighted people's experiences of NHS 111, with mixed views. Some appreciated being able to access advice out-of-hours, while others

described delays in getting call-backs or receiving inconsistent information. There was limited awareness that NHS 111 could book appointments directly with other services, and some people were unclear about the full range of support the service could offer.

Feedback about Urgent Treatment Centres (UTCs) reflected a lack of awareness or confusion about how to access them. Where people had used UTCs, they described positive treatment experiences but also noted long waiting times and uncertainty about referral processes. This suggests a need to raise public awareness of urgent care options beyond A&E.

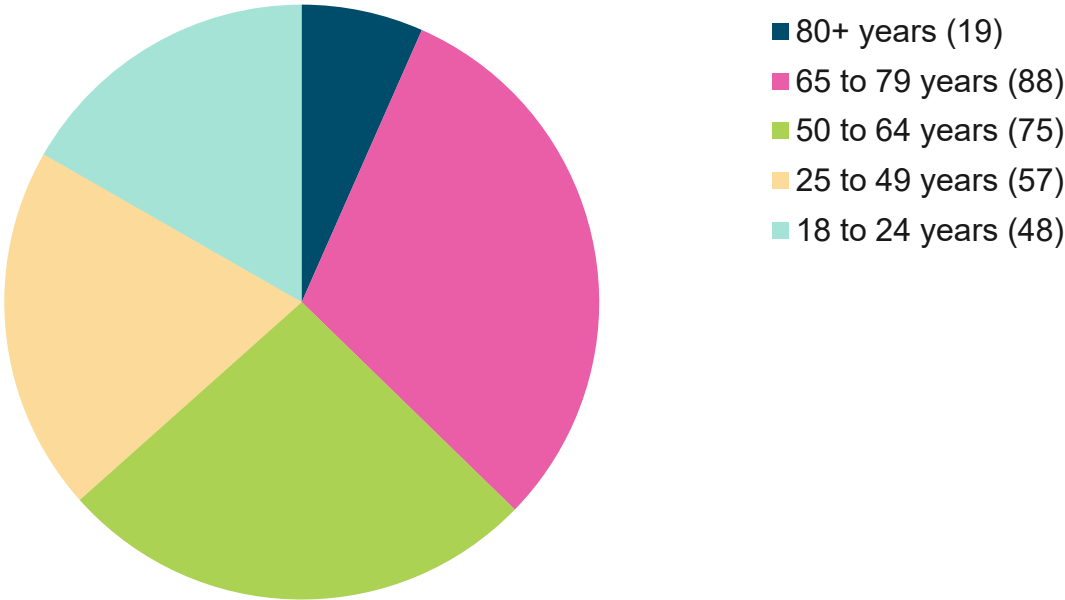
GP services were often referenced alongside other services rather than as standalone experiences. People described difficulties securing same-day appointments or felt that their concerns were not always taken seriously, leading them to seek care elsewhere.

Pharmacy services were mainly used for prescriptions or advice about medicines. While some people recognised that pharmacists could help with minor ailments, many did not appear to be aware of newer initiatives such as Pharmacy First. A few respondents said they felt uncomfortable approaching busy pharmacy staff for support with health issues.

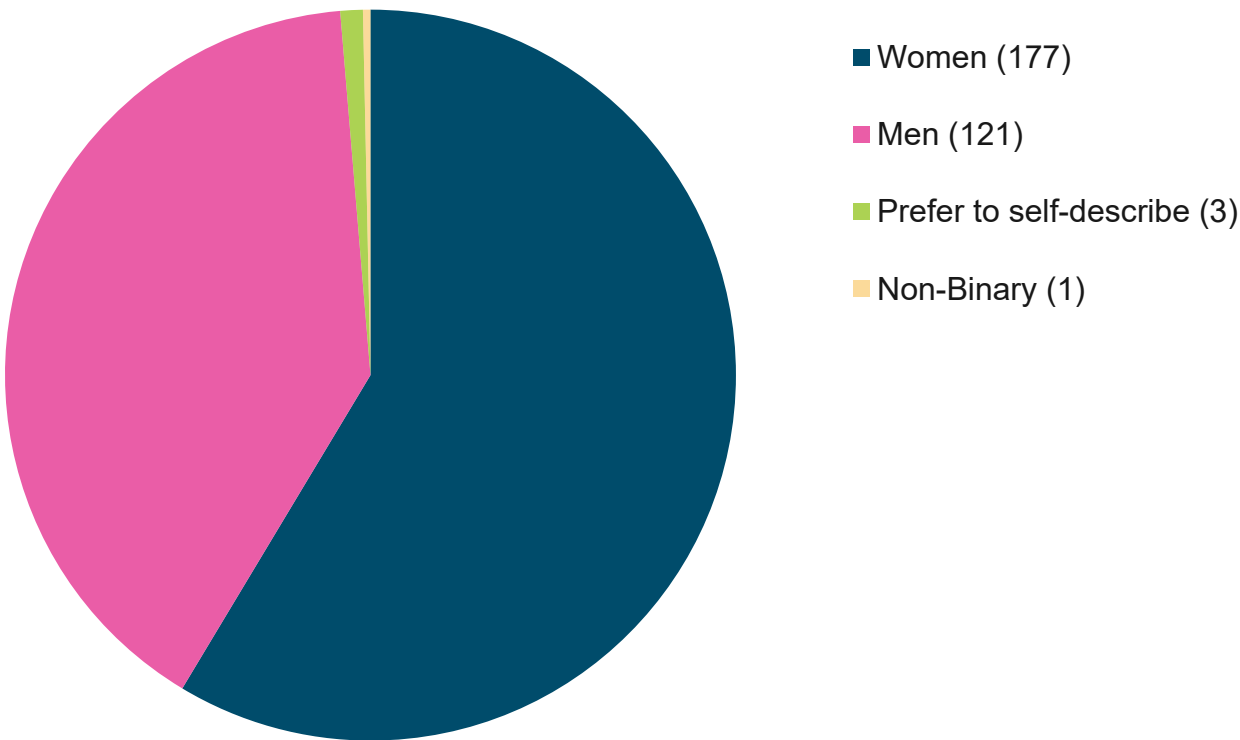
Urgent dental care was raised by a number of people, typically in the context of difficulty accessing or not knowing how to get urgent dental support. Some people said they had delayed seeking help, until they could no longer cope or their dental symptoms escalated or had to rely on other services due to the lack of available dental care.

# Demographics

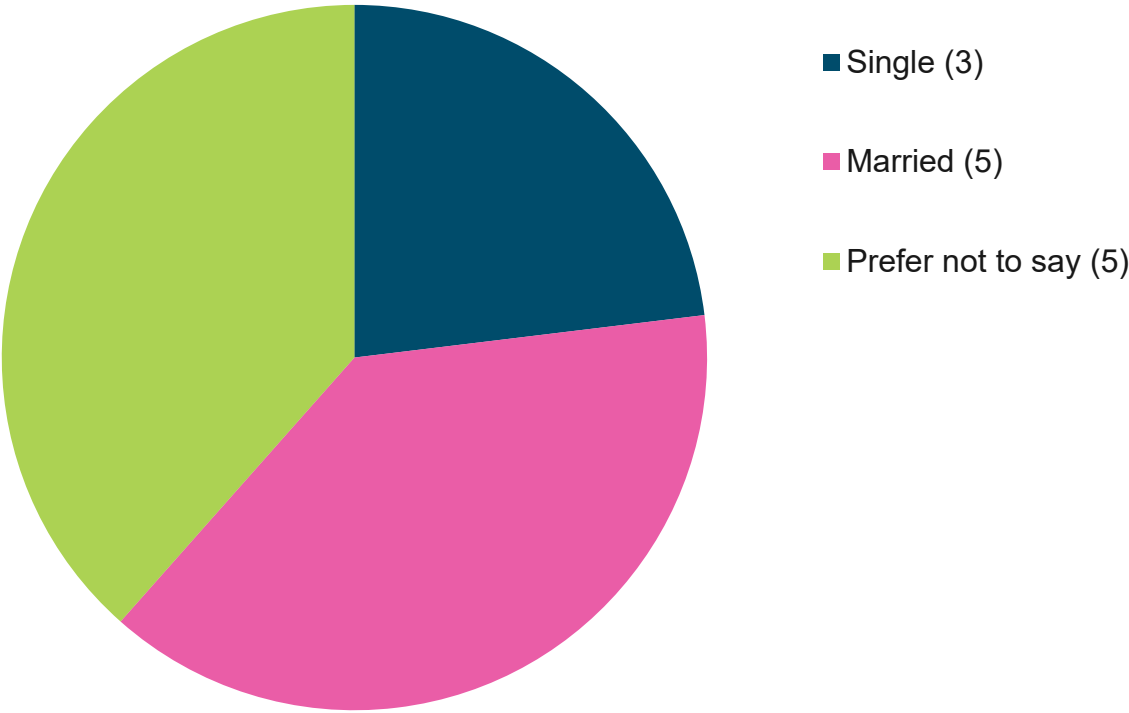
## Age Group



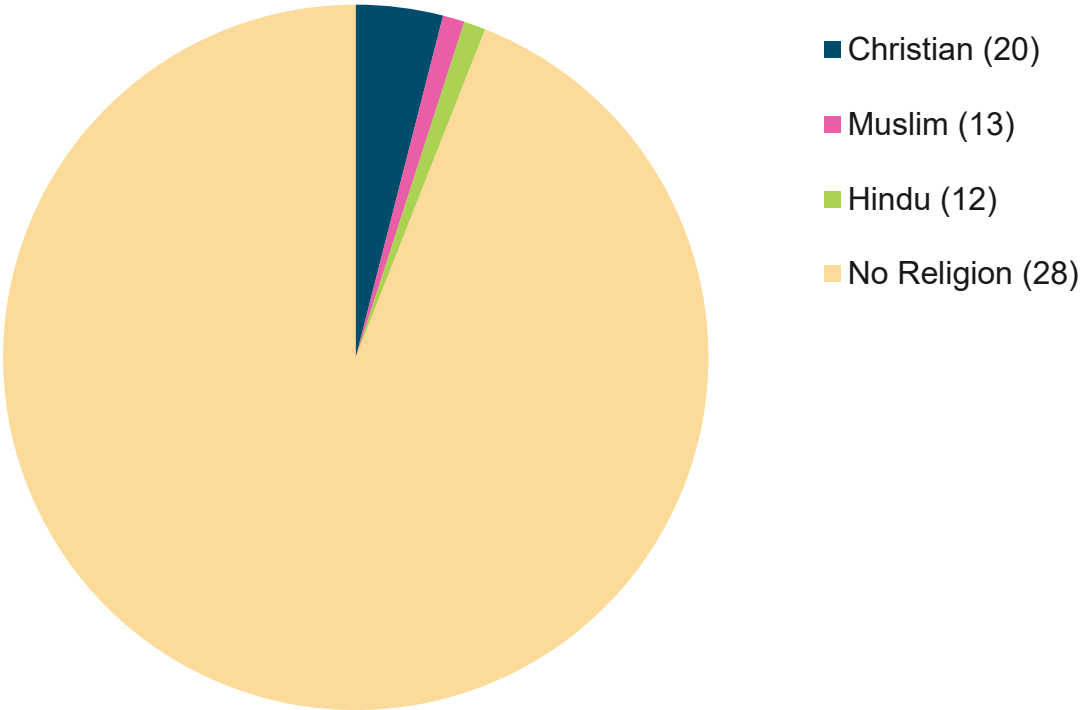
## Gender



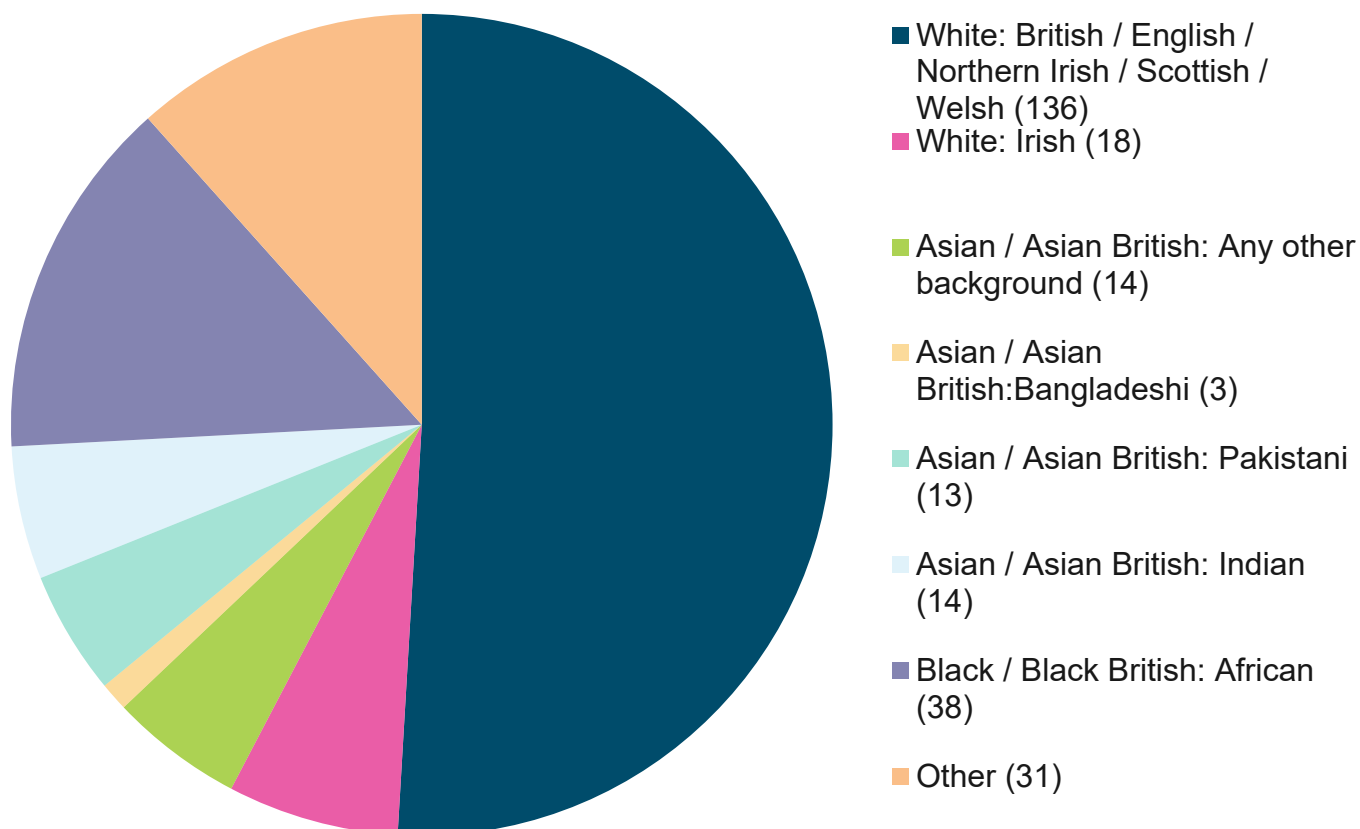
## Marital Status



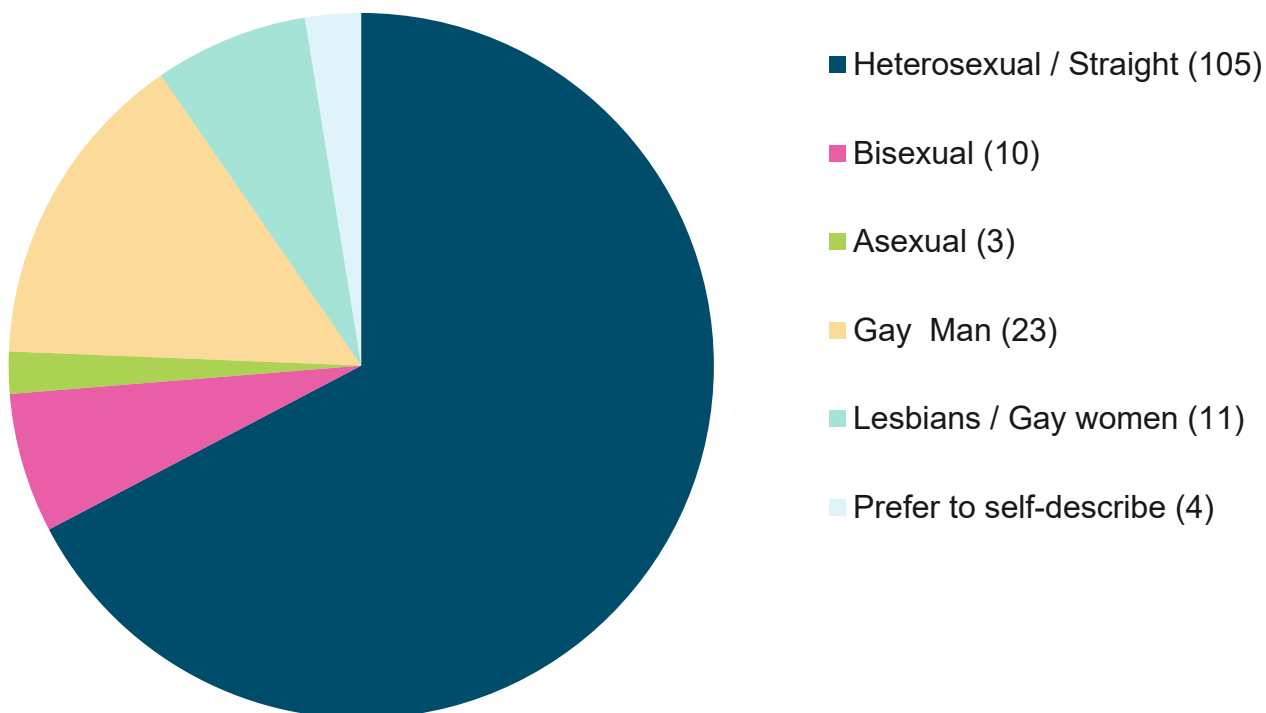
## Religion or Belief



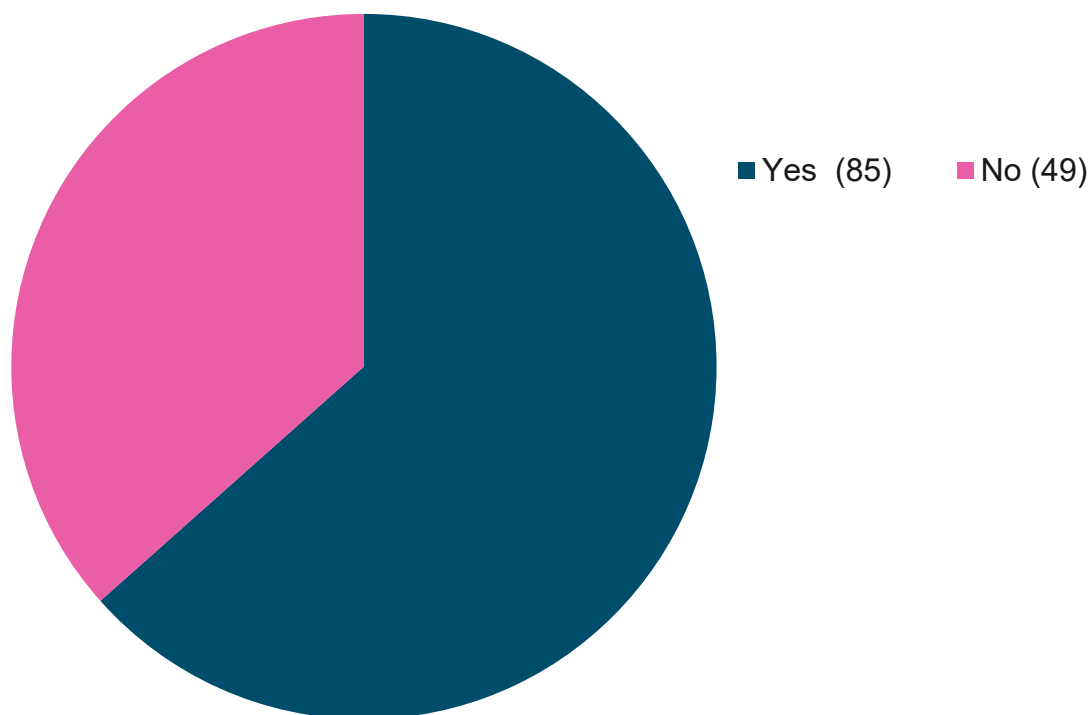
## Ethnicity



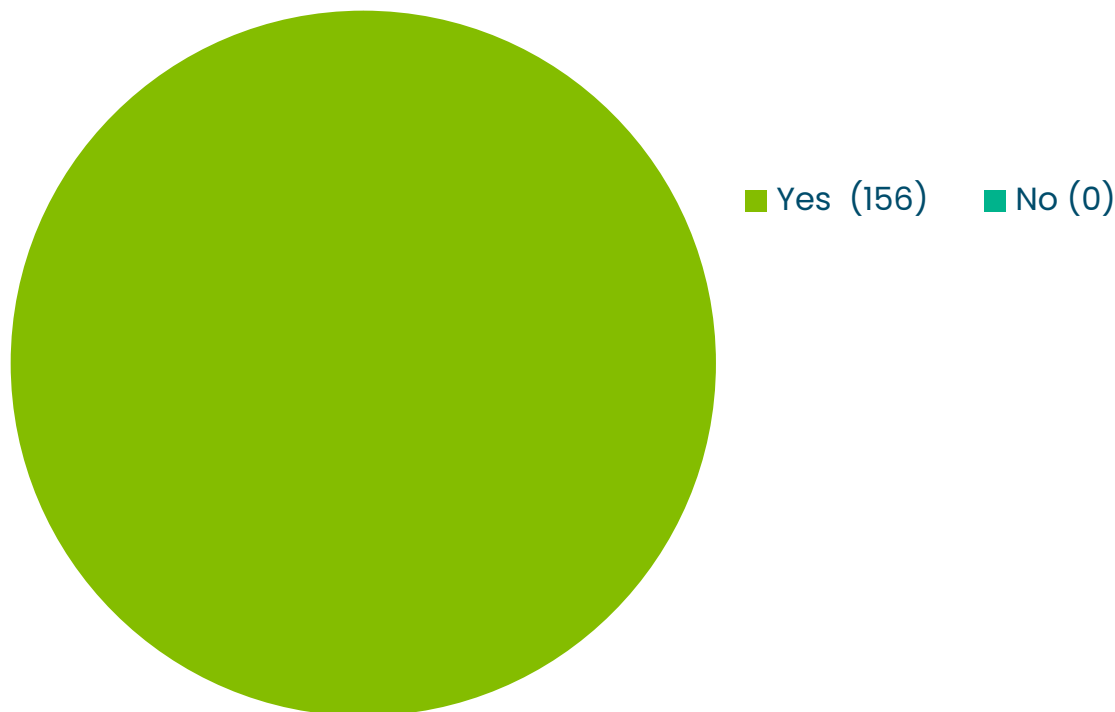
## Sexual orientation



# Disability Status



# Is gender identity the same as the sex assigned at birth?



# Lived Experiences in Greater Manchester

Lived experience is at the heart of this report, providing vital insight into how people across Greater Manchester experience urgent and emergency care. The feedback we heard reflects the stress, confusion, and challenges people face when trying to get the right help during moments of health crisis.

People described:



## **Accessing urgent care was often difficult**

People faced barriers including poor signage, limited parking, and inaccessible layouts. Those with mobility issues struggled to reach departments, while people with communication needs—such as hearing loss, limited English, or cognitive impairments—often weren't given the support they needed. Being passed between services without clear explanation left many feeling confused and anxious.



## **Poor communication and long waits in emergency settings**

Many people reported waiting many hours in A&E with little to no communication from staff. Others felt dismissed or not taken seriously.



### **Uncertainty and confusion about where to go**

Many individuals said they were unsure which service to contact first and often used multiple routes before ending up at A&E or Urgent Care. The lack of clear information or visible alternatives left people feeling they had no choice.



### **Challenges accessing GP appointments**

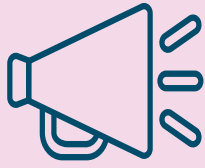
Difficulty getting same-day appointments for urgent symptoms was one of the most common frustrations. People described being referred between services or turning to A&E or Urgent Care when primary care couldn't meet their needs.



### **Variable experiences with NHS 111**

Some people appreciated the service and found it helpful, while others experienced delays, confusion, or felt they were signposted inappropriately.

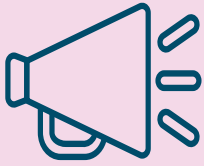




### **Limited access to urgent dental care**

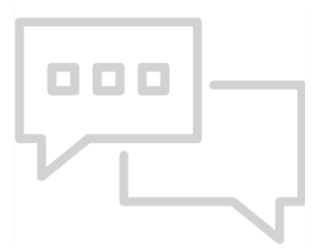
People reported that they had turned to A&E for dental issues due to being unable to find emergency dental appointments. This was especially difficult for people not registered with an NHS dentist

Despite the challenges, people also shared what helped them:



- **Positive** experiences with **individuals or teams** when accessible
- **Kindness** and **reassurance** from individual staff, especially in high-pressure environments.
- Receiving appropriate care when referred to the **right service**

## What people told us



***“Took 3 hours to be triaged then another 2 hours to be taken to a corridor where there was a wait of another 25 hours before a bed was available on a ward.”***

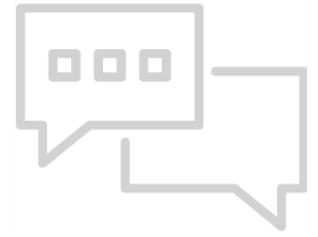
***“No face-to-face GP appointment. 36 hours in A&E with a dementia patient—staff have absolutely no idea how to deal with them and show no dignity.”***

***“19 hours in waiting room followed by 60 hours on a trolley in corridor before I was found a bed.”***

***“The ambulance was there in a few minutes and the crew comforting and professional.”***

***“It took 4 visits to A&E before my granddaughter was finally admitted. She was seriously ill... it should not take several visits and begging to be heard.”***

***“Communication to waiting patients  
could be better.”***



***“There is a huge lack of  
accommodations and support for  
disabled people and their carers when***

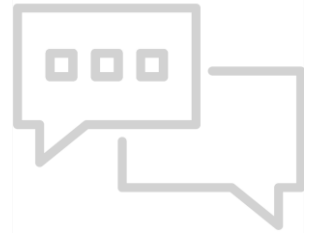
***“My mum waited 16 hours in a  
wheelchair in A&E... no food, drink or  
change of pads for 12 hours.”***

***“Wheelchairs are mostly unavailable  
after 8pm — porters finish and no one  
else has keys.”***

***“18 hours in A&E. Triage 6 times. Sat in  
plastic chair. Tumour missed. I cried to  
relieve the pressure in my head.”***

***“The triage nurse and colleagues were  
extremely helpful and supportive... but  
the doctor was very abrupt and***

***"The care was excellent... but the system is clearly broken. Long waits and confusion everywhere."***



***"I received a very good service from the Urgent Treatment Centre. I am very disappointed in my GP practice."***

***"Triage was quick and went smoothly... I received a very good service from the Urgent Treatment Centre. I am very grateful."***

***"Very well managed triage after being booked in via 111 during the night. Very efficient, short waits to progress, all done within an hour. Very satisfied with care and treatment."***

***"I was told to try the urgent dental line, but it was closed."***

## Case Study: Missed Adjustments for a Patient with a Learning Disability

### Context:

A patient with a learning disability, who was also acutely unwell with sepsis and a kidney condition, experienced significant shortcomings in care upon arrival at the hospital's emergency department.

### Experience:

Despite his mother's repeated requests for support, the patient was left in the main waiting room, a crowded and noisy environment that was distressing and unsuitable for someone with sensory and cognitive needs. No efforts were made to offer a quieter or more appropriate space, despite this being a reasonable adjustment under the Accessible Information Standard and Equality Act.

Crucially, the patient's learning disability was not flagged to staff in their notes, which meant he was not considered for any of the fast-track triage or enhanced support procedures that are typically recommended for vulnerable patients. This delay and oversight may have compromised both his wellbeing and timely access to appropriate treatment.

### Why It Matters:

This case highlights failures in recognising and responding to the needs of patients with learning disabilities in emergency care. The absence of basic adjustments—can heighten distress, reduce trust, and delay critical treatment, particularly when compounded by serious health conditions like sepsis.

### Learning Points:

- Clear and consistent flagging of learning disabilities in patient records is essential to ensure appropriate triage and support.
- Emergency departments should have accessible protocols in place and ensure staff are trained and supported to meet the needs of neurodivergent and disabled patients.



## **Case Study: Intrusive Questioning During a Time of Distress**

### **Context:**

While attending A&E with their unwell child, a couple were subjected to an inappropriate and irrelevant line of questioning by a receptionist, who asked about their marital status.

### **Experience:**

The couple reported feeling confused and distressed when, during the check-in process, they were asked whether they were married. This question had no bearing on the child's care or immediate medical need. Given the already heightened anxiety of seeking emergency care for their child, this unexpected and intrusive question added unnecessary emotional pressure to an already difficult situation.

### **Why It Matters:**

Administrative staff are often the first point of contact for patients and families in urgent care settings. Their approach can significantly affect the experience of those seeking help. In this case, the nature of the questioning not only lacked relevance but also risked reinforcing assumptions and biases that have no place in a clinical setting.

### **Learning Points:**

- Non-clinical staff should receive clear guidance and training on trauma-informed, inclusive communication—particularly during initial contact in emergency environments.
- All information requested from patients and families should be directly relevant to their care, by an appropriate person and gathered with sensitivity.



## **Case Study: Delayed Response Following a Fall – Risks for Disabled Individuals**

### **Context:**

Mr X, a wheelchair user living alone, fell at home over the weekend. He was left partially hanging from his chair, in severe pain and at risk of further injury. Nearby furniture posed a real danger of head trauma or loss of consciousness had the chair toppled.

### **Experience:**

Unable to reach a phone, Mr X used Alexa to contact a carer, who called emergency services. However, follow-up texts from responders went unanswered, and no one arrived. Mr X eventually used Alexa to contact a decorator, who came to assist in person.

### **Why It Matters:**

This incident raises important concerns about how emergency triage systems assess risk, particularly for disabled people who live alone. Delays in response and poor communication protocols can place people at extreme risk, especially when mobility impairments prevent them from self-rescuing or accessing help through conventional means.

### **Learning Points:**

- **Triage and Risk Escalation:** Emergency call systems should flag and escalate cases where there is possible significant escalation risks.
- **Ambulance Response Times:** The case raises wider concerns about ambulance delays for breakdowns in communication calls that involve a serious risk of harm or deterioration.

# Key Findings

The feedback shared by people across Greater Manchester reveals important insights into how the urgent and emergency care system is working for individuals. While there were examples of good care and dedicated staff, many people encountered barriers, delays, and confusion when trying to access support.

## **A&E is often used as a last resort**



People frequently attend A&E because they are unable to access timely care elsewhere—particularly same-day GP appointments or urgent dental care. In many cases, A&E was not the person's first choice, but it felt like the only place they would be seen.

## **People try multiple services before reaching hospital**



The majority of people had contacted other services before attending hospital, including NHS 111, their GP, walk-in centres, or out-of-hours providers. However, many felt passed around or signposted without resolution, contributing to delays and distress.



### **Low awareness and understanding of alternatives to A&E**



There is limited public awareness about Urgent Treatment Centres (UTC's), the full capabilities of NHS 111, and the scope of pharmacy services. This leads to people defaulting to A&E for conditions that may be better treated elsewhere.

### **Long waits and poor communication are common**



People described long waiting times in A&E and other urgent care settings, often without updates or explanations. Many felt anxious or forgotten, and poor communication about wait times or next steps left people feeling powerless. Those with additional communication needs—such as hearing loss, limited English, or cognitive impairments—were even more affected.

### **NHS 111 offers mixed experiences**



Some people found NHS 111 helpful and appreciated the advice and escalation support. Others described delays in call-backs, contradictory advice, or being sent to services that could not help.

### **Pharmacies are trusted but underused for urgent needs**



While pharmacies were frequently mentioned for prescription collection, very few people reported using them for minor ailments or urgent advice—highlighting a gap in public understanding of the Pharmacy First offer.

### **Access to urgent dental care remains a challenge**



Some individuals reported attending A&E for dental pain because they couldn't access urgent dental services elsewhere. This was especially common among those without an NHS dentist, those facing long waits for appointments, or those unsure where to go for help. People often felt they had no choice but to turn to emergency departments for relief.

### **Joined-up care and coordination between services is lacking**



People described having to repeat their story at every stage, facing inconsistent triage processes, or being redirected multiple times. There is a need for more joined-up working between NHS 111, GPs, Urgent Care and Treatment Centres, A&E, and hospital departments.

# Recommendations

The lived experiences shared in this report highlight the need for coordinated improvements across urgent and emergency care services. These recommendations aim to support system-wide action by NHS Greater Manchester ICB and providers to address what matters most to local people.

## **Improve Access to Community-Based and Primary Urgent Care**

- Increase availability and extended hours for same-day and urgent appointments in general practice.
- Invest in high-functioning Urgent Care Centres and out of hours services with consistent service offers, particularly in areas with limited coverage or high inequality.

## **Maximise the Use of Pharmacy Services**

- Promote the Pharmacy First service more actively to raise public awareness of what pharmacists can support with.
- Ensure pharmacies have the capacity, privacy, and clinical space to deliver minor ailment advice and urgent prescribing without patients feeling like a burden.

## **Strengthen Urgent Dental Care Pathways**

- Improve visibility and understanding of how to access urgent dental services.
- Explore system-level solutions to NHS dental shortages, such as mobile or out-of-hours clinics.
- Target information and services to communities disproportionately affected by dental access gaps.

## **Communicate Clearly and Manage Expectations**

- Provide real-time, visible updates on waiting times in all urgent care settings.
- Introduce regular check-ins or status updates to reduce anxiety and uncertainty.
- Train frontline staff in inclusive, trauma-informed communication, especially at triage and during long waits.
- Ensure patients understand what to expect next and their right to support, particularly those with communication needs.

## **Strengthen System Navigation and Integration**

- Improve handovers and real-time information sharing across the urgent care system—from NHS 111 and GPs to UTCs, A&E, and inpatient wards.
- Ensure referrals include clear, patient-friendly instructions and are accepted across services without unnecessary re-triage.
- Reduce duplication and gaps to support smoother, more joined-up patient journeys.

## **Raise Public Awareness of Care Options**

- Launch a Greater Manchester-wide campaign to improve understanding of urgent care pathways (e.g. NHS 111, UTCs, Pharmacy First, urgent dental care).
- Ensure campaign materials meet the Accessible Information Standard and are co-produced with local communities in multiple languages and formats.

## **Design Services with Inclusion in Mind**

- Make reasonable adjustments for disabled people, carers, and those with communication needs as standard.
- Ensure all urgent and emergency care environments, processes, and information are inclusive and accessible by design. This should include reviewing signage, building access, and information provision across all sites to identify and remove existing barriers.
- Ensure digital, written and in-person pathways are inclusive and easy to use for people with consideration for health literacy or digital access barriers.

## **Embed Lived Experience in Service Design**

- Involve patients and carers in co-producing triage, streaming, and navigation systems.
- Embed Healthwatch insight into Urgent and Emergency Care (UEC) system groups.
- Monitor the impact of changes through experience feedback—not just performance metrics.

# Response

**Gill Baker, Urgent and Emergency Care Programme Director, NHS Greater Manchester:**

*NHS Greater Manchester welcomes this important report and the valuable insight it provides into people's experiences of urgent and emergency care across our region.*

*We know A&E departments continue to face high levels of demand, and we recognise the challenges raised around long waits, confusion about where to go, and a lack of understanding around the alternatives to A&E.*

*We're working hard to improve access to urgent care and to ensure people are more aware of the full range of options available – including pharmacies, NHS 111, and out-of-hours services such as the Greater Manchester Urgent Dental Care Service. We also know we need to better explain how 111 works and what people can expect when they use it.*

*Feedback like this is essential to helping us shape better, more responsive services. While we've seen improvements in A&E waiting times over the past year, we know there's still more to do. We remain committed to working with partners to deliver care that meets the needs of our communities."*

# Conclusion

Urgent and emergency care is often accessed at people's most vulnerable moments. The strength of this report lies in the 485 experiences and stories it shares. These are not isolated incidents – they are patterns. And those patterns give insight beyond numbers which can be used to improve and continue to improve urgent and emergency care experiences at both regional and local level.

Local Healthwatch organisations across Greater Manchester have long played a vital role in listening to people's stories and experiences and producing research that drives improvement. At Healthwatch Bolton, findings from [Choose your Healthcare](#), a dedicated report on accessing urgent care are informing borough-level improvements in communication, service review and public understanding. At Healthwatch Rochdale, Enter and View visits have reviewed experiences of those that attend [Urgent Care](#). Healthwatch Manchester have completed an Enter and View visit and review into [Wheelchair access at three Manchester hospitals](#). They have also recently heard the reality of navigating emergency care from a lived experience perspective, as part of their Men's Forum ([watch here](#)) and have undertaken a city-wide review of the [location accuracy of defibrillators](#). Healthwatch Wigan and Leigh Healthwatch have listened to people and captured their [experience of A&E](#) with their Enter and View visit.

This work complements and strengthens national ambitions set out in NHS England's [Urgent and Emergency Care Recovery Plan \(2025–26\)](#), which calls for better access, faster care, and a more responsive system shaped around patients' needs.



Healthwatch in Greater Manchester will continue to work across the system – to ensure that public voice informs future transformation. This includes advocating for urgent care measures that better reflect what matters to patients, promoting more accessible urgent care pathways, and ensuring people can access the right care at the right place.



Healthwatch in Greater Manchester  
56-58 Bolton St  
Bury  
BL9 0LL

 [www.healthwatchingm.co.uk](http://www.healthwatchingm.co.uk)  
 [info@healthwatchingm.co.uk](mailto:info@healthwatchingm.co.uk)  
 [/Healthwatchingm](https://twitter.com/Healthwatchingm)  
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