



Independent evaluation of the North East Hampshire and Farnham Vanguard

## Yateley Urgent Care Centre

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### *Disclaimer*

This report presents the findings of an independent evaluation of Yateley Urgent Care Centre. The findings of this independent evaluation are those of the author and do not necessarily represent the views of Yateley Urgent Care Centre.

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## Executive Summary

The Yateley Urgent Care Centre (UCC) has been developed by the Oakley Health Group for its c22,000 patients. Following a 'virtual' UCC in May 2016, that separated urgent and routine appointments in its two surgeries, the UCCC opened in newly refurbished accommodation on 13<sup>th</sup> February 2017 at Yateley Medical Centre. This centralised all urgent primary care advice and appointments in one place, delivered by a rotation of all the GPs working on rotation, working with nurse practitioners and paramedic practitioners and supported by the reception team. 11,000 patients attended the UCC in its first 10 months and the most common age group were people aged 20 to 49.

R-Outcomes measures for Health Status and Experience were used to understand the needs of the patients attending the UCC and their perception of the service. With the support of the vanguard patient ambassadors, 123 patients outcomes were collected. A wide age range of patients attend the UCC and as a group they tend to not be taking many medications. They report a moderate health status, with particular concerns about being in pain or discomfort. They report a very positive experience of using the UCC, in particular being treated kindly and being listened to and explained.

GPs are key to the delivery of the UCC - it requires them to change how they organise their time to separate urgent and routine care. A survey was designed to capture their perceptions of the service and was completed by 6 GPs. This provided evidence of a broadly positive perception – particularly agreement with the model of separating urgent and routine care and delivering this as a team. They reported that the new model has had a positive impact on the practice and has integrated well with it. Working in the UCC can be hard when it is busy and can be stressful for the team. There isn't a sense that it has reduced A&E activity or emergency admission.

The South Central and West Commissioning Support Unit (CSU) analysed the health records of the 4,950 patients that attended the UCC in its first six months, to see if there was evidence of an impact on A&E attendance. Their analysis compared UCC patients use of A&E in time equal time periods before and after their attendance at the UCC, to see if there was any difference. Their analysis didn't find evidence of a reduction in the use of A&E.

There is evidence of long term improvements in the rate of A&E attendance by patients from Yateley, when compared with the rest of North East Hampshire and Farnham (NEHF) – particularly for patients who self refer themselves and walk into A&E. There are fewer A&E attendances per head of population from Yateley than the rest of NEHF and this difference has been increasing since the virtual UCC was introduced in May 2016.

There is published evidence of a link between how patients report their satisfaction with making a GP appointment in the GP Survey - and their use of A&E. The GP survey for the Oakley Health Group were already relatively good for access to advice and appointments before the UCC was opened which may account for why the data indicates long term gradual improvements in A&E attendance rates and not marked reduction following the opening of the UCC.

## 1. The Yateley Locality

- 1.1 Yateley is a town and parish in the north east corner of Hart District and the very north of Hampshire. The Yateley locality is made up of the following general practices:

Practice	Registered persons
<b>Oakley Health Group</b>	22,305
<b>Monteagle Surgery</b>	5,841
<b>Total</b>	28,146

- 1.2 The Oaklands and Hartley Corner practices merged to form the Oakley Health Group in April 2016. At the time of this evaluation Monteagle Surgery was not part of the Oakley Health Group – they joined it in April 2018. Yateley Medical Centre operates as the hub for the locality and its new care models and is where the Integrated Care Team and Urgent Care Centre are based.
- 1.3 Yateley is healthier and wealthier than England and Hampshire as a whole. In 2012 the proportion of 65-84 year olds (16.2%<sup>1</sup>) is similar to Hampshire (16.7%) and higher than in England (14.6%). The proportion of people aged over 86 is lower in Yateley (1.4%) compared to Hampshire (2.7%) and England (2.3%). However, the forecast in 2012 was that there would be a substantial increase in the number of older people in Yateley by 2020 – estimated to be a 74% increase in over 85 year olds, making them 2.8% of the population.

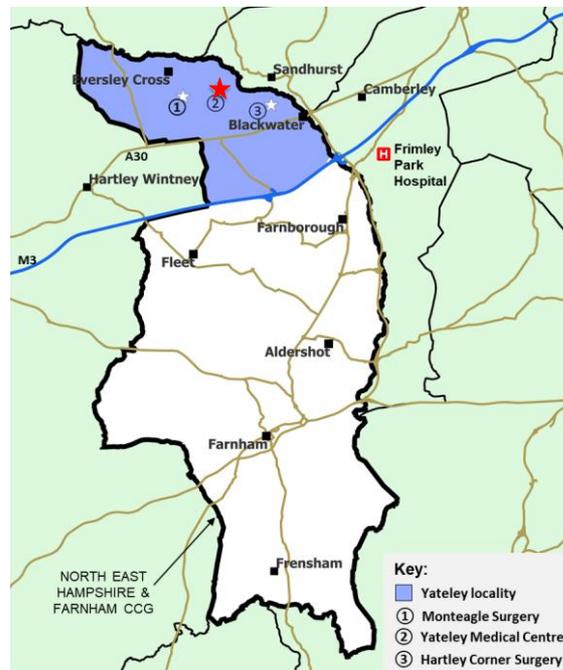
## 2. The Urgent Care Centre

- 2.1 The Urgent Care Centre (UCC) opened on 13th February in newly refurbished accommodation at Yateley Medical Centre. It provides urgent primary care appointments and advice to patients from the Oakley Health Group – it doesn't include the patients from the Monteagle Surgery but will do from 1st April 2018.
- 2.2 Patients requiring an urgent care appointment ring reception and are booked into the UCC – they aren't triaged. Patients are usually seen that day, unless they ring late in the day or request the following day. The UCC is staffed on rotation by all of the GPs in the Oakley Health Group and by nurse practitioners. This separates the urgent and planned care clinics for the GPs. Since 1st September 2017, the UCC has been open until 8pm.
- 2.3 In May 2016 a 'Virtual UCC' was introduced, where routine and urgent care appointments were separated, but provided at each surgery rather than in one location.
- 2.4 The UCC aims to improve access to urgent care appointments, and that this in turn will lead to improved access to planned care and provide flexibility for longer appointments for those that need them. The practice reported that the improvements to planned care haven't been possible during the period of evaluation because of fewer GPs being available due to maternity leave.
- 2.5 Implementing this new model of urgent care has required a small amount of additional financial resource but has mainly been achieved through internal re-organisation. It did benefit from capital investment from the vanguard to create refurbished accommodation for the UCC.

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<sup>1</sup> All population figures are from 2012

2.6 This map shows the location of the UCC at Yateley Medical Centre and its proximity to the other surgeries and the A&E department at Frimley Park Hospital.



2.6 The following tables describe the numbers of patients that have attended the centre. Around 11,000 patients have attended in the first 10 months, and the most frequent age group were people aged 20 to 49.

#### UCC Total Appointments

	2017										Grand total
	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	
UCC Appointments	744	1130	801	815	1050	1328	1232	1235	1338	1245	10918

#### Yateley UCC patient cohort by age and gender

	2017			Grand total
	Femal	Male	Unknown	
0 to 4	345	366		711
5 to 19	451	396		847
20 to 49	1267	688	2	1957
50 to 64	602	437		1039
65 to 74	526	353		879
75 +	348	309		657
Unknown	1			1
Grand Total	3540	2549	2	6091

#### UCC patients on other caseloads

224 UCC patients in total also appear on other Vanguard caseloads. 75 of these appear on more than one

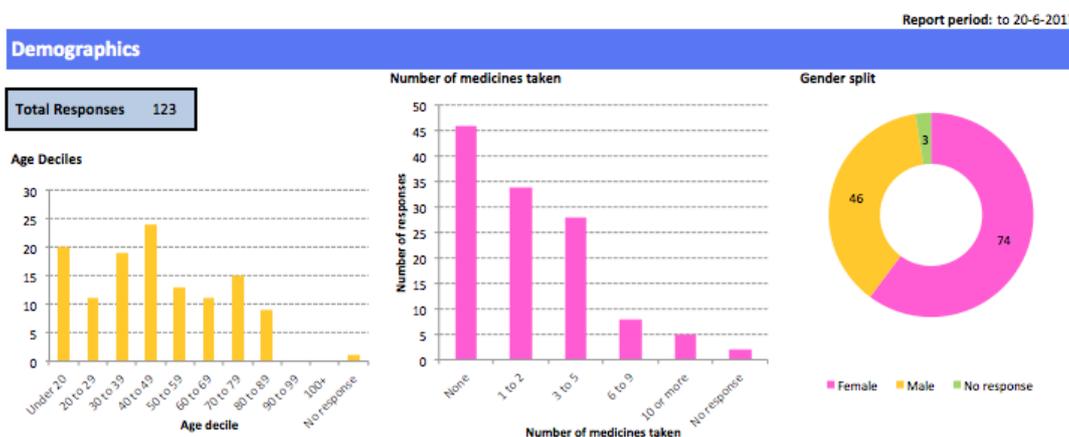
ICT	70
ERH	75
Paramedic Practitioner	151
Making Connections	3

### 3. Patient reported outcomes

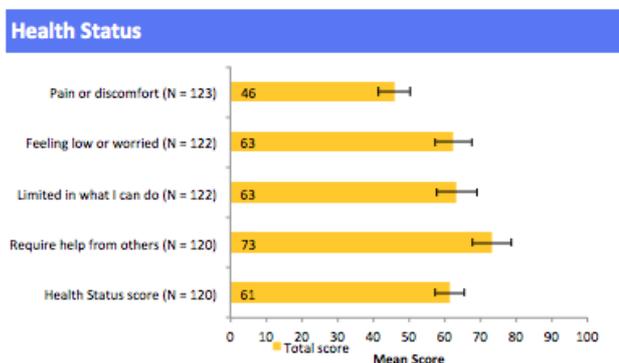
3.1 Understanding the impact of the new care models and services on how patients feel is an important part of evaluation. To help do this, the R-Outcomes measures have been widely used in the evaluation of the vanguard. For the evaluation of the Urgent Care Centre, two have been used:

- HowRwe – measuring their **experience** of using the Urgent Care Centre
- HowRyou – measuring people’s perception of their **health status**

3.2 Outcomes were collected for analysis from 123 patients. Vanguard Community Ambassadors supported this, basing themselves in the waiting room with an iPad. The following charts show demographic information for these patients – they are of all ages, more likely to be female and taking low numbers of medications.

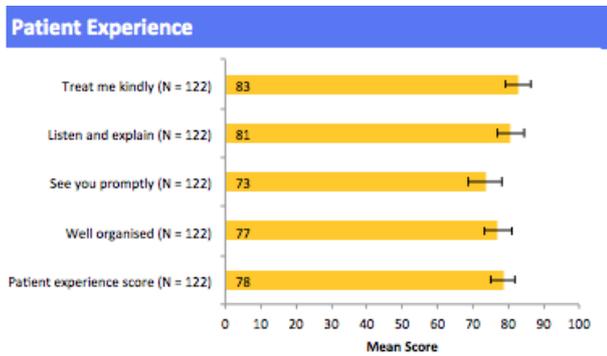


3.3 All of R-Outcomes results show mean scores on a 0-100 scale. If all respondents choose the best response, the score is 100. If they choose the worst, the score is 0. So, the higher the mean score and the longer the bar in the following charts, the more positive the response has been from the 123 patients. As an indication of how to judge these mean scores, a score of over 80 is high, 60-79 moderate, 40-59 is low and below 40 is very low.



Patients report moderate scores for three of four questions, but a low score for Pain or Discomfort (46 points). This suggests correlation why most people are attending the UCC.

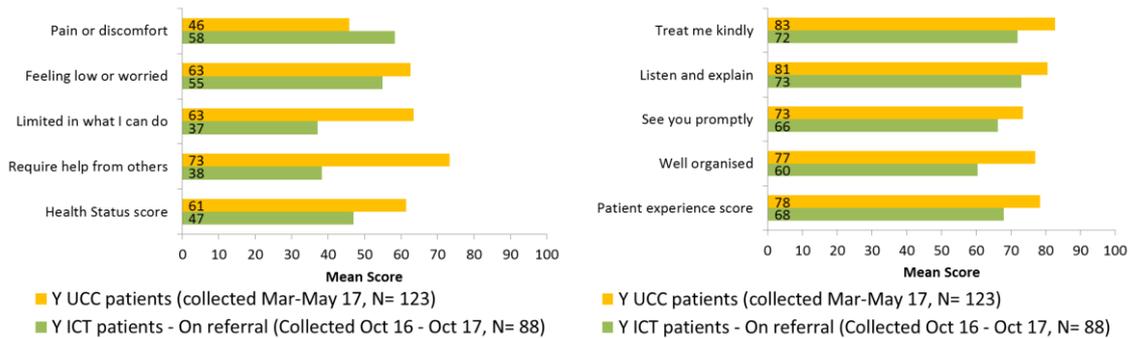
71% reported quite a lot or extreme pain or discomfort.



Patient report a good experience of attending the UCC – and we can assume that they had their wider experience of the practice in mind when answering these questions. 94% of patients reported a good or excellent experience of being treated kindly and 93% excellent or good for being listened to and explaining.

3.4 R-Outcomes have also been collected from patients being supported by the Yateley Integrated Care Team (ICT). These are patients with high need or risk of deterioration who have been identified as requiring focused and coordinated care planning and support from an multi-disciplinary team. The following charts compare the patients attending the UCCs and ICT patients when they are first referred. As would be expected, the health status scores of the UCC patients are all more positive than people referred to the ICT, as is their experience of the care they receive.

#### R-Outcomes comparing Yateley UCC patients and ICT patients on referral



#### Conclusions

3.5 A wide age range of patients attend the UCC and as a group they tend to not be taking many medications. They report a moderate health status, with particular concerns about being in pain or discomfort. They report a very positive experience of using the UCC, in particular being treated kindly and being listened to and explained.

## **4. GP Perceptions of the UCC**

- 4.1 All of the GP's in the Oakley Health Group work in the UCC on rotation. A survey was designed to help understand their perceptions of the service, their experience working in it and its impact on patients. 6 GP's completed the survey. A results table is included in appendix A.

### **GP experience of the UCC**

- 4.2 The positive comments from GPs described liking working alongside the nurse practitioners and paramedics; the logical separation of urgent and planned care; that patients get seen very quickly and that feedback from them has been good.
- 4.3 Less positive was that the centre can be extremely busy and feel relentless; and there can be lots of interruptions from District Nurses, Health Visitors and reception needing to speak to someone – for which they don't have time allocated or control over.

### **GPs views on implementation of the UCC**

- 4.4 GP's provided the following responses:
- 5 of 6 GPs felt that the vision of the UCC is being followed
  - All 6 felt that everyone had thought about how to make the UCC work
  - All 6 felt that everyone has acted to make the UCC work; and
  - All 6 felt that everyone had reflected on how to make it work
- 4.5 Barriers to implementing the UCC were identified as having a lack of staff time; a lack of understanding by patients what is clinically urgent; a lack of alternative for patients who need help but not urgently and demand for appointments.
- 4.6 Things that helped implementation were having access to paramedics for urgent visits and having motivated teams – including the UCC team, Integrated Care Team and community teams.

### **Integrating the UCC**

- 4.7 3 GPs felt it was very easy to integrate the work of the UCC into their normal practice, while the other 3 felt neutral about this. All 6 felt that it fitted in well with other systems and services.

### **Impact on patients**

- 4.8 All 6 GPs felt that patients were satisfied with the new service. There was a mixed response to whether it had avoided admissions to hospital or attendances at A&E – 4 thought it had, 1 was neutral and 1 thought it hadn't.

### **Impact on General Practice**

- 4.9 GP's provided the following responses:
- 5 of 6 felt that the UCC had improved access to GP services
  - Only 1 felt that it had led to reductions in demand for GP appointments
  - 1 had changed the length of their routine appointments as a result of the UCC, and another had changed theirs 'a bit'.
- 4.10 Positive impacts on practice staff were reported as always providing a fall back for receptionists, more face to face relationships, closer working relationships with nurse practitioners, paramedics and community matrons. Working as a team is described as being less stressful and safer. Routine clinics have fewer interruptions.

- 4.11 Far fewer negative impacts on practice staff were identified. Some of the receptionists may have found it stressful because of conflicting demands from patients and doctors and there are fewer routine appointments now.

### Conclusions

- 4.12 It is important to understand GP perceptions of UCC – they are key to its delivery and it requires them to reorganise how they organise their time to provide urgent and routine care. This survey provides positive evidence of the operation and impact of the UCC from the GPs perspective – particularly agreement with the model of separating urgent and routine care and delivering this as a team. They reported that the new model has had a positive impact on the practice and has integrated well with it. Working in the UCC can be hard when it is busy and can be stressful for the team. There isn't a sense that it has reduced A&E activity or emergency admission.

## 5. Impact of the UCC on A&E activity

### Urgent Care Centre patients use of A&E

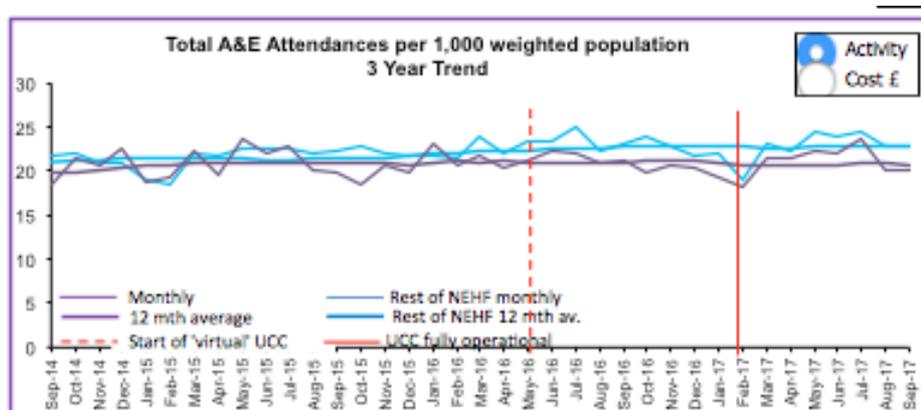
- 5.1 The evaluation sought to understand if there was a link between opening the UCC and attendance rates at the A&E department at Frimley Park Hospital. As the UCC improves the access to and experience of urgent primary care, do fewer people go to the local A&E department?
- 5.2 The South Central and West Commissioning Support Unit (CSU) analysed the health records of the 4,950 patients that attended the UCC in its first six months, to see if there was evidence of an impact on A&E attendance. Their analysis compared UCC patients use of A&E in time equal time periods before and after their attendance at the UCC, to see if there was any difference. **Their analysis didn't find evidence of a reduction in the use of A&E.** The following table shows activity over three time bands:

Time period	Number of patients analysed	Number of patients activity relates to	ACTIVITY			COSTS		
			Attendances before referral	Attendances after referral	Change	Costs before referral	Costs after referral	Change
+/-60	4950	855	566	593	+27	£79,018	£82,630	+£3,612
+/-90	4257	906	607	686	+79	£82,815	£93,484	+£10,669
+/-120	3566	893	629	709	+80	£83,705	£96,481	+£12,776

In all three time bands, the number of attendances at A&E were higher in the period after patients had attended the UCC.

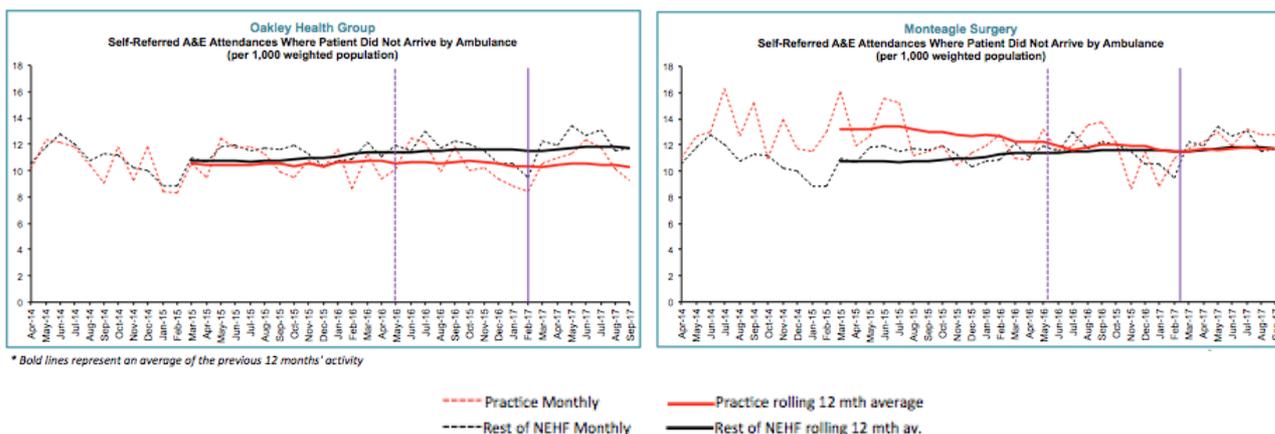
### Wider trends in A&E activity in Yateley

- 5.3 The following chart shows the rate of A&E attendance for Yateley and compares this with the rest of North East Hampshire and Farnham:



Over the past three years the rate of A&E attendance per 1000 weighted population in the Yateley locality has been lower than for the rest of the NEHF. This difference has been widening, particularly since starting the virtual UCC in May 2016.

- 4.4 Looking at the different types of source and arrival mode for A&E attendances, the difference between Yateley and the rest of the CCG appears to be primarily due to fewer people who are self referring and walking in themselves. And as the following two charts show, the difference is in the Oakley Health Group, not Monteagle Surgery (which isn't part of the UCC).



- 5.4 The wider trends in A&E activity in suggest that there are positive longer term trends in A&E activity in Yateley. The virtual and central UCCs form an important part of the local urgent care system and its ongoing development. An example of the ongoing focus by the practice on their patients use of A&E services is that since opening the UCC they have started writing to patients that self-refer to A&E to promote this alternative.

#### Evidence of the link between urgent care and A&E

- 5.5 In March 2017, the King's Fund published analysis called "What's going on in A&E?"<sup>1</sup>. This included the question of whether a lack of GP appointments were contributing to pressure in A&E. They looked at the 2016 GP Survey which found a deterioration in people's reported ability to get an appointment from 88% to 85%; and that 4% of people that couldn't get an appointment said that they went to A&E. They concluded that while access to primary care is important, there hasn't been a dramatic deterioration to describe the pressures in A&E.

- 5.6 In 2017, nationally the number of people that said that they go to A&E when they can't see their GP increased to 5%. In NEHF this is 3%. The Oakley Health Group's GP survey results (2017) for access are relatively good:

GP Survey Question	Yateley	NEHF	National
Find it easy to get through on the phone?	71%	71%	71%
Able to get an appointment to see or speak to someone?	90%	86%	84%
Last appointment was convenient?	83%	82%	81%
Experience of making an appointment was good?	77%	75%	73%
Feel they don't normally have to wait long to be seen.	79%	58%	58%
Last GP they saw or spoke to was good at giving them enough time.	93%	89%	86%
Satisfied with surgery's opening hours.	88%	77%	76%

- 5.7 The National Audit Office published a report in September 2015<sup>2</sup>, on their investigation into the impact of out-of-hours GP services on A&E attendance rates. They found that the factors that explained variation in A&E attendance rates were:
- Characteristics of the underlying population (age, gender and socio-economic deprivation) explain most of the variation that could be explained by their model)
  - Overall satisfaction with GP services is significantly associated with the level of A&E attendance. A 1% increase in satisfaction with GP opening hours is associated with a 1% reduction in A&E attendances.
  - Other factors associated with lower A&E attendance were larger GP practices, distance from A&E and spend on community health services.
- 5.8 A study looking all of the 2010/11 GP survey results<sup>3</sup> to examine the relationship between access to GP appointments and self referral A&E attendances. They found that in the practices in the bottom 20% for being able to get an appointment within 2 days, the A&E self referrals were 10.2% higher than in the top 20%.

### Conclusions

- 5.9 The following conclusions can be drawn from the evaluation of the impact of the Yateley UCC on levels of A&E activity:
- There isn't evidence that the 4,950 patients that attended the UCC during its first six months, have reduced their collective attendance rate at A&E.
  - There is evidence of long-term improvements in the rate of A&E attendance by the patients from the Oakley Health Group, particularly for patients who self refer themselves and walk into A&E. This sounds like the group of patients for whom the UCC provides an alternative.
  - There is published evidence of a link between how patients report their satisfaction with making a GP appointment in the GP Survey - and their use of A&E.
  - The GP survey for the Oakley Health Group were relatively good for access to advice and appointments before the UCC was opened.
  - Taken together, the Oakley Health Group has been working to improve access to urgent primary care for some time, which is having a positive impact on A&E attendance rates, and the UCC is a continuation of this work.

## **6. Active ingredients**

- 6.1 The findings from this evaluation have been shared and discussed with the Clinical Lead for Yateley and the Business Manager for the Oakley Health Group – to explore the active ingredients that determined the development and operation of the UCC.
- 6.2 A key active ingredient has been the engagement of the GPs in designing and implementing this new way of organising their time. Developing a UCC impacts on routine appointments and it is necessary to redesign these together. The receptionist role was also identified as being important, for them to understand and to be on board with this new way of working and able to explain this to patients. Patients need to understand the difference between urgent and routine care. Having the space and facilities to centralise urgent care in one location is also important.

## References

1. What's going on in A&E?. King's Fund. March 2017. [www.kingsfund.org.uk](http://www.kingsfund.org.uk)
2. Investigating the impact of out of hours GP services on A&E attendance rates: multi-level regression analysis. National Audit Office – Audit Insights Health 3/9/15. [www.nao.org.uk](http://www.nao.org.uk).
3. TE Cowling et al. Access to primary care and visits to emergency departments in England: a cross sectional population based study. June 2013. [www.ncbi.nlm.nih.gov.uk](http://www.ncbi.nlm.nih.gov.uk)

### Appendix A: Yateley UCC GP Survey results table from 6 GP's

Question	Category (response option scored)	Frequency (%)
Q1: How would you describe your role in the UCC?	GP	6 (100)
Q2: What would you most like to say about your experience of working in the UCC?	Free text comments (verbatim): <ul style="list-style-type: none"> <li>At times, extremely busy and relentless work.</li> <li>Positives: I like working alongside the NPs, paramedics etc. I think its helpful for us and patients to handle urgent care differently to routine care. Negatives: the appointments screen shows patients to be seen, some phone calls, and HV requests which are slotted in, however it does not show all the interruptions, eg DNs, reception or others needing to speak to someone - there is no control over this part of the workload, and no time allocated for it.</li> <li>Patients get seen very quickly. I have had good feedback from patients about the service.</li> <li>*cannot read written comments*</li> <li>Divides acute work from routine if appropriately used</li> <li>Generally very good</li> </ul>	
Q3: How easy is it to integrate the work of the UCC into your normal practice?	-Very easy (1) -Easy (2) -Neutral (3) -Difficult (4) -Very Difficult (5)	3 (50) 0 3 (50) 0 0
Q4: The vision of the Yateley UCC is being followed (NPT Coherence)	-Strongly agree (1) -Agree (2) -Neutral (3) -Disagree (4)	3 (50) 2 (33) 1 (17) 0
Q5: We have all thought about how to make Yateley UCC work (NPT Cognitive Participation)	-Strongly agree (1) -Agree (2) -Neutral (3) -Disagree (4)	3 (50) 3 (50) 0 0
Q6: We have all acted to make Yateley UCC work (NPT Collective Action)	-Strongly agree (1) -Agree (2) -Neutral (3) -Disagree (4)	3 (50) 3 (50) 0 0
Q7: We have all reflected on how to make Yateley UCC work (NPT Reflexive Monitoring)	-Strongly agree (1) -Agree (2) -Neutral (3)	3 (50) 3 (50) 0

	-Disagree (4)	0
Q8: What barriers prevented the work of the UCC? (QUAL QUESTION)	Free text comments (verbatim): <ul style="list-style-type: none"> <li>No response</li> <li>Resources - time/staffing. Lack of understanding amongst some patients of what is clinically urgent. Lack of alternatives for patients who need help but not an urgent appointment.</li> <li>Can't think of any.</li> <li>Workforce availability</li> <li>Staff levels. Demand for non urgent appointments.</li> </ul> Getting the refurbishment done	
Q9: What facilitating factors helped the work of the UCC? (QUAL QUESTION)	Free text comments (verbatim): <ul style="list-style-type: none"> <li>No response</li> <li>Having access to the paramedics for urgent visits has been one of the biggest and most useful changes. The UCC could not function without them taking the majority of the visits.</li> <li>Paramedics</li> <li>No response</li> <li>Use of team. Paramedics. Community teams and ICT.</li> <li>Motivated team</li> </ul>	
Q10: Has the UCC fit in well within other systems/services?	-Strongly agree (1) -Agree (2) -Neutral (3) -Disagree (4)	3 (50) 3 (50) 0 0
Q11: From your experience, how satisfied are patients with the UCC?	-Very satisfied (1) -Satisfied (2) -Neutral (3) -Dissatisfied (4) -Very dissatisfied (5)	4 (67) 2 (33) 0 0 0
Q12: From your experience, have you witnessed any avoided admissions due to the UCC?	-Strongly agree (1) -Agree (2) -Neutral (3) -Disagree (4)	2 (33) 2 (33) 1 (17) 1 (17)
Q13: From your experience, are you aware of any reductions in A&E attendances due to the UCC?	-Strongly agree (1) -Agree (2) -Neutral (3) -Disagree (4)	4 (66) 0 1 (17) 1 (17)
Q14: From your experience, have you witnessed any	-Strongly agree (1)	1 (17)

reductions in unplanned hospital bed days due to the UCC?	-Agree (2) -Neutral (3) -Disagree (4)	2 (33) 2 (33) 1 (17)
Q15: From your experience, have you witnessed improved patient access to GP services due to the UCC?	-Strongly agree (1) -Agree (2) -Neutral (3) -Disagree (4)	4 (66) 1 (17) 1 (17) 0
Q16: From your experience, are you aware of any reductions in GP appointments due to the UCC?	-Strongly agree (1) -Agree (2) -Neutral (3) -Disagree (4)	0 1 (17) 5 (83) 0
Q17: From your experience, have you changed the length of GPs appointment time due to the UCC?	-Yes (1) -A bit (2) -Not at all (3)	1 (17) 1 (17) 4 (66)
Q18: From your experience, have you witnessed any positive impacts upon practice staff due to UCC? (QUAL QUESTION)	Free text comments (verbatim): <ul style="list-style-type: none"> <li>• A fallback is always available to receptionists – if a patient needs to be seen by their GP, but no routine appointments available, they can always direct patients to the UCC if the patient – eventually – says that it is “medically urgent”</li> <li>• From my point of view, i.e. usually based at HCS, it has meant I can see and speak to receptionists in the hub face to face which is good for working relationships. Working closely alongside the NPs, paramedics, and community matron has also been good for promoting team working.</li> <li>• When I do routine clinic I get less interruptions.</li> <li>• *cannot read written comments*</li> <li>• Clear to staff where patient need to attend.</li> <li>• Working as a team is safer and less stressful</li> </ul>	
Q19: From your experience, have you witnessed any negative impacts upon practice staff due to UCC? (QUAL QUESTION)	Free text comments (verbatim): <ul style="list-style-type: none"> <li>• I haven’t witnessed any myself</li> <li>• I think some of the receptionists have found working in the hub to be very stressful, as they are dealing with sometimes conflicting demands from patients and doctors.</li> <li>• Occasionally inappropriate patients turn up in UCC. However, I don’t think this is due to staff.</li> <li>• *cannot read written comments*</li> <li>• No</li> <li>• Fewer routine appointments</li> </ul>	
Q20: Are there any lessons to be learnt from your	Free text comments (verbatim):	

<p>UCC experience? What might have been done differently? (QUAL QUESTION)</p>	<ul style="list-style-type: none"> <li>• No response</li> <li>• No response</li> <li>• *cannot read written comments*</li> <li>• Need to make sure adequate resources appropriate, patients directed to most appropriate service depends on largely on reception staff.</li> <li>• No response</li> </ul>
<p>Q21: Is there anything else you would like to tell us about your experience of Yateley UCC? (QUAL QUESTION)</p>	<p>Free text comments (verbatim):</p> <ul style="list-style-type: none"> <li>• No response</li> <li>• Overall experience is good.</li> <li>• No response</li> <li>• No response</li> <li>• More appointments will give better balance.</li> </ul>