

The evolution of Neighbourhood Urgent Care in York and North Yorkshire

This report is based on the NHS Excellence Award Submission for Delivering Value

Nimbuscare were Awarded Regional Champion for Delivering Value on 10th June 2026

'This award recognises outstanding initiatives that improve NHS productivity, reduce waste and ensure every pound delivers maximum benefit for patients. It celebrates smarter use of resources, more efficient pathways, and innovations that release time, capacity or financial savings while improving quality and outcomes (<https://www.england.nhs.uk/nhsawards/>)'

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What has been done?

Background: Three-Year journey to transform the Neighbourhood delivery of Urgent Care

Patients don't experience healthcare through organisational boundaries. They don't distinguish between general practice, NHS 111, community pharmacy or urgent treatment centres. Patients tell us they want timely access to the right care, as close to home as possible.

Yet historically, urgent care pathways have been organised around services rather than patients. As demand increased, we've often responded by creating additional capacity within our own parts of the system. While well intentioned, this approach frequently results in fragmented pathways, duplication and poor patient experience.

Our ambition was different. Faced with rising demand, winter pressures and a gradual reduction in financial resource, we needed to ask a different question. Not, "How does an individual service do more?", but "How do our services do more together?"

The result has been a three-year programme of neighbourhood urgent care redesign that has brought together general practice, community pharmacy, NHS 111, York's Urgent Treatment Centre and the GP Out of Hours Service into a more connected model of care. By improving coordination between existing services, patients are able to access support more easily, receive care closer to home and be directed to the professional best placed to meet their needs.

What began as a traditional winter pressure scheme in 2023–24 has evolved into an integrated neighbourhood urgent care pathway that demonstrates a fundamental principle of the NHS Ten Year Plan: better outcomes are achieved not when individual organisations work harder in isolation, but when services work together around the needs of patients.

Winter 2023–24: Learning from a Traditional Model

In Winter 2023–24, Same Day Urgent Care (SDUC) operated primarily as a walk-in service. While developed with the best intentions, the model struggled to connect available capacity with patient need. Across the winter period, 3,029 appointments were commissioned, yet only 1,787 were utilised, representing a utilisation rate of 59%. The learning was that 1,200 funded appointments went unused during a period of significant pressure across urgent and emergency care services.

The model relied largely on patient self-presentation and operated separately from general practice. Capacity existed, but there was no reliable mechanism to ensure patients were consistently directed towards it. As a result, valuable clinical resource remained underused while demand continued to build elsewhere in the system.

Winter 2024–25: Connecting General Practice and Urgent Care

In Winter 2024–25, SDUC was transformed into a directly bookable, GP-integrated neighbourhood service. Through digital integration with SystmOne and clearly defined referral criteria, general practice teams could directly book suitable patients into ringfenced urgent care appointments within their local neighbourhood. Clinics were delivered in each of the neighbourhoods in York. Consultations were delivered by both General Practitioners and Advanced Clinical Practitioners, resulting in a more cost effective service. For patients, this meant quicker access to care closer to home and a simpler route into urgent support without needing to navigate multiple services.

The impact was immediate and measurable. Across the 2024–25 winter period, 4,878 appointments were provided and 4,588 were utilised, achieving a utilisation rate of 94%. Compared with the previous winter, unused capacity reduced from 41% to just 6%. For the first time, commissioned funding was translating almost entirely into direct patient care.

However, while improving access to Same Day Urgent Care created significant value, we identified patients being seen in these clinics who were appropriate for Pharmacy First. It became increasingly clear that no single service could solve urgent care pressures alone. Sustainable improvement would require the whole pathway to work together more effectively.

Winter 2025–26: Building a Neighbourhood Urgent Care System

Alongside maintaining high-performing Same Day Urgent Care provision, two additional components were introduced: firstly a coordinated Pharmacy First pathway and secondly a local in-hours NHS 111 Clinical Assessment Service (CAS). Together, these services created a more connected urgent care system, helping patients access care in the most appropriate setting and avoiding unnecessary attendances in higher-cost parts of the healthcare system.

Pharmacy First: Making Community Care Easier to Access

The Pharmacy First co-ordination service was built around a simple principle: making pharmacy first the easiest pathway for surgeries to refer a patient into and avoiding creating additional work for GPs. Community pharmacies already possessed the expertise, accessibility and workforce to manage many common minor illnesses. Yet referral rates varied significantly, and many patients continued to seek help through GP practices, NHS 111 or urgent care services for conditions that could be safely managed by a pharmacist.

Rather than creating a new service, we focused on connecting the services that already existed. GP practices identified suitable patients and remotely booked them into a dedicated SystemOne ledger (hosted by Nimbuscare) for Pharmacy First and the Community Pharmacy Consultation Service (CPCS). Nimbuscare's Care Navigation Team then contacted the patient via Accurex text or via phone and booked them into their chosen pharmacy. This removed barriers for practices and patients didn't notice that anything had changed.

Importantly, every consultation created benefits beyond the individual patient. GP appointments were protected for people with more complex needs or for those needing continuity of care. Something we know reduces overall urgent care demand. Community pharmacy therefore became more fully integrated into neighbourhood healthcare delivery. This demonstrated that innovation isn't always about creating something new. Sometimes the greatest improvements come from helping existing services work better together around the needs of patients.

York's new local NHS 111 Clinical Assessment Service (CAS)

Alongside Pharmacy First, a new in-hours Clinical Assessment Service (CAS) was delivered between 1 December 2025 and 27 February 2026. The service operated 08:00-18:00 and dovetailed with the GP Out of Hours service to clinically assess patients over the phone who had called NHS111 with an urgent care need (12 hour disposition). This ensured that patients, who were unable to access their surgery, received a telephone assessment by a Nimbuscare clinician calling from Gateway 1 in York. When needed patients were booked into a face-to-face appointment in one of our Same Day Urgent Care clinics and if an onward referral or investigation was required, our clinicians had the ability to complete the episode of care. By strengthening clinical decision-making earlier in the pathway and reducing failure demand, the CAS helped to prevent unnecessary UTC and emergency department attendances.

The Combined Impact of Same Day Urgent Care, Pharmacy First and the Clinical Assessment Service

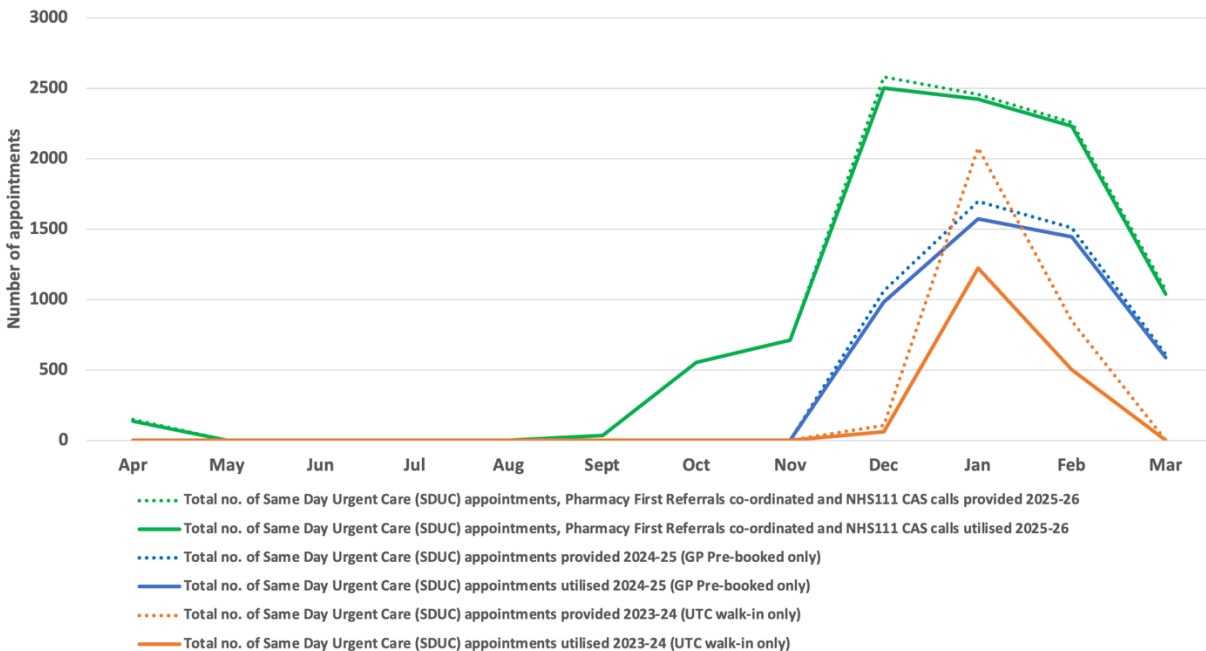
The combined effect represented a step change in urgent care capacity, coordination and patient experience. From September 2025 until the end of March 2026 over 9600 urgent care contacts were delivered, incorporating SDUC, Pharmacy First co-ordination and the local NHS111. SDUC utilisation remained >95% demonstrating continued ability to operate at an exceptionally high efficiency.

What was the impact?

Better Connections, Better use of urgent care

One of the clearest lessons from this work is that improving access does not necessarily require creating more services. Often, the greatest value comes from helping existing services work together more effectively. As coordination between general practice, Same Day Urgent Care, NHS 111 and community pharmacy has strengthened, commissioned capacity has been used far more effectively. In Winter 2023–24, more than 40% of Same Day Urgent Care appointments went unused. By Winter 2024–25, utilisation had increased to 94%, and in Winter 2025–26 utilisation has remained at approximately 95%, see graph 1.

Graph 1. Total number of Pharmacy First, Same Day Urgent Care and NHS111 Clinical Assessment Service appointments provided vs. utilized in York per month for the past 3-4 years.



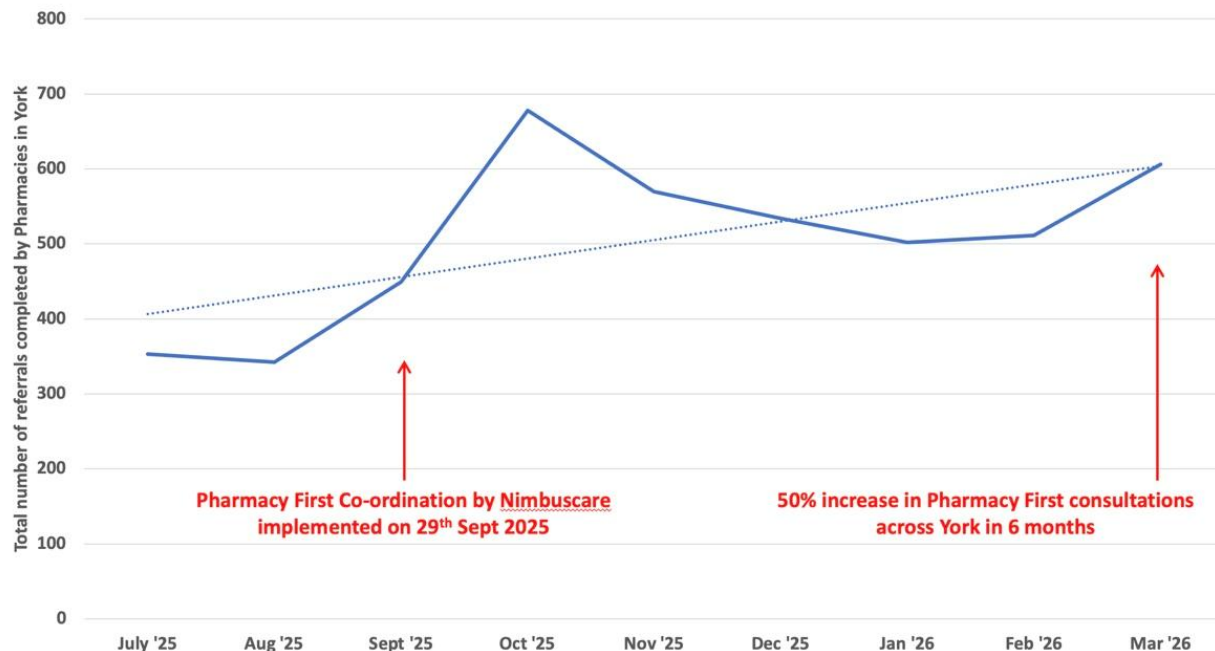
Reducing Pressure Across the System

The impact extends well beyond Same Day Urgent Care itself. Published evaluation in the British Journal of General Practice demonstrated a statistically significant negative correlation between Same Day Urgent Care activity and NHS 111 call volumes during Winter 2024–25, suggesting that improved access to neighbourhood urgent care may reduce demand elsewhere in the urgent care pathway (<https://bjgp.org/content/76/764/133>).

These findings provide evidence that when patients can access timely care through neighbourhood services, pressure on other parts of the urgent care system can be reduced. The introduction of an in-hours NHS 111 CAS in Winter 2025–26 strengthened this effect further. When patients were asked what they would have done had the service not been available, 56% of respondents reported that they would have attended the Emergency Department. Between December 2025 and February 2026, approximately 1,931 patients were assessed by the Nimbuscare Clinical Assessment Service. This suggests that approximately 1,080 Emergency Department attendances may have been avoided in three months.

Pharmacy First co-ordination ensured that patients with minor illness can access expert support within their neighbourhood. Since September 2025, Nimbuscare has co-ordinated over 5000 Pharmacy First and CPCS referrals for practices in York. This resulted in a 56% increase in Pharmacy First and CPCS consultations in York’s Community Pharmacies, see graph 2.

Graph 2. Monthly referrals completed by Pharmacies in York for Nimbuscare member practices, courtesy of Humber and North Yorkshire ICB.



Delivering Better Value for the NHS

Delivering care through neighbourhood services has generated substantial financial value. Published evaluation demonstrated that the cost of a Same Day Urgent Care appointment was £27, compared with approximately £91 for an Urgent Treatment Centre attendance and between £137 and £445 for an Emergency Department attendance, <https://bjgp.org/content/76/764/133>. Applying the cost of an Urgent Treatment Centre attendance at £137 to the estimated 1,080 attendances avoided through the Clinical Assessment Service suggests a conservative avoided cost of approximately £148,000 over a three-month period.

Maintaining What Matters Most: Patient Experience

Crucially, improved efficiency has not come at the expense of patient experience. Patient feedback throughout Winter 2025–26 demonstrates high levels of satisfaction, strong confidence in clinicians and a high likelihood of recommending the services to family and friends. Patients described the Same Day Urgent Care service as "brilliant and thoroughly professional", praising rapid access to appointments, clear communication and compassionate care. 90% of respondents who provided feedback said they would recommend the service to others. Feedback from the CAS echoed these findings. Patients described the service as "very easy and helpful", highlighting the reassurance provided by rapid access to clinical advice.

These comments reinforce an important lesson from this work: patients value systems that feel connected, responsive and easy to navigate. While activity figures and utilisation rates help demonstrate effectiveness, it's patient experience that ultimately define success.

What happens next:

The transformation of urgent care across North Yorkshire has moved beyond the winter and is being embedded as a year round scalable neighbourhood-based model. Pharmacy First coordination has demonstrated that minor illness can be safely redirected at scale using existing systems and workforce. Nimbuscare is now co-ordinating referrals throughout the year as well as expanding the offer to new member practices in Scarborough and North Ryedale.

Direct GP booking into SDUC has become established practice over winter, supported by shared digital infrastructure. The in-hours Clinical Assessment Service successfully delivered same day care for patients who were unable to access appointments in general practice and reduced failure demand by utilising existing digital and operational resources.

Crucially, this model does not depend on new services. It leverages existing clinical estate, established digital systems (SystemOne), multidisciplinary workforce models and centralised operational coordination. This makes it inherently scalable. The core components, direct booking, ringfenced capacity aligned to practice list size, centralised Pharmacy First coordination, and a local CAS can be replicated in other neighbourhoods at much lower cost than alternative urgent care pathways.

From a workforce perspective, the model demonstrates how skill mix can be optimised to deliver urgent care in lower-cost settings while maintaining safety and quality. By supporting pharmacists to manage appropriate presentations and using Advanced Clinical Practitioners within SDUC, GP time is protected

for complex care and continuity. This approach supports workforce resilience and reduces burnout associated with unmanaged winter surges.

At system level, the model offers a practical response to national policy direction on neighbourhood health and integrated urgent care. Published evaluation in the *British Journal of General Practice* provides peer-reviewed validation of its impact, strengthening its credibility for adoption elsewhere. The documented reductions in emergency department referrals, hospital admissions and UTC attendances demonstrate that neighbourhood urgent care is not simply a parallel service but a mechanism for reducing hospital reliance.

Scaling the model more widely would involve:

- Establishing direct booking from general practice into neighbourhood urgent care clinics
- Implementing centralised Pharmacy First coordination rather than passive signposting
- Embedding a local CAS to meet patients needs upstream of Urgent Treatment Centres and the Emergency Department.
- Aligning performance metrics to system outcomes rather than single-provider targets

Importantly, the financial case supports scalability. Delivering urgent care at £27 per SDUC appointment compared with significantly higher hospital-based costs demonstrates clear value. Next steps include a full economic evaluation to strengthen the evidence base further. This will support discussions regarding recurrent funding models aligned to system-wide benefit.

Our experience demonstrates that delivering value is not about delivering new services; it's about redesigning pathways so that capacity is maximised, care is delivered in lower-cost settings, and hospital reliance is reduced. By combining digital integration, active demand management and multidisciplinary workforce models, this model has released capacity, reduced avoidable hospital attendance and delivered tangible financial benefit. It offers a scalable, evidence-informed blueprint for urgent care reform aligned with national priorities for productivity and neighbourhood health.

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