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January 2026

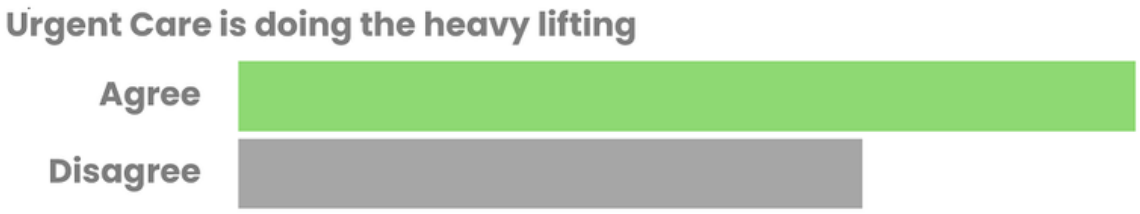
URGENT CARE: By design or by default?

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Urgent Care has become the default destination for unmet demand

Introduction

Urgent care sits at the intersection of workforce pressure, frustrations over access to care elsewhere in the system, and rising patient expectation. Over time, it has absorbed an increasing share of unmet demand from across primary, community, and emergency care often through staff effort rather than deliberate system design.



Advanced clinical practice is central to urgent care delivery. However, questions remain about whether this capability is being deployed strategically, or whether urgent care has evolved into a default access point for patients unable to find appointments.

To explore the urgent care services today, we conducted a short survey of thirty-five urgent care clinicians, capturing frontline perspectives on system design, and options for urgent care.

The findings suggest that urgent care is widely perceived to be under strain. This pressure is not because urgent care lacks clinical capability, but because of accessibility within the wider system. Respondents pointed to gaps in access to primary care as the main contributor to rising demand. Therefore, while additional resources are seen as necessary, they are not viewed as sufficient in isolation.

Method Snapshot

- **Online survey of 35 urgent care clinicians**
- **Conducted Dec 2025**
- **Agree/disagree, scoring and open ended questions**



Overall, the data suggests that urgent care is carrying more demand and responsibility than it was originally designed to absorb.

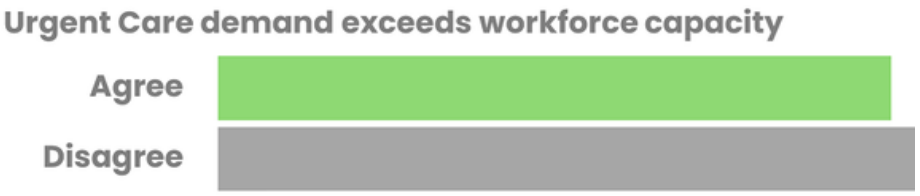
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What frontline clinicians are seeing

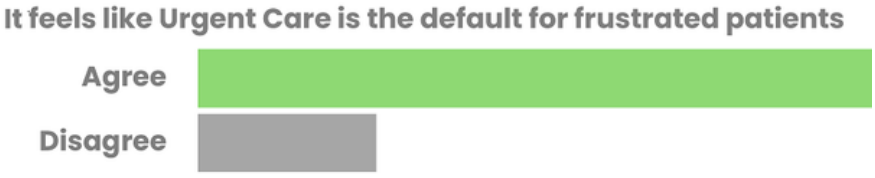
Frontline clinicians describe an urgent care system held together by staff effort, absorbing demand that the wider system cannot accommodate.

We asked whether system design or individual staff effort makes the greatest difference when demand surges in urgent care. Respondents pointed to individual staff effort as the primary factor sustaining service delivery.



This reliance on individual effort was characterised as compensatory rather than sustainable. Respondents were clear that without effective system design, reliance on staff effort alone means both clinical risk workforce burnout. Therefore, while staff commitment can absorb shocks, long-term resilience in urgent care depends on system design supporting rather than depending upon, individual effort.

We asked which parts of the wider system most often spill demand into urgent care. Respondents overwhelmingly identified primary care.



There was consensus agreement that urgent care has become the default destination for patients frustrated by difficulties securing timely

GP appointments. Respondents consistently cited capacity within general practice as the key factors pushing patients toward urgent care.



However, respondents also highlighted referral pressures from NHS 111 and pharmacy.

We asked what the system most underestimates about delivering urgent care. Respondents highlighted a significant misalignment between workforce capacity and the demands placed upon services. While views were split on whether the current urgent care model is unrealistic in its expectations of staff, responses consistently pointed to chronic understaffing, insufficient skill mix, and limited access to supporting services.

Respondents emphasised the impact of reduced staffing during peak periods, high patient volumes, and limited access to diagnostics, specialty input, and observation capacity, all of which increase clinical risk.

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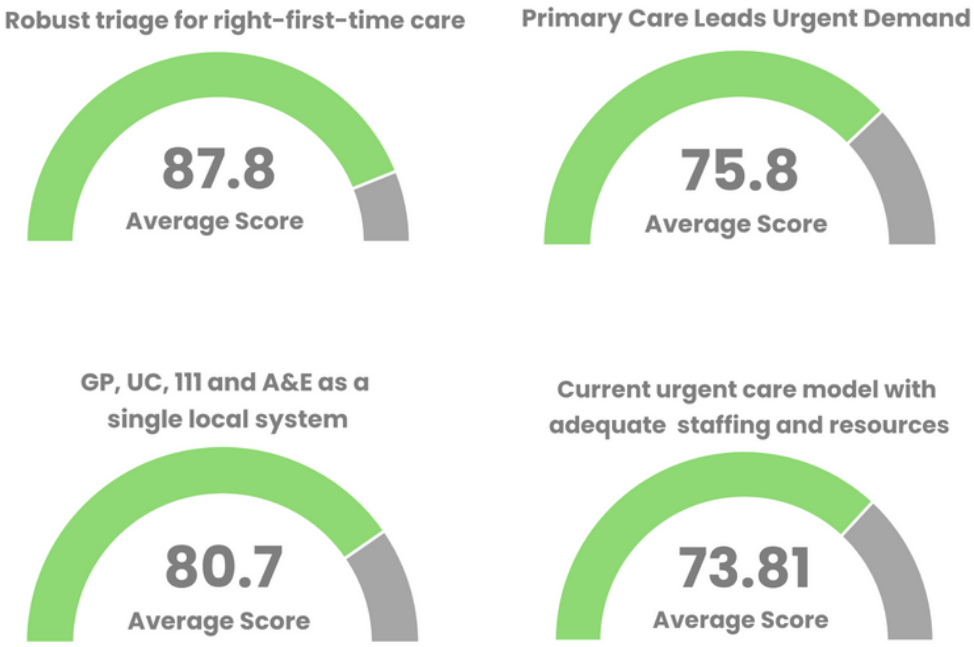
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Priorities for sustainable urgent care

Respondents were asked to rate a series of proposed system changes relevant to urgent care delivery.

Clinicians rated all alternatives higher than the current model with additional resources.

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Respondents' emphasis on robust triage, clearer thresholds, and general practice acting as the frontline mirrors the strongest areas of consensus.

Clinicians view that managing urgent care demand depends on getting patients to the right place first time.

Comments on valuing staff, clinical leadership, and skill mix further support the high ratings given to system integration.

While some respondents pointed to improved resourcing of the current model, this was framed as complementary to, rather than a substitute for, wider system design.

What this tells us about urgent care

Urgent care is no longer operating by design. It has become the system's default destination for unmet demand. The data suggests that the current model relies heavily on workforce effort to compensate for gaps elsewhere, particularly in access to primary care and clarity of system thresholds.

While additional staffing and resources are necessary, they are unlikely to be sufficient on their own. Clinicians consistently point to the need for clearer front-door triage, stronger integration across GP, urgent care, NHS 111 and A&E, and a reassertion of general practice as the first point of clinical ownership.

Sustainable urgent care will not be achieved by reinforcing the existing model; it requires redesigning how demand is managed across the wider system, returning urgent care to a deliberate, well-defined role.

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