



**Using walk-in centres in Newcastle upon Tyne:
Experiences of people in black and minority ethnic
communities**

5 June 2014

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Many thanks to everyone who gave time to share their experiences

Executive summary

Themes across sections 1, 2 and 3:

- Value of quick access in walk-in centres to reassurance and/or treatment as appropriate, and redirection to other services as needed
- Value of easy physical access, for people without access to a car, in terms of walk-in centres being located “in the heart” of economically disadvantaged communities
- Generally very positive feedback about the welcome and care provided by staff
- Gaps in knowledge about different parts of the NHS and confusion about where to go when, though generally people who had used a walk-in centre gave an account of appropriate use
- Lack of awareness about where all the Newcastle walk-in centres are situated, opening times and full range of things for which it is appropriate to go to a walk-in centre
- Gaps in information-giving, by walk-in centre practitioners, about how things are done eg how the triage system works
- Lack of consistent language support provision in walk-in centres

Suggestions for action, based on the above:

- Check visibility and impact of signage, and add information about opening times and reasons to visit, where possible
- Produce information and publicity about walk-in centres (in context of overall NHS primary/secondary care), with people across communities so that it is relevant and makes sense to them
- Circulate examples of appropriate visits, as illustrated by some of the quotes in this report, to raise people’s awareness of when to go to a walk-in centre
- Pass positive feedback to walk-in centre staff
- Introduce a way of informing people about how things are done eg the triage system
- Strategically address the issue of the quality of language support

Section 1

Feedback from people in black and minority ethnic communities:

56 people shared their knowledge and experience of walk-in centres. 34 women and 22 men participated, four in one to one interviews and fifty-two in group discussions. Language support was used as needed.

The 56 people who participated are from the following countries of origin:

- Algeria
- Bangladesh
- Democratic Republic of Congo
- Ethiopia
- Eritrea
- Hong Kong
- India
- Ivory Coast
- Kenya
- Morocco
- Pakistan
- Tanzania
- The Gambia

Some have arrived in the North East relatively recently eg to seek asylum. Others have lived here for a significant part of their lives and some were born in the UK following their parents' migration to the UK.

The age range of women who took part was from early 20s to early 80s, and the range of men's ages was late 20s to early 60s.

32 people live in the NE4 postcode area, 7 in NE6, 5 in NE3, 4 in NE5, 1 in NE1, and 1 person in each of the following areas: NE2, NE7, NE8 (Gateshead), NE13, NE15, NE23 (Cramlington) and NE38 (Washington).

17 of the 56 have never used a walk-in centre, 4 of whom have never heard of walk-in centres.

1.1 Where are the walk-in centres?

9 of the 17 people who have never used a walk-in centre said that they do not know where any of the Newcastle walk-in centres are situated.

The majority of participants who had used a walk-in centre reported regularly using the centre closest to their home. People with a car were able to visit more than one. 29 people gave accounts of using West Road walk-in centre, with smaller numbers reporting use of Ponteland Road and Molineux Street. Four people referred to having been to the Jury's Inn walk-in centre in the past, and none were aware that this had closed.

1.2 When are walk-in centres open?

Only 6 of the 56 participants were able to give the Newcastle walk-in centre opening times ie 8am to 8pm. Several assumed that they are open 24 hours a day.

1.3 What do people know about walk-in centres?

Several people gave an accurate picture of the purpose of a walk-in centre:

"It's like a first idea, a first place to go for a consultation where they advise you if you need more care and tell you if you need to go somewhere else. It's where you go if you need to get an answer to something."

"It can be a useful quick assessment point."

The need for more information, publicity and useful signage was highlighted by many of the participants:

"There's a need for information about walk-in centres to be circulated within our community and to be in places like GP waiting rooms."

"You need to get something visual in your head. When you're poorly and you're really struggling what comes to mind is A and E. The walk-in centre sign doesn't say why you'd go there. What does 'walk-in centre' mean?"

1.4 How do people decide where to go?

Participants were asked to describe how it happened that they used a walk-in centre, and their accounts produced the following information.

8 people reported that they had used a walk-in centre on occasions when they had tried to make an appointment to see a GP and were not able to get an appointment as quickly as they felt they needed one. 7 people said that they went to a walk-in centre 'out of hours' ie when their GP surgery was closed.

Participants were reassured at the beginning of interviews and group discussions that there was no pressure on them to share personal medical information. Reasons that people mentioned for going to a walk-in centre included:

Attending with a child:

- Child with a high temperature (mentioned most frequently)
- Child with an ear infection
- Child having had an accident at nursery/school.

Attending on own behalf or to accompany another adult:

- Pain in a foot
- Cut finger
- Skin infection
- Swelling following a bee sting
- Swollen finger
- Checking out an eye problem
- High temperature
- Burn
- Itching skin
- Women's issues.+

2 people talked about using a walk-in centre for a dental problem and being redirected to an emergency dentist:

“I went when I had a very bad toothache. They referred me to an emergency dentist and that was helpful because I didn't know what to do. I had awful pains and I got help and they gave me painkillers. I was reassured and they gave me good directions to the dentist's.”

There were accounts of situations that were well managed by both community members, in terms of their decision-making, and by NHS service providers, in terms of their information- and advice-giving and care:

“It was evening and we called NHS Direct to ask for help and they suggested the walk-in centre and rang ahead to let them know we were coming. It was for our daughter who was two and had a high temperature. We had given her Calpol and

that hadn't helped. When we arrived there was a queue but we didn't wait long. The care was good."

"I went with my grandson who had an ear infection. It was fantastic. I have been as well for a stiff neck. My husband rang 111 and they said to go to the walk-in centre. I got reassurance that there was nothing sinister with my neck. That worked very well. I was checked out by the nurse and she gave me follow-up exercises."

"I cut my finger one day and it wouldn't stop bleeding. I walked there straight from the mosque. The welcome was fine. I think it took a little bit longer than I expected but that was OK. They glued my finger. I felt satisfied."

"Last week my little boy had a small accident at school and I took him to the walk-in centre. They bandaged it and it saved us going to the doctor's."

"I went with my daughter for a urinary tract infection and they explained what they were doing, and why, at every stage, for example about taking a urine sample. They made a follow-up call to check everything was OK and I was very impressed by that."

"I can remember I had bad stomach pains. It was a Sunday morning and my mum, because I was in pain during the night, was saying "Go to casualty", and it was that bad that I thought about going to casualty. At the time I knew about walk-in centres but my mind was more "Go to A and E", that's straightaway what came to my mind, the RVI and A and E. Then my sister said "Try going to the walk-in centre first and if it gets serious they'll refer you to A and E". The walk-in centre didn't come in to my mind at all and then it was mentioned. For me it was better because it was closer to home and that was why I went. It was closer and that was it. It was quite straightforward at reception and I got seen within 5 minutes. The doctor was really nice and very professional. I explained the situation and he examined me and felt my stomach and asked if I had had diarrhoea or had vomited. He said it sounded like low level food poisoning and said to drink plenty of water, and if it got worse to go to A and E, but I should be fine given the length of time that had passed."

1.5 Walk-in centre experiences

Feedback was overwhelmingly positive. The things that people valued most were as follows, illustrated with quotes:

Easy access

"It's in the heart of the community and you don't need a car." (a characteristic that applies to current Newcastle walk-in centres in Newcastle, situated in socio-economically deprived areas)

"It's convenient for people who work and great for working parents."

“This system is familiar to people from some backgrounds. It’s what you’re used to in your country of origin. So this breaks down a barrier, the fact that you don’t have to make an appointment.”

Quality of staff care

“They managed to make me relax.”

“The doctor listened to me. It was really good.”

Reassurance, appropriate treatment and/or redirection as needed

“If it’s kids we want to make sure nothing’s seriously wrong. Sometimes you worry.”

“I have been to Ponteland Road and there weren’t many people. I had never been there before but I thought it might be less waiting time. I didn’t have to wait long. It was for myself. I went to Asda and checked my blood pressure and it came out as really high and I have a family history of stroke so I went to the walk-in centre and they checked me and it was fine and they said it was probably the machine that wasn’t working properly. They offered me a further check but I didn’t need to wait for that because I felt reassured.”

“The nurse explained everything to my daughter and gave her reassurance and she calmed down. The nurse took time to explain what was involved. She gave us a leaflet to take away and read. As a parent I found it very reassuring.”

“For women and families and elderly people it’s a first stop if you can’t get an appointment with your GP. It’s where you can go for a check-up eg for flu or hay fever and aches and pains and headaches. People don’t feel satisfied until they know what’s wrong. You might have chest pain if you’ve been lifting something and you might want to check that it’s nothing serious. You’ll get sent somewhere if it is serious. My husband has been a few times when he’s feeling a bit shaky with his diabetes. He knows what to do but he goes for reassurance.”

“Once you’re there people identify if there’s a problem and you’re sent to the right place.”

Suggestions for improvement

Making sure people have easy access to information about how the NHS works

People who said they had not used a walk-in centre, because of lack of knowledge and/or information, outlined injuries/illness that could have been treated appropriately there.

When people referred to a negative experience this was explored in more detail, and invariably there was a link with lack of knowledge about the NHS system, and

attendance at the 'wrong part' of it, resulting in feelings of frustration and annoyance. For example one woman visited a walk-in centre because of a symptom due to a long term condition and felt annoyed that she was told to see her GP, which was appropriate advice.

Consistent provision of language support

A language barrier was highlighted by participants for whom English is not a strong second language, and several people reported that telephone interpreting support was not offered:

“Language is a barrier. Some people don’t go there because they know there will be a communication barrier. The service could use Language Line and in publicity they need to tell people that there will be language support and how to ask for it. Everyone in this group can use English but that isn’t the same for everyone in the community.”

“They tell you to bring a friend.”

“This generation depends on others, that is younger relatives who will take them. We can’t just walk in because there is a language barrier. Most are reluctant to go on their own.”

Section 2

People who took part in a HAREF meeting (1 May) had an opportunity to comment on the draft interview schedule. A mixture of community members and workers were present from:

- Advocacy Centre North
- Angelou Centre
- Bangladeshi Association
- Bangladeshi Community Centre
- Comfrey Project
- HAREF
- Health Improvement Service
- Health Improvement Service for Ethnic Minorities
- Hindu Temple
- A Newcastle mosque

- Newcastle Hospitals Trust (patient involvement)
- Newcastle Polish community (via ICOS)
- PALS
- Quality of Life Partnership
- Riverside Community Health Project
- Search.

There was general agreement that the questions would work, and some people shared their own experiences, views and ideas:

2.1 Where are the walk-in centres?

Generally, people's comments were that it was difficult to get information about, and then to find, the walk-in centre venues:

"I found out about the one on West Road by chance."

"I had to really search around to find out where the walk-in centre was. Imagine doing that if you're feeling really ill and/or anxious."

"The sign at the General Hospital's not very big and the entrance is dark and it looks closed."

"The nearest one for me is West Road but I didn't know it was at the front now. The way it's situated with gardens around it, it looks like a private residence. It didn't make sense to me, but my wife said "Yes, it is there" and so I went there. It's a visual thing. I like going there, now that I know."

2.2 When are walk-in centres open?

Nobody knew the opening times of the city's walk-in centres:

"Clarity of information is a problem. It's all a bit confusing and I don't know when they're open."

2.3 What do people know about walk-in centres?

There was a lack of knowledge about the range of things that can be treated in Newcastle walk-in centres:

"Even if people know in theory about the walk-in centre they don't know what it's for."

"It seems to be a different set-up in the west and the east of the city and that's confusing."

2.4 How do people decide where to go?

People's confusion extended across a range of NHS services, in terms of not knowing enough about all of the options, in order to decide where to go and for what:

"People aren't sure where to go and some go straight to A and E, for example people who've just moved to Newcastle and haven't registered with a GP."

"If anyone using our service was ill, I'd say "Have you got a doctor? Go to your GP". The walk-in centre would be last on my list of places to go."

"I think some nurses can prescribe but I'm not sure. Some people here work in health and we're confused, so how are people going to be able to decide where to go, especially people whose first language is other than English."

"It's our first response if people are unwell in places of worship in the west end, though it does depend on the illness or injury. If it was serious I'd think about calling for an ambulance."

"If I had a burn I would go to A and E. I think it's all about a quick response."

2.5 Experiences in walk-in centres

There was appreciation of the opportunity to get treatment and/or reassurance quickly and as appropriate. There was generally positive feedback about use of walk-in centres, illustrated by the following quote:

"In my experience it was very good, the waiting time wasn't too long and I got the right medicine."

Suggestions for improvement

Negative experiences related to lack of information, for example about the process of prioritising who will be seen first, and lack of accommodation of spoken and written language support needs:

"My experience is that the wait in a walk-in centre is much shorter than in A and E, but if people see others being seen before them and don't know why, then that can lead to tension. Nobody tells you anything about how long you might have to wait. I don't remember being given much information about what would happen. They give you a form to fill in. I gave it back to reception and waited. I could fill it in but other people might not be able to."

"In my experience it doesn't always happen that they use telephone interpreting. The police use telephone interpreting and walk-in centres need to offer the same level of language support provision."

Section 3

After the 1 May Community Forum, a small group of people (practitioners working with disadvantaged communities and people in groups with characteristics covered by the 2010 Equality Act) discussed the draft interview schedule.

Again, there was general agreement that the questions would work, and some people shared their own experiences, views and ideas. Two people had not used a walk-in centre and they said that they would need more information about the range of services on offer, so that they could think about the appropriate place to go at the point of needing health care.

3.1 Where are the walk-in centres?

People identified gaps in their knowledge about walk-in centre venues:

“You can go for years without needing to use somewhere like a walk-in centre and then where do you find information about where they are at the point you need it?”.

“There’s a lack of information in my head about where they are”.

“You need to know what is where. People don’t know that Lemington Centre has a walk-in centre now”.

3.2 When are walk-in centres open?

Nobody knew the opening times of Newcastle walk-in centres

3.3 What do people know about walk-in centres?

People were unsure about the sort of things with which to go to a walk-in centre, although the examples that people gave generally illustrated appropriate decision-making, as below in section 3.4.

3.4 How do people decide where to go?

Several people said that they had gone to a walk-in centre because their GP surgery was closed or busy. Others briefly described the situation in which they had made a decision to visit a walk-in centre:

“I was flying out on holiday on a Monday and I had a nose and ear infection and I thought “They won’t let me get on the plane”. I walked in to the walk-in centre on a Sunday. I didn’t want to call a GP out.”

“I had the back of an ear-ring stuck in my ear and it was getting very painful and I didn’t want to trouble a doctor. It was a long wait but I was in so much pain that I didn’t care. I felt like an idiot and they didn’t treat me like one. I got good care. Apart from the length of time I had to wait there was nothing that could be improved.”

3.5 Experiences in walk-in centres

The quote above is an example of the positive feedback that was shared about using a walk-in centre, in terms of feeling treated with respect and receiving appropriate care.

Negative experiences included not being given information about the triage system and waiting time, observing a person whose first language was other than English struggling at reception without interpreting support, and a feeling of lack of privacy and confidentiality in the waiting area of one walk-in centre (Ponteland Road) in comparison to another (Molineux Street) where “you can have a private conversation”.