Ipsos MORI
Social Research Institute

Health Partnership Project

Hillside Bridge walk-in centre

How patients use the walk-in centre

Legal notice

Contents

1. Executive summary

1. Executive summary

Bradford City CCG and Bradford Districts CCG have commissioned Ipsos MORI to undertake a programme of research that will explore usage of urgent care services in the city, focusing first on the Hillside Bridge walk-in centre. Ipsos MORI is working in partnership with West and South Yorkshire and Bassetlaw Commissioning Support Unit and the Health Partnership Project (HPP) to deliver the project.

This report presents the findings from the first phase of the research, which focuses on Hillside Bridge walk-in centre. The research aimed to explore how people were using the walk-in centre, and how Hillside Bridge was perceived by underrepresented and marginalised groups who were initially key intended users of the service.

The research comprised:

- four 'discovery visits' to Hillside Bridge walk-in centre, on week days and at the weekend, during which 39 short qualitative interviews were conducted with patients;
- a paper-based survey for all those who visited the walk-in centre during the two-week period of the research (Monday 12th August – Sunday 25th August). Over this period, 95 questionnaires were completed, representing a response rate of 36%; and
- qualitative research with 81 members of underrepresented and marginalised groups, including people from an ethnic minority, asylum seekers, refugees, Roma, gypsy and travellers, and drug and alcohol service users members. The research was facilitated by third sector organisations, and 18 staff from these organisations also provided information towards the research.

1.1 Perceptions of Hillside Bridge walk-in centre

Hillside Bridge walk-in centre is largely seen by patients as a back-up service for them to use when they are unable to access other health services. Due to the restricted opening hours of GP practices, patients' opinions on the primary purpose of the walk-in centre varied depending on whether they were visiting the walk-in centre during the week or at the weekend.

In general, those who visited during the weekend were more aware of the walk-in centre's function as an urgent care provider, while those who visited during the week were more likely to see the walk-in centre as the equivalent of their GP.

When patients who visited the walk-in centre at the weekend were asked about its purpose, by far the most common response was that it was a place to be seen by a GP when other services were unavailable. Alongside this belief was a widespread understanding among patients that the walk-in centre was intended to be used for urgent healthcare needs that needed to be treated before the next in-hours GP appointment was available the following week.

There tended to be an understanding among patients who visited during the week, however, that the purpose of the service was simply to provide a convenient alternative for people who found it difficult to get a GP appointment during GP practices standard opening hours.

The convenience of the service was one of the factors underpinning high levels of satisfaction with the walk-in centre among those interviewed during the discovery visits.

However, the small number of people from underrepresented and marginalised groups who had used the walk-in centre were less satisfied with the service, as a result of inability to get an appointment, waiting times, lack of access to translation services and perceived poor treatment by staff.

1.2 Use of Hillside Bridge walk-in centre

People tended to go through a fairly rational decision making process before visiting the walk-in centre. Most said they had thought about their symptoms and considered what the most appropriate service to use would be. Indeed, when deciding what health services to access, as well as rationally weighing up the different options, patients are also making judgements – whether consciously or sub-consciously – about the urgency of their condition. Three in four patients said the health condition that had led them to visit the walk-in centre that day was definitely urgent (77%). Only a small minority (10%) said that the health condition that had led them to visit the centre was probably or definitely not urgent.

In the vast majority of cases, patients would have wanted to see a GP regarding their health problem. However, it was widely perceived that it was very difficult to get GP appointments, and many stated that they had unsuccessfully tried to get an appointment on the day that they attended the walk-in centre – or that they assumed they would be unsuccessful. Most also felt that A&E services would not be appropriate given that their problem wasn't an emergency, and thought they would face long waiting times. This created a degree of uncertainty as to what to do next, as GPs and A&E were the two pillars of health and care service provision that all patients were aware of. This doubt was exacerbated at the weekend, as there was low awareness of out-of-hours GP services.

Consequently, patients using the walk-in centre were commonly referred to it via NHS helplines (particularly NHS 111), or by pharmacists, who they had contacted to try to establish what they should do next. This was particularly prevalent at the weekend when patients knew their GP would not be available. For underrepresented and marginalised groups, signposting through a third sector organisation was also mentioned as a referral route. A minority of people found the walk-in centre through internet searches or recommendations from friends or colleagues. However, the quantitative data shows that 58% of patients had used the service previously in the past year; and10% had done so six times or more, showing that some patients are using the walk-in centre fairly regularly to deal with their health concerns.

Word of mouth worked in a different way for some of the underrepresented and marginalised groups who had heard of the walk-in centre but not accessed it; they had heard negative reports from other people that had put them off using it.

The key finding is that most patients were using Hillside Bridge walk-in centre to compensate for their perceived inability to get an appointment with their GP, rather than because they weren't registered with one in the first place.

Underpinning this, the walk-in centre tended to be used by patients for whom it was local and convenient. The availability of face-to-face consultations with a clinician outside of normal working hours was strongly desired, which meant that Hillside Bridge walk-in centre was a draw for those living in its vicinity.

1.3 How underrepresented and marginalised groups access urgent care

In general, among those from underrepresented and marginalised groups, most participants' understanding of health services were those available at a GP practice or hospital, although a reasonable number had used pharmacies and some had used NHS 111. Many participants used A+E as their default option for healthcare as it was perceived to guarantee treatment.

Use and awareness of Hillside Bridge walk-in centre among underrepresented and marginalised groups was fairly low. Those who had used the centre tended to have viewed it as a negative experience. Some participants had heard negative reports of the service from family and friends which had influenced their decision not to use it. Many workers of third sector organisations were also unaware of Hillside Bridge, which meant they were not supporting participants to attend.

Participants reported satisfaction with A&E, pharmacies and other third sector services such as Bevan House, Woodroyd Centre, Piccadilly, Unity and the Bridge Project.

Being treated with dignity and respect, access to good quality translation services, location of service and ability to just drop in and not make an appointment were all factors that underrepresented and marginalised groups cited as of high importance when choosing what health service to access.

1.4 Alternative health services

Hillside Bridge walk-in centre patients reported having used a wide variety of health services over the past 12 months. However, it appears that walk-in centre patients may have a different pattern of service usage compared with the population more generally, given high reported levels of use of A&E and lower use of GPs.

Despite the high reported level of attendance at A&E, in general, patients tended to display reluctance to attend A&E. Some said they would be unlikely to visit A&E for anything other than a genuine accident or emergency. Other patients said that they would have been persuaded to do so if they felt other health services had failed them.

Almost all patients were registered with a GP and, with the exception of securing appointments, they were generally satisfied with the service that the GP provided. There were, however, seen to be barriers to securing a GP appointment.

Awareness of NHS 111 seemed relatively high amongst patients however, patients who had used NHS 111 in the past tended to be slightly ambivalent about the service they were provided with.

GP out-of-hours services emerged as the service of which patients were least aware and some patients were unsure of what the service was intended for or whether it was available from their GP practice.

Patients' opinions about pharmacists were mixed. Some were very positive and reported routinely using a pharmacy as a first point of call to seek advice or medication before attending another health service. Others, however, were unwilling to visit a pharmacist for anything other than straightforward complaints such as a cough or cold.

A key finding emerging from the depth interviews is that, had Hillside Bridge walk-in centre been unavailable on the day of their visit, patients say they would have found it difficult to find

an appropriate alternative. The two main alternatives patients felt there were to the walk-in centre were either to visit A&E or to wait until an appointment is available with the GP. Although many patients said they would be willing to wait until they were able to see their GP in theory, they also said that that if their condition was to deteriorate, they would go straight to A&E.

1.5 Implications of the research

1.5.1 Hillside Bridge walk-in centre patients

Overall, the patients interviewed at Hillside Bridge walk-in centre were very satisfied with the service they received. The walk-in centre appears to provide a valuable service for this cohort of patients, which raises a number of questions:

- From these patients' perspectives, what service will replace Hillside Bridge when they are unable to get an appointment with their GP, or if they believe they have an urgent care need out-of-hours?
- Related to this, if patients are using the walk-in centre essentially as a convenient replacement for their GP, should an alternative service be provided, or should these patients simply try to make a GP appointment?
- Can changes be made to the appointment systems at GP practices to address some of patients' concerns and enable them to get an appointment more easily?

If the walk-in centre function at Hillside Bridge is closed, it is unclear from the current research how many people that would affect, which will be explored further in the second phase of the research. However, the research does show that many are using the walk-in centre multiple times and these patients' needs will need to be considered.

Of the one in three patients who had only visited the walk-in centre once, these patients tended to locate the service through signposting from another health service such as a pharmacy or NHS 111. For similar patients, closing Hillside Bridge walk-in centre would therefore have minimal impact as these health services can signpost to replacement services instead. The CCGs should certainly work closely with NHS 111 and pharmacies to direct patients to the most appropriate services.

Careful thought would need to be given to the nature of replacement services. Around three in five patients indicated that, had the walk-in centre not been available, they would have gone to A&E instead (61%). Of course, there is a difference between saying this and actually visiting A&E, and so it seems reasonable to suggest that fewer than 61% will have actually done so.

This reliance on A&E as an alternative service is partly a result of low awareness of alternative out-of-hours services. With awareness of GP out-of-hours services relatively low, regardless of the outcome for Hillside Bridge, it appears that raising awareness of this service could benefit patients, so they have an option they can access where they do perceive that they have an urgent care need out-of-hours. If Hillside Bridge walk-in centre was to close, some patients who have indicated that they would have used A&E rather than the walk-in centre would access GP out-of-hours services instead if they are aware of this service.

However, this would need to be undertaken carefully: many patients who use Hillside Bridge walk-in centre do so largely for convenience, particularly because of difficulties or perceived

difficulties make appointments with their GPs. A GP out-of-hours service needs to be seen as a service for urgent care needs only. To assist with this, one option would be to have a triage service, with patients reassured that an urgent appointment isn't needed where that is the case. There is some distrust of NHS 111 at present, but it seems patients would be more open to such advice if they were talking directly to a clinician.

This then raises the question of how people make judgements about how urgent their health need is and whether they are seeking urgent care when it is not needed. While three in four patients from the survey felt their condition needed urgent care, in the discovery visits many patients said they could have waited for a GP appointment if the alternative was A&E. The convenience of the walk-in centre combined with the urgent care need led people to the walk-in centre when they could potentially have waited instead. This suggests that their judgement or definition of urgent care is different to the CCGs' definition. If Hillside Bridge walk-in centre is closed, how will these patients be catered for? Educating people better about self-diagnosis and self-medication would help people to make these judgements, but is clearly a large task. Some form of triaging may assist with assessing whether these patients do have an urgent care need.

1.5.2 Urgent care services for underrepresented and marginalised groups

Usage research has demonstrated that those using Hillside Bridge walk-in centre tend to already be registered with a GP. Underrepresented and marginalised groups who are less likely to be registered with a GP, and one of the initial key audiences for the walk-in centre, appear to be using it less.

The research demonstrates that use and awareness of Hillside Bridge walk-in centre among underrepresented and marginalised groups is fairly low. Those who have used the centre, in contrast to the patients interviewed during the discovery visits, tended to be dissatisfied with the service. Others who had heard of the service from others but not used it personally had heard similar reports from family and friends.

This suggests that Hillside Bridge walk-in centre is not the most effective urgent care service for underrepresented and marginalised groups and that this service could be better provided elsewhere. Participants did report satisfaction with A&E, pharmacies and other services such as Bevan House, Kensington Practice, Woodroyd Centre, Piccadilly, Unity and the Bridge Project. Exploring their reasons for satisfaction enables us to identify the most important features of an urgent care service for underrepresented and marginalised groups if providing an urgent care service for them elsewhere:

- Being treated with respect and dignity: participants reported being treated disrespectfully across a number of health services at times. If services can be more targeted to specific groups using a similar model to Bevan House, this will allow staff to build up an understanding of culture and the issues facing patients, enabling them to provide a service that patients find sympathetic and therefore more comfortable using. Ideally, this would also provide some continuity in the healthcare professional the patient sees.

- Have access to good translation services: this emerged as an issue causing some heard to reach groups difficulties, particularly the Roma community, and restricting their access to health services. The research suggests that a review of how these services operate may be valuable.

- Local access: some underrepresented and marginalised groups find travel to services costly and difficult, suggesting that more local services will be easier for them to

access (if it is possible to provide them). If more local services are not available, it is worth considering whether there are other possible solutions.

- Appointment system: some people in underrepresented and marginalised groups find it difficult to make appointments with health services. This is sometimes related to cost, sometimes to fitting it around their other commitments such as work, or at times to more chaotic lifestyles (for example, for homeless people or substance users) which make it difficult to make and keep appointments. A walk-in service may therefore be suitable for some groups – although there will be inevitable concerns about waiting times.

Many participants from the homeless and the asylum seekers groups reported that they do nothing when they are ill and wait out their symptoms to reduce or to get 'bad enough' to go to A&E. This will be explored further in the second strand of the research, but provision of a service that meets the above requirements may encourage them to access services more frequently.

Additional implications emerging from the research are:

- Signposting of services: this was a major factor affecting underrepresented and marginalised groups' decisions about where to access health services. This included signposting by third sector organisations, support services (day centres and services), pharmacies, friends, family and community members.

  This means there is scope for CCGs to work with third sector organisations, support services and pharmacies to help direct members of underrepresented and marginalised groups to the most appropriate service for them. This could help to raise awareness of some services not currently so well used, for example the GP out-of-hours service.

- Dental services: none of the Roma group were registered with a dentist and so accessed urgent care services for dental care. The CCGs could work with Roma groups and the third sector organisations supporting them to improve access to dental care.

In summary, local services staffed by people with a good understanding of the culture and issues facing patients from specific groups will begin to build trust in those organisations. Third sector organisations, support services and pharmacies can all assist with signposting people to those services.

2. Introduction

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2.1 Background

Bradford City CCG and Bradford Districts CCG have commissioned Ipsos MORI to undertake a programme of research that will explore usage of urgent care services in the city, focusing first on the Hillside Bridge walk-in centre. Ipsos MORI is working in partnership with West and South Yorkshire and Bassetlaw Commissioning Support Unit and the Health Partnership Project (HPP) to deliver the project.

The use of urgent care services at present is receiving attention across the country, with patients accessing services for urgent care needs at services that may not be best suited to their needs. The CCGs therefore wanted to commission a study exploring how Bradford residents make decisions about where to access urgent care services, feeding into discussions about how the urgent care system should be designed and what could encourage patients to access services at the most appropriate place for them.

Hillside Bridge walk-in centre is one part of Bradford's current urgent care service provision. The walk-in centre is open from 2pm to 8pm, seven days a week, for people who do not have a doctor. Those who are registered with another practice can use the service between 6pm and 8pm, Monday to Friday, and between 2pm and 8pm at weekends and bank holidays. Up until September 2011 the walk-in centre had been open daily from 8am and 8pm but following a public consultation, the hours were reduced. On weekdays, patients attending the walk-in centre wait to be seen by the next available healthcare professional, while at the weekend they attend when the centre opens, make an appointment, and return later for their appointment.

While the centre is available to the general public, particular segments of the local population (mainly groups defined as 'underrepresented and marginalised') are the prime targets, particularly those not registered with a GP. However, usage research has shown that the service is not being used by the desired groups to the degree expected, while those who are registered with a GP are using the walk-in centre to a greater extent (when they could be accessing their GP). This poses questions as to how urgent care services should be designed in Bradford to meet the health needs of its diverse population.

With the forthcoming end of the current contract for walk-in services at Hillside Bridge, a public consultation on the options for the walk-in centre will take place in October 2013. The research commissioned by the CCGs therefore needs to explore in detail usage of the Hillside Bridge walk-in centre, while also providing a broad understanding of the usage of urgent care services across Bradford City and Bradford District CCGs.

Consequently, the research is taking place in two phases:

1. **Hillside Bridge walk-in centre research**: The findings from the Hillside Bridge walk-in centre research will be used to offer insight to inform the options presented in the consultation about the future of the centre. The research will also help to inform the decision that will be made following the consultation. Given that the consultation is taking place in October, this element of the research has been prioritised.

2. **Wider urgent care on Bradford research**: The urgent care research will offer a broader understanding of the usage of urgent care services across Bradford City and Bradford District CCGs. The findings of the research will help to identify possible

interventions that could change the way patients access services. The Hillside Bridge element will feed into this as well.

This report outlines the findings from strand one – the research specifically relating to Hillside Bridge walk-in centre. Further research will then be conducted around the second strand to build a wider picture of urgent care usage in Bradford.

2.2 Objectives

This research will help to ensure that the CCGs truly understand what is driving healthcare choices, where the gaps are in its urgent care service provision, and how services can best be to designed to ensure equitable access for all patients.

In relation to Hillside Bridge walk-in centre, it will also ensure that any decisions as to how to approach the consultation on the future of the walk-in centre are evidence based, defensible and stand up to scrutiny – and, of course, are grounded in the needs of the populations the CCGs serve.

To do this, there are a number of specific objectives for the Hillside Bridge walk-in centre research. The priority research questions are:

- What do patients using the service understand to be the purpose of Hillside Bridge walk-in centre?
- In particular, when and why do people use Hillside Bridge walk-in centre and what motivates them to use it?
- Why do people use Hillside Bridge walk-in centre in non-urgent situations?
- If Hillside Bridge walk-in centre was not available, what service would they use instead?

In addition to these more specific questions about Hillside Bridge, we will also endeavour to explore issues around wider urgent care, as Hillside Bridge is one of the urgent care services offered at present. Consequently, in order for this research to feed into the broader piece of work about urgent care it is important to explore:

- How do people make decisions about where to access urgent health care?
- How are other urgent care services perceived – quality, location, availability, etc. of Accident and Emergency (A&E), out-of-hours services, GP services?
- For what health issues/complaints have people used other urgent care services?
- What do people expect when using urgent care? Are these expectations met?
- What barriers have people experienced or do they perceive to accessing urgent care?
- What would they do if they didn't know how to get help for an urgent health problem?
- What kinds of urgent care services would people want to use, and where would the services ideally be located?
- What would help people to change the way they currently access services?

The following section will discuss how we designed a programme of research to effectively respond to these key questions.

2.3 Methodology

There were two key audiences whose views needed to be explored to comprehensively review usage of Hillside Bridge walk-in centre.

1. People who are using the service.

2. Communities of interest, or underrepresented and marginalised groups, who the walk-in centre is designed to serve but do not seem to be using the service to the desired extent.

2.3.1 Research with Hillside Bridge walk-in centre patients

Qualitative discovery visits

A key group to hear from regarding the Hillside Bridge walk-in centre is clearly those who are using the service. We therefore conducted research among Hillside Bridge patients at the time when they were accessing the service. The hypothesis was that at this time, patients would be most aware of the motivations which led them to use the service meaning that we would be more likely to gather honest and useful responses. It was also the most straightforward way of accessing people actually using the service, who would be most affected by any changes to the walk-in centre.

In order to do this, four discovery visits were conducted at Hillside Bridge walk-in centre. These visits were conducted by Ipsos MORI and the CSU. The discovery visits essentially involved a recruiter and an interviewer spending a designated period of time at the walk-in centre trying to secure short, qualitative interviews with patients. The separate visits took place both during the week and weekend to ensure that all types of Hillside Bridge user were encountered. The specific dates were:

- Wednesday 14th August, 5pm – 8pm
- Thursday 15th August, 5pm – 8pm
- Saturday 18th August, 2pm – 8pm
- Saturday 25th August, 2pm – 8pm

The recruiter approached walk-in centre patients to invite them to participate in the research either while they were waiting for their appointment (particularly on the week days) or after their appointment (particularly on weekends).

Once the patient consented to participate, the qualitative interviewer conducted a short informal interview (of between five and twenty minutes). The interviews were conducted in a room within the walk-in centre, to ensure participants had privacy and could be assured of their confidentiality. A flexible discussion guide agreed with the CCGs was used to ensure that the interviewers could respond to specific issues whilst also being able to keep conversations focussed on the project objectives.

In total across the four visits 39 interviews were completed. Across the two weekday shifts 12 were conducted, with the other 27 taking place over the weekend visits.

Self-completion quantitative questionnaire

In addition to these qualitative interviews, all patients at the walk-in centre were asked to complete a paper questionnaire about their visit. This generated quantitative data to complement the qualitative data, and helped to provide a balanced picture of usage across a two week period (Monday 12th August – Sunday 25th August). Over this period, 95 questionnaires were completed. Data from the walk-in centre show that 262 patients had a consultation during the two-week period, representing a response rate of 36%.

2.3.2 Research with underrepresented and marginalised groups

As discussed previously, the CCGs needed to understand how primarily 'underrepresented and marginalised' groups perceive urgent care, why they do not tend to use the walk-in centre and how they would ideally like urgent care services to be made available to them. Where participants had used Hillside Bridge or were aware of the walk-in centre, perceptions and experiences were explored.

To deliver this element of the research, Ipsos MORI worked with HPP and the CSU. HPP and the CSU used their established network within the Voluntary and Community Sector (VCS) and community groups to schedule and conduct qualitative discussion groups with the communities of interest. These networks were often based in the heart of communities enabling access to minority ethnic, asylum seekers, refugees, homeless, Roma, gypsy and travellers, and drug and alcohol service users.

Group consultation sessions were organised and facilitated by specialist and key workers within these communities. The research questions were asked by experienced facilitators from HPP and the CSU. Ipsos MORI, HPP and the CSU worked closely together to devise and agree the discussion guide that formed the basis of all of the research with underrepresented and marginalised groups, which was also agreed by the CCGs. The discussions included posing a number of scenarios to participants of occasions on which people may need to access health services; talking through these scenarios enabled and understanding to be built of how the different groups make decisions about where to access urgent healthcare services.

Additionally, HPP and CSU spoke to a total of 18 key workers from these communities in order to obtain additional insight.

The communities included in the research, the number of people participating and the format of the qualitative discussions are outlined in the following table. Fieldwork was conducted between Tuesday 20th August and Monday 26th August.

Group	Number of participants			Format
	Total	Male	Female	
Asylum seeker group	**13**	13	0	Discussion group
Asylum seeker	**1**	1	0	Interview
Refugee & Asylum group	**16**	5	11	Discussion group
Refugee group	**8**	0	8	Discussion group
Homeless/Substance misuse group	**15**	14	1	Discussion group
Homeless people	**11**	8	3	Discussion group
Roma group	**9**	4	5	Discussion group
Homeless person	**1**	1	0	Interview
Substance misuse	**7**	6	1	Discussion group

Total	**81**	52	29	

2.4 Interpretation of the data

The data from the discovery visits at the Hillside Bridge walk-in centres and the research with underrepresented and marginalised groups was qualitative in nature. Qualitative research is not designed to provide statistically reliable data on what participants as a whole are thinking. It is illustrative and exploratory rather than statistically reliable, and based on perceptions rather than realities.

Qualitative research is intended to shed light on why people have particular views and how these views relate to the experiences of the participants concerned. Such discussions are informal and allow for issues to be explored in detail. It also enables researchers to test the strength of people's opinions. This approach, in other words, facilitates deeper insight into attitudes underlying the "top of the mind" responses to quantitative studies.

Verbatim comments and case studies from the discussions have been included within this report. These should not be interpreted as defining the views of all participants but have been selected to provide insight into a particular issue or topic.

All participants were assured that all responses would be anonymous and that identifiable information would not be passed on to any third party.

In terms of the quantitative data, this is used primarily to support and add context to the qualitative findings, and tends to be presented in charts. Where percentages in this report do not sum 100, this may be due to computer rounding, the exclusion of "don't know" categories, or multiple answers. Throughout the report an asterisk (*) denotes any value of less than half of one per cent, but greater than zero.

2.5 Structure of the report

The purpose of this report is to provide an overview of the findings from the Hillside Bridge walk-in centre research. It will highlight the key themes emerging from the qualitative and quantitative research with patients using the service, as well as the qualitative research with underrepresented and marginalised groups.

The majority of the analysis contained in this report that relates to the underrepresented and marginalised element is contained in Chapter Five, with the other chapters focussing on the perceptions of patients using the service. However, where relevant, links have been made between the two strands of research. Furthermore, the 'Implications' chapter explores the overarching areas for the CCGs to consider.

At the beginning of each chapter, the key findings are summarised so that the reader can quickly gauge the key points.

The report is structured as follows:

- Chapter 1: Executive summary – summarising the key findings from the research
- Chapter 2: Introduction – providing an overview of the background to the research and how it was conducted

- Chapter 3: Perceptions of Hillside Bridge walk-in centre – understanding of the purpose of the service and satisfaction with its availability
- Chapter 4: Use of Hillside Bridge walk-in centre – exploring the decision making process people go through when deciding to use the walk-in centre
- Chapter 5: How underrepresented and marginalised groups access urgent care – focussing on the perceptions of specific communities of interest, their urgent care needs, and how they view the walk-in centre
- Chapter 6: Alternatives to Hillside Bridge walk-in centre – reviewing patients' thoughts on what they would have done if the service wasn't available, as well as perceptions of other health services
- Chapter 7: Implications – discussing what the research means for Bradford City and Districts CCGs
- Chapter 8: Appendices – the discussion guides and quantitative questionnaire used to gather data

2.6 Acknowledgements

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Finally, we would like to thank the voluntary sector organisations who enabled the research with underrepresented and marginalised groups to happen:

- Bradford Action for Refugees [BAfR]
- Gypsy and Traveller Group
- Horton Housing
- In Touch Foundation
- Kurdish Group
- LACO Project
- Sharing Voices Bradford
- The Thornbury Centre

3. Perceptions of Hillside Bridge walk-in centre

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This chapter explores perceptions of Hillside Bridge walk-in centre among patients using the service, in particular the perceived purpose of the walk-in centre and satisfaction with the service provided.

Hillside Bridge walk-in centre is largely seen by patients as a back-up service for them to use when they are unable to access other health services. Due to the restricted opening hours of GP practices, patients' opinions on the primary purpose of the walk-in centre varied depending on whether they were visiting the walk-in centre during the week or at the weekend.

In general, those who visited during the weekend were more aware of the walk-in centre's function as an urgent care provider, while those who visited during the week were more likely to see the walk-in centre as the equivalent of their GP.

When patients who visited the walk-in centre at the weekend were asked about its purpose, by far the most common response was that it was a place to be seen by a GP when other services were unavailable. Alongside this belief was a widespread understanding among patients that the walk-in centre was intended to be used for urgent healthcare needs that needed to be treated before the next in-hours GP appointment was available the following week.

There tended to be an understanding among patients who visited during the week, however, that the purpose of the service was simply to provide a convenient alternative for people who found it difficult to get a GP appointment during GP practices standard opening hours.

The convenience of the service was one of the factors underpinning high levels of satisfaction with the walk-in centre among those interviewed during the discovery visits. However, the small number of people from underrepresented and marginalised groups who had used the walk-in centre were less satisfied with the service, as a result of inability to get an appointment, waiting times, lack of access to translation services and perceived poor by treatment by staff.

3.1 The perceived purpose of Hillside Bridge walk-in centre

Hillside Bridge walk-in centre is an urgent care service intended to be used in situations where a response is needed before the next in hours or routine service is available. While Hillside Bridge walk-in centre is open to any member of the public, the service was intended to provide urgent healthcare for certain target groups, including those who are not registered with a GP and commuters.

This section explores what patients believe the purpose of the walk-in centre to be. As might be expected, due to the restricted opening hours of GP practices, patients' opinions on the primary purpose of the walk-in centre varied depending on whether they were visiting the walk-in centre during the week or at the weekend. Many patients who visited over the weekend had chosen to visit the walk-in centre on the Saturday because they did not feel that they were able to wait until the following Monday to speak to a health professional about

their health condition. As such, they tended to be more aware of the walk-in centre's function as an urgent care provider.

The understanding of the walk-in centre as an urgent care provider did not feature so saliently in the interviews with patients who visited the walk-in centre during the week, who were more likely to see the walk-in centre as a convenient place to receive care during the week, particularly if they were unable to get a GP appointment or thought they would be unable to get a GP appointment.

Somewhere to be seen urgently over the weekend

When patients who visited the walk-in centre at the weekend were asked about its purpose, by far the most common response was that it was a place to be seen by a GP when other services were unavailable.

> *"You can't book an illness; illnesses just happen, they don't respect 8am till 5pm or 9am till 5pm jobs; the illness happens all the time; we've got friends and family who have suffered a hell of a lot because of this particular method that GPs have used being unavailable after hours and obviously unless things change, walk-in centres are a necessity."*
>
> Weekend patient

> *"Usually you can get appointments or get seen in the weekdays by your GP, but the thing is it's really good for the weekends where ill people can come to a place that they can be seen by doctors."*
>
> Weekend patient

Alongside this belief was a widespread understanding among patients that the walk-in centre was intended to be used for urgent healthcare needs that needed to be treated before the next in-hours GP appointment was available the following week. Many patients mentioned that, had they felt able to wait until the following week to get an appointment with their GP, they would have done so.

> *"I suppose it's for people like myself, who feel like they need to see somebody more urgently than they might have been able to see their own GP."*
>
> Weekend patient

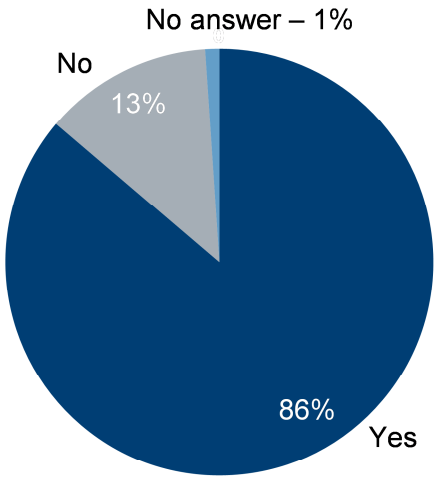
> *"We do this when it is really, really urgent otherwise we don't come. We know that the appointments here are limited and therefore they should be left for the people who need them most."*
>
> Weekend patient

A convenient alternative to the GP during the week

As shown in the following chart, most patients who completed a questionnaire reported being registered with a GP practice (86%). This confirms that the vast majority of patients are using Hillside Bridge as an alternative to either their usual GP practice or a GP out-of-hours service. By being used in this way, the NHS is effectively paying twice for these patients to receive their care.

The vast majority of respondents are registered with a GP practice

Are you registered with a GP practice?



Base Users of Hillside Bridge Walk-in Centre (95), 12-25 August 2013.
Please note that findings are based on a small number of people (95) and so results should be treated with caution
Source: Ipsos MORI

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The depth interviews with patients at Hillside Bridge highlighted that, while there was a low level of awareness among patients that the walk-in centre would be useful to those who were not registered with a GP or who were visiting the area, these patients were in the minority.

> *"I thought this place was for people who didn't have their own GP, because I once had a client who didn't have his own GP, and he had a car accident, and he came to this place…So I thought it was just for people like students or people who are just not registered for a GP."*
>
> Weekend patient

Rather, there was a belief amongst some patients that the purpose of the service was simply to provide a convenient alternative for people who found it difficult to get a GP appointment during standard opening hours.

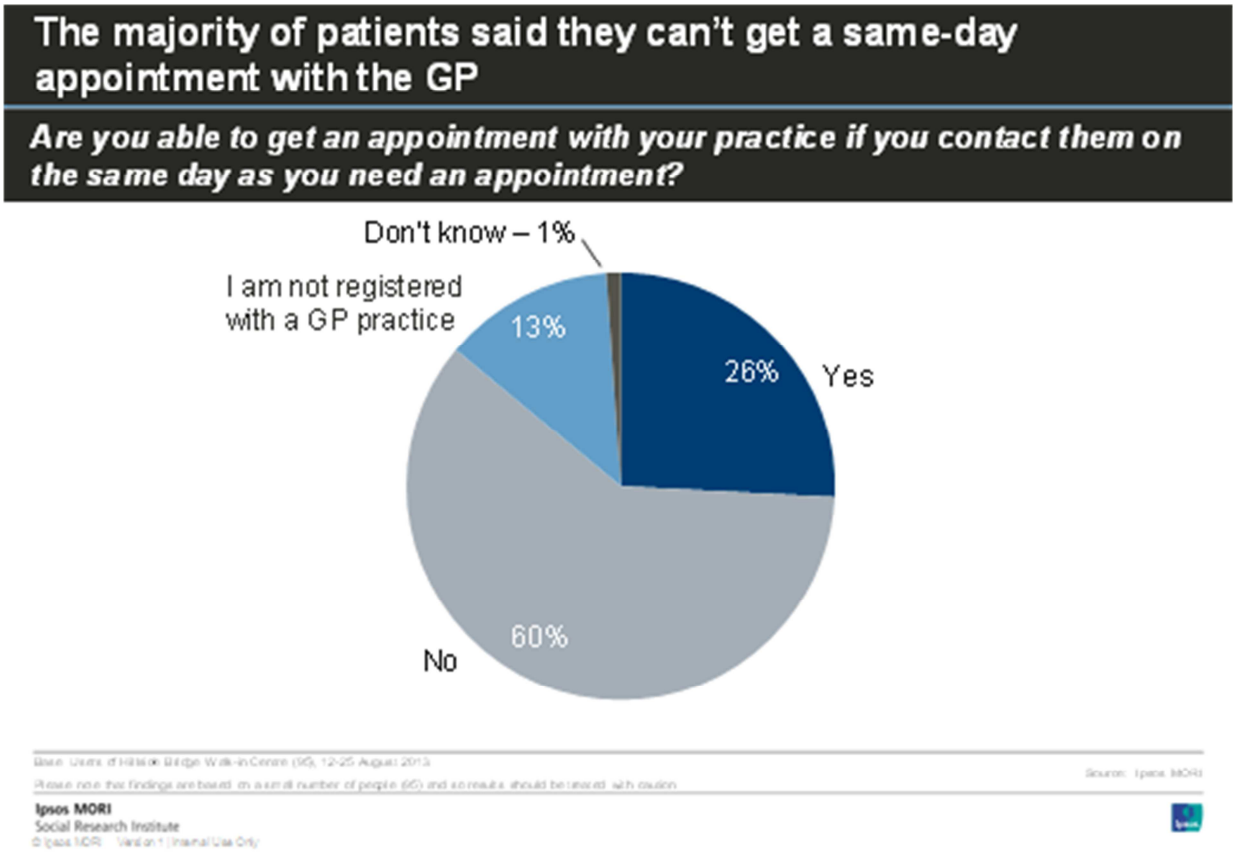
> *"It's more convenient for people because the walk-in starts at 2 o'clock and if they come at about 1.50pm or 1.45pm they'll definitely get seen by someone. You know? So, you're not continuously calling up in the morning trying to get an appointment with your GP."*
>
> Weekend patient

> *"I'm so busy with the housework. My mum's ill and stuff and I need to be with her 24/7. But when in the evening I've got my brothers and sisters around, so it's easier for me to like walk out the house and come and have myself checked and stuff."*
>
> Weekend patient

"If you struggle to get into a GP…they're there as convenience really to help when you're ill."

Weekday patient

Use of the walk-in centre as an alternative health service when patients fail to secure a convenient appointment with their GP is corroborated by the majority of respondents who said that they are unable to get a same day appointment with their GP (60%).



In some cases, respondents reported being so disenchanted with the process of securing a GP appointment that, on the occasion in question, they hadn't even tried; the walk-in centre had been their first choice of health care provider.

"I never rang the surgery in the first place because I knew they wouldn't have an appointment to give. So every time I have rung there, you know, it's "ring again tomorrow morning". The same thing happens."

Weekday patient

"I can't make a doctor's appointment. It's a bit difficult to get an appointment at my own surgery. It's a bit of a farce. So I decided to come here."

Weekend patient

In the majority of cases, patients' own GP practice would have been their first choice of service, had appointments been more readily available.

Underrepresented and marginalised groups' perceptions of the purpose of Hillside Bridge walk-in centre

Of the 81 participants from the underrepresented and marginalised groups, 11 participants had used the centre and a further eight had heard of the Hillside Bridge walk-in centre but not accessed the service. Notably, none of the asylum seeker males interviewed were aware of Hillside Bridge.

Similarly to the patients interviewed in the discovery visits, the perceived purpose of Hillside Bridge among the participants who had used and/or heard about Hillside Bridge was to provide a service when they could not obtain an appointment with their own GP, whether due to availability of appointments or it being out-of-hours.

However, significantly, they also identified it as providing services for those who do not have a GP, sometimes because they have been unable to register; one of the key purposes of the walk-in centre.

> *"Hillside Bridge is for us [refugees] because the other doctors [referring to GPs] do not want to register us as they see us as a hassle to them. The doctors is good at Hillside Bridge but receptionist not always letting you see them."*
>
> Refugee, female

> *"They won't accept us – receptionist told us we can't see any doctor there."*
>
> Asylum seeker, male

A few also mentioned family planning as one of the purposes of the walk-in centre.

3.2 Satisfaction with the walk-in centre

Among the majority of patients interviewed during the discovery visits, satisfaction with the walk-in centre was fairly high. Patients were particularly positive about the convenience of the walk-in centre, which may be linked to the fact that patients tended to live nearby.

Patients also spoke positively about the waiting time for an appointment, which they compared favourably with the length of time they would have had to wait in A&E had they visited with a similar health problem.

> *"It's a really good service; I can say from the bottom of my heart that it's really good. Whether it's the GP, whether it's the walk-in centre, I'm 100% sure that I'm really happy with the service."*
>
> Weekend patient

> *"I think that all the public really want is to be treated as quickly as possible and I think it would be a shame if places like this closed because of the eternal problem, money."*
>
> Weekend patient

> *"I've found it very handy today, knowing a place that would be able to help me out. Every single time we've been to the A&E before, we've waited minimum of three hours, no less, and hopefully I will get seen quicker today."*
>
> Weekday patient

Positively, one South East Asian patient explained that one of the reasons she likes to use the walk-in centre was that staff were able to speak her language whereas, in the past, she had experienced difficulty being understood by her GP.

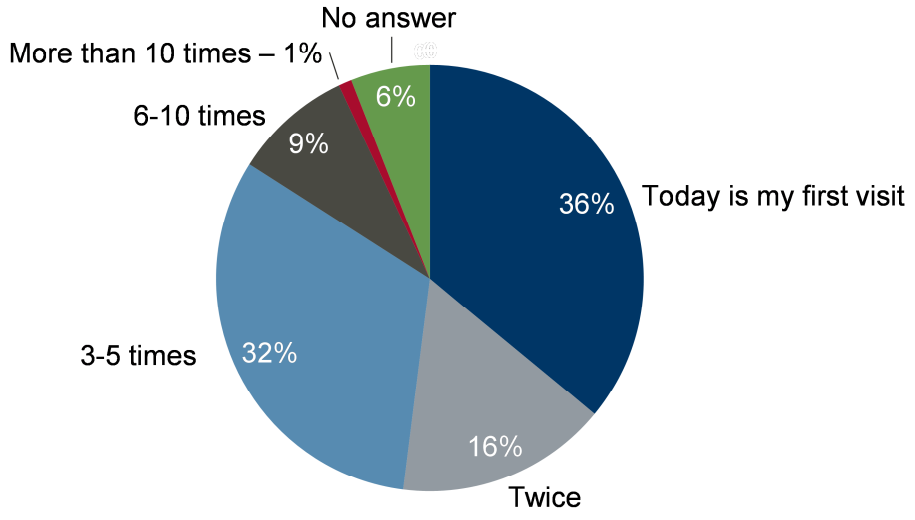
> *"My English is not very good. Sometimes I can't explain to my GP very well, when you come here the nurse and doctor speak my language and they can understand me."*

Weekend patient

The high satisfaction with the service provided at the walk-in centre was reflected by the fact that the majority of patients (58%) reported visiting the walk-in centre more than once within the past 12 months.

The majority of respondents had visited the walk-in centre previously in the past 12 months

Including today, how many times have you visited this walk-in centre within the last 12 months?



Base Users of Hillside Bridge Walk-in Centre (95), 12-25 August 2013.
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Although opinions were generally positive, a small number of patients thought that the method by which patients were allocated appointments could be improved. One patient who was visiting Bradford from Liverpool thought that appointments should be prioritised according to the patient's need; potentially by using a system of triage, similar to that which he'd seen employed in Liverpool.

> *"That's another thing that's strange; we don't need appointments [in Liverpool]. We just walk in and say, "I need to see a doctor". It's like going to an A & E. You'll see a triage nurse. And she'll assess you. Say, "You want to be going in next". It's not like, they'll come here, its 4.30pm so the next available slot is 6.10pm.It's supposed to be a walk-in centre. Not walk in, get given an appointment and told to come back centre."*

Weekend patient

Other patients suggested that the elderly or children should be given priority when allocating appointments, compared to other patients who were more able to wait for extended periods of time.

Although resource intensive, it is possible to envisage a number of ways in which employing a triage system could have benefits in ensuring that the walk-in centre serves its purpose as an urgent care service. It could be said that the walk-in centre is a victim of its own success – it is so convenient for patients that they feel encouraged to use it as a replacement for the GP. A triage system may not only discourage local residents from using the walk-in centre as a same-day GP service (arriving at 2pm to secure an appointment and then returning to the comfort of their own home to wait) but would also discourage patients with non-urgent complaints from using the walk-in centre as they would be subject to a longer wait for an appointment.

In contrast to this, overall satisfaction with the service appeared low among the small number of underrepresented and marginalised group participants who had used Hillside Bridge in the past year. Of all the participants who had used Hillside Bridge, very few had used the service more than once. Where participants had used the service and would return, they were more likely to use the service for their own health needs but would choose to go to A&E for family members, particularly where children were concerned, so they were in a 'safe' place while waiting to be seen.

Participants attributed their dissatisfaction partly to the long waiting times, which were seen as similar to waiting times in A&E.

> *"I waited four hours for appointment then went to A&E. I should have gone there in first place."*
>
> Roma, male

One person did acknowledge that the waiting time was to be expected with a drop-in service.

The perceived attitude and behaviour of reception staff was another source of dissatisfaction among underrepresented and marginalised group participants, with participants feeling that receptionists needed to *"listen more," "improve their working"*.

> *"The receptionist wants to know everything in front of everyone and then will give no help or way what to do next. She act like she doctor and telling me I don't need doctor. If I can get to see doctor, they are very good but it is a battle. With the children, I don't try anymore, I just go to A&E straight away."*
>
> Refugee, female

> *"You make appointment with reception, you go to appointment and they tell you, you don't have an appointment."*
>
> Refugee, female.

Some participants pointed to what they felt was a lack of respect and dignity, with participants describing situations where they were asked personal questions by receptionists in front of others and being told what to tell the doctor. Workers from the Roma community described taking a group to visit Hillside Bridge to encourage use of the service but group members had experienced the staff to be judgemental and using inappropriate communication with regards to ethnicity and culture. Many who attended the visit said they would not go back.

Most participants were dissatisfied with the opening times of the service. Some spoke of the time changes in the past year and the difficulties for parents of more than one child caused by the removal of morning appointments. Evening-only appointments was also a cause of dissatisfaction for the Refugee and Asylum groups who had meals provided in the 6-8pm time slot.

Most participants spoke favourably about the medical service received by the doctors or nurse practitioners. Some participants experienced difficulties with language barriers between all staff at the service (medical and non-medical) and this left them dissatisfied with the service received. Three participants described situations where they were left confused and unsure of what advice and information the doctor had given them.

Of the homeless groups, only one person had used Hillside Bridge and described the service as being easy to access but their issue was they never got to see the same doctor twice.

4. Use of Hillside Bridge walk-in centre

4. Use of Hillside Bridge walk-in centre

This chapter explores how people make decisions about accessing Hillside Bridge walk-in centre. In particular, when and why people use the service and what motivates or leads them to do so will be discussed.

People tended to go through a fairly rational decision making process before visiting the walk-in centre. Most said they had thought about their symptoms and considered what the most appropriate service to use would be. Indeed, when deciding what health services to access, as well as rationally weighing up the different options, patients are also making judgements – whether consciously or sub-consciously – about the urgency of their condition. Three in four patients said the health condition that had led them to visit the walk-in centre that day was definitely urgent (77%). Only a small minority (10%) said that the health condition that had led them to visit the centre was probably or definitely not urgent.

In the vast majority of cases, patients would have wanted to see a GP regarding their health problem. However, it was widely perceived that it was very difficult to get GP appointments, and many stated that they had unsuccessfully tried to get an appointment on the day that they attended the walk-in centre. Most also felt that A&E services would not be appropriate given that their problem wasn't an emergency, and thought they would face long waiting times. This created a degree of uncertainty as to what to do next, as GPs and A&E were the two pillars of health and care service provision that all patients were aware of. This doubt was exacerbated at the weekend, as there was low awareness of out-of-hours GP services.

Consequently, patients using the walk-in centre were commonly referred to it via NHS helplines (particularly NHS 111), or by pharmacists, who they had contacted to try to establish what they should do next. This was particularly prevalent at the weekend when patients knew their GP would not be available. For underrepresented and marginalised groups, signposting through a third sector organisation was also mentioned as a referral route. A minority of people found the walk-in centre through internet searches or recommendations from friends or colleagues. However, the quantitative data shows that 58% of patients had used the service previously in the past year; and10% had done so six times or more, showing that some patients are using the walk-in centre fairly regularly to deal with their health concerns.

Word of mouth worked in a different way for some of the underrepresented and marginalised groups who had heard of the walk-in centre but not accessed it; they had heard negative reports from other people that had put them off using it.

The key finding is that most patients were using Hillside Bridge walk-in centre to compensate for their perceived inability to get an appointment with their GP, rather than because they weren't registered with one in the first place.

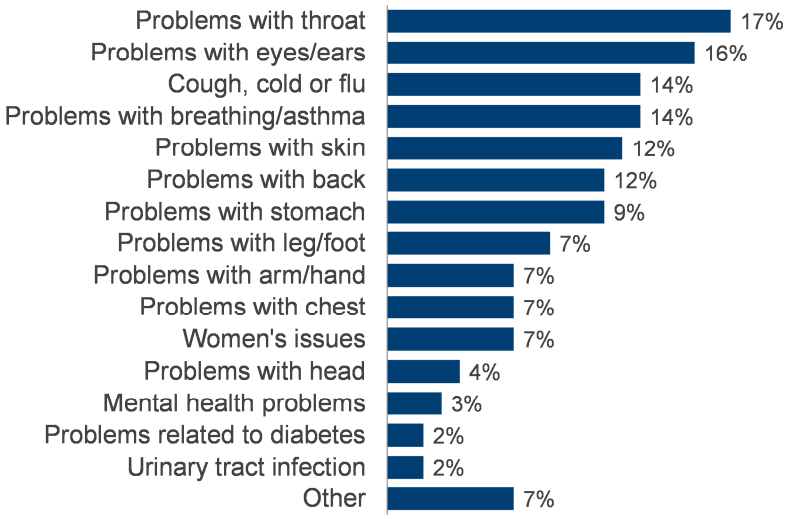
Underpinning this, the walk-in centre tended to be used by patients for whom it was local and convenient. The availability of face-to-face consultations with a clinician outside of normal working hours was strongly desired, which meant that Hillside Bridge walk-in centre was a draw for those living in its vicinity.

4.1 A conscious, rational decision making process

There was a great deal of variation in the health condition with which patients visited the walk-in centre, highlighting the varied needs the service is responding to, as the following chart shows.

Respondents visited the walk-in centre for a wide variety of different health conditions

What health condition or reason caused you to visit the walk-in centre today?



Base Users of Hillside Bridge Walk-in Centre (95), 12-25 August 2013.
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A key finding from this research is that the patients who attended the walk-in centre usually did so following a fairly rational decision making process. The majority were there because they were aware that their health problem was not an emergency that required going to A&E but they wanted it dealt with promptly. As a result, they had often tried to get an appointment with their GP surgery or consulted an NHS helpline such as NHS 111 to explore available options, before visiting the walk-in centre because they were referred to it, or because it seemed to them to be the only service that could deal with their issue within the timeframe they wanted.

> *"I rang the doctor's up and there were no appointments, so I rang Calverley Surgery, there were no appointments. I rang the 111 number and they took the symptoms and said "You need to see a doctor within six hours". That was their recommendation. And they gave me the Hillside address, so that's how I came to be here."*
>
> Weekday patient

> *"I wouldn't say my condition is urgent, as in the sense of in the next few hours I need some medication, but I think in the next couple of days I probably could do with having antibiotics. So I wouldn't want to book an appointment for next week with the GP because obviously I think I'd feel a lot worse by then."*
>
> Weekday patient

Additionally, whilst participants tended not to explicitly define that they needed to attend the walk-in centre because they had an urgent care need, they did implicitly reach this conclusion by weighing up their symptoms and considering what the most appropriate service to attend would be.

> *"I think I do get migraines so I would always go to my GP about that because I know what it is and I'd want to discuss it with them at length. Whereas I think with something like cold symptoms I wouldn't really want to go to the GP for that."*
>
> Weekday patient

> *"First of all I would look at the symptoms and see what's wrong, and then I think about where I need to go. The last time I had a chest pain I knew I wouldn't come to see the doctor, I went to hospital. I went straight there because I didn't think they would say to me that they couldn't do anything about a chest pain, so I went there myself to get it checked. But just being sick or having diarrhoea or stuff like that, I would come to see a GP. If there was no GP, then I would probably just come here and not go to hospital. So, it just depends on the symptoms, what symptoms you've got really. Something severe, go to hospital, if you've got the normal daily ones you come to a GP."*
>
> Weekday patient

4.2 Difficulties getting an appointment with a GP

Perhaps the most consistent message that emerged from the qualitative interviews was that GP surgeries were the first option for participants when they perceived themselves to have an urgent care need. This is positive in a sense, as the Bradford urgent care pathway is designed with the intent that those registered with a GP will have their urgent care needs resolved at their surgery. However in practice, the walk-in centre was often used by patients who had not been able to get an appointment with their GP on that day – or who didn't think they would be able to get an appointment – suggesting that the pathway is not working as planned.

> *"This is the first time I've considered coming here, because I usually prefer going to my GP. Because for me they've got all my records and everything, and I'm used to going there."*
>
> Weekend patient

> *"You have to ring within a certain time period, to get an appointment, which is a thing called a one hour window. Usually most of the appointments have gone. You can't get through to that line, because there's only one line, and there's about 50 people ringing it. And the other option is to be there on the day, at 8am, and I don't normally make it for that time, so I just leave it. If I do have a symptom, I just kind of ignore it, it usually goes away. But this is a bit serious, so I just decided to just get it sorted out."*
>
> Weekday patient

In fact the majority of participants interviewed during the week stated that they had either called their practice and been told that there were no appointments available, or had assumed that this would be the case and had therefore looked for alternative services.

> *"I called my GP, to get an appointment, and they couldn't fit me in for six days. I wouldn't normally call them unless I really needed to see them, or it was a regular*

appointment, but I've got a painful lump in my neck, and I'm just a bit worried about it, so I thought I'm not waiting six days, so I looked up the drop-in centre."

Weekday patient

"I never rang the surgery in the first place because I knew they wouldn't have an appointment to give. Every time I have rung there it's "ring again tomorrow morning".

Weekday patient

The following case study highlights one patient's specific story.

Case study: responding to GP appointments being unavailable during the week

A woman had been having stomach pains for a couple of days. She initially hoped the problem would pass but it persisted, and her temperature increased, so she called her GP on a weekday morning. The GP did not have any appointments until the following week so she then called NHS 111 to see if a pharmacist could help.

The NHS 111 operator informed the patient that she should see her GP. As an appointment wasn't available, Hillside Bridge walk-in centre was suggested as an option.

If the walk-in centre had not been available, the patient would have gone to the pharmacist to see if there was anything they could do to help her in the short term, and then gone back to the doctor to tell them "I need an appointment; not that I want one, I need one."

If this still didn't work, she said she would've called NHS 111 to see if there were any out-of-hour options available to her. If that didn't work she saw A&E as the only other viable option – thought it would have been a last resort.

Further to this, a few patients mentioned that they were actually registered at the GP surgery at Hillside Bridge but couldn't get an appointment. They were aware of the walk-in centre and used it as an alternative option, as they knew they were more likely to get a short notice appointment.

"I am registered at this doctor actually, so I have to ring at 8 o'clock in the morning. At times I ring at 8 o'clock in the morning and I don't get an appointment because the lines are busy. And by the time I do get through the appointments are fully taken. So, I get told to ring the next day."

Weekend patient

This was also the case for the two people from the Roma Community who had accessed Hillside Bridge. Both attended the walk-in centre with a sick child in order to be seen quickly. They had heard about the service from workers at the third sector organisation they attend. People from this community reported difficulties in getting appointments with their own GP and so they had gone to Hillside Bridge as an alternative. However, both experienced long waiting times and said they would go straight to A&E on future occasions.

It is also important to recognise that amongst those attending the walk-in centre at the weekend, there was a perception that the walk-in centre was the only service available to them. These people often noted that had their health concern needed to be addressed during

the week, their first port of call would have been their GP practice rather than Hillside Bridge walk-in centre. However, as they knew their surgery was closed they had to seek another option.

> *"Usually I'd rather go to my GP, but today they were closed, and I definitely can't get back to work unless I get checked out. This was the only place I could get seen."*
>
> Weekend patient

> *"Because it's a weekend you can be seen by the doctors down here and get checked out and see what the problem is, get the medication etc. If you can wait until Monday or something then you can go to your own GP."*
>
> Weekend patient

These points are supported by the quantitative measure that asked patients to record their most important reasons for visiting the walk-in centre. Not being able to get a GP appointment was the most frequently mentioned driver (41% said this), whilst other common reasons such as 'opening hours are more convenient' (32%) and 'I can be seen more quickly here' (23%) are also likely to tie in with the perceived unavailability of GP appointments.

Difficulty getting a GP appointment was the most common reason for visiting the walk-in centre

What are the two or three most important reasons for why you decided to visit the walk-in centre today?

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This raises interesting questions for the CCGs as to the provision of urgent care services in Bradford. For example, very few participants mentioned the possibility of GP out-of-hours services during these discussions, suggesting there may be a gap in awareness in relation to this service. The vast majority of patients using the walk-in centre over the two week period were registered with a GP and, in theory, could have been using out-of-hours services rather than the walk-in centre at the weekend and weekday evenings.

4.3 A&E not an appropriate service

A&E departments did not emerge as often as GP services during discussions but many participants felt that emergency services were not appropriate for their health concern, and stated that was why they had ruled out going to hospital. In most instances this was due to an acknowledgement that their condition simply wasn't an emergency and that A&E is very much a last resort for the most serious health concerns.

> *"If it's an emergency, like a heart attack, you go to hospital in an ambulance, but for minor problems you go to your doctor."*
>
> Weekend patient

> *"The only other thing I could think of at the time was A&E, and I didn't think that was appropriate. I'd have to be very, very poorly or on the verge of my deathbed, to want to go to A&E."*
>
> Weekend patient

However, there was also a prevalent perception that A&E services were under a lot of pressure and that as a result a patient would face long queues and waiting times of a few hours or more to be seen. Others expanded on this and thought that even if they were seen, they would not get the same level of attention.

> *"Over here at least it's guaranteed I'm going to be seen, because if I was to go a hospital I'd have to wait between two to four hours, and there's no guarantee I'd be seen because they'd probably think it's not that serious."*
>
> Weekend patient

> *"If you go to hospital you have to wait, because they're very stretched emergency doctors, and they don't know all your history. If you go to see your doctor, obviously they know you and they know what you've had before, what tablets you've had, what antibiotics you've had."*
>
> Weekend patient

Some explicitly stated that waiting times had been a key part of their decision making process, and they favourably compared the likely wait they would face at the walk-in centre to that at A&E. This was thought to be a particular issue at the weekend.

> *"This is a lot better than A&E because you get done here in about two hours but with A&E it's nearly five to six hours – that's how bad it is on a weekend."*
>
> Weekend patient

> *"Every single time we've been to the A&E before, we've waited a minimum of three hours, no less, and hopefully I will get seen quicker today."*
>
> Weekday patient

4.4 Referrals from other services

Where a GP appointment was not an option (or not thought to be an option), and A&E had been ruled out as inappropriate, patients were often uncertain about what other services

were available. Consequently they often turned to the NHS 111 helpline for advice on what their next steps should be. Others contacted these helplines in the first instance, before even calling their GP, as highlighted in the following case study.

Case study: using helplines to navigate health services at the weekend

A male patient had a tooth abscess but their dentist was closed over the weekend. Consequently, he called the NHS 111 service who initially directed him to a dental practice in the LS7 area. He felt this was too far to travel as he didn't have a car, so the NHS 111 operator suggested contacting a local pharmacy to see if they could provide any pain relief, or visiting Hillside Bridge walk-in centre as an alternative.

He called the pharmacy to see if they could help. They weren't able to do so. Following this, the patient decided to go to the walk-in centre as their tooth was too painful to wait for a dental appointment early the following week.

He considered Bradford Royal Infirmary but felt that it wasn't enough of an emergency to go to A&E – he said he would only go there if his condition was 'dire' and did not want to add to the 'burden' or 'pressure' that A&E doctors faced.. Additionally; the walk-in centre was only a ten minute walk so it was convenient for him to get there. For these reasons, he attended the walk-in centre.

Corroborating this, one in three patients completing a questionnaire (32%) noted that an NHS helpline was one of the key factors that led them to the walk-in centre. As awareness of the walk-in centre tended to be low, the helpline was an important source of information for patients and brought the option of Hillside Bridge walk-in centre to their attention.

> *"The first thing I did was call the NHS helpline, and then they recommended this place. They also recommended my GP, but that was closed, and I wouldn't ever get an appointment anyway, so I didn't bother trying, I just came straight here."*
>
> Weekend patient

> *"I know it's a bit of a farce getting an appointment, so I rang the NHS line, and it was getting worse, so I decided to actually to come here. I didn't even know these sorts of places existed to be honest with you."*
>
> Weekday patient

Others went further, suggesting that the telephone services were not able to provide adequate advice for their health complaint, or that the service recommended they book an appointment with their GP – who was unavailable. The impact of this was that these patients were very keen to get a face-to-face consultation with a clinician, hence the appeal of the walk-in centre.

> *"They're asking questions about your symptoms but they don't know what they're on about really. Next time I wouldn't bother ringing 111, I'd just come straight here."*
>
> Weekend patient

"They didn't really advise me at all, I thought they'd talk to you about what was wrong with you or something like that, but they seemed to just be ticking boxes and boxes and boxes, just to get you to one answer at the end of it."

Weekday patient

"I've used the old NHS Direct in the past, and the response I've had from them before is "you need to go to your GP". It's always out-of-hours, which is why I'm ringing them in the first place, so it really isn't helpful."

Weekday patient

The other common source of referrals came from pharmacists. Several participants had been to a pharmacy to see whether they could provide assistance or antibiotics. The pharmacist had directed the patient to the walk-in centre if they felt they required further medical attention.

"I went straight to the pharmacist, it was getting on for six o'clock and the pharmacist said he couldn't prescribe anything. It was too late in the day to go to the GP, because the GP was closed at that point, and that's when he told me about the walk-in centre."

Weekday patient

In the majority of these cases the walk-in centre was essentially a fall back option used by other services where patients thought GP services weren't available, as outlined in the following case study.

Case study: the decision making process

This female patient had an issue with their leg. It was causing her some pain and limiting her mobility. She would have wanted to see her GP but it was a Saturday so there was no surgery. Furthermore, it was the Bank Holiday weekend so the earliest she could be seen would be Tuesday.

She was worried about her leg problem and therefore felt she needed to see a clinician within the next couple of days. As a result, she called NHS 111 which advised her to see someone within 12 hours. As her surgery was closed and she wasn't aware of any GP out-of-hours services, the helpline directed her to Hillside Bridge walk-in centre.

She hadn't heard of the walk-in centre so she considered A&E. However, the patient felt that her problem was not serious enough to warrant going to hospital, so she visited the walk-in centre and secured an appointment.

She was very happy that the walk-in centre was available and saw it as a mop-up service to deal with people who could not get an appointment with their GP, but didn't have an emergency problem.

Referrals from other health services also fed into the decisions of refugee groups to use the walk-in centre, with some saying they had been signposted there by a pharmacist or the NHS 111 service.

4.5 Other sources of information

In most cases where patients hadn't previously heard of the walk-in centre, patients trusted recommendations from other professionals and services rather than being told about the service by a family member. However, a few patients had found the service themselves via the internet having spoken to colleagues or friends who had heard of or used walk-in centres elsewhere – but this was only evident in a minority of cases.

> *"I was talking to somebody I know, and I told her I was feeling ill, and that I couldn't get an appointment with my GP, and she knew of a walk-in centre in Leeds, and I thought "Well, there must be one in Bradford then." I didn't think about this place in particular, until I did a search and then thought "Oh yes, I remember that."*
>
> Weekday patient

> *"I came here once before, a couple of years ago, so I knew of it, but I didn't think of that at the time, but I went on the internet, because someone else suggested "why don't you find out about a walk-in centre"? So I just put in out-of-hours GPs in Bradford, and this came up, and I recognised it, and I knew where it was, and it would be straightforward enough to come, so that's why I came here."*
>
> Weekday patient

A few members of refugee groups who have used the walk-in centre also mentioned having heard about the service via word of mouth. However, this also worked in a less positive way to have an impact on decision making processes. People who had heard of Hillside Bridge but not accessed the service had not done so because of the perceptions of it as *"being where you get treated badly by desk staff"* [Refugee, female]. One participant from the Roma group talked about a time when a referral was made to Social Services by Hillside Bridge staff after a visit, following which Social Services investigated but exonerated him. Although it was not clear what the concern was, it was clear that news of this had spread amongst the community and some people were now reluctant to use service for fear that the same thing might happen.

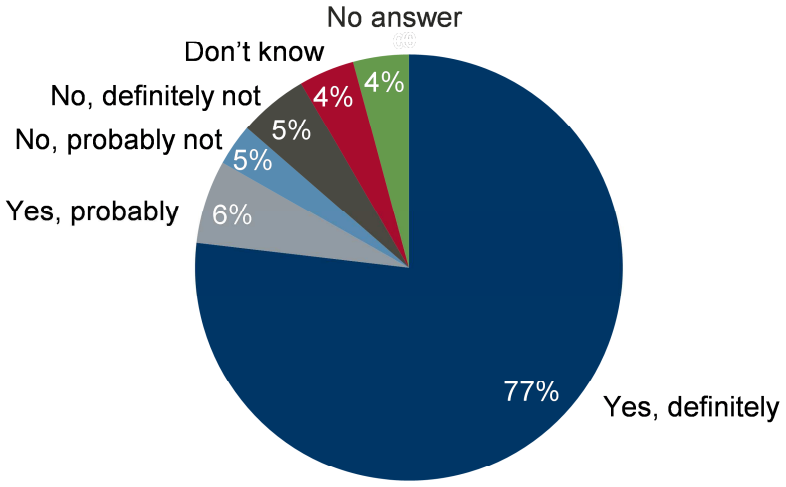
Signposting by third-sector support organisations was also a key driver for underrepresented and marginalised groups, with both workers and participants giving evidence to this. However, workers from many of the third sector organisations reported being unaware of the walk-in centre so hadn't been able to pass on the information to clients. Workers at the homeless hostels told of being contacted by health services to try to address the issue of high ambulance call out rates with their service users but had not been informed of Hillside Bridge as an alternative. Of the workers who were aware of it, some didn't signpost as they felt it was inappropriate for their client group and others had stopped giving out information due to the number of negative experience reports they had received from service users.

4.6 Understanding of the urgency of patients' health conditions

When deciding what health services to access, as well as rationally weighing up the different options, patients are also making judgements – whether consciously or sub-consciously – about the urgency of their condition. Three in four patients said the health condition that had led them to visit the walk-in centre that day was definitely urgent (77%). Only a small minority (10%) said that the health condition that had led them to visit the centre was probably or definitely not urgent.

The vast majority of respondents thought their health condition needed treating urgently

Would you describe your health condition or reason for visiting the walk-in centre as urgent?



Base Users of Hillside Bridge Walk-in Centre (95), 12-25 August 2013.
Please note that findings are based on a small number of people (95) and so results should be treated with caution
Source: Ipsos MORI

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However, it is worth noting that these ratings of urgency are self-diagnosed; there is some evidence from the discovery visits that patients' conditions were not as urgent as they felt.

However, it is worth noting that these ratings of urgency are self-diagnosed; there is some evidence from the discovery visits that patients' conditions were not as urgent as they felt – or that if A&E was the only health service for them, they could have waited to see a GP instead.

One key aspect was whether their condition had deteriorated. Where this was the case, patients were more agitated and concerned, and needed reassurance from a clinician to rule out any serious or long-term implications. Indeed, for these people it appeared to be the worsening of their condition that prompted them to go to the walk-in centre. For instance, a patient who had been suffering from a migraine stated that he wouldn't usually see a clinician if he was suffering from such a problem. However, as the pain had got worse rather than improving overnight (as it had in previous instances when he'd had a migraine), he was keen to ensure it wasn't anything more serious. What exacerbated this was that he had been taking over the counter medication that had not helped, leading the patient to think he needed something prescribed from a clinician. A few other patients mentioned that over the counter painkillers hadn't had an impact on their problem as well. Their feedback suggested that this did alter their perceptions on the urgency of their problem, and was a contributory factor as to why they escalated their concerns to the walk-in centre.

However, it should be recognised that most patients did not say they were in significant pain, and, as noted previously, their decision making process appeared to be more rational than emotional. A number of patients actually felt they could have waited a few days until a GP appointment was available had they not been able to get an appointment at the walk-in centre. This ties in closely with the convenience of the service, as these patients tended to also say that the walk-in centre was very local to them, so it was worth trying.

The factor that did seem to evoke a more emotional reaction and increase patients' ratings of urgency was when the health condition was affecting their child. In many cases, parents who had brought their child into the walk-in centre said that, had the condition been affecting them, they would have waited until Monday in order to see their GP. They were unwilling however, to "take any risks" with their children, and this had led them to seek urgent health care at the walk-in centre instead of waiting for a GP appointment.

> *"If it were me, I think I would have coped with it, but when it comes to my children, no."*
>
> Weekend patient

> *"When it's my kids I will go out flat. If it's me I will just sit and wait for my doctors or go to hospital if it's serious."*
>
> Weekend patient

Tackling attendance at the walk-in centre for non-urgent conditions will be difficult. It is not just a matter of raising awareness of the walk-in centre's purpose but also of educating people and raising their confidence to treat minor health conditions themselves without seeking medical attention.

4.7 A desire for a face-to-face consultation

As noted previously, a desire for face-to-face consultations with clinicians to discuss or resolve health concerns was very important to patients. They wanted reassurance about their condition and tended to worry that a telephone conversation might not be sufficient to diagnose the full extent of their problem. The potential of seeing a doctor or nurse on the same day therefore had significant appeal.

> *"On the phone sometimes I can't hear what they're saying, maybe what they're saying is completely right but they do ask quite a lot of questions and you get a bit confused and I'm frightened I might say the wrong answer. I don't hear if what they are saying is right or not."*
>
> Weekend patient

> *"You don't know who you're talking to on the phone. I think it's confidential and you shouldn't have to discuss your symptoms, it should be with your GP rather than anybody else, do you know what I mean?"*
>
> Weekday patient

This was especially the case where children were concerned. A number of people interviewed qualitatively had come with a child and they said the priority was to get their child seen by a doctor as soon as possible. For a minority of patients using the walk-in centre, A&E would be a viable option in these circumstances. However, given that that going to hospital could mean a long wait to be seen, the walk-in centre was viewed as a less stressful alternative for their child if it was local.

> *"He said if my son got worse to call the 111 line, but I thought rather than ringing 111 I would bring him here."*

Weekend patient

"If the problem is with me I will wait, but if it's the children I will get the help, that's why I've come here because it's the children and not myself."

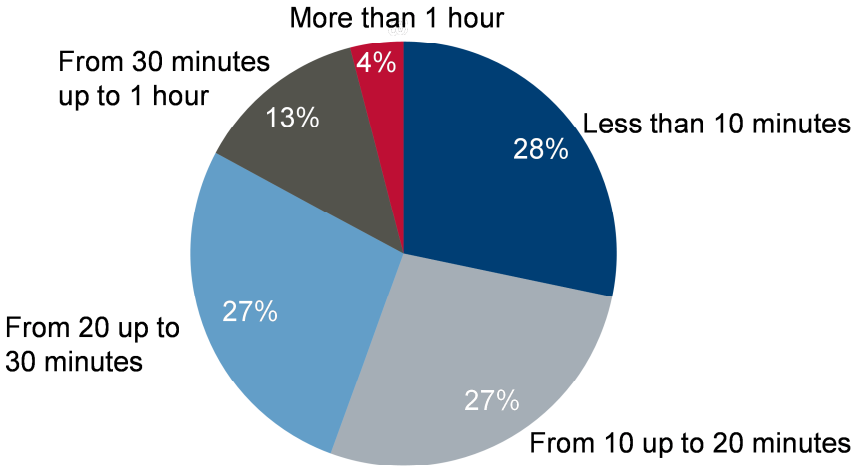
Weekend patient.

4.8 The importance of convenience

Underpinning all of the points discussed in this chapter relating to convenience, the majority of patients live locally, with 55% saying it only took them up to 20 minutes to travel to the walk-in centre.

The vast majority of respondents travelled for less than 30 minutes to get to the walk-in centre

How long did it take you to travel to the walk-in centre today?



Base Users of Hillside Bridge Walk-in Centre (95), 12-25 August 2013.
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The convenience and availability of the service were frequently emphasised by participants as central to them actually attending the walk-in centre. So, whether they were already aware of the walk-in centre or had been referred to it by another service or person, its location, availability and opening hours were determining factors as to whether it was worth trying to make an appointment at the walk-in centre or not.

"This is more convenient as it's so local, plus the opening times, because it is open at six, it's just so much more convenient for me."

Weekday patient

"It can be quite difficult to get in the GP's to book it around work. My work is quite strict about time that you can have off for things like that. So I've got to book appointments quite far in advance. So, if it is a problem that comes up like this where I get ill, then I'm likely to use a walk-in so I can do it around work."

Weekday patient

Linked to this, the availability of the walk-in centre at the weekend was behind many people choosing to use it. This was partly due to the perceived lack of GP services at the weekend but also because some felt work and family commitments constrained them during the week, so any non-emergency health concerns had to be dealt with at the weekend.

> *"It's more easy, like Monday to Friday I'm so busy with the housework, my mum's ill and stuff and I need to be with her 24/7, but when it's the weekend I've got my brothers and sisters around, so it's easier for me to like walk out the house and come and have myself checked and stuff."*

Weekend patient

> *"It's just like a walk-in and it's really straightforward. Sometimes when you've got appointments, sometimes the timing is not good for you. And with work the timings on a Monday to Friday are really hard."*

Weekday patients

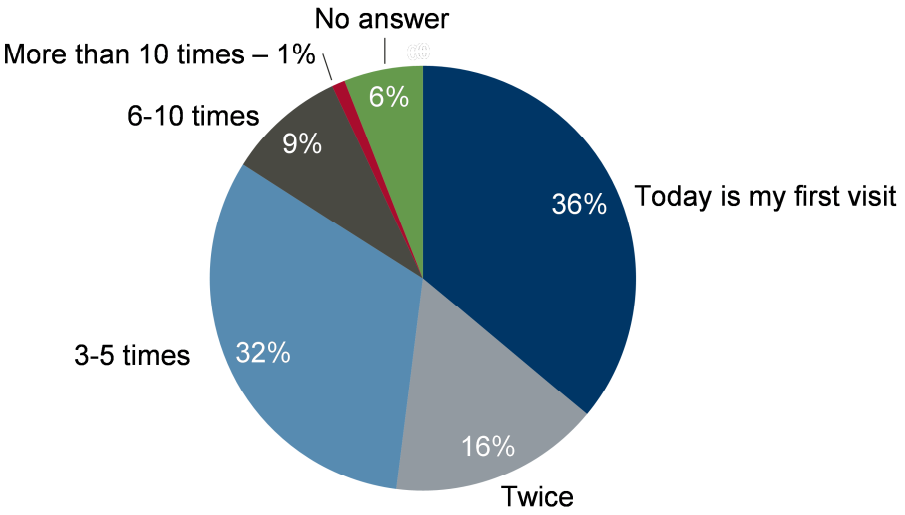
This poses a number of interesting questions: *how many of these people would have waited for a GP appointment if the walk-in centre wasn't available? What, if anything, are people who do not live in the local area around Hillside Bridge doing if they can't get a GP appointment? Do they go to A&E instead? Will the groups the walk-in centre is designed to serve attend if they have to travel to get there?* We cannot draw any firm conclusions around these questions at this stage, but the wider urgent care research will allow us to explore these issues further.

4.9 Repeat use of the walk-in centre

Whilst previous use of the walk-in centre did not emerge as a primary driver of using the service again during the qualitative discussions, the quantitative data highlighted that the majority of patients had visited it on at least one prior occasion in the past year (58%). More than one in three had not used it before (36%), but given that 10% had used it six times or more in the past year, and 32% three to five times in that period, it is clear that a significant proportion of patients are using the walk-in centre fairly regularly for their health needs,

The majority of respondents had visited the walk-in centre previously in the past 12 months

Including today, how many times have you visited this walk-in centre within the last 12 months?



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5. How underrepresented and marginalised groups access urgent care

5. How underrepresented and marginalised groups access urgent care

This chapter of the report explores how underrepresented and marginalised groups make decisions about where to access care for urgent health needs.

In general, among those from underrepresented and marginalised groups, most participants' understanding of health services were those available at a GP practice or hospital, although a reasonable number had used pharmacies and some had used NHS 111. Many participants used A+E as their default option for healthcare as it was perceived to guarantee treatment.

Use and awareness of Hillside Bridge walk-in centre among underrepresented and marginalised groups was fairly low. Those who had used the centre tended to have viewed it as a negative experience. Some participants had heard negative reports of the service from family and friends which had influenced their decision not to use it. Many workers of third sector organisations were also unaware of Hillside Bridge, which meant they were not supporting participants to attend.

Participants reported satisfaction with A&E, pharmacies and other third sector services such as Bevan House, Woodroyd Centre, Piccadilly, Unity and the Bridge Project.

Being treated with dignity and respect, access to good quality translation services, location of service and ability to just drop in and not make an appointment were all factors that underrepresented and marginalised groups cited as of high importance when choosing what health service to access.

5.1 Knowledge of health services – understanding

In general, most participants' understanding of health services were services that were available at a GP practice or hospital. On further probing, a reasonable number had used pharmacies and some had used NHS 111.

The asylum seeker group only knew of pharmacies and the hospital as did the majority of the Roma group. Some participants were aware of Bevan House. Some homeless participants said they used Bevan House because they could register without a fixed address. They described the service as close and familiar, with staff who understand their complex needs. Other participants reported living out of the catchment area and therefore not being able to access Bevan House.

On exploring actions from the case scenarios, for the vast majority of participants, their default option was to dial 999. As for patients from the discovery visits at Hillside Bridge, people from the refugee groups who have children saw A&E as the best place for advice and best treatment; however for their own health needs they were more likely to use a GP or signposted service such as NHS 111 or the walk-in centre. The Roma Group used A&E but also a number reported going back to their country of origin specifically to receive medical treatment as they had waited too long to receive help here.

> *"I call for appointment with GP, they say no appointments for two weeks, I call back they say will be another two weeks for interpreter, I go to appointment, no interpreter is there so I can't see GP. After two months of same, I go to Slovakia to see doctor. I get some medication but need to see my GP here. Same thing is happening as*

before. It has been 2 weeks and still I no get appointment, i get told interpreter will call me back but get no phone call."

Roma, female

5.2 Knowledge of health services – signposting

A major factor affecting decisions about which health services to access is the signposting underrepresented and marginalised groups receive from third sector organisations, support services (day centres and services), pharmacies, friends, family and community members.

As already noted, this word of mouth could also work in the opposite direction, for example discouraging people from accessing Hillside Bridge where they had heard negative accounts from others about the service there.

If a third sector organisation or group were unaware of a service, such as was the case with Hillside Bridge, members of that community were unlikely to use the service. This was particularly the case with the Kurdish community – mainly asylum seekers who were unaware of what services were available and key leaders of the Kurdish community would signpost people to pharmacies or A&E. This was also the case with homeless service providers as highlighted in the section above. Each person accessing a hostel has a key worker and is given a pack of information including details about local health services. At present this doesn't include information on Hillside Bridge as the workers were unaware of it.

5.3 Knowledge of health services – awareness of alternatives

In general, awareness of and experiences with alternative services such as out of hour's GP service, specific clinics, NHS 111 and pharmacy were very inconsistent. The majority of asylum seekers saw the pharmacy and A&E as the only health services available to them with the pharmacy being their first port of call. Satisfaction with pharmacies on the whole, among all participants, was very high. Participants described positive experiences of the old 0845 NHS Direct service but showed less enthusiasm about the NHS 111 service – which was perceived as "waiting to be told to go to A&E or see a GP, when I could just go myself" [Refugee, female]. Very few participants were aware of GP out-of-hours services.

A key alternative that the majority of participants had accessed was Bevan House. Again, satisfaction with this service was high, although a small number of participants described being 'de-registered' and then seeing A&E as their only alternative. In the instances where participants described being 'de-registered' by Bevan House, this was said to be due to missing appointments made or no longer living in the area.

The refugee and asylum seeker communities had no experience of specialist or specific clinics, such as diabetes, phlebotomy or sexual health, and three participants cited using urgent care services for issues related to family planning. Some members of the Roma group had heard of NHS Direct but had not heard of out-of-hours GP services. The homeless groups spoke of using and accessing drug and alcohol projects and clinics and on the whole were satisfied with the services. The homeless day shelter has a GP who visits once a week for one hour and sees six to seven clients within that time. Staff can use their discretion in booking those appointments so could use them for urgent cases/ people struggling to access health services elsewhere. There were issues and scenarios described about lack of access to rehabilitation and secondary services.

5.4 Respect and dignity

Being treated with respect and dignity was of great importance to all underrepresented and marginalised groups. Not all participants involved in the research were registered with a GP and of those that were, very few reported having a positive relationship with them. The Roma community cited being treated with respect as one of the top two factors that would influence a decision as to whether or not to access a service.

There was a perception of trust of A&E staff over other services, but participants described being treated as 'nuisance users' and 'undesirable clients' by GPs and receptionists. Many alcohol / drug users reported feeling like they were dismissed, health condition not taken seriously, or treated disrespectfully once it was mentioned they were a user. Some of the homeless people saw GP services as being hostile and inaccessible. They felt they were viewed negatively and likely to get a poor service. Hence they were more likely to access specialist support services and third sector organisations for health advice (such as the Bridge project, Piccadilly, Sharing Voices, Horton Housing, Unity and Inreach) or go to A&E – and in some cases, to do nothing.

A homeless service user with mental health issues reported generally good experiences with health services. However, he felt that service providers didn't always deal professionally and sensitively with people presenting complex health needs. He felt those services working with such client groups should adopt a more flexible approach but instead seem to less tolerant than service providers with more standard client groups and end up being more severe with those who need more help.

The refugee and asylum groups described distressing and negative experiences with both reception and medical staff at GP practices. Participants described being misunderstood by staff and thus excluded, turned away or denied appointments. Participants described feeling like they had been spoken to in a derogatory way, treated like they were a nuisance and on one occasion escorted from the premises due to natural mannerisms and a loud voice being misinterpreted as shouting. Examples were given of being taken off patient lists when asking for explanation or clarification.

5.5 Language and translation

All members of underrepresented and marginalised groups said one of the key factors for them in accessing care was access to translation services.

Participants who did not speak English as a first language described being treated 'differently' and not being explained their health condition or having access to translation services. Some participants described having to talk about personal health conditions in front of children or family members who had to translate for them. The Roma community said at times they have had to take children out of school to provide translations for day time appointments. Workers from third sector organisations said they were reluctant to provide translation support at medical appointments in case they didn't understand or explain something appropriately and someone's health suffered as a result.

Roma groups emphasised the importance of having a translator at every appointment. They also expressed the importance of having an interpreter who is competent, has knowledge of UK medical systems, and can explain conditions, treatment and decisions. An important factor was an appropriate translator who can behave professionally. Staff present at the session recounted examples of occasions (including Hillside Bridge) when a translator was provided but displayed what they considered to be unprofessional and racist attitudes towards the Roma patient. This was understood as having come from historical relationships

between white Slovak speaking people and the Roma community. Roma participants generally had concerns about the impact of these relationships on the quality of translation and also whether it means they are seen in a more negative light by the healthcare professional concerned.

Roma participants were concerned that health issues would become more severe and require more treatment because of late diagnosis as a result of the difficulty in accessing services. There was anecdotal evidence given of the numbers of women from the community having mastectomies to treat breast cancer because women are not accessing routine screenings because of poor communication, access or language barriers. The Roma community also said they would travel to access healthcare with good translation services; that to them, good service was a higher priority than location.

5.6 Access – proximity and transport

Location and accessibility of service are key factors for homeless service users, and drug and alcohol service users. Many have no access to a phone or money to use a phone box so need a service they can just arrive at. Due to health conditions, many are unable to walk distances longer in duration of 5-10 minutes so need a service at a central location. They are also unable to cover the cost of transport to or from a service and see calling an ambulance as a way to get to a service 'for free'. A member of staff gave an example of a client needing to visit hospital due a bad leg and when she offered him a lift he refused assuring her he'd call an ambulance as it is free. Many described difficulty in getting home from A&E, although some mentioned the journey back from A&E being 'downhill back to town' and therefore much easier. Asylum seekers and refugees also reported difficulties in both distance to travel and cost of transport to access walk in center and A+E.

The chaotic nature of people's lives when they are homeless or vulnerably housed also means that accessing GPs or health provision for ongoing health problems can prove a challenge and patients can fall out of the system, for example when waiting for referrals to consultants or between different departments.

TGP services were seen as 'closer but not helpful'.

5.7 Access – contact and making appointments

Participants mostly described experiences of getting in contact with the 'correct' service and making appointments with GPs as challenging. The appointment system was seen as 'very difficult' and 'a chance game'. Telephone access was limited for the homeless, refugee and asylum seeker groups and frustrating and distressing examples were given of attempts made to make appointments – both over the phone and in person.

The homeless groups had not used NHS 111 and only one person mentioned using NHS Direct but was unable to give a number to be called back on and hence went to A&E.

The refugee groups stated an ideal preference for accessing a local service such as GP, They felt that the GP could get to know them whereas they would usually see a different doctor each time at Hillside Bridge or A&E. However, issues around making appointments and dignity and respect led to current avoidance of this service and increased use of A&E. Participants from the refugee community felt that A&E was easier to fit around work and commitments, particularly where they had shift work or used day care support facilities during the day.

The mental health service user was aware of NHS Direct but had never used them; he was not aware of GP out of hour's services. On further discussion, both he and the staff member present felt that this service would not be ideal if a person was suffering from poor mental health and was in need of health care, but then had to wait for a phone call from out-of-hours service, particularly during the night or when alone.

5.8 Access – opening and waiting times

All participants mentioned that waiting times for appointments at the walk-in centre and waiting times at A&E were very long. Most participants anticipated this and factored it into their decisions about which service to use. It was generally accepted that same-day appointments at GP surgeries were difficult to get and thus waiting to see if an emergency appointment or cancellation would be made available was the same as waiting for 4-5 hours at A&E.

The asylum seeker groups mentioned that the long A&E wait was a factor in their not seeking any medical advice. They would prefer to use a pharmacy but often didn't have the money to spend on pharmacy treatments.

The mental health service user talked about the difficulty with long waiting times and that it could exacerbate the situation.

Many participants said that if they were to use a service such as a walk-in centre for an urgent care need it would need to be open long hours. Many said ideally 24 hours or at least at those times when GP not available.

5.9 Health conditions – reasons for attending

Going through different scenarios, the different reasons for urgent care depended on the level of pain, perceived immediacy and whether the ill person was a child, whether or not registered with GP or dentist and relationship with GP if registered. None of Roma group were registered with a dentist, so all accessed A&E for dental related conditions. The time of day did not feature as a factor to consider for the groups.

Participants felt that they were the best judge of their symptoms, whereas reception staff would not take their symptoms seriously enough to offer same-day appointments. It was viewed that if further tests were needed then going to A&E meant that those tests could be done and time saved in the long run.

5.10 Treatment – perception of service

Bevan House, Kensington Practice, Woodroyd Centre, Piccadilly, Unity and the Bridge Project were services that people perceived as being good services. The features of these services that they described as good and appropriate were;

- Staff understood them and their circumstances and they felt they were treated with respect.
- The services were convenient to get to, their opening times and drop in clinics were in consultation with the users.
- Staff would take extra "moments" to explain services and their condition so users felt more involved, heard and in control.

- At Kensington and Woodroyd, which are GP practices, the doctors took time out to visit local groups and used translators.

Participants perceived better services were available at A&E than at the walk-in centre or GP practices. With regard to these it was not always the treatment received once with a GP, more the perceived difficulty in getting to see a GP in first place. In some instances it was viewed that specialist and 'more professional' care would be accessed at A&E and GP services were viewed by a few people as an 'in-between' or alternative to getting 'real care'.

5.11 Treatment – received

Many participants from the homeless and the asylum seeker groups reported that they do nothing when they are ill and wait out their symptoms to reduce or to get 'bad enough' to go to A&E. Some participants described self-medicating with drugs and/or alcohol and said their health condition was a major factor in their relapse to misusing substances. This related to a lack of knowledge of where they could go. In addition to this, the homeless group talked about services being for people who had a home address, while the asylum seeker group viewed health services as being for people who had 'papers', referring to GPs asking to see their passport before they were registered.

Participants felt that services received at A&E, pharmacies, Bevan House and GPs based at the Day Shelter were accurate, satisfactory and of good quality, with high levels of trust in the skill of the healthcare professionals. They felt that their condition was understood at these services and therefore they were given the right treatment.

6. Alternatives to Hillside Bridge walk-in centre

6. Alternatives to Hillside Bridge walk-in centre

This chapter explores patients' awareness and perceptions of health services other than Hillside Bridge walk-in centre. It also discusses the alternative services that patients reported they would use in the event that the Hillside Bridge walk-in centre had not been available.

Hillside Bridge walk-in centre patients reported having used a wide variety of health services over the past 12 months. However, it appears that walk-in centre patients may have a different pattern of service usage compared with the population more generally, given high reported levels of use of A&E and lower use of GPs.

Despite the high reported level of attendance at A&E, in general, patients tended to display reluctance to attend A&E. Some said they would be unlikely to visit A&E for anything other than a genuine accident or emergency. Other patients said that they would have been persuaded to do so if they had been unable to get an appointment with their GP and unable to access another service where they could speak to a clinician face-to-face.

Almost all patients were registered with a GP and, with the exception of securing appointments, they were generally satisfied with the service that the GP provided. There were, however, seen to be barriers to securing a GP appointment.

Awareness of NHS 111 seemed relatively high amongst patients however, patients who had used NHS 111 in the past tended to be slightly ambivalent about the service they were provided with.

GP out-of-hours services emerged as the service of which patients were least aware and some patients were unsure of what the service was intended for or whether it was available from their GP practice.

Patients' opinions about pharmacists were mixed. Some were very positive and reported routinely using a pharmacy as a first point of call to seek advice or medication before attending another health service. Others, however, were unwilling to visit a pharmacist for anything other than straightforward complaints such as a cough or cold.

A key finding emerging from the depth interviews is that, had Hillside Bridge walk-in centre been unavailable on the day of their visit, patients say they would have found it difficult to find an appropriate alternative. The two main alternatives patients felt there were to the walk-in centre were either to visit A&E or to wait until an appointment is available with the GP. Although many patients said they would be willing to wait until they were able to see their GP in theory, they also said that that if their condition was to deteriorate, they would go straight

6.1 Awareness and perceptions of other health services

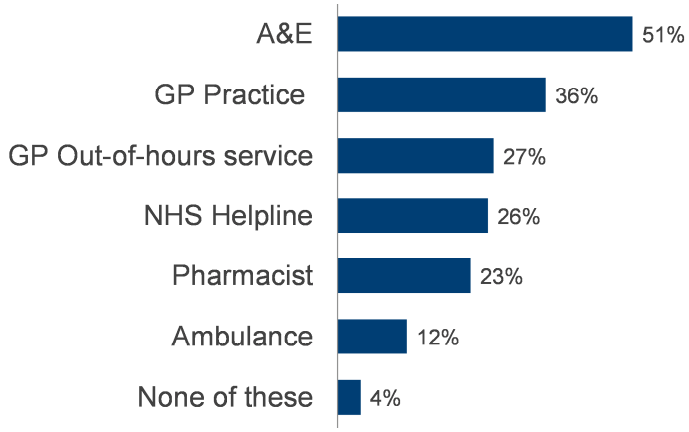
As shown in the following chart, Hillside Bridge walk-in centre patients reported having used a wide variety of health services over the past 12 months. Although this indicates that patients have a high awareness of the health services that are available to them, a closer look at the data suggests that they may not be using the most appropriate health services for their condition.

For example, half of respondents (51%) reported using an A&E department in the past 12 months. This makes A&E by far the most commonly used service; patients are significantly more likely to have used A&E in the past 12 months than, a GP practice (36%), the second most commonly used service.

GP out-of-hours services, NHS helplines and pharmacists have each been used by about one in four patients over the past 12 months (27%, 26% and 23% respectively). As these services offer healthcare for more routine health problems, it would be expected that the more patients will have used these services than A&E.

Respondents had used a wide variety of health services in the past twelve months

Which of the following health services have you used within the past twelve months?



Base Users of Hillside Bridge Walk-in Centre (95), 12-25 August 2013.
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Source: Ipsos MORI

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This suggests that patients using the walk-in centre may have a different pattern of service usage compared with the population more generally: we typically find nationally that four in five have visited a GP in the previous 12 months and one in four have visited A&E. The second strand of the research will need to compare this profile with usage across Bradford. At present, it suggests that these patients use services differently, potentially because of the difficulties they recount accessing their GP, or because they judge the urgency of their condition differently.

The reminder of this chapter will discuss awareness and perceptions of health services among Hillside Bridge walk-in centre patients as found in the discovery visits.

A&E

Awareness of A&E is nearly universal among patients. Most patients in the discovery visit interviews had used an A&E service in the past and knew what to expect from it. Despite the high level of attendance, in general, patients tended to display a high level of reluctance to attend A&E: it certainly wasn't their first choice service for most health problems. The degree of this reluctance however, and the reasons behind it, varied between patients.

For some patients, A&E departments were seen to have a very different remit compared to primary care services such as walk-in centres, GP practices or the NHS helpline. These patients would be unlikely to visit A&E for anything other than a genuine accident or emergency, regardless of whether they had been able to access another health service, as they would feel they were using the service inappropriately.

> *"Well the only other thing I could think of was A&E, and I didn't think that was appropriate, so I'd have to be very, very poorly or on the verge of my deathbed, to want to go to A&E."*
>
> Weekend patient

> *"A&E is for proper emergency care. Like if you are going to drop dead or something; if they can't breathe or have respiratory problems."*
>
> Weekend patient

Other patients, although unwilling to use A&E for anything less than an emergency, said that they would have been persuaded to do so if they had been unable to get an appointment with their GP and unable to access another service where they could speak to a clinician face-to-face. This tended to be governed by an emotional response and was frequently the case when a parent was worried about the health of their child.

> *"A&E is the last resort. I don't like going there but when you've got a kid…it's a waste of time but you don't have a choice."*
>
> Weekend patient

Finally, there was a group of patients whose main concern with attending A&E was the inconvenience it would cause for them. This was both because of the long waiting times and also the possibility that they would not be seen at all should their health problem not be deemed serious enough.

> *"If I was to go a hospital I'd have to wait between two to four hours again, and there's no guarantee I'd be seen because they'd probably think it's not that serious."*
>
> Weekend patient

GP practice

Almost all patients were registered with a GP and, with the exception of securing appointments, they were generally satisfied with the service that the GP provided. The vast majority of walk-in centre patients said that, if possible, they would have ideally visited a GP instead of the walk-in centre. The reasons for this were two-fold; patients were both aware that the most appropriate service to seek health care from was the GP and, in some cases, they would have felt more comfortable seeking advice from a clinician who was known to them and had access to their records, rather than at the walk-in centre.

> *"I'd rather go to my own GP, this isn't even convenient, you know coming to see a GP here and you don't know who he is. So you can't even discuss things properly with them. You don't know the guy, you know what I mean, I'd rather go and see my own GP that I've been seeing for the last 20 odd years and you can open up to them."*
>
> Weekend patient

"I usually prefer going to my GP. Because they've got all my records and everything, and I'm used to going there."

Weekend patient

There were, however, seen to be barriers to securing a GP appointment; whether because there were no same-day appointments available at the patient's own GP practice, or because the patient was seeking care over the weekend and did not feel they could wait until Monday to seek health advice (often being unaware of the GP out-of-hours service).

NHS 111

Awareness of NHS 111 seemed relatively high among patients. Many patients reported having used the service in the past and those who had not used the service usually said that they were nonetheless aware of it.

Patients who had used NHS 111 in the past tended to be slightly ambivalent about the service they were provided with. Although many reported being very satisfied with the final outcome of the contact they had with the service, they were dissatisfied with the process they had to go through to get to that final outcome.

For example, some patients were uncomfortable answering a large number of questions over the phone to someone who they felt was not suitably qualified.

"They seemed to just be ticking boxes and boxes and boxes, just to get you to one answer at the end of it. So it wasn't really personal, you just go here, and after answering loads of questions, to actually talk about what you've got wrong with you, and a lot of the information that they were giving was quite generic."

Weekday patient

"They're really good but they do ask a lot of questions and ask if you have this problem or that problem and whether you're in pain elsewhere, I find it really hard to give that straightforward answer."

Weekend patient

A number of patients had also found that the process was sometimes drawn out and convoluted; taking far longer than it would have taken them to wait for an appointment at the walk-in centre.

"They said a GP is going to ring back at 8 o'clock. I waited until 8 o'clock; I didn't get a call back. So I rang again and they said they're going to find out and ring me back. And they didn't ring me back. I had to ring back again. And then, but it was like 11 o'clock by the time I got a GP call back."

Weekend patient

Aside from the lengthy process that some patients experienced when calling NHS 111, patients were sometimes deterred from using the service because they preferred to speak to a clinician face-to-face.

"It was semi-useful. It was alright. Obviously you feel more reassured by actually seeing somebody and speaking to somebody about it. I know you talk to them and it's over the phone but I would prefer to see somebody in person."

Weekday patient

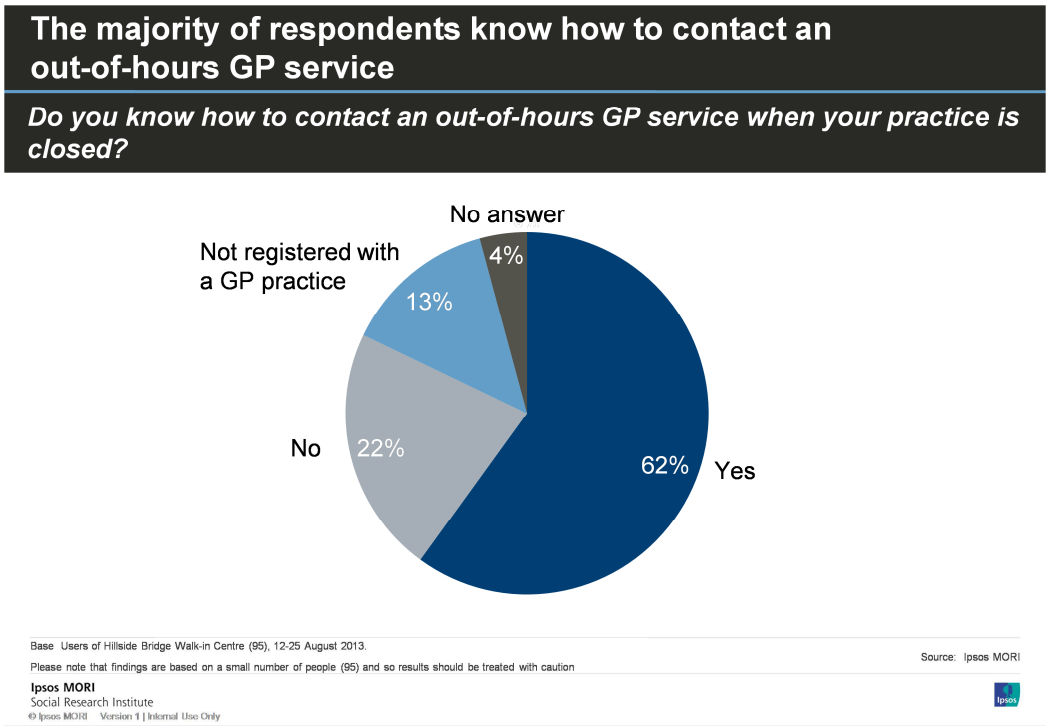
There was also a small minority of patients who viewed the NHS 111 service as akin to dialling 999; only to be used for accident or emergency situations.

> *"For me like dialling 999 or 111 - it's for when you suspect serious. I would just go to a GP really."*

Weekday patient

GP out-of-hours

As shown in the chart below , three in five respondents said that they knew how to contact an out-of-hours GP service when their practice was closed (61%).



However, from the depth interviews, GP out-of-hours services emerged as the service of which patients were least aware. Very few patients mentioned GP out-of-hours services spontaneously and, when prompted, some patients were unsure of what the service was intended for or whether it was available from their GP practice.

> *"I don't have much experience calling out-of-hours. I'm not sure whether the GP we are registered with offers out-of-hours – I have no experience of that. I suppose the walk-in clinic is similar to out-of-hours. That's what I thought."*

Weekend patient

There was a feeling among some patients that the GP out-of-hours service was to be used in emergency situations only, more urgent than those cases in which they would use Hillside Bridge.

"We didn't ring the GP out-of-hours service because I don't like to use that unless it's a real emergency."

Weekend patient

Reflecting the confusion which seems to surround out-of-hours services, one patient did not draw a distinction between GP out-of-hours services and the walk-in centre – she saw them as interchangeable.

"The walk-in centre's a sort of out-of-hours GP really, so if it's past closing time for the GP surgery, then it's somewhere that we can come to for a limited time, I think they're open 'til 8 o'clock."

Weekday patient

Pharmacist

Patients' opinions about pharmacists were mixed. Some were very positive and reported routinely using a pharmacy as a first point of call to seek advice or medication before attending another health service.

"I went to the pharmacy just to see if I could get something over the counter, rather than come down here. Because then you know if you need to come to the doctors, don't you?"

Weekend patient

"You try the pharmacy before you make an appointment with your doctors. You don't want to be going to the doctors because you pick up a million other things."

Weekend patient

In line with this view, many patients said that they had visited a pharmacy prior to visiting the walk-in centre and, in some cases, it was the pharmacist who had referred the patient to the walk-in centre.

"It wasn't helpful because they weren't able to give us anything, but it was helpful because he told us about this centre. So that was a positive."

Weekend patient

"So today I came to the chemist and the pharmacist said that Bonjela is for teething pain and not for ulcers so they couldn't give me it. They told me to see the nurse here so they can give me something. It was good for me, she gave me information about the walk-in centre and I am satisfied to come here."

Weekend patient

Other patients, however, were unwilling to visit a pharmacist for anything other than straightforward complaints such as a cough or cold. These patients did not view pharmacists as a source of advice but saw them primarily as a source of medication. As such, without seeing a doctor first to get a prescription, they viewed the power of pharmacists as severely limited.

"I'd go to the pharmacy if I've got a sore throat or stuff like that, a cough. That's the only stuff they can give you, can't they, pharmacies?"

Weekend patient

"A doctor is a doctor. A pharmacist is a pharmacist."

Weekend patient

"They do know what they're talking about - it's wrong for me to say they don't. But obviously they can't give you the antibiotics or something like that."

Weekend patient

"I only refer to the pharmacist if I've got a prescription from the GP, so it's literally to go and collect something. Today was the first time I walked in and asked for their advice. So it's literally you know, just a collection point."

Weekend patient

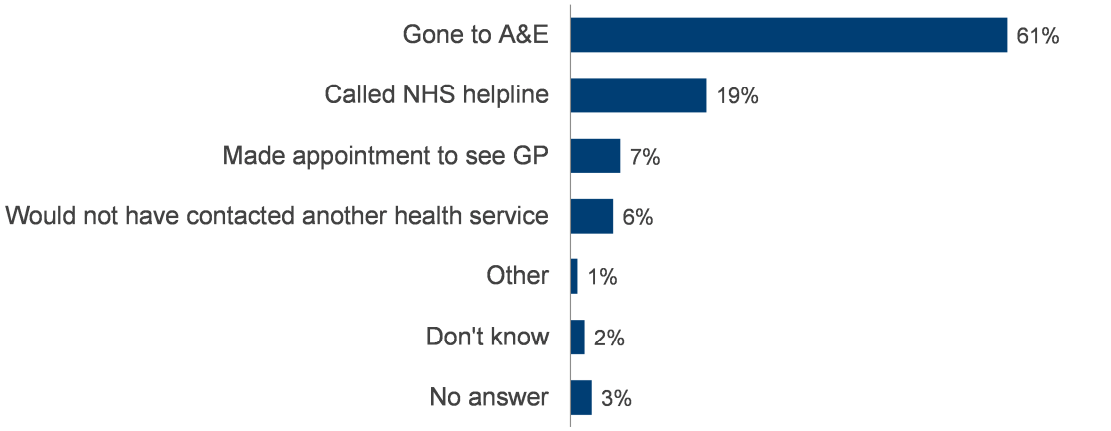
6.2 Alternative services to Hillside Bridge walk-in centre

A key finding emerging from the depth interviews is that, had Hillside Bridge walk-in centre been unavailable on the day of their visit, patients would have found it difficult to find an appropriate alternative.

As shown in the chart below, the majority of patients (61%) said that, had the walk-in centre been unavailable on the day of their visit, they would have gone to A&E instead. Around one in five (19%) said that they would have called an NHS helpline while fewer than one in ten (seven per cent) would have waited to get an appointment with their GP. Only six per cent said that they would not have contacted another health service.

The majority of respondents say they would have gone to A&E if the walk-in centre had been unavailable

What do you think you would have done today if the walk-in centre was not open?



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The depth interviews with patients painted a similar picture. Many patients we spoke to in the interviews said they would not have waited for a GP appointment had Hillside Bridge walk-in centre been unavailable or considered using any other service; they would have gone straight to A&E.

> *"I would have ended up taking him to A&E because, from past experience, it just escalates and then he has such a bad time."*
>
> Weekend patient

> *"I would have thought that I would have no alternative but to go to A&E; and I know it's very unpopular to do so, but I didn't want to wake up dead!"*
>
> Weekend patient

It is interesting to note that almost all patients who said that they would have visited A&E did so with a degree of remorse. They often mentioned that they were aware that using A&E in their situation was inappropriate but that they could see no other alternative. As has been mentioned previously, this was particularly the case for parents who, being unwilling to take any risks with their children's health, were more likely to resort to A&E in spite of their reservations about using it.

From the depth interviews, it seems that more patients than the survey data indicates would have waited until they were able to get a GP appointment. It is worth noting that we were able to challenge participants on this in the interview, whereas when completing the survey it is easier for patients to say they would do this when, in reality, they may not do so. Many patients said that, had the walk-in centre been unavailable, this would have been their course

of action. Many patients, particularly those who would not consider using A&E for anything other than a genuine accident or emergency, saw no other alternative to this.

> *"I would have just waited until I could go back to the doctor and try telling them I need an appointment; not that I want one, I need one."*
>
> Weekend patient

> *"I think I would have waited till tomorrow, because with my surgery, before 8 o'clock, you might get an appointment."*
>
> Weekday patient

However, many of those who said they would have waited until they could see their GP qualified it by saying that, if their health situation was to deteriorate, they would go to A&E.

> *"If the condition is stable and they were able to wait for my GP, then I would have to wait for two days, wait Saturday and Sunday and see the GP. If the condition is getting worse then I'm afraid I would have to go to hospital."*
>
> Weekday patient

> *"Well there are two things; I'd either have gone to accident and emergency if it was really hurting or just grin and bear it until I could get somewhere."*
>
> Weekend patient

Given the large number of patients who say that they are unable to get an appointment to see their GP on the same day, it seems likely that some of the patients who had the intention of waiting for an appointment with their GP would therefore have ended up attending A&E.

A relatively small number of patients said that they would call NHS 111. This tended to be seen as an alternative, though relatively inconvenient, route to getting an appointment with a GP.

> *"I'd have probably rang 111, you know, the NHS… try and get an appointment there, somewhere. It'd be difficult, because with having four children as well, you've got to wait for them to ring you back and then you've got to wait longer for an appointment as well, so it's a bit harder, so it's easier for me."*
>
> Weekday patient

> *"Well, if I couldn't have found a place today I was going to ring NHS Direct. A lady gave me the number at a chemist in Skipton so I would ring them to try and fit me in at a GP."*
>
> Weekend patient

Considering the high awareness of the NHS 111 service among patients and the high proportion who have used it in the last year (26%), few said they would use the service as an alternative to the walk-in centre. Among those who have used the service, satisfaction with the outcomes tend to be high. It is regarding the process of using the service where patients are less positive. It could therefore be suggested that the reluctance to use this service is because patients need the reassurance which is gained by speaking to a health professional face-to-face rather than by telephone.

There were no mentions of using a GP out-of hours service as an alternative to the walk-in centre. As discussed earlier in this chapter, GP out-of-hours services are the service which patients were least aware of and patients are often unsure of what the service was intended for and whether it is available from their GP practice.

In summary, the two main alternatives to the walk-in centre, as perceived by patients are to visit A&E or to wait until an appointment is available with the GP. Although many patients said that, in theory, they would be willing to wait until they were able to see their GP, they also said that if their condition was to deteriorate, they would go straight to A&E.

7. Implications

7. Implications

Having described the findings from the research, this chapter draws out the implications for Hillside Bridge walk-in centre and for urgent care more broadly.

7.1 Hillside Bridge walk-in centre patients

Overall, the patients interviewed at Hillside Bridge walk-in centre were very satisfied with the service they received. The walk-in centre appears to provide a valuable service for this cohort of patients, which raises a number of questions:

- From these patients' perspectives, what service will replace Hillside Bridge when they are unable to get an appointment with their GP, or if they believe they have an urgent care need out-of-hours?
- Related to this, if patients are using the walk-in centre essentially as a convenient replacement for their GP, should an alternative service be provided, or should these patients simply try to make a GP appointment?
- Can changes be made to the appointment systems at GP practices to address some of patients' concerns and enable them to get an appointment more easily?

If the walk-in centre function at Hillside Bridge is closed, it is unclear from the current research how many people that would affect, which will be explored further in the second phase of the research. However, the research does show that many are using the walk-in centre multiple times and these patients' needs will need to be considered.

Of the one in three patients who had only visited the walk-in centre once, these patients tended to locate the service through signposting from another health service such as a pharmacy or NHS 111. For similar patients, closing Hillside Bridge walk-in centre would therefore have minimal impact as these health services can signpost to replacement services instead. The CCGs should certainly work closely with NHS 111 and pharmacies to direct patients to the most appropriate services.

Careful thought would need to be given to the nature of replacement services. Around three in five patients indicated that, had the walk-in centre not been available, they would have gone to A&E instead (61%). Of course, there is a difference between saying this and actually visiting A&E, and so it seems reasonable to suggest that fewer than 61% will have actually done so.

This reliance on A&E as an alternative service is partly a result of low awareness of alternative out-of-hours services. With awareness of GP out-of-hours services relatively low, regardless of the outcome for Hillside Bridge, it appears that raising awareness of this service could benefit patients, so they have an option they can access where they do perceive that they have an urgent care need out-of-hours. If Hillside Bridge walk-in centre was to close, some patients who have indicated that they would have used A&E rather than the walk-in centre would access GP out-of-hours services instead if they are aware of this service.

However, this would need to be undertaken carefully: many patients who use Hillside Bridge walk-in centre do so largely for convenience, particularly because of difficulties or perceived difficulties make appointments with their GPs. A GP out-of-hours service needs to be seen as a service for urgent care needs only. To assist with this, one option would be to have a

triage service, with patients reassured that an urgent appointment isn't needed where that is the case. There is some distrust of NHS 111 at present, but it seems patients would be more open to such advice if they were talking directly to a clinician.

This then raises the question of how people make judgements about how urgent their health need is and whether they are seeking urgent care when it is not needed. While three in four patients from the survey felt their condition needed urgent care, in the discovery visits many patients said they could have waited for a GP appointment if the alternative was A&E. The convenience of the walk-in centre combined with the urgent care need led people to the walk-in centre when they could potentially have waited instead. This suggests that their judgement or definition of urgent care is different to the CCGs' definition. If Hillside Bridge walk-in centre is closed, how will these patients be catered for? Educating people better about self-diagnosis and self-medication would help people to make these judgements, but is clearly a large task. Some form of triaging may assist with assessing whether these patients do have an urgent care need.

7.2 Urgent care services for underrepresented and marginalised groups

Usage research has demonstrated that those using Hillside Bridge walk-in centre tend to already be registered with a GP. Underrepresented and marginalised groups who are less likely to be registered with a GP, and one of the initial key audiences for the walk-in centre, appear to be using it less.

The research demonstrates that use and awareness of Hillside Bridge walk-in centre among underrepresented and marginalised groups is fairly low. Those who have used the centre, in contrast to the patients interviewed during the discovery visits, tended to be dissatisfied with the service. Others who had heard of the service from others but not used it personally had heard similar reports from family and friends.

This suggests that Hillside Bridge walk-in centre is not the most effective urgent care service for underrepresented and marginalised groups and that this service could be better provided elsewhere. Participants did report satisfaction with A&E, pharmacies and other services such as Bevan House, Kensington Practice, Woodroyd Centre, Piccadilly, Unity and the Bridge Project. Exploring their reasons for satisfaction enables us to identify the most important features of an urgent care service for underrepresented and marginalised groups if providing an urgent care service for them elsewhere:

- Being treated with respect and dignity: participants reported being treated disrespectfully across a number of health services at times. If services can be more targeted to specific groups using a similar model to Bevan House, this will allow staff to build up an understanding of culture and the issues facing patients, enabling them to provide a service that patients find sympathetic and therefore more comfortable using. Ideally, this would also provide some continuity in the healthcare professional the patient sees.

- Have access to good translation services: this emerged as an issue causing some heard to reach groups difficulties, particularly the Roma community, and restricting their access to health services. The research suggests that a review of how these services operate may be valuable.

- Local access: some underrepresented and marginalised groups find travel to services costly and difficult, suggesting that more local services will be easier for them to

access (if it is possible to provide them). If more local services are not available, it is worth considering whether there are other possible solutions.

- Appointment system: some people in underrepresented and marginalised groups find it difficult to make appointments with health services. This is sometimes related to cost, sometimes to fitting it around their other commitments such as work, or at times to more chaotic lifestyles (for example, for homeless people or substance users) which make it difficult to make and keep appointments. A walk-in service may therefore be suitable for some groups – although there will be inevitable concerns about waiting times.

Many participants from the homeless and the asylum seekers groups reported that they do nothing when they are ill and wait out their symptoms to reduce or to get 'bad enough' to go to A&E. This will be explored further in the second strand of the research, but provision of a service that meets the above requirements may encourage them to access services more frequently.

Additional implications emerging from the research are:

- Signposting of services: this was a major factor affecting underrepresented and marginalised groups' decisions about where to access health services. This included signposting by third sector organisations, support services (day centres and services), pharmacies, friends, family and community members.

  This means there is scope for CCGs to work with third sector organisations, support services and pharmacies to help direct members of underrepresented and marginalised groups to the most appropriate service for them. This could help to raise awareness of some services not currently so well used, for example the GP out-of-hours service.

- Dental services: none of the Roma group were registered with a dentist and so accessed urgent care services for dental care. The CCGs could work with Roma groups and the third sector organisations supporting them to improve access to dental care.

In summary, local services staffed by people with a good understanding of the culture and issues facing patients from specific groups will begin to build trust in those organisations. Third sector organisations, support services and pharmacies can all assist with signposting people to those services.

8. Appendices

8. Appendices

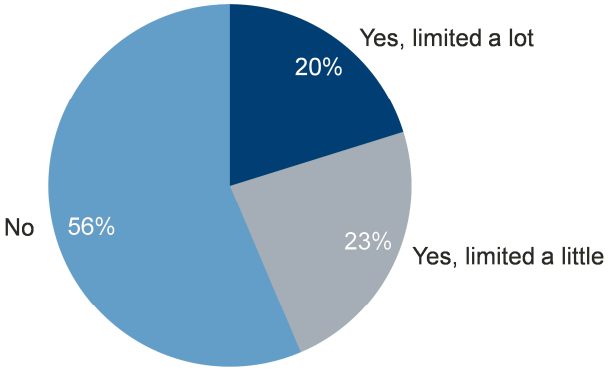
8.1 Demographics

This section briefly outlines the profile of those who completed the survey questionnaire.

The majority of respondents did not have an existing health problem or disability that limited their day-to-day activities (56%).

The majority of respondents did not have a long-term health condition

Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?



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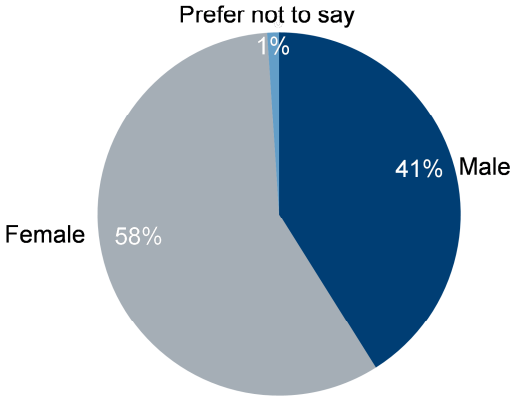
Looking at demographic information, more women than men appear to visit the walk-in centre (58% vs. 41%), whilst, indicatively speaking, a greater proportion of 25-34 year olds attended than other age groups (25% of respondents were in this age bracket).

More women than men visited the walk-in centre

Are you . . .?



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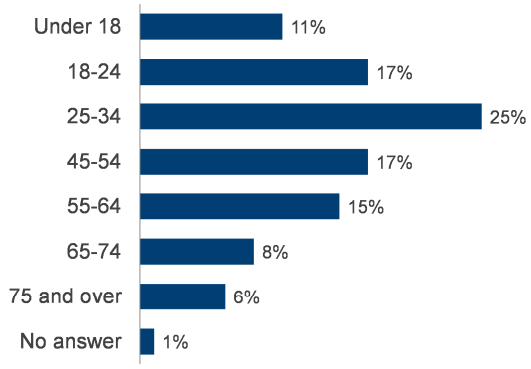
A high proportion of 25-34 year olds visited the walk-in centre

How old are you?



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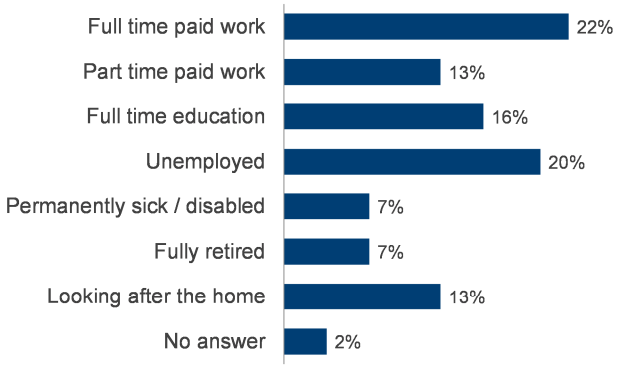
There appears to be a spread of people with different working statuses attending the walk-in centre.

Respondents have a variety of different working statuses

Which of the following best describes what you are doing at present?



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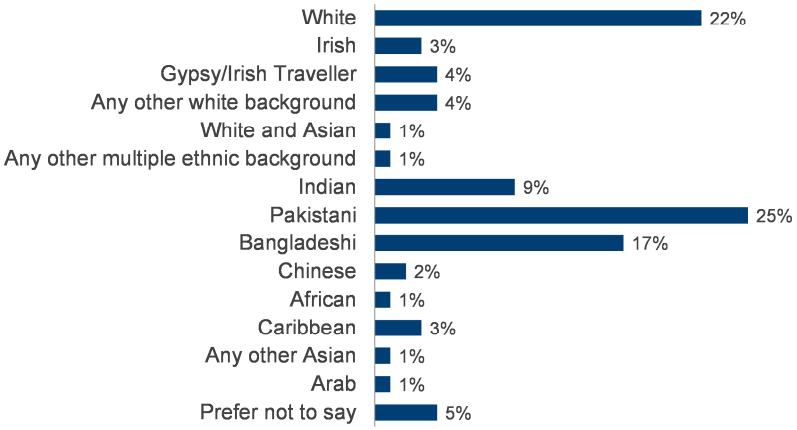
Additionally, there is diversity in terms of the ethnic backgrounds of patients returning questionnaires, with Pakistani (25%), White (22%) and Bangladeshi (17%) people most commonly responding

Respondents have diverse ethnic backgrounds

What is your ethnic group?



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