



Walk-In Centres Research

June 2014

Deaflink Walk-In Centres Research summary

June 2014

THANK YOU TO ALL WHO CONTRIBUTED

Methodology

Deaflink invited feedback from our members and their families for 4 weeks through May. We conducted one to one interviews and also made the questionnaires available through our website.

We had 46 responses (85% D/deaf, roughly 10% hard of hearing and 5 % hearing). 29 people had not used a Walk in Centre and 17 had used one.

All respondents were either living in Newcastle or had used a Walk-In Centre in Newcastle.

Summary of Findings

It is clear from the replies that there is a lot of misinformation and misunderstanding for both users and non-users of Walk-In Centres (WIC). Many do not know where the WIC's are or what they do or when they are open. They go to their doctors or A&E because they don't know where else to go.

It was easier to find people who had not heard of WIC than had heard of them, 37% of the people who responded had never heard of WIC. Of those who said they knew about the WIC did not have a clear or accurate understanding i.e. where are WIC's - "the RVI"?

The ease of access was a significant reason why people chose the WIC (75%).

For those who had not used or heard of the WIC - they were informed what the WIC's can offer and 36% either wanted more information or they had a reliance or preference of using their Doctor "My Doctor will tell me, he knows best". A further said 64% said yes they would use WIC's.

A very high number of respondents felt they did not have enough information or knowledge of the range of health care options available to them, only 26% said they had enough information. When asked few had ways that this could improve. This reflects the lack of knowledge of what is available or what could be available.

The few users of WIC's who had positive experiences did so because they had taken interpreters with them.

People who had used the WIC's felt strongly that they had not been rushed –"not like Doctors where they look at their watch". They also felt that the staff were helpful, though not deaf aware. There were mixed feelings on the 'listened to' category – some saying no interpreter, they didn't understand and others saying that the staff tried, they wrote notes.

The area's where people felt least happy with their experience at WIC were the time waited (average was nearly an hour), listened to (perhaps understood would have been a better way of expressing this?) and treatment – people felt fobbed off and told to go to their GP. One of the

difficulties for the WIC staff is that without interpreters then they cannot fully understand the patient's issues or history and may be reluctant to treat?

In answer to the question about improving their experience of using the WIC or in most cases to actually enable them to use the WIC in the first place 96% of respondents made reference to needing access to BSL interpreters.

With regard to children and the WIC's, of the people who had used WIC's 50% had also used them with their children, of the people who had not used/heard of WIC's only 7% used a WIC with their children with several attending A&E with relatively minor injuries.

Outcomes

Used the Walk-In Centre (WIC)

We had 17 people state that they had used a WIC in Newcastle.

Which WIC?

2 did not state where they had used the WIC but 7 said they used Byker; 3 used Cowgate; 3 used Battle Hill (Wallsend) and 2 used Sunderland.

What type of illness?

Depending upon the level of eye injuries, all of the illnesses below are appropriate to consult via the WIC. 29% (nearly a third) of respondents felt that their illness/injury was pre-existing.

5 stomach pains/problems; 2 eye injuries; 3 foot/ ankle problems; one back/sciatica; one infection; one high blood pressure; one cut (diabetes risk); one dog bite, one nausea and dizziness and one bad cough getting worse.

Why did you choose to use the WIC?

6 (35%) people chose the WIC as their GP surgery was closed (out of hours, weekend, bank holiday); 4 (24%) said they couldn't get an appointment with their doctor – this suggests that over 50% of respondents would have chosen to use their GP if they had been available.

4 (24%) said they chose the WIC because it was quicker. One comment picked up on the fact that there is no time slot and they felt less rushed at WIC

“Quick and easy to get to, not GP because there are always delays.
WIC give you time, not checking watch, A&E just give you tablet
and say go to GP”

One person said that because they were deaf and couldn't use the phone – it was closer to go to the WIC than their GP. Finally, one person was referred to WIC by I I I service.

13% of respondents said that they had tried to contact their GP – one was out on call and the other stated “I am deaf”.

How did they know about WIC?

The highest number, 6 replies (35%), were that families or friends told them. 4 (24%) just knew, they saw it being built or passed it on the way to shops. The rest were referred, knew about it because of their work, found it in an internet search and one saw a leaflet.

How easy was access?

Very Easy	8	Difficult	2
Easy	4	Very Difficult	0
Average	3		

The people who said it was difficult stated this as there was no interpreter and therefore difficult from the outset.

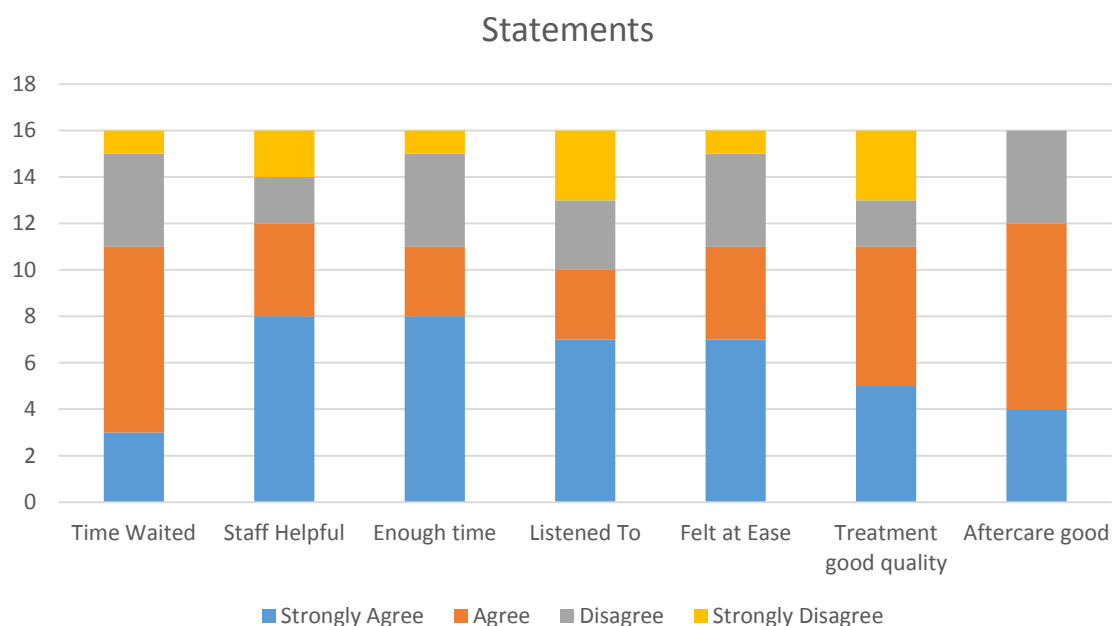
75% of the respondents stated that the ease of access **was** a factor in them attending the WIC.

SERVICE EXPERIENCE

What was your experience of using the WIC service?

24%	Very good Very good Very good Very good	good advice and service - helpful - I had BSL interpreter not long to wait and good basic info they diagnosed me and sent me to A&E immediately
35%	Good Good Good Good Good Good	helpful staff that made me feel comfortable I brought my own interpreter Lengthy wait, more urgent cases coming in delayed me being seen listened to Staff helpful - easy to lip read and understood that i was deaf staff were very helpful and spoke up for me
12%	Average Average	because I am deaf, they frightened to talk to me feel like they not listen well enough - fob me off
24%	Poor Poor Poor Poor	I couldn't understand them, no interpreter It was ok but not full information Sciatica - no explain/info Sent away, told to take aspirin and see GP
6%	Very Poor	Nurse said "see your GP". When explained Deaf - no respect

Experience statements



Explanations of why they disagreed with the statements

- Told to go to GP - nothing happened

- 3 people waiting 30-45 mins. Staff shouted my name - I'm deaf! Need LCD screen? I wrote down deaf, then wrote pain. Gave me tablets, didn't explain what they were, how often to take them etc. I went to GP after bank holiday to explain what I was taking.
- Felt I was fobbed off, long wait
- No aftercare? Told to go to GP. Note taking but they tried to understand me and there was no rushing
- No thorough investigation of treatment. Superficial treatment
- Because I am deaf
- Overworked staff
- Waited over 2 hours made harder by fact I was feeling extremely unwell

How long did they wait?

The shortest time was 15 minutes, the longest was 2 hours and 5 minutes.

The average wait was 57 minutes.

OVERALL

Do you know where the WIC are?

No = 9 Yes = 6 Only Mine = 2

Only one person could then accurately state where they all were. One person said the RVI (probably confused with (minor injuries unit).

When they are open?

No = 10 Yes = 7

Do you know what services are offered?

No = 9 Yes = 8

If yes, what?

- coughs, minor injuries, sprains, infections
- cuts and accidents
- If you in pain.
- X-ray, eye etc.
- tablets/ info/ help/ blood pressure/ x-ray
- minor injuries, x-rays
- GP access, X-ray, minor injury treatment

Any improvements to WIC's?

- Deaf friendly method of telling people it's their turn = 3
- BSL interpreters = 3
- Deaf Awareness training for staff = 3
- Something to kill the time waiting = 1
- Complete, effective assessments of patients by fully qualified staff = 1

Additional services?

2 respondents felt that x-rays would be useful; 3 identified need for quick access to BSL interpreters – perhaps online (SignHealth).

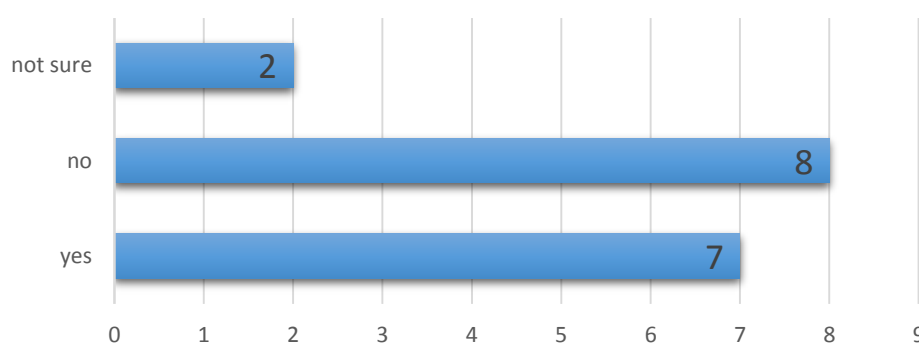
Would you use WIC again?

- 3 No Bad Attitude
- No Not feel comfortable because no awareness
- No The following day called emergency doctor. Had emergency surgery on a gangrenous bowel and was in ICU for 10 days

- 1 Not sure

- 13 Yes
- Yes
- Yes Pain/ill quick access
- Yes Useful and local, easier than going into town
- Yes Easy helpful service
- Yes Easy to access
- Yes Easy, better than phone to GP
- Yes Good experience - detailed explanations of the problems and solutions
- Yes good place
- Yes It's easy to travel to
- Yes it's quick and no time problem
- Yes nothing happened to deter me in future
- Yes time, accessibility

Do you have enough information about range of medical care/advice?



If no what would you like?

When is it serious enough to go to A&E - how do you know! / Need BSL interpreters / Information visual for BSL / Everything, just in case

CHILDREN

40% of the respondents were parents and 50% of those had taken their child to a WIC (3 people). Illnesses were listed as illness, allergy and eye injury.

They chose to go to WIC because it was quick (2) and GP closed on Sundays (1). Only one respondent knew that there were restrictions on children attending WIC – under 2 years old.

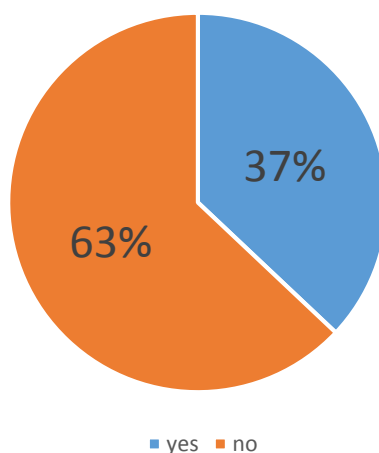
4 of the parents had taken their children to the A&E, their reasons: injury at play centre; swollen stomach; broken arm and a dislocation. A&E was chosen because 'thought urgent' (2), qualified and experience staff (1) and children's clinic rapid access (1).

Outcomes

Not Used the Walk-In Centre

We had 29 respondents who had not used a WIC in Newcastle (or anywhere else)

Had you heard of a WIC?



10 people had heard of WIC's (2 people didn't answer) this section is a summary of their replies.

If yes, how did you know?

40% said that families or friends told them (compared with 35% of the users replies), 2 (20%) just knew, they saw it being built or passed it on the way to shops. One knew about it because of the elder's council, one found out about it from Deaflink forum. 2 saw a leaflet or poster (20%).

Reason why not used WIC?

11 replies, 3 of whom had never needed a Doctor. Other replies were:

- Never thought
- Lack of confidence
- I go to doctor
- GP never told me. Never heard
- I like to have appointment with GP
- Because no interpreter or communication
- I go hospital
- It's not my local doctor

Do you know what type of illness you should attend the WIC with?

4 people said that they did know, 5 said they did not.

Those who replied yes said:

- Cut yourself or sprain yourself
- Light injuries and cuts
- Use if you can't get to doctor
- Mild injuries & vaccinations.

OVERALL

Do you know where the WIC are in Newcastle?

No = 2 Yes = 4 Only Mine = 1 3 did not answer

One person felt that they were located in the right place, however so few respondents knew where they were that it limits the strength of this question.

When they are open?

No = 7 Yes = 1 2 did not answer

Do you know what services are offered?

No = 9 Yes = 0 1 did not answer

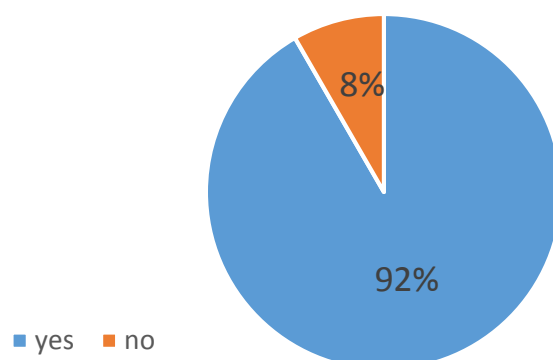
A BRIEF OVERVIEW of WALK-IN CENTRES

At this stage the respondents were given some basic information about WIC's in Newcastle. The following section was open to all 29 respondents.

Are there any particular services you would like to see in WIC's?

Replies: Any interpreter or stand by communication or deaf aware
 Interpreter – same problem as hospital
 Make us more aware
 24 hours a day

Is there anything you would require to enable you to attend a WIC?



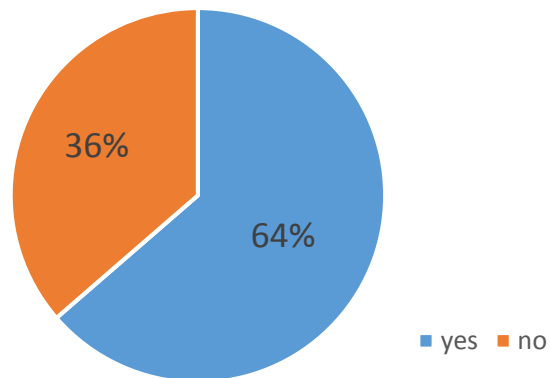
If yes, what?

There were 22 people who said something could be done to enable them to use the WIC. Of these 81% stated a BSL interpreter (qualified) or Language Support “I am deaf, poor English, need interpreter - provide?”

Other replies were:

- I still don't know where they are or how they differ from the GP surgery I am with
- to have deaf awareness and how to book BSL interpreters
- Daughter
- Easy read letter, big letters
- Face to face (lip read)

Will you use a WIC now you are more aware?



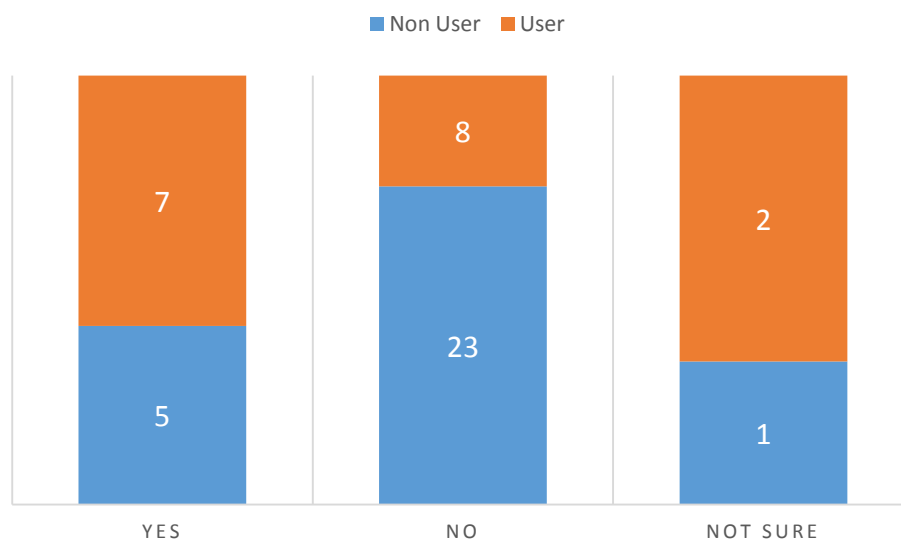
If not why?

- I need more information about walk in centre = 5 replies
- Not sure what they are? I prefer my GP who knows me well. = 2 replies
- Not sure, it depends = 4 replies
- Not happy with GP terp always cancelled have to wait - wife always ill at night
- Might do in an emergency

Any other comments about WIC?

- Don't know where they are or what they do?
- Should have one north of the city. Current places not accessible by public transport
- Sorry - don't know anything?
- Need more information (2 replies)
- Deaf Awareness (2 replies)

Do you have enough information about range of medical care/advice?



This chart shows the comparisons with the Users replies. Over 80% of the Non-Users felt that they needed more information about services compared to 53% of Users.

If no what would you like?

- General issues
- What walk in centre for?
- Don't know
- Not enough, need more.- need an interpreter
- My Doctor will tell me, he knows best
- Opening times, what they do and don't treat, why they send people to go to GP
- Information in BSL/terp/GP's
- Need accessible info in BSL
- More information
- What happen ill?
- What service they offer
- Required for provide BSL interpreter
- Would it be possible to send the full information via deaflink?

These are fairly similar replies to the Users who responded to this question.

CHILDREN

14 of the respondents said they were parents and one of those had taken their child to a WIC and they chose to go to the WIC because "it was not an emergency". They were unaware of any restrictions on children attending WIC's.

However 7 of the parents had taken their children to the A&E, their reasons:

- Cotton wool bud in ear
- Epilepsy
- Bump on the head
- Problem with feeding baby - needed op
- Sore Throat
- Difficulty breathing

A&E was chosen because:

- No other choice (21 yrs. ago)
- Quicker
- Overnight - late
- Because they have various support like doctor or nurse
- Dr transferred to hospital
- Easier
- Urgent

Probably 50% of these could be treated at a WIC.

Whilst this is interesting information, the data is skewed by the fact the WIC were not in existence when some of the parents were responsible for their children's health.

RECOMMENDATIONS

Recent research from SignHealth and University of Bristol found:

- 45% of deaf People have to walk to GP's to make appointment – there was no other way.
- 3% of deaf people want to lip read but 40% are forced to
- 8 in 10 deaf people want to use BSL, only 3 in 10 are given the chance
- 'My Doctor is very good at listening'. Agree - Deaf 15% Everyone 51%
- 'The Doctors receptionist is not helpful'. Agree – Deaf 40% Everyone 8%
- Some deaf people do not know that they are being monitored or treated for conditions they did not know they had. Many are unsure what tablets they are taking.
- Deaf people are twice as likely to have high blood pressure and not know it.
- 1 in 12 deaf people have a higher than normal blood sugar level (4 times greater than the population).

Our small scale survey reflects much of these findings. D/deaf are unable to access services; be informed about options; communicate with professionals; be diagnosed or treated appropriately. A basic human right in the UK.

1 Improved and Accessible Information

Issues:

The lack of information and understanding of the health care options is of great concern. On the whole the D/deaf people who have not attended a Walk-in centre have not heard of them. The health 'choices' that hearing people have do not apply to the D/deaf communities. The NHS Choices website has around 900 videos – 1% are in British Sign Language.

This is because many are BSL users and their language is visual, leaflets and written information is not accessible. Not all D/deaf know how to use computers. TV adverts are difficult because of poor subtitling. Radio- not accessible. Posters can be informative. There is a massive over reliance on family and friends – however a D/deaf person is entitled to confidentiality and may feel uncomfortable disclosing person information to families and friends.

A general signed DVD about health choices, standards of care, expectations, basic health triggers, what is an emergency would be a step in the right direction.

Recommendations:

A] Consider methods of communication especially in relation to the 'reasonable adjustments' within the Equality Act 2010. BSL videos or presentations are the only accessible ways of communicating with this client group.

B] Create a policy on using interpreters or family and friends.

2 Deaf Awareness

Issues:

Many of the respondents felt that deaf awareness was lacking. For example how the WIC worked (when it was their turn their name was called out!) through to staff having expectations to lip read, note take, family to interpret and ultimately, feeling fobbed off and told to go to their GP's. This may have been a legitimate way to treat the patient, however the lack of communication meant that this was not explained.

Most concerning was respondents feeling that they were being treated badly because they were deaf. Ask D/deaf people how they want to be communicated with (One deaf person thought "because I am deaf, they frightened to talk to me")

Recommendations:

C] Each WIC is audited for sensory issues and accessibility – alarms, callouts or LCD, access to interpreters.

D] All staff receive Deaf Awareness Training

3 Communication Barriers

Issues:

Overwhelmingly the biggest barrier to using the Walk-in centre, or any other health service provider is communication.

Professionals are failing to understand their patients and that affects diagnosis which in turn leads to poor treatment.

No organisation can book interpreters at short notice – as a drop in service acknowledge this and set up systems to overcome. Interpreters are trained to communicate medical issues and are generally the preferred method of communication for most BSL users. Families and friends are not trained and nor are they insured for the information they are giving. How do the WIC's measure the quality of advice or information given? Do the WIC's have the insurance cover for negligence in information giving?

Recommendations:

E] To recognise and consider the communication barriers at WIC's.

F] To consider the viability of a D/deaf friendly Walk-In Centre

Given the limited resources within the Health Services some consideration may be given to making one of the WIC a Deaf Friendly WIC. D/deaf would travel to use a WIC where they knew staff were trained in deaf awareness, maybe some staff could sign? the WIC had appropriate systems and procedures, and could use InterpreterNow if needed. This would attract D/deaf people from around the region.

Participant profile

Gender	No. of participants	% of participants
Male	17	37%
Female	29	63%
Total	46	

Disability?	No. of participants	% of participants
Yes	42	91%
No	4	9%
Total	46	

Age	No. of participants	% of participants
Under 18	2	4%
18-24	5	11%
25-34	3	7%
35-44	10	22%
45-54	10	22%
55-64	6	13%
65-74	8	17%
75-84	2	4%
85 and over	0	0
Total	46	

Location	No. of participants	% of participants
NE2	4	9%
NE3	7	15%
NE4	4	9%
NE5	6	13%
NE6	9	20%
NE7	6	13%
NE15	3	6%
Other	7	15%
Total	46	

Ethnicity	No. of participants	% of participants
White British	37	81%
Black/Black British	0	
Asian/Asian British	5	11%
Chinese	2	4%
Mixed	0	
Other Ethnic Group	2	4%
Total	46	

Sexuality	No. of participants	% of participants
Heterosexual	37	84%
Gay	1	2%
Lesbian	3	7%
Bisexual	0	
Prefer not to answer	3	7%
Total	44	