healthwatch

Engagement on the Norwich Walk-in Centre: Final Report

December 2022

Contents

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Who we are and what we do

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather people's views of health and social care services in the county and make sure they are heard by the people in charge.

The people who fund and provide services have to listen to you, through us. So, whether you share a good or bad experience with us, your views can help make changes to how services are designed and delivered in Norfolk.

Our work covers all areas of health and social care. This includes GP surgeries, hospitals, dentists, care homes, pharmacies, opticians and more.

We also give out information about the health and care services available in Norfolk and direct people to someone who can help.

At Healthwatch Norfolk we have five main objectives:

1. Gather your views and experiences (good and bad)
2. Pay particular attention to underrepresented groups
3. Show how we contribute to making services better
4. Contribute to better signposting of services
5. Work with national organisations to help create better services

We make sure we have lots of ways to collect feedback from people who use Norfolk's health and social care services. This means that everyone has the same chance to be heard.

Summary

Why and how we looked at this

Healthwatch Norfolk was commissioned by OneNorwich Practices to gather feedback on the Norwich Walk-in Centre from members of the public and professional stakeholders. Given recent service changes during the Covid-19 pandemic and current pressures on the NHS, the aim was to ensure these voices are considered in any service change proposals that take place nationally and locally for the future development of the Walk-in Centre.

We did this by conducting semi-structured interviews with Walk-in Centre staff and other professional stakeholders, including primary care providers around the region and voluntary sector organisations that work with vulnerable groups. We also conducted a public survey to gather varied and alternative points of view on the Walk-in Centre and adapted these questions to use in focus groups comprising the voices of the 'seldom heard' (which we define as under-represented people who use, or might potentially use, health or social services and who are less likely to be heard by these service professionals and decision-makers).

Healthwatch Norfolk discussed the range of interviewees with OneNorwich Practices, who asked us to speak to members of specific seldom heard communities, as well as professionals from relevant stakeholder organisations. We were also asked to contact GP practices with concerns about sustainability and rural GP practice managers.

We gathered feedback from 14 individuals, including seven primary care providers across the region, two charity representatives and five clinical and administrative members of staff at the Norwich Walk-in Centre. From the public survey we received feedback from 473 respondents around Norfolk and Waveney. We also obtained focus group data from 16 participants. Spread across two groups, these participants included people of no fixed abode, patients accessing mental health services, mental health professionals and parents of young children.

From the interviews, focus groups, and public survey, Healthwatch Norfolk was able to gain a broader understanding of public awareness of the Norwich Walk-in Centre and people's experiences and expectations of it.

What we found out and what this means

From the interviews with Walk-in Centre staff and clinicians we found that around 250 patients a day were seen at the Walk-in Centre, of which 10% were referred to A&E and the rest discharged home. Some changes made during Covid, such as the triage system and the respiratory clinic, have streamlined the service. Other changes, however, have proved more challenging and have had a

negative impact on waiting times, such as the need to test people for Covid and infection control restrictions on waiting inside. These have been compounded by the Centre's location, where space to wait outside is limited, unsheltered and next to a busy road.

The 473 survey participants answered the survey digitally, with 80% of them accessing it through their GP practice website. These respondents' awareness of the Walk-in Centre was high, 88% of them knowing about it prior to receiving our survey. This contrasted with data on vulnerable populations such as asylum seekers, who were described as largely unfamiliar with the Walk-in Centre and dependent on support organisations to direct them to it. For this vulnerable group further barriers to access included lack of clarity from both Walk-in Centre and support agency staff on relevant policies such as the availability of translator services and having to to show ID.

Similarly, people of no fixed abode were impacted by lack of information on available Walk-in Centre provision from GP practices, local organisations that support vulnerable people, and on the Walk-in Centre website. Lack of information was also mentioned as a barrier to access by primary care providers in rural Norfolk, along with distance and transport links.

Throughout the survey a significant number of respondents described unavailability of their own GP during regular working hours as a reason for accessing the Walk-in Centre. Convenient access for those who worked irregular hours and/ or in and around the City Centre was also mentioned as a reason for visiting. These survey respondents were generally happy with waiting times, 75% saying they had waited to be treated for less or as much time as expected, and many referring to their experience as 'well organised'. The Walk-in Centre's use of knowledge of patient trends over the course of the day to organise staff is reflected in this view, as well as their use of the triage system to organise patients.

Overall, the Walk-in Centre was seen as a good intermediary option between primary and emergency care, with both Walk-in Centre staff and members of the public describing it as playing a valuable role in local GP care provision at a time when GP practices are under-resourced and A&E is struggling.

Challenges to being seen included waiting conditions, such as having to wait outside and inaccurate waiting times. This was a particular issue for vulnerable groups such as those with special needs/ their parents and carers, parents of young children, people of no fixed abode, the elderly, and those with mobility issues.

Walk-in Centre staff recognised the extra challenges that waiting times and conditions posed to more vulnerable people, despite the triage system, and said they were trying to address these by applying for funding for an additional specialist clinic for those with complex/ additional needs, including children.

Most survey respondents (69%) rated their overall experience as 'good', recognising the hard-working, kind staff, good organisation, and the essential nature of the service under very challenging circumstances. Most (86%) survey respondents also 'completely' or 'somewhat' got the help or advice they needed from the Walk-in Centre and most (66%) would return in the future.

Of those survey respondents with a less than positive experience, the main reasons for this were waiting times/ waiting outside, as well as lack of parking and expensive parking fees. A few mentioned negative interactions with staff, referring to stressed, rude or intimidating clinicians, receptionists, or security guards. Respondents of no fixed abode were especially put off by security guards. Those who were unsure about using the Walk-in Centre in the future referred to distance and insufficient knowledge around service provision and opening hours.

Again, the Walk-in Centre was aware of patients' frustrations and is trying to obtain funding for extra resources to alleviate queues and waiting times, such as extra staffing and a clinic to prioritise vulnerable people, which would prevent them having to move into escalation.

When asked about potential future services, only 26% of people were not interested in telephone or video appointments. Of these, a preference for a face-to-face service was the main reason, along with issues with communication, or, in the case of some of those with chronic conditions, because of concerns about the Walk-in Centre's lack of access to their medical histories. Most respondents recognised the convenience of telephone/video appointments, especially when it came to avoiding waiting and travelling. This was especially true for those in rural areas, who, although with a marked preference for seeing their own GP, said they were likely to accept telephone/ video appointments as a viable out-of-hours alternative, especially if this resulted in a prescription which could be accessed locally.

Existing services such as blood tests and respiratory clinics were seen as useful by over half of survey respondents and all the focus group respondents (several of whom had chronic conditions). Many survey respondents hadn't been aware these services existed and again referred to a lack of communication and outreach from the Walk-in Centre about service provision. Despite the low levels of public awareness, the Walk-in Centre itself credited these clinics in helping them to manage the flow of people, which is reflected in the majority perception of the service as 'organised'.

When asked what they thought could be improved about the Walk-in Centre, survey respondents mentioned extra facilities for disabled people, seating, better parking, improved communication on waiting times via the website, more staff and rethinking the system where people had to queue outside. The most requested future services in both focus groups were an emergency dental clinic and a mental health clinic. Walk-in Centre staff agreed that the increasing number of mental health patients was a challenge, especially when they didn't have access to their GP records.

Outside of Norwich, both rural/ market town professionals and rural/ market town members of the public mentioned a lack of out-of-hours primary care provision. These members of the public were especially welcoming of the idea of telephone and video appointments, whilst professionals emphasised the need for a satellite Walk-in Centre that could treat minor injuries and signpost vulnerable people to additional services.

Recommendations

As a result of this feedback, we have made several recommendations to the Walk-in Centre regarding improving the service, outreach, and patient experience.

1) A full economic assessment of the Walk-in Centre as a basis for investment in further services
2) Investment in further services - to include additional clinics, additional services such as telephone/ video appointments, and staffing. Significant long-term investments would include seeking alternative premises for the Walk-in Centre and a satellite Walk-in Centre in another part of the county.
3) Review waiting conditions – to rethink the protocol for waiting outside/ queuing, considering extra facilities for disabled people, shelter, and funding for an additional clinic. To include improved communication on waiting times via a digital/ non-digital communication strategy (see below).
4) Improved communication and outreach – to develop a communications plan of in-person engagement (supported by Healthwatch Norfolk to ensure a consistency in approach), and digital and non-digital promotional materials. These will encourage ongoing relationships and provide data on Walk-in Centre patients, GP practice patients around Norfolk, and vulnerable populations.
5) Improved partnership working with GP surgeries – to develop digital record sharing protocol to better treat those with chronic conditions and mental health problems.
6) Review policies on privacy and discretion – to provide further training for staff on communicating with members of the public during triage and developing protocol around more discrete sharing of intimate materials/ information.

Why we looked at this

Healthwatch Norfolk was commissioned by OneNorwich Practices, who run the Norwich Walk-in Centre, to engage with members of the public, Walk-in Centre patients and staff, and other professional stakeholders with the objective of gathering feedback on the value the centre provides and what OneNorwich Practices could do to improve the service. The aim was to ensure that these voices are considered during any service change proposals that take place nationally and locally for the future development of the Walk-in Centre. The project was commissioned to run over five months, including establishing the project and the reporting process.

The strain on public health resources, both in Norfolk and nationwide, in the months following the Covid-19 pandemic changed the way the Norwich Walk-in Centre operated. The number of patients in the Walk-in Centre waiting area was limited to work within infection control measures, whilst new initiatives were introduced, including a triage system, a respiratory clinic and a system of telephone and video appointments. Some of these changes are ongoing (see section 'Changes made at the Norwich Walk-in Centre during the Covid-19 pandemic').

Under the existing commissioning structure OneNorwich Practices are losing money by running the Walk-in Centre service. They are hoping to demonstrate the cost-saving they represent to their commissioners, the Integrated Care Board (ICB), and make a case for extra funding for much-needed additional services and clinicians. Currently, the ICB commissions the Walk-in Centre to see 17,000 patients per quarter, for which they pay them £388,960. Under the current system, the Walk-in Centre is not reimbursed for any additional patients that they treat over this number. Neither are they paid for any patients they see who are registered at the Norwich Practices Health Centre upstairs. Although the Walk-in Centre and the Norwich Practices Health Centre share staff, they are different organisations and are commissioned separately. Over the last quarter the Walk-in Centre saw 19,071 patients, at an additional cost to themselves of £80,194 (see Appendix 1 for further information).

Healthwatch Norfolk designed a set of questions to form discussion guides to be used in conducting interviews with Walk-in Centre practice staff, other primary care providers around the region and voluntary sector organisations that work with people who used the service. Additionally, Healthwatch Norfolk developed a separate set of questions that formed the basis of a public survey to gather varied and alternative points of view. These questions were adapted for focus group participants, with Healthwatch Norfolk staff working with respondents to support group discussion.

From the public we wanted to know:

1) Levels of awareness of the Walk-in Centre, both in urban and rural areas.

2) How people found out about/ were directed to the service.
3) Overall experiences.
4) Whether people got the help/ advice they needed.
5) Barriers to access the Walk-in Centre, either now or in the future.
6) People's opinions of telephone/ video appointments.
7) Where people would go if the Walk-in Centre wasn't there.
8) What people thought of the additional services available at the Walk-in Centre and what future services they would be interested in.

From Walk-in Centre practice staff and other professionals, we wanted to know:

1) Their roles within the Walk-in Centre/ their organisations and the main changes they'd seen over the last few years.
2) What they thought was going well at the Walk-in Centre/ their organisation.
3) How the Walk-in Centre impacted their work (for non-Walk-in Centre professionals).
4) What they thought were the biggest challenges to the Walk-in Centre and why.
5) Whether they thought the public had a good awareness of the Walk-in Centre and the service it offers.
6) Whether they thought there was an opportunity for using the Walk-in Centre differently.
7) What they thought the impact would be if the Walk-in Centre wasn't there.
8) Any issues they thought the Walk-in Centre/ their organisation needed addressing.

The feedback we received helped us to identify themes around awareness and public experiences of the Walk-in Centre, as well as identifying areas that the Walk-in Centre could work on.

The feedback of the public survey, focus groups and interviews is evaluated in the 'What we found out' section of this report.

We are aware of a report completed in June 2022 by the Engaging People Company entitled 'A Pre-Engagement Activity Feedback', which was published by the Norfolk and Waveney Integrated Care System. This report is based on engagement with 114 people who visited the Walk-In Centre over two and half days in June 2022.

How we did this

Methodology

The objective of the project was to collect views and feedback from members of the public and professional stakeholders on the Norwich Walk-in Centre. Feedback was gathered through a public survey, focus groups and through semi-structured interviews with Walk-in Centre staff (both administrative and clinical) and professional stakeholders.

The target audience of this project were members of the public who have used or would use the Walk-in Centre and professional stakeholders around Norfolk and Waveney. Of the latter group, this included but was not limited to, Walk-in Centre clinical staff, Walk-in Centre administrative and managerial staff, representatives of charities that work with vulnerable communities (such as asylum seekers and people of no fixed abode), GP practice managers, community connectors, rural primary care managers, mental health professionals and health care assistants.

Members of the public/ service users

Survey

We created a survey to gain a broader understanding of public awareness of the Norwich Walk-in Centre and people's experiences and expectations of it. An online survey was deemed the best way to collect information to allow for as wide a reach as possible and ensure consistency and ease of analysis. This survey was available online through SmartSurvey.

All responses (n=473) came from members of the public completing the survey online. It ran from 25th August 2022 to 31st October 2022.

Sample size

As the public survey was entirely voluntary and members of the public chose to provide feedback, a sample size was not set. To achieve as wide as range as possible, however, we developed an extensive communications plan (see below).

Participant involvement and consent

To encourage participation in the public survey we produced a range of promotional materials, which were distributed through our well-established network with a goal of reaching as many individuals and groups as possible, including those seldom heard. We promoted the survey through social media posts, awareness videos, a dedicated webpage on the Healthwatch Norfolk website and in the Healthwatch Norfolk newsletter. We also worked with the Norfolk and Waveney ICB to promote the survey on GP websites via FootFall (a web platform used by GP surgeries), from which 80% of respondents heard about the survey.

Participation in the survey was entirely voluntary and anonymous, however, to complete the survey participants had to consent for their answers and feedback to be shared in this report.

Survey data analysis

The survey comprised of a range of questions (including multiple choice, closed-ended, and open-ended). Analysis was broad to reflect this, and results and comments are reported in the 'What we found out' section. To ensure originality, any comments used as direct quotes in this report have been left unchanged, only names have been removed to maintain anonymity. Percentages in this report are rounded to the nearest whole number.

A copy of the survey questions can be found as Appendix 2.

We also collected demographic data at the end of the survey in order to better understand its reach, to help us make sure that we engage with people from different backgrounds, and to understand the needs of different groups in our community. A summary of this demographic data can be found as Appendix 3.

Public focus groups

To obtain data on the Walk-in Centre from people not reflected in the majority survey demographics, (middle aged/ elderly, white, British, female) we specifically targeted the following populations to run focus groups:

1) Homeless people (people of no fixed abode)
2) Asylum Seekers
3) People accessing mental health services
4) The LGBT community
5) Travellers
6) Parents with young children
7) Young people

We attempted to do this by contacting charities, schools, community leaders and professional and personal networks to set up focus groups and interviews.

New Routes and St Martins, charities which support refugees/ asylum seekers and people of no fixed abode respectively, were responsive to our enquiries, and in the case of St Martin's, we were able to supplement interviews with professionals with a focus group with service users.

For people accessing mental health services, we had no response from groups we contacted but some participants in the St Martin's focus group were being seen by mental health services. We also drew on personal networks to set up a second focus group made up of individual caseworkers who were willing to speak to us anonymously. Some of these mental health professionals were also parents of young children.

Sample size

We followed best practice advice on focus group methodology and limited participants to a maximum of eight people.

Participant involvement and consent

After introductions to the project were made via email by the Healthwatch Norfolk project lead, all participants who expressed an interest in taking part in the project consented to attend a focus group to talk about their views in more detail. Participation in focus groups was voluntary and participants were asked to give their consent for their answers and views to be shared in this report anonymously.

Focus group data analysis

Focus group data was recorded and sent off for transcription. Interview transcripts and supplementary notes taken by the Healthwatch Norfolk project lead were analysed using qualitative methods and thematic analysis in NVivo. The themes are reported in the 'What we found out' section. A copy of the questions can be found as Appendix 4.

Professional stakeholders

To obtain in-depth information and views regarding how well the Norwich Walk-in Centre is currently working, as well as the views of other professional stakeholders on how they engage with the Walk-in Centre and/ or how it impacts their services, we conducted one-to-one structured interviews via Teams and in-person conversations. This allowed for more detail to be collated through open-ended responses from participants and for participants to openly discuss their views on the Norwich Walk-in Centre and how it works. Interviews varied in length from 20 minutes to up to an hour depending on the participant's experience of the Walk-in Centre.

Sample size

Healthwatch Norfolk discussed sample size regarding the structured interviews with OneNorwich Practices. The aim was to interview professional representatives from as many stakeholder organisations as possible. As well as the seldom heard groups listed above, we were also asked to contact GP practices with concerns about sustainability and rural GP practice managers. In addition to the five members of staff we spoke to at the Walk-in Centre, both clinical and managerial, we also emailed 15 charities and 24 GP practice managers and primary care professionals in Norwich and around Norfolk. We sent follow-up emails to those who hadn't responded after two weeks. We spoke to three GP practice managers/ primary care professionals in North Norfolk, two charities in Norwich and received email feedback from two practices in East and West Norfolk and two practices in Norwich. One GP practice requested the interview questions be emailed to them because of time constraints, but we didn't hear back from them. Five charities confirmed they'd passed our details on to the relevant teams and eight charities didn't respond.

Participant involvement and consent

After introductions to the project were made via email by the Healthwatch Norfolk project lead, professional stakeholders who expressed an interest in taking part in the project consented to being contacted to talk about their views in more detail. Participation in interviews was voluntary and participants were asked to give their consent for their answers and views to be shared in this report anonymously.

Interview data analysis

Interview transcripts were analysed using qualitative methods and thematic analysis in NVivo and the themes are reported in the 'What we found out' section. A copy of the interview questions for professional stakeholders can be found as Appendix 5.

Limitations

In some cases, it was not possible to interview professional stakeholders as they were unable to schedule an appropriate time due to their workload. Where interviews could not be conducted, copies of the interview questions were provided to allow interested stakeholders the opportunity to respond and give their views.

We were unsuccessful in our attempts to obtain any feedback from traveller communities. Whilst we received a response from one of two managers of traveller sites in Norwich that we emailed, she reported that nobody was willing to be interviewed, explaining that "*I have asked every tenant who I have (26) & out of 26 only 1 person said yes! Knowing & thinking about the community, I do think they prefer one on one, rather than group discussions. Perhaps I am wrong but that is my initial thought. Perhaps this is what has put them off, I don't know.*"

Evidence suggests that Traveller communities are less likely to engage with strangers, especially ones with whom they lack a common language/ cultural reference (Carr et al 2014). A recent report on Gypsies' and Travellers' lived experiences specifically mentions trust-building as the most important step to overcoming significant barriers in accessing healthcare because of perceived discrimination and fear of authority figures (Horter et al 2022).

We were unable to obtain any data from LGBT groups due to non-responsiveness from the charities we contacted.

We contacted six schools to try and set up a focus group to get the views of young people. Only two responded and neither were able to assist in setting up a group because of lack of available staff and regulations around letting school premises.

We had some success with obtaining data from asylum seekers and refugees, although this was mainly secondary data, coming from interviews with people who worked with asylum seekers, rather than from individuals themselves. Despite early indications to the contrary, we were unsuccessful in setting up a focus group. This was due to the unavailability of voluntary sector staff to assist

with interviews and their difficulty in organising multiple translators for the numerous languages spoken in the timeframe required. The data we obtained from New Routes was via an interview with the Health and Wellbeing Coordinator.

We were able to obtain some data from parents of young children and people accessing mental health services, but again this was limited.

Long-term engagement and relationship building was beyond the scope of this project, but greater communication and outreach is critical to understand the needs of communities who are hard to reach, as their health needs also tend to be greater (Liljas et al 2019, Kings Fund 2021).

What we found out

Background

The Walk-in Centre sees around 250 patients a day, of which 10% are referred to A&E and the rest treated and discharged back into the community, with follow-up treatment with their own GP if necessary. According to Walk-in Centre clinical staff, the time between arrival and being referred to the appropriate member of staff is around 20 minutes when the full staff quota of up to six to seven clinicians is available. This can be impacted by staff shortages, and sometimes only two to three clinical staff are present.

The Walk-in Centre uses a triage system, which was created during the Covid-19 pandemic. The Clinical Lead described the triage system as:

"A major step to improve the patient care pathway. We started it in Covid to separate the respiratory/ Covid patients from everyone else, but we soon saw the benefit in siphoning off the most unwell and getting them seen quicker. The triage nurse goes every 10 minutes and the target time from arrival to being seen by a doctor is 15 minutes. We have a yearly audit of the data and although a normal day is very unpredictable, I'm confident these targets are generally met."

A Team Leader at the Walk-in Centre explained that:

"Before we had triaging clinicians at the door, people would come in for problems that needed hospitalisation. They'd be directed to hospital once they were seen but by then they'd already been waiting a while. We can avoid that now with clinicians at the door to assess people and advise them if they need to be sent to hospital straight away."

Changes made at the Norwich Walk-in Centre during the Covid 19 pandemic

During the Covid 19 pandemic the Walk-in Centre decided not to see patients with Covid, directing them instead to contact NHS111, 999, or the hospital. New initiatives such as the triage system, telephone and video appointments and the respiratory clinic then arose because of challenges related to infection control.

The system of telephone appointments, run by a single clinician, was created when infection control measures limited the number of patients in the Walk-in

Centre waiting area to 10 at a time. This was to ensure people could keep a two-metre distance. The opening of the respiratory clinic made the foyer a place where throats can be assessed, and longer consultations had with patients with respiratory symptoms. As mentioned above, the triage system consists of one clinician at the door triaging the most unwell/ vulnerable patients, prioritising them to be seen quicker.

These measures were discussed with the Norfolk and Waveney Clinical Commissioning Group, or CCG (now known as the Norfolk and Waveney Integrated Care Board, or ICB) and infection control team leaders within Norfolk and Suffolk NHS Foundation Trust. Now restrictions have been eased staff describe everything as more relaxed, although people with Covid continue to be directed to other health services.

However, Covid precautions are continuing to have a negative impact on waiting times, with several survey respondents mentioning frustration with "*out of date*" Covid restrictions. One respondent commented that:

"They were more concerned with Covid testing than treating or looking at my seriously ill daughter and offered us an appointment two hours later".

Another respondent said:

"We waited for 90 mins outside then were told there was a positive Covid test case and to go to A&E as they would not be reopening that evening due to cleaning. I collected my car and drove back 20 mins later and it was open".

> Unless the outdated restrictions are lifted it will always give the false impression of waiting times as people can see the queue and will be less inclined to join it. They may even leave to attend another provider like A&E for example.

Clinical staff at the Walk-in Centre were also frustrated at the queues but said lack of capacity to wait inside was due to infection control measures which had been reintroduced by Norfolk and Waveney ICB (Norfolk and Waveney CCG at the time) in June 2022. A two-metre distance between chairs had once again been implemented following an upsurge in Covid cases, reducing the Walk-in Centre capacity to 20 chairs.

Survey results

Who we received responses from

The online survey received 473 responses, with 94% (445) of respondents hearing about it through their doctors' surgery website, social media, the Healthwatch Norfolk website/ email newsletter or via an email invitation to respond. The remaining 6% (28 respondents) heard about the survey through word of mouth, NHS 111 or their workplace.

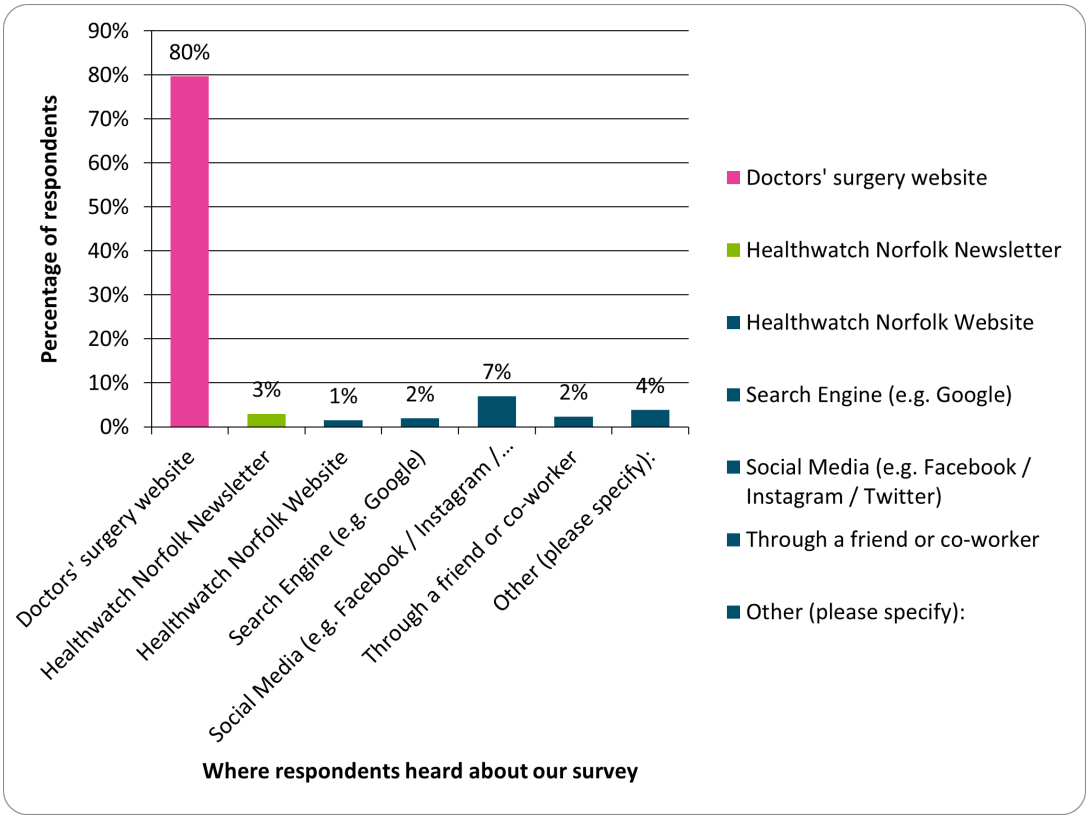

Figure 1. A graph showing where respondents heard about our survey.

Most respondents told us they:

- Were aged 46 to 75 (68%, 323 people)
- Were female (68%, 323 people)
- Were White British (91%, 425 people)
- Were heterosexual or straight (85%, 391 people)
- Had a long-term condition (49%, 225 people), a disability (20%, 90 people) or were a carer (8%, 37 people)

The largest group of survey respondents (43%, 204 people) lived in Norwich city centre (NR1, NR2 and NR3) and the surrounding suburbs, in between the Southern bypass and Northern Distributor Route (NR4, NR5, NR6, NR7 and NR8). The next biggest group, 18% (79 people) lived in the small towns and villages around this

area, in the postcodes of NR9, NR10, NR11, NR12, NR13 and NR14. This region extends from as close to Norwich as the suburb of Trowse out to the market towns of Loddon, Aylsham and Reepham. There were 31 respondents (7%) from the East Norfolk coast, in and around Lowestoft, Great Yarmouth and Gorleston. There were also 26 respondents (5%) from in and around the market town of Wymondham.

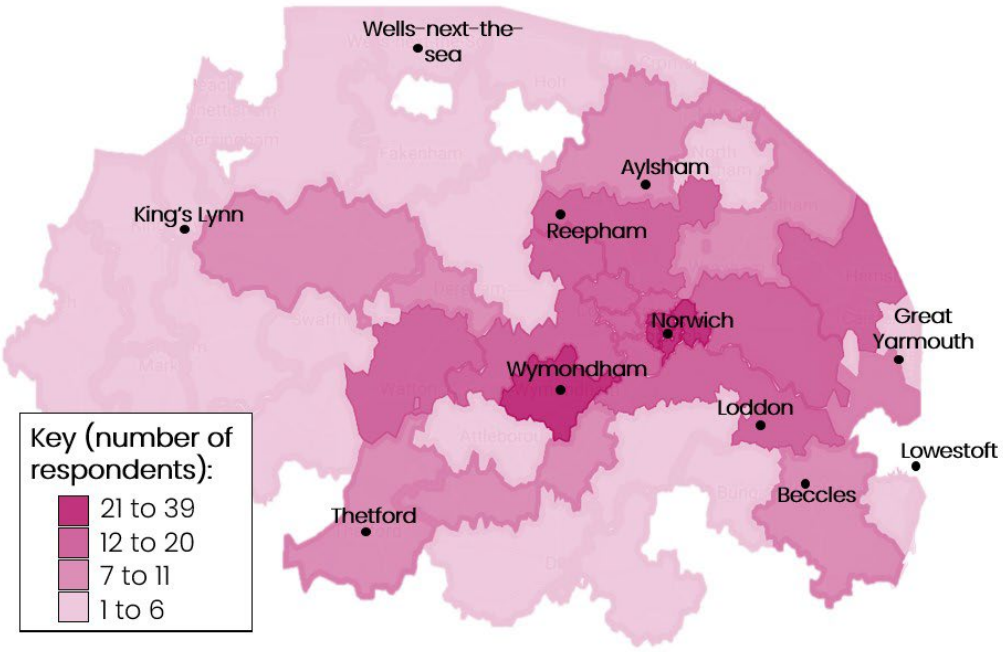

Figure 2. A heat map showing where people who answered our survey were from.

For more detailed information regarding the demographics of respondents, see Appendix 3.

Awareness of the Walk-in Centre and reasons for visiting

Of the 473 people who answered the survey online, 88% (415 people) were aware that there was a Walk-in Centre in Norwich, 11% (53 people) were not aware and 1% (five people) were not sure.

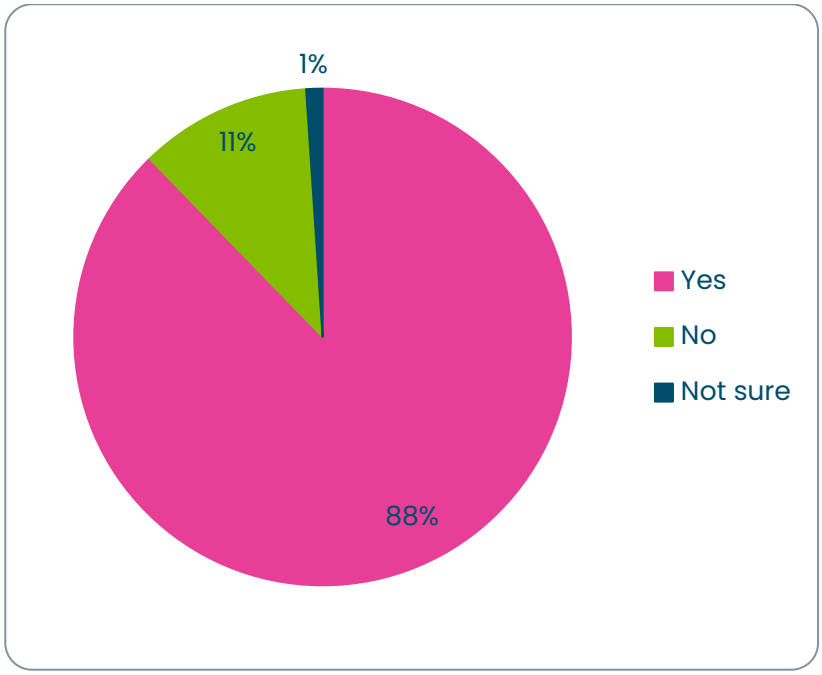

Figure 3. A graph showing the percentage of respondents who were already aware there was an NHS Walk-in Centre in Norwich

If we consider the 11% of survey respondents (53 people) who were not aware of the Walk-in Centre as a separate group, 62% (33) of these were 61 years old or over, 47% (25) stated that they would use the Walk-in Centre in the future and 36% (19) said that they would not and that distance was the main reason.

Just over half of the people surveyed (53%, 252 people) had visited the Walk-in Centre in the last 12 months.

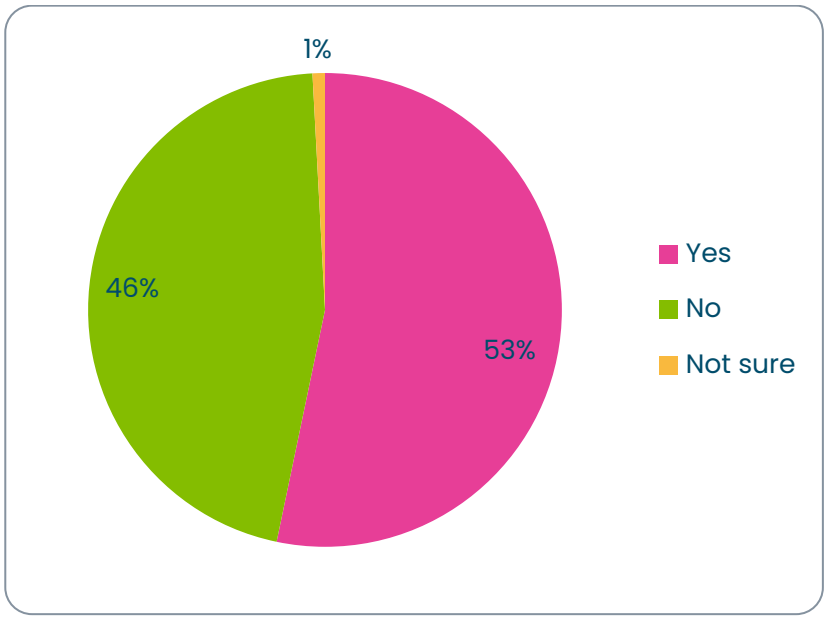

Figure 4. A graph showing how many respondents had visited the Walk-in Centre in the 12 months prior to the survey.

Nearly half of respondents to our survey (48%, 121 people) reported going to the Walk-in Centre because they knew it was there, with 36% (91) having been before and 36% (93) being advised to go by NHS 111, their doctor's surgery, a pharmacist or another NHS service. Respondents could select more than one option.

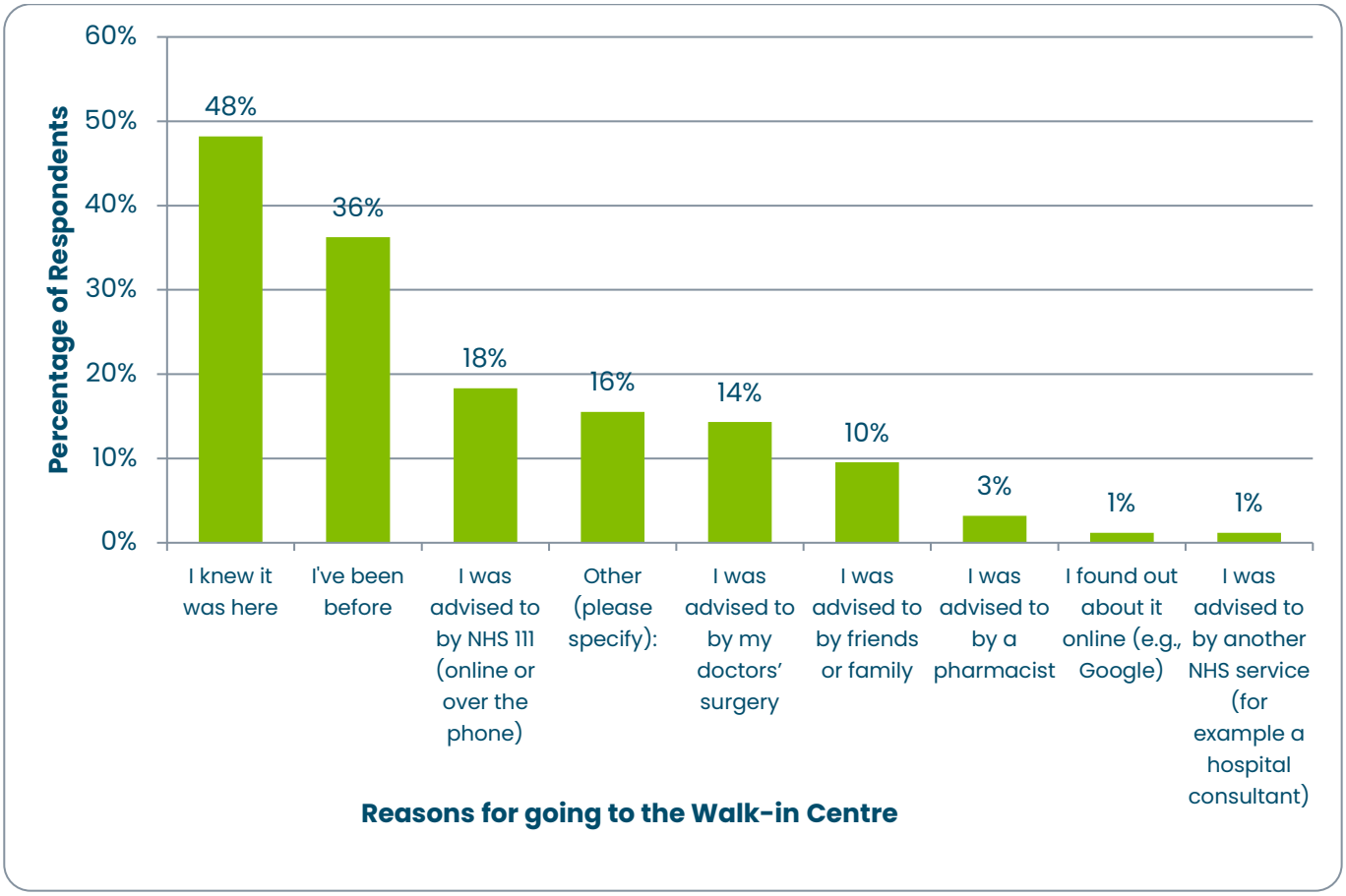

Figure 5. A graph showing reasons people chose to visit the Walk-in Centre.

Of the 16% of respondents (39) who ticked the 'other' box, 11% (28 respondents) specifically cited unavailability of their own GP. Comments included:

"With so many issues around getting an appointment generally for any family member at our current surgery, it has been a godsend."

"I believe that, given the current poor service provided by local GPs, the Walk-in Centre is now an essential feature of healthcare in Norwich. My experience of the centre is entirely positive. I also believe that Walk-in Centres should be expanded leaving GPs to deal with more serious/ chronic conditions."

"It was the only option to see a clinician as GP surgeries weren't seeing patients during the Covid aftermath. I couldn't understand why GPs' doors were closed and Walk-in Centre was open. It seems as if they did most of the heavy lifting."

For those who work unsociable hours and/ or around the city centre, the Walk-in Centre was a particularly useful resource.

- "It's convenient, especially out of hours."

- "I used it when I'd just moved and hadn't registered with a local GP yet and wasn't working."

- "For people like me with a working routine which means you can't go to your regular GP in the week it's ideal, good for lazy people."

Awareness of the Walk-in Centre: vulnerable populations

We spoke to New Routes, an organisation in Norwich that supports refugees and asylum seekers. They described a lack of understanding about the Walk-in Centre amongst the people they worked with. Many new arrivals didn't know it was there and depended on charities such as New Routes to signpost them to it.

"Peoples' main point of contact about health is their GP, without a GP they don't know what to do, which is when they tend to come to New Routes. They come through word of mouth or because they've been told about us by the Red Cross, a case worker or by the council. New Routes fulfils a type of triage role."

Health and Wellbeing Coordinator, New Routes

Asylum seekers tend to be less supported compared with refugees. The latter arrive through the Home Office, who assign them a city and case worker, part of whose job it is to help them register with a GP. Asylum seekers don't have case workers and tend to arrive in the UK before the process of claiming asylum starts. They are placed in temporary hostels and receive less financial support than refugees, around £40 a week plus housing. According to New Routes, this group have greater support needs and are less likely to know about the Walk-in Centre but more likely to need to access it.

New Routes work with Walk-in Centre staff to address barriers, such as confusion over the availability of translator services and policies around having to show ID. There are sometimes misunderstandings, with both New Routes staff and the Walk-in Centre itself occasionally not up to date on the conditions under which this demographic can access healthcare. The legal complexities around access to healthcare whilst awaiting right to remain status, and whether it is free or not, are ambiguous and constantly shifting.

Walk-in Centre professionals agreed that communication with some groups had been an issue and said that:

"In the beginning people mistook the service as an A&E, they don't understand what they can and can't do, that's why we had the IT team work on the website to update our opening hours and what people can expect, or not."

Despite these efforts by the Walk-in Centre, communication problems continued to be cited as an issue by other vulnerable groups. A focus group with men living in a homeless hostel run by St Martins Housing Trust revealed they were unsure of potential provision, all commenting on the need for improved communication from the Walk-in Centre, such as posters and signage around the city or in hostels detailing when the Walk-in Centre is open, and what services are available there.

> I didn't know about these clinics. I thought, "I'm not going there, I'll be in the queue for hours." Then someone said, "no, there is a separate queue for blood tests." So, you're not queueing to be triaged, you just literally turn up with the form, straight in, blood test, and out. But the information isn't out there, and people aren't aware that it's a separate queue or whatever. You're not going to go and queue for two hours because you can get the hospital and be seen probably within 15, 20 minutes sometimes, can't you.
>
> St Martins Focus Group Participant

Participants in the focus group looked up the website during the session and it was declared to have little useful information. For example, they were unable to find any information on the respiratory clinic. They also said that there was "*too much irrelevant writing on the website*" and that it should be simplified, especially for those who don't read that well.

The focus group also suggested that GP practices should share information about Walk-in Centre services such as blood clinics. St Martins support staff pointed out that many residents of their hostels have Chronic Obstructive Pulmonary Disease (COPD) or hepatitis, so would benefit from respiratory clinics/ blood tests.

Awareness of the Walk-in Centre: rural Norfolk

Although pressures on primary care provision outside of Norwich are high, rural practice managers described a significant lack of awareness/ engagement with the Walk-in Centre in rural and market towns. One said that:

"*Younger patients who go into the city know it. For our elderly patients Norwich is a long way away, some have never been there, they've spent their whole lives in*

North Norfolk. They may be signposted there but in terms of how many actually go, I had some figures and it's only a handful."

For many rural practices, the idea of a Walk-in Centre would ease their daily burden, but only if it were accessible for their patients. Communication was again mentioned as the main barrier to this.

> The main issue with the Walk-in Centre is that it's not clear what they can and can't provide. Some people go there instead of to A&E, they need to be more specific, if there was clearer information and patient communication, what you can and can't go there for, opening hours etc, they could highlight that to their patients and people up here might use it more.

Another rural practice manager cited distance and lack of transport links as a particular problem for elderly people, and that "*only those able enough, well enough and affluent enough to have cars would actually go.*"

Also referring to North Norfolk, a community connector commented that awareness of the Walk-in Centre was low around where she worked, and that she knew about it because she used to work in Norwich but that:

"*If I lived in Cromer and worked there I wouldn't [know about it], it's never been flagged to me by my GP surgery. As a resident of North Norfolk, most people expect to see a GP and if they can't, they may or may not make a fuss but if they want attention, they would go to Minor Injuries [in Cromer].*"

She also cited fuel poverty and "*terrible transport links*" outside of Norwich as a reason for this.

Of those survey respondents in rural Norfolk who were aware of the Walk-in Centre, transport links, age and parking were all referred to as barriers to access. Amongst this group, a willingness to be seen by video or telephone consultation by the Walk-in Centre out of normal GP hours was common (see the section on 'Telephone and Video Consultations', further down).

All the practice managers spoken to in rural Norfolk agreed that Covid had brought "*ongoing trauma, especially in mental health and domestic abuse*" and that there was a real need for:

"*Some sort of nearer (sic) Walk-in Centre, like a satellite, that would address fuel poverty, food poverty, mental health. It could signpost people to other places, to social prescribing and other voluntary organisations.*"

Waiting times

Most respondents who answered our survey (75%, 190 people) had waited to be treated at the Walk-in Centre for less time or as much time as expected, with 17% (44 people) waiting longer than expected.

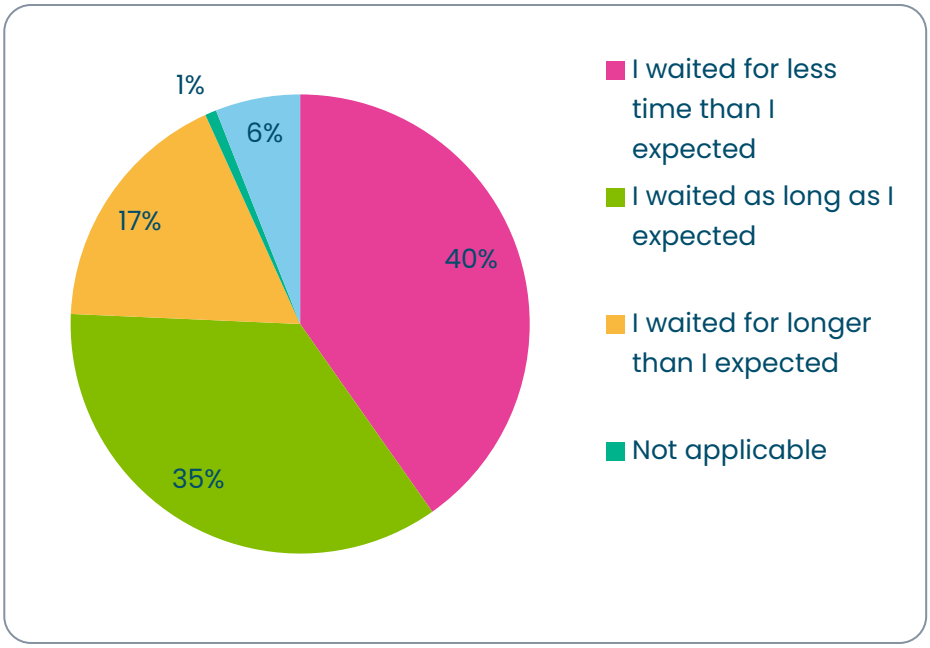

Figure 6. A graph showing how survey respondents' expectations matched how long they had to wait to be seen at the Walk-in Centre.

The clinical lead at the Walk-in Centre explained that they were familiar with the patterns of different groups of people coming at different times of the day, and that they responded to this by ensuring they had the most appropriate staff at key times to keep waiting times down.

> We open at 7am and there is always a queue, those are the ones who start work early and can't call the GP at 8am and spend time on the phone. On a weekday when we arrive at 7am there's always 10-15 people waiting, on the weekend about 20-25.
>
> Then from 8am to 9am people start to arrive to have dressings changed, blood tests. These are people who work locally and come before work. From 9am onwards it's school run parents, followed by a mix of kids and adults with minor injuries, like wound infections, UTIs, post-operative care, dressing changes. About 60% of these are people who couldn't get an appointment with their own GPs, so they've been advised to come to us. We know these trends and we divide our staff and specialities accordingly.

> From 3pm onwards it's kids again, coming with injuries they got at school or if they were advised to by the teachers. At 5pm it's those finishing work and 6pm onwards referrals from 111.
>
> Clinical Lead, Norwich Walk-in Centre

Many survey respondents were impressed at the speed with which they were seen, commenting "*the wait was 12 minutes and the support and advice given was superb*" and "*waiting was only 10 minutes and treatment was quick and efficient. Excellent!*"

Of those 17% (44 people) who felt they had waited longer than they expected, some commented on the inaccuracy of the average waiting time on the Walk-in Centre website, explaining:

"*When I arrived the waiting time online said 60 minutes. By the time I'd been seen it had extended to 100 minutes, I only remember seeing the waiting times online so it would be good to also have this updated inside somewhere, if it isn't already*."

Of the 6% (15 people) who answered 'other' to the survey question asking about their waiting expectations, comments mostly focused on waiting conditions and lack of communication from Walk-in Centre staff around why they had to wait outside. Parents/ carers of those with special needs reported this to be especially difficult, saying:

"*Waiting outside with a poorly, autistic child in the rain is unacceptable. There needs to be a consistent member of staff triaging patients to cut down waiting time outside.*"

"*Whilst I appreciate a 50+ minute wait isn't long it was too long for my autistic son, who got stressed and left.*"

Parents of young children also expressed concern about having to wait outside, suggesting that:

"The large waiting area could be better utilised to avoid waiting outside"

"*The queues to get in, that's always massive, and the waiting on the pavement thing with kids and such, that's not practical.* "

For the St Martins respondents, it was off-putting seeing so many people in and around the Walk-in Centre, to the extent they chose not to go in. As one participant put it, "*there were 20 people going around there, I'm like, well, how many people inside as well?"*

Another focus group respondent, a care worker and dad of one, saw the lack of ability to prioritise as disorganised, saying he had a bad experience:

"I went there, it was over a year ago, but I had tonsillitis, and my face was all blown up and I was in so much pain but it was 8.30pm and they sent me home,

even though they were supposed to be open until 9pm. I called 111 and they'd sent me there but when I went to the Walk-in Centre, they told me to call 111, it wasn't well organised. "

The triage system

Although we didn't specifically ask about triage, some survey respondents referred to it when talking about their overall experience. One survey respondent mentioned it favourably saying, *"triage made them realise I need help"*, whilst another told us:

"The wait was around four hours for a two-minute appointment. If there was a triage system with a prescriber, I would have likely only needed to queue for less than 30 minutes as the triage could have prescribed antibiotics."

"My only concern is the length of time people are left standing outside in the street, myself and my son waited near on 50 minutes to be 'triaged', I feel this is far too long given the current heat and come winter in freezing/ wet conditions when people are already poorly."

Most survey respondents were unaware that a specific triage system was in place, referring to their experience more in terms of 'organised' or 'disorganised'. Several survey respondents who saw their overall experience as positive described staff as *"well organised and informative"* and *"it was very well organised, although we waited outside. I was seen quicker than I expected and received excellent care."* One survey respondent who was sent straight to A&E after booking in described their visit as *"disorganised, stressed staff".*

Amongst focus group participants, there was a more mixed view. A midwife assistant/ mum told us:

"The triage system, the idea is good, but not the way they implement it, especially not for kids! There is so much space inside, you can see it, and they have people standing on this pavement, next to a main road, in all weathers. Why can't the receptionist step in and help with triage? She's just sitting there behind a screen and not doing anything and that infuriates people."

Regarding waiting times and how prioritisation was perceived, one rough sleeper saying it made people "*frustrated and p****d off.*"

The Walk-in Centre staff recognised the extra challenges that waiting times posed to more vulnerable people, despite the triage system, and said they were trying to address these by applying for funding for an additional specialist clinic just for those with complex/ additional needs, including children.

> We give the opportunity to pre-book but because of the nature of the service we can't prioritise as we would want to. If someone with chest pain comes in, we can't prioritise someone with learning difficulties over someone who potentially needs an ambulance. This clinic would give the opportunity to offer appointment slots where you know you can see a clinician later and you have the choice to go back home and come back. Many of these patients have complex needs so we plan for these to be run by an experienced clinician or GP to give them the best level of care.
>
> Team Leader, Walk-in Centre

Overall experience

When asked to rate their overall experience at the Walk-in Centre, 69% of survey respondents (172) rated it as 'good', 15% (37 people) said their experience was 'neither good nor bad' and 14% (35 people) rated their experience as 'bad'.

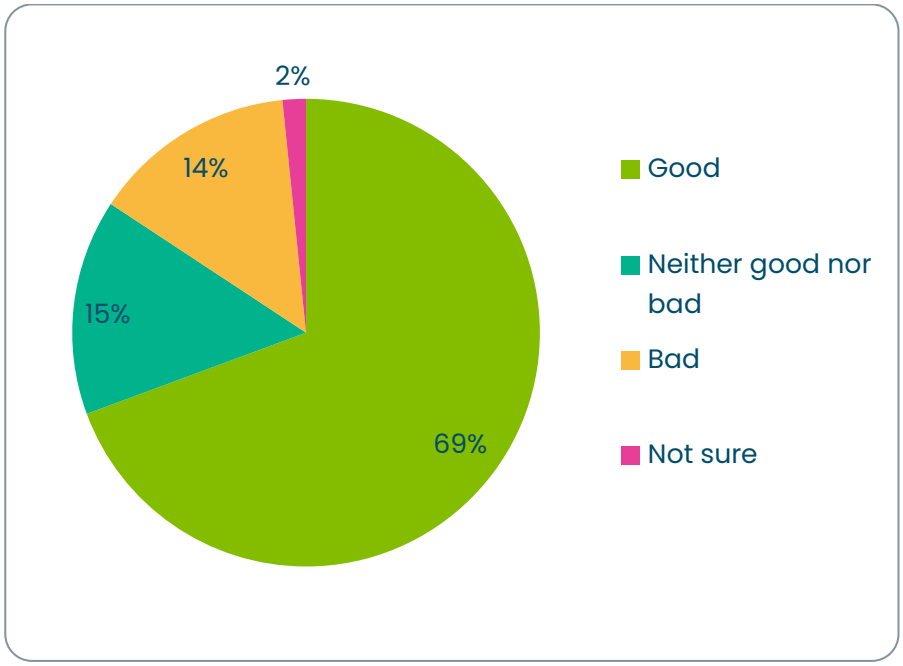

Figure 7. A graph showing how survey respondents rated their overall experience at the Walk-in Centre.

When asked to share further comments on their experience, the overall response was positive, respondents generally grateful the Walk-in Centre was there.

- "Such an important service to have. Hopefully it reduces the pressure on the A&E."
- "All staff always treat everyone incredibly professionally and kindly. Thank you."
- "The doctor who saw me was knowledgeable, kind and gentle. The centre was clean and seemed well managed. It is good to have centres like this for when [your] own surgery is unable to provide the care you need."

From those survey respondents with a more mixed response, many answers focused on waiting times and having to stand outside.

"The service from the professionals was very good. Unfortunately, there was more than a three hour wait. Perhaps realistic waiting times could be given on the website".

Lack of availability of parking and expensive parking fees were also mentioned by survey respondents when asked about their overall experience.

> The Walk-in Centre is good, but I find it difficult to gauge how much parking should be paid for before you get seen.

Some respondents were concerned that their privacy was not being respected and that queuing outside exacerbated this. The last quote here is taken from recent online feedback on the Walk-in Centre left on our website (which can be found as Appendix 6):

- "Patients are left queueing outside of the building and are greeted at the door where they are expected to announce their ailment in a public place for all to hear. This is completely unacceptable and offers neither privacy nor dignity."

- "Having to stand outside explaining to the nurse why I was there, when everyone around in the queue could hear."

- "I don't think patients should [...] have to shout around the Perspex screen to the admin staff what was wrong with me while they were clerking me in. I'm a typical bloke if I had something I was a bit embarrassed or unsure of wrong with me I'd probably just have left it and walked out. Lack of privacy."

Throughout the survey 120 different respondents (25%) specifically referred to the Walk-in Centre as their only option to be seen quickly by a doctor, given recent challenges in getting GP appointments.

- "I would not go if my GP practice was doing better/more accessible!"

- "Easier to get medical help 'out of hours' and quicker than trying to get a GP appointment."

- "If I need advice outside normal GP hours. I would use the Walk-in Centre rather than 111, which I find utterly useless."

- "Our GP surgery is absolutely awful so would visit if, or more probably, when, I needed an appointment."

- "I would visit if I had no choice. I feel that it is terrible that surgeries are not managed adequately that they push patients to use Walk-in Centres during surgery hours. If that is the case, make Walk in-centres the norm and get rid of surgeries which take tax-payers money but do not provide adequate service. Surgeries are not meeting the expectations they were set up for."

The overall view of the parents of young children that participated in our focus group was that the Walk-in Centre was *"a great place"*, and *"really handy, although there are limitations to what it can and can't do"*.

> It's a brilliant service to have, just the reassurance of being able to see a doctor without an appointment, it really helps with anxiety around healthcare

Of the 14% of respondents who said their overall experience was bad, the main reasons for this were the stressful waiting conditions, staff attitudes and lack of communication. Parents with children and those with additional needs were amongst those who mentioned their experiences of visiting the Walk-in Centre recently as stressful.

"I felt queuing outside without seating or water for hours was unreasonable. Everyone queuing was ill, and many people had to sit on the floor with their children".

In the St Martins focus group, many were put off by the fact there were security guards at the Walk-in Centre. They felt stigmatised by their appearance, which sometimes led to negative interactions. Their support worker added that *"they feel that with many services, not just health. There needs to be training about the needs of this population".*

> I went in there to get medication and I was trying to explain but because I'm loud and I'm big, the security guys said I were being aggressive, but I didn't swear or anything at the person. I was just really frustrated because I felt ill and needed some help. Do you know what I mean? He told me to calm down and I was like, I'm perfectly calm, and he goes, "you're being loud." And I said, yeah, because I'm deaf in this ear, I really can't hear that much. And he just started having an argument with me. And I'm like, I'm just going to go.
>
> Participant in St Martins focus group

Another member of the St Martins group had been to the Walk-in Centre recently for anti-depressants, on the advice of his support worker from the Vulnerable Adults service. He commented that the service was very different since Covid because all the precautions made it more stressful. Healthwatch Norfolk have

previously written on the challenges to accessing healthcare for people of no fixed abode (Healthwatch March 2022).

> A couple of times it was quite busy, and I was anxious because there were a lot of other people in there. I walked in and everyone was staring. I sit down for like 45 minutes, an hour, everyone is just going in, getting a seat, and it's, yeah, it's just overthinking too much sometimes.

Amongst the Walk-in Centre clinicians it was considered a great place to work, one of the nurses describing it as:

"Very exciting from a clinical point of view, the team is very enthusiastic, we all have hospital experience backgrounds, there's a variety of different specialities, there's a lot to learn."

However, Walk-in Centre staff were also aware of patients' frustrations in having to wait to be seen under unfavourable conditions and said that:

"In terms of aggressive patients, this is a problem encountered most with escalation, as people have been on the phone to 111 for long time. Once they arrive at the Walk-in Centre they expect to be seen, but by that time we're already at full capacity and we've had a few episodes where we were facing aggression from patients. That's the reason we now have security from 5-9pm."

The Walk-in Centre is trying to obtain funding for a clinician to prioritise vulnerable people, which would prevent them having to turn people away before the closing time in order to ensure that prioritised patients are treated and the clinic can still close on time.

Staffing

Those survey respondents with positive overall experiences tended to refer to staff as professional and kind, *"lovely staff, very hard working"*, *"extremely courteous and do a wonderful job"* and *"extremely helpful and treated my daughter with respect."*

"I think the team do an amazing job under very challenging circumstances. We have taken my daughter there several times over the years when we have been unable to get a GP appointment."

Of the survey respondents, 3% (12 people) mentioned negative attitudes from both clinical and administrative staff, referring to rude or unhelpful behaviour.

"The clinician I saw was so rude. He didn't introduce himself, barely spoke to me, didn't give any diagnosis or explanation, just shoved a prescription in my hand and said 'you can go now'. A little compassion - or just basic manners - is not too much to ask for, especially when unwell and vulnerable."

Regular visitors had a specific insight into staffing trends, saying:

"Under the current circumstances, I think the centre is providing as good a service as it can. More staff and consulting rooms might help but I doubt this is feasible in the existing premises."

"The staff are brilliant, but the facility is under-resourced."

> The team are under an immense amount of pressure which is clear when you speak to them. I feel they do a fantastic job but get abuse because they have to turn people away for various reasons, including GPs sending people there for things they cannot help with. I had to visit a lot for dressing changes, and had to be turned away sometimes, which I understand. The team are wonderful, but they need more staff. The desk team aren't always great though. A small number are incredibly unprofessional.
>
> Walk-in Centre regular, female, 30 years old

Walk-in Centre clinicians put staffing alongside Covid-related infection control issues as their two greatest challenges. The Clinical Lead explained that:

"We have staff issues, unexpected absences so we must look at safety. We always opt for a doctor to come in to cover rather than a nurse. Our focus has always been on meeting patient needs so they're a challenge every day".

One of the Team Leaders also mentioned that:

> "Staffing ratios are what is working less well, we need to recruit more people as the number of patients we're seeing is increasing, up to 250 patients a day. We have six clinicians a day on shifts, or seven at weekends when the pressure is higher. We are in the middle of a recruitment process, but we definitely need more nurses or advanced

nurse practitioners or clinicians in view of the changes we're planning to make".

To deal with demand, the Team Leader described their escalation policy, explaining that it was there to protect staff and patients:

"We have a service that closes at 9pm so we have a time schedule. We're three clinicians, when we're fully staffed, four, but on an evening shift we have to ensure we can close at 9pm. Escalation works by prioritising the most unwell and those that can be seen the day after are asked to do so to prioritise children and vulnerable, those that are unable to wait. If we had more clinicians, we wouldn't need to do that".

Help and advice available

When asked whether they got the help or advice needed from the Walk-in Centre, 47% of survey respondents (221 people) skipped the question. Of the 252 people who answered, 64% of survey respondents (162) said 'completely', 22% (56) said 'somewhat' and 13% (32) said 'not at all'.

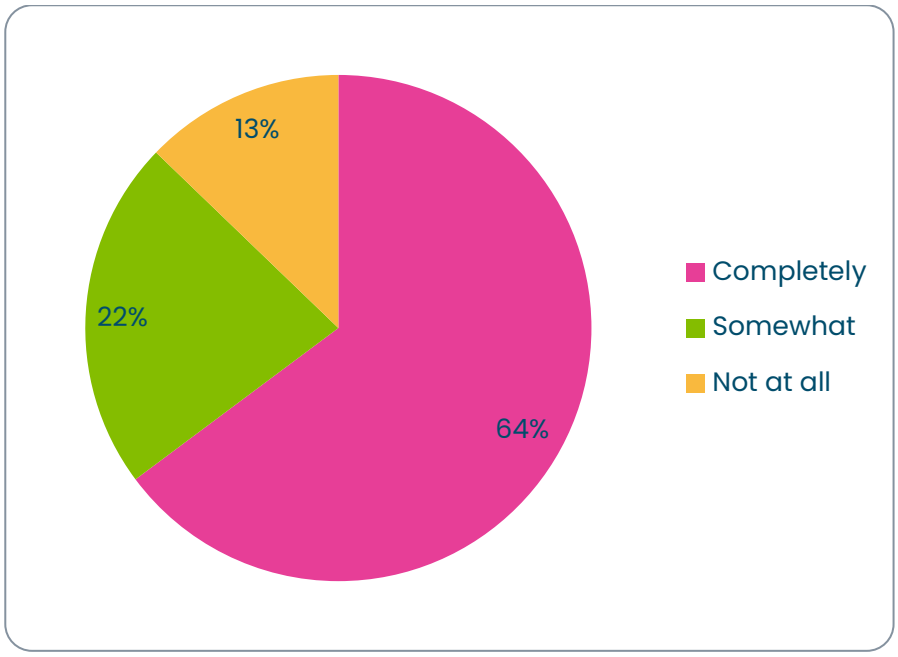

Figure 8. A graph showing whether people felt they got the help or advice they needed from the Walk-in Centre.

Of those 86% of survey respondents who answered the question (218 people) and said the service 'completely' or 'somewhat' meet their needs, they mostly elaborated by referring to caring and helpful staff and unavailability of their own GP.

"The Walk-in Centre has been consistently good for me. Even at busy periods, the staff are patient and helpful. I've had bloods taken, sepsis inspected and prescribed for the same day, and emergency medication dispensed. Very happy. The team should be proud of the high standard of work they do consistently. A jewel in Norwich."

One survey respondent said that:

"The drop-in centre is the only place one can get emergency antibiotics for dental issues."

In terms of specialist care, the Walk-in Centre was praised by a focus group respondent when he was called as a potential match on the bone marrow donation register:

"They were the only ones who could see me and they were really helpful, especially with all the paperwork which is really complicated, they knew what they were doing. The test I needed was date specific and they sorted it out for me."

Although many survey respondents were dissatisfied with having to wait outside, there was a general appreciation around being able to see somebody face to face.

- "Cannot get an appointment with my GP unless I take a day's holiday which is unacceptable, but the clinicians [at the Walk-in Centre) are extremely helpful. [I work] from 8am to 5pm and the Walk-in Centre is open until 9pm."
- "Very useful facility for semi-emergencies when a GP is not readily available, and the case does not warrant blocking casualty."
- "Getting a doctor's appointment usually requires several phone calls and a 3-4 week wait. There have been times recently when this has left me in discomfort for a minor issue that could easily have been solved very quickly."
- "Some GP surgeries appear to do everything they can to avoid actually seeing patients face to face."

The 13% (32 people) of survey respondents who answered this question and said the Walk-in Centre didn't provide the help or advice they needed mentioned difficulties in parking, long waiting times, waiting outside and unavailability of doctors.

- "Staff were too busy to give good care."
- "Attended and only staffed by nurses, no doctors so had to go to A&E."
- "Shouted at by the staff, long queues and made to feel like a nuisance. I won't be returning."
- "Not being able to get appointment with GP, patients being told to use Walk-in Centres. The Walk-in Centre in Norwich cannot cope with the amount of patients. No wonder A&E in hospitals are overcrowded! I would not use Walk-in again for this reason. And would go to A&E in an emergency."

One patient who said they didn't get the help they needed from the Walk-in Centre referred to differing advice between NHS111, the Walk-in Centre and A&E.

> I was told to go to A&E for a stitch in my wound. The hospital treated me but said the Walk-in Centre could have dealt with it as the cut only needed steri-strips. There is often a conflict of advice from 111 advising one to go to the Walk-in Centre, and when one gets there being told to go to hospital.

Of the St Martins focus group, one individual described the help he received as OK, but he felt they needed more equipment and staff. Another member described his experience more positively, saying *"a vein exploded in my leg and I was in the area so went to the Walk-in Centre".* He explained that he had no problem with the staff when he arrived, as there was no security guard there and it was busy but there were no queues. They referred him to the hospital and paid for a taxi, which he appreciated. He added that this was before Covid, and the subsequent queues had put him off going lately.

Quite a few of the participants of the St Martins focus group were registered with the GP practice above the Walk-in Centre and there was a lot of confusion about whether they were separate.

Barriers to accessing the Walk-in Centre

There are barriers faced by certain groups to accessing the Walk-in Centre. These include geographic location, disability, lack of transport, and availability of parking.

- "I have no transport and am disabled so cannot take bus and taxis are too expensive."
- "It's over 30 miles away, I don't drive, and public transport is limited. I'm a pensioner and walk with walking poles because I can be unsteady."
- "Situated in the wrong place, it's not easily accessible for disabled people or parents with young children. No car parking close by."

A problem for specific vulnerable communities is a wider ranging mistrust of authority. Referring to the residents of their hostel, a support worker from St Martins said, *"they do know it's there, but one bad experience can put them off."*

The Walk-in Centre recognised the barriers specific to rough sleepers, saying:

> For homeless and vulnerable people, we can call the team [St Martins, the Vulnerable Adult team] but we must ask, do we offer the opportunity to every person who asks for help? Many try the GP, but if they can't afford to get there [or] have mobile phones, […] internet, how can they call them or use Footfall [the GP practice website]? Homeless people don't have money to pay for buses, they have no phone credit. It's easier to make a free call, i.e., an ambulance. We sometimes pay their taxi here or to take them to hospital. Without the Walk-in Centre, what would they do? The homeless, poor, socially deprived, drug addicts, they are all clustered around the centre, there's lots of social housing in tower blocks around here. They all know about us. Most of them aren't registered with a GP so they come to us with their UTIs, wounds, leg ulcers.
>
> Clinical Lead, Walk-in Centre

For asylum seekers, barriers to accessing the Walk-in Centre included a lack of access to translation services, which many people didn't know were available (see also our report on Language Barriers and Access to Healthcare, June 2022), including on occasion the Walk-in Centre staff, who were sometimes caught off guard and/ or forgot. One survey respondent stated "*My wife also had a few bad experiences visiting walking centre. Everytime (sic) she visits walking centre, she wasn't given interpreter and couldn't understand what the nurse/doctor said*". Both staff at New Routes and desk staff at the Walk-in Centre were sometimes unclear about the need for non-UK arrivals to prove their address and/ or show ID.

Visiting the Walk-in Centre in the future

When survey respondents were asked whether they would visit the Walk-in Centre in the future, 66% of respondents (312) said yes, with the remainder being divided between 'no' (18%, 83 people) and 'not sure' (16%, 76 people).

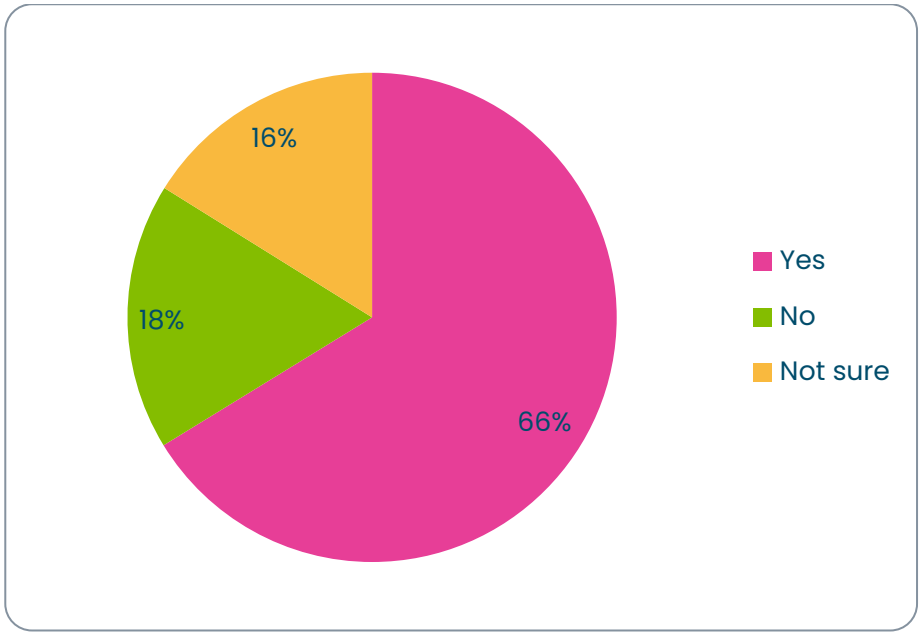

Figure 9. A graph showing whether survey respondents would visit the Walk-in Centre in future.

Issues already discussed, such as transport and location, affected whether people thought they would visit the Walk-in Centre in the future. Discrepancies between what a GP was believed to be able to provide versus what they thought the Walk-in Centre could were also mentioned by those survey respondents who were unsure about visiting. However, many of these respondents also acknowledged the need for the Walk-in Centre, given the widespread lack of GP appointments.

> Not the Walk-in Centre's fault but the problem is, GP surgeries don't have enough appointments available, so they send patients to the Walk-in Centre. But it's hard to discuss ongoing health issues with someone new if you expected to see a GP.

Telephone and video appointments

Nearly half of respondents (45%, 214 people) would have a telephone or video appointment with the Walk-in Centre, whilst 26% of respondents (125 people) would have neither and 15% (72 people) were undecided.

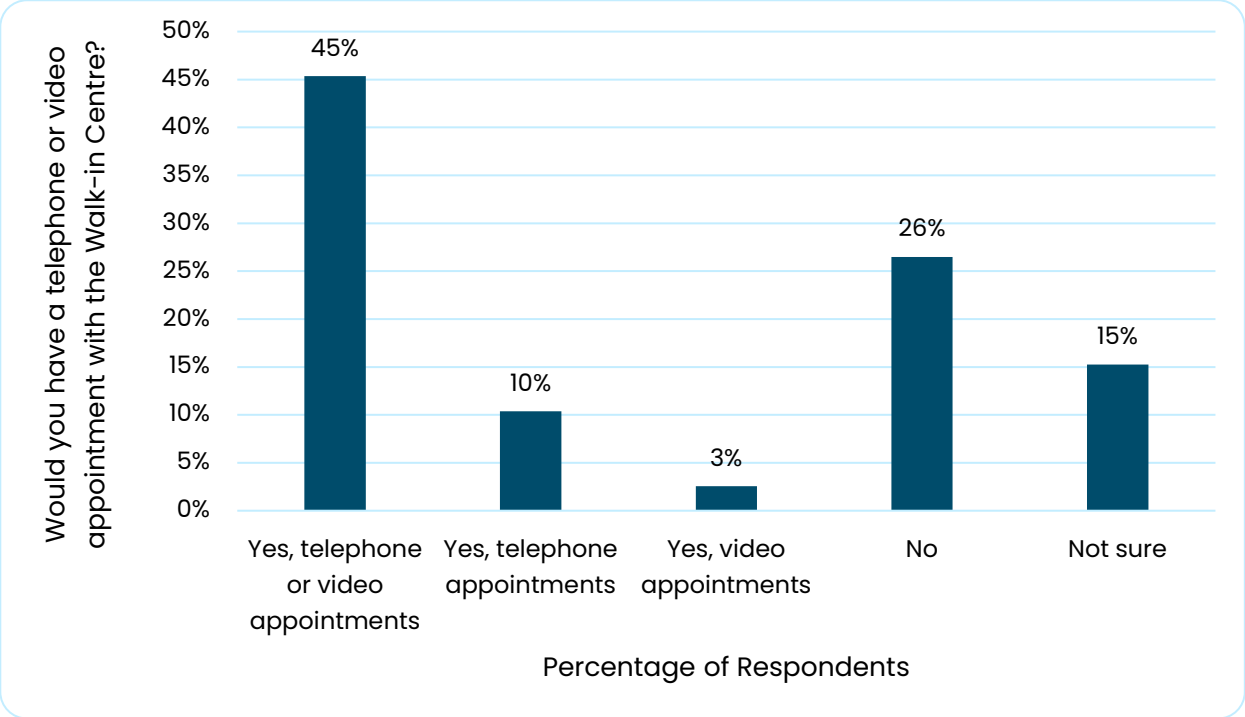

Figure 10. A graph showing whether survey respondents would have a telephone or video appointment at the Walk-in Centre.

When asked for further information, the survey respondents who would have a telephone and/or video appointments mostly referred to convenience, particularly around avoiding travel/ parking issues, infection control, waiting for a long time, or taking time off work. People from rural areas, those with limited mobility and those whose ailments which would have made it uncomfortable to leave their homes were most enthusiastic about the idea, although some in rural communities said Wi-Fi access was an issue and they would prefer a telephone call.

> Telephone appointments would help us living in rural communities, but video calls wouldn't necessarily be useful as the Wi-Fi dips. We have to rely on a landline at home. I think people forget that this is still a big problem for some of us. Also, the bus links to Norwich are patchy so unless you can drive, this is another issue.
>
> Survey Respondent, Female, 47 years old, NR11

Most survey respondents agreed that video/ telephone appointments were appropriate in certain contexts, for example, if all they needed was a prescription, advice or assessment of certain ailments that didn't require face to face contact. Access to GP advice at the weekend via telephone/ video call was commonly cited as "better than nothing".

> If video consultations were offered, I would wait to see my GP, as there's no difference in care. Walk-in Centres are for immediate access to a doctor even if there's a long wait.

Amongst those 26% of survey respondents (125 people) who would not have a telephone or video consultation, the main reason was that they preferred seeing somebody face to face and didn't trust a doctor's ability to diagnose a problem over the phone/ video. Within this group, 16% (20 people) said that whilst they would have a telephone or video consultation with their own surgery, they expected a Walk-in Centre by its nature to be face-to-face.

Within the survey, 1% (six people) with chronic conditions said they would be reluctant to accept a telephone or video appointment as there would be no access to their medical histories. This was echoed by most of the respondents of no fixed abode, who said they would not be interested in a telephone consultation because of their chronic conditions, although one said video appointments would be useful for ulcers, for example, if they resulted in a prescription. Another 6% of survey respondents (30 people) cited issues with communication (deafness, problems with technology, age, lack of translators, special needs) as a reason for not having a telephone or video appointment.

Of those survey respondents who said yes to telephone or video appointments, 21% (100 people) were very enthusiastic about the idea, specifically referring to its value for certain ailments, chronic conditions or as or as initial triage step.

"I don't live near the Walk-in Centre and don't have a car, so for something that doesn't require an in-person visit, phone or video would be great. However, in-person is still vital for many things."

Many explained that they had been converted to the idea of virtual appointments during Covid and would be happy to access them out of hours via the Walk-in Centre, especially if it meant avoiding travelling a great distance into Norwich or travelling when feeling ill. The convenience of avoiding waiting, trying to find a car parking space and avoiding car parking fees were also mentioned.

Alternatives to the Walk-in Centre

When asked what they would have done if the Walk-in Centre wasn't there, 46% of respondents (210 people) would either visit A&E/ call 999, and another 48% (193 people) would use an NHS online service, such as NHS 111.

When asked to elaborate on their choice, survey respondents would mostly look online or go to an A&E, one respondent saying:

"I've heard that NHS 111 is inundated, and we really would like more weekend access to primary care facilities."

whilst another added she would *"probably die whilst waiting for the GP receptionist to answer the phone."*

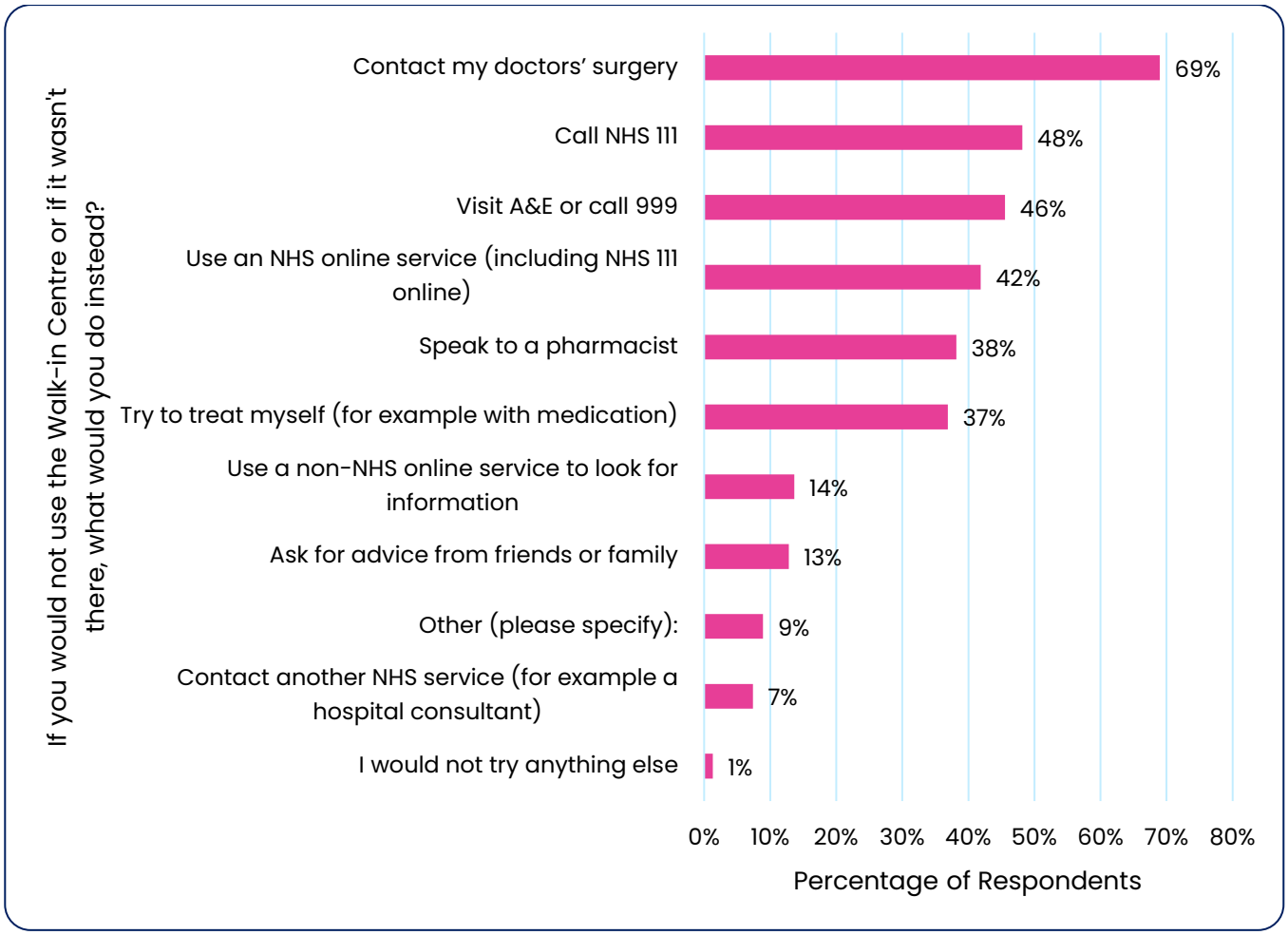

Figure 11. A graph showing what survey respondents would have done if the Walk-in Centre was not there

The Walk-in Centre was seen as a good intermediary option between primary and emergency care, one dad/ teacher saying, *"it is useful as a middle ground, before A&E, especially for those who can't go there in the week"* and another *"if it wasn't there, we would have had to go to A&E so this was much better."*

Respondents of no fixed abode were particularly grateful for the Walk-in Centre as a gateway to Norfolk and Norwich University Hospital/ A&E, especially as the Walk-in Centre could call taxis or ambulances for them and fast-track them through.

When we asked a nurse from the Walk-in Centre what she thought the impact would be if they weren't there, she said:

"We'd see an increase in A&E attendances. We see so many patients, and this is what they tell us, either they would have come to us or to A&E. Often GPs are struggling with the amount of patients they have and don't have appointments. Children and vulnerable people especially can't wait two weeks to be seen so these parents would take patients to A&E if we weren't there, we see so many people who are immunocompromised, in mental health crisis, with abdominal pains, chest infections, dermatological problems."

The Clinical Lead at the Walk-in Centre added

"If you went to A&E, you'd be waiting 30m-1h just to register, plus the 8-10 hour ambulance wait time at the moment. Plus, you can't go into the hospital until there's a free bed so many people are waiting outside in ambulances with only paramedics to treat them. A CAT level 2 or 3 [ambulance response categories referring to urgent conditions such as strokes] still takes 60-90 minutes to be seen by a doctor."

Other services offered at the Walk-in Centre

When asked which additional Walk-in Centre services they would be interested in, 55% of respondents (251) said phlebotomy services, 29% (132) said respiratory clinics and 43% (194) said neither of them.

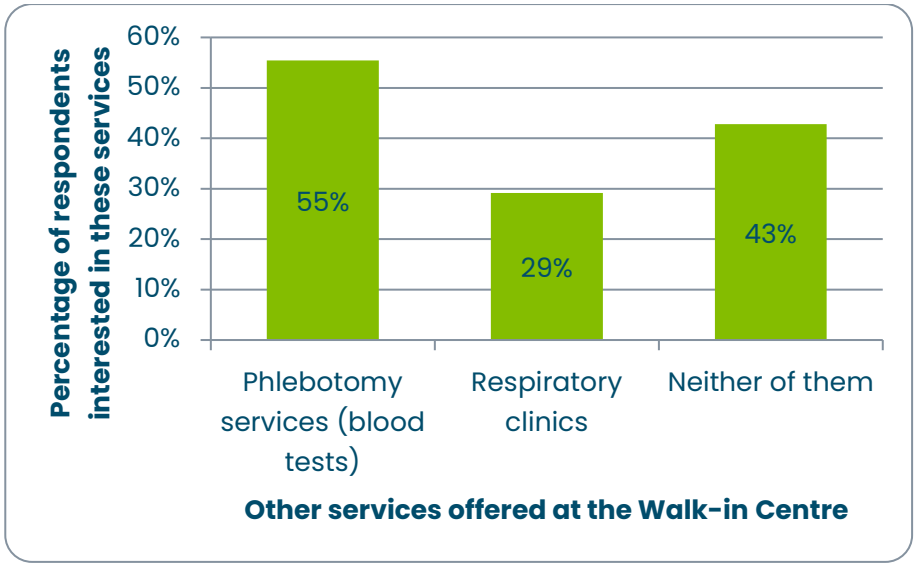

Figure 12. A graph showing whether survey respondents would be interested in using any additional Walk-in Centre services in the future.

Respondents from both focus groups felt they would benefit from both respiratory clinics and blood tests, especially those with chronic conditions. However, many survey respondents and focus group participants had been unaware that these extra services were available. The lack of communication from the Walk-in Centre about these services was frequently mentioned in the St Martins focus group, especially in the context of feeling the waiting experience was a waste of time because of lack of prior information.

A midwife assistant/ parent also referred to perceived staff experience when providing extra services:

"Thinking about the phlebotomy service, it's good they have that, it's useful, but when I went in for a blood test, the woman there, she had no name badge, didn't introduce herself. I've given blood tests before and her technique was really bad, there were old people behind me and on their flesh they'd have huge bruises the way she did it".

For the Walk-in Centre clinicians, the respiratory clinic had helped them manage the flow of people.

> I think the respiratory clinic has been a great improvement as it lets us organise the flow of patients. With respiratory patients, in the beginning we couldn't let them in, so whoever was triaging at door would see these patients as well and it was generating more patients, more work. With the respiratory clinic we can offer approximately 40 appointments a day to those with respiratory symptoms. We have 15 appointment slots with half an hour break in the morning and afternoon. It's quite a fast turnaround so we can see 30-35 people a day. We've had really good feedback from patients.
>
> Team Leader, Walk-in Centre

Future services that people would like to be offered by the Walk-in Centre

When asked about what they thought could be improved about the Walk-in Centre in the future, survey respondents mentioned extra facilities for disabled people, seating, better parking, improving communication on waiting times via the website, more staff and rethinking the system where people had to queue outside.

- "I'd be delighted to see a regularly updated approximate wait time displayed clearly. When people know how long the wait is they can mentally prepare instead of asking if they have been missed out. Would make everyone more relaxed and patient, helping the staff out too."

- "Sometimes the chairs can be uncomfortable after a long while. Maybe something with higher backs and a good padding on the bottom when they need to be replaced might be nice."

- "I felt queueing outside without seating or water for hours was unreasonable. Everyone queueing was ill and many people had to sit on the floor with their children."

- "Asking patients to wait outside is bizarre. Over the years the location of the Walk-in Centre has changed and most locations selected have no parking, Rouen road is no exception. Service good but a better location/ building needs to be found."

There were some specific recommendations from survey respondents around privacy:

"The sample collection pots could be more discrete. They were on the reception check-in desk, very visible, and everyone behind me could know when I picked one up. One idea is to put them in the toilets and let patient know as they check in 'we'd like you to collect a sample using the yellow pot. There are directions for how to use them on the walls of the toilet. Any questions please ask'."

and special needs training:

"They don't seem to have autism training as the doctor asked if he could examine my son while we talked. I explained he had autism, which the doctor obviously hadn't seen on his notes, and he would need to explain to my son what he was doing. The doctor started talking really loudly and using big gestures which my son found awkward and unnecessary."

However, another respondent said they were:

"Very good with special needs patients. Understand their needs and do not make them wait."

For the St Martins focus group, they all said an emergency dental clinic was what they'd need most, as well as a mental health clinic with a psychiatric nurse present, and a service for stitching small wounds. Some respondents also suggested that, as many of them have bad ulcers, they'd like to see a more regular service where they can get bandages taken care of and get reviews.

A mental health case worker in one of the focus groups said that:

> For me the biggest need is to have more mental health crisis services. For all my clients, there's nowhere for them to go, sometimes they're not registered anywhere but I'm sure they can't decline care to people who need it. Not having a mental health walk-in though, the crisis team, we're overrun, we really need some backup.
>
> Mental health crisis worker

The Walk-in Centre acknowledged the increase in need for mental health provision, the Clinical Lead at the Walk-in Centre commenting that:

"Probably the main challenge is mental health patients. They're increasing, especially after the pandemic, and often disregarded. GPs don't have capacity to see them, they prioritise physical ailments, disregarding risks of suicide, self-harm etc. Mental health is very challenging, they can't get an urgent appointment with the GP, so they have two choices, the hospital mental health liaison team or the Walk-in Centre. For us its difficult because we need time to identify patient need and risk based on the information we have. Patients often don't disclose information such as whether they're planning to self-harm. It's difficult to pick up data from the system so I need to liaise with the GP.

Mental health patients tend to appear more at the Walk-in Centre than the GP, currently we're getting 10-15 patients a day. It used to be two or three every few days. It's because of Covid, lack of jobs, the economic uncertainty, it's just going to get worse."

Participants across both focus groups identified emergency dental services as an urgent need that the Walk-in Centre could address. Healthwatch Norfolk is aware of the lack of dental services in the county (Healthwatch 2020) and the negative impact this has on wider social inequalities. The discussion with the focus group from St Martins housing particularly highlighted this issue, with chronic dental pain being linked to increasing mental health issues. St Martin's commission a dental bus to provide emergency treatment for their residents, but to have a dental nurse on-site at the Walk-in Centre who could offer antibiotics to ease the pain in the meantime would *"make a huge difference"*.

> Dental pain, chronic pain, that's a problem for so many people I work with, one of my colleague's clients ended his life because he was in so much pain for months and he was standing on top of a building and his case workers trying to talk him down, police with a microphone telling him, it's OK, we've got a dentist for you, and he'd had enough and jumped anyway.
>
> Mental health case worker

Both clinical and administrative professionals at the Walk-in Centre see their service as having a lot of potential to plug the gap between primary and secondary care by offering additional services, but they lack additional funding. Survey respondents echoed this, many offering a variation on:

"We need more of these centres in Norwich to ease the pressure on the NNUH, not everyone needs urgent attention, but it's almost impossible to get to see your own doctor" and "the service significantly takes the strain off local GP practices and the NNUH A&E department. It's overstretched, but staff do a wonderful job and it's particularly great for acute problems".

Outside of Norwich, the overwhelming feeling was a need for local Walk-in provision. The general manager at Wells Community Hospital said:

"What we need up here is more attention to minor injuries, dentistry. In an ideal world they would operate a satellite system for the older population in more isolated parts of the county like Wells, the non-tourists. When we were shut down as (an)NHS site we lost treatment of minor injuries, convalescence, vasectomies. The local GP surgery is overflowing and if they could come up here and pick up NHS services like, diabetic screenings, there's a real need."

Amongst survey respondents in and around Norwich, as well as rural Norfolk professionals, there was a simultaneous feeling of respect for Walk-in Centre staff and frustration that there were no similar centres outside of the city.

- "The staff are amazing putting up with many rude, ignorant people. I have vowed never to go [to the Walk-in Centre] again. It would be much better to have a bunch of walk-in centres across the county instead of one in the middle of Norwich with expensive parking. Not everyone lives within walking distance of Norwich."

- "We live in Sheringham and we need a similar facility up here, possibly based at Cromer hospital which only caters for minor injuries. It's quite a way to drive and public transport is difficult if feeling unwell. This area has a large population of retired folk and we are not served well in primary care - we can't be ill at weekends or public bank holidays. The 111 service is inundated."

- "This walk in centre is 50miles from where I live. I find it incredible that a closer walk in centre hasn't been arranged given the Bridge Street Surgery cannot always meet the demands of those on their books."

Addressing the current crisis and the coming winter, the Clinical Lead highlighted the specific demographics that would most need the Walk-in Centre in the months ahead and the challenges they faced:

Challenges ahead for primary care

> We need to be realistic about the future, poverty will increase, for many it's not worth (it) to get a job as they lose their benefits, many patients can't afford healthcare. The amount of poverty in Norfolk is around 12%, 136,000 have a disability. This group, it's unlikely they'll recognise themselves that they have a health condition, it's for their carers to recognise it and chase it up, make the GP appointment, bring them here. Lots of that cohort are patients in this service, for them it's a good opportunity to have a face-to-face appointment. But we must manage expectations and take into account the demands between primary and secondary care. The waiting lists. The pressure.

Clinical Lead, Norwich Walk-in Centre

This sentiment was echoed amongst all health and social care professionals interviewed for this report. Expectations to see a GP were high amongst both rural and urban respondents, but for residents of rural areas, those with limited mobility, disabled people, elderly people, and those without transport, the lack of access to primary care, either through their own GP or a readily accessible Walk-in Centre, means the current crisis around A&E admissions and pressures on local GP practices are likely to be exacerbated over the coming months.

> Patient expectations are challenging, we've gone from clapping for them [NHS staff] to being annoyed at waiting times. It's wildly out of whack with what we can deliver, when it comes to the crunch point, the amount of footfall we get for urgent, same-day treatment is immense. We need something similar [to a Walk-in Centre] in North Norfolk to ease the burden, not just in Norwich. For us as a practice, we need better ambulance times, some sort of walk-in provision up here that we could use, everything is centred around Norwich. We only have a finite amount of doctors and available appointments, how do we decide who needs seeing? We have six doctors across two practices, all part-time.

North Norfolk GP Practice Manager

What this means

The findings of our work amplify the findings of the pre-engagement activity undertaken by the "Engaging People Company" for the Integrated Care System in June 2022.

The Walk-in Centre provides a valuable service for most the members of the public we spoke to who had visited it. Given the frequently mentioned challenges faced by GP surgeries, Accident and Emergency, and NHS111 in keeping up with demand, all public respondents, whether by survey or focus group, as well as all health professionals interviewed in Norwich, agreed that without the Walk-in Centre these services would soon be stretched beyond capacity to meet the levels of need.

Most respondents who completed our online survey were white British women aged 46-75 years, who either had a long-term condition, a disability or were a carer, and accessed the survey via their GP website. The above report also identified a female bias with a similar age range.

The challenges we encountered in obtaining feedback from certain vulnerable groups and those who do not have access to the internet was concerning, as their voices are already underrepresented, and such groups are more likely to be less able to access the service. The data we did obtain suggested that these populations are less aware of what the Walk-in Centre can/ can't provide, opening hours etc. The role of communities in addressing socioeconomic inequalities to improve health and meet the ambitions of the 2019 NHS Long Term Plan was underlined during the Covid pandemic. Greater investment in both engagement with communities at ground level and maintaining relationships is increasingly recognised at policy level (Buck et al 2021) but, as our report shows, access remains challenging within short-term interventions such as ours.

There is a good awareness of the Walk-In Centre service amongst survey respondents, with 88% (415 people) knowing it was there. Although we were unable to assess the awareness of those people who do not have access to the internet, just over a third of respondents (36%, 93 people) had been advised to attend the Walk-In Centre by NHS 111, their doctor's surgery, a pharmacist, or another NHS service. This suggests that people can be signposted to the service by means other than finding information on the internet.

The people we spoke to who are aware of the service tend to use it. Of the survey respondents, 48% (121 people) reported going to the Walk-in Centre because they knew it was there, with 36% (91) having been before. Although lack of access to GP services was not an option on the survey, it was directly cited by 25% of respondents (120 people). The longer opening hours of the Walk-In Centre are useful to those who have limited flexibility to attend appointments. People who lived and worked in Norwich city centre especially praised the Walk-in Centre for its' convenient location and opening hours.

This was not the case for people who lived further afield. Primary care providers in rural/ market towns described a lack of awareness and engagement with the

Walk-in Centre, which they again put down to a lack of communication and information. Those that are aware are less likely to use the service because of transport issues. At the same time, an urgent need for additional drop-in options outside of Norwich was echoed in feedback from survey respondents and interviews with public health professionals around the county, where challenges to GP provision are described as overwhelming and people have limited options to travel into the city. However, these would necessitate an improved system of working with GPs, as some patients perceived that the Walk-in Centre would not be able to provide equivalent care to their own GP, especially when it came to accessing their health records.

There is clearly an important role for voluntary and community sector organisations that support more vulnerable groups such as refugees, asylum seekers and those of no fixed abode, to tell them about the services provided by the Walk-In Centre and to help them access these services. Healthwatch Norfolk identified the difficulties faced by this latter group in registering at a GP surgery in our report dated March 2022 'GP Access for People of No Fixed Abode'. The Walk-In Centre performs an essential role in addressing this need for this demographic. Both St. Martins Housing and New Routes are key to facilitating access to the Walk-In Centre, the latter referring to themselves as a 'triage service'. At the same time, these organisations also need to understand the role of the Walk-in Centre, especially for those with complex legal/ housing/ citizenship situations.

Whilst the Walk-in Centre recognised challenges around communication for vulnerable groups, their attempts to address them by working on their website were overwhelmingly deemed insufficient, with the St Martin's group, rural GP practices and some survey respondents specifically referencing this. Clearer information about the services provided at the Walk-In Centre on the website, improved information and signage inside and outside the Walk-In Centre, plus posters and leaflets in community hubs both within Norwich and around the county would help people to understand and access the services available.

The systems that Walk-in Centre staff have implemented to manage waiting times, such as organising clinicians around the demographics that visit at key times and the triage system, work well (75% people had waited to be treated at the Walk-in Centre for less time or as much time as expected). When the Centre is fully staffed with six or seven clinicians, the time between arrival and being referred to the appropriate member of staff is around 20 minutes. The Walk-In Centre is able to deal with 90% of patients, with only 10% being referred to A&E.

However, restrictions to the number of people able to wait indoors, introduced in response to the Covid-19 pandemic, have meant that patients are left waiting outdoors, with no seating or protection from the weather. It has also led to extended waiting times in general. This causes particular difficulty and stress for those with babies or children, those with additional needs, and those who are vulnerable in some way, especially as the Walk-In Centre is on a busy main road. The most consistent complaints about the Walk-In Centre were having to wait outside and mismanaged expectations related to lack of communication from the Walk-in Centre about why they were doing so. This was aggravated by inaccurate waiting times on the website. It is also difficult to give people privacy when triaging patients outside where people are queueing.

The Walk-in Centre staff recognise these frustrations, and that vulnerable people and children are particularly affected. Even though the triage system has made some leeway with managing flows of patients, the need for additional funding for more clinicians is clearly necessary. These measures would ease waiting times for everyone, alleviating pressure on both patients and staff and prioritising vulnerable groups at the same time, making the escalation and prioritisation policy less needed.

Despite these issues, overall patient experience of the Walk-In Centre is positive (69% of survey respondents rated it 'good', with only 14% rating their experience as 'bad') and most patients receive the help or advice they need (64% of survey respondents stated 'completely', 22% 'somewhat' and 13% 'not at all'). Most people who have used the Walk-In Centre previously would use it again (66% of respondents said 'yes', 18% said 'no' and 16% were 'not sure').

There is an inclination towards the use of video and telephone consultation as an alternative to visiting the Walk-In Centre, with 58% of survey respondents expressing an interest in either or both. This could extend the reach of the service to rural areas, although internet connectivity can be problematic in parts of rural Norfolk. People that were enthusiastic about the use of video and telephone consultation were clear that this could be suitable for certain ailments and an initial consultation, but the option of a face-to-face appointment was still important.

Other services such as phlebotomy and the respiratory clinic were seen as useful by patients, although awareness of these services and how they work is not as good as it could be. Nevertheless, these clinics help to manage the flow of patients within the Walk-In Centre thereby reducing waiting times.

Amongst the vulnerable populations we spoke to and their representatives, the requests for an emergency dental clinic reflect national shortages of dental care. There was also the suggestion for increased mental health support, from both the mental health case workers in the focus group and the staff in the Walk-In Centre, in the form of an additional clinic specifically for mental health. The increasing numbers of mental health patients attending the Walk-in Centre reveals a need for increased funding and capacity, as well as a need for improved communication with GP practices around sharing of records.

With both people of no fixed abode and mental health case workers linking chronic dental pain to spiralling mental health issues, having a dental nurse at the Walk-in Centre who could prescribe medication to ease pain or antibiotics to treat infections would make a huge difference. Healthwatch Norfolk has published recent reports highlighting the issues with the need for increased provision for both of these services.

There are specific barriers to the Walk-In Centre that need to be addressed, such as the location of the centre and issues with travel, (including a lack of public transport or fuel poverty, plus a lack of free, accessible parking for those with disabilities). These barriers do impact on people's willingness to use the Walk-In Service again. The focus group with people of no fixed abode highlighted that this group find it harder to access the Walk-In Centre because they can feel stigmatised. The presence of security staff also makes them feel anxious. The lack of clarity about the availability of translation services is also a barrier for

those people who do not speak English or who struggle to engage with more complex language related to health. The lack of clear information about the need for ID is a further barrier to those who are refugees or asylum seekers.

The Walk-in Centre offers excellent value for money but is operating at a loss. The ICB's investment of £388,960 last quarter (to treat 17,000 patients) saw a return of 19,071 patients seen (£436,344.48 worth of patients). Under the current system the Walk-in Centre do not get paid for any patients over the 17,000 they are commissioned to see per quarter, nor for any patients who are registered at the Norwich Practices Health Centre upstairs. Last quarter this equated to a loss of £47,384.48 (to treat 2071 additional patients) plus an additional £32,809.92 not paid for Health Centre patients (see Appendix 1).

Recommendations

Feedback from existing service users and Walk-in Centre staff show that the Walk-in Centre fulfils an essential role in easing pressure on other NHS services, such as A&E and local GP practices, at a critical time for public health provision. The Centre represents high value for money, treating significantly more than the target number of patients in the last quarter, with most patients that we spoke to satisfied with the care they received. However, there are various steps that the Walk-in Centre can take to improve its service, outreach, and patient experience.

Conduct a full economic assessment of the Walk-in Centre

The Walk-In Centre plays a key role in reducing demand on already stretched GP services and A&E, which is valued by those who use it.

A detailed cost-benefit analysis of the Walk-in Centre would identify:

1) If the service was paid for all the patients seen (including those from the health centre) whether it would still be operating at a loss.
2) The financial impact of the demand on other health services if the Walk-In Centre were no longer available.
3) The additional savings made to other NHS services through early interventions by the Walk-in Centre

These savings could be invested in further services, as detailed below.

Investment in further services

Additional investment in Walk-In Centre services has the potential to further ease the burden on GP Practices and Accident and Emergency Departments. Consideration should be given to the benefit of providing the following services:

A clinic specifically for those who are more vulnerable

An additional clinic that prioritises vulnerable people, to include children, people with disabilities/ chronic conditions, those less able to stand and people of no fixed abode (who feel stigmatised and are less likely to wait), would greatly ease waiting times and time spent waiting outside for the majority.

It would also reduce the stress of waiting for these patients and provide a sensitive approach to those with additional needs, for example, those on the autistic spectrum.

Emergency dental care

With the extreme shortage of NHS dentists in Norfolk there is a demand for access to pain relief and antibiotic treatment for infections for those who have no access to dental services (it is not clear if this already exists- if so, improved communication is needed on available services, see our Recommendation for *Improved service information* below).

Mental health clinic

The increasing number of mental health patients reported by the Walk-in Centre is backed up by community Mental Health providers in a compelling case for a specific mental health clinic.

Increasing number of telephone/virtual appointments for those that are able in more remote areas

We recommend investing in extended telephone and video consultations, especially for those with mobility issues/ chronic conditions or who live in rural areas. As some patients may be less trustful of a GP who is not their regular practitioner, it would be beneficial to also have a communications plan highlighting the benefits of this service for this population. This plan should include information shared both on the website and non-digitally in the community on:

1) The convenience of these appointments (especially regarding out of hours care).
2) Details on how to access them.
3) Information on partnerships with local prescriptions services and any developments on partnership working/ records sharing between local GP practices and the Walk-in Centre (see recommendation below, *Improved partnership working with GP surgeries*).

Alternative premises for the Walk-in Centre

A major investment would be the seeking of an alternative location for the Walk-in Centre. Premises with better access to parking and a more suitable area for waiting outside (specifically, with access to shelter/ seating and not on a busy road) would allow clinicians to better manage the flow of people and improve patient outcomes and experiences. This would not only lead to an overall easing of pressure on other primary care services, but also mitigate future risk to waiting times/ conditions as a result of any further infection control measures.

Explore Walk-in Centre services in other areas

Another long-term and significant investment would involve commissioning a satellite Walk-in Centre service for people around the county, who are prevented from accessing the existing Walk-in Centre on Rouen Road by the barriers of limited mobility, limited public transport services, inaccessible parking, and fuel poverty.

Review protocol for waiting outside/ways in which they can make this more comfortable for people waiting

We suggest rethinking the conditions under which people are expected to wait outside. This could be done by:

1) Exploring the option of vibrating pagers or sending text messages to patients to inform them that the clinician is ready to see them – allowing patients time to find additional shelter nearby. (Our report *Improving the GP Experience for Patients with Hearing Issues* details how vibrating pagers have been used in GP surgeries – including to enable social distancing).

2) Considering extra facilities for disabled people, such as additional seating in a covered, specialist area, and signposting to better parking (perhaps by applying for additional blue badge spaces from Norwich City Council). This would need to be managed by increased funding and training for additional triage staffing to organise people outside.

Improved communication/ outreach from the Walk-in Centre

Improved service information

Review the information on the website and how it is presented to ensure that it is accessible, and that key information is easy to find. We would recommend seeking help with this.

Improve the information available on the website and outside the Walk-In Centre so people clearly understand why they are being asked to wait outside, and how long the queue might be. A digital waiting time communication system in the window/door of the Walk/in-Centre could help with this.

Ensure that the waiting time information on the website is always as accurate as possible. Walk-in Centre patients could be signposted to access this on their mobile phones. The website currently does not give any waiting time for those who are waiting outside – this should be addressed.

Information targeted at the public on additional Walk-in Centre services that are already available (such as the phlebotomy clinic and respiratory clinic) would increase awareness as well as clarify processes at attend (how people are seen, what they need to bring, whether these services are subject to the normal queues). Apart from providing this information via the website and regular communication to GP practices, these details could also be provided via GP Practice websites and through posters at GP surgeries, pharmacies or the NNUH.

Improve communication and information to those who do not speak English or only speak some English

Ensure that all staff know how to access translation services and offer this. In line with the guidance set out in NHS England's 'Guidance for Commissioners: Interpreting and Translation Services in Primary Care': *"Patients should be able to access primary care services in a way that ensures their language and communication requirements do not prevent them receiving the same quality of healthcare as others."* (NHS England, 2018). Please see our report *Barriers and Access to Health Care in Norfolk*, June 2022, for further recommendations around this.

Provide clear information about when ID is required in key languages in leaflet and poster form and on the website (reviewing beforehand what comms are already in existence and whether they are available in different languages). Ensure this information is distributed to those organisations that support or come into regular contact with people whose first language is not English.

Ongoing regular engagement/ outreach with hard-to reach groups

Healthwatch Norfolk conduct in-person generic engagement (which we were unable to obtain during this project because of lack of availability of Walk-in Centre administrative staff) via our Community Development Officers. We can offer regular engagement with visitors to the Walk-in Centre and patients at GP practices in rural Norfolk and market towns. This would help in obtaining data from those visitors who are less likely to engage digitally and would also support ongoing relationships and provide a broader range of data to help understand how the Walk-In Centre is used and who by.

Targeted, long-term engagement via researchers with previous links to seldom heard communities and/ or a shared background would also be desirable. This could be achieved by direct outreach and partnership by the Walk-in Centre with organisations who support vulnerable groups, along with an ongoing partnership with Healthwatch Norfolk, which would also ensure consistency in approach. Local Healthwatch in other parts of the country have successfully undertaken community participatory action research schemes (Healthwatch Oxfordshire 2021), which involve training and supporting members of communities to engage with their peers themselves. This approach takes time and investment so is not a short-term solution, but in the long-term it is invaluable for building relationships, trust, and dialogue.

Other short-term forms of outreach could involve setting up a specific communication plan aimed at helping communities understand what the Walk-in Centre can provide in terms of services. Additional information should be communicated around each population's potential barriers to accessing healthcare, taking into account complex legal, housing and citizenship situations. These should include but are not limited to:

1) Better signposting from local GPs, and especially non-digital ways of communication (posters, flyers).

2) Specific awareness raising activities amongst vulnerable groups

The website could also be updated as part of this communication plan, reorganising the graphics so the most important information is easily accessible, and reducing the amount of unnecessary text.

Rural and market towns

We recommend setting up an ongoing, targeted comms plan for rural/market town residents. Primary care providers outside Norwich described their service users as lacking awareness/ engagement with the Walk-in Centre because of not knowing what services were available, what opening hours are and travel/ parking options. Should funding for telephone and video appointments become available (see recommendation above, *Investment in further services*), we also suggest adding information on these appointments to the comms plan, including details on how to access them and any developments on partnership working/ records sharing between local GP practices and the Walk-in Centre (see recommendation below, *Improved partnership working with GP surgeries*).

Improved partnership working with GP surgeries

Given the unavailability of GPs and the increasing fulfilment of the GP role by the Walk-in Centre during GP hours, we recommend better partnership working between GP surgeries and the Walk-in Centre when it comes to sharing digital records. This is especially pertinent when it comes to treating those with chronic conditions and mental health problems.

Shared digital access is a developing field of practice in public health and the British Medical Association (BMA) are still reviewing their full guidance on how clinical systems can allow healthcare professionals in different organisations to access patient records. Currently, they follow the principle that, as data controllers, GPs should make decisions about which organisations access their patient records. Therefore, such partnership working might involve supporting GPs from a commissioning level to improve existing systems and implement new ones. Current good practice suggests establishing formal sharing agreements between the different organisations and practices involved and making patients aware of any new arrangements for managing their health information by their GP practices (BMA 2022).

Review policies on privacy and discretion

An easily implementable, small change can be made by keeping sample collection pots in the toilet with appropriate signage.

Further training to staff could be provided on more subtle ways of asking about people's ailments whilst they are being triaged.

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Appendix

Appendix 1: Cost-benefit analysis

The Walk-in Centre are commissioned by the Integrated Care Board (ICB) to see 17,000 patients per quarter, for which they are paid £388,960 (£22.88 per patient). The Walk-in Centre told us of three relevant potential sources of extra costs to themselves around running the service, which emerge from a quarterly assessment of patient figures. These are:

1) If the Walk-in Centre see over the target number of patients, they do not get paid for any patients over that number.
2) If the Walk-in Centre see under the target number of patients, they are subject to clawback- the recuperation of public funds via taxation. Patient numbers are not rounded up but calculated individually, meaning the Walk-in Centre is subject to clawback if they are one patient under target, but are unable to charge more when they go over the threshold, and are expected to provide patient care at their own cost.
3) The Walk-in Centre do not get paid for seeing patients registered with Norwich Practices Health Centre.

The Walk-in Centre provided the following breakdown of costs related to these additional patients:

1) Losses to the Walk-in Centre for seeing patients over the ICB target

   Non-payment for 2071 patients seen at the Walk-in Centre in the last quarter over and above the target 17,000 equates to £47,384.48
2) Losses to the Walk-in Centre through clawback following seeing less patients than the ICB target.

   None
3) Losses to the Walk-in Centre through not being paid for seeing patients registered with Norwich Practices Health Centre

   Non-payment for Health Centre patients equates to the Walk-in Centre losing out on £32,809.92 last quarter.

Despite seeing 19,071 patients last quarter, the Walk-in Centre were operating at a loss of £80,194.40. They have communicated the loss they make to the ICB, so they are aware of the savings provided by the WIC and the loss they are working at.

Appendix 2: Survey Questions

Feedback on OneNorwich Walk-in Centre

About this survey

Who is Healthwatch Norfolk?

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather your views of health and social care services to ensure they are heard by the people in charge.

What is this survey about?

Healthwatch Norfolk is collecting feedback from people who have used the Norwich Walk-in Centre or people who may use it in the future.

We want to find out why you might choose to use the Walk-in Centre, how your experience at Norwich Walk-in Centre was, and what you might like to see the Walk-in Centre offer in the future.

The survey should take approximately ten minutes to complete.

How the survey results will be used

Survey responses are being collected and analysed by Healthwatch Norfolk. You can read our full privacy policy at: www.healthwatchnorfolk.co.uk/about-us/privacy-statement.

All responses will be anonymous and will be used to make recommendations to health and social care providers. The report will also be publicly available on our website and may be used in other Healthwatch Norfolk communications.

Want to keep in touch?

To stay up to date with what we are doing at Healthwatch, you can sign up to our newsletter via our website: www.healthwatchnorfolk.co.uk

If you do not use email, you can call Healthwatch Norfolk on 01953 856029 to ask to receive our newsletter via post.

Please tick here to confirm you have read and understood the privacy policy *

☐ I have read and understood the privacy policy

A link to the final report will be included in our quarterly newsletter. To sign up to receive this newsletter, please leave your email address:

1. Were you aware that there is an NHS Walk-in Centre in Norwich?

- [ ] Yes
- [ ] No
- [ ] Not sure

The NHS Norwich Walk-In Centre provides healthcare services, including treatment of minor illness and injury, to those who need it in Norwich and the surrounding area, whether registered with the walk-in centre or another practice or not registered with the NHS at all.

2. Have you visited the Norwich Walk-in Centre in the last 12 months? *

- [ ] Yes
- [ ] No
- [ ] Not sure

Your experience

Thinking about your most recent visit to the Walk-in Centre...

3. Why did you go to the Walk-in Centre? (please select all that apply)

- [ ] I knew it was here
- [ ] I've been before
- [ ] I was advised to by NHS 111 (online or over the phone)
- [ ] I was advised to by a pharmacist
- [ ] I was advised to by my doctors' surgery
- [ ] I was advised to by another NHS service (for example a hospital consultant)
- [ ] I was advised to by friends or family
- [ ] I found out about it online (e.g., Google)
- [ ] Other (please specify):

4. How do you feel about how long you had to wait to be seen once you arrived?

- [ ] I waited for less time than I expected
- [ ] I waited as long as I expected
- [ ] I waited for longer than I expected

- [ ] Not sure
- [ ] Not applicable
- [ ] Other (please specify):

5. Did you get the help or advice you needed from the Walk-in Centre?

- [ ] Completely
- [ ] Somewhat
- [ ] Not at all
- [ ] Not sure
- [ ] Not applicable

6. How would you rate your overall experience at the Walk-in Centre?

- [ ] Good
- [ ] Neither good nor bad
- [ ] Bad
- [ ] Not sure

7. Please share any comments on your experience at Norwich Walk-in Centre. Including what was good and what you think could be improved in the future:

8. Would you visit the Walk-in Centre in the future?

- [ ] Yes
- [ ] No
- [ ] Not sure

Please explain why you would, or would not, visit the Norwich Walk-in Centre:

9. Would you have a telephone or video appointment with the Walk-in Centre?

- [ ] Yes, telephone or video appointments
- [ ] Yes, telephone appointments
- [ ] Yes, video appointments
- [ ] No
- [ ] Not sure

Please explain why you would, or would not, have a telephone or video consultation with Norwich Walk-in Centre:

10. If you would not use the Walk-in Centre or if the Walk-in Centre was not there, what would you choose to do instead? (please select all that apply)

- [ ] Visit A&E or call 999
- [ ] Use an NHS online service (including NHS 111 online)
- [ ] Use a non-NHS online service to look for information
- [ ] Call NHS 111
- [ ] Speak to a pharmacist
- [ ] Contact my doctors' surgery
- [ ] Contact another NHS service (for example a hospital consultant)
- [ ] Try to treat myself (for example with medication)
- [ ] Ask for advice from friends or family
- [ ] I would not try anything else
- [ ] Other (please specify):

11. Would you be interested in using any of these services offered by the Walk-in Centre in the future? Please tick all that apply.

- [ ] Phlebotomy services (blood tests)
- [ ] Respiratory clinics
- [ ] Neither of them

About you

In this next section we will be asking you some questions about yourself and your life. Your answers help us make sure that we engage with people from different backgrounds and that we understand the needs of different groups in our community. Remember: all your answers are strictly confidential and the survey is anonymous.

12. What is the first half of your postcode? (e.g. NR18)

13. How old are you?

14. What is your gender?

- [ ] Male
- [ ] Female
- [ ] Non-binary
- [ ] Genderfluid
- [ ] Genderqueer
- [ ] Intersex
- [ ] Prefer not to say
- [ ] Prefer to self-describe:

15. What is your sexuality?

- [ ] Bisexual
- [ ] Gay or Lesbian
- [ ] Heterosexual or straight
- [ ] Pansexual
- [ ] Prefer not to say

If you feel the choices do not provide a suitable option, please write how you would describe your sexual orientation:

16. What is your ethnic group?

- [ ] Arab

Asian / Asian British:

- [ ] Bangladeshi
- [ ] Chinese
- [ ] Indian
- [ ] Pakistani
- [ ] Any other Asian / Asian British background

Black / Black British:

- [ ] African
- [ ] Caribbean
- [ ] Any other Black / Black British background

Mixed / Multiple ethnic groups:

- [ ] Asian and White
- [ ] Black African and White
- [ ] Black Caribbean and White
- [ ] Any other Mixed / Multiple ethnic groups background

White:

- [ ] British / English / Northern Irish / Scottish / Welsh
- [ ] Irish
- [ ] Gypsy, Traveller or Irish Traveller
- [ ] Roma
- [ ] Any other White background

Other:

- [ ] Any other Ethnic Group
- [ ] Prefer not to say

If other, please specify:

17. Please select any of the following that apply to you:

- [ ] I have a disability
- [ ] I have a long term condition

- [ ] I am a carer
- [ ] None of the above
- [ ] I prefer not to say

18. Where did you hear about this survey?

- [ ] Doctors' surgery website
- [ ] Healthwatch Norfolk Event
- [ ] Healthwatch Norfolk Newsletter
- [ ] Healthwatch Norfolk Website
- [ ] News (website / radio / local newspaper)
- [ ] Search Engine (e.g. Google)
- [ ] Social Media (e.g. Facebook / Instagram / Twitter)
- [ ] Through a friend or co-worker
- [ ] Other (please specify):

Appendix 3: Demographic Data

		Percentage of respondents	Number of respondents
Age	16 to 25	1%	7
	26 to 35	9%	43
	36 to 45	12%	57
	46 to 55	20%	95
	56 to 65	26%	124
	66 to 75	22%	105
	76 to 85	7%	32
	86+	1%	6
Gender	Female	68%	323
	Male	28%	134
	Prefer not to say	1%	7
	Prefer to self-describe	1%	5
	Non-binary	1%	3
Ethnic Group	British / English / Northern Irish / Scottish / Welsh	91%	425
	Any other White background	3%	12
	Irish	1%	3
	Asian and White	1%	3

	Indian	0%	2
	African	0%	2
	Any other Asian/ Asian British background	0%	1
	Any other Black/ Black British background	0%	1
	Any other Ethnic Group	0%	2
	Prefer not to say	3%	16
Please select any of the following that apply to you:	I have a long term condition	49%	225
	None of the above	38%	175
	I have a disability	20%	90
	I am a carer	8%	37
	I prefer not to say	4%	20
What is your sexuality?	Heterosexual or straight	85%	391
	Prefer not to say	9%	43
	Bisexual	3%	13
	Gay or Lesbian	2%	11
	Pansexual	1%	3

What is the first half of your postcode?	NR7	8%	39
	NR2	8%	36
	NR1	7%	35
	NR3	6%	29
	NR18	5%	26
	NR4	4%	18
	NR5	4%	17
	NR14	4%	17
	NR13	4%	17
	NR9	3%	16
	NR6	3%	16
	NR8	3%	14
	IP25	3%	14
	NR29	3%	12
	NR10	3%	12
	NR34	2%	11
	IP24	2%	11
	NR31	2%	10
	NR19	2%	10
	NR32	2%	9
	NR12	2%	9
	NR16	2%	8

NR11	2%	8
PE32	1%	7
NR33	1%	6
NR15	1%	6
NR	1%	6
PE30	1%	4
NR28	1%	4
NR23	1%	4
NR20	1%	4
NR17	1%	4
PE37	1%	3
PE33	1%	3
PE	1%	3
NR25	1%	3
IP22	1%	3
PE38	0%	2
PE31	0%	2
NR30	0%	2
NR27	0%	2
NR21	0%	2
PE34	0%	1
PE14	0%	1
NR35	0%	1

NR26	0%	1
IP21	0%	1
BR4	0%	1

Appendix 4: Focus Group Questions

Discussion Guide WIC: Public Focus Groups

Introduction: About us

Healthwatch Norfolk is an independent champion for people who use health and social care services. There is a local Healthwatch in every area of England. We find out what people like about services, and what could be improved, and we share these views with those with the power to make change happen. Healthwatch also help people find the information they need about services in their area.

Nationally and locally, we have the power to make sure that those in charge of health and social care services hear people's voices. As well as seeking the public's views ourselves, we also encourage health and social care services to involve people in decisions that affect them.

Through our work we will collect and share peoples' experiences as a way of driving change and improvement.

About the project

Norwich Walk-in Centre (WIC), part of One Norwich practices, is based in Rouen Road in Norwich city centre. The centre is equipped to offer a range of health services to treat minor injuries and illnesses. The purpose of the centre is to offer extra care to patients who for whatever reason, are not able to attend an appointment at their own GP surgery but have a health need that requires treating that day. With the current model, members of the public can see a doctor or nurse, 7 days a week either in person or over the phone/by virtual means.

One Norwich Practices have asked if Healthwatch Norfolk will assist in engaging with the Norwich Walk-in Centre patients and staff and other stakeholders potentially affected by service changes, as well as the local community to ensure that any service change proposals that may be being considered nationally and locally can be taken into account for the future development of the WIC.

The objective of the engagement is to canvas public and professional opinion and collect experiences from people who have used the Norwich WIC or may use it in the future. This will be achieved by developing and administering a public survey, hosting a series of focus groups and interviewing

How the data will be used

The interview data will be used by Healthwatch Norfolk as part of our end of project report to OneNorwich. The report will also be publicly available on our website and may be used in other Healthwatch Norfolk communications.

Survey responses are being collected and analysed by Healthwatch Norfolk. You can read our full privacy policy at: www.healthwatchnorfolk.co.uk/about-us/privacy-statement

Overview of the Session

The session will be recorded so that comments can be accurately captured

Themes and quotes from this session will be used in our project report. We will send you this report via email (likely March time). All quotes will be anonymous

Any questions?

Short introduction from attendees

Questions

1) Have you ever used the Norwich Walk-in Centre on Rouen Road?
2) If yes, how did you know to go to the WIC? E.g., doctor's referral, friends/ family advised to go, looked on google
3) How did you feel about how long you had to wait once you arrived?
4) Did you get the help or advice you needed from the WIC?
5) Do you have any additional comments about your experience at the WIC? What was good, bad, and what you think could be improved in the future?
6) If you would not use the Walk-in Centre or if the Walk-in Centre was not there, what would you choose to do instead? (e.g., go to A&E, wait for a GP appt, use NHS 111, nothing else…)
7) The WIC also offers a blood clinic and a respiratory clinic. Did you know about these services?
8) Would you use either of these services in the future?
9) During the Covid 19 lockdowns the Walk-in Centre offered a telephone consultation service with a doctor. This is no longer available, and patients are asked to call 111 for non-urgent queries. Would you be interested in a telephone consultation if this service were reintroduced?
10) Are there any other services you would be interested in the Walk-in Centre providing?
11) Is there anything that would stop you using the WIC in the future?

Wrap-up

Does anyone have any further comments/ questions before the end of the session?

Feedback themes to group.

Thank you to attendees and staff.

Reminder that vouchers for £XX will be ordered tomorrow/ given to attendees after the session.

Appendix 5: Interview Guide for Professional Stakeholders

FOR PROFESSIONALS WITHIN ONENORWICH

Please could you tell us a little bit about your role within the WIC/ OneNorwich?

What are the main changes you've seen over the last few years?

What is going well at the WIC?

What do you see as the biggest challenges to the WIC and why?

Do you think the public has a good awareness and understanding of the WIC and the services it offers?

Do you think there's an opportunity for using the WIC's more/differently?

What do you think would be the impact if the WIC wasn't there?

Are there particular issues or things that your organisation think need addressing?

FOR PROFESSIONALS OUTSIDE OF ONENORWICH

Please could you tell us a little bit about your organisation, your role within it and your organisations' relationship with the WIC?

What are the main changes you've seen in your organisation over the last few years?

What impact does/ could the WIC have on these changes?

How does the WIC impact your work?

Do you think the public has a good awareness and understanding of the WIC and the services it offers?

Do you think there's an opportunity for using the WIC's more/differently?

Are there particular issues or things that your organisation think need addressing?

What would/ could be the role of the WIC in addressing these issues?

What do you think would be the impact if the WIC wasn't there?

Appendix 6: A Table of Reviews for Norwich Practices Health Centre and Walk-In Centre

Reviews shared with Healthwatch Norfolk on our website between 1st December 2021 and 30th November 2022.

ID	Title	Review	Rating	Created
106022	Messed up my medication	I need a B12 injection every 13 weeks I have moved to Rouen Road in the last 6 months and they never called me for an appointment so I had to chase them in the end I was 3 weeks late for my appointment which left me feeling very lethargic due to my condition.	2	23/03/2022
106996	Missing again my medication.	Every time I need my medication renewed they ignore my request. I need Sertraline to treat «what they have diagnosed as fybromialgia«. They were the ones that insisted on starting me on it long time ago and they leave me many times without it causing me really undesirable side effects from suddenly withdraw from a medication that causes some additive effects. When I stop sertraline all the sudden because of lack of medication I suffer from insomnias and extreme fatigue irritability memory problems and a lot of physical pain. This has a great impact in my daily routine and in my work! YES I work!!! Patients should be treated with respect and those health professionals that have this type of work ethics should be accountable for the misery they cause to some patients lives. I had a Pharmacist telling me they would not understand why some doctors were prescribing me a certain medication. After not listening anything that I was saying hanged up the phone because I did not say « yes« or « no to their question	1	20/04/2022

		the way they did while they were distorting the conversation in order to justify the fact that he left me without medication and is causing me a lot of grief. Soon after I also had to hear from someone in the reception telling me that « the pharmacist precedes what a specialist recommended and what the G. P thinks is right: «IF THEY FEEL LIKE«. Pharmacists are the ones that decide if you need it or not!		
107663	disappointing experience with getting mypills	Every time I need my medication renewed they make me anxious and stressed never pick up my calls don't remember when I had my last blood test either! glad I'm leaving from that area	1	06/05/2022
108615	Great help at a challenging time.	I am recovering from recent back surgery and in a lot of pain. On top of this I developed a UTI which was pretty much the last straw. I rang the surgery and was listened to by someone sympathetic and who asked exactly the right questions. I was promised a call back from the duty doctor. I got that call and the doctor had been fully prepared by the receptionist and had read my notes. Again kind sympathy and the right questions. A prescription was sent immediately to my local pharmacist and has just been collected for me by a friend. I couldn't ask for better or more efficient service.	5	28/05/2022
108632	Worst practise ever. Can't give 0 star.	Careless receptionists and incompetent doctors that do more harm that use.	1	29/05/2022
195281	On-call DR @ walk-in centre prescription mess	Bank holiday Monday I needed an urgent prescription for a water infection. I called 111 who arranged for a call back for me from the on-call doctor at Norwich Walk-In Centre. All fine good great. The doctor	3	02/09/2022

		prescribed me what I needed and asked where I would like to collect from. "I could collect from the Boots at Longwater retail park." "Okay I will send there although I'm not sure it's open." "Wait! Then don't send there. What about the pharmacy inside the Sainsburys on William Frost way?" "I can send it there although I'm not sure if it's open." This went on for ages. Either the on-call doctors (Who must receive the most calls on a weekend or bank holiday) don't have a list of bank holiday closures and opening times or this doctor wasn't aware. I listed lots of pharmacies. I googled pharmacies for the doctor. She clearly had no idea what services were open on the bank holiday. On future bank holidays I think the doctors should have the list of the pharmacy opening times for Bank Holidays in front of them when prescribing medicines.		
195809	Excellent Doctor	I came in to see DR Grant who was extremely thorough and spent time explaining and drawing diagrams showing the problems I have been experiencing and went through the results of my MRI in great detail. She was fantastic. Thank you!	5	14/09/2022
201897	Great clinicians and admin staff	I'm lucky enough to have only needed to go to a doctor a handful of times in my life. I had a wound infection which got worse over the weekend. I had been trying to get a gp appointment where I'm registered in the week but couldn't get one. If the walk in centre wasn't available I expect things would have got rapidly worse . It was very busy but I was still seen within an hour or so. Staff were helpful and friendly despite having to deal with some demanding and unpleasant patients. The GP I saw was very	4	06/11/2022

		professional gave me some useful advice and I was on my way within 5-10 mins. Amazing. However I don't think patients should have to queue up outside explain their problem is to the nurse and security guard on the door and then walk to the reception desk and have to shout around the Perspex screen to the admin staff what was wrong with me while they were clerking me in. I'm a typical bloke if I had something I was a bit embarrassed or unsure of wrong with me I'd probably just have left it and walked out . ?lack of privacy		
202031	Incorrect antibiotics	Requested extra nitrofuroin antibiotics and was prescribed pivmecillinam which contained penicillin. If they had referred to my notes the would have seen my allergy to penicillin. Had I taken these it could have had very bad effects	1	10/11/2022
202624	Seen quickly and very thorough	From a 111 call to a doctors appointment within a few hours for my very young daughter I couldn't be happier with the quality of service and care.	5	20/11/2022

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