



Kirklees Clinical Commissioning Group
Wakefield Clinical Commissioning Group

Walk-in centre services in Kirklees and Wakefield

Engagement Report

February 2022

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1. Executive summary

The current contracts for the walk-in centres at Dewsbury and District Hospital, and King Street, Wakefield are due to come to an end in September 2022 and March 2023 respectively. As such a review of these services and the wider urgent care provision is taking place. To support this review, we wanted to hear the views of patients and local people to understand what they value about the service provided by the walk-in centres so that we can improve and develop the services in line with the latest national NHS guidance. We also wanted to find out if people are using digital technology and how this could become part of providing care in the future.

The engagement had been planned to take place over an eight-week period starting week commencing 8 November 2021 and ending on 3 January 2022, however following analysis of the feedback that we had received it was noted that whilst we had received a good response overall, the response from people that had attended King Street walk-in centre had been lower than anticipated. It was, therefore, agreed to further target people that had attended King Street walk-in centre during the engagement and to encourage them to take the time to share their views. The deadline was extended by one week to 10 January 2022.

We used a range of communication and engagement mechanisms to let people know about our plans and how they could have their say. This included the providers of each of the walk-in centre services either texting or handing a paper survey to each person that used the walk-in centre during the engagement period. However, we were mindful that staff at these services were extremely busy and as such understood that this may not always be possible.

In Kirklees we also shared with our Community Voices and asked for expressions of interest to take part in the engagement. Community Voices is about capturing the views of residents, especially those who are seldom heard, specifically in relation to health. Eight Community Voices organisations signed up to take part in the engagement.

In Wakefield, we worked with NOVA, the umbrella voluntary and community sector organisation to share the survey amongst their networks as well as during outreach sessions taking place during the engagement period.

We received feedback on the engagement via:

- **Survey** – 989 people completed the survey, of these 462 (46.7%) had been completed via Community Voices, and 18 via NOVA. 45.7% (450) had used a walk-in centre in the previous two years, and of these 61.2% (281) had used the Dewsbury and District walk-in centre, and 36.6% (136) had used King Street walk-in centre.

It should be noted that during the engagement period King Street were not operating an open-door policy, instead patients were triaged over the telephone and were advised as to the most appropriate action to take, which could include attending the walk-in centre. This resulted in lower numbers attending King Street and this is reflected in the different response rates received for each of the walk-in centres.

- **Discussion groups** – two discussion groups were held with 31 people attending (GAP SHAP group attendees 17; and Roshni group attendees 14)

The key findings raised through these mechanisms were:

Experience of using a walk-in centre

- Most people had used a walk-in centre in the previous two years, 1-2 times (70.2% of any walk-in centre; 67.3% at Dewsbury and District; and 76.8% at King Street).
- Most people were attending due to a health problem they had (60.2% of those that attended any walk-in centre; 62% that attended Dewsbury and District; and 57.1% that attended King Street). King Street had a higher number of people that had attended for a child aged 18 and under (26.6%), compared to Dewsbury and District with 20.6%.
- The main reasons for people attending a walk-in centre were an infection (38.4% of those that attended any walk-in centre); minor injury (20.2% of those that attended any walk-in centre); and high temperature (13.7% of those that attended any walk-in centre). These findings were consistent across the two walk-in centres.
- The main reasons for people attending the walk-in centre varied depending on which walk-in centre they used. Those that attended the walk-in centre at Dewsbury & District Hospital used it because of the following reasons: I was told to go by 111 (25.2%); I was told to go by my GP practice (24.8%); I couldn't get an appointment at my GP practice (24.4%); and it was suggested by a friend / family member (24.4%). Whereas

those that attended King Street used it because: I couldn't get an appointment at my GP practice (41.4%); I would be seen quickly (40.1%); the opening hours were convenient for me (35.5%); and I've used it before, and it worked well (30.3%).

- 88.5% of people that had attended any walk-in centre in the previous two years rated their visit as good, very good or excellent. For those people that had attended the walk-in centre in Dewsbury & District Hospital the rating was 87.2% and King Street rated slightly higher at 92.8%.
- Nearly all of the respondents (95.5%) that had used a walk-in centre in the previous two years would use one again.
- The main reasons as to why people would choose to use a walk-in centre again were consistent across the two walk-in centres: I struggle to get an appointment at my GP practice; I can be seen quickly; I've used the service before, and it worked.
- If people had not been able to attend a walk-in centre many stated that they would have attended A&E (46.1% of those that attended any walk-in centre; 47.5% of those that attended Dewsbury & District; and 41.6% of those that attended King Street). Those that attended Dewsbury & District walk-in centre then stated that they would have called 111 (32.7%) or waited to see their own GP (29.7%). Whilst those that attended King Street stated that they would have contacted GP Out of Hours (32.9%) or waited to see their own GP (32.2%).

Urgent care services

- When people were asked what is important to them if they have an illness or injury that needs attention on the same day, the main reasons were: seeing / speaking to someone on the same day (73%); it being easy to get to (64.9%); and not needing an appointment (46.6%).
- 47.9% of respondents would be able / happy to travel 15-30 minutes, with 26.6% preferring to travel less than 15 minutes. 64.6% of respondents would travel by their own / family car, with 12.8% using public transport.
- Many people talked about how they see the walk-in centres as a vital part of the health care services offered in their area and that they would like them to continue to be provided. Many talked about the excellent service that they had received and valued the convenience of being able to access services without booking an appointment. And many felt that having the walk-in centres helped to reduce pressure on A&E.

- A few people suggested that walk-in centres should be located on the same site as A&E to help alleviate the pressure on A&E and should people require emergency treatment they can be easily transferred.
- Some people suggested that walk-in centres needed to be in central locations, accessible by public transport, and have parking. A few people mentioned the need to have a walk-in centre in Huddersfield.
- Some people mentioned that they didn't know there was a walk-in centre service and suggested that they should be promoted more.
- The difficulties in being able to access GP appointments or being able to be seen face to face were seen as one of the main reasons as to why people were choosing to attend walk-in centres or A&E. People talked about their frustrations at the changes made during the pandemic in accessing GP services and expressed their concerns that services will not return to how they were before the pandemic.

Digital solutions

Smartphones and tablets were the most common devices used by respondents (81.7%), with most people using them to text (75.5%) and email (72.2%). Approximately half of respondents also used their devices to do online banking (51.4%), watch videos (51.1%), and use video calls (47.6%).

From the range of digital methods that people can now use to access services, when they have an urgent health need the most common used by respondents was a phone consultation / appointment with 63% having used this in the previous 12 months.

Whilst many value the convenience of the digital options available to access care, people were keen that this should be down to patient choice. Many were particularly keen on ensuring that face to face appointments continue to be available and feel that for many conditions this is the only way to receive an accurate diagnosis.

Some people expressed concerns about using technology with some being unsure about how secure it is; not having the skills to use it; not having access to the internet; challenges of using certain technologies due to hearing impairments; and English not being their first language.

Staff feedback

In addition to the engagement with the public and key stakeholders we also engaged with staff that work in or with urgent care services. We received feedback on the engagement via an online survey. **77** completed the survey, with 45% of responses from clinical staff (nursing or healthcare assistants, Allied Health Professionals, and medical) and 29% from admin / clerical roles staff.

The analysis of the survey feedback showed that the views expressed tended to differ between people in admin / clerical roles and clinical roles. With people in clinical roles more likely to feel that the services / process could be improved.

The key themes raised through the survey were:

- Some staff talked positively about a system whereby patients are triaged over the phone and then provided with an appointment. They felt that this system worked well and ensured that patients were sent to the most appropriate place for their condition and removed the need for patients to sit in a waiting room for hours. Those that commented felt that it had worked well for both staff and patients and were disappointed that this model was not going to continue.
- Although some staff mentioned that patients that had been telephone triaged and had an appointment booked often arrive under the assumption that they will be seen at the time they have been given. Due to the nature of the service this is not always possible which can result in patients being unhappy at having to wait.
- Many talked about the need for educating the public in what services are available, how and when to access them. Staff felt that many patients are either not aware of what is available, or they are aware and try to access multiple services. It was suggested that a simpler system should be implemented that doesn't encourage patients to try each service before they get the answer they want. 'Talk before you walk' was felt by some as a way to better manage patient expectations.
- Staff felt that the opening times of all the services worked well and that patients were able to access services 24 hours a day if needed. Staff didn't feel there was a need to increase the opening hours of any of the services. But there was a suggestion that the opening hours of the walk-in centre could be reduced to 8pm as very few patients attended after this time.

- Some staff suggested that staff needed to be kept up to date on what services are available and what they offer so that patients can be signposted to the most relevant service for their problem. Some staff commented that there had been so many changes that it was difficult to keep up with what is provided where.
- Many felt that the walk-in centres, urgent treatment centre and A&E are dealing with patients that should have been seen in primary care but due to patients not being able to access an appointment they are either being told by their GP practice or 111 to attend one of the urgent care services, or patients are choosing to attend rather than wait for a GP appointment.
- Staff talked about the challenges of referring patients into mental health services, and speciality services and the strict criteria in place. Often meaning that patients were not able to be seen by the most appropriate service for their needs.
- Some felt that the referral processes were too bureaucratic with an example being given whereby referrals from a nurse led service had been declined as they needed to be made by a GP. And some felt that services were reluctant to accept new referrals as they were too busy to take on any new patients.
- Handovers between different service providers needed to be improved. It was suggested that a standardised handover document that is used by all services to ensure consistency in the type and level of information provided could be implemented. And a shared care record that all providers can access, ensuring all staff have the correct level of access to enable them to carry out their role is needed.
- Many described services that were understaffed and the difficulties in recruiting staff, meaning a reliance on locums. A few mentioned the need for more health care assistants, example given was to provide wound care in the walk-in centre that would free up the time of the advanced nurse practitioners.
- Some described how extra support is added during busier periods and that staff are offered the opportunity to work extra time but don't feel pressured to. Many felt that troughs were rare, and peaks were now becoming the norm.
- Need to improve communication with staff and value their ideas.

2. Background

Across the Mid Yorkshire Hospitals NHS Trust footprint there are two walk-in centres; one that is a co-located walk-in centre that works alongside the Dewsbury and District Hospital emergency A&E department, and one located in the centre of Wakefield at King Street. Both services provide advanced clinical practitioner led urgent primary care services focused on minor illness.

King Street walk-in centre provides primary care urgent care on walk in basis. During the pandemic this has changed to telephone triage first with face to face as necessary to ensure that infection control and social distancing measures were implemented at the height of the pandemic. Dewsbury walk in centre has continued to provide face to face care throughout the pandemic.

The current contracts for the walk-in centres are due to come to an end in September 2022 and as such a review of these services and the wider urgent care provision is taking place. To support this review, we wanted to hear the views of patients, local people, and staff to understand what they value about the service provided by walk-in centres so that we can improve and develop the services in line with the latest national NHS guidance.

We also wanted to find out if people are using digital technology and how this could become part of providing care in the future.

3. Our responsibilities, including legal requirements

The legislation we must work to when delivering any engagement is set out below.

a. Health and Social Care Act 2012

The Health and Social Care Act 2012 makes provision for Clinical Commissioning Groups (CCGs) to establish appropriate collaborative arrangements with other CCGs, local authorities, and other partners. It also places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution – and to promote awareness of the NHS Constitution.

Specifically, CCGs must involve and consult patients and the public:

- In their planning of commissioning arrangements
- In the development and consideration of proposals for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
- In decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

The Act also updates Section 244 of the consolidated NHS Act 2006 which requires NHS organisations to consult relevant Overview and Scrutiny Committees (OSCs) on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

b. The Equality Act 2010

The Equality Act 2010 unifies and extends previous equality legislation. Nine characteristics are protected by the Act - age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, and sexual orientation. Section 149 of the Equality Act 2010 states that all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance 'Equality of Opportunity', and c) foster good relations. All public authorities have this duty so partners will need to be assured that "due regard" has been paid through the delivery of engagement and consultation activity and in the review as a whole.

c. The NHS Constitution

The NHS Constitution came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains a number of patient rights which are a legal entitlement protected by law. One of these rights is the right to be involved directly or through representatives:

- In the planning of healthcare services
- The development and consideration of proposals for changes in the way those services are provided, and
- In the decisions to be made affecting the operation of those services.

d. Principles for Communications and Engagement

Both CCGs' have Communications and Engagement Strategies. The strategies have been developed alongside key stakeholders. The strategies set out an approach to engagement and communications which describes what the public can expect from any engagement activity. The engagement and communications principles in the strategies state that in developing and delivering our communications and engagement activities we will:

NHS Kirklees CCG:

- Provide information that is clear and easy to understand.
- Be timely, targeted and proportionate.
- Foster good relationships and trust by being open, honest and accountable.
- Ask people what they think and listen to their views.
- Talk to our communities, including those most likely to be affected by change.
- Provide feedback about decisions and explain how public and stakeholder views have had an impact.
- Work in partnership with other organisations in Kirklees and West Yorkshire when appropriate.
- Use resources well to make sure we get the most out of what we have.
- Review and evaluate our work, using learning to make improvements.

NHS Wakefield CCG:

- Ask people what they think, listen to what they say and give them feedback about what we do. Talk to a representative sample of the community
- Use different formats and clear, appropriate language to ensure accessible, consistent communication
- Nurture good relationships and trust by being open, honest and accountable
- Be timely, targeted and proportionate in how we communicate and engage
- Make sure that communications, involvement and equality are everyone's responsibility – staff, public and partners
- Use resources well to make sure we get the most out of what we have
- Support member practices and our providers to deliver these values
- Review and evaluate our work

The strategies set out what the public can reasonably expect the CCGs to do as part of any engagement activity and the process required to preserve these principles to ensure public expectations are met.

4. Engagement process for public and key stakeholders

a. Aims and objectives

The aim of the engagement was to inform the review of the walk-in centre services in Dewsbury and Wakefield. The CCGs wanted to hear the views of patients and local people to understand what they value about the service provided by the walk-in centres so that we can improve and develop the services in line with the latest national NHS guidance. We also wanted to find out if people are using digital technology and how this could become part of providing care in the future.

The engagement had been planned to take place over an eight-week period starting week commencing 8 November 2021 and ending on 3 January 2022, however following analysis of the feedback that we had received it was noted that whilst we had received a good response overall, the response from people that had attended King Street walk-in centre had been lower than anticipated. It was therefore agreed, to target people that had attended the walk-in centre during the engagement and to encourage them to take the time to share their views. The deadline was extended by one week to 10 January 2022.

b. Communications and Engagement mechanisms

As the engagement was taking place during a global pandemic when direct contact with individuals was limited, the following communications and engagement mechanisms were used:

Survey

An online survey was developed and used as the main way of gathering feedback (see appendix B). The survey was disseminated in electronic format and was available on CCG websites. The providers of each of the walk-in centre services also ensured that anyone that had used the walk-in centre during the engagement period were either handed a paper copy of the survey to complete or sent a text message with a link to the survey. However, we were mindful that staff at these services were extremely busy and as such understood that this may not always be possible.

We also worked with the providers of the two walk-in centres to establish what the key languages would be and had the survey translated into Gujarati, Urdu, Polish, Punjabi, and Romanian. These were shared with the providers and were accessible on both CCG websites.

Website

We published information on both CCG websites, including a core narrative, Q&As, and translated copies of the survey.

Social media

We shared details of the engagement opportunity via our social media channels and encouraged our followers to re-tweet and share content. See appendix C for a couple of examples of the tweets used.

Engagement events

Kirklees CCG holds quarterly public engagement events. These events provide an opportunity for us to seek views from members of the public, patients and community and voluntary sector colleagues. We highlighted the engagement opportunity at our event in November 2021 and gave participants an opportunity to have their say.

Due to COVID-19 restrictions the event was held online.

GP practices/patients

Given the COVID-19 restrictions, it was difficult for our practices to share information with registered patients in the usual ways. Nevertheless, we did ask them to use their own newsletters, websites, social media channels and patient groups to encourage participation.

We also shared this information with members of our CCG Patient Reference Group Networks at the online meetings held during the engagement period, asking them to complete the survey and share within their own networks.

Community and voluntary sector

We shared the survey and information with community and voluntary sector (CVS) contacts using our dedicated databases. We encouraged CVS organisations to share the survey widely through their own networks.

We also shared with Kirklees Council's Community Plus team and Community Champions and Wakefield Council as part of the work of the Community Cohesion Team and COVID Community Champions. And attended the Age UK Silver Sunday event held in Wakefield in November 2021.

Healthwatch Kirklees and Healthwatch Wakefield

Healthwatch Kirklees and Healthwatch Wakefield were asked to help us share our survey and further information using their website, patient groups and other communication channels.

Community Voices and Third Sector participation

In Kirklees we shared with our Community Voices and asked for expressions of interest to take part in the engagement. Community Voices is about capturing the views of residents, especially those who are seldom heard, specifically in relation to health. The programme supports voluntary and community sector organisations to undertake training for their staff or volunteers to become an accredited 'Community Voice' and then seek the views of the organisation's members to inform health service changes. The CCG commissions Voluntary and Community (VAC) to deliver the Community Voices programme on their behalf. VAC is a charity championing, supporting, and strengthening the positive impact of the Voluntary & Community Sector (VCS) on local lives and communities.

The following Community Voices signed up to participate in the engagement:

- Shaping Care in Kirklees
- [Kumon Ya'll](#)
- Loving Hands
- [Ready Steady Active](#)
- [Locorum](#)
- [20:20 Foundation](#)
- [Third Sector Leaders](#)

- [Indian Muslim Welfare Society \(IMWS\)](#)

And between them they gained the views of 462 people via the survey, and 31 people through discussion groups (GAP SHAP group attendees 17; and Roshni group attendees 14).

In Wakefield we worked with NOVA, our Voluntary and Community Sector umbrella organisation, to gain the views of our residents, again especially those who are seldom heard. Through their work, we received 18 surveys.

Partner and provider organisations

We liaised with Communication colleagues in partner and provider organisations across Kirklees and Wakefield to provide information, and request that they share it with their service users and public networks.

c. Who we involved

Below, we have identified the main audience groups for this work and mechanisms that we used to reach them during the engagement process. A full stakeholder map can be found in appendix D.

Audience Groups	Delivery Method
General public/people who use services, carers, and families	• Survey • Partner and provider communication channels • Community and voluntary sector communication channels • GP practices/patient groups • Social media • CCG websites • CCG engagement sessions • Discussion groups • Healthwatch organisations
Health scrutiny function, Health and Wellbeing Board	• Meetings • Discussion

Audience Groups	Delivery Method
NHS and non-NHS provider organisations	• Email • Information provided to cascade to staff and patients
Partner organisations including Councils and West Yorkshire ICS	• Email • Survey
Healthwatch Kirklees and Healthwatch Wakefield	• Email • Information provided to cascade to public
MPs and councillors	• Information provided via council channels • Face-to-face and written MP briefings • Plus, all above mechanisms
Member practices, federations/PCNs & LMC	• Information provided for cascade to staff, patients, and practice patient groups • Information provided through, for example, GP bulletins • Plus, all above mechanisms NB a separate engagement activity was undertaken to seek views of member practices, LMC and federations

5. Engagement process for staff

In addition to gaining feedback from patients and key stakeholders we were also keen to hear the views of staff that work in or with urgent care services across the Mid Yorkshire Hospitals NHS Trust footprint.

The engagement had been planned to take place over a four-week period starting week commencing 13 December 2021 and ending on 10 January 2022, however due to a low response rate it was agreed to extend the deadline by three weeks to 31 January 2022.

Communications and engagement mechanisms

In planning for the engagement with staff the intention had been that the engagement would involve attending staff meetings and holding drop-in sessions to enable staff to give

their feedback. However, during the planning stages a new COVID variant emerged placing services under considerable pressure. As such the plan was reviewed and it was agreed that the most appropriate method would be an online survey.

Provider organisations

Information was shared with each of the organisations that either provide or work with urgent care services across the Mid Yorkshire Hospitals NHS Trust footprint to share with their staff.

A mid-point review was carried out to establish any gaps in the data and reminders were sent to those groups that had a low response rate.

GP practices

Articles were included in the Primary Care newsletters produced by the CCGs throughout the engagement period to raise awareness of the engagement and to encourage staff to share their views.

Information was also shared with the PCN Directors that sit within the Mid Yorkshire Hospitals NHS Trust footprint.

CCG staff

We included articles in the staff newsletters of both organisations to raise awareness of the engagement and to encourage staff to share their views. And included information on the intranet of both organisations.

6. Equality

To ensure the engagement process meets the requirements for equality, the CCGs must evidence that due regard has been paid to their equality duties.

Engagement activity will be designed to ensure it is appropriate to the target audience, with materials adjusted to ensure accessibility where necessary. Care will be taken to ensure that seldom-heard interests are engaged with and supported to participate. Our links with GP practices, and community and voluntary groups will be helpful in ensuring that we reach a wide audience, including those from protected groups. Our equality team

will help us to ensure that all adjustments and arrangements are made to enable protected groups to fully participate in the engagement process. We will ensure that our communications are accessible to the public and, where requested, we will provide documents in accessible formats.

Equality impact assessment will be undertaken to support engagement and activity will be equality monitored to assess the representativeness of the views gathered during the engagement process. Throughout the engagement we may need to take further measures to address any underrepresentation.

Once complete, an analysis of the engagement will consider if any groups have responded significantly differently to the engagement or whether any trends have emerged which need to be addressed. This data will be part of the evidence to support the equality impact assessment process.

7. Assurance

The Communications and Engagement plan developed to support the engagement process was shared with the Kirklees CCG Patient Engagement Assurance Group in September 2021, and the Wakefield CCG Patient and Community Panel in August 2021 and following meetings for regular updates. The groups provided assurance that the plan was in line with our engagement principles and practice.

8. Analysis of existing engagement

a. Patient feedback

To support the programme of work, the engagement teams across both CCGs have:

- Mapped previous urgent care consultation and engagement activity, producing a dedicated document with the findings. Consultation and engagement mapping exercises typically focus on activity that has taken place in the previous three years. However, for this exercise it was agreed to extend this to ensure that we have a full history of all engagement activity since the 'Meeting the Challenge' consultation in 2013.

The report therefore covers the period 2013-2021 for all urgent care consultation and engagement activity across North Kirklees and Wakefield, and any activity that took place as part of West Yorkshire ICS or neighbouring CCGs, the time covered is 2018-2021.

- Collated survey questions used in previous engagement activity relating to urgent care, and any questions relating to the use of technology to access services.
- Collated previous decisions and messages that have been communicated to the public in North Kirklees and Wakefield regarding the walk-in centres and the provision of urgent care services since the 'Meeting the Challenge' consultation in 2013.

The key findings from this mapping exercise can be found in Appendix A, a copy of the full report is available upon request from kirkccg.engagement@nhs.net

b. Staff feedback

During 2021, a couple of activities took place to capture the views of Mid Yorkshire Hospitals NHS Trust staff. These were:

CLEAR Project - The aim of this project is to engage staff in reviewing service provision and making recommendations for service change. Initial conversations have taken place with a variety of staff across the Emergency Department (ED) teams at Dewsbury and District Hospitals and Pinderfields Hospitals, and the Urgent Treatment Centre (UTC). 339 statements were collected with staff and the following feedback has been collected.

Patient safety walkabout – During Autumn 2021, a Patient Safety Walkabout took place in both Pinderfields and Dewsbury A&E departments by the Kirklees and Wakefield CCG quality teams.

The findings from these exercises can be found in Appendix B.

9. Analysis of patient feedback

a. Patient survey feedback

We received feedback from patients via **989** completed surveys. Appendix F provides a breakdown of the protected characteristics of the survey respondents together with an analysis as to how representative the responses are of the population.

The survey responses were analysed by postcode to establish if there were any variations in responses from people that live in Wakefield and Kirklees. The analysis found that the majority of respondents that attended the King Street walk-in centre had a Wakefield postcode, and the majority of Kirklees residents had attended the Dewsbury and District Hospital walk-in centre. And as such by analysing by which walk-in centre people had attended, we are also able to establish any variation in views both by where people live and the walk-in centre they had used. Any variations in responses have been included in the analysis of each question as set out below.

Q1. In the past 2 years have you used a walk-in centre?

	Number	%
Yes	450	45.7%
No	535	54.3%
Answered	985	
skipped	4	

If people responded No to this question, they were asked to skip to question 13.

Q2. If Yes, which walk-in centre have you used:

	Number	%
Dewsbury and District Hospital	281	63.1%
King Street, Wakefield	163	36.6%
Other (please tell us)	20	4.5%
Answered	445	
skipped	544	

Those people that selected Other provided the following responses:

- Belle Isle, Middleton
- Blackpool

- Bridlington
- Burmantofts Health Centre, Leeds
- Derby
- Drury Lane, Wakefield
- Halifax
- Hudawi Centre
- Kirklees College
- Middleton Health Centre
- Navigation Walk, Wakefield
- Oaklands Surgery, Holmfirth
- Pinderfields – x 3
- Pontefract – x 4
- Undercliffe surgery, Heckmondwike

Q3. How many times have you used a walk-in centre in the past 2 years?

The table below shows that most people that had used a walk-in centre in the previous 2 years had used it 1-2 times (70.2% of any walk-in centre; 67.3% at Dewsbury and District; and 76.8% at King Street).

	Any walk-in centre		Dewsbury & District		King Street	
	Number	%	Number	%	Number	%
1-2 times	314	70.2%	181	67.3%	119	76.8%
3-4 times	88	19.7%	59	21.9%	24	15.5%
5-6 times	25	5.6%	11	4.1%	11	7.1%
7+ times	20	4.5%	18	6.7%	1	0.6%
Answered	447		269		155	
skipped	542		4		0	

Q4. Which walk-in centre did you most recently visit?

It should be noted that during the engagement period King Street were not operating an open-door policy, instead patients were triaged over the telephone and were advised as to the most appropriate action to take, which could include attending the walk-in centre. This resulted in lower numbers attending King Street and this is reflected in the different response rates received for each of the walk-in centres.

	Number	%
Dewsbury and District Hospital	273	61.2%
King Street, Wakefield	155	34.8%
Other (please tell us)	18	4.0%
Answered	446	
skipped	543	

Those people that selected Other provided the following responses:

- Burmantofts Health Centre, Leeds
- Drury Lane, Wakefield
- Had phone call from King Street, Wakefield
- Hudawi Centre
- Kirklees College
- Leeds Belle Isle Middleton
- Middleton Health Centre
- Navigation Walk, Wakefield
- Oaklands
- Derby
- Pinderfields x 3
- Pontefract x 2
- Undercliffe Surgery, Heckmondwike

Q5. Who had the health problem?

Most people that had attended a walk-in centre in the previous two years were attending due to a health problem they had (60.2% of those that attended any walk-in centre; 62% that attended Dewsbury and District; and 57.1% that attended King Street).

King Street had a higher number of people that had attended for a child aged 18 and under (26.6%), compared to Dewsbury and District with 20.6%.

	Any walk-in centre		Dewsbury & District		King Street	
	Number	%	Number	%	Number	%
Me	271	60.2%	168	62.0%	88	57.1%
A child under the age of 5	37	8.2%	21	7.7%	15	9.7%
A child aged 5 – 18	65	14.4%	35	12.9%	26	16.9%
Someone else	48	10.7%	29	10.7%	17	11.0%
Other (please tell us)	29	6.4%	18	6.6%	8	5.2%
Answered	450		271		154	
skipped	539		2		1	

The main responses from those people that selected Other were that people had attended with someone else from their family such as husband, wife, or parent. And many had attended with more than just one person, usually them and their child / children.

Q6. What problem did you need help with? (please tick all those that apply)

The table below shows that the top 3 reasons for people attending a walk-in centre were an infection (38.4% of those that attended any walk-in centre); minor injury (20.2% of those that attended any walk-in centre); and high temperature (13.7% of those that attended any walk-in centre). These findings were consistent across the two walk-in centres.

	Any walk-in centre		Dewsbury & District		King Street	
	Number	%	Number	%	Number	%
Cuts and grazes	32	7.2%	24	9.0%	6	3.9%
High temperature	61	13.7%	36	13.4%	20	13.0%
Infection	171	38.4%	93	34.7%	70	45.5%
Minor injury e.g. sprains, minor burns, broken bones, insect bites	90	20.2%	65	24.3%	23	14.9%
Ongoing treatment for a wound	25	5.6%	21	7.8%	4	2.6%
Pain in hip / knee / leg / ankle / foot	43	9.7%	31	11.6%	9	5.8%
Pain in shoulder / elbow / arm / wrist / hand	19	4.3%	14	5.2%	4	2.6%
Pain in stomach	39	8.8%	27	10.1%	11	7.1%
Rash	32	7.2%	15	5.6%	16	10.4%
Sore throat	32	7.2%	17	6.3%	15	9.7%
Vomiting and diarrhoea	22	4.9%	14	5.2%	7	4.5%
Other (please tell us)	91	20.4%	58	21.6%	25	16.2%
Answered	445		268		154	
skipped	544		5		1	

91 (20.4% of respondents that had attended a walk-in centre) chose other, the main reasons they gave were as follows:

- 10 people had chest pains
- 8 people mentioned asthma / breathing problems

- 6 people had an infection in their eye / sore eyes
- 6 people had blood in their urine / UTI
- 4 people attended for their Covid vaccination
- 3 people had a chest infection
- 3 people had dental issues
- 2 people had an ear infection
- 2 people had pain in their kidneys
- 2 people had an animal bite
- 2 people mentioned anxiety / panic attacks

Q7. Why did you use the walk-in centre? (please tick all those that apply)

The table below shows that the main reasons for people attending the walk-in centre varied depending on which walk-in centre they used. Those that attended the walk-in centre at Dewsbury & District Hospital used it because:

1. I was told to go by 111 – 25.2%
2. I was told to go by my GP practice – 24.8%
3. I couldn't get an appointment at my GP practice – 24.4%
4. It was suggested by a friend / family member – 24.4%
5. I would be seen quickly – 18.8%

Whereas those that attended King Street used it because:

1. I couldn't get an appointment at my GP practice – 41.4%

2. I would be seen quickly – 40.1%
3. The opening hours were convenient for me – 35.5%
4. I've used it before, and it worked well – 30.3%
5. It was suggested by a friend / family member – 24.3%

	Any walk-in centre		Dewsbury & District		King Street	
	Number	%	Number	%	Number	%
I was told to go by my GP practice	94	21.2%	66	24.8%	22	14.5%
I was told to go by NHS 111	100	22.6%	67	25.2%	28	18.4%
I was told to go by an NHS website	13	2.9%	8	3.0%	5	3.3%
I was told to go by A&E	26	5.9%	19	7.1%	3	2.0%
It was suggested by a friend / family member	107	24.2%	65	24.4%	37	24.3%
It is easy to get to by public transport	13	2.9%	7	2.6%	6	3.9%
It is close to home / work	70	15.8%	39	14.7%	29	19.1%
It is easy to get to by car / park	66	14.9%	35	13.2%	27	17.8%
I would be seen quickly	115	26.0%	50	18.8%	61	40.1%
The opening hours were convenient for me	87	19.6%	31	11.7%	54	35.5%
I wanted a second opinion	13	2.9%	6	2.3%	5	3.3%
They have interpreters	3	0.7%	3	1.1%	0	0.0%
I've used it before, and it worked well	81	18.3%	34	12.8%	46	30.3%
I am not registered at a GP practice	6	1.4%	4	1.5%	2	1.3%
I couldn't get an appointment at my GP practice	133	30.0%	65	24.4%	63	41.4%
I did not want to discuss my problem with my own practice	3	0.7%	1	0.4%	1	0.7%
I've used it before and was told to come back for ongoing treatment	11	2.5%	8	3.0%	2	1.3%
I didn't know where else to go	20	4.5%	11	4.1%	5	3.3%
Other reason (please tell us)	42	9.5%	16	6.0%	23	15.1%
Answered	443		266		152	
skipped	546		7		3	

42 (9.5% of respondents that had attended a walk-in centre) chose other, the main reasons they gave were as follows:

- 11 people mentioned that their GP practice was closed
- 5 people felt that it was easier than getting an appointment and their condition didn't require them to attend A&E
- 4 people felt it was the best place for them to go for their condition
- 3 people mentioned that they were staying with parents during the holidays and weren't registered with a local GP
- 3 people had seen their GP but didn't feel that they had received the appropriate treatment
- 3 people mentioned that they were advised to attend by a pharmacist or their GP practice
- 2 people had been unable to get through on the phone to their GP practice

Q8. Overall, how would you rate your visit to the walk-in centre?

88.5% of people that had attended any walk-in centre in the previous two years rated their visit as good, very good or excellent. For those people that had attended the walk-in centre in Dewsbury & District Hospital the rating was 87.2% and King Street rated slightly higher at 92.8%.

	Any walk-in centre		Dewsbury & District		King Street	
	Number	%	Number	%	Number	%
Excellent	192	43.2%	91	34.3%	90	58.4%
Very good	133	30.0%	94	35.5%	35	22.7%
Good	68	15.3%	46	17.4%	18	11.7%
OK	35	7.9%	26	9.8%	6	3.9%
Bad	8	1.8%	4	1.5%	4	2.6%
Very bad	8	1.8%	4	1.5%	1	0.6%
Answered	444		265		154	
skipped	545		8		1	

Q9. Would you use the walk-in centre again?

Nearly all of the respondents (95.5%) that had used a walk-in centre in the previous two years would use one again.

	Any walk-in centre		Dewsbury & District		King Street	
	Number	%	Number	%	Number	%
Yes	426	95.5%	257	95.9%	147	96.1%
No	20	4.5%	11	4.1%	6	3.9%
Answered	446		268		153	
skipped	543		5		2	

Q10. If Yes, why would you choose to use the walk-in centre again? (please tick all those that apply)

The top five reasons as to why people would choose to use a walk-in centre again were consistent across the two walk-in centres:

Dewsbury and District

1. I struggle to get an appointment at my GP practice – 46.2%
2. I can be seen quickly – 44.6%
3. I've used the service before, and it worked well – 41.4%
4. The opening hours work for me – 25.5%
5. It is easy to get to by car – 19.9%

King Street

1. I can be seen quickly – 62.5%
2. I've used the service before, and it worked well – 61.8%
3. I struggle to get an appointment at my GP practice – 53.5%

4. The opening hours work for me – 46.5%

5. It is easy to get to by car – 26.4%

	Any walk-in centre		Dewsbury & District		King Street	
	Number	%	Number	%	Number	%
I am not registered at a GP practice	7	1.7%	6	2.4%	1	0.7%
I struggle to get an appointment at my GP practice	201	48.4%	116	46.2%	77	53.5%
The opening hours work for me	134	32.3%	64	25.5%	67	46.5%
I can be seen quickly	214	51.6%	112	44.6%	90	62.5%
I've used the service before, and it worked well	204	49.2%	104	41.4%	89	61.8%
They have interpreters	5	1.2%	5	2.0%	0	0.0%
I don't know where else to go	21	5.1%	13	5.2%	6	4.2%
It is close to home or work	74	17.8%	42	16.7%	29	20.1%
It is easy to get to by public transport	29	7.0%	17	6.8%	12	8.3%
It is easy to get to by car	94	22.7%	50	19.9%	38	26.4%
Other reason (please tell us)	59	14.2%	34	13.5%	21	14.6%
Answered	415		251		144	
skipped	574		22		11	

59 (14.2% of respondents that had attended a walk-in centre) chose other, the main reasons they gave were as follows:

- 19 people would use a walk-in centre as they are open when their GP practice isn't
- 8 people would attend if they were unable to get an appointment at their GP practice
- 6 people commented on the high-quality care they were provided with
- 5 people mentioned that they felt that the walk-in centre provided care for urgent conditions that don't require attendance at A&E

- 3 people would attend for a vaccine or booster
- 2 people mentioned that they knew they provided a good service as they worked in A&E

Q11. If No, please could you tell us why you would not use this service again?

18 (4% of respondents that had used a walk-in centre service) people provided a response, of these

- A few people commented that the staff had been rude to them.
- A few people commented on having to wait a long time before they were seen.
- A couple of people commented that the walk-in centre was unable to access their notes.
- A couple of people commented on the lack of communication.
- A few people didn't feel that they have been provided with the appropriate treatment for their condition, with a couple of people later being admitted to hospital.

Q12. If the walk-in centre wasn't available, what would you have done? (please tick all those that apply)

If people had not been able to attend a walk-in centre many stated that they would have attended A&E (46.1% of those that attended any walk-in centre; 47.5% of those that attended Dewsbury & District; and 41.6% of those that attended King Street).

Those that attended Dewsbury & District walk-in centre then stated that they would have called 111 (32.7%) or waited to see their own GP (29.7%). Whilst those that attended King Street stated that they would have contacted GP Out of Hours (32.9%) or waited to see their own GP (32.2%).

	Any walk-in centre		Dewsbury & District		King Street	
	Number	%	Number	%	Number	%
Get advice from a pharmacy	84	19.3%	53	20.2%	25	16.8%
Call 111	138	31.7%	86	32.7%	45	30.2%
Wait to see my own GP	129	29.6%	78	29.7%	48	32.2%
Contact GP Out of Hours	90	20.6%	38	14.4%	49	32.9%
Call an ambulance	22	5.0%	14	5.3%	5	3.4%
Go to Accident and Emergency (A&E)	201	46.1%	125	47.5%	62	41.6%
Nothing	13	3.0%	7	2.7%	5	3.4%
Not sure	34	7.8%	25	9.5%	7	4.7%
Other (please tell us)	17	3.9%	13	4.9%	2	1.3%
Answered	436		263		149	
skipped	553		10		6	

17 (3.9% of respondents that had attended a walk-in centre) chose other, the reasons they gave were as follows:

- A couple of people stated that they would ask their family for advice.
- A few people would have gone to A&E
- A few people stated that it would depend on how severe their condition was.
- A few people mentioned that they needed specific treatment and the walk-in centre would have been the most appropriate place for this.
- A few wouldn't have known what to do and would have continued to suffer with their condition.
- One person commented that they would have called 111 and another would have contacted their GP practice.

**Q13. If you have an illness or injury that needs attention on the same day but is not life-threatening, what is important to you?
Please pick the most important (up to 5)**

When people were asked what is important to them if they have an illness or injury that needs attention on the same day, the top five were:

1. Seeing / speaking to someone on the same day – 73%
2. Location – easy to get to – 64.9%
3. Not needing an appointment – 46.6%
4. Location – easy to park – 33.5%
5. A place where I could get tests to see what help I need – 32.8%

The responses were reviewed to establish if there were any variations in the responses provided by those people that had attended a walk-in centre compared to those that hadn't. As can be seen from the table below the responses were fairly consistent across the two groups with the only variation being that those who had used a walk-in centre were more likely to value being able to access a service that can see their medical record / history.

	All respondents		Used a walk-in centre		Not used a walk-in centre	
	Number	%	Number	%	Number	%
Location – easy to get to	625	64.9%	250	58.7%	373	69.9%
Location – easy to park	323	33.5%	120	28.2%	202	37.8%
Having a booked appointment	168	17.4%	59	13.8%	109	20.4%
Not needing an appointment	449	46.6%	208	48.8%	240	44.9%
Seeing / speaking to someone on the same day	703	73.0%	314	73.7%	388	72.7%
Being able to talk to someone on the phone, so I can be advised to go to the right place	215	22.3%	91	21.4%	124	23.2%
An appointment with a healthcare professional that I know	107	11.1%	36	8.5%	71	13.3%
An appointment at a time that works for me	229	23.8%	88	20.7%	141	26.4%
At the same place as services that would help if my condition got worse	257	26.7%	103	24.2%	153	28.7%
A place where I could get tests to see what help I need	316	32.8%	114	26.8%	201	37.6%
A service that can see my medical record / history	308	32.0%	128	30.0%	180	33.7%
Other (please tell us):	58	6.0%	21	4.9%	37	6.9%
Answered	963		426		534	
skipped	26		24		1	

58 (6% of all respondents) chose other, the reasons they gave were as follows:

- 10 people commented that they wanted to be able to see or speak to someone on the same day
- 9 people commented that they wanted a service that was close to home and easy to get to
- 6 people commented that they wanted a service where they could get the tests to see what help they needed.
- 6 people commented that they felt all the options were important

- 5 people commented that they wanted to access a service that was at the same place as services that would help if their condition got worse
- 5 people commented that they wanted a service that can see their medical record / history
- 2 people wanted the service to be able to provide a prescription if needed
- 2 people wanted to be able to have an appointment with a healthcare professional that they know
- 2 people wanted to be able to talk to someone on the phone and be advised as to the right place for them to go
- 2 people wanted a service that is available when their GP practice is closed or if they are unable to access a GP appointment.
- 2 people didn't want to have to book an appointment

Q14. Which is the single most important thing to you from the list above

759 (76.7% of all respondents) people provided a response, the single most important thing for a significant proportion of respondents was to be able to see or speak to someone on the same day; followed by it being in a location that is easy to get to; and not having to book an appointment to access the service.

Q15. If you were offered an appointment for an urgent health need, how far would you be able / happy to travel? Please tick the box that most closely matches your views.

47.9% of respondents would be able / happy to travel 15-30 minutes, with 26.6% preferring to travel less than 15 minutes. The responses were reviewed to establish if there were any variations in the responses provided by those people that had attended a walk-in centre compared to those that hadn't. As can be seen from the table below the responses were consistent across the two groups.

	All respondents		Used a walk-in centre		Not used a walk-in centre	
	Number	%	Number	%	Number	%
I would not be able to travel	36	3.8%	16	3.8%	20	3.8%
I would not be happy to travel	50	5.2%	15	3.6%	35	6.6%
Less than 15 minutes	254	26.6%	120	28.4%	134	25.2%
15 – 30 minutes	457	47.9%	198	46.9%	257	48.4%
30 – 45 minutes	105	11.0%	43	10.2%	62	11.7%
Over 45 minutes	53	5.5%	30	7.1%	23	4.3%
Answered	955		422		531	
skipped	34		28		4	

Q16. How are you most likely to get there?

64.6% of respondents would travel by their own / family car, with 12.8% using public transport.

	Number	%
Walk	39	4.1%
Public transport	122	12.8%
Bike	0	0.0%
Own / family car	617	64.6%
Taxi	60	6.3%
Lift from family / friend	117	12.3%
Answered	955	
skipped	34	

Q17. What digital technology do you use at home? (please tick all that apply)

Smartphones and tablets were the most common devices used by respondents (81.7%), with most people using them to text (75.5%) and email (72.2%). Approximately half of respondents also used their devices to do online banking (51.4%), watch videos (51.1%), and use video calls (47.6%).

	Number	%
Smartphone / tablet	778	81.7%
Computer / laptop	627	65.9%
Texting	719	75.5%
Watch videos online e.g. YouTube, TikTok	486	51.1%
Online banking	489	51.4%
Email	687	72.2%
Made / answered video calls e.g. Skype, FaceTime, Zoom	453	47.6%
I can't use digital technology	68	7.1%
I don't have access to digital technology	31	3.3%
I have access but I don't like using it	83	8.7%
Answered	952	
skipped	37	

Q18. During the pandemic some health care appointments have been different, including using digital technology. If you had an urgent health need, which of these would you be happy to have / use?

If people had an urgent health need, they would be most happy to have / use the following:

- Face to face – 94.4% (definitely / probably)
- Phone consultation / appointment – 72.4% (definitely / probably)

- Video consultation / appointment – 58.6% (definitely / probably)

And least happy to use:

1. Text message – 30.6% (definitely / probably)
2. Online consultation / appointment – 42.5% (definitely / probably)

	Definitely		Probably		Possibly		Probably not		Definitely not		Answered	Skipped
	No.	%	No.	%	No.	%	No.	%	No.	%		
Face to face	831	88.3%	57	6.1%	29	3.1%	16	1.7%	8	0.9%	941	48
Phone consultation / appointment	377	41.5%	281	30.9%	147	16.2%	48	5.3%	56	6.2%	909	80
Video consultation / appointment	263	29.4%	261	29.2%	146	16.3%	96	10.7%	129	14.4%	895	94
Text message	141	16.2%	126	14.4%	165	18.9%	188	21.6%	252	28.9%	872	117
Online consultation / appointment	187	21.5%	183	21.0%	191	22.0%	134	15.4%	175	20.1%	870	119

Please tell us more

336 (33.9% of all respondents) people provided a response, of these many stated that it would depend on what their health need was, but most prefer to be seen face to face. As it allows the clinician to see the physical symptoms and carry out an examination. Many people described how they feel more comfortable communicating face to face than over the phone.

For an urgent health need many people just wanted to be able to speak to someone about their condition, ideally face to face but would be happy to use other means if it meant that they could have an appointment.

People expressed concerns about using technology with some being unsure about how secure it is; not having the skills to use it; not having access to the internet; challenges of using certain technologies due to hearing impairments; and English not being their first language.

Some people expressed concern that access to face-to-face services at GP practices was becoming more difficult and questioned whether this could explain why people choose to attend walk-in centres and A&E.

Q19. In the last 12 months have you used any of the following methods to get help with an urgent health need? (please tick all that apply)

From the range of digital methods that people can now use to access services when they have an urgent health need the most common used by respondents was a phone consultation / appointment with 63% having used this in the previous 12 months.

	Number	%
Phone consultation/appointment	589	63.0%
Video consultation/appointment	76	8.1%
Text message	84	9.0%
Online service available via your GP practice website e.g. eConsult, Engage Consult, Patient Triage or Ask My GP	115	12.3%
I haven't used any of them	307	32.8%
Answered	935	
skipped	54	

Q20. If you have used them, please tell us what worked well

Phone consultation / appointment

412 (41.6% of all respondents) people provided a response, of these the majority of respondents valued being able to talk to someone about their condition, with many commenting on the convenience of not having to leave home, arrange childcare or take time off work to attend their appointment. Many commented that they had been seen quickly and felt that they had received the appropriate care / treatment.

However, many did feel that there were limitations in accessing services via the phone and that for some health conditions a face-to-face appointment would be required, and in some instances, these had been arranged by the clinician. And some had been asked to submit photos to enable the clinician to make a diagnosis.

A few people commented on the frustration of having to wait around for the call and then the challenges of using the telephone due to a poor connection.

Some people commented that they prefer to be seen face to face and some feel that they receive a more accurate diagnosis, as the clinician isn't just reliant on the patient's description but can also see any physical changes.

Video consultation / appointment

83 (8.4% of all respondents) people provided a response, of these many felt that it worked better than using the phone as they were able to show the clinician the physical symptom but where a physical examination was needed a face-to-face appointment would still be required.

Some people had connection problems and were unhappy with using the technology.

A few people commented that they hadn't been offered this at their practice but would be willing to try it.

Text message

101 (10.2% of all respondents) people provided a response, of these most had used text messaging to receive reminders about an upcoming appointment or to book their COVID vaccine. Some people had also been sent links to further information to manage their

condition. It was felt that text messaging would not be an appropriate method to use for an appointment.

Online consultation / appointment

83 (8.4% of all respondents) people provided a response, most people that had used e-consult or something similar had found that it worked well when seeking advice for a non-urgent condition; requesting repeat prescriptions; and booking appointments. Some found it was convenient as they were able to complete the form at a time that suited them, and some valued being able to upload photos. Although, some people found the forms difficult to complete. And some reported that the response from the GP practice wasn't always the same day, so not ideal for anything that is urgent.

Q21. If you have used them, please tell us what didn't work well

Phone consultation / appointment

217 (21.9% of all respondents) people provided a response, of these many reported that they had not been provided with an appointment time and as such felt that they were waiting around for the call, and some had missed the call. People wanted to be given an appointment time for their phone consultation and for this to be an accurate time rather than being advised it will be sometime between 2pm-6pm.

Many commented that they felt that they should have had a face-to-face appointment to enable them to show their physical symptoms and receive an examination, without this they were concerned that they would receive an incorrect diagnosis. Some ended up having a face-to-face appointment so the clinician could carry out an examination which people felt had just delayed them accessing treatment and had wasted time.

Some people described how they had felt rushed and didn't feel that they had described their symptoms clearly enough and were concerned that this could impact on the diagnosis and treatment they received.

Some people described how due to hearing loss; English not being their first language; or anxiety they find using the phone difficult and would prefer to communicate face to face.

Video consultation / appointment

65 (6.6% of all respondents) people provided a response, of these some reported that the quality of the picture and audio had been poor. Some reported that they hadn't been offered this and whilst some would be willing to try it others wouldn't want to, either because they don't feel they would be able to receive an accurate diagnosis, or they are unable to use the technology.

Text message

64 (6.5% of all respondents) people provided a response, of these the majority felt that it would only be appropriate to use text messages for appointment reminders or requesting prescriptions. A few people mentioned that they wouldn't respond to a text message as they had concerns that it could be a scam or insecure.

Online consultation / appointment

56 (5.6% of all respondents) people provided a response, of these many felt that it was reliant on having a good internet connection; ability to use technology; and the ability to describe in writing what your symptoms are, which not everyone is able to do.

A couple of people mentioned that their practice limits the times when e-consult is available. And one person commented that e-consult would only allow one condition to be discussed resulting in multiple forms needing to be completed.

Q22. Have you got any other comments you'd like to add?

313 (31.6% of all respondents) people provided a response:

- Many people talked about how they see the walk-in centres as a vital part of the health care services offered in their area and that they would like them to continue to be provided. Many talked about the excellent service that they had received and valued the convenience of being able to access services without booking an appointment. And many felt that having the walk-in centres helped to reduce pressure on A&E.
- A few people suggested that walk-in centres should be located on the same site as A&E to help alleviate the pressure on A&E and should people require emergency treatment they can be easily transferred.

- Some people suggested that walk-in centres needed to be in central locations, accessible by public transport, and have parking. A few people mentioned the need to have a walk-in centre in Huddersfield.
- Some people mentioned that they didn't know there was a walk-in centre service and suggested that they should be promoted more.
- The difficulties in being able to access GP appointments or being able to be seen face to face were seen as one of the main reasons as to why people were choosing to attend walk-in centres or A&E. People talked about their frustrations at the changes made during the pandemic in accessing GP services and expressed their concerns that services will not return to how they were before the pandemic.
- Whilst many value the convenience of the digital options available to access care, people were keen that this should be down to patient choice. Many were particularly keen on ensuring that face to face appointments continue to be available and feel that for many conditions this is the only way to receive an accurate diagnosis.

b. Discussion group feedback

The Community Voices were given the opportunity to be involved in the engagement and were advised to choose the most appropriate engagement method to engage with their communities. [20:20 Foundation](#) chose to hold two discussion groups. This was done on a group basis, so it was accessible to people at the groups who needed the information in the survey translating and talking through.

Thursday 2nd December 2021 - GAP SHAP group attendees 17

Tuesday 7th December 2021 - Roshni group attendees 14

The feedback was as follows:

Q1. In the past 2 years have you used a walk-in centre?

31 people said yes

Q2. If Yes, which walk-in centre have you used:

27 people said Dewsbury and District hospital and 5 also mentioned the GP walk-in centre in Dewsbury town opposite the church of Nazarene (this centre closed a number of years ago).

Q3. How many times have you used a walk-in centre in the past 2 years?

24 people said 3/4 and 7 people said 7+

Q4. Which walk-in centre did you most recently visit?

22 people said Dewsbury and district hospital and 9 also mentioned the GP walk-in centre in Dewsbury town opposite the church of Nazarene (this centre closed a number of years ago).

Q5. Who had the health problem?

16 said me, 10 said child under 5 and 4 said child under 18. 5 said someone else (daughter in law, sons' relatives etc).

Q6. What problem did you need help with?

High temperature and infection were said 22 times, sore throat and vomiting also said 19 times, minor injury and pain in hips etc. said 18 times.

Q7. Why did you use the walk-in centre?

We used the walk-in centre because close to home (29) easy to get to (21) we knew it would be open (26) and family friend told us there is one near the bus station (25).

Q8. Overall, how would you rate your visit to the walk-in centre?

Rate was 20 was ok, 7 was good and 4 said bad

Q9. Would you use the walk-in centre again? If Yes, why would you choose to use the walk-in centre again?

31 said they would use the walk-in centre again. Opening hours are good, I can be seen quickly, no need for appointments and close to public transport.

Q10. If the walk-in centre wasn't available, what would you have done?

23 said wait for GP, 8 said contact out of hours and 111 and all said possibly ring 999.

Q11. If you have an illness or injury that needs attention on the same day but is not life-threatening, what is important to you?

Location is important including car park (26) not needing an appointment (25) seeing healthcare professional (23) and somewhere where I could be referred if it was serious (31).

Q12. If you were offered an appointment for an urgent health need, how far would you be able / happy to travel?

2 said they are unable to travel without family members and could not do so without family members help, 31 would not be happy. 20 said under 15 mins is acceptable.

Q13. How are you most likely to get there?

29 said family members, car, and public transport (22), taxi (15).

Q14. What digital technology do you use at home?

22 said they had facetimes, and WhatsApp called however it was usually answering the call not making them, 15 said they had been given phone when already answered. Other said they had internet but didn't know how to use it.

Q15. If you had an urgent health need, which of these would you be happy to have / use?

Face to face 31 definitely, phone 26 probably as a second resort with a view of seeing someone.

Q16. In the last 12 months have you used any of the following methods to get help with an urgent health need?

31 said yes to phone consultation and triage service however they said it was a nurse of someone from the chemist and they didn't resolve the matter.

Q17. Please tell us what worked well

Worked well is you have the phone; however, the health professional times are really bad. And some don't speak Urdu and if my son or daughter is not in, I find it hard to understand them.

Q18. Please tell us what didn't work well

Times for the consultations especially around pray times are not good, video consultations we don't feel comfortable with, can't read text message.

Q19. Have you got any other comments you'd like to add?

We would like to have a combination of all the options and for us to decide. We feel Covid has given people a chance to not be going to Drs and people suffer as they are unable to use the new mediums of communications.

10. Equality representation and analysis

The patient survey data was analysed to establish whether the respondent sample was representative of the communities served and if any protected groups had responded significantly differently to the survey questions. Where significant differences have emerged, they are detailed. The findings were as follows:

a. Representation

The sample of respondent's has been compared to local population data, as this relates to part of Kirklees and all of Wakefield there are some instances where the data is not readily available. Where local demographic data is referenced, this comes from the 2011 census unless otherwise stated.

65.9% of respondents were female, 31.8% male, 1.6% preferred not to say and 0.7% described themselves in another way.

The gender spilt for the areas served by Mid Yorkshire Hospitals Trust is 50.7% female and 49.3% male.

Women do tend to make up the majority of survey respondents, as almost a third were male contributors we have captured their views.

The majority of respondents were aged between 27 and 76 (82.3%), with the largest group 47-56 years olds (18.4%). 13.1% were under 26 including, 16 and under (4.8%). 4.6% were over 77.

Comparing to the census data we would expect more younger respondents. Almost 5% of the respondents were 16 and under, compared to around 20% for the areas.

We gather data on people who care for children in their households to ensure there is coverage of views impacting children and young people. 26.2% of respondents cared for children or young people (0-19) who lived with them.

The local data isn't directly comparable to the breakdown we have used but for over 65's (16.2% locally), survey respondents (over 67) were 20.3%.

Age has been adequately addressed compared to the local demographic profile.

33.8% of the respondents identified as Christian, 27.8% as Muslim with 26% having no religion. 8.7% preferred not to say. Sikhism and Hinduism were both 0.8%, with Buddhism 0.5%.

From the local census data there would be expected to be more Christians responding (58.9%), and fewer Muslims (12%), Sikhs (0.2%) and Hindus (3%). As it is important to understand the views of these communities the response rate means we can analyse and understand the groups views on urgent care better.

The majority of respondents were from White backgrounds, with 54.4% White -English / Welsh / Scottish / Northern Irish / British.

28.7% were from Asian / Asian British backgrounds: predominantly Indian (15.8%) and Pakistani (12.4%) heritages.

3.9% were from Black / Black British backgrounds: Caribbean (3.2%) and African (0.7%) heritages.

People from mixed and multiple ethnic backgrounds made up 2.9% of the survey respondents; similarly split between White and Asian and White and Black Caribbean. 8% preferred not to say.

From the local census comparison, the survey is underrepresented for White British / UK (82.8%) and overrepresented on Asian / Asian British backgrounds (12.9%) Black / Black British backgrounds (0.6%) and mixed and multiple ethnic backgrounds (1.2%).

Over 50% of White UK respondents will give us a good sample for analysis. The over representation of other groups allows analysis to gather views from groups who experience some of the worst health inequalities.

The two areas, North Kirklees and Wakefield are very different in terms of ethnic diversity, with the Pakistani and Indian heritage populations making up 22% of North Kirklees in 2011.

9.3% of the respondents said they were disabled. From the census when asked 'Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?' (Limited a lot and limited a little).

The average for the local areas is 10% for limited a lot and limited a little.

15.2% of respondents were unpaid carers this compares to a local area average of 10.8%. From this is clear that the sample of respondents were representative of the areas served where underrepresentation appears it is in such numbers as to ensure the voice of the group has been shared.

The two discussion groups hosted by GAP SHAP group (17) and Roshni group (14). Of the 31 people participating; they were all from Wf13 (Dewsbury), there was a similar number of men (17) and women (14). They were older, over 55. All were born in Pakistan, identified Asian / Asian British – Pakistani and were Muslim. 74% were disabled and 38.7% were carers. 83.8% were receiving benefits.

b. Analysis of views

Attendance at a walk-in centre (WIC) in the last 2 years

- The youngest respondents were most likely to have used the WIC than not, (63.3%) followed by the 26-45s (55.6%). When all respondents were analysed those who attended a WIC were most likely to be aged 25-24 and 46-65 (38.4%, 33.1%).
- Similar proportions of women and men had attended a WIC in the last two years. Female: 45%, male 41.3%.
- Only some ethnicities have been analysed due to low numbers of respondents. Those considered are people from Caribbean, Indian, Pakistani, and White British backgrounds. Similar proportions of different ethnicities attended a WIC in the last two years, with Pakistani heritage groups responding, attending more. Pakistani groups (50.5%), English/Welsh/Scottish/Northern Irish/British (43.3%), Caribbean (37.9%), Indian (36.9%).
- Similar proportions of disabled and non-disabled people had attended a WIC in the last two years. Disabled (40.2%) and non-disabled (43.4%).
- Higher proportions of carers had attended a WIC in the last two years. Carers: 53.0%, non-carers 42.3%.

- Similar proportions of people receiving benefits had attended a WIC in the last two years compared to those not in receipt. Benefit:47.7%, No benefit:42.7%.

How many times have you used a walk-in centre in the last 2 years?

- All respondent cohorts were most likely to have visited once or twice, with this most likely with increasing age, 86.8% (66+) to 63.2% (0-16). This trend was not replicated across the frequency of visits – as this decreased with increasing age.
- Women and men had used a walk-in centre at the same frequency.
- Only some ethnicities have been analysed due to low numbers of respondents. Those considered are people from Indian, Pakistani, and White British backgrounds. The different ethnicities had used a walk-in centre in the last year at similar levels. There were some notable exceptions with Pakistani heritage groups responding higher to the 7+ times category, 12.5% compared to UK White (3.85%) and Indian (1.9%). Indian groups were highest in the 3-4 times category, 30.8% compared to compared to White British (17.1%) and Pakistani (16.1%).
- The frequency with which disabled and non-disabled people had used a walk-in centre in the last 2 years was comparable at 1-2 visits, but disabled people were slightly more likely to have attended 3-6 times than non-disabled people.
- The frequency of visits was similar for carers and non-carers.
- The frequency of visits was similar for those in receipt of benefit and those not.

Which walk-in centre did you most recently visit?

- When respondents who had visited either Dewsbury or King Street were analysed as reflected in the survey more had attended Dewsbury. The majority of 0-16 respondents had attended Dewsbury (93.3%) with the ages more even with increased age, 66+ Dewsbury (55.8%), King Street (44.2%), very similar for 46-65 respondents.
- More men who responded used Dewsbury (64.7%) with women (59.9%)
- The ethnicity results for this question follow the ethnicity makeup of the local populations with over 90% of attendances by Asian / Asian British groups at Dewsbury and over 60% from the Caribbean respondents. The White British groups were evenly distributed at 47% at each place. For Other White respondents more attended at Wakefield, though these were low numbers (8).
- There was no difference in attendance rates for disabled respondents or those who were carers.

- Respondents who were in receipt of benefits were more likely to attend Dewsbury (67.3%) compared to those not in receipt (56.2%).

Who had the health problem?

- For age there was limited basis for analysis as there was an overlap.
- When all Black, Asian and minority ethnic groups data was collated and compared against the White groups the following trends were noted. White groups were slightly more likely to attend for their own health need (62.1%, 57.6%) and Black, Asian and minority ethnic groups were more likely to attend for a child under 5 (11.4%, 5.7%).
- Disabled respondents were less likely to be attending for a child / young person (9.1%, 25.7%) but were more likely to going for someone else (18.2%, 9.4%).

What problem did you need help with?

- When all Black, Asian and minority ethnic groups data was collated and compared against the White groups the following trends were noted. Black, Asian and minority ethnic groups were more likely to attend for a high temperature (17.6%,10%), minor injuries (27.5%, 20.5%) and stomach pains (15.3%, 4.8%). White groups were more likely to attend for an infection (41.9, 34.4%).
- Other conditions were more comparable.
- Disabled people attended for very similar rates of issues, though disabled people were more likely to attend for a rash (11.85, 4.5%).
- Carer respondents were likely to attend for an infection (32%, 24.5%) and less likely to attend for cuts and grazes (1.9%, 5.6%), pain in hips, etc (1.9%, 6.7%).
- The results for people who get benefits and don't are broadly comparable.

When asked why they used a WIC?

- When all Black, Asian and minority ethnic groups data was collated and compared against the White groups the following trends were noted. Black, Asian and minority ethnic groups were more likely to go on the advice of 111 (30.3%, 15.8%), A&E (10.6%, 2.4%), friend or family (31.8%, 21.1%) for White groups convenience played a part, easy to get to by car / park (18.7%, 9.8%), opening hours (25.8%, 12.1%) and not being able to access a GP appointment (36.4%, 20.5%). These groups were also more likely to attend as they'd used it before (22.0%, 10.6%).

- For disabled people the responses were generally similar, but they were less likely to be advised to attend by 111 (2.9%, 10.7%).
- People who were not carers were more likely to have been told to attend by their GP practice (10.7%, 5.2%).
- Respondents who get benefits had very comparable responses to those who don't, but close to home was slightly higher for those who don't get benefits (8.2%, 4.7%).

How would you rate your visit to the walk-in centre?

- All the 16 and under respondents rated the service ok and above, as did the over 66-year-old respondents. When those who rated the service good and above were considered the over 66 and 26-45 were most satisfied (92%) and the 16-25 least (71%).
- Both women and men reviewed the service highly, with women slightly more positive.
- There was a relatively small number of respondents from Indian, Pakistani, and Caribbean backgrounds (118) so they have been grouped to understand if there are any differences in experience. The overall positivity rates are similar, but the difference emerges in the ratings, with 60% of White British respondents rating excellent compared to 17.8% of respondents from Indian, Pakistani, and Caribbean backgrounds.
- Disabled people were more likely than non-disabled people to say the service was excellent, but they also reported more negatively with 9.4% reporting their experience as bad / very bad compared to 1.8% of non-disabled respondents. This was from a small sample of 32 respondents.
- The outcomes for carers and non-carers for this question were very comparable.
- The overall positive experiences are comparable for those in receipt of benefit, but they were less likely to rate the service as excellent, (27.7%, compared to 50.2%).

Why would you choose to use the WIC again?

- This data was not analysed by age.
- When all Black, Asian and minority ethnic groups data was collated and compared against the White groups the following trends were noted. Black, Asian and minority ethnic groups expressed more that it was close to home / work (20%, 14.9%) and White groups because the opening hours work for them (37.8%, 26.4%) and they've used it before and it worked well (54.7%, 42.4%).

- When asked why not the majority of Black, Asian and minority ethnic groups relayed concerns about the wait time. For White groups the issues related to quality of care.
- Disabled respondents had similar responses to non-disabled, with a couple of exceptions, disabled people were more likely not to be registered with a GP (2.3%, 0.4%), not knowing where else to go (4.7%, 1.6%). Non-disabled respondents would use it again as they would be seen quickly (22%, 14%) and used before and worked well (20.8%, 11.6%).
- The responses for carers were broadly comparable to non-carers as were those for respondents who get benefits.

Would you use the walk-in centre again?

- The youngest respondents would use the WIC again (100%), as would the over 66-year-old respondents (100%). The least likely were the 16-25 respondents (80.6%)
- Females and males were similarly likely to use the WIC again (96.2%, 94.8%).
- In terms of ethnicity Caribbean respondents were less likely to use a WIC again, (81.8%) then other White groups (87.5%) these were from small samples, other groups were around 95% and over.
- Disabled people were slightly less likely to use a WIC again (90.9%, 96.2%), the rates for carers were almost identical (95.8, 95.9%) and those in receipt of benefit were also very similar (94.2%, 95.7%).

If the walk-in centre wasn't available, what would you have done?

- This data was not analysed by age.
- People in the survey said they were most likely to attend A&E (46%) if the WIC wasn't available.
- When compared against the choice they would have made the responses for gender were very comparable with only slight differences, males would be more likely to seek advice from a pharmacy, (14.7%, 10.5%), females more likely to call 111 (19.8%, 15.2%).
- When all data was collated and compared against the White groups the following trends were noted. Respondents from Black, Asian and minority ethnic groups were more likely to call an ambulance (9.1%, 1.9%). White groups were more likely to contact GP out of hours services (25%, 16.7%). Other responses were broadly similar.
- Disabled respondents held broadly similar views to those who are not disabled.

- Carers were more likely to attend A&E (34.6%, 26.5%) but other responses were broadly similar.
- Those who get benefits were less likely to call 111 (13.5%, 19.8%), wait to see their own GP (12.9%, 20.8%), but were more likely to call an ambulance (6.5%, 1.8%) or go to A&E (33.5%, 25.1%).

How far would you be happy / able to travel?

- Most groups were most comfortable travelling 15-30 minutes. The oldest group were least likely to be able or happy to travel (12.4%), the youngest group were most prepared to travel over 45 minutes (26.7%).
- When all Black, Asian and minority ethnic groups data was collated and compared against the White groups the following trends were noted. Black, Asian and minority ethnic groups were less happy and able to travel (10.4%, 6%). They also expressed more of a preference for less than 15 minutes travel (31.9%, 22.2%).
- Male respondents were less able and happy to travel (13.2%, 6.9%) but were more willing to travel over 45 minutes (9.6%, 3.1%).
- Disabled respondents were much more likely to say they would not be able to travel (12.2%, 2.3%) and not happy to travel (8.5%, 4.5%). They were less happy to travel 15-30 minutes (37.8%, 48.8%) and over 45 minutes (1.2%, 6.7%).
- Carer's responses were broadly in line with those who did not provide care for others.
- Respondents who get benefits were more comfortable to travel less than 15 minutes compared to those who do not get benefits (32.4%, 24%).

How are you most likely to travel to a WIC?

- For all age groups own / family car was the most likely form of transport. With most groups 60% and above. The only outliers were 16–25-year-old respondents (45.6%), this groups were highest in the public transport but only marginally.
- Mode of transport was mostly in line with White groups more likely to drive (69.6%, 59.5%) and Black, Asian and minority ethnic groups more likely to get a lift (17.1%, 8.9%).
- Disabled people were more likely to use public transport (20%, 12.6%), taxi's (12.5%, 4.2%) or get a lift (18.8%, 10.5%). Non-disabled people were more likely to use their own / family car (68.2%, 46.2%).

- Carer respondents had very similar responses with higher use of own or family car (73.7%, 63.5%).
- Respondents who get benefits were slightly more likely to walk (6.4%, 3.9%), use public transport (15.6%, 11.2%), taxis (11%, 2.8%) or get a lift (16.5%, 10.7%) compared to those who don't. They were more likely to travel by own / family car (71.5%, 50.5%).

What technology do you use at home?

- When all Black, Asian and minority ethnic groups data was collated and compared against the White groups the following trends were noted. Black, Asian and minority ethnic groups were less likely to use all listed technology other than watching videos online and 12% said they can't use technology compared to 2.3% in White groups. It was particularly noticeable for email access with Black, Asian and minority ethnic groups (63%, 81.6%) and online banking.
- Disabled people had very similar responses to these questions to non-disabled people, though more disabled people said they can't use digital technology (5.9%, 1.3%).
- Carer's responses were broadly comparable with non-carers.
- Respondents who received benefits were more likely to not be able to use digital technology (3.6%, 0.6%) for other technologies the responses were very comparable.

In the last 12 months have you used any of the following?

- The differences were noted in most areas with White groups more likely to have used all forms. The biggest differences were in phone (67%, 57.4%) and online (16.3%, 7.1%).
- Black, Asian and minority ethnic groups were more likely to have not used any of them (39.9%, 27.6%).
- For disabled respondents the answers were very aligned with non-disabled with phones being used more often (57.5%, 49%) and not using any lower than non-disabled (17%, 27.3%).
- Carer's responses aligned with non-carers, but carers had used online services more (15.9%, 8.7%).
- Respondents who receive benefits had similar responses, though were slightly more likely to use phone consultation (55.9%, 48.6%) and they were less likely to have not used any of the methods (19%, 27%).

Have you got any other comments you'd like to add?

The feedback to this question included specific WIC content but also comments about the NHS in general. The feedback for each of the groups is very similar and comments appeared in many categories due to people belonging to different equality groups.

When the open text answers were reviewed by age, for the younger (0-25) and older (66+) age groups the following themes emerged.

- The younger groups were concerned about better healthcare in schools, face to face consultation, gratitude for the WIC, but some quality concerns.
- The older group had similar feedback regarding face-to-face consultations, but some expressed a preference for new digital approaches. There was gratitude for the service but some expressed surprise as they didn't realise it still existed. Travel was an issue for this group. There was a view that the service needed protecting.
- The same question was analysed for feedback from respondents who identified as Black, Asian, and other ethnic minority groups. Themes emerging included gratitude for the service, GP appointments, don't close them, face to face consultations, access issues, positive and some negative feedback about the service, and a lack of knowledge about the service.
- Feedback from disabled people included quality issues positive and negative, no awareness of the service, keep the WIC, and access issues.
- Feedback from carers included the need for face-to-face appointments, access issues, keep WIC, and gratitude for the service.

The feedback from the group discussions from Asian / Asian British – Pakistani older Muslim people found that being close to home, easy to get to, open and recommendations influenced their decision to attend. All said they would use again. Though 12.9% rated it as bad. None would be happy to travel and 70.9% would not be able to travel without family support.

Technologically they were equipped to answer facetime and WhatsApp calls rather than make them. They definitely wanted face to face support, but 83.8% would accept phone contact. Lack of appropriate language support was problematic if family were not there to support.

11. Staff feedback

We received feedback from staff via **77** completed surveys.

Q1. Which of the following best describes your role?

Responses from clinical staff (nursing or healthcare assistants, Allied Health Professionals, and medical) accounted for 45% of responses, and admin / clerical roles accounted for 29% of responses.

	Number	%
Admin and clerical	22	29%
Allied Health Professional	10	13%
Ambulance (operational)	0	0%
General management (Health or Social Care)	7	9%
Nursing or healthcare assistants	21	27%
Medical	4	5%
Social care support staff	2	3%
Social worker	4	5%
Other (please tell us)	7	9%
Answered	77	
skipped	0	

Those people that selected Other provided the following responses:

- Community Occupational Therapist
- Community Pharmacy
- Driver x 2
- Senior CASO
- Technical Instructor Band 4

Q2. Please select your main place of work

	Number	%
A&E at Dewsbury and District Hospital	1	1.3%
A&E at Pinderfields Hospital	0	0.0%
GP extended hours service	13	16.9%
GP out of hours service	9	11.7%
Care Home	0	0.0%
NHS 111	0	0.0%
Primary Care	10	13.0%
Social Care	8	10.4%
Urgent Treatment Centre at Pontefract Hospital	1	1.3%
Walk-in centre at Dewsbury and District Hospital	3	3.9%
Walk-in centre at King Street, Wakefield	9	11.7%
Yorkshire Ambulance Service	0	0.0%
Other (please tell us)	23	29.9%
Answered	77	
skipped	0	

Those people that selected Other provided the following responses:

- Adult community services - MY hospitals
- CCG
- Civic Offices, Castleford
- Community x 5
- Community nursing x 3
- Community therapy x 2
- Community health services including some urgent care services
- Dewsbury Health Centre
- Home
- Mid Yorkshire Hospitals and King Street walk-in centre
- Trinity Medical Centre x 2
- UTC, WIC, Oohs GP care
- Working regularly at Wakefield and Dewsbury WIC x 2

Q3a. Could you please tell us what, in your opinion, works well or could be improved in the list below. Please tick and write in the boxes below.

	Works well		Could be improved		Answered	Skipped
	No.	%	No.	%		
How patients use services and navigate the system appropriately	41	55.4%	33	44.6%	74	3
Referrals/signposting into urgent care services	38	50.7%	37	49.3%	75	2
Referrals into other services or departments	42	55.3%	34	44.7%	76	1
Handovers between services	37	48.7%	39	51.3%	76	1
Opening times of different services	57	77.0%	17	23.0%	74	3
Staffing levels and skill mix in your department/service	41	53.9%	35	46.1%	76	1
How peaks and troughs in demand are managed in your department/service	42	56.0%	33	44.0%	75	2
Access to patient records	47	63.5%	27	36.5%	74	3
Working together as one system for the patient	40	52.6%	36	47.4%	76	1

The responses for each of the statements were analysed to see if there were any variation in views depending on the job role or place of work. The analysis showed that the views expressed tended to differ between people in admin / clerical roles and clinical roles. With people in clinical roles more likely to feel that the services / process could be improved.

The areas where the majority of clinical staff (nursing or healthcare assistants, medical, allied health professional) had indicated that the services / process could be improved were:

- **Referrals/signposting into urgent care services** – 63.6% compared to 27.3% of admin / clerical staff
- **Referrals into other services or departments** - 52.7% compared to 20% of admin / clerical staff
- **Handovers between services** - 65.7% compared to 22.7% of admin / clerical staff
- **Staffing levels and skill mix in your department/service** - 55.8% compared to 27.3% of admin / clerical staff

- **Working together as one system for the patient** - 61.7% compared to 9% of admin / clerical staff

Q3b. Please tell us more

For each of the statements respondents were asked to provide more information.

How patients use services and navigate the system appropriately

41 (53.2% of all respondents) people provided a response:

Working well

Some staff talked positively about a system whereby patients are triaged over the phone and then provided with an appointment. They felt that this system worked well and ensured that patients were sent to the most appropriate place for their condition and removed the need for patients to sit in a waiting room for hours.

Could be improved

- Many talked about the need for educating the public in what services are available, how and when to access them. Staff felt that many patients are either not aware of what is available, or they are aware and try to access multiple services.
- Introduce a process to keep families updated following an urgent admission. The current system means staff are broken off from their work to deal with queries from families.
- Improving access to appointments at GP practices, especially face-to-face appointments, would probably lead to a decrease in the number of patients attending A&E and the walk-in centres. Many staff mentioned that patients had often tried to get an appointment with their GP prior to attending the walk-in centre or A&E.
- Improving access to dental services, some patients attending the walk-in centre need dental treatment which the service cannot provide. An example was given whereby they are unable to prescribe antibiotics for an abscess.

Referrals/signposting into urgent care services

34 (44% of all respondents) people provided a response:

Working well

Some staff felt that it worked well when everyone knows where patients should be referred to and the process to follow.

Could be improved

- Many felt that the walk-in centres, urgent treatment centre and A&E are dealing with patients that should have been seen in primary care but due to patients not being able to access an appointment they are either being told by their GP practice or 111 to attend one of the urgent care services, or patients are choosing to attend rather than wait for a GP appointment.
- Improving staff knowledge of what services are available and what they offer so that patients can be signposted to the most relevant service for their problem. Some staff commented that there had been so many changes that it was difficult to keep up with what is provided where.
- Patients that have been telephone triaged and had an appointment booked often arrive under the assumption that they will be seen at the time they have been given. Due to the nature of the service this is not always possible which can result in patients being unhappy at having to wait. Need to manage patients' expectations when an appointment is booked.

Referrals into other services or departments

35 (45.5% of all respondents) people provided a response:

Working well

A few staff talked positively about the pathways that were in place, the ability to book appointments, and the good working relationships between organisations.

Could be improved

- Staff talked about the challenges of referring patients into mental health services, and speciality services and the strict criteria in place. Often meaning that patients were not able to be seen by the most appropriate service for their needs.
- Some felt that the referral process was too bureaucratic with an example being given whereby referrals from a nurse led service had been declined as they needed to be made by a GP.
- Some felt that services were reluctant to accept new referrals as they were too busy to take on any new patients.

Handovers between services

37 (48% of all respondents) people provided a response:

Working well

A few staff talked positively about the good working relationships between organisations and how being able to pass cases to GPCW in an afternoon improves patient flow.

Could be improved

- Some staff mentioned that they had never received a handover and would value this.
- Those that had received a handover were often frustrated at the lack of information provided and having to spend time chasing up information.
- Handovers between different service providers needed to be improved. It was suggested that a standardised handover document that is used by all services to ensure consistency in the type and level of information provided could be implemented.

Opening times of different services

16 (20.7% of all respondents) people provided a response:

Staff felt that the opening times worked well and that patients were able to access services 24 hours a day if needed. Staff didn't feel there was a need to increase the opening hours of any of the services. But there was a suggestion that the opening hours of the walk-in centre could be reduced to 8pm as very few patients attended after this time.

Staffing levels and skill mix in your department/service

33 (42.8% of all respondents) people provided a response:

Working well

Some staff felt that there was a good mix of staffing levels with a range of experience, knowledge and skills that meet the needs of the services commissioned.

Could be improved

- Many described services that were understaffed and the difficulties in recruiting staff, meaning a reliance on locums.

- A few mentioned the need for more health care assistants, example given was to provide wound care in the walk-in centre that would free up the time of the advanced nurse practitioners.
- To have an on-call GP within OOHs for seeking advice, as required, to support advanced nurse practitioners.

How peaks and troughs in demand are managed in your department/service

27 (35% of all respondents) people provided a response:

Working well

Some described how extra support is added during busier periods. Staff are offered the opportunity to work extra time but don't feel pressured to.

Could be improved

- Some staff would value more transparency in how peaks and troughs are managed as there was a lack of clarity as to whether staffing rotas were dictated by demand or budgets and staff availability.
- Many felt that troughs were rare, and peaks were now becoming the norm.
- Some felt that peaks were not managed and often led to having to bring in agency staff at much higher costs

Access to patient records

30 (38.9% of all respondents) people provided a response:

Working well

Some staff felt that it works well, and people have the correct level of access to enable them to carry out their role.

Could be improved

- Community Pharmacy highlighted the need for access to a greater level of patient records. This would enable them to better support patients accessing their services and reduce the need to refer patients onto a different service.
- Need one system that all services are able to access. An example was given whereby staff have to complete both SystmOne records and the hospital Word based record.

- Some staff talked about IT systems not being compatible between Trust and Local Authority resulting in them being logged out.
- Not all GP practices are using SystmOne, and some of those that are restrict what other providers can access making it difficult to carry out their role.

Working together as one system for the patient

32 (41.5% of all respondents) people provided a response:

Working well

A few staff felt that organisations work well together to provide a consistent service that meets the needs of the patients.

Could be improved

Many felt that the system was fragmented, and some commented on the need for access to SystmOne.

Q4. Finally, do you think there are other ways we could improve urgent care, which have not been mentioned above?

39 (50.6% of all respondents) people provided a response, of these some staff felt that everything was working well, and no improvements were needed. Those staff that made suggestions for improvement the key themes were:

- Introduce a shared care record that all providers can access.
- Improve communication between services.
- Increase access to GP appointments to reduce the burden on urgent care services.
- A few people talked about the model that had been introduced at King Street walk-in centre whereby patients are telephone triaged and booked an appointment with the most appropriate service. Those that commented felt that it had worked well for both staff and patients and were disappointed that this model was not going to continue.
- Improve communication with staff and value their ideas.
- Increase in staffing levels.
- The current range of services available to patients can be confusing and difficult to navigate, need to implement a simpler system that doesn't encourage patients to try

each service before they get the answer they want. 'Talk before you walk' was felt by some as a way to better manage patient expectations.

12. Next steps

This report will be published on the CCG websites. In addition to publishing the report, the findings from this engagement will be used to support the review of the walk-in centre services and the wider urgent care review and will be shared with the Integrated Urgent Care Board.

The Equality Impact Assessment will also be reviewed in the context of feedback from the engagement process.

Appendix A – Key themes from previous engagement and consultation with patients

The below summarises the key themes identified during the mapping of previous engagement and consultation activity in respect of unplanned care.

The review of the themes raised across all the engagement activities that have taken place across North Kirklees, Wakefield and West Yorkshire showed no noticeable variation in views expressed across the patch, or a change in views over the years.

The main themes raised from previous engagement activity in relation to urgent care are:

Awareness of services available

Engagement has been carried out across West Yorkshire, including the North Kirklees and Wakefield areas to understand if people are aware of what services are available to them.

The main theme raised was there was a lack of knowledge about the options for 'out of hours' care, especially during evenings and weekends, along with some confusion about the different options for urgent care and what the differences were between minor injuries units; walk-in centres; and urgent treatment centres.

To ensure that people access the right service, first time it was suggested that there is a need to raise awareness of the most appropriate service to access, where and how to access these services. However, it was acknowledged that without improvements to access to GP appointments and other services, people will still access A&E.

Who do people contact prior to attending an urgent care service?

Engagement has been carried out across West Yorkshire, including the North Kirklees and Wakefield areas to understand whether people access other services prior to attending urgent care services. The main themes raised were:

- Most people report that they contact either 111 or their GP practice prior to attending A&E. Some people don't seek advice prior to attending A&E as they feel that A&E is the right place for their condition.

- People that accessed a walk-in centre were less likely to have contacted anywhere else prior to attending, and often chose the walk-in centre due to ease of access and ability to be seen that day.
- Many seek advice from their pharmacy and of those that do they report high levels of satisfaction.
- Some accessed GP out of hours. Of all the services accessed for urgent care this service received the lowest levels of satisfaction.

Why people attend urgent care services

Engagement has been carried out across West Yorkshire, including the North Kirklees and Wakefield areas to understand why people attend urgent care services such as Walk-in Centres, A&E, and Urgent Treatment Centres. The main themes raised were:

- Many people report that if they had been able to access a GP appointment at a time that was convenient to them, they may have not attended A&E. If they are unable to be seen quickly, they feel they have no choice but to access urgent and emergency care services to ensure that their condition is treated. Suggestions were made to be able to access GP appointments early morning, evenings, and weekends but they want to be able to access these appointments the same day.
- People often report that they have sought advice from a health professional prior to attending A&E, and that they have been advised to attend A&E. Either because they have a health condition that needs to be dealt with urgently; that A&E is the best place to receive the care that they require; or they have been advised to attend if their condition doesn't improve. A common complaint was that many people were still referred to A&E despite trying to avoid going there in the first place
- Many had a health condition that they felt needed to be dealt with urgently, and that urgent and emergency care services was the best place to receive the care that they required, such as x-rays, scans, blood tests, stitches, and other treatment. People have suggested if GP practices were able to undertake diagnostic testing this would reduce the need for people to attend A&E.
- GP services and community-based health care are also often closed when patients need to access them, forcing them to go elsewhere, despite their preferences to use these services.

- Some attended as it was the most convenient place for them to attend, in that it was easy to access as no appointments are required or it was close to home.
- People want to be seen by the most appropriate person, quickly and in a setting that is close to home. They didn't want to be travelling long distances when they needed urgent or emergency care.

Alternatives to A&E

Engagement has been carried out across West Yorkshire, including the North Kirklees and Wakefield areas to gain people's views on urgent care services so people don't need to attend A&E. The main themes raised were:

- A one-stop shop for urgent care needs is seen by many as a good idea. As patients don't always know if their condition is urgent or an emergency, by having it all in one place this would take the responsibility away from patients to have to decide which service they should access.
- Ideally, they would want urgent care services to be located with A&E. They felt that it made sense to have all services located in one area, so should their condition deteriorate, and they require emergency care they are already in the right place and do not need to be transferred to another location. They also didn't want to be arriving at A&E to then be told their condition was not an emergency and that they should travel to another location to receive urgent care.
- Urgent care / treatment centres should provide blood tests, x-ray, scans, minor surgical procedures, burns treatment and treatment for fractures or broken bones. It was also suggested that the centre should also include urgent dental treatment.
- A significant proportion of people that had used a walk-in centre state that they would have attended A&E if the walk-in centre had not been available. Many patients valued the provision of treatment outside of A&E departments, in minor injury units or walk-in centres. These were often popular because they were seen to avoid long waits, although sometimes led to frustration if the service was unable to deal with the presenting condition.
- There was some concern that people could choose to attend the urgent treatment centre rather than trying to obtain a GP appointment, and how would this impact on GP services locally.

- When asked their views about the idea for paramedics to have a much wider range of care and treatment options available to them, rather than just taking the patient to A&E. They would have the help of a team of doctors and nurses available by phone. Overall, the majority of respondents were supportive of the proposed model, as they felt that it would ensure that only those patients that needed to attend A&E would do so. It was thought that this would lead to a reduction in the inappropriate use of ambulance services, reduction in A&E admissions and as such people would be seen quicker which would result in an improvement in patient outcomes.
- When asked their views on a 'call centre' approach some were concerned that a diagnosis made over the phone wouldn't be accurate and felt that this was best done face to face. They also queried the quality of the communication and clinical skills of the call centre staff. They needed reassurance that the staff would have had communications training and that there would be an appropriate skill mix. It was suggested that staffing in the call centre should include pharmacists.

NHS 111 and NHS 111 First

Engagement has been carried out by Healthwatch England to understand people's experience of using both NHS 111 and awareness of NHS 111 First. The main themes raised were:

- Most people are aware that they could call NHS 111 for urgent medical help, and most would choose this option rather than go to an emergency department.
- Most people who had used NHS 111 and got through to an advisor were satisfied with the service.
- People most likely to say they had a good experience were those who either had their questions answered directly or a timeslot booked at an emergency department.
- When calling NHS 111, people were frustrated with having to answer a long list of questions - often multiple times - and felt that they were not listened to about their health condition. However, explanation of the reasons for questions asked did reduce their frustration
- Awareness of the new NHS 111 First service was low; people were not aware that NHS 111 could reserve timeslots at GPs and A&E. People said that knowing this information would make them more likely to call NHS 111 next time they had an urgent medical problem.

- People who had used NHS 111 First and had a timeslot booked at A&E were highly likely to rate their experience as very good, suggesting that the new system can work well.

Experience of using digital technology

Engagement has been carried out across West Yorkshire, including the North Kirklees and Wakefield areas to understand people's experiences of using digital technology. The majority of this engagement has taken place to gain an understanding of the impact of the new ways of working since the pandemic.

The main themes raised were:

- Pre-pandemic people's experiences tended to be limited to booking appointments and ordering repeat prescriptions. Whilst they found this useful, they did want to be able to access more services online.
- Of those people that had had an appointment either over the phone or through video conferencing, the majority of people reported a positive experience. And would choose to use the service again and recommend it to their friends and family.
- Whilst telephone appointments are convenient for some, others are worried that their health issues will not be accurately diagnosed and would prefer face to face appointments especially when presenting with a condition for the first time.
- People were more concerned about having a video or telephone appointment with a health professional that they did not know.
- People wanted to be given a time for their appointment rather than being expected to wait around all morning or day.
- People wanted to be provided with information on how to access digital technology on a range of devices.

Appendix B – Key themes from previous engagement and consultation with staff

CLEAR project

Within MYHT currently a project is running called CLEAR. The aim of this project is to engage staff in reviewing service provision and making recommendations for service change. Initial conversations have taken place with a variety of staff across the Emergency Department (ED) teams at Dewsbury and District Hospitals and Pinderfields Hospitals, and the Urgent Treatment Centre (UTC). 339 statements were collected with staff and the following feedback has been collected:

Workforce Model

- High proportion of newly qualified nursing and HCA staff places a high burden of training and education needs on the department. Staff felt that this was sometimes overlooked due to the pressures of the high clinical workload.
- High staff attrition, partly due to promotion and staff leaving to pursue new qualifications. As a result, a high proportion of staff are new to the department and can require support in their new roles. New staff are keen to have clinical mentorship to support them.
- The UTC at Pontefract doesn't function optimally due to limited senior support and co-ordination.
- Educator shifts in the A&E are appreciated and well received by medical staff; the same provision doesn't exist for nursing currently.
- Junior medical staff felt supported by seniors in A&E.

Processes

- Patient liaison team was felt to be vastly beneficial for the team, allowing staff to focus on clinical tasks whilst prioritising the experience of, and communication with patient's families and loved ones.
- As a result of not having agreed protocols and pathways for streaming at triage in A&E, the process is inconsistent depending on the experience and seniority of the staff involved. As a result, the process is often sub-optimal.
- Many patients who need to see a specialist are directed to A&E, to then be referred on. The receiving specialist teams often ask A&E to do preliminary investigations, putting additional burden on the department.

- The difficulty of high staff attrition and rotating trainees means that constant education is needed on referral pathways and services, in order to ensure they're utilised effectively. Juniors in A&E reported not always knowing where to find information on pathways/referral processes.

Patient flow

- It was felt that many patients who attend the department would be candidates for receiving treatment elsewhere, but that the public currently seem to attend A&E as the default.
- Due to the lack of patient flow out of A&E, nursing staff are required to care for A&E patients as well as the ongoing care of those who have been referred, which can be overwhelming.
- Medical staff find it frustrating that there are no spaces to see, assess and treat patients due to the lack of forward flow of referred patients from the department.
- Some of the referrals from 111/GP were felt to be avoidable. As an example, a patient who was directed to attend A&E for abnormal blood results, which, on review, had been static for the past 5 years.
- The pharmacy department wanted to focus on communications to advise patients to bring their medications into hospital with them. This would reduce wait times for patients receiving medication on the ward once admitted, ensure patients have their essential medications whilst in A&E and reduce dispensing time for discharges. It would also have financial benefits for the trust in reduced medication costs.
- Staff noted that many patients have social issues related to care or community services beyond the hospital's influence which prevent them from being discharged in a timely manner.
- The lack of a dedicated social worker for the emergency department was felt to be a significant barrier to being able to get patients out of hospital. This caused frustration as they were felt to be avoidable admissions.
- Feeling that parents aren't confident managing simple childhood illnesses at home. Acknowledged the difficulty of lack of social support for parents during the pandemic. Parents are also having difficulty accessing GP appointments for children with potential covid symptoms. In addition, it was observed that parents of children with chronic conditions sometimes default to attending A&E because experience tells them the GP will refer to A&E anyway.

- Mental health patients sometimes present to, or are directed to, A&E instead of accessing the crisis team services.
- Reduced consultant cover over the weekend on medical wards was felt to be a major contributor to reduced flow of patients through the hospital. Patients continue to arrive in A&E over the weekend, but junior staff are less able/willing to discharge patients' home, meaning there are very few beds. The back pressure from this is felt in A&E.
- Difficulty booking transport for elderly patients to get home causes delays in discharge. It's not possible to book transport for the next day, it can only be requested on the day, which makes it difficult to plan ahead properly.
- There are sometimes significant delays in transferring patients around the hospital.

Patient care

- Staff sometimes felt frustration at the lack of confidentiality and dignity of having to treat patients in corridors or waiting rooms when there are no other alternatives.
- Staff felt that patients became less tolerant of long waiting times when their 'journey' through the department isn't clear to them, for example, once they've seen a doctor during the streaming process, they are less happy to continue to wait.
- There was concern that the volume of patients in the department and the high pressures of the working environment meant that standards were not always maintained, which could have implications for the quality of patient care.
- Some senior medical staff felt that the layout of the department prevented them from having a clear oversight of the situation in the department.
- PT/OT teams felt that the REACT team were a great asset to being able to get elderly patients' home, especially the frequent attenders. This team is no longer working in A&E.

Patient Safety Walkabout

During Autumn 2021, a Patient Safety Walkabout took place in both Pinderfields and Dewsbury A&E departments by the Kirklees and Wakefield CCG quality teams. The findings were:

Pinderfields A&E

Positive

- Good staff support from an education perspective (such as Simulation education sessions, a Wobble room; and "Ear/listening angels").

- Education and investment in staff including the introduction of a departmental Clinical Educator.
- Communication with families through the introduction of a dedicated role. However, it was highlighted that this role is only available until 3pm and the need is round the clock.
- There is a good culture between teams, on the whole, and no divides between staff groups.

Areas of concern

- We were informed of an increase in staff receiving abuse due to patients and relatives having to follow Covid-19 restrictions in the hospital which no longer apply wider in society and the frustrations when waiting times are long.
- There has also been a significant increase in the number of patients attending ED which the staff felt were due to the current pressures in general practice with patients struggling to get an appointment with their GP, reported issues with patients being sent straight to ED by their GP practice without having been seen, alongside the impact of delays in accessing services due to the pandemic leading to deterioration in health conditions.
- There is a very strong and consistent feeling of running the department on minimum staff, especially overnight. Staff feel unable to go on scheduled breaks because they are too busy and short staffed.
- Nursing staff felt unhappy about not being able to always meet basic patient needs in a timely way - such as toileting, diet, and hydration.
- A feeling of staff morale deteriorating, especially as all staff mentioned feeling worried about winter pressures as it is already so difficult with the level of current demands.
- Out flow of patients is often an issue when admission is required, which can mean patients are waiting in the department for extended lengths of time.

Dewsbury A&E

Positive

- All staff we spoke to were fully committed to wanting to ensure all patients received the best care, treatment, and experience possible. A positive working relationship between the ED and the Locala-run WIC was highlighted.

- Some well-being initiatives undertaken by staff were described including a message tree – where staff could leave messages for other members of staff to thank them for their support that day and a cup of kindness which is filled with treats and messages and anonymously left for a staff member.

Areas of concern

- A feeling of extreme frustration was expressed when staff have to go and provide cover at Pinderfields.
- Due to having to provide cover at Pinderfields, some staff feel that the staffing levels at Dewsbury are unsafe and are conscious of the impact this may have on patients. The lack of staff results in long waits for patients, which can then lead to frustration from family members and sometimes aggression.
- There was also a feeling that the staffing issue was not just about staffing numbers, but also the skill mix.
- There was a feeling that there is not a good enough outflow of patients from the department due to staffing shortages, which results in long waits for patients and gridlocks the department.
- Fluids, food, and toileting were also areas of anxiety for staff, with staff conscious that they do not always have time to provide this care.
- The opening times of the WIC centre were also highlighted. The WIC is viewed positively by the staff in the ED, but they felt that the Centre closes at a time when it would be particularly busy if it remained open, for example, early evening. From around 6pm, in anticipation of closing, the WIC refer patients to the ED.
- The perception amongst some staff was that there is a high level of sickness due to work-related stress.
- Staff isolating due to covid is also having an impact.
- A strong sense from staff that GPs are sending patients to the ED even when the patient's condition requires speciality care that is no longer provided at this site. It was felt that GPs were asking patients to attend ED for conditions that the patient has had for a significant period of time which requires referral to a specialist, rather than an ED attendance. Patients are also telling the ED that they have attended due to not being able to get an appointment with their GP. All these things are resulting in a negative view of general practice, although acknowledged that some patients would attend ED as their individual default, rather than go to their GP.

- Inter-site patient transport was a strongly emphasised common theme identified which presents significant challenge and stress by the majority of staff, both in the ED and Children's ED.
- A feeling of low morale, with staff particularly worried about winter pressures. There is a feeling that there is little recognition from senior staff of the work being carried out under extreme pressures. Staff feel deflated due to not being able to give the level of patient care they would like to. Some staff were visibly upset.
- Communication – this was felt to be an issue, with staff unaware if their issues are being heard and if so, what action is being taken. They were also unaware of any actions or plans in train to provide support or improvements

Paediatric ED, Dewsbury

We were shown around the department and spoke to staff here too. The high number of attendances with not always appropriate - acuity was referenced. Extreme challenges were articulated due to the Children's Assessment Centre closing at 10pm. Staff described a high level of anxiety leading up to this closing time and having to think about transferring sick children to Pinderfields or handing them back over to the main ED which they are aware has a significant impact and is a poor patient experience.

Walkaround conclusion

It was extremely positive that so many staff were keen to come and talk to us and were so open and honest in their conversations. This was welcomed by the senior managers we met and feedback to. All the departments we visited felt calm, organised, clean and staff were welcoming. It was obvious from speaking with staff that they are all committed to their roles and delivery of a safe, high-quality service.

The main areas of concern and frustration were around numbers of attendances, patient waiting times and flow, staffing levels, transport and transfers and GP referrals.

It should be noted that it was a quieter afternoon when we visited Pinderfields ED which was reported as being in the top 5 busiest departments in the country. There was a recognition that the majority of EDs are currently pushed to the brink, but staff articulated clear concern for the welfare of their patients, their teams and themselves. Despite the significant and sustained pressures staff were facing, they were wholly committed and focused on providing the best possible care for the patients. They were keen for any

initiatives across the system to improve the challenges they face. This was included in the feedback as well as the fact that we felt the staff were a credit to the organisation.

We want your views

NHS Kirklees and Wakefield Clinical Commissioning Groups are responsible for making sure people get the healthcare they need.

The current contracts for the walk-in centres located at King Street, Wakefield and Dewsbury and District hospital are due to come to an end in September 2022. We know from previous engagement work that people value the walk-in service in Dewsbury and Wakefield because it is convenient and often ensures they can be seen quickly.

We want to work with patients and local people to understand what they value about the service provided by walk-in centres so that we can improve and develop the service in line with the latest national NHS guidance.

A **walk-in centre** offers people with urgent health needs the chance to get medical advice or treatment without the need for an appointment and at times when they may not be able to see their GP.

We need your views

We would like you to tell us what you think by filling out our short survey. It is anonymous, which means that we won't know who has completed the survey.

The results of the survey will help us to better understand what local people need and what we can do to improve services.

Once you have completed the survey, please return it to the freepost address below by **Monday 3rd January 2022**:

NHS Kirklees CCG
Freepost RUBC–XUTK–GUUC
Norwich Union House, 2nd Floor
High Street,
Huddersfield HD1 2LF



The survey is also available online at:

<https://www.smartsurvey.co.uk/s/walk-in/>

If you would like help to complete the survey or would like it in a different format, please contact: kirkccg.engagement@nhs.net or call: 01924 315803

1. In the past 2 years have you used a walk-in centre?

☐ Yes

☐ No

If no, go to question 11

2. If Yes, which walk-in centre have you used:

☐ Dewsbury and District Hospital

☐ King Street, Wakefield

☐ Other (please tell us)

3. How many times have you used a walk-in centre in the past 2 years?

☐ 1-2 times

☐ 3-4 times

☐ 5-6 times

☐ 7+ times

Please answer the following questions based on your most recent visit to a walk-in centre.

4. Which walk-in centre did you most recently visit?

☐ Dewsbury and District Hospital

☐ King Street, Wakefield

☐ Other (please tell us)

5. Who had the health problem?

☐ Me

☐ A child under the age of 5

☐ A child aged 5 – 18

☐ Someone else

☐ Other (please tell us)

6. What problem did you need help with? (please tick all those that apply)

- ☐ Cuts and grazes
- ☐ High temperature
- ☐ Infection
- ☐ Minor injury e.g. sprains, minor burns, broken bones, insect bites
- ☐ Ongoing treatment for a wound
- ☐ Pain in hip / knee / leg / ankle / foot
- ☐ Pain in shoulder / elbow / arm / wrist / hand
- ☐ Pain in stomach
- ☐ Rash
- ☐ Sore throat
- ☐ Vomiting and diarrhoea
- ☐ Other (please tell us)

7. Why did you use the walk-in centre? (please tick all those that apply)

- ☐ I was told to go by my GP practice
- ☐ I was told to go by NHS 111
- ☐ I was told to go by an NHS website
- ☐ I was told to go by A&E
- ☐ It was suggested by a friend / family member
- ☐ It is easy to get to by public transport
- ☐ It is close to home / work
- ☐ It is easy to get to by car / park
- ☐ I would be seen quickly
- ☐ The opening hours were convenient for me
- ☐ I wanted a second opinion
- ☐ They have interpreters
- ☐ I've used it before, and it worked well
- ☐ I am not registered at a GP practice
- ☐ I couldn't get an appointment at my GP practice
- ☐ I did not want to discuss my problem with my own practice
- ☐ I've used it before and was told to come back for ongoing treatment
- ☐ I didn't know where else to go

☐ Other reason (please tell us)

8. Overall, how would you rate your visit to the walk-in centre?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ OK
- ☐ Bad
- ☐ Very bad

9. Would you use the walk-in centre again?

- ☐ Yes
- ☐ No

If Yes, why would you choose to use the walk-in centre again? (please tick all those that apply)

- ☐ I am not registered at a GP practice
- ☐ I struggle to get an appointment at my GP practice
- ☐ The opening hours work for me
- ☐ I can be seen quickly
- ☐ I've used the service before, and it worked well
- ☐ They have interpreters
- ☐ I don't know where else to go
- ☐ It is close to home or work
- ☐ It is easy to get to by public transport
- ☐ It is easy to get to by car
- ☐ Other reason (please tell us)

If no, please could you tell us why you would not use this service again?

10. If the walk-in centre wasn't available, what would you have done? (please tick all those that apply)

- ☐ Get advice from a pharmacy
- ☐ Call 111
- ☐ Wait to see my own GP
- ☐ Contact GP Out of Hours
- ☐ Call an ambulance
- ☐ Go to Accident and Emergency (A&E)
- ☐ Nothing
- ☐ Not sure
- ☐ Other (please tell us)

11. If you have an illness or injury that needs attention on the same day but is not life-threatening, what is important to you? Please pick the most important (up to 5)

- ☐ Location – easy to get to
- ☐ Location – easy to park
- ☐ Having a booked appointment
- ☐ Not needing an appointment
- ☐ Seeing / speaking to someone on the same day
- ☐ Being able to talk to someone on the phone, so I can be advised to go to the right place
- ☐ An appointment with a healthcare professional that I know
- ☐ An appointment at a time that works for me
- ☐ At the same place as services that would help if my condition got worse
- ☐ A place where I could get tests to see what help I need
- ☐ A service that can see my medical record / history
- ☐ Other (please tell us):

Which is the single most important thing to you from the list above

12. If you were offered an appointment for an urgent health need, how far would you be able / happy to travel? Please tick the box that most closely matches your views.

- ☐ I would not be **able** to travel
- ☐ I would not be **happy** to travel
- ☐ Less than 15 minutes
- ☐ 15 – 30 minutes
- ☐ 30 – 45 minutes
- ☐ Over 45 minutes

13. How are you most likely to get there?

- ☐ Walk
- ☐ Public transport
- ☐ Bike
- ☐ Own / family car
- ☐ Taxi
- ☐ Lift from family / friend

Using digital technology

Many people have used digital technology during the COVID-19 pandemic. Some examples of digital technology are WhatsApp, Zoom and FaceTime. People use them on their phones, tablets, or computers.

We know not everyone is comfortable or able to use digital technology. To help us make sure we get our services right we want to find out if you are using digital technology and how this could become part of services in the future.

14. What digital technology do you use at home? (please tick all that apply)

- ☐ Smartphone / tablet
- ☐ Computer / laptop
- ☐ Texting

- ☐ Watch videos online e.g. YouTube, TikTok
- ☐ Online banking
- ☐ Email
- ☐ Made / answered video calls e.g. Skype, FaceTime, Zoom
- ☐ I can't use digital technology
- ☐ I don't have access to digital technology
- ☐ I have access but I don't like using it

15. During the pandemic some health care appointments have been different, including using digital technology.

If you had an urgent health need, which of these would you be happy to have / use?

	Definitely	Probably	Possibly	Probably not	Definitely not
Face to face					
Phone consultation / appointment					
Video consultation / appointment					
Text message					
Online consultation / appointment					

Please tell us more

16. In the last 12 months have you used any of the following methods to get help with an urgent health need? (please tick all that apply)

- ☐ Phone consultation/appointment

- ☐ Video consultation/appointment
- ☐ Text message
- ☐ Online service available via your GP practice website e.g. eConsult, Engage Consult, Patient Triage or Ask My GP
- ☐ I haven't used any of them

If you have used them

17. Please tell us what worked well

Phone consultation / appointment
Video consultation / appointment
Text message
Online consultation / appointment

18. Please tell us what didn't work well

Phone consultation / appointment
Video consultation / appointment
Text message
Online consultation / appointment

19. Have you got any other comments you'd like to add?

Equality Monitoring Form

To make sure we provide the right services and avoid discriminating against any groups, it is important to collect and analyse the following information. When we write reports no personal information will be shared. Your information will be protected and stored securely in line with data protection rules. If you would like to know how we use this data please see our privacy notice, which you will find on the CCG websites – [Wakefield CCG](#) and [Kirklees CCG](#).

1. Who is this form about? ☐ Me ☐ Someone else – using their information 2. What is the first part of your postcode? <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Example</td> <td style="width: 10%;">W</td> <td style="width: 10%;">F</td> <td style="width: 10%;">1</td> <td style="width: 10%;">1</td> <td style="width: 40%;"></td> </tr> <tr> <td>Yours</td> <td></td> <td></td> <td></td> <td></td> <td>☐ Prefer not to say</td> </tr> </table> 3. What is your gender? ☐ Male ☐ Female I describe my gender in another way (please write in) ☐ Prefer not to say 4. How old are you? <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Example</td> <td style="width: 20%;">42</td> <td style="width: 60%;"></td> </tr> <tr> <td>Yours</td> <td></td> <td>☐ Prefer not to say</td> </tr> </table> 5. Which country were you born in? ☐ United Kingdom ☐ Prefer not to say Other (please write in): 6. Do you belong to any religion? ☐ Buddhism ☐ Islam ☐ Hinduism ☐ Christianity ☐ Judaism (all denominations) ☐ Sikhism ☐ No religion ☐ Prefer not to say Other (Please write in) 	Example	W	F	1	1		Yours					☐ Prefer not to say	Example	42		Yours		☐ Prefer not to say	7. What is your ethnic group? ☐ Prefer not to say Asian or Asian British ☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐ Other Asian background (please write in) Black or Black British ☐ African ☐ Caribbean ☐ Other Black background (please write in) Mixed or multiple ethnic groups ☐ White and Black Caribbean ☐ White and Black African ☐ White and Asian ☐ Other Mixed background (please write in) White ☐ English/Welsh/Scottish/Northern Irish ☐ British ☐ Gypsy or Irish Traveller ☐ Irish ☐ Other White background (please write in) Other ethnic groups ☐ Arab ☐ Any other ethnic background (please write in)
Example	W	F	1	1															
Yours					☐ Prefer not to say														
Example	42																		
Yours		☐ Prefer not to say																	

8. Are you disabled? ☐ Yes ☐ No ☐ Prefer not to say 9. Do you have any long-term conditions, impairments or illness? (please tick any that apply) ☐ Physical or mobility impairment (such as using a wheelchair to get around and / or difficulty using your arms) ☐ Sensory impairment (such as being blind / partially sighted or deaf / hard of hearing) ☐ Mental health condition (such as having depression or schizophrenia) ☐ Learning disability (such as having Downs Syndrome or dyslexia) or a cognitive or developmental issue (such as autism or a head-injury) ☐ Long term condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy) ☐ Other (please write in) ☐ Prefer not to say 10. Are you a carer? (Do you provide unpaid care/support to someone who is older, disabled or has a long-term condition) ☐ Yes ☐ No ☐ Prefer not to say 11. Please select the option that best describes your sexual orientation ☐ Bi/Bisexual ☐ Gay ☐ Lesbian ☐ Heterosexual/Straight ☐ Prefer not to say ☐ I prefer to use another term (please write in) 	12. Do you consider yourself to be a Trans* person? ☐ Yes ☐ No ☐ Prefer not to say *Trans is an umbrella term used to describe people whose gender is not the same as the sex they were assigned at birth. 13. Do you/or anyone you live with get any of these types of benefits? ** Universal Credit, Housing Benefit, Income Support, Pension Credit – Guarantee Credit, Child Tax Credit, Incapacity Benefit/Employment Support Allowance, Free School Meals, Working Tax Credit, Council Tax Benefit ☐ Yes ☐ No ☐ Prefer not to say **We are asking this question to help us understand if being on a lower income affects experiences of services or health. 14. Are you pregnant or have you given birth in the last 6 months? ☐ Yes ☐ No ☐ Prefer not to say 15. Are you a parent/primary carer of a child or children, if yes, how old are they? ☐ 0-4 ☐ 5-9 ☐ 10-14 ☐ 15–19 ☐ Prefer not to say Thank you for taking the time to complete this form.
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Appendix D – Staff survey



Kirklees Clinical Commissioning Group
Wakefield Clinical Commissioning Group

We want your views on urgent care services in North Kirklees and Wakefield

NHS Kirklees and Wakefield Clinical Commissioning Groups are looking at how urgent care services in the areas covered by The Mid Yorkshire Hospitals NHS Trust – Wakefield, Pontefract, Dewsbury, and the surrounding areas can be improved.

As someone who works in or with urgent care services, we would like to hear your views on local urgent care services.

How can I share my views?

You can fill out this survey or complete it at

<https://www.smartsurvey.co.uk/s/UrgentCareStaff/>

If you would like to talk to someone to share your views, please contact:

kirsty.wayman@nhs.net / dasa.farmer1@nhs.net

It is important that any change or development considers the views of staff who work in or with urgent care services. The feedback you provide will help us understand what improvements need to be made to local urgent care services.

Who will see my answers?

All responses to the survey are anonymous and no one will be able to identify individual responses. Your answers will be treated in the strictest confidence.

Once you have completed the survey, please return it to the freepost address below by **10 January 2022**:

NHS Kirklees CCG
Freepost RUBC–XUTK–GUUC
Norwich Union House, 2nd Floor
High Street,
Huddersfield HD1 2LF

If you would like help to complete the survey or would like it in a different format, please contact: kirkccg.engagement@nhs.net or call: 01924 315803

1. Which of the following best describes your role?

- ☐ Admin and clerical
- ☐ Allied Health Professional
- ☐ Ambulance (operational)
- ☐ General management (Health or Social Care)
- ☐ Nursing or healthcare assistants
- ☐ Medical
- ☐ Social care support staff
- ☐ Social worker
- ☐ Other (please tell us)

2. Please select your main place of work

- ☐ A&E at Dewsbury and District Hospital
- ☐ A&E at Pinderfields Hospital
- ☐ GP extended hours service
- ☐ GP out of hours service
- ☐ Care Home
- ☐ NHS 111
- ☐ Primary Care
- ☐ Social Care
- ☐ Urgent Treatment Centre at Pontefract Hospital
- ☐ Walk-in centre at Dewsbury and District Hospital
- ☐ Walk-in centre at King Street, Wakefield
- ☐ Yorkshire Ambulance Service
- ☐ Other (please tell us)

3. We want to make sure that the urgent care services in our area are delivering high quality care and that we are increasing patient and staff satisfaction.

Could you please tell us what, in your opinion, works well or could be improved in the list below. Please tick and write in the boxes below.

	Works well	Could be improved
How patients use services and navigate the system appropriately	☐	☐
Please tell us more:		
Referrals/signposting into urgent care services	☐	☐
Please tell us more:		
Referrals into other services or departments	☐	☐
Please tell us more:		
Handovers between services	☐	☐
Please tell us more:		
Opening times of different services	☐	☐
Please tell us more:		
Staffing levels and skill mix in your department/service	☐	☐
Please tell us more:		

	Works well	Could be improved
How peaks and troughs in demand are managed in your department/service	☐	☐
Please tell us more:		
Access to patient records	☐	☐
Please tell us more:		
Working together as one system for the patient	☐	☐
Please tell us more:		

4. Finally, do you think there are other ways we could improve urgent care, which have not been mentioned above?

Equality Monitoring Form

To provide the right services and avoid discriminating against any groups, we collect and analyse the following information. No personal information will be shared, and it will be protected and stored securely. If you would like to know how we use this data please see our privacy notices– [Wakefield CCG](#) and [Kirklees CCG](#).

What is your gender?

- ☐ Female
- ☐ Male
- ☐ Prefer not to say

I describe my gender in another way (please write in): _____

How old are you? _____

- ☐ Prefer not to say

Which country were you born in?

- ☐ United Kingdom
- ☐ Prefer not to say

Other (please tell us which country): _____

What is your ethnic group? (Please tick which option applies)

- ☐ Asian or Asian British
- ☐ Black or Black British
- ☐ Mixed or multiple ethnic groups
- ☐ White
- ☐ Any other ethnic background (please tell us): _____
- ☐ Prefer not to say

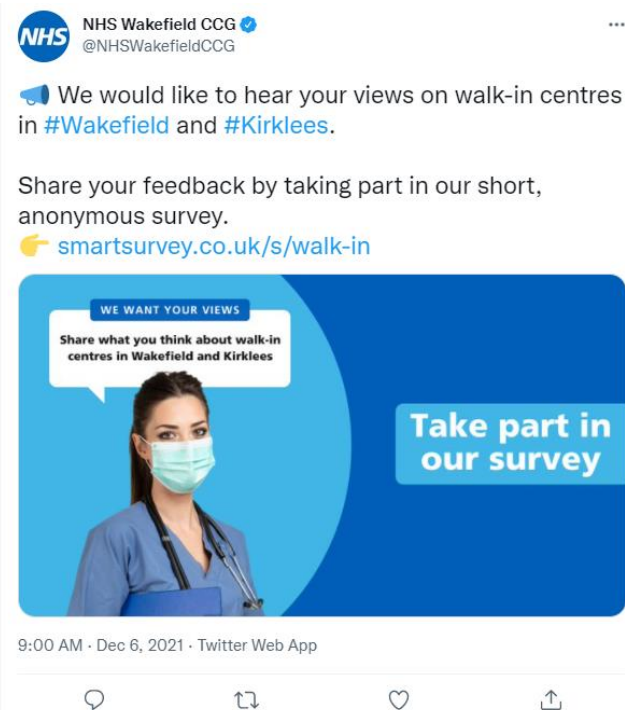
Are you disabled?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Are you a carer? (Do you provide unpaid care / support to someone who is older, disabled or has a long-term condition)

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Appendix E – Example tweets



Appendix F - Stakeholder Map

Stakeholder group	Organisation
NHS related partners and provider organisations	Yorkshire Ambulance Service The Mid Yorkshire Hospitals NHS Trust South & West Yorkshire Partnership NHS Foundation Trust West Yorkshire Integrated Care System Healthwatch Kirklees and Wakefield Locala CIC Local Care Direct Community Pharmacy West Yorkshire NHS England/Improvement
Local government partners	Kirklees and Wakefield Council Executive Teams / ICP Kirklees and Wakefield Health and Wellbeing Boards Kirklees and Wakefield Health Overview and Scrutiny Panels / Joint Overview and Scrutiny Committees
Local economy partners	West Yorkshire Police West Yorkshire Fire & Rescue Service Kirklees and Wakefield Colleges University of Huddersfield
Membership	GP practices in Kirklees and Wakefield Local Medical Councils GP federations / Primary Care Networks
General public	Patients/service users and their representatives GP practices and patient groups Community groups Voluntary sector organisations Students' Union
Community and voluntary sector organisations	Community groups Voluntary sector organisations Faith-based groups Carers groups Third Sector Leaders
Elected representatives	Councillors MPs

Stakeholder group	Organisation
Staff Staff side	Provider organisations

Appendix G – Equality monitoring data from patient survey

Q1. Who is this form about?

	%	Number
Me	82.1%	726
Someone else - using their information	17.9%	158
	answered	884
	skipped	105

Q2. What is the first part of your postcode? (E.g. HX1, WF11, HD6)

819 postcodes were provided, that had enough information to report. Of which the majority lived in Wf12 (15.1%), WF17 (14.8%), and WF13 (11%).

WF12 is 1km south-east of the town of Dewsbury, and contains Thornhill Lees, Earlsheaton, Savile Town, Whitley Lower, and Thornhill.

WF17 covers the areas of Birstall, Batley, Staincliffe in Kirklees.

WF13 covers areas such as Boothroyd, Dewsbury, Crackenedge, Ravensthorpe, Dewsbury Moor in Kirklees.

Other postcodes with over 5% respondents are Wf2 (Wakefield: Lupset, Wrenthorpe, Walton, Kettlethorpe, and Thornes) WF1 (Wakefield: Agbrigg, Belle Vue, Eastmoor, Kirkthorpe) WF4 (Wakefield: Horbury, Crofton, Crigglestone, Grange Moor, Notton, and Sharlston).

	%	Number
BD1	0.4%	3
BD4	0.2%	2
BD7	0.1%	1
BD11	0.4%	3
BD12	0.5%	4
BD17	0.1%	1
BD18	0.1%	1
BD19	2.4%	20
DN4	0.1%	1
HD1	0.7%	6
HD2	4.0%	33
HD3	1.0%	8

	%	Number
HD4	1.1%	9
HD5	0.7%	6
HD6	0.1%	1
HD8	0.9%	7
HD9	1.2%	10
HX2	0.1%	1
HX4	0.1%	1
HX5	0.1%	1
HX7	0.1%	1
LS1	0.2%	2
LS5	0.1%	1
LS6	0.1%	1
LS25	0.1%	1
LS26	0.1%	1
PR4	0.1%	1
S64	0.1%	1
S70	0.1%	1
S71	0.1%	1
S72	0.4%	3
S75	0.1%	1
WF1	6.3%	52
WF2	7.9%	65
WF3	2.1%	17
WF4	6.0%	49
WF5	4.4%	36
WF6	1.6%	13
WF7	0.4%	3
WF8	1.2%	10
WF9	1.2%	10
WF10	1.0%	8
WF11	1.1%	9
WF12	15.1%	124
WF13	10.9%	90
WF14	4.5%	37
WF15	3.8%	31
WF16	1.5%	12
WF17	14.7%	121
WF18	0.1%	1

	%	Number
	<i>answered</i>	822
	<i>skipped</i>	167

Q3. What is your gender?

	%	Number
Male	31.8%	284
Female	65.9%	588
Prefer not to say	1.6%	14
I describe my gender in another way (please tell us)	0.7%	6
	<i>answered</i>	892
	<i>skipped</i>	97

Q4. How old are you? (E.g. 42)

	%	Number
7-16	4.8%	40
17-26	8.3%	69
27-36	13.0%	108
37-46	17.0%	141
47-56	18.4%	153
57-66	18.2%	151
67-76	15.7%	130
77-86	4.2%	35
87-96	0.4%	3
	<i>answered</i>	830
	<i>skipped</i>	159

Q5. Which country were you born in?

The majority of respondents were born in the United Kingdom (86.1%), the next highest were Pakistan (5.3%) and India (4.4%). 9 further countries were mentioned with less than 7 countries of birth.

The comparable data is not readily available for the Mid Yorkshire footprint.

	%	Number
Afghanistan	0.4%	3

	%	Number
Australia	0.1%	1
France	0.1%	1
Germany	0.1%	1
Grenada	0.4%	3
India	4.3%	34
Jamaica	0.8%	6
Lithuania	0.1%	1
Malawi	0.1%	1
Netherlands	0.1%	1
Nigeria	0.5%	4
Pakistan	5.1%	41
Poland	0.3%	2
Romania	0.1%	1
Suriname	0.1%	1
Sweden	0.1%	1
United Arab Emirates	0.1%	1
United Kingdom	83.3%	664
United States	0.3%	2
Zambia	0.1%	1
Zimbabwe	0.1%	1
Other Country not on list (please tell us)	3.3%	26
	answered	797
	skipped	192

Q6. Do you belong to any religion?

	%	Number
Buddhism	0.5%	4
Christianity (all denominations)	33.8%	300
Hinduism	0.8%	7
Islam	27.8%	247
Judaism	0.2%	2
Sikhism	0.8%	7
No religion	26.0%	231
Prefer not to say	8.7%	77
Other (please tell us):	1.4%	12
	answered	887
	skipped	102

Q7. What is your ethnic group?

	%	Number
Prefer not to say	8.0%	72
Asian or Asian British:		
Bangladeshi	0.3%	3
Chinese	0.0%	0
Indian	15.8%	141
Pakistani	12.4%	111
Other Asian background	0.2%	2
Black or Black British		
African	0.7%	6
Caribbean	3.2%	29
Other Black background	0.0%	0
Mixed or multiple ethnic groups:		
White and Asian	1.0%	9
White and Black African	0.3%	3
White and Black Caribbean	1.2%	11
Other mixed background	0.3%	3
White:		
English/Welsh/Scottish/Northern Irish/British	54.4%	487
Irish	0.3%	3
Gypsy or Irish Traveller	0.0%	0
Other White background	1.0%	9
Other ethnic groups:		
Arab	0.1%	1
Other Ethnic group (please tell us):	0.6%	5
	answered	895
	skipped	94

Q8. Are you disabled?

	%	Number
Yes	9.3%	82
No	83.4%	739
Prefer not to say	7.3%	65
	answered	886
	skipped	103

Q9. Do you have any long-term conditions, impairments or illness? (If yes please tick any that apply)

When people responded to what types of impairment they have, 382 people responded and 38.5% had a long-term condition, 19.9% a mental health concern, 18.3% had a physical or mobility impairment, 7.3% a sensory impairment, 4.4% a Learning, understanding, concentrating or memory issue, 2.6% were neurodiverse and 17.3% preferred not to say. 18.6% said 'other' this included many conditions which could have fallen in the categories above.

	%	Number
Physical or mobility (such as using a wheelchair to get around and / or difficulty using their arms)	18.3%	70
Sensory (such as being blind / partially sighted or deaf / hard of hearing)	7.3%	28
Mental health (such as having depression or schizophrenia)	19.9%	76
Learning, understanding, concentrating or memory (such as Down's Syndrome, stroke, or head injury)	3.4%	13
Neuro diverse conditions (such as autism, ADHD and/or dyslexia)	2.6%	10
Long term condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)	38.5%	147
Prefer not to say	17.3%	66
Other (please tell us):	18.6%	71
	answered	382
	skipped	607

Q10. Are you a carer? (Do you provide unpaid care to someone who is older, has a long-term condition, is disabled, or has other support needs?)

	%	Number
Yes	15.2%	134
No	79.6%	701
Prefer not to say	5.2%	46
	answered	881
	skipped	108

Q11. Which of the following best describes your sexual orientation?

	%	Number
Bi/Bisexual	1.6%	14
Gay	1.0%	9
Lesbian	0.1%	1
Heterosexual/Straight	82.8%	720
Prefer not to say	13.3%	116
I prefer to use another term (please tell us):	1.1%	10
	answered	870
	skipped	119

Accurate demographic data is not available for these groups as it was not part of the census collection. The most up to date information we have about sexual orientation is found through the Office of National Statistics (ONS), whose Integrated House Survey for April 2011 to March 2012 estimates that approximately 1.5% of the UK population are Gay/Lesbian or Bisexual. However, HM Treasury's 2005 research estimated that there are 3.7 million LGB people in the UK, giving a higher percentage of 5.85% of the UK population.

Q12. Do you consider yourself to be a Trans* person? *Trans is an umbrella term used to describe people whose gender is not the same as the sex they were assigned at birth.

In terms of sexual orientation 3.9% of respondents identified as bisexual, lesbian, gay or other. No comparative local data exists for these populations, however the ONS published data for lesbian, bisexual and gay populations, estimating 1.1% for West Yorkshire (2013-15). 0.5% identified as trans.

	%	Number
Yes	0.5%	4
No	89.0%	768
Prefer not to say	10.5%	91
	answered	863
	skipped	126

Transgender and Trans are an umbrella term for people whose gender identity and/or gender expression differs from the sex they were assigned at birth. One study suggested that the number of Trans people in the UK could be around 65,000 (Johnson, 2001, p. 7),

while another notes that the number of gender variant people could be around 300,000 (GIRES, 2008b).

Q13. Do you/or anyone you live with get any of these benefits? **

24.9% of respondents were in receipt of benefit.

Universal Credit, Housing Benefit, Income Support, Pension Credit – Guarantee Credit Element, Child Tax Credit, Incapacity Benefit/Employment Support Allowance, Jobseekers Allowance, Free School Meals, Working Tax Credit, Council Tax Benefit, Disability Living Allowance/Personal Independence Payment

**We are asking this question to help us understand if being on lower income affects their experience of services or health.

	%	Number
Yes	24.9%	218
No	62.7%	550
Prefer not to say	12.4%	109
	answered	877
	skipped	112

Q14. Are you pregnant or have you given birth in the last 6 months?

1.1% had been pregnant or given birth in the last 6 months.

	%	Number
Yes	1.3%	11
No	93.2%	779
Prefer not to say	5.5%	46
	answered	836
	skipped	153

Q15. Are you a parent/primary carer of a child or children who live with you, if yes, how old are they? (Tick any that apply)

	%	Number
0-4	26.2%	94
5-9	30.6%	110
10-14	24.0%	86
15-19	17.5%	63

	%	Number
Prefer not to say	27.6%	99
	answered	359
	skipped	630

Appendix H – Equality monitoring data from staff survey

Q1. What is your gender?

	%	Number
Male	74.6%	53
Female	18.3%	13
Prefer not to say	7.0%	5
I describe my gender in another way (please tell us)	0.0%	0
	answered	71
	skipped	6

Q2. How old are you? (E.g. 42)

	%	Number
16-29	8.2%	5
30-44	37.7%	23
45-64	52.5%	32
65+	1.6%	1
	answered	61
	skipped	16

Q3. Which country were you born in?

	%	Number
South Africa	1.4%	1
United Kingdom	94.3%	66
Prefer not to say	4.3%	3
	answered	70
	skipped	7

Q4. What is your ethnic group?

	%	Number
Asian or Asian British	15.7%	11
Black or Black British	0.0%	0
Mixed or multiple ethnic groups	1.4%	1
White	72.9%	51

	%	Number
Any other ethnic background (please tell us):	8.6%	6
Prefer not to say	1.4%	1
	answered	70
	skipped	7

Q5. Are you disabled?

	%	Number
Yes	2.9%	2
No	91.4%	64
Prefer not to say	5.7%	4
	answered	70
	skipped	7

Q6. Are you a carer? (Do you provide unpaid care to someone who is older, has a long-term condition, is disabled, or has other support needs?)

	%	Number
Yes	11.3%	8
No	84.5%	60
Prefer not to say	4.2%	3
	answered	71
	skipped	6