

# University of Sheffield



## Characteristics and views of users of the Sheffield Walk In Centre

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## **Executive summary**

The Sheffield walk in centre opened in March 2000, as one of the 36 sites approved in the first wave of NHS walk in centres. It is located in the Royal Hallamshire Hospital, alongside a minor injuries unit and an out-of-hours primary care centre.

The aim of the research described here was to evaluate the Sheffield NHS walk in centre in terms of the characteristics and views of its users, and compare these with previous results.

The study found that three-fifths of attenders were female and two-fifths male. The greatest number of attenders was in the 17-to-35 age group. Over half of attenders lived within 5km of the walk in centre, and 97% were registered with a GP. One-third had visited the walk in centre previously.

Of those attending the centre, 43% had made a previous health service contact about their problem, and 30% had not contacted anyone at all (including family or friends). However, about one-fifth had consulted their GP or practice nurse about their problem in the previous four weeks.

Atenders particularly valued the short waiting times, convenience of location and extended opening hours of the centre, but if the centre had not been available, half would have gone to their GP or practice nurse. Two-thirds of attenders waited 10 minutes or less to see a nurse. After their consultation, one in three attenders planned to make an appointment with their GP, and 4% planned to go to A&E.

85% of attenders reported that they were “very satisfied” with the overall service, which compares well with comparable figures reported from the national evaluation.

## **Background to the research**

The Sheffield walk in centre opened in March 2000, as one of the 36 sites approved in the first wave of NHS walk in centres. It is located in the Royal Hallamshire Hospital, alongside a minor injuries unit and an out-of-hours primary care centre.

The walk in centre has been subject to external evaluation on two previous occasions. During April/May 2001 a user survey was carried out as part of a project for an MSc, which has not been published. In March 2001 the service participated in the national evaluation of walk in centres undertaken by the University of Bristol, the results of which have now been published.<sup>1</sup> It has been possible to make use of results of the national evaluation as a comparator for the present study.

The aim of the research described here was to evaluate the Sheffield NHS walk in centre in terms of the characteristics and views of its users, and compare these with previous results.

The specific objectives of the research were:

- To describe the characteristics of users, in terms of age, sex, ethnicity and geography
- To describe users' expectations, experiences of and satisfaction with their walk in centre consultation
- To describe users' health service contacts prior to, and intended use following, the walk in centre visit
- To compare current results with available findings from earlier studies of the Sheffield walk in centre.

## The policy context

Responding to a public demand for easier access to primary health care, walk in centres were developed, along with NHS Direct, in the hope that they would provide a faster, more flexible and convenient way of gaining information and treatment for minor health problems.<sup>2</sup> Walk in centres are characterised by a nurse-led immediate access service and are intended to provide a range of high quality minor ailment/treatment services; information about NHS, social and other local statutory and voluntary services; and advice about self care and information about healthy lifestyles.

The first NHS walk in centre opened in London in January 2000. There are currently 43 walk in centres in operation in England, located in a variety of settings – high streets, NHS hospitals, GP co-op premises and even an airport terminal.

Although there is extensive experience of walk in centres in other countries, this may be of limited relevance to the UK context.<sup>3</sup> Literature on the UK experience is fairly limited but an extensive national evaluation has been conducted,<sup>4</sup> suggesting that NHS walk in centres are mainly used by adults aged 16 to 25, especially males, and attract a more affluent population than general practice. Consultations generally take place during the working day, there is a median waiting time of 10 minutes, and the average consultation time is 14 minutes. People who use them generally live quite close to the walk in centre and around four-fifths of users are registered with a local GP.

Two-thirds of people attending walk in centres do so because it is quicker than getting an appointment with their GP. Other reasons include the convenience of the location and the extended opening hours, findings in agreement with the North American experience and research into people's perceived expectations of walk in centres.<sup>2</sup> Most people are satisfied with their experience at an NHS walk in centre, with satisfaction levels similar to those of other nurse-led services,<sup>3</sup> although there is some public uncertainty over the range of services offered by walk in centres.

## **Methods**

### **Setting and subjects**

Every patient attending the Sheffield NHS walk in centre during the 14 day period 28 August to 10 September 2002 inclusive was invited to participate in the study by completing a questionnaire. Parents or carers were asked to complete the questionnaire on behalf of children under the age of 16, or if the patient was unable to complete it for other reasons.

Unaccompanied children under the age of 16 were invited to participate in the study and were given an information leaflet specifically designed for children. There were no facilities for language translation so those unable to read English were unable to participate in the study.

### **Development of questionnaire**

The four page questionnaire consisted of two sections. The first section was designed to be completed, in the reception area, while patients waited to see the nurse. It included questions about the patient's characteristics, their journey to the walk in centre and the convenience of its location, what help they sought before arriving at the walk in centre, the main reasons for their visit, and their expectations of what would happen at their visit.

The second section was designed to be completed after the consultation. It included questions regarding the length of the wait to be seen by a nurse, satisfaction with the service, and the outcome of the visit.

In addition to questions devised by the research team, for comparative purposes questions were also used or adapted from the 2001 Census and the questionnaire used in the national evaluation of walk in centres.<sup>4</sup>

The questionnaire was piloted over a one day period and modified slightly before the survey period began.

The study was granted ethical approval by South Sheffield Research Ethics Committee.

### **Administration of questionnaire**

Each patient attending the walk in centre during the two week survey period was allocated a unique identifying number and the date and time of consultation were recorded by reception staff.

Reception staff were given written guidance about the procedure for administering the questionnaires. If patients agreed to take part in the study they were given a questionnaire after registering at reception and were asked to complete the first section before their consultation with the nurse. Nurses also prompted patients to complete the second section at the end of the consultation. Patients were given the option of leaving their completed questionnaire with reception staff or returning it directly to the research team in a pre-paid envelope. Questionnaires were marked with the patient's unique identifying number.

## **Sampling**

The period of two weeks was chosen in order to meet the short timescale available for the project. We expected that in this period approximately 800-1100 people would use the walk in centre. If the response rate was 70% we expected 560-770 completed surveys. This would be sufficient to estimate the proportion answering any question to within  $\pm 4\%$  at worst.

## **Analysis**

Data was entered into Access and exported into SPSS for statistical analysis. In addition, data collected from the Sheffield walk in centre during the national evaluation was kindly provided by Dr Chris Salisbury of the Department of Primary Care at the University of Bristol. This consisted of 125 records and was collected in March 2001. The national data was collected between October 2000 and April 2001. Where available, comparator data is shown alongside the results of the current study.

## Results

### Response rates

Of the 1275 patients allocated an ID number during the survey period, 52 patients were subsequently excluded as they had already completed a questionnaire during this time.

Therefore, 1223 patients were eligible for inclusion and were given a questionnaire. Of these, 1050 completed a questionnaire, giving a response rate of 86%. The reasons given by those not completing a questionnaire are given in the appendix.

21% (223/1050) of respondents reported that they had been sent to the walk in centre solely for a blood test. They may have been sent by their GP or may have been directed by posters displayed in the blood testing out-patients department at the Royal Hallamshire Hospital.

These patients were excluded from the analysis we report here, as much of the questionnaire was not relevant to them due to the nature of their visit.

The remaining 79% (827/1050) of respondents reported that they had not been sent to the walk in centre for a blood test and are included in the following analysis.

## WHO ATTENDS THE WALK IN CENTRE?

### *Age and sex*

The age and sex distribution of attenders is shown below (Table 1) and visually in the figure overleaf. 39% of attenders were male and 61% were female. Female respondents tended to be younger than responding males. Children (aged 16 or under) accounted for 7% of all respondents.

A greater proportion of Sheffield walk in centre attenders were female, and fewer were children, than of walk in centre attenders nationally.

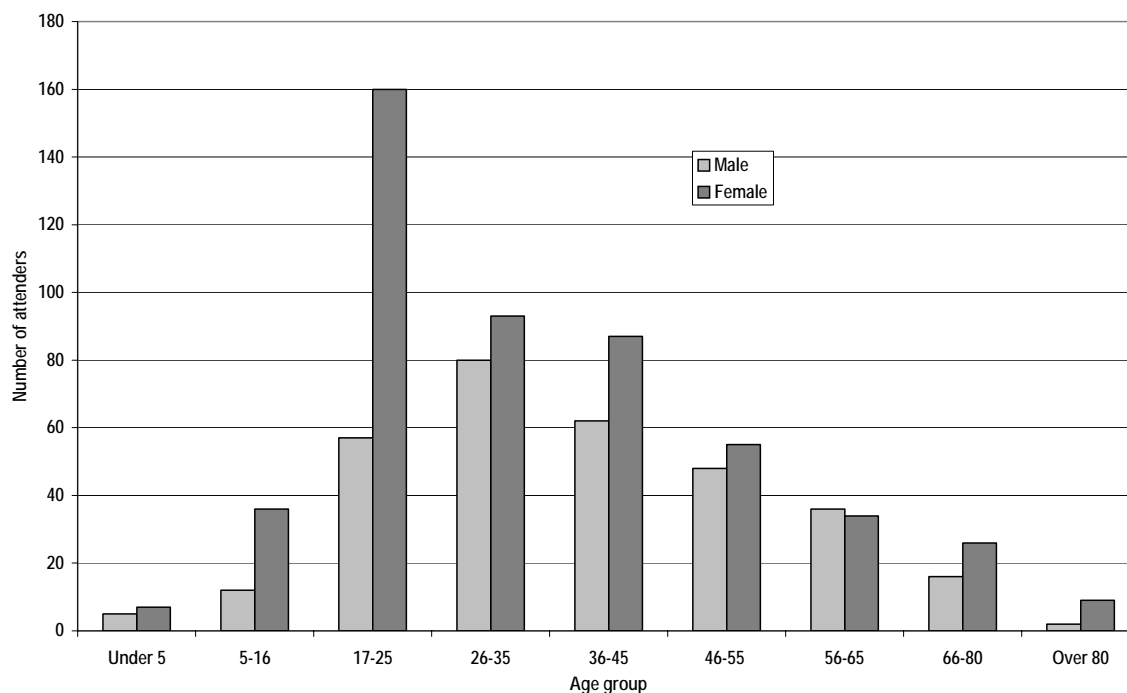
**Table 1: Age and sex groups**

	Male					
	Sheffield 2002		Sheffield 2001		National	
	n=318	%	n=38	%	n=1754	%
<5	5	2	1	3		10
5-16	12	4	3	8		15
17-25	57	18	7	18		16
26-35	80	25	6	16		20
36-45	62	20	5	13		15
46-55	48	15	6	16		10
56-65	36	11	2	5		8
66-80	16	5	7	18		6
>80	2	1	1	3		2
Mean age	38.56		41.31		No data available	

	Female					
	Sheffield 2002		Sheffield 2001		National	
	n= 507	%	n=87	%	n=2085	%
<5	7	1	3	3		7
5-16	36	7	4	5		12
17-25	160	32	34	39		25
26-35	93	18	10	12		20
36-45	87	17	10	12		12
46-55	55	11	10	12		9
56-65	34	7	7	8		7
66-80	26	5	8	9		7
>80	9	2	1	1		2
Mean age	34.57		35.16		No data available	

**Figure 1: Age and sex of walk in centre attenders**



*Ethnicity*

We asked respondents to record their ethnic group. The majority – 92% (756/826) – described themselves as white (Table 2).

**Table 2: Ethnicity**

	Sheffield 2002		Sheffield 2001		National	
	n=826	%	N=122	%	n=3816	%
White	756	92	113	93		88
Caribbean	13	2	1	1		2
Pakistani	12	1	1	1		2
African	7	1	1	1		1
Indian	4	0.5	2	2		2
Black other	3	0.4	1	1		1
Chinese	3	0.4	1	1		0.4
Bangladeshi	1	0.1	0	0		1
Any other	23	3	2	2		3

*Postcode and distance*

94% (780/827) of respondents gave their home postcode. This was used to allocate a grid reference of residence to each attender, based on the centre of the postcode in which they lived.

Of the 780 postcodes available, 91% (708/780) could be matched to a reference file and allocated a grid reference (Table 3). Some postcodes were incomplete or incorrect, or

outside of the Trent region, and could not be matched. 3% (23/780) of those giving a postcode lived outside of the ‘S’ postcode area.

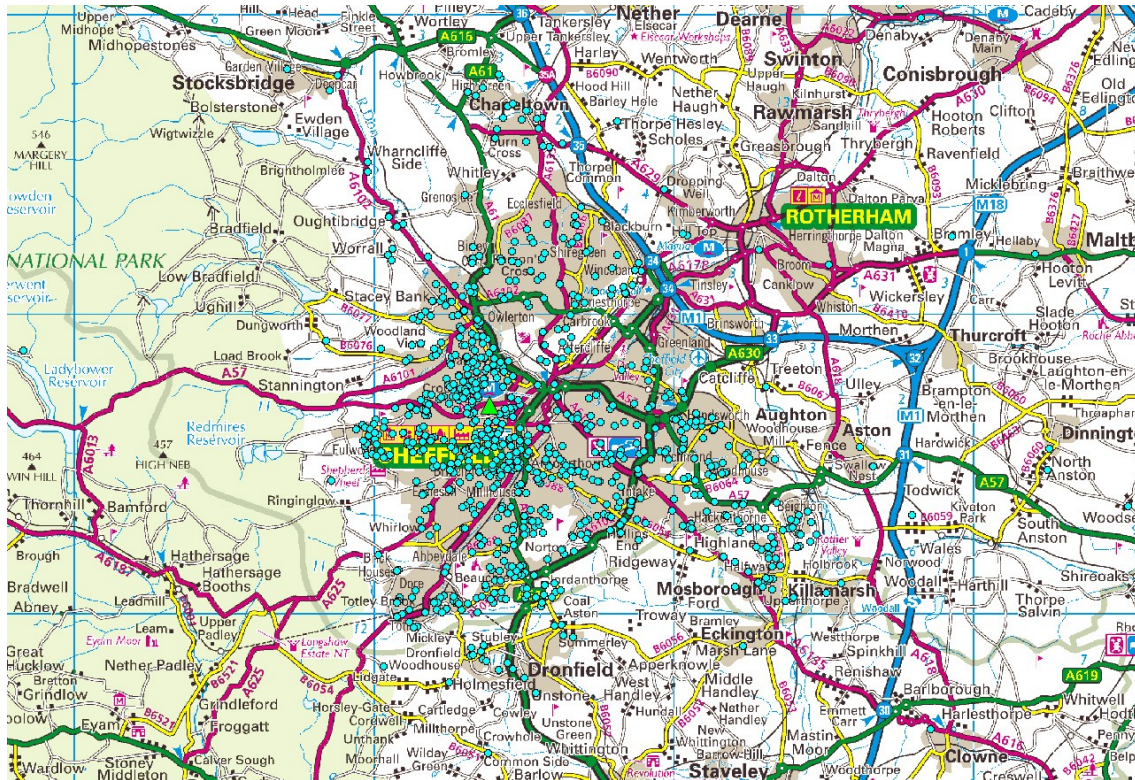
**Table 3: Grid referencing of home postcode**

	Within ‘S’ postcode*	Outside ‘S’ postcode*
Matched	704	4
Not matched	53	19

\* ‘S’ represents any postcode beginning with S located in South Yorkshire

Using the grid reference, the area of residence of each attender was plotted on a map of Sheffield, as shown below. This map indicates the geographical distribution of attenders.

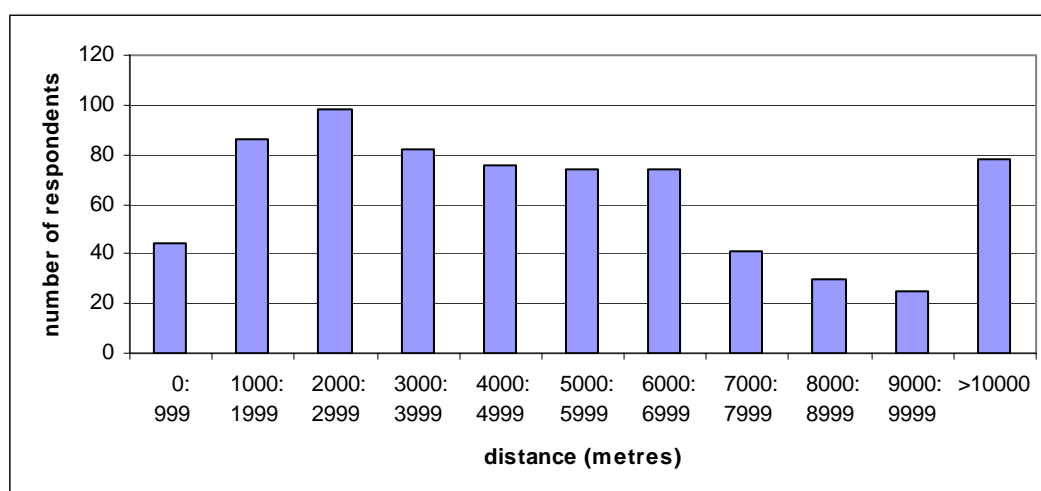
**Map: Location of walk in centre and of attenders’ areas of residence**



Note: The location of the walk in centre is given by the central green triangle. Each blue dot represents the home of one attender.

In addition, the distance from each attender’s home to the walk in centre was calculated from the grid reference using simple straight-line distance. 55% (386/708) of respondents lived within 5 km of the walk in centre, while 11% (78/708) lived over 10 km away (Figure 1).

**Figure 1: Distance from home postcode to walk in centre**



*Registered with GP*

Respondents were asked if they were registered with a GP and, if so, the address of their doctor's practice. 97% of respondents (771/792) were registered with a GP and of these, 88% (681/771) were registered with a Sheffield practice. The proportion of respondents registered with a GP attached to North Sheffield PCT was considerably lower than for other Sheffield PCTs (Table 4).

**Table 4: Respondents by Sheffield PCT**

	Sheffield 2002	
	n= 679	%
North	102	15
South West	226	33
South East	179	26
West	172	25
PCT unknown (Sheffield residents)	2	
PCT unknown (area unknown)	19	
PCT outside of Sheffield area	127	

*Used walk in centre before*

When asked if they had previously attended the walk in centre, over a third (288/764) of respondents reported that they had).

The national data presents a similar picture. Perhaps unsurprisingly, the proportion of repeat attenders was higher than in the previous Sheffield survey, when a quarter (31/124) had made a previous visit.

## BEFORE ARRIVAL AT THE WALK IN CENTRE

### *Journey to, and location of, the walk in centre*

Respondents were asked how they had travelled to the walk in centre on this occasion. Arrival by car was the most frequently used method of reaching the walk in centre (Table 5). Although there is a tram stop nearby, few people used this as a mode of transport.

**Table 5: Mode of transport used to reach the walk in centre for all or part of the journey\***

	Sheffield 2002	
	n= 797	%
Car	520	65
Bus	142	18
On foot	127	16
Tram	18	2
Bicycle	5	1
other	2	0

\* Respondents could choose more than one response

Respondents were asked how they rated the convenience of the walk in centre's location. 74% (589/793) of attenders felt the convenience of the location to be either good or excellent (Table 6). In the national survey of walk in centres, a higher proportion (88%) of respondents rated the location of the walk in centre in this way.

**Table 6: Convenience of the walk in centre's location**

	Sheffield 2002		Sheffield 2001		National	
	n= 793	%	n=124	%	n=3780	%
Very poor	14	2	0	0	1	
Poor	21	3	3	2	1	
Fair	169	21	19	15	11	
Good	317	40	65	52	45	
Excellent	272	34	37	30	43	

### *Contacts before the visit*

Respondents were asked if they had contacted anyone about their health problem before their visit to the walk in centre. This question did not give any explicit time limit for contacts so we cannot assume that these contacts occurred immediately prior to the visit to the walk in centre. For example, respondents suffering from long term chronic conditions may have included all the contacts they have ever made during the length of their illness.

43% (336/782) of respondents had contacted a health service about their problem before visiting the walk in centre. Just under a third of users indicated that they had not sought any information or advice about their health problem prior to their visit (Table 7). Slightly more respondents had sought help informally from their family or friends and

around a quarter had sought help from their GP. A small number of people contacted A&E before visiting the walk in centre.

**Table 7: Contacts prior to visiting the walk in centre\***

	Sheffield 2002	
	n=782	%
Not contacted anyone	233	30
Contacted...		
Family or friend	244	31
GP	210	27
Chemist	82	11
NHS Direct	51	7
Practice nurse	21	3
Accident and emergency dept	14	2
Minor injury unit	9	1
Dentist	7	1
Other	29	4

\* respondents could choose more than one response

Respondents were asked if they had consulted at a GP surgery in the last four weeks regarding their health problem. Around a fifth of patients (145/766) had seen a GP or practice nurse about their health problem in the previous four weeks.

*Reasons for choosing the walk in centre rather than going elsewhere*

Respondents were asked to state the main reasons for visiting the walk in centre rather than another service (for example, their own GP). Choosing the walk in centre as it was 'quicker than getting an appointment at the GP surgery' was the commonest reason given (Table 8). The convenience of the opening hours and location were also important factors in choosing to visit the walk in centre rather than another health care provider.

This was comparable to the national data. Nationally, a much larger proportion of respondents indicated they had thought about visiting a hospital casualty but had been put off by the prospect of a long wait. Nationally, respondents also placed greater emphasis on not wanting to bother the doctor or wanting to see a nurse, than Sheffield respondents.

**Table 8: Main reasons for choosing to visit the walk in centre\***

	Sheffield 2002		Sheffield 2001		National	
	n=827	%	n=123	%	n=2263	%
Quicker than getting an appointment at the GP surgery	457	58	66	54	60	
More convenient opening hours	288	37	32	26	33	
More convenient location	160	20	26	21	30	
Shorter wait than going to casualty	95	12	19	15	29	
Had more confidence in the advice/treatment I would get	70	9	8	7	8	
Didn't want to bother the doctor	61	8	18	15	18	
Sent here by casualty, minor injuries unit or GP surgery	63	8	16	13	9	
Didn't think about going anywhere else	35	5	10	8	6	
Better range of services	36	5	6	5	5	
Not registered with a local GP	36	5	5	4	5	
Wanted to see a nurse rather than a doctor	29	4	10	8	10	
Other	65	8	18	15	11	

\* respondents could choose more than one response

Attendees were also asked what they would have done if the walk in centre had not been available. Most indicated that they would have sought help from another health care provider. Half of the respondents would have visited their GP surgery and around one in five would have attended a casualty department (Table 9).

The proportion of those who would have called NHS Direct was more than double that of the national data, which may indicate a greater awareness of NHS Direct with time. There was a higher propensity to visit a casualty department among the national population, which may be due to the proximity of some walk in centres to accident and emergency departments, in contrast with Sheffield.

**Table 9: Action if the walk in centre had not been available**

	Sheffield 2002		Sheffield 2001		National	
	N=742	%	N=119	%	N=3785	%
Gone to GP or practice nurse	373	50	64	54	46	
Gone to a hospital casualty department	134	18	18	15	26	
Gone to see a pharmacist	57	8	8	7	5	
Looked after the problem myself	56	8	11	9	10	
Telephoned NHS Direct	40	5	3	3	2	
Called my GP out	29	4	6	5	4	
Gone to minor injury unit	28	4	4	3	3	
Other	25	3	5	4	4	

*Expectations of visiting the walk in centre*

Attendees were asked what they had expected from their visit to the walk in centre.

Most said that they expected to be given some advice about their health problem (Table 10). A small number expected to be referred on to another health care provider.

**Table 10: Expectations of visiting the walk in centre\***

	Sheffield 2002		Sheffield 2001		National	
	n=771	%	n=125	%	N=3746	%
Advice	492	64	82	66	65	
Information	267	35	48	38	37	
Issued with medication	226	29	34	27	22	
Treatment other than medication	199	26	30	24	34	
Prescription	180	23	36	29	25	
Referral to GP surgery	28	4	14	11	7	
Referral to hospital	26	3	4	3	6	
Other	24	3	6	5	6	

\* respondents could choose more than one response

## WHAT HAPPENED DURING THE VISIT

### *Experience of visiting the walk in centre*

Respondents were asked how long they had to wait in reception before their consultation with a nurse. The majority did not have a long wait for their consultation (Table 11). While two-thirds (467/700) of respondents thought they had waited in reception for 10 minutes or less before they were seen by a nurse, only 7% (50/700) said they had spent 30 minutes or more waiting.

Waiting times seemed to be longer on Thursdays, and at weekends 95% of respondents waited 20 minutes or less (see appendix, Table A- 4).

Sheffield had a much shorter waiting time than the national average figures, although waiting times seem to have increased in Sheffield since 2001.

**Table 11: Length of wait before consultation with a nurse**

	Sheffield 2002		Sheffield 2001		National	
	n=700	%	n=119	%	n=3479	%
Not at all	172	25	43	36		12
<10 minutes	295	42	52	44		31
11-20 minutes	139	20	19	16		25
21-30 minutes	44	6	2	2		14
31-40 minutes	27	4	3	3		7
>40 minutes	23	3	0	0		11

Respondents were asked what happened when they saw the nurse. Almost half of respondents indicated that they were given advice only (Table 12). However, this question may have been confusing to respondents, since detailed checking of the data shows that only 34% (238/701) people ticked the advice or information items *and no other*.

One in five respondents were referred to a GP surgery, with a small number of people being referred to casualty or hospital. Sheffield respondents were more likely to be referred to a GP but less likely to be referred to casualty than respondents to the national survey.

In all, 28% (196/701) people received either a medication or prescription. In the past 18 months the number of Sheffield respondents reporting that they have been given a prescription has doubled. Respondents to the national study were twice as likely to be given treatment than Sheffield respondents.

**Table 12: Outcome of consultation with the nurse\***

	Sheffield 2002		Sheffield 2001		National	
	n=701	%	n=125	%	%	
Advice only	342	49	63	50	49	
Information only	167	24	32	26	25	
Referred to a GP surgery	135	19	21	17	13	
Issued with medication	116	17	23	18	15	
Given treatment other than medication	100	14	17	14	27	
Given a prescription	97	14	9	7	8	
Referred to casualty or hospital	24	3	4	3	6	
other	36	5	12	10	8	

\* Respondents could choose more than one response

#### *Satisfaction with walk in centre*

Patients were asked to express their satisfaction, on a five point Likert scale, with six statements about different aspects of the service. High levels of satisfaction were expressed for all statements (Table 13). Some statements elicited stronger levels of satisfaction than others. For example, the two statements regarding the attitude of walk in centre staff showed higher levels of very satisfied respondents than the other statements. Respondents visiting the Sheffield walk in centre display higher levels of satisfaction for all statements than respondents to the national evaluation.

Detailed responses are given in the appendix.

**Table 13: Respondents reporting 'very satisfied' with different aspects of the service**

	Sheffield 2002		Sheffield 2001		National	
	n	%	n	%	n	%
The attitude of the receptionist	642	87	115	94	3615	85
The time you had to wait before you saw a nurse	553	78	104	87	3490	61
The attitude of the nurse	642	91	113	93	3485	88
The explanation the nurse gave you about your problem	558	81	94	82	3384	80
The treatment or advice you were given	540	79	91	78	3420	77
Overall satisfaction with the service	587	85	103	85	3491	80

## AFTER THE VISIT

After their consultation, respondents were asked what they planned to do next. Over two-fifths of people indicated that they were going to look after the problem themselves, although over a third said they intended to make an appointment at a GP surgery (Table 14). The 'other' category constituted a large proportion of respondents. This category included 19 people who were intending to visit a GP co-op, and 35 people who felt their health problem had been resolved and were taking no further action.

A smaller proportion of respondents were referred to a casualty department in Sheffield than nationally.

**Table 14: What the patient intends to do after consultation**

	Sheffield 2002		Sheffield 2001		National	
	N=637	%	N=106	%	N=3160	%
Deal with the problem myself	280	44	37	35		41
Make an appointment at a GP surgery	225	35	42	40		32
Visit a casualty department	22	4	4	3		7
other	110	17	23	22		20

The following table examines the relationship between what respondents would have done if the walk in centre was not available against what they planned to do after their consultation (Table 15). 44% of those who would have gone to their GP or practice nurse were intending to look after the problem themselves after their consultation. Of those who would have gone to a casualty department, only 9% intended to go there after they had consulted the nurse.

**Table 15: Prior intentions versus planned intentions**

Contact the patient would have made without walk in centre	What the patient planned to do next							
	Make an appt with GP		Visit casualty		Self-care		other	
	n	%	n	%	n	%	n	%
Self care	12	25	1	2	26	53	10	20
GP/PN	109	36	9	3	136	44	52	17
Pharmacist	12	25	0	0	29	59	8	16
Dentist	1	50	0	0	0	0	1	50
MIU	6	27	1	5	14	64	1	5
Casualty	43	41	9	9	32	30	22	21
NHS Direct	12	36	1	3	18	55	2	6
Called GP out	10	50	0	0	7	35	3	15
Other	2	12	1	6	7	41	7	41

*(row percentages are shown)*

The next table shows what respondents were advised to do by the nurse and what they intended to do on leaving the walk in centre (Table 16). Most of the respondents

planned to follow the advice they had been given. Three quarters who were referred to A&E/hospital were intending to visit an A&E department and four-fifths referred to a GP surgery were intending to make an appointment with a GP.

Interestingly, fewer of those given medication or a prescription by the walk in centre planned to see their GP, compared with those given advice or information only. This may reflect a perceived need for treatment, or result from differences in casemix.

**Table 16: Advice v. next step**

Outcome of the walk in centre consultation	What the patient planned to do next							
	Make an appt with GP		Visit casualty		Self-care		other	
	n	%	n	%	n	%	n	%
Given advice only	136	42	11	3	142	44	36	11
Given information only	60	37	6	4	205	43	89	19
Given a prescription	13	15	3	3	67	75	6	7
Issued with medication	11	11	0	0	78	79	10	10
Given treatment other than medication	16	20	0	0	33	41	32	40
Referred to GP surgery	104	82	3	2	2	2	18	14
Referred to casualty or hospital	1	5	15	75	0	0	4	20
other	7	22	0	0	4	13	21	66

*(row percentages are shown)*

At the end of the questionnaire, respondents were asked if they would use the Sheffield walk in centre again. Three quarters of respondents indicated that they would definitely visit the walk in centre again in the future (Table 17). This proportion was slightly higher in 2001.

**Table 17: Would the patient visit the walk in centre again?**

	Sheffield 2002		Sheffield 2001		National
	n=714	%	n=116	%	%
No/Not sure	24	3	3	3	3
Probably yes	154	22	20	17	19
Definitely yes	536	75	93	80	77

Respondents were asked if there were any additional services they would like to see at the walk in centre. Responses were given in a free text comments section. Most people left this section blank, indicating perhaps that they had no strong wish to see any other services at the walk in centre. Six per cent (51/827) expressed a wish to see other services at the walk in centre. Most of the comments made focused on the addition of prescription services or the benefit of having a GP based at the walk in centre. Some people commented that they would like to see vending machines installed in the reception area.

## Discussion

Below, we summarise the main results from this survey of the characteristics and views of visitors to the Sheffield walk in centre.

### Characteristics of attenders

- During the 14 day sampling period, 1275 people attended the walk in centre, a mean of 91 people daily. Of these, one fifth were attending only for a blood test.
- Three-fifths of attenders are female and two-fifths male. The greatest number of attenders are in the 17-to-35 age group, with particularly high numbers of young (17 to 25 year old) women.
- 92% of attenders describe themselves as white.
- 55% of attenders live within 5km of the walk in centre.
- 97% of respondents were registered with a GP.
- One-third had visited the walk in centre previously.

### Coming to the walk in centre

- 65% of attenders came by car, and 18% by bus.
- Three-quarters of attenders rated the location of the centre as “good” or “excellent”.
- 43% of attenders had made a previous health service contact about their problem, and 30% had not contacted anyone at all (including family or friends).
- About one-fifth of attenders had consulted their GP or practice nurse about their problem in the previous four weeks.
- Speed, convenience of location and extended opening hours were the most commonly cited reasons for choosing to attend the centre.
- If the centre had not been available, half of attenders would have gone to their GP or practice nurse.

### During the visit

- Two-thirds of attenders waited 10 minutes or less to see a nurse.
- The majority of consultations involved giving information or advice.
- 19% of attenders were referred to their GP, and 3% to A&E.
- 85% of attenders report they are “very satisfied” with the overall service, which compares well with the national picture.

### After the visit

- After their consultation, one in three attenders planned to make an appointment with their GP, and 4% planned to go to A&E.
- Three-quarters of attenders felt they would definitely use the walk in centre again in the future.

The response rate to the survey was high, providing some reassurance that the results are likely to be valid. In general, the results are consistent with findings from the national evaluation, with some minor differences noted in the text.

However, it would be wise not to place undue emphasis on the comparison with national figures, since these reflect the experiences of a range of centres in very different settings, including those adjacent to A&E departments and those in high street settings. Such differences are likely to influence responses to some questions, particularly those on location, alternative services in the absence of the centre, and referral from the centre.

A user survey such as this can provide only limited information on the impact of a service upon use of other services. It is clear, however, that many users regard the walk in centre as an accessible and valuable alternative of advice or treatment, and that some are diverted from using other forms of care.

It is also clear that for a substantial number of users, a visit to the walk in centre may be only one of a series of contacts with the health care system for a particular problem. Many respondents had previously consulted services about their problem, and many intended to go on to make further contacts, particularly with their GP, for the same problem. Whether this represents duplication of services or appropriate use of the system for ongoing health problems cannot be determined from the current study.

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## Appendix

**Table A- 1: Reason for not completing a questionnaire**

Reason	n=173
declined	25
Eyesight problems	6
Unable to read/write English	6
Too ill to complete	4
Receptionist did not ask	2
Other	3
No reason given/not recorded	127

**Table A- 2: Registered with GP**

	Sheffield 2002		Sheffield 2001		National
	n=792	%	n=125	%	%
Yes	771	97	122	98	96

**Table A- 3: Used walk in centre before**

	Sheffield 2002		Sheffield 2001		National
	n=764	%	n=124	%	%
Yes	288	38	31	25	34

**Table A- 4: Waiting time by day**

Day	Waiting time %						n=
	Not at all	<10 mins	11-20 mins	21-30 mins	31-40 mins	>40 mins	
Monday	16	43	22	8	8	3	88
Tuesday	25	38	28	9	0	0	92
Wednesday	27	45	16	5	4	3	106
Thursday	15	29	22	11	11	12	130
Friday	27	45	22	2	2	1	82
Saturday	36	43	16	5	0	0	86
Sunday	29	53	14	3	0	0	116

**Table A- 5: Satisfaction with the visit**

	Satisfaction %					n
	Not satisfied at all	Not very satisfied	uncertain	Fairly satisfied	Very satisfied	
The attitude of the receptionist	0.3	0.4	1	12	87	739
The time you had to wait before you saw a nurse	0.1	2	2	18	78	705
The attitude of the nurse	0.1	0.1	2	7	91	707
The explanation the nurse gave you about your problem	0.3	1	3	15	81	692
The treatment or advice you were given	1	2	3	15	79	682
Overall satisfaction with the service	0.3	1	2	12	85	688

**Table A- 6: Additional services requested**

	n=51
Prescribing service	11
GP on site	11
Drinks/Vending machine	8
Sexual health facilities	4
Better parking facilities	2
Better signposting	2
More seating	2
Dental services	2
Disabled toilet	1
Better reading material	1
Clock	1
Diagnosis and treatment	1
More privacy	1
Information about its range of services	1
Different music in reception	2
Translation (Urdu etc0	1
X-Ray centre	1

## References

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