	Community Wellbeing Scrutiny Committee 9 July 2019
	Report from Brent Clinical Commissioning Group
Central Middlesex Hospital – Urgent Care Centre Changes in Operating Hours	

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
No. of Appendices:	7
Background Papers:	
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	Rashesh Mehta – Assistant Director, Integrated Urgent Care, Brent CCG Email- rasheshmehta@nhs.net

1. Summary

This paper from NHS Brent CCG looks at the urgent care provision in Central Middlesex Hospital (CMH) and report on the findings on its utilisation, impact on equality, health inequalities and overall quality of CMH UCC.

Included in this case for change report are the alternative options that Brent CCG has taken into consideration to ensure the access to services are providing best use of public money and better use of resources. The paper shows current usage of the urgent care centre (UCC) as well as the public and stakeholder engagement plans.

The CCG has the statutory responsibility to manage its finances effectively and efficiently which meets local population needs. Likewise, any proposed changes to commissioned services must be evidence-based. It is an opportune time to look at the current capacity and demand for CMH UCC service and to discuss whether savings can be made by reducing services when there is little or no usage from residents.

The purpose of this report is to identify current usage and provide evidence-based case for change so that the Community Wellbeing Scrutiny Committee can be sighted on the plans to close the Urgent Care Centre at Central Middlesex Hospital (CMH) overnight from 12am midnight to 8am, when it has a *low volume* of attendances and need (preferred option)

To date, the CCG has carried out a series of engagement activities on the proposals with the public and other stakeholders, including the Brent Equality Engagement and Self-care (BEES) committee, Healthwatch, CVS Brent, members of the Carers Board and ran a bespoke workshop to include voluntary sector organisations and patients. Summaries of feedback received from this activity are provided in section 3 titled Involvement.

The Governing Body of Brent CCG considered the proposals on 25th June and approved them, subject to receiving confirmation of approval from the LNWHT A&E Delivery Board.

What the Committee is Asked to Do

The Community Wellbeing Scrutiny Committee is asked to scrutinise the proposals, and to confirm that significant public involvement has already taken place in relation to this matter. Since this is not a substantial change to services, Brent CCG does not consider that a full scale public consultation is required and the engagement that has taken place is proportionate to the change in question.

The Committee is asked to support the CCG's approach to informing the public about the changes to the service times. We will develop printed materials and a section on our website for all the information on the engagement. Translations would be available upon request.

Following confirmation from the Committee, and from the A&E Delivery Board, it is Brent CCG's intention to give 3 months' notice to the provider of the UCC (Greenbrook Healthcare) and during this period we will provide information to the public on the reduction in hours, together with information on where they may wish to access alternative services.

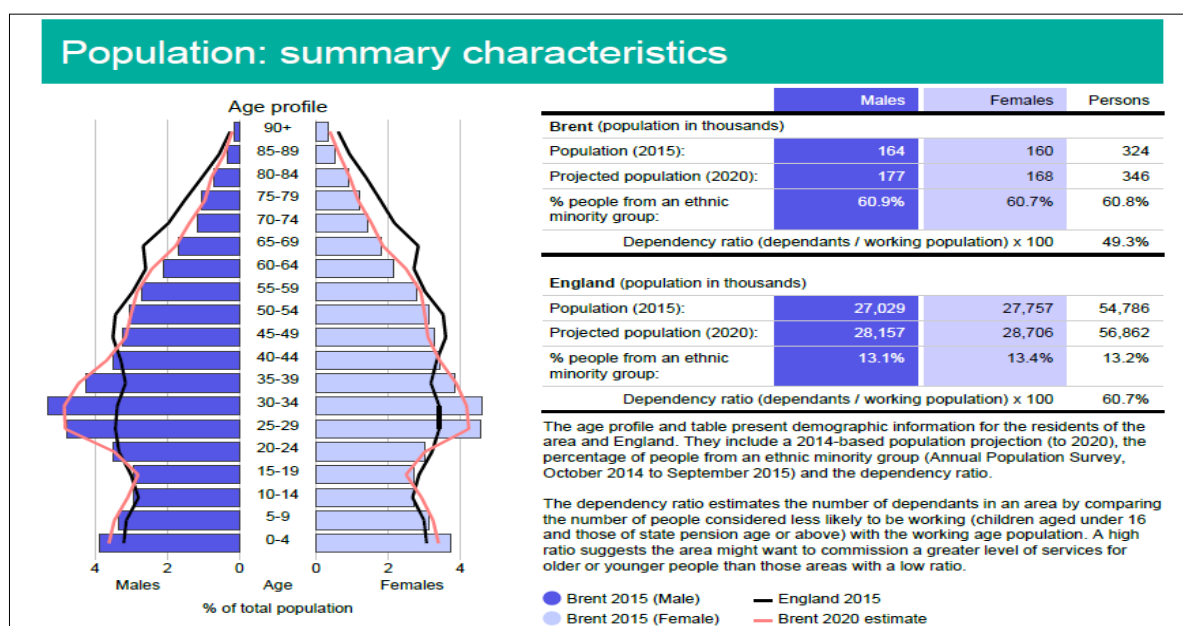
1. Introduction

1.1 About the London Borough of Brent

- Brent borders the boroughs of Harrow to the north-west, Barnet to the north-east, Camden to the east, Westminster to the south-east, and Kensington and Chelsea, Hammersmith and Fulham, and Ealing to the south. Brent has a mixture of residential, industrial and commercial land. Brent is home to Wembley Stadium, one of the country's biggest landmarks, as well as Wembley Arena. The local authority is Brent London Borough Council. Covering an area of 4.23 ha, the borough has around 334,700 residents¹ making it the 14th densely populated boroughs in the UK with 75.2 persons per ha. It is part of the NW London Collaboration of CCGs which includes eight London Boroughs and is also part of the NW London Health and Care Partnership (or STP).
- The borough has 81 community pharmacies, 56 GP surgeries with a total GP registered population of 392,892 (as of May 2019), two hospitals – Central

¹ Population Change in Brent – Key Facts <https://data.brent.gov.uk/dataset/population-change-in-brent---key-facts>

Middlesex Hospital and Northwick Park Hospital (NWPB), both with urgent care centres and one (NWPB) has an emergency department (ED). The two hospitals are 5.5 miles apart or about 16-35 minutes' drive between sites, just over half an hour journey using public transport².



Graph 1: Summary Characteristics of the Population of London Borough of Brent (Feb. 2019)

- Brent is a diverse London borough and large proportion of the population are young working age (67.8%) residents with a low proportion of residents aged 65 and over (11.3%) and the fifth lowest number of children of any London borough³.
- The mean average age is 35, five years below the UK average (40).
- The area has high levels of migration in and out of the borough, and significant ethnic and cultural diversity.
- 66% of the population is from Black, Asian and Minority groups (BAME).
- People between 0–15 y/o comprise 21% of the total population. Those 16-64 y/o, working age population makes up 67.8% of the population and the 65 and over population makes up 11.3% of the population.
- Brent has the largest proportion of residents born abroad (55%). This ranges from Asia (23%), followed by Europe (18%) and Africa (10%) to Central and South America (3%) and North America (1%). 14.5 per cent of households have no people that speak English as a main language; this is the thirteenth highest proportion in England & Wales.
- Life expectancy for men is 79.9 years and 84.9 years for women. Life expectancy is 5.8 years lower for men and 4.0 years lower for women in the most deprived areas of Brent than in the least deprived areas.

² Google maps

<https://www.google.com/maps/dir/Central+Middlesex+Hospital,+Acton+Ln,+Park+Royal,+London+NW10+7NS/Northwick+Park+Hospital,+Watford+Road,+Harrow/>

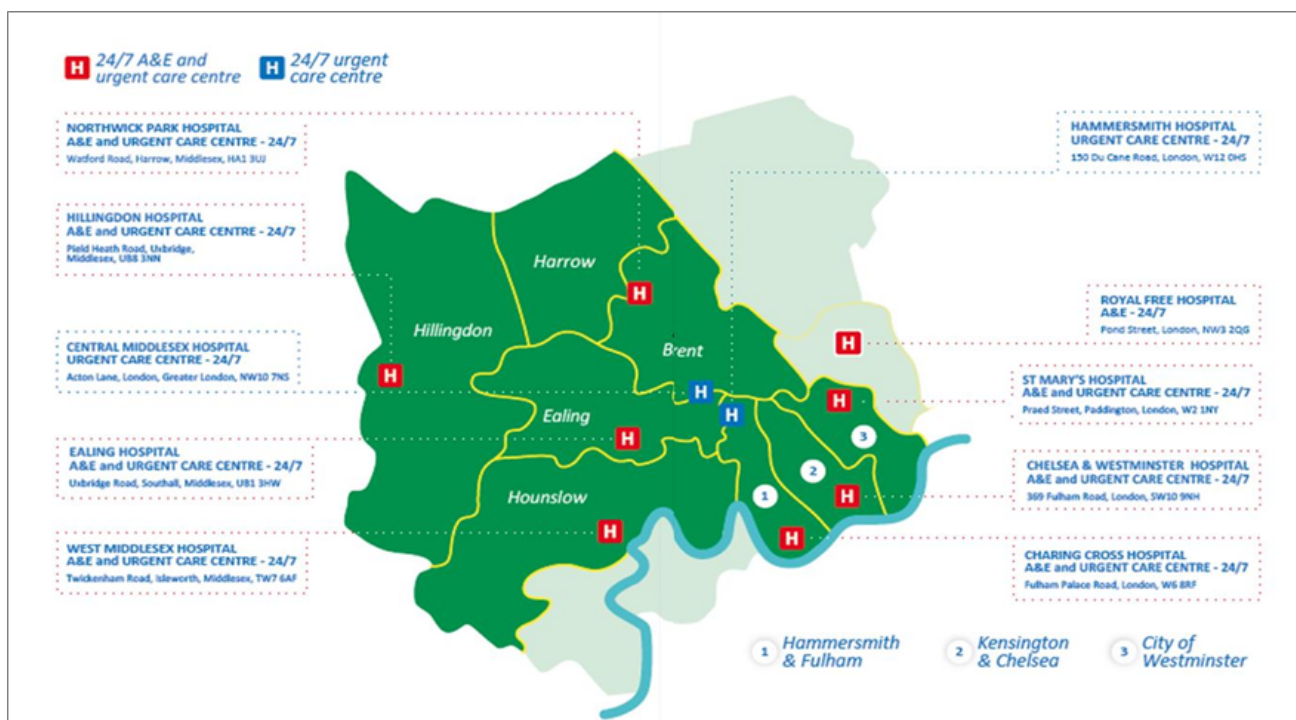
³ Brent JSNA 2015/16 Refresh - <https://www.brent.gov.uk/media/16412103/jsna-2015-brent-overview-report.pdf>

1.2 Financial challenges

- NHS Brent CCG is in a challenged financial position. Like other CCGs across England, it has limited amount of money to spend and needs to ensure budget is used as effectively and efficiently as possible. It is therefore appropriate to look at the services we provide are of good quality, effective, well utilised and provide good value.
- It is estimated that the financial implication for reducing opening hours (ie close overnight from 12midnight to 8am) would save in the region of £450k per year for NHS Brent CCG. The CMH UTC will still be open for 16 hours a day which is in line with national principles and standards⁴, which at a minimum must operate for at least 12 hours per day.
- NHS Brent CCG is taking this forward by looking at the status quo to understand the utilisation of CMH UCC service, whether the current operating hours are the most appropriate and how alternative options were considered before arriving to close service operating hours from midnight to 8am.

2. Status quo

- CMH UCC is currently open 24/7 and based at Central Middlesex Hospital in the south of the borough of Brent. This is bordered by the Boroughs of Hammersmith & Fulham to the south and Ealing to the west. The rest of the borders of CMH are within Brent's geography.



⁴ Urgent Treatment Centres – Principles and Standards (July 2017) - <https://www.england.nhs.uk/wp-content/uploads/2017/07/urgent-treatment-centres%E2%80%93principles-standards.pdf>

- CMH UCC has been a standalone (not co-located with an A&E) site since the Emergency Department (A&E) at CMH closed in September 2014. It was at this point that CMH UCC became a 24/7 UCC service as part of the implementation of “Shaping a Healthier Future (ShaHF)”. CMH UCC is a contract commissioned by NHS Brent CCG and operated by Greenbrook Healthcare from 31st March 2018.

2.1 CMH UCC Attendance Levels

- CMH UCC saw just over 45,000 patients in 18/19, an average of 866 a week. Just under 8% of all attendances occur in the period between 12 midnight and 8am. This is an average of 10 visits a night and, although this can vary, 90% of all night time visits are 1 per hour. More than half of these attendees are registered with a Brent GP, the remainder came from neighbouring Boroughs and/or further afield. Please refer to Appendix 1 and 2 for further details.

Night - 8pm - 8am (All Attendances, 18/19)								
Average per Week - 18/19								
Time	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
20:00-21:00	8	6	6	7	7	6	6	46
21:00-22:00	5	5	5	5	5	6	5	36
22:00-23:00	5	4	4	4	4	4	5	30
23:00-00:00	3	2	3	3	3	3	3	19
00:00-01:00	2	2	2	2	2	2	2	13
01:00-02:00	1	1	1	1	1	2	2	9
02:00-03:00	1	1	1	1	1	1	1	6
03:00-04:00	1	1	1	1	1	1	1	5
04:00-05:00	1	0	0	0	1	1	1	4
05:00-06:00	1	1	1	1	0	1	1	5
06:00-07:00	1	1	1	1	1	2	1	8
07:00-08:00	2	2	2	2	2	3	2	16
08:00-09:00	5	5	4	4	4	5	5	32
09:00-10:00	11	8	9	8	8	7	6	57
10:00-11:00	12	9	10	9	9	9	9	66
11:00-12:00	11	10	10	9	9	10	10	68
12:00-13:00	10	9	9	9	9	9	10	63
13:00-14:00	10	8	9	8	8	9	9	60
14:00-15:00	9	7	8	7	8	8	8	55
15:00-16:00	8	8	7	8	8	9	8	55
16:00-17:00	8	8	7	7	7	8	7	53
17:00-18:00	9	8	8	7	7	7	7	53
18:00-19:00	8	9	8	8	7	7	6	54
19:00-20:00	8	8	8	8	7	6	6	52
Total	138	122	124	118	119	123	122	866

Table 1: CMH UCC - Average number of night time “All” attendances per week, 18/19

Night - 8pm - 8am (BRENT specific attendances, 18/19)								
Average per Week - 18/19								
Time	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
20:00-21:00	5	4	4	4	4	4	4	29
21:00-22:00	3	3	3	3	3	4	3	22
22:00-23:00	3	3	2	3	2	2	3	18
23:00-00:00	2	2	2	2	2	2	1	11
00:00-01:00	1	1	1	1	1	1	2	8
01:00-02:00	1	1	1	1	1	1	1	5
02:00-03:00	1	0	1	0	0	1	1	4
03:00-04:00	0	0	0	0	0	0	0	3
04:00-05:00	0	0	0	0	0	1	1	2
05:00-06:00	0	0	0	0	0	1	1	3
06:00-07:00	1	1	1	0	1	1	1	5
07:00-08:00	1	1	1	1	1	2	1	9
08:00-09:00	3	3	2	3	2	3	3	20
09:00-10:00	7	5	6	5	6	5	4	39
10:00-11:00	8	6	7	6	6	6	6	44
11:00-12:00	7	6	7	6	6	7	7	46
12:00-13:00	7	6	6	6	6	5	6	42
13:00-14:00	7	5	6	5	5	6	6	39
14:00-15:00	6	5	4	5	6	5	5	35
15:00-16:00	6	5	4	5	5	6	5	36
16:00-17:00	6	5	5	5	5	5	4	34
17:00-18:00	6	5	5	5	5	5	4	34
18:00-19:00	5	6	5	5	5	5	4	35
19:00-20:00	5	5	5	5	5	4	4	33
Total	90	79	79	77	78	78	76	557

Table 2: CMH UCC – Average number of night time “Brent” attendances per week, 18/19

There are about 6 on average, night (12mn – 8am) time attendees who are residents of Brent (registered with a Brent GP) as compared to “All CCG attendances” of 10 on average (see Table

4). The most common number of attendees per night range between 6 to 14 (12mn – 8am and 8pm – 8am) for “Brent only activity”.

Brent Only Activity	Attendances		
	8pm-8am	10pm-8am	12mn-8am
Average per Night	17	10	6
Most Common per Night	14	10	6

Table 3: CMHUCC - Average number of night time attendances, Brent GP registered, 18/19

All CCGs	Attendances		
	8pm-8am	10pm-8am	12mn-8am
Average per Night	28	17	10
Most Common per Night	28	13	8

Table 4: CMHUCC – Average number of night time, All attendances, 18/19

Five out of 10 night time attendances are for working age adults, with the rate of visiting higher (average 52%) for this group than for children and older people across “All” attendances (see Table 5). This is similarly reflected on residents of Brent, where 20-44 age groups are attending nearly 50% of the time on average compared to the rest of the other age groups from 12mn – 8am.

The average attendance per night is around 1 patient visiting per hour.

	8pm-8am				10pm-8am				12pm-8am			
	Av. Per Week	Av. Per Month	Total	%	Av. Per Week	Av. Per Month	Total	%	Av. Per Week	Av. Per Month	Total	%
0-4	15	65	783	13%	8	36	429	12%	5	20	234	11%
5-19	26	112	1,339	22%	12	52	625	18%	6	25	305	15%
20-44	52	225	2,698	43%	32	139	1,666	47%	19	81	976	48%
45-64	21	93	1,114	18%	13	55	656	18%	8	34	408	20%
65+	5	23	278	4%	3	15	181	5%	2	10	125	6%
Total	119	518	6,212		68	296	3,557		39	171	2,048	

Table 5: CMHUCC - Night time attendances by Age Profile, All attendances, 18/19

	8pm-8am				10pm-8am				12pm-8am			
	Av. Per Week	Av. Per Month	Total	%	Av. Per Week	Av. Per Month	Total	%	Av. Per Week	Av. Per Month	Total	%
0-4	24	104	1,249	12%	13	58	693	11%	7	29	350	10%
5-19	38	166	1,994	19%	19	81	967	16%	9	40	484	14%
20-44	94	408	4,894	48%	59	254	3,050	51%	35	150	1,802	52%
45-64	34	146	1,754	17%	20	89	1,062	18%	13	56	668	19%
65+	8	34	411	4%	5	22	259	4%	3	14	173	5%
Total	198	859	10,302		116	503	6,031		67	290	3,477	

Table 6: CMHUCC - Night time attendances by Age Profile, Brent attendees only, 18/19

The gender split at night is representative of the general population, unlike during the day, where women outnumber men. Between 51-57% of night attendances are from men. The

same goes true for those men from Brent. More information on the social-demographic breakdown of attendances is available in Appendix 3.

All Attendances	8pm-8am					10pm-8am				12mn-8am			
	General Population	Av. Per Week	Av. Per Month	Total	%	Av. Per Week	Av. Per Month	Total	%	Av. Per Week	Av. Per Month	Total	%
Female	49.7%	96	418	5,010	49%	54	232	2,787	46%	29	126	1,508	43%
Male	50.3%	102	441	5,287	51%	62	270	3,242	54%	38	164	1,967	57%
Not Known	0%	0	0	5	0%	0	0	2	0%	0	0	2	0%
Total		198	859	10,302		116	503	6,031		67	290	3,477	

Table 7: CMHUCC - Night-time attendances by Gender Profile, All attendances, 18/19

CCG	12pm-8am								8pm-8am								10pm-8am							
	Average per Week		Average per Month		Total		% of Total Day/Night		Average per Week		Average per Month		Total		% of Total Day/Night		Average per Week		Average per Month		Total		% of Total Day/Night	
	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day
NHS Brent CCG	39	518	171	2,243	2,048	26,918	59%	65%	119	438	518	1,896	6,212	22,754	60%	65%	68	489	296	2,117	3,557	25,409	59%	65%
NHS Ealing CCG	11	129	48	557	571	6,689	16%	16%	35	105	151	454	1,817	5,443	18%	16%	20	120	86	519	1,029	6,231	17%	16%
NHS Harrow CCG	2	15	7	65	82	776	2%	2%	4	12	18	54	211	647	2%	2%	2	14	10	61	125	733	2%	2%
NHS Hammersmith and Fulham CCG	1	14	6	60	73	723	2%	2%	4	11	17	49	203	593	2%	2%	2	13	10	56	123	673	2%	2%
NHS Barnet CCG	1	12	5	54	64	648	2%	2%	4	10	15	44	185	527	2%	2%	2	12	9	50	110	602	2%	2%
NHS West London (K&C & QPP) CCG	1	12	4	50	53	603	2%	1%	3	9	14	41	164	492	2%	1%	2	11	9	46	102	554	2%	1%
NHS Hillingdon CCG	1	7	4	29	45	347	1%	1%	2	6	9	24	103	289	1%	1%	1	6	6	27	71	321	1%	1%
NHS Hounslow CCG	1	7	3	28	36	340	1%	1%	2	6	7	24	89	287	1%	1%	1	6	4	27	51	325	1%	1%
NHS Central London (Westminster) CCG	1	6	3	24	32	290	1%	1%	2	4	9	17	113	209	1%	1%	1	5	6	21	76	246	1%	1%
Not NHS England	1	5	3	22	37	267	1%	1%	2	4	9	17	102	202	1%	1%	1	5	6	20	66	238	1%	1%
Total	58	723	253	3,133	3,041	37,601			177	605	767	2,620	9,199	31,443			102	679	443	2,944	5,310	35,332		

Table 7: CMHUCC: Night-time attendances by Top 10 CCG areas, 18/19

More than half of night time attendances are people coming from NW10 district which largely forms part of the London Borough of Brent followed by nearly a quarter from Ealing, Harrow, Hammersmith & Fulham, combined.

Over half are from a 1.4 mile radius, such as from the wards of Harlesden and Stonebridge. This area more deprived than average for London. People from these areas may have slightly higher rates of illness and disability than typical. Maps showing the location of attendees and average distance travelled are in Appendix 4,5 and 6.

2.2 CMH UCC Clinical Summary of Attendances

2.2.1 Mode of Arrival and Sources of Referral

Overnight, 99% of attendees self-present to CMH UCC and practically no one came in via an ambulance.

	8pm-8am				10pm-8am				12pm-8am			
	Average per Day		% of Total Day/Night		Average per Day		% of Total Day/Night		Average per Day		% of Total Day/Night	
Mode of Arrival	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day
Brought in by Ambulance	0	0	0.3%	0.3%	0	0	0.4%	0.3%	0	0	0.5%	0.3%
Other	28	95	99.7%	99.7%	16	107	99.6%	99.7%	9	114	99.5%	99.7%
Total	28	95			17	107			10	114		

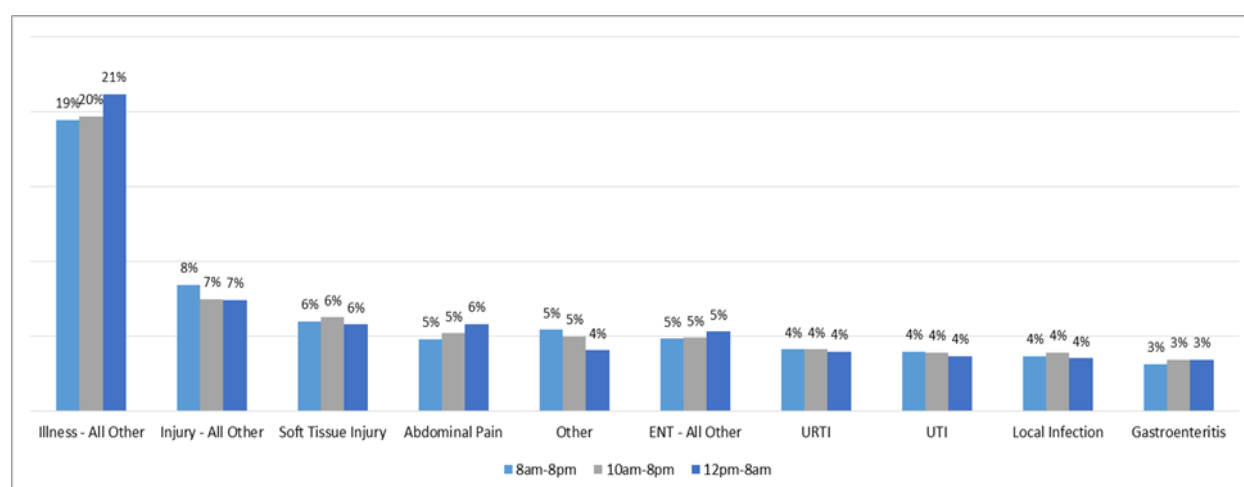
Table 8: CMHUCC – Number of attendances by mode of arrival, 18/19

	8pm-8am				10pm-8am				12pm-8am			
	Average per Day		% of Total Day/Night		Average per Day		% of Total Day/Night		Average per Day		% of Total Day/Night	
Source of Referral	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day
Self Referral	25	87	87.9%	91.4%	15	97	88.9%	90.9%	9	103	91.9%	90.5%
111	3	6	10.2%	6.3%	2	7	9.3%	6.9%	1	8	6.4%	7.3%
111 Referral	0	1	1.2%	0.8%	0	1	1.0%	0.8%	0	1	0.9%	0.9%
Emergency Services	0	1	0.4%	0.6%	0	1	0.5%	0.5%	0	1	0.5%	0.5%
Health care provider: same or other	0	0	0.2%	0.3%	0	0	0.1%	0.3%	0	0	0.1%	0.3%
GENERAL MEDICAL PRACTITIONER (GP)	0	0	0.0%	0.2%	0	0	0.0%	0.2%	0	0	0.0%	0.2%
Other	0	0	0.1%	0.1%	0	0	0.1%	0.1%	0	0	0.2%	0.1%
Educational Establishment	0	0	0.0%	0.1%	0	0	0.0%	0.1%	0	0	0.0%	0.1%
Work	0	0	0.0%	0.1%	0	0	0.0%	0.1%	0	0	0.0%	0.1%
Police	0	0	0.0%	0.0%	0	0	0.0%	0.0%	0	0	0.0%	0.0%
Local Authority/Social Services	0	0	0.0%	0.0%	0	0	0.0%	0.0%	0	0	0.0%	0.0%
GENERAL DENTAL PRACTITIONER	0	0	0.0%	0.0%	0	0	0.0%	0.0%	0	0	0.0%	0.0%
Unknown	0	0	0.0%	0.0%	0	0	0.0%	0.0%	0	0	0.0%	0.0%
Total	28	95			17	107			10	114		

Table 9: CMHUCC – Number of attendances by source of referral, 18/19

2.2.2 Reasons for attendance

Data analysis was carried out by Brent CCG of the 3,477 records of 18/19 night time attendances, the top presenting complaints/diagnosis are illness – all other (21%) and all other injuries at 7% with around 17% presents with abdominal pain, soft tissue injury and ENT-related complaints, combined. The graph below summarises the results of the data analysis with regards to the presenting complaints/diagnosis of those attending CMH UCC overnight from 8pm/10pm/12mn to 8am.



Graph 3: CMH UCC – Presenting complaint/diagnosis of night time attendees, All CCGs, 18/19

2.2.3 Treatment and investigations

More than three quarters of attendances, the treatment provided was Other/NA – this constitutes advice and/ or simple medication. This is followed by the need for X-ray, pregnancy tests and ECG.

	8pm-8am				10pm-8am				12pm-8am			
	Attendances		% of Total Day/Night		Attendances		% of Total Day/Night		Attendances		% of Total Day/Night	
Treatment	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day
Other/NA	8,465	28,344	82%	82%	4,999	31,810	83%	82%	2,933	33,876	84%	81%
Xray	1,061	4,365	10%	13%	561	4,865	9%	12%	287	5,139	8%	12%
Pregnancy Test	471	1,129	5%	3%	269	1,331	4%	3%	136	1,464	4%	4%
ECG	305	906	3%	3%	202	1,009	3%	3%	121	1,090	3%	3%
Total	10,302	34,744			6,031	39,015			3,477	41,569		

Table 10: CMHUCC – Treatment and investigations by day and night, 18/19

Specifically, for 12mn-8am attendances, data suggested that there are about 15% of patients needing investigation at these hours, compared to 19% during the day. On average, this equates to about 10 patients/week (or = 1.43/night) needing investigations, compared to 151 patients (21.64/day) per week during the day time.

2.1.4 Outcomes & alternative care pathway

An average of 67 patients attending during night time per week, of whom, around 54 (81%) were discharged and only 5 (8%) was referred to an emergency department (ED) per week. This equates to less than 1 (0.71) per night.

	8pm-8am						10pm-8am						12mn-8am					
	ave/wk		Total		% of Total Day/Night		ave/wk		Total		% of Total Day/Night		ave/wk		Total		% of Total Day/Night	
Outcome of Attendance	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day
A&E Referral	13	27	668	1,412	6%	4%	8	32	432	1,648	7%	4%	5	35	264	1,816	8%	4%
Discharged	159	537	8,275	27,903	80%	80%	93	603	4,825	31,353	80%	80%	54	642	2,802	33,376	81%	80%
Other Referral	16	71	833	3,686	8%	11%	9	77	491	4,028	8%	10%	5	81	282	4,236	8%	10%
Redirected	3	13	173	658	2%	2%	3	13	134	697	2%	2%	2	14	80	751	2%	2%
Did Not Wait	7	20	353	1,063	3%	3%	3	24	149	1,267	2%	3%	1	26	49	1,367	1%	3%
Other	0	0	0	22	0%	0%	0	0	0	22	0%	0%	0	0	23	0%	0%	0%
Total	198	668	10,302	34,744			116	750	6,031	39,015			67	799	3,477	41,569		

Table 10: CMHUCC – Number of attendances by outcome of attendance, 17/18

As reflected in table 10 above, the data analysis found that suitable care for around 12% of those attending at night per week would have been a GP appointment during the day.

2.3 CMH UCC Workforce

- There has been an initial discussion between Brent CCG and Greenbrook, the Provider, about the proposed changes to CMH UCC subject to further engagement, review and approval. The CCG will need to give 3 months' notice for making changes to operating times.

2.3.1 Performance

- CMH UCC has been fully compliant with the contractual clinical quality and key performance indicators.

2.3.2 Friends and Family Test

- The friends and family test results from March and April 2019 show that 93.5% would recommend the service at CMH UCC to their friends and families. This was out of 130 monthly average responses that Greenbrook received.

2.3.3 Care Quality Commission (CQC)

- The 2019 CQC inspection of Urgent and Emergency Care at CMH was recently completed. We are now waiting for CQC to publish their report and will add this to the appendix when it becomes available.

3. Involvement

3.1 Principles and overview

- NHS Brent CCG has principles of engagement and co-design which have been developed with our patient partners. This sets out the importance of involving our residents and stakeholders from the start and listening to all views in the development of our plans.

3.2 Public engagement

- To date, the CCG has engaged with members of the public on primary and urgent care at the Health Partners Forum, Primary Care Forum and during outreach to number of local community events over the winter period 2018/19. Some of the views from the public with regards to urgent care services^{5, 6}.
- We have discussed the proposed engagement at the Brent Equalities, Engagement and Self-Care Sub-committee (BEES) on 11th of April with stakeholders from Healthwatch, CVS Brent, Public Health (LA) and Strategy and Partnerships (LA). The proposed engagement was also discussed at a meeting with CVS Brent separately.
- Feedback from the BEES subcommittee has been summarised in the points below and fed into our planned engagement approach as appropriate.

⁵ http://brentccg.nhs.uk/en/publications/patient-and-public-engagement/doc_download/4254-urgent-and-emergency-care-you-said-we-did

⁶ <http://brentccg.nhs.uk/en/news/551-discussing-urgent-and-emergency-services-at-our-health-partners-forum>

Feedback from BEES

- Case for change is strong
- Makes sense to reduce times
- In its communications, the CCG should be open and transparent about the cost savings of the proposed change, the re-distribution of resources in the wider system and the need to use resources more efficiently.
- It would be helpful for the CCG to be open about the recovery plan going forward in light of the deficit for 2019/20.
- Partners will assist with raising awareness
- Ensure patient information is accessible in terms of language, using a range of methods.

3.3 Stakeholder engagement

3.3.1 Local Authority and political stakeholders

- NHS Brent CCG has had conversation with the Cllr Sheth, Chair, Overview and Scrutiny Committee prior to this paper going into the Governing Body on the 26th of June 2019.
- CMH UTC site visit was also arranged for councillors for Friday 28th June from 2pm-4pm.

3.3.2 Healthwatch and community stakeholders

- On 15th May, the CCG's Head of Engagement and Head of Urgent Care met with a Healthwatch representative to update on proposed engagement. Feedback received is as follows:

Feedback from Healthwatch

- Useful if CCG could contextualise the proposed change within the wider picture of NWL, as members of the public have been highlighting perceived lack of coordinated approaches and planning that is 'not joined up' across the CCGs
 - Good that the CCG is indeed taking a more coordinated approach by waiting until the Hammersmith and Fulham engagement has ended.
-
- The CCG has held a workshop with patients, community partners including Healthwatch to develop the EHIA

Feedback from workshop

- Case for change strong
 - Ensure communications are tailored to reach protected characteristic groups
 - Alternative services offer a range of access methods which cater to the different needs of protected groups
-
- The CCG will then have on-going discussions with stakeholders including Healthwatch, CVS, etc., and will continue to ensure that Healthwatch is closely involved throughout the engagement process.

3.3.3 GP Practices

- Brent CCG will update GP members on the decision of the Governing Body at the start of the engagement phase with sign posting information online. Practices will be encouraged to cascade the information to patient lists.

3.3.4 London North West Hospital University NHS Trust

- The LNWHUT A&E Delivery Board on the 25th of June 2019 has been fully sighted on the CMH UCC proposals. Brent CCG will write to LNWHUT informing them of the Governing Body decision and the engagement approach.

3.3.6 Greenbrook

- Brent CCG has initially engaged with Greenbrook, the Provider, with regards to activity utilisation including staffing implications at CMH UCC last 26th of February 2019. Greenbrook has been pro-active in preparing a workforce impact analysis on the potential number of posts that may be affected by the proposed change in its opening/closing hours. Greenbrook is supportive of the review plans. We will continue to work with Greenbrooks' management team during the engagement period to discuss supporting further staff engagement.

3.3.7 London Ambulance Service NHS Trust

- London Ambulance Service will be notified and engaged around the clinical pathways related to alternative care access they require during out of hours whereby patients who were downgraded into category 3 and 4 (non-emergency) who needed urgent care intervention, where would LAS convey if CMH UCC are to change its opening/closing hours.

4. Data Interpretation & Synthesis

4.1 Proposal for CMH UCC

- Closer analysis of data shows sharp decrease in activity at three key points: 8pm – 8am; 10pm – 8 am and 12mn – 8am. The preferred option is closing from 12mn – 8am based on the data analysis findings from earlier chapters.

4.1.1 Rationale for plan and evidence base

- As highlighted by the 18/19 data analysis, which results were outlined in section 2.1 and 2.2, there are:
 - *Low volume of attendance* of patients with low levels of acuity at CMH UCC between 12 midnight and 8am, with 82% of patients attending, leave with no investigation and minimal treatment.
 - *Considerable volume of attendance* of patients with considerable levels of acuity at CMH UCC between 10 midnight and 8am, with 82% of patients attending leave with little investigation and treatment.
 - *Significant volume of attendance* of patients with significant levels of acuity at CMH UCC between 8pm and 8am, with 84% of patients attending leave with investigation and treatment.
- Closing the standalone unit overnight moves us to a safer urgent and emergency care offering in Brent by reducing the entry points to out of hours services to improve the ease in which patients get to the right place, at the right time, quicker.

4.1.2 Impact on patients

- The data analysis demonstrated no anticipated negative impact to patients subject to stakeholders' engagement.
- The data analysis based on "reasons for attendance" showed that from the average of ten (10) patients attending per night, the following would be the appropriate course of action if CMH UCC were to close overnight:
 - Less than 1 per night would continue to require ED either urgent treatment or referral to specialty review
 - One (1) per night would need to attend an alternative UCC such as Charing Cross, St Mary's, Ealing or Northwick Park
 - Four (4) per night could access an alternative night service such as GP out of hours
 - Four (4) per night could access alternative provision, including their own GP, the next day
- It is recognised that whilst, on average, five patients a night (12mn – 8am) per week attending CMH UCC needed to attend ED, they have already chosen to do so and so it is prudent to assume they would continue to seek help overnight. That is reasonable to assume to address in the following section on impact on neighbouring trusts. Should they attend from 12mn – 8am, they will be advised to contact 111 in the first instance.

- The alternative offering being implemented by the CCG will aim to drive down those inappropriate attendances, helping to provide choice and direction to those seeking advice and care. The majority of attendees overnight are between 20 and 44, the age group most likely to have internet access at home, or own a smartphone, and therefore be best place to benefit from digital signposting.

4.1.3 Patient transport implications

- Charing Cross and Northwick Park Hospital UCCs are the closest alternatives to CMH UCC:

Charing Cross Hospital UCC	5.4 – 6.5 miles by car (~ 14-20 mins drive) via Western Ave / A219	~ 48 mins ride by bus 266 or bus 220	Using google maps, searched 06/06/19 for 02:00 arrival mode at CCH UCC.
Northwick Park Hospital UCC	5.5 – 6.6 miles by car (~ 14-22 mins drive) via Watford Road / A404	~ 50 mins ride by night bus N18	
St. Mary's Hospital UCC	5.8 – 6.0 miles by car (~16 – 20 mins drive) via A40	~ 54 mins ride by bus 266 or bus 220	
Ealing Hospital UCC	6.4 – 6.8 miles by car (~ 14 – 20 mins drive) via Western Ave. / A4127	~ 1hr 13 mins ride by night bus N18 or N83	

- There are a few options depending on whether you take the option with shortest walking routes or the option with fewest bus changes. According to TfL data, accounting for waiting times and slower walking speeds, transport time at 2am varies from 16 – 46 minutes to Charing Cross and up to 41 minutes to Ealing. See Appendix 7 for sample illustration.
- If the CCG were to progress with the proposals, impact on transport and access times would be a key part of the engagement.

4.1.4 Impact on neighbouring Trusts and services

- The impact is most likely to be on Charing Cross and Northwick UCCs due to their closer proximity. Whilst the data analysis showed approximately one patient a night would need to attend a UCC, we are assuming all ten (10) patients who currently choose to attend CMH overnight could defer to neighbouring UCCs or their GP out of hours service.
- Any patients currently attending CMH UCC overnight and needing to be transferred to ED are currently most likely to be transferred to Northwick Park Hospital (subject to specialist needs) due to CMH site being part of LNWHUT. With less than 1 per night (5

per night per week) on average, there is not expected to be any “additional” impact on Northwick Park Hospital ED.

- From the time the CMH overnight closure take place, the CCG will monitor data on a regular basis to see if there has been an impact on other sites..

4.1.5 Risks and mitigations

- The key risk relates to CMH UCC being a standalone unit meaning there is no alternative service on site during the proposed closure hours. Whilst there is a low volume of patient attending CMH UCC overnight, the following mitigations would be discussed as part of the engagement process:
 - Clear clinical pathways for all patients arriving at the UCC – with specific reference to pathways for patients arriving closer to closing time.
 - Clear on-site signposting for those arriving outside opening hours
 - Road signage changes around the hospital and on approaching roads
 - Consideration of overnight patient transport service based on-site between 12 midnight and 8am for a set period of time after the change of hours
 - Consideration of free-phone outside the UCC which goes straight through to 111 between 12 midnight and 8am.
 - Communications campaign in the areas where most attendees come from
- There would be an on-going review of patient numbers at both UCCs and the ED. Any expected changes to patient flow would be addressed within the contracting for the updated UCC (UTC) specifications.
- During engagement, we would also undertake equalities assessments to identify any specific health inequalities in the local area or groups with protected characteristics who would be adversely impacted including those hard to reach groups.
- EHIA and QIA have been completed. See appended documents respectively, for details. Both EHIA and QIA will be further developed during the engagement phase before closure of night hours.

4.2 Equalities Impact and Quality Impact Analysis

- An Equality & Health Inequality Impact Analysis Screening Tool (EHIA screening) has been completed. The screening document has been presented to the Clinical Effectiveness Quality & Safety Panel, who provided recommendations moving forward which will be incorporated into the refreshed EHIA following further engagement with stakeholders.
- The purpose of the EHIA screening is:
 - To better understand the impact on the nine protected characteristic groups of the proposals outlined above
 - Examine any barriers to accessing relevant care for these groups
 - Examine benefits of introducing a introduction of a digital front end for accessing healthcare for these groups

- It is important to undertake this analysis from the user-perspective, to focus on the various impacts as the patient may experience them. With this in mind, in addition to gathering data from a wide range of sources including JSNAs and National Audit Office reports the CCG will:
 - collate all our community feedback received over the past year relating to primary and urgent care to consider where our gaps are
 - undertake an engagement with a range of groups focusing on primary and urgent care access

4.3 Wider NW London picture

- Shaping a Healthier Future (SaHF), in 2012, set out the NW London vision for improving care across the eight boroughs. It looked at improving out of hospital provision, centralising key services and ensuring that people had access to the right care at the right time and in the right place.
- A significant number of improvements have been made across NW London as a result of SaHF and the vision is continued in the NW London sustainability and transformation plan and towards the journey into integrated health and care partnership.
- One element of SaHF related to making the nine urgent care centres 24/7. It created a specification for UCCs that was higher than the national specification and agreed that a consistent 24/7 offering to all residents would ensure a more efficient and equitable service.
- For safety reasons, the ED at CMH was closed. The UCC onsite increased to 24/7 as part of the mitigation to the closure.
- Brent is one of the boroughs in NW London to have two UCCs, one of which is co-located with an ED. It is now over five years since the closure of CMH ED and there is awareness of the lack of ED service at the site.
- NHS Brent CCG are clear that the proposals outlined in this paper remain in line with the clinical vision of SaHF. The borough continues to provide a 24/7 UCC services in the borough and continues to provides an increased UCC provision to its residents, compared to other boroughs, during the day time. A map of all current urgent and emergency care provision in NW London is in page 7.

5. Next steps

5.1 Regulator assurance

- We sought assurance with NHS England and following their recommendations, we will engage with our stakeholders.

5.2 Governance and decision making

- This report is provided to this committee to inform them of the endorsement of the Governing Body subject to letter from chair of AEDB that there will be limited impact to the trust.

6. Appendices

Appendix 1: Number of Attendees by time of Day and Night, All CCGs, 18/19

Night - 8pm - 8am (All CCG's, 18/19)																	
Total in Year - 18/19									Average per Week - 18/19								
Time	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total	Time	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
20:00-21:00	398	334	319	338	350	310	327	2,376	20:00-21:00	8	6	6	7	7	6	6	46
21:00-22:00	281	261	254	263	267	304	265	1,895	21:00-22:00	5	5	5	5	5	6	5	36
22:00-23:00	247	216	205	228	211	206	236	1,549	22:00-23:00	5	4	4	4	4	4	5	30
23:00-00:00	136	127	145	144	159	157	137	1,005	23:00-00:00	3	2	3	3	3	3	3	19
00:00-01:00	94	90	107	97	88	102	123	701	00:00-01:00	2	2	2	2	2	2	2	13
01:00-02:00	67	54	53	52	71	84	87	468	01:00-02:00	1	1	1	1	1	2	2	9
02:00-03:00	48	34	39	35	34	59	62	311	02:00-03:00	1	1	1	1	1	1	1	6
03:00-04:00	28	31	38	34	29	39	47	246	03:00-04:00	1	1	1	1	1	1	1	5
04:00-05:00	39	23	23	19	33	44	42	223	04:00-05:00	1	0	0	0	1	1	1	4
05:00-06:00	32	31	38	28	21	39	49	238	05:00-06:00	1	1	1	1	0	1	1	5
06:00-07:00	77	62	53	52	52	81	64	441	06:00-07:00	1	1	1	1	1	2	1	8
07:00-08:00	112	125	125	108	122	131	126	849	07:00-08:00	2	2	2	2	2	3	2	16
08:00-09:00	257	267	227	213	211	238	264	1,677	08:00-09:00	5	5	4	4	4	5	5	32
09:00-10:00	546	429	477	403	425	377	332	2,989	09:00-10:00	11	8	9	8	8	7	6	57
10:00-11:00	604	466	521	469	463	447	473	3,443	10:00-11:00	12	9	10	9	9	9	9	66
11:00-12:00	574	498	519	449	453	530	529	3,552	11:00-12:00	11	10	10	9	9	10	10	68
12:00-13:00	507	444	468	457	443	455	498	3,272	12:00-13:00	10	9	9	9	9	9	10	63
13:00-14:00	528	417	447	402	397	460	474	3,125	13:00-14:00	10	8	9	8	8	9	9	60
14:00-15:00	444	369	401	383	427	412	425	2,861	14:00-15:00	9	7	8	7	8	8	8	55
15:00-16:00	423	391	354	392	414	446	431	2,851	15:00-16:00	8	8	7	8	8	9	8	55
16:00-17:00	434	427	369	385	378	399	356	2,748	16:00-17:00	8	8	7	7	7	8	7	53
17:00-18:00	458	404	429	371	387	374	340	2,763	17:00-18:00	9	8	8	7	7	7	7	53
18:00-19:00	424	451	410	415	387	379	318	2,784	18:00-19:00	8	9	8	8	7	7	6	54
19:00-20:00	407	402	425	409	373	335	328	2,679	19:00-20:00	8	8	8	8	7	6	6	52
Total	7,165	6,353	6,446	6,146	6,195	6,408	6,333	45,046	Total	138	122	124	118	119	123	122	866

Appendix 2: Number of Attendees by Time of Day and Night, Brent specific, 18/19

Night - 8pm - 8am (BRENT specific attendances, 18/19)								
Total in Year - 18/19								
Time	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
20:00-21:00	255	218	213	204	215	193	189	1,487
21:00-22:00	160	167	135	169	179	197	161	1,168
22:00-23:00	152	132	123	132	116	128	133	916
23:00-00:00	83	78	84	94	94	85	75	593
00:00-01:00	52	59	64	57	53	62	79	426
01:00-02:00	47	26	31	31	42	51	48	276
02:00-03:00	27	22	26	20	23	31	33	182
03:00-04:00	15	21	24	21	20	20	21	142
04:00-05:00	23	11	13	7	19	29	26	128
05:00-06:00	18	20	20	20	11	26	32	147
06:00-07:00	37	42	34	25	30	47	40	255
07:00-08:00	75	68	68	55	72	85	69	492
08:00-09:00	168	175	126	136	122	165	164	1,056
09:00-10:00	369	283	324	273	293	245	227	2,014
10:00-11:00	417	319	344	330	315	301	287	2,313
11:00-12:00	364	334	346	306	317	352	354	2,373
12:00-13:00	341	297	317	300	293	284	332	2,164
13:00-14:00	348	272	293	275	271	288	293	2,040
14:00-15:00	303	239	230	239	293	256	266	1,826
15:00-16:00	296	242	223	283	270	288	271	1,873
16:00-17:00	290	278	251	243	254	248	216	1,780
17:00-18:00	293	258	283	248	260	245	199	1,786
18:00-19:00	270	306	249	265	263	240	205	1,798
19:00-20:00	264	259	276	269	252	197	214	1,731
Total	4,667	4,126	4,097	4,002	4,077	4,063	3,934	28,966
Average per Week - 18/19								
Time	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
20:00-21:00	5	4	4	4	4	4	4	29
21:00-22:00	3	3	3	3	3	4	3	22
22:00-23:00	3	3	2	3	2	2	3	18
23:00-00:00	2	2	2	2	2	2	1	11
00:00-01:00	1	1	1	1	1	1	2	8
01:00-02:00	1	1	1	1	1	1	1	5
02:00-03:00	1	0	1	0	0	1	1	4
03:00-04:00	0	0	0	0	0	0	0	3
04:00-05:00	0	0	0	0	0	1	1	2
05:00-06:00	0	0	0	0	0	1	1	3
06:00-07:00	1	1	1	0	1	1	1	5
07:00-08:00	1	1	1	1	1	2	1	9
08:00-09:00	3	3	2	3	2	3	3	20
09:00-10:00	7	5	6	5	6	5	4	39
10:00-11:00	8	6	7	6	6	6	6	44
11:00-12:00	7	6	7	6	6	7	7	46
12:00-13:00	7	6	6	6	6	5	6	42
13:00-14:00	7	5	6	5	5	6	6	39
14:00-15:00	6	5	4	5	6	5	5	35
15:00-16:00	6	5	4	5	5	6	5	36
16:00-17:00	6	5	5	5	5	5	4	34
17:00-18:00	6	5	5	5	5	5	4	34
18:00-19:00	5	6	5	5	5	5	4	35
19:00-20:00	5	5	5	5	5	4	4	33
Total	90	79	79	77	78	78	76	557

Appendix 3: CMH UCC - Socio-demographic characteristics of attendees, 18/19

	General Population	8pm-8am				10pm-8am				12mn-8am			
		Av. Per Week	Av. Per Month	Total	%	Av. Per Week	Av. Per Month	Total	%	Av. Per Week	Av. Per Month	Total	%
Asian or Asian British	37%	39	171	2,050	20%	22	96	1,146	19%	12	53	639	18%
Black or Black British	21%	49	212	2,547	25%	29	126	1,517	25%	17	72	869	25%
Mixed	8%	6	26	309	3%	3	15	174	3%	2	8	98	3%
Other Ethnic Groups	1%	28	122	1,462	14%	17	74	889	15%	9	41	490	14%
White	33%	76	328	3,934	38%	44	192	2,305	38%	27	115	1,381	40%
Total		198	859	10,302		116	503	6,031		67	290	3,477	

CMH UCC: Ethnicity demographics of night attendees compared with general population ethnicity

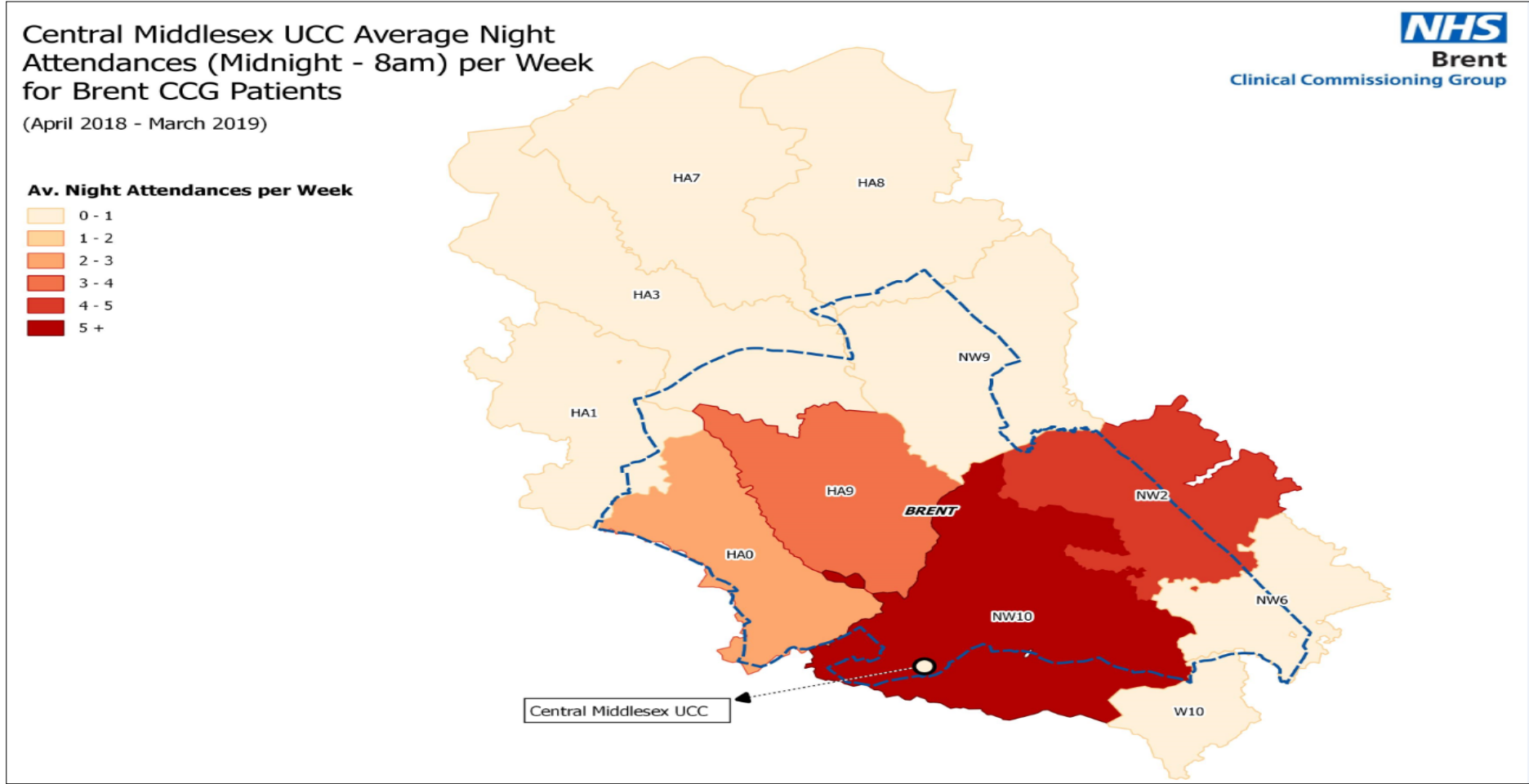
	General Population	8pm-8am				10pm-8am				12mn-8am			
		Av. Per Week	Av. Per Month	Total	%	Av. Per Week	Av. Per Month	Total	%	Av. Per Week	Av. Per Month	Total	%
0-4	8%	24	104	1,249	12%	13	58	693	11%	7	29	350	10%
5-19	15%	38	166	1,994	19%	19	81	967	16%	9	40	484	14%
20-44	45%	94	408	4,894	48%	59	254	3,050	51%	35	150	1,802	52%
45-64	21%	34	146	1,754	17%	20	89	1,062	18%	13	56	668	19%
65+	11%	8	34	411	4%	5	22	259	4%	3	14	173	5%
Total		198	859	10,302		116	503	6,031		67	290	3,477	

CMH UCC: Age demographics of night attendees compared with general population Age profile

	General Population	8pm-8am				10pm-8am				12mn-8am			
		Av. Per Week	Av. Per Month	Total	%	Av. Per Week	Av. Per Month	Total	%	Av. Per Week	Av. Per Month	Total	%
Female	49.7%	96	418	5,010	49%	54	232	2,787	46%	29	126	1,508	43%
Male	50.3%	102	441	5,287	51%	62	270	3,242	54%	38	164	1,967	57%
Not Known	0%	0	0	5	0%	0	0	2	0%	0	0	2	0%
Total		198	859	10,302		116	503	6,031		67	290	3,477	

CMH UCC: Gender demographics of night attendees compared with general population Gender profile

Appendix 4: CMHUCC – Map of night attendees, average per week, 18/19



Appendix 5: CMHUCC – Attendance by GP Practices in Brent, average per week, 18/19

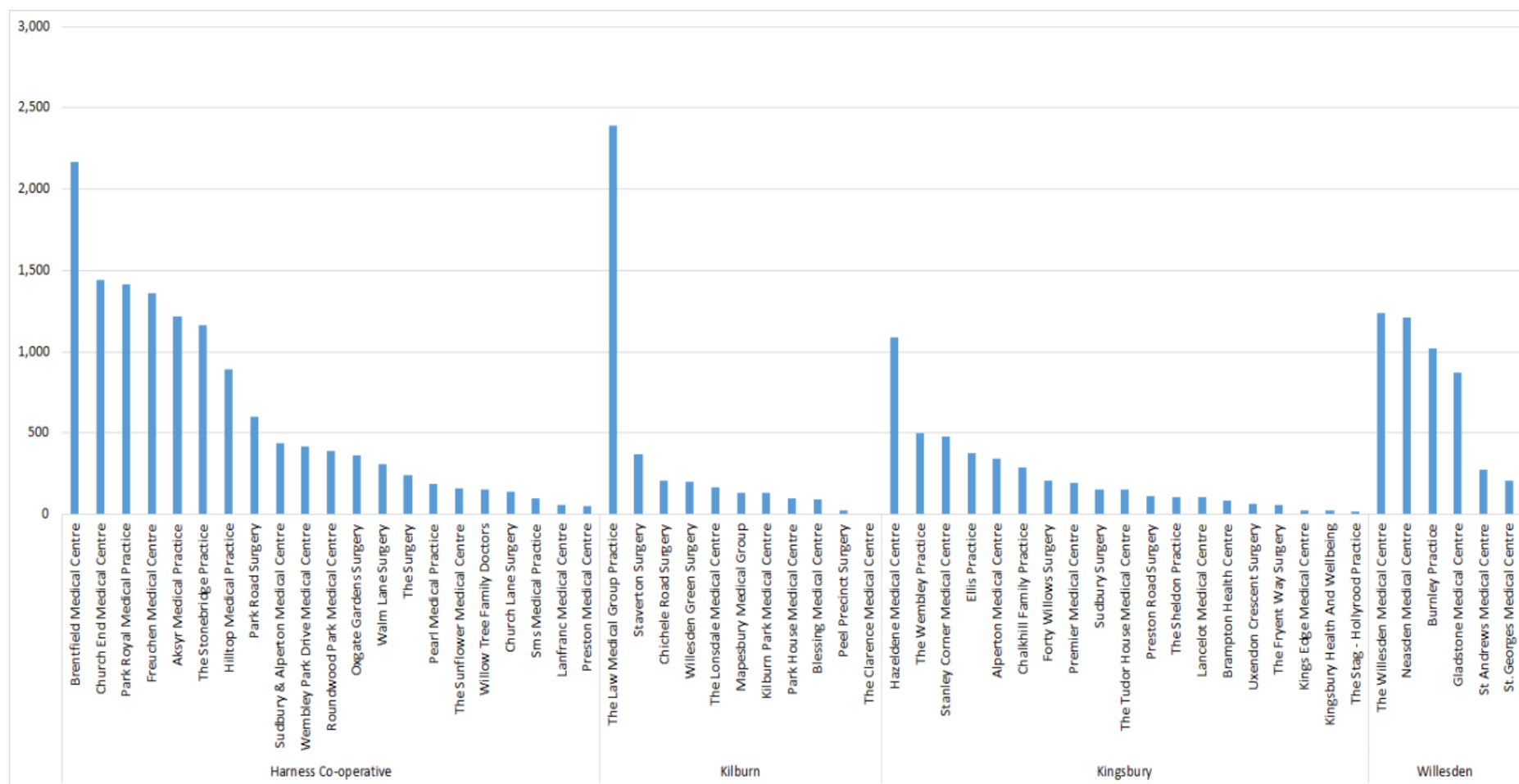
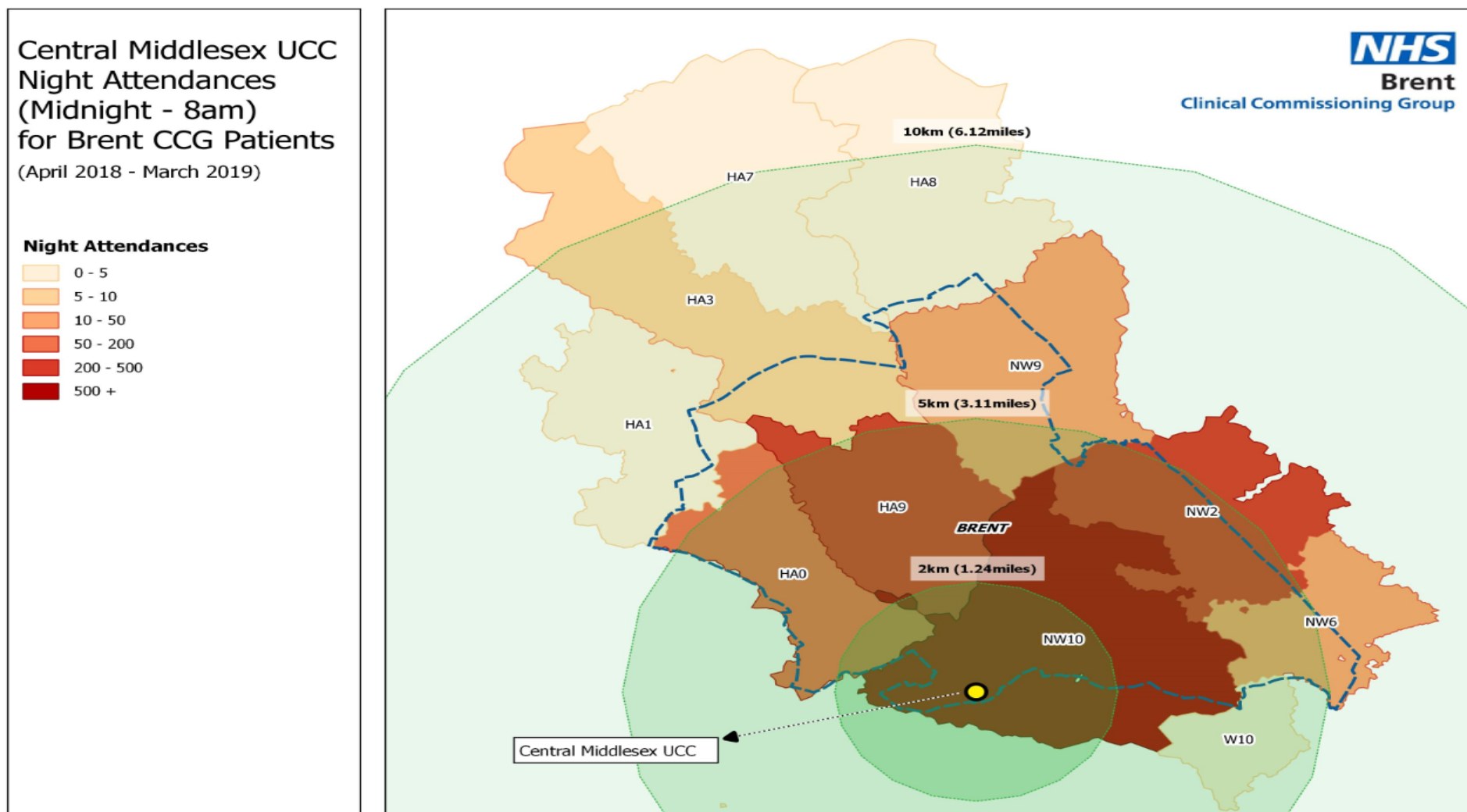


Fig. 4. CMH UCC Attendances by GP Practices in Brent, 18/19

Appendix 6: CMHUCC – Map of night attendees and their distance of travel, 18/19



Appendix 7: Illustrative sample of TfL journey details between CMH UCC and neighbouring UCCs

Journey results

From: **central middlesex hospital**
To: **Hammersmith (London), Charing Cross Hospital**
Leaving: Thu May 23 2019, 02:20

Travel preferences & accessibility:
Showing the fastest routes Using all transport modes Max walk time 40 mins

[Edit journey](#) [Add favourites](#) [Edit preferences](#)

Fastest by public transport

02:19 - 03:05 **46 mins**
£1.50 anytime

- Walk to Wales Farm Road
18 min [View directions](#)
- 266 bus to Hammersmith Bus Station
17 min [View stops](#)
- Walk to Hammersmith (London), Charing Cross Hospital
11 min [View directions](#)
- Hammersmith (London), Charing Cross Hospital

[View details](#) [Map view](#)

Journey results

From: **Central Middlesex Hospital**
To: **Ealing Hospital**
Leaving: Thursday 23rd May, 02:00

Travel preferences & accessibility:
Showing the fastest routes Using all transport modes Max walk time 40 mins

[Edit journey](#) [Add favourites](#) [Edit preferences](#)

Fastest by public transport

01:51 - 02:32 **41 mins**
£1.50 anytime

- Walk to Wales Farm Road
18 min [View directions](#)
- 266 bus to Acton Old Town Hall
6 min [View stops](#)
- N207 bus to Ealing Hospital
13 min [View stops](#)

[View details](#) [Map view](#)