



Community and Wellbeing Scrutiny Committee – Special Meeting

Wednesday 6 December 2017 at 6.30 pm

Conference Hall - Brent Civic Centre, Engineers Way,
Wembley, HA9 0FJ

Membership:

Members

Councillors:

Ketan Sheth (Chair)
Colwill (Vice-Chair)
Conneely
Hector
Hoda-Benn
Jones
Nerva
Shahzad

Substitute Members

Councillors:

Aden, Colacicco, Crane, Ezeajughi, Kelcher, Mashari
and Stopp

Councillors:

Davidson and Ms Shaw

Co-opted Members

Alloysius Frederick, Roman Catholic Diocese Schools
Helen Askwith, Church of England Schools
Iram Yaqub, Parent Governor Representative (Primary)
Simon Goulden, Jewish Faith Schools
Sayed Jaffar Milani, Muslim Faith Schools

Observers

Ms Sotira Michael, Brent Teachers' Association
Lesley Gouldbourne, Brent Teachers' Association
Jean Roberts, Brent Teachers' Association
Jai Patel, Brent Youth Parliament
Siofra Healy, Brent Youth Parliament
Priya Bharadia, Brent Youth Parliament
Samira Monteleone, Brent Youth Parliament
Aleena Majeed, Brent Youth Parliament
Najib Rahman, Brent Youth Parliament

For further information contact: Bryony Gibbs, Governance Officer
Tel: 020 8937 1355; Email: bryony.gibbs@brent.gov.uk

For electronic copies of minutes, reports and agendas, and to be alerted when the minutes of this meeting have been published visit:
www.brent.gov.uk/committees

The press and public are welcome to attend this meeting.

Notes for Members - Declarations of Interest:

If a Member is aware they have a Disclosable Pecuniary Interest* in an item of business, they must declare its existence and nature at the start of the meeting or when it becomes apparent and must leave the room without participating in discussion of the item.

If a Member is aware they have a Personal Interest** in an item of business, they must declare its existence and nature at the start of the meeting or when it becomes apparent.

If the Personal Interest is also a Prejudicial Interest (i.e. it affects a financial position or relates to determining of any approval, consent, licence, permission, or registration) then (unless an exception at 14(2) of the Members Code applies), after disclosing the interest to the meeting the Member must leave the room without participating in discussion of the item, except that they may first make representations, answer questions or give evidence relating to the matter, provided that the public are allowed to attend the meeting for those purposes.

***Disclosable Pecuniary Interests:**

- (a) **Employment, etc.** - Any employment, office, trade, profession or vocation carried on for profit gain.
- (b) **Sponsorship** - Any payment or other financial benefit in respect expenses in carrying out duties as a member, or of election; including from a trade union.
- (c) **Contracts** - Any current contract for goods, services or works, between the Councillors or their partner (or a body in which one has a beneficial interest) and the council.
- (d) **Land** - Any beneficial interest in land which is within the council's area.
- (e) **Licences** - Any licence to occupy land in the council's area for a month or longer.
- (f) **Corporate tenancies** - Any tenancy between the council and a body in which the Councillor or their partner have a beneficial interest.
- (g) **Securities** - Any beneficial interest in securities of a body which has a place of business or land in the council's area, if the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body or of any one class of its issued share capital.

****Personal Interests:**

The business relates to or affects:

- (a) Anybody of which you are a member or in a position of general control or management, and:
 - To which you are appointed by the council;
 - which exercises functions of a public nature;
 - which is directed is to charitable purposes;
 - whose principal purposes include the influence of public opinion or policy (including a political party of trade union).
- (b) The interests a of a person from whom you have received gifts or hospitality of at least £50 as a member in the municipal year;

or

A decision in relation to that business might reasonably be regarded as affecting, to a greater extent than the majority of other council tax payers, ratepayers or inhabitants of the electoral ward affected by the decision, the well-being or financial position of:

- You yourself;
- a member of your family or your friend or any person with whom you have a close association or any person or body who employs or has appointed any of these or in whom they have a beneficial interest in a class of securities exceeding the nominal value of £25,000, or any firm in which they are a partner, or any company of which they are a director
- any body of a type described in (a) above

Agenda

Introductions, if appropriate.

Item	Page
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1	Apologies for absence and clarification of alternate members	
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Notice of items to be raised under this heading must be given in writing to the Head of Executive and Member Services or his representative before the meeting in accordance with Standing Order 64.

2	Declarations of interests	
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Members are invited to declare at this stage of the meeting, any relevant disclosable pecuniary, personal or prejudicial interests in the items on this agenda.

3	Deputations (if any)	
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To hear any deputations received from members of the public in accordance with Standing Order 67.

4	Improving the General Practice extended access offer in Brent	1 - 48
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The report updates the Committee on the review of General Practice (GP) extended access in Brent. It provides an overview of the review process and the model being proposed, subject to engagement and a final case to Clinical Commissioning Group (CCG) Governing Body in January 2018. It also reports the early findings from our public engagement which commenced on 13 November 2017 and will last until 22 December 2017.


Ward Affected:
All Wards

Contact Officer: Meena Mahil
Primary Care Project and Delivery Manager
NHS Brent CCG - Primary Care
Email: Meena.Mahil@nw.london.nhs.uk

Date of the next meeting: **Wednesday 31 January 2018**



- Please remember to **SWITCH OFF** your mobile phone during the meeting.
- The meeting room is accessible by lift and seats will be provided for members of the public.

 Brent	Community and Wellbeing Scrutiny Committee 6 December 2017
	Report from NHS Brent Clinical Commissioning Group
Improving the GP extended access offer in Brent	

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
No. of Appendices:	Six: <ul style="list-style-type: none"> • Current locations and hours • Proposed locations (where known) and hours • Current utilisation • Engagement plan • Emerging findings from public engagement • Equality Impact Assessment
Background Papers:	N/A
Contact Officer(s): (Name, Title, Contact Details)	Meena Mahil Primary Care Project and Delivery Manager NHS Brent CCG - Primary Care Wembley Centre for Health & Care 116 Chaplin Road, Wembley, HA0 4UZ Meena.Mahil@nw.london.nhs.uk

1.0 Purpose of the Report

- 1.1 This report provides the Community and Wellbeing Scrutiny Committee with an update on the review of General Practice (GP) extended access in Brent. At the time of writing this report, we are mid-way through a six-week public engagement. This is the route through which Brent patients, residents, GP providers and key stakeholders will shape and inform the final proposal for GP extended access locally.
- 1.2 This report gives the Committee an overview of the review process and the model being proposed, subject to engagement and a final case to Clinical

Commissioning Group (CCG) Governing Body in January 2018. It also reports the early findings from our public engagement which commenced on 13 November 2017 and will last until 22 December 2017.

2.0 Recommendation(s)

- 2.1 We are asking the Committee to discuss and note the content of this report.
- 2.2 We are also asking the Committee to provide a steer on the draft proposals and any further engagement possible to undertake before the engagement period ends on 22 December 2017.

3.0 Detail

- 3.1 The Committee will be familiar with the challenges around access to GP services. Brent has 62 GP practices serving a registered population of 371,405 people - growth of approximately 7.4% in the last 4 years. With demographic growth and local regeneration and housing projects the population needing primary care services will continue to grow.
- 3.2 Extended access became a national priority over three years ago when the Prime Ministers Challenge Fund (PMCF) was put in place to improve access to general practice. This sought to provide additional hours of GP appointment time, improve patient and staff satisfaction with access to general practice, reduce demand elsewhere in the system and make use of emerging 'at scale' delivery models (partnership working between GP providers) to ensure extended access appointments were shared, staffed and managed.
- 3.3 Extended access has also been a local priority for some time. In 2015, a Brent Scrutiny Task Group considered primary care's ability to meet demand and provide fair and equitable access. It recommended investment in access, development of innovative ways to meet and manage demand, promotion of health and wellbeing and encouraging residents to support themselves wherever possible.
- 3.4 The model delivered locally (and seen nationally) is the Hub model; these generally take two forms - 'top up hubs' (a practice that provides a combination of routine core services and opens in the evenings and weekends) or through 'standalone hubs' (designated sites) which offer additional pre-bookable GP appointments 8am- 8pm, 7 days a week. Brent meets the requirement through top-up hubs which operate from GP practice sites in each of the Networks. Hubs provide pre-bookable appointments with GPs or Nurses outside 'core' or standard practice hours (for example in the evenings and at weekends).
- 3.5 In Brent we have two types of extended access service:
 - GP Access Hubs
 - GP Access Centre ('walk-in service').There are currently 9 Hubs in Brent available to the registered population weekday evenings and weekends. Between them, the 9 hubs offer an additional 60,000 evening and weekend appointments annually, covering the hours Monday-Friday 6-9pm and weekends and Bank Holidays 8am-8pm. In addition the GP Access Centre offers approximately 37,000 GP or Nurse slots (attendances).

- 3.6 At present, the hubs operate different days/hours and are only open to patients whose practice is a member of the Network that runs that hub. This reflects the fact that – at the time the original contracts were commissioned – there was no single GP Federation and as such these services were commissioned through 5 separate contracts, reflecting the primary care provider landscape of the last few years.
- 3.7 Hub contracts expire on 31 March 2018 and the Access Centre ('walk in service') contract expires on 31 March 2018. So we are reviewing the service now to ensure any newly commissioned service preserves the best aspects of the local offer, respond to patient (and practice) feedback, offers an equitable service to all Brent patients, represents value for public money and delivers against national expectations and guidelines. We are also seeking to future-proof the model by ensuring it can support delivery of Integrated Urgent Care and has more effective links with the 111 service and with Urgent Care Centres.
- 3.8 The GP Access Centre was established in April 2009 and is located at the Wembley Centre for Health and Care. The service provides a "see and treat" model; this means the clinician bases their treatment on the patient's presentations at the appointment. Furthermore, they are not commissioned to provide repeat prescriptions, order diagnostics or provide onward referrals to other services (except for urgent referrals to A&E and Cancer 2 week wait referrals).
- 3.9 There have been many improvements to the service since it was first designed. This includes:
- Extending opening hours to 8 am to 8 pm, seven days a week
 - Ensuring appointment availability available to every practice online so they can offer and book straight away when a patient contacts their practice
 - Ensuring online access for Hub GPs to the patients clinical record so they can offer a full service and better continuity of care
 - Making use of the clinical system to directly share discharge and follow up information with the patient's own practice
 - Implementing text messaging so patients get a text from the Hub with their appointment and are able to cancel if they can no longer attend
 - Production of a short video raising awareness of the Hub service as well as posters and leaflets
 - Linking the hubs to NHS 111 through the 'directory of services' used by 111 and now the trialling of technology to enable direct booking by 111 when a patient calls
 - Redirection of patients attending Urgent Care Centres where they might be better served by the GP access hubs.
- 3.10 Our review initially focused on identifying and implementing the improvements above, and the delivery of key objectives within the GP Forward View (GPFV). The *Access Task & Finish Group* (CCG officers and clinical directors, hub providers and Healthwatch) identified a number of areas where further work was needed:
- Underutilisation (especially at the weekend): there are more Hubs in Brent than in any other North West London borough and from April until August 2017 GP Access Hub utilisation across the 9 sites averaged 57%
 - Variation in the model of care delivered across the Hubs

- Availability of Nurse appointments and dressing service at some hubs
- Variation in hours and days of opening which led to difficulty in promoting the Access Hubs
- Variation in way patients are booked into the Access Hubs and notification to patients
- Patient choice being limited to Network hubs
- The ability of the current Access Hub to deliver the national requirements on skill mix, direct booking by NHS 111 and patients, etc.
- Meeting standards and requirements: the GP Access Centre 'walk in' service is not compliant with national GP out of hours access requirements¹.

The review will culminate in a business case to CCG Governing Body that includes a proposed service model, hub locations and contracting model.

3.11 We have developed an early design which takes into account the key objectives and requirements. This will be refined through engagement with clinicians, patients, the public, providers and key stakeholders. We believe the improved design will mean:

- Brent patients are seen in the right place first time
- Extended access services are a true extension/continuation of GP services (e.g. full access to clinical records, ability to view test results, full prescribing capability).
- There is a consistent service offering across Brent
- Capacity and demand are better matched (with room for growth in the number of appointments available and booked)
- Appointments are pre-bookable in line with national requirements (with scope to also book same day)
- Pressure on the system is better managed (including at peak times)
- There is better alignment to and joint working with Urgent Care and 111
- We are compliant with national out of hours standards
- We are achieving better value for public money

3.12 The proposed model will:

- Condense appointments at a smaller number of sites to enable longer and more consistent opening hours so appointments are available at times when people need them (like after-school/early evening)
- Ensure we have hubs at our 3 strategic sites - Wembley Centre for Health & Care, Willesden Centre for Health & Care and Central Middlesex Hospital
- Convert the GP Access Centre into a pre-bookable stand-alone Hub open 8 am to 8 pm, seven days a week. This will help manage times of high demand in the individual practices and enable Brent to meet new national requirements including redirection of patients from Urgent Care Centres into practices during core hours. This would otherwise be difficult to manage for the 62 practices. We have mapped peak demand for appointments at UCC and will match this demand to availability of appointments at the Hub
- Provide more equitable access to the residents of Brent
- Ensure patients can access any hub site
- Commission Nurse and GP appointments across the borough consistently

¹ Integrated Urgent Care Commissioning Standards Guidance (Amanda Doyle & Keith Willetts, September 2015)

- Ensure when they do, their clinical records are available to the GP or Nurse and are subsequently updated so their own practice can see what support their patient has received
 - Ensure clinicians are not 'lone working'
 - Support Brent residents (and those within the catchment area of a Brent GP practice) to register
 - Encourage patients registered with a GP outside Brent to use services in the borough in which they are registered – this ensures better continuity of care and clinical record sharing is not enabled between practices in different boroughs
- 3.13 One notable proposed change to the future model is to move away from providing extended access services to unregistered and out of borough patients. The current 'walk in' service provides for people not registered and/or living in a different borough. If this is converted to a hub it will not do so.
- 3.14 The review has identified that 80% of people who use the current 'walk in' service are already registered with a Brent GP, 15% are registered with a GP in another borough, and only 5% are currently unregistered. Furthermore, 57% of attendances are from patients who are registered with a practice within 2 miles of the walk in service.
- 3.15 We have undertaken an Equality Impact Assessment. We have also met with other CCGs who have implemented similar changes. Our plan includes a commitment to:
- Support Brent residents to register
 - Mitigate the risk of people redirecting themselves the A&E at Northwick Park by facilitating them to use the Access Hubs or to attend the Urgent Care Centre when appropriate
 - Ensure Brent residents know the 'walk in' model for meeting urgent needs is still be available at our two Urgent Care Centres at Central Middlesex Hospital and Northwick Park Hospital by raising awareness of services as part of our mobilisation plan.
- 3.16 The exact locations will be agreed with the provider during mobilisation; however 3 locations are defined by our strategic estates plans (Wembley, Willesden and Central Middlesex Hospital) and the other 2 will be located in the areas of Brent that we expect to have the highest demand based on population growth and demographics. Appendices 1 and 2 provide the current operating hours for the nine hub sites and GP Access Centre² and the proposed operating hours.
- 3.17 The proposed model would ensure there are enough appointments to meet demand based on 2016/17 data and there will be more appointments during GP practice 'core' hours (8.00am - 6:30pm) to address unmet demand during that time.
- 3.18 The total number of GP and Nurse appointments commissioned across the hubs and 'walk in' service in 2016/17 was approximately 99,000. Of this 75,800 appointments were used. Our proposal is to commission

² Nine locations total as the Wembley Centre for Health & Care houses a hub and the GP Access Centre.

approximately 89,000 Nurse and GP appointments from 2018/19 onwards. This will provide room for growth in utilisation of 18.5% (or over 14,000 appointments). The new contract will include the option of increasing provision in line with demand to future proof growth as the new model should also increase awareness and improve uptake. Appendix 3 shows the current utilisation from April to August 2017 at an average of 57% across the hubs.

- 3.19 The proposal was taken to the CCG Executive Committee on 18 October 2017 and agreed subject to public engagement. We are now in the middle of the six-week engagement period to gain input on and refine our proposal. The CCG Governing Body will meet in public on the 10 January 2018 to take a final decision on the proposed model. We will then provide an update at Health and Wellbeing Board on 25 January 2018.
- 3.20 The engagement period commenced on 7 November 2017 and will end at 5.00pm on 22 December 2017. The engagement undertaken and planned to date includes:
- Produced a booklet outlining the proposals called “GP Access. Improving our GP access offer in Brent”
 - Produced an FAQ which provide more information on our proposals
 - Produced an information pack outlining key facts and figures related to the GP Access Hubs and the GP Access Centre
 - Launched a dedicated webpage on the CCG website at <http://brentccg.nhs.uk/en/review-of-brent-gp-access-services>
 - Set up a dedicated email address for questions/suggestions/comments breccg.gpaccessengagement@nhs.net
 - Launched a survey (online and paper)
 - Pop-ups in public places including @ Brent Civic Centre, Central Middlesex Hospital, Willesden Sports Centre etc.
 - Reached out to Children’s Centres and Sports Centres – as we know some of the highest users of the GP Access Centre are children and people between the age of 26-34.
 - Held drop in sessions for Patient Participation Groups (PPGs) and other members of the public across Brent
 - Planned workshops to engage the public in review of future locations for the Hubs (November and December)
 - Conducted surveys and interviews at all 9 existing GP Access Hubs and at the GP Access Centre
 - Pop-up areas at popular locations in Brent (e.g. ASDA)

4.0 Financial Implications

- 4.1 Our proposal will not require any additional spend; indeed it will result in a potential cost saving to the NHS in the short term whilst appointment uptake improves. It is intended that any savings made through this proposal be reinvested in primary care services.

5.0 Legal Implications

- 5.1 A new specification for GP extended access will be created and finalised once the public engagement has period has come to the end. The case to Governing Body in January will include a proposed route to market and contracting model.

- 5.2 As this is a primary care service the final decision on contract award will be taken by the Brent CCG Independent Procurement Panel (IPP) which includes representation from National Health Service England (NHSE), an independent GP and the Londonwide Medical Committees (LMC) and is chaired by one of the Lay members on the CCG Governing Body.
- 5.3 The IPP will ensure the route to market complies with our statutory duties and regulations including adhering to the Public Contracts Regulations 2015 and NHS (Procurement, Patient Choice & Competition) Regulations (No2) 2013. We will ensure any ensuing contracting or procurement is undertaken in a way that manages conflict of interest and secures the highest quality and value. This panel has been established in accordance with, and shall be bound by, the CCG Constitution, Standing Orders and Scheme of Delegation.

6.0 Equality Implications

- 6.1 Delivery of our proposal for GP extended access should support delivery of our equality duty and positively contribute to a reduction in health inequalities and variation across Brent and its communities. Our duties will be reflected in the design of the services.
- 6.2 We have considered the potential impact of our proposal on different groups and how the service change may impact different groups of stakeholders in different ways. This is contained in our Equality Impact Assessment. The assessment highlights that no particular group will be negatively affected by our proposal.
- 6.3 The CCG will work with providers during the mobilisation period and throughout the duration of the contract to ensure that patient views, feedback and needs are taken into account in the commissioning and delivery of the service.

7.0 Consultation with Ward Members and Stakeholders

- 7.1 In October 2017, the CCG engaged Councillors Butt, Hirani, and Sheth to discuss the future GP extended access model for Brent. We have been engaging the public and key stakeholders in November and December to gather views on our proposed model. Information on proposed changes and the evidence supporting them is available on the CCG's website - <http://brentccg.nhs.uk/en/review-of-brent-gp-access-services>. We are now opening the engagement with patients, the public and other key stakeholders. We have designed a process and materials and reflected your suggestions. Our engagement period will last until 5 pm on Friday 22 December. Our detailed engagement plan is contained in Appendix 4.
- 7.2 We have also planned a series of in-person events that are listed below. We are in the process of planning more drop in sessions and stalls across Brent and these will be updated on the website on a regular basis. We will also be visiting each GP Access Hub to conduct surveys.

NOVEMBER		
Tuesday	7	Event/Activity
		Willesden Centre for Health and Care - Stall from 9am-2pm
Wednesday	15	Event/Activity
		Wembley outlets - Surveys 2-5pm
Thursday	16	Event/Activity
		Survey at the Shaping Brent's Future Together event from 7-9pm at Brent Civic Centre
Friday	17	Event/Activity
		Surveys at Nail Salons in Wembley 2-4
Monday	20	Event/Activity
		Drop in session – 11-1pm – Mtg Rm 3 – Willesden Centre for Health and Care
		Brent Civic Centre stall
Tuesday	21	Event/Activity
		Stall at - Physical Play Session - At Alperton Children's Centre
		Drop in session - 12.30 – 2.30pm – Board Room - Wembley Centre for Health and Care
		Surveys at The Welford Centre - GP Access Hub from 7-8pm
Wednesday	22	Event/Activity
		GP and GP practice service design workshop - Sattavis Patidar Centre - 11:30-2:00
		Surveys at GP Access Hub - Kingsbury Health and Wellbeing - 6-7pm
		Willesden Market on Wednesday - hand out surveys and speak to public - Lunchtime
Thursday	23	Event/Activity
		Foyer of CMH to set up a stall to inform the general public and do surveys
		Brent Civic Centre stall
		Public Workshop providing more details about the review and determining future locations
		Stall with Brent Carers
Friday	24	Event/Activity
		Drop in session - 11-1pm – Board room – Hillside
Monday	27	Event/Activity
		Drop in session - 12-3pm – Rm 121 - Chalkhill/Welford centre
Tuesday	28	Event/Activity
		Surveys at Tube stations
Wednesday	29	Event/Activity
		Surveys at Tube stations
Thursday	30	Event/Activity
		Surveys at Tube stations

DECEMBER		
Friday	1	Event/Activity
		Wembley High Rd – Surveys at Barber Shops
Monday	4	Event/Activity
		Surveys at Tube stations
Tuesday	5	Event/Activity
		Stall/survey at the Shaping Brent's Future Together event from 7-9pm at Willesden Green Library
Wednesday	6	Event/Activity
		Special Scrutiny Meeting at BCC from 7-9pm
		Chalkill Mental Health Group
Thursday	7	Event/Activity
		Stall with Brent Carers - Drop in
Monday	11	Event/Activity
		Stall/survey at the GP Access Centre in WCHC - After 9:30
Thursday	14	Event/Activity
		GP and GP practice engagement - Willesden Library - 12pm to 14.30pm
Friday	15	Event/Activity
		Vale Farm Sports Centre 10 -12
Tuesday	19	Event/Activity
		Drop in session - Willesden Centre for Health and Care - Meeting room 1 from 2:30-4:30
Thursday	21	Event/Activity
		Detailed workshop about reviews and future locations – CVS Training Room - 3:00-5:00

8.0 Human Resources/Property Implications

- 8.1 The CCG will be engaging with the Strategic Estates Teams and any landlord or property owners to implement any necessary changes during the mobilisation period.

9.0 Further information and reading

GP Extended Access Information Booklet - <http://brentccg.nhs.uk/en/review-of-brent-gp-access-services>

Community and Wellbeing Scrutiny Committee – Primary Care Transformation Report from Brent Clinical Commissioning Group (19 July 2017)

Report sign off:

SHEIK AULADIN
Chief Operating Officer (Interim)

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Appendix 1: Current locations and hours

Sites	Operating hours
1. Harness Wembley Health Centre	18.00-21:00 (M-F); 09.00-15:00 (Sa, Su)
2. Harness Harlesden Practice (<i>practice merging and moving to CMH in early 2018</i>)	18.00-21:00 (M, W-F); 09.00-15:00 (Sa)
3. Roundwood Park Medical Centre	18.00-21:00 (T); 09.00-13:00 (Sa)
4. Kilburn Park Medical Centre	18-21:00 (M-W)
5. Staverton practice	18-21:00 (Th-F); 9-15:00 (Sa); 9-13:00(Sun)
6. The Welford Centre	18-21:00 (M-F); 9-15:00 (Su)
7. Kingsbury Health & Wellbeing practice	18-21:00 (M, W); 9-12 (Sa)
8. Willesden Centre for Health & Care	8-21.00 (Sa, Su)
9. Sudbury	18-21:00 (M-F); 9-15:00 (Sa, Su)
Wembley GP Access Centre @ Wembley Centre for Health & Care	08.00-20:00 7 days/week

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Appendix 2: Proposed locations (where known) and hours

Proposed sites	Weekday Hours	Weekend Hours
Strategic site – Wembley Centre For Health and Care	8am-8pm	8am-8pm Saturday and Sunday
Strategic site – Central Middlesex Hospital	4-8pm	9am-6.30pm Saturday Only
Strategic site – Willesden Centre for Health and Care	4-8pm	9am-6.30pm Saturday Only
Other location	4-8pm	9am-6.30pm Saturday Only
Other location	4-8pm	9am-6.30pm Saturday Only

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Appendix 3: Current utilisation

All Networks GP Access Hub utilisation per day (Apr-Aug 2017)			
Day	Target appts per day	Actual patients seen	% Utilisation
Monday	3983	2753	69%
Tuesday	3310	2346	71%
Wednesday	3378	2421	72%
Thursday	2745	1843	67%
Friday	2748	1749	64%
Saturday	6194	2602	42%
Sunday	3565	980	27%
Total	25923	14694	57%

Brent wide GP Access Hub (Willesden) Utilisation per day (Apr to Aug 2017)		
Target appts per day	Actual patients seen	% Utilisation
180	16	9%
0	0	0
0	0	0
0	0	0
36	21	58%
792	264	33%
1584	117	7%
2592	418	16%

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Appendix 4: Engagement plan

Stakeholder	Activities
GP Federation/Network leads	Letter and materials sent
Councillors	Letter and materials sent
Healthwatch	Letter and materials sent Newsletter copy for cascade to networks
GPs, Practice managers, GP practice staff	Letter sent to all 62 GP practices 2 workshops have been planned to gain input Leaflet and posters sent to all practices
Community and voluntary services	Letter sent Newsletter copy for cascade to their networks
Patient groups & lay member groups: PPGs,	Letter sent to GP practices to cascade to PPGs Newsletter copy for cascade to their networks
Patients and public Local schools Faith communities Local mother and baby groups Patient groups & lay members: PPGs,	CCG Website Stakeholder letter Social media Twitter PPG channels CCG engagement channels Local media releases Copy for GP websites Patient group channels Posters – digital copies Leaflet (digital copies)
Patients who use the walk in service and/or the Hubs	Local media releases SMS to patients using the walk in service and/or Hub services Council magazine editorial and advertising Newspaper editorial and advertising Posters in practices and pharmacies

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GP Extended Access Review

Emerging findings from public engagement

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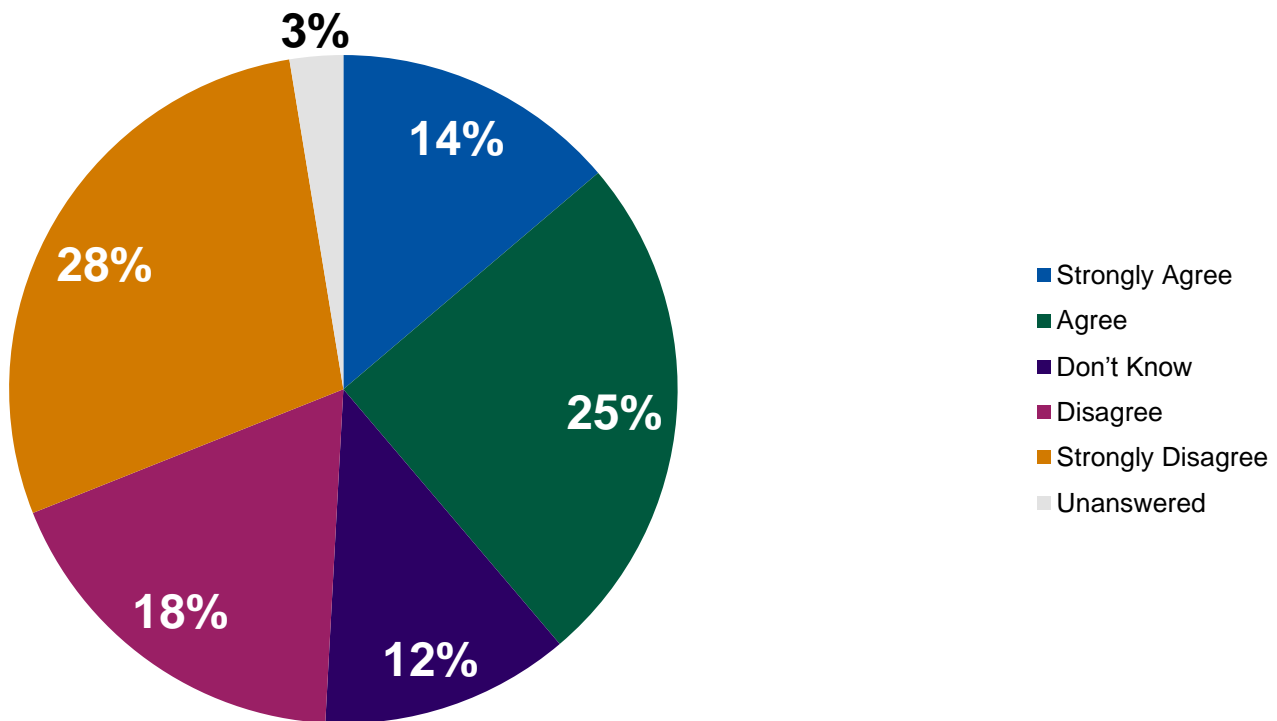
Last updated 24 November 2017

The survey so far

- The data in this pack is gathered from 116 people that have responded to either the online survey or filled in a paper based survey between 15 -23 November
- 94% of the respondents are Brent residents
- 62% of the respondents were female
- 34% of the respondents were male
- 92% of the respondent identified as being a local resident (as opposed to an Organisation Rep, Commissioner, or health care provider)

46% of people surveyed strongly disagreed or disagreed with the statement

Question:
I was already aware of the Brent GP Access Hub Service

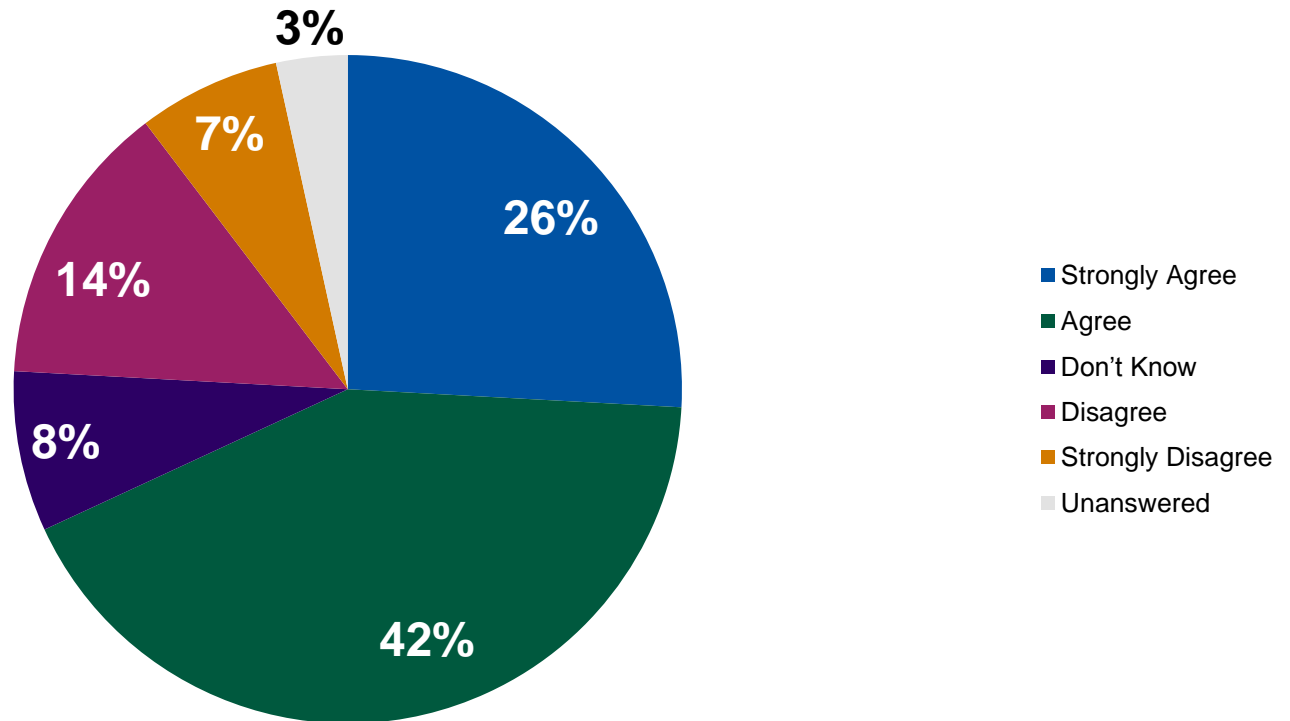


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68% of people surveyed are willing to travel to a Brent Hub if they get a same date GP appointment

Question:

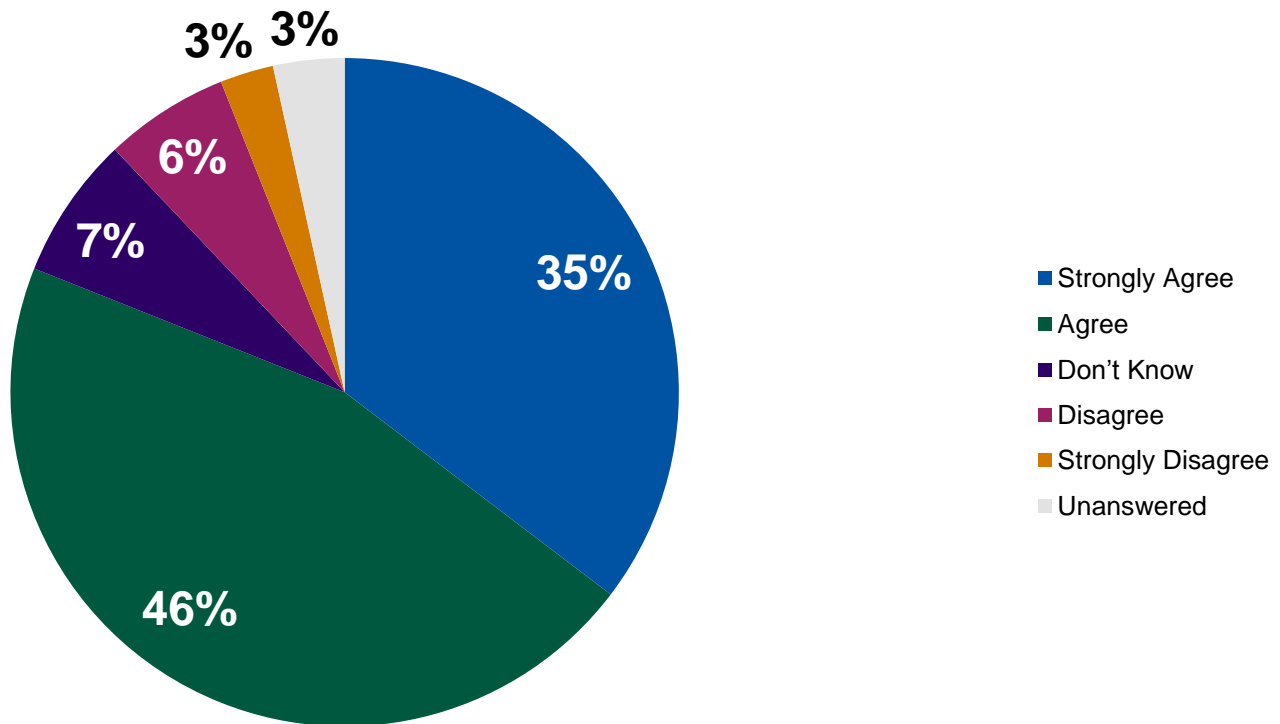
I am willing to travel to a Brent Hub if it means I get a same-day GP Appointment



81% of people surveyed strongly agreed or agreed with preferring to call ahead to make a same day appointment

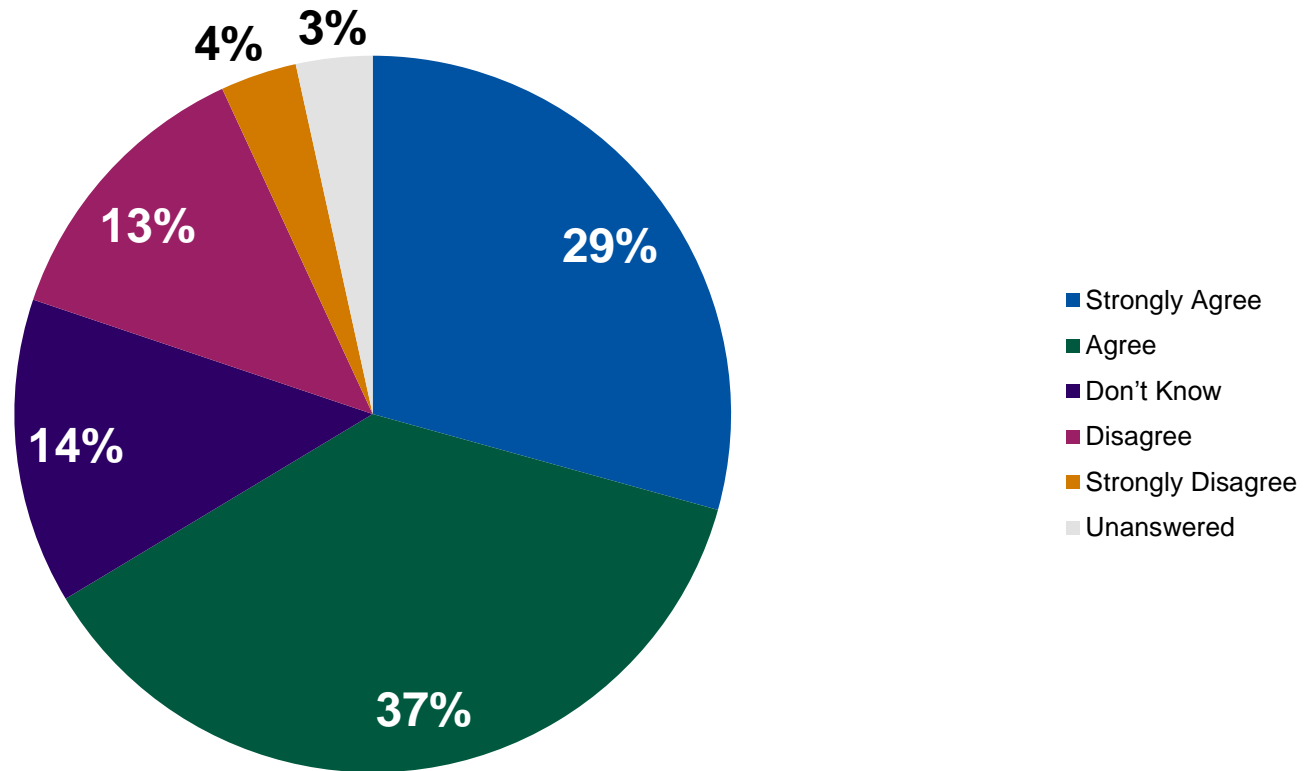
Question:

I prefer to call ahead and make a same day GP Appointment as opposed to walking in



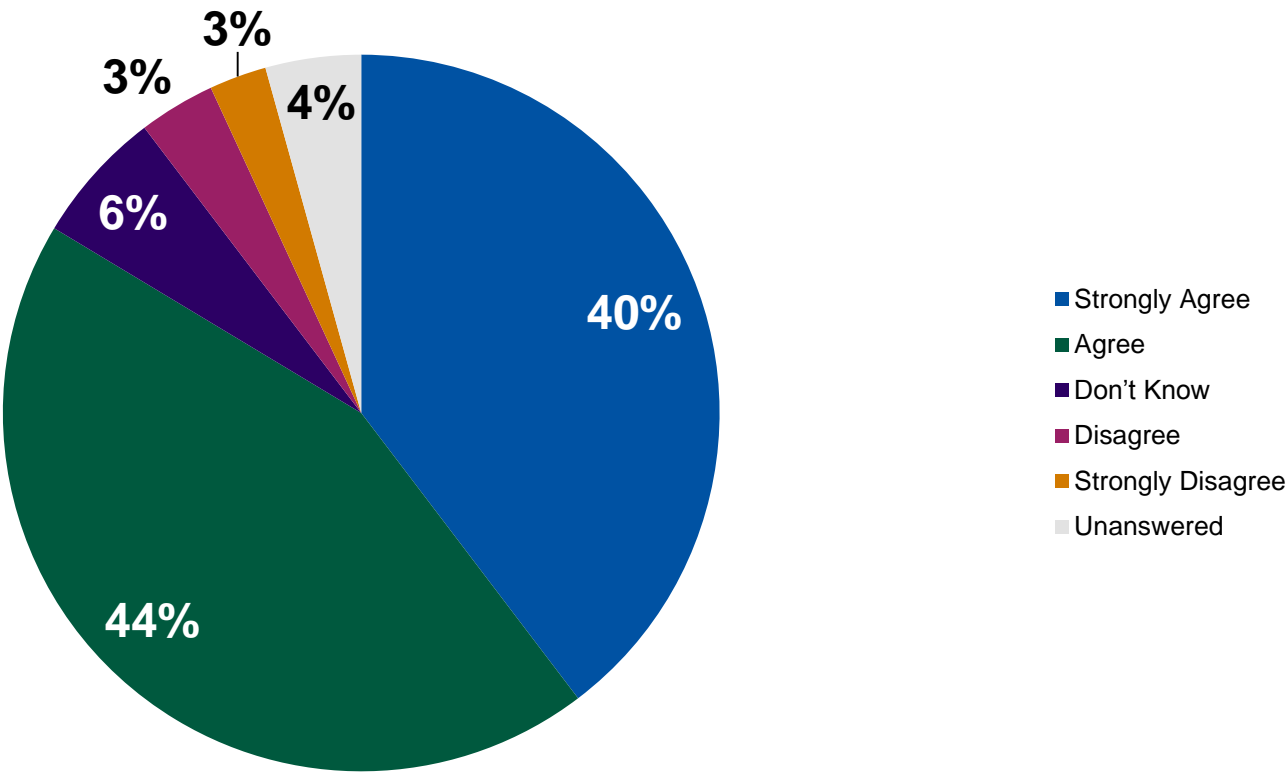
66% of people surveyed agreed that they would like to access all of the hubs in Brent

Question: I would like to be able to access all of the GP Access Hubs in Brent



84% of people would like their clinical records updated when they see any GP in Brent

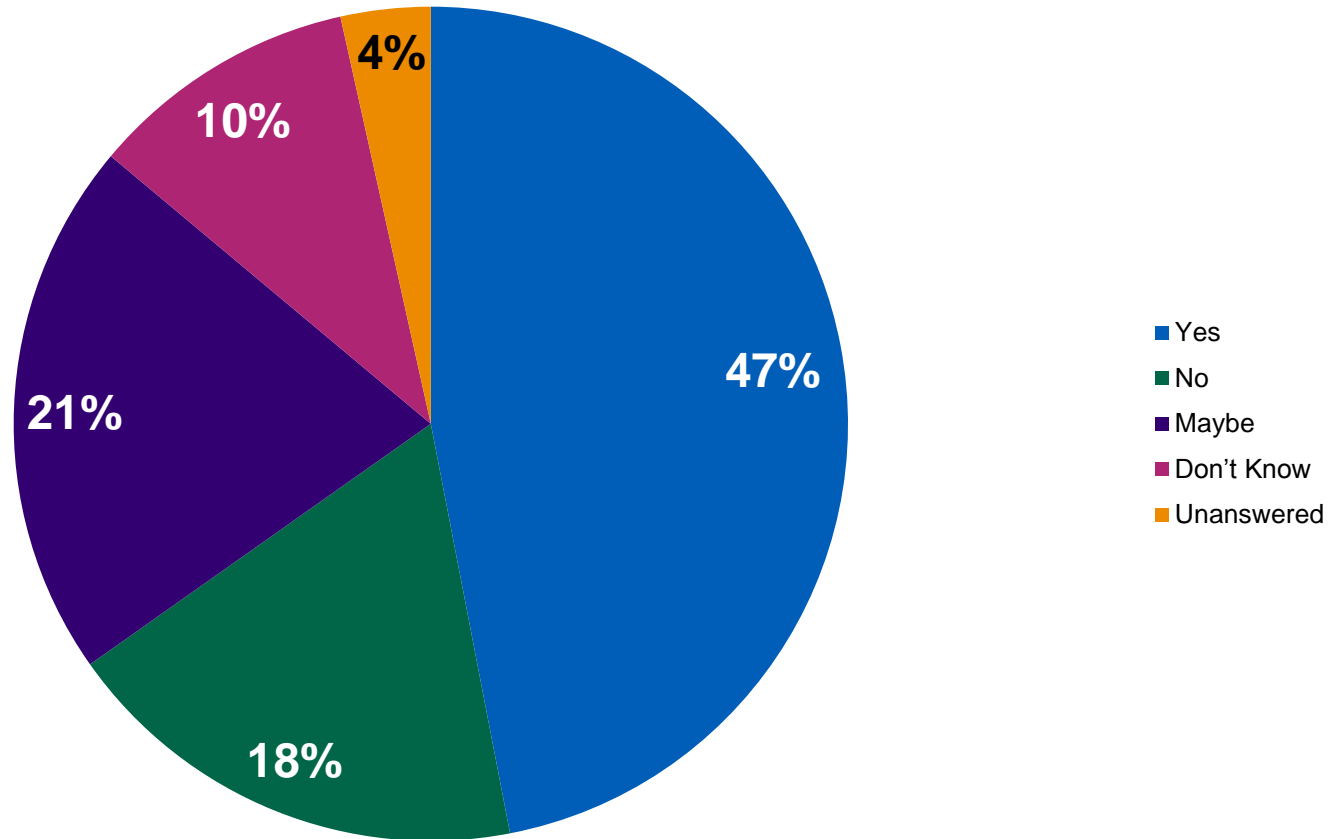
Question: I would like my clinical records updated when I see any GP in Brent



47% of people surveyed believe having fewer locations of hubs will make them easier for people to remember

Question:

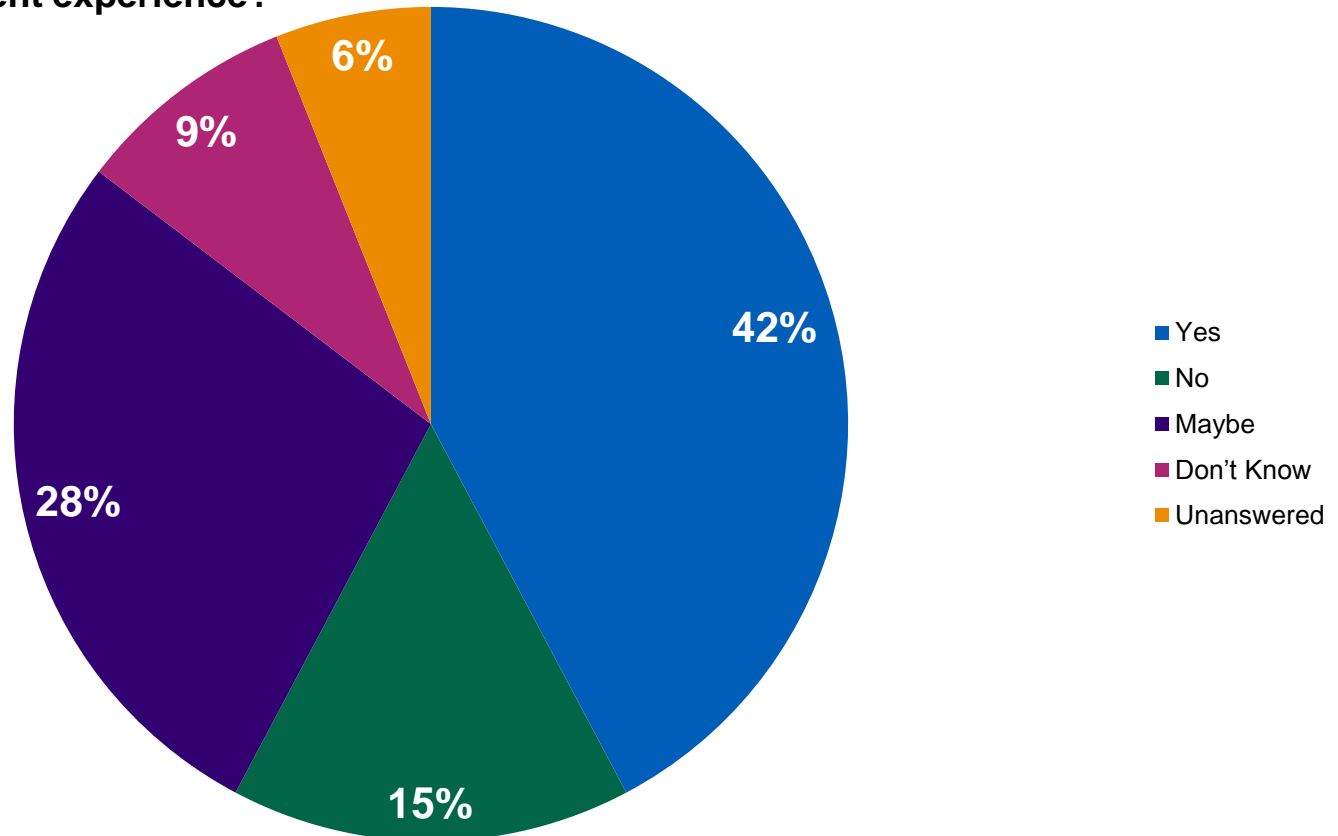
Will fewer locations with longer opening hours make it easier for people to remember the GP Access Hub services that are available across Brent



42% of people surveyed believe our proposal to move away from a walk in service will improve care and experience

Question:

Having considered our proposal, will a move from a walk in service to a bookable service improve care and patient experience?



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Equality Analysis Guidance and Template

March 2013

Equality Analysis(EA) Guidance

The Equality Act (2010) requires public organisations to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people who may or may not share a protected characteristic. The Equality Act has identified nine protected characteristics that you must test against to ensure equality has been addressed.

“This document demonstrates commitment to create a positive culture of respect for all individuals, including staff, patients, their families and carers as well as community partners. The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to use the Human Rights Act 1998 to promote positive practice and value the diversity of all individuals and communities”.

To achieve this we are required to analyse the effect of any policy, practice, function or service change. This is what is known as an Equality Analysis or what used to be referred to as Equality impact Assessment.

Equality Analysis and why you have to do it

An equality analysis(EA) is a review of a project/document/function/strategy/service change etc. which establishes whether there is a negative effect or impact on particular social groups. In turn this enables the organisation to demonstrate it does not discriminate and, where possible, it promotes equality.

This Equality Analysis Tool, is both transparent and simple to use. There are a number of benefits. Some of these are as follows:

- The template will support you to focus on the protected characteristics so you are clear what you are checking against.
- By introducing a shared approach to Equality Analysis the process is simpler and makes it easier to identify additional information to demonstrate equality impact in your documentation
- You will have an organisational network of colleagues undertaking Equality Analysis in a similar way which will promote sharing and support.

All organisational developments whether policies, strategies or functions will require you to consider the impact of the Equalities Act, but hopefully most will have a positive impact on all the communities you serve.

By **not completing** an Equality Analysis, you will open yourself to challenges from either the Board (if your process requires Board Approval at which member of the public may be present) or by members of the public once in the public domain in some way.

Delays to your ‘documentation/service development’ implementation will be both costly and damaging in relation to the trust the public has in the service and will seriously impede the business of the organisation.

In order to complete Equality Analysis you must have undergone training in this area. Please contact your Equalities lead to identify when the next training is available.

How to complete the template – reassurance!

You won't believe how easy this is, but a couple of reassurances before we start!

- You are not expected to know every aspect of every community or protected characteristic, but you must be sensitive to their needs, open, and listening to their messages.
- The training you will receive will take you through every step of completing an Equality Analysis and it is helpful to identify support after the training.
- Keep the focus of your thinking on what you are trying to achieve and then think about the protected characteristic you are considering

How to complete the template –5 steps to Equality Analysis.

Column 1 -Equality group (or protected characteristic): This column tells you what the protected characteristic is and guides you in how you should be thinking about it in relation to your document or process. There is also a link embedded in there to take you to further information about that protected characteristic.

Column 2 - What evidence has been used for this assessment: this is where your work begins! Have you checked for local evidence or national evidence? This could be something like checking what your JSNA says, or even “Googling” the characteristic issue to see what information is available on the internet (this might be particularly useful when checking out less familiar characteristics). Has any work been done with patients or patient groups locally? Your PPI lead should be able to help you with this, or steer you in the right direction

Column 3 - Have you consulted on this policy, service, strategy, procedure or function. Have you done any patient involvement and engagement work on this? Talk to your PPI lead, there may be plenty of evidence that has been collected to support your thinking on this.

Column 4 - What is the negative impact? So you have identified there may be some negative impact on a protected characteristic. What is it? Could this negative impact also affect any other of the protected characteristics?

Column 5 - How are you going to address issues identified? This is your mini action plan! What can you/the organisation do to mitigate the effect of this process on that particular characteristic? Are there resource implications? How quickly can this be addressed? Finally remember that you may not be able to avoid the issue, but you need to be up front and say that it will have an impact on a particular community.

Final thoughts

Equality Analysis is there to enhance your work. It is meant to be worthwhile but also a challenging process

- It should be carried out at the beginning of the planning stage of the project
- Take a common-sense approach to it; step outside your own role and look at this as an outsider would view it.
- Make time for it in your planning and allow for potential collaboration with other stakeholders.
- Where a likely impact is not known, action should be taken to try to acquire that information.
- Your equality analysis will be a public document and published so be prepared for people to check how you conducted it.

Further information

To learn more about the Equalities Act (2010) click on this [link](#)

To learn more about Protected Characteristics click on this [link](#)

To see more resources relating to Equality Analysis click on this [link](#)

Equality Statement

This statement is to be inserted within the first three sections of the documentation

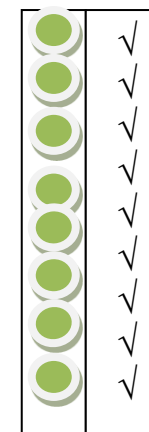
“This document demonstrates Hounslow CCG commitment to create a positive culture of respect for all individuals, including staff, patients, their families and carers as well as community partners. The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to use the Human Rights Act 1998 and to promote positive practice and value the diversity of all individuals and communities”.

Equality Analysis Checklist

By completing this document in full you will have gathered evidence to ensure, documentation, service design, delivery and organisational decisions have due regard for the Equality Act 2010. This will also provide evidence to support the, Public Sector Equality Duty and the Equality Delivery System grading process.

Evidence of:

- an understanding that there are differing complexities for each protected characteristic group
- a dialogue occurring
- wider engagement and involvement
- the impact of the document or process on each protected characteristic group
- data and information from consultations, routine data collection (highlighting areas where this is not collected)
- agreement regarding the impact of the evidence
- agreement on the remedial actions required
- identification of a lead to take the action forward, with timescales



Full and comprehensive guidance on equality analysis can be found on the [Equality and Human Rights Commission website](#)

Proportionality and relevance are key drivers to this process

Equality Analysis Checklist

An equality analysis is a review of a policy, function or service which establishes whether there is a negative effect or impact on particular social groups. In turn this enables the organisation to demonstrate it does not discriminate and, where possible, it promotes equality.

This check list is a way to help staff think carefully about the likely impact of their work on equality groups and take action to improve services and projects for local people where it has a positive or negative impact.

<p>Name of the policy / function / service development being assessed</p>	<p>We are currently reviewing the way patients access primary care medical services outside of core hours.</p> <p>Patients currently access primary medical services outside of core hours through a number of services, these include:</p> <ul style="list-style-type: none"> ▪ Primary Care Access Centre (walk-in) ▪ GP Access Hubs ▪ Out of Hours service providers ▪ UCC's – Northwick Park, Central Middlesex Hospital & others ▪ Accident and Emergency departments ▪ Walk in Centres – cross boundary ▪ NHS 111 ▪ Minor Injuries Unit ▪ Pharmacists <p>This service review is focussed on GP Access Hubs and the GP Access Centre.</p>
<p>Briefly describe its aims and objectives:</p>	<p>The existing GP extended access services have been reviewed against the context of:</p> <ol style="list-style-type: none"> 1. Changes in national requirements for extended primary care access 2. The Integrated Unscheduled Care model developing in Brent and Harrow 3. The model of care in line with patient, provider and stakeholder feedback 4. Reviewing the non-compliant Walk in Centre service 5. Aligning the model of care with future strategic direction of travel <p>The review has identified that there are a number of areas for improvement within current</p>

	<p>GP extended access services:</p> <ol style="list-style-type: none"> 6. There are 9 GP Access Hubs located across Brent and many of the hubs are underutilised, especially on the weekend. There are more hubs in Brent than in any other borough in North West London and we believe across London. In June 2017, GP Access Hub utilisation was at 66%. Guidance to CCGs recommend one top-up hub per 150,000 population (Access Hub modelling by NHSE) 7. There is variation in the model of care across GP Access Hubs. Nurse-led appointments are only available in some GP Access Hubs meaning that there are issues with equal access to care across extended hours GP services in Brent. 8. The GP Access Centre does not meet national GP out of hours access requirements¹ as it only provides a see and treat function. The access centre does not have the ability to view results of diagnostic tests or order diagnostic therefore does not provide continuity of care. Furthermore, the centre can only prescribe medication that is immediately necessary and cannot refer people for more tests. <p>These issues suggest that there is potential for improvement in the commissioning of GP access services in order to:</p> <ul style="list-style-type: none"> • Remove the overlap in the care provided by the current services • Achieve a more equal distribution of services • Gain better value for money for the residents of Brent • Improve the quality of care of primary care services for Brent residents <p>The objectives of this service are to ensure that GP extended access services are to:</p> <ul style="list-style-type: none"> • Provide more equitable access to the residents of Brent. • Ensure patients can access any hub site. • Commission Nurse and GP appointments across the borough consistently. • Ensure when they do, their clinical records are available to the GP or Nurse and
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¹ Integrated Urgent Care Commissioning Standards Guidance (Amanda Doyle & Keith Willetts, September 2015)

	<p>are subsequently updated so their own practice can see what support their patient has received.</p> <ul style="list-style-type: none"> • Ensure clinicians are not 'lone working' • Support Brent residents (and those within the catchment area of a Brent GP practice) to register. • Encourage patients registered with a GP outside Brent to use services in the borough in which they are registered – this ensures better continuity of care and clinical record sharing is not enabled between practices in different boroughs.
Directorate lead	Fana Hussain, Assistant Director, Primary Care
Is the Equality statement situated in the first three sections of the document?	Yes

If you are conducting an EA on a procedural document please identify evidence sources and references, who has been involved in the development of the document, process or strategy, and identify positive or negative impacts. It is the discussion regarding the equality impact of the document that is important.

Equality Analysis Checklist

Go through each protected characteristic below and consider whether the policy / function / service could have any impact on groups from the identified protected characteristic, involve service users where possible and get their opinion, use demographic / census data (available from public health and other sources), surveys (past or maybe carry one out), talk to staff in PALS and Complaints.

Please ensure any remedial actions are Specific, Measureable, Achievable, Realistic, and Timely(SMART)

Equality Group	What evidence has been used for this assessment?	What engagement and consultation has been used	Identify positive and negative impacts	How are you going to address issues identified?	Lead and Timeframe
Age Think about different age	The age profile for Brent is based on the local authority's Joint	In January 2014, over 1200 people were	Positive	Commissioners will ensure that	Fana Hussain

Equality Group	What evidence has been used for this assessment?	What engagement and consultation has been used	Identify positive and negative impacts	How are you going to address issues identified?	Lead and Timeframe
groups and think about the policy / function / service and the way the user would access, is it user friendly for that age?	<p>Strategic Needs Assessment (JSNA) data.</p> <p>Brent's population is younger than England's average, but people aged 65 and above are expected to grow at a faster pace than the wider population.</p> <p>Between 2011 and 2021 the population aged between 65 and 74 is expected to grow by 16%, 75-84 by 16% and 85 and over by 72%, while the total population only grows at the rate of 7%.</p> <p>Data gathered from the current GP access centre service indicate that:</p> <ul style="list-style-type: none"> 30% of people who use the access centre are between the age of 0-10 44% of people who use the access centre are between the ages of 21-50 <p>Audit of primary care patient data has identified the highest users of GP Access Hub (extended hours services) fall within the 0-9 years (20% of demand) and 20 to 49 years age groups. It is not known whether these attendances are for more episodic care seeking.</p>	<p>involved in providing feedback on the GP Access Hub pilot. Engagement included: population of surveys, discussion with PPG chairs and groups, public meetings and stands at the Health Partners Forum.</p> <p>GP Access Hub providers must regularly engage in patient surveying and report these findings to the CCG. These surveys regularly report high levels of patient satisfaction with the service and have been gathered since the service commenced in April 2015.</p> <p>In March 2017, GP access was surveyed and we have accessed the results of the quarterly GP Survey.</p> <p>The current engagement period commenced on 13th</p>	<p>Extended access to GP appointments 8-8, 7 days/week</p> <p>Convenient appointments for working age people who make up significant group of services users.</p> <p>Older patients with LTCs will have increased access to core hours GP appointments to choose from and this may reduce A&E attendance of this cohort.</p> <p>Younger patients will have the option of booking more conveniently timed appointments</p> <p>Negatives TBD when locations are confirmed.</p>	<p>patients, carers and communities are an on-going part of development of services to address GP out of hours access.</p> <p>We will raise awareness of the GP Access hubs with a more targeted campaign aimed at 0-9 and 20-49 year old patients as part of the mobilisation phase of the next contract.</p> <p>Public transport Central locations and disabled parking and access will all be considered when determining location.</p>	

Equality Group	What evidence has been used for this assessment?	What engagement and consultation has been used	Identify positive and negative impacts	How are you going to address issues identified?	Lead and Timeframe
	<p>Brent's older population is growing at a higher rate than other adult age ranges (JSNA 2015/16).</p> <ul style="list-style-type: none"> Primary care data shows older patients with LTCs favour core GP hours with busiest times 10:00-12:00. Attendance for 60+ patients in A&E is at highest during core GP hours. It is not known whether there is a relationship between these findings in the data. It is recommended that engagement be carried out to explore whether there is a relationship. 	November and will complete on 22 nd December 2017	Currently no option for patient to book directly or on line. But this is planned for the future.	Patients will be made aware of how to book these appointments via a communications campaign	

Equality Group	What evidence has been used for this assessment?	What engagement and consultation has been used	Identify positive and negative impacts	How are you going to address issues identified?	Lead and Timeframe
Disability Think outside the box, you may not be able to see the disability. It could be physical (hearing, seeing) or a learning disability (Autism). <ul style="list-style-type: none"> • Accessibility – venue, location, signage, furniture, getting around • Disability awareness training for staff • Actively involve the service user and talk it through with them 	<p>The service will ensure provision to adults and children with long term mobility problems.</p> <p>The outcome of the procurement will be to ensure that GP access services are located in accessible locations across Brent. The GP Access Hubs will be located in existing GP practices and will use staff that are already involved in providing primary care services.</p> <p>It is estimated that 15,057 people in Brent aged 18 to 64 years had a moderate physical disability in 2015.</p> <p>There is no data available for the proportion of GP practices that do not have easy access for wheelchair users in Brent.</p> <p>Studies conducted by 55 local Healthwatch across England suggest that there are significant issues of concern for some groups of people with disabilities, particularly for those with hearing, visual and mobility impairments.²</p> <p>Making an appointment is considered the hardest part for</p>	<p>Desktop search in Voluntary Sector, Healthwatch and NHS England sites for feedback and insight carried out.</p> <p>Published data shows that people with physical disability face barriers in accessing some GP premises, with some carers having to physically carry them up stairs.</p>	<p>Positive</p> <p>Potentially better access to core hour appointments</p> <p>Negative</p> <p>Travel may be an issue for appointments after 3pm, for patients living out of proximity.</p> <p>Disabled parking available at site.</p> <p>Auditory loop in place for hearing impaired</p> <p>Patients with visual impairment may find it difficult to navigate around an unfamiliar building, which is different to their GP premises.</p>	<p>Public transport routes</p> <p>Central location</p> <p>Disabled parking will be assessed</p> <p>Building sites will be assessed to meet standards of Disability Discrimination Act.</p> <p>Lifts and corridor suitable for wheelchair access to be assessed</p> <p>Appointments can be booked at a time convenient to the Patient, giving sufficient time for carer to be arranged by the patient. Awareness of this need will form part of training and info for receptionists or 111 services booking appointments.</p> <p>Hearing impaired</p>	Fana Hussain

² [http://www.healthwatch.co.uk/news/disabled-people-struggling-access-gp-appointments.\(2015\)](http://www.healthwatch.co.uk/news/disabled-people-struggling-access-gp-appointments.(2015)). Accessed 31st March 2017.

Equality Group	What evidence has been used for this assessment?	What engagement and consultation has been used	Identify positive and negative impacts	How are you going to address issues identified?	Lead and Timeframe
	<p>patients due to GP surgeries' policy for on-the-day only appointments, meaning patients who are reliant on a carer, cannot always find a suitable carer to take them to their appointments in time.</p> <p>20% of people in Brent aged between 65 and 74 are living with a moderate or severe hearing impairment (JSNA, 2015/16).</p> <p>Deaf patients are also being told they can only book over the phone by most GP practices according to these Healthwatch studies³</p> <p>12% of the population aged 75 and over in Brent (JSNA, 2015/16) have a moderate or severe visual impairment. Primary care data shows older patients with LTCs favour core GP hours with busiest times 10:00-12:00</p>		<p>People with Learning disabilities may face difficulties with travel to unfamiliar GP premises and seeing a GP they do not know.</p> <p>However, these patients still retain the option to book with their own GP in the usual way</p>	<p>patients (or carers) have choice of booking into GP Access Hubs in person at their GP reception</p> <p>It is anticipated that core appointments times will be more available for older cohorts with LTC and disabilities.</p> <p>At the hub site, signage should be in place in keeping with DD Act.</p>	
Gender Reassignment Think about creating an environment within the service / policy or function that is user	Gender or gender reassignment will be managed in the same way as it currently is within core GP hours.	As above	Negative Lack continuity with own GP	Patient will still have option of booking with their own GP practice for 48 hour	Fana Hussain

³ [http://www.healthwatch.co.uk/news/disabled-people-struggling-access-gp-appointments.\(2015\)](http://www.healthwatch.co.uk/news/disabled-people-struggling-access-gp-appointments.(2015))

Equality Group	What evidence has been used for this assessment?	What engagement and consultation has been used	Identify positive and negative impacts	How are you going to address issues identified?	Lead and Timeframe
<p>friendly and non judgemental.</p> <p>If the policy / function / service are specifically targeting this protected characteristic, think carefully about training, confidentiality and communication skills.</p>			<p>Cohorts have sited safety issues using public transport in the evenings and accessing services located in lonely areas in the evenings</p> <p>Patients may not wish to have their medical records shared in full</p> <p>Patient records available at this site</p> <p>Consent will besought from patient before consultation to access record</p>	<p>appointment if prefer not to see hub GP</p> <p>Process for selecting Access hub locations will give due regard to security</p> <p>Recommend that guidance be sought about sharing medical records belonging to these patients</p> <p>GP practices and their staff participate in mandatory equalities training</p> <p>Recommend that training for GPs on understanding trans identities and clinical pathways should be considered.</p>	
Marriage and Civil Partnership	No data available on marital status	As above	<p>Positive</p> <p>Potential better</p>	NA	Fana Hussain

Equality Group	What evidence has been used for this assessment?	What engagement and consultation has been used	Identify positive and negative impacts	How are you going to address issues identified?	Lead and Timeframe
<p>Think about access and confidentiality, the partner may not be aware of involvement or access to the service.</p> <p>Staff training.</p>			<p>access for both individuals in a marriage or civil partnership to attend together if it is their preference</p> <p>No negative impact anticipated - service will not discriminate or deliver a different service to a person, on the basis of marriage/civil partnership status</p> <p>No negative impacts except in same sex partnerships – see sections on sexual orientation and transgender</p>		
<p>Pregnancy and maternity</p> <p>The policy / function / service must be accessible for all for example opening hours.</p> <p>Are the chairs appropriate for breast feeding is there a private area? Are there baby</p>	<p>The General Fertility Rate (GFR) is the number of live births per 1,000 women aged 15 to 44. The GFR in Brent in 2012 was 72, higher than Outer London (71.8) and nationally (64.8). There were 7,430 conceptions to all women in Brent in 2011. 17 (0.2%) of these were to women aged under 16.</p>	As above	No negative impacts	NA	Fana Hussain

Equality Group	What evidence has been used for this assessment?	What engagement and consultation has been used	Identify positive and negative impacts	How are you going to address issues identified?	Lead and Timeframe
changing facilities and is there space for buggies?	<p>The conception rate for all women in Brent was 1 in 10 (99 per 1000), higher than the England and Wales and London rates (80.4 and 89.5 per 1000 respectively). For women aged under 16, the conception rate in Brent was almost half (3.2 per 1000) the rate for England and Wales (6.1 per 1000).</p> <p>The GP Access Hubs will be located in existing GP practices.</p>				
<p>Race You need to think carefully about the local demographics of the population who will be accessing the policy / function / service. Talk to public health.</p> <p>Think about:</p> <ul style="list-style-type: none"> • Cultural issues (gender, clothing etc) • Languages • Support to access • Staff training on cultural awareness, interpreting 	<p>Brent is ethnically diverse: In 2015, 66.4% of the population is black, Asian or other minority ethnicity (BAME); source is the JSNA.</p> <p>The White group make up 33% of Brent's ethnic profile.</p> <p>There are many languages spoken in Brent. English is the main language for 62.8% of the population. Gujarati is the main language for 7.9% of the population and Polish is the main language for 3.4% of the population. One in five households in Brent does not have English as their main</p>	<p>As above</p> <p>Based on the surveys that have been collected so far:</p> <ul style="list-style-type: none"> • 47 respondents are Asian/Asian British • 16 respondents are Black/Black British • 13 respondents are white/white Irish/white British • 4 respondents are British • 10 respondents are mixed/other/prefer not to say 	<p>Positive Access services will be located at convenient sites across Brent allowing access for patients</p> <p>The proposal aims to increase access for patients that may face barriers to obtaining urgent GP appointments</p> <p>No negative impacts based on race</p>	<p>Practice have access to interpretation services</p> <p>Practices to ensure the Accessible Information Standard is being applied for patients with information and communication needs</p>	Fana Hussain

Equality Group	What evidence has been used for this assessment?	What engagement and consultation has been used	Identify positive and negative impacts	How are you going to address issues identified?	Lead and Timeframe
	<p>language. In single households where English is not the main language, the provision of information in the relevant language to deliver an appropriate service will need to be considered.</p> <p>In the 2011 Census, 63.7% of the population were BAME. By contrast, 14% of people in England and Wales and 40% of people in London were BAME.</p> <p>The largest ethnic groups in Brent were Asian: Indian or British Indian people (18.6% of Brent's population compared to 8.8% of the Outer London population) and White: English/ Welsh/ Scottish/ Northern Irish/ British people (18.0%).</p> <p>Brent had a higher proportion of the following ethnic groups than London and nationally: Black African people (7.8%), Black Caribbean people (7.6%), White Irish people (4%), Arab people (3.7%), White Polish people (2.9%) and White: Other Eastern European people (2.1%). 0.1% of Brent's population were White: Gypsy or Irish Traveller which was on par with London</p>				

Equality Group	What evidence has been used for this assessment?	What engagement and consultation has been used	Identify positive and negative impacts	How are you going to address issues identified?	Lead and Timeframe
	and national figures. The GP Access Hubs will be located in existing GP practices using existing staff.				
Religion or Belief As above think about local population and what religion or belief they may have. Think about: <ul style="list-style-type: none"> Staff training on respecting differences, religious beliefs Are you trying to implement during a time of religious holidays e.g. Ramadan Is there are area for prayer times 	Specific data on religion/belief relating to GP access services is not currently available. More people in Brent had a religion than London and nationally: 1 in 10 Brent residents stated they had no religion, compared to 1 in 5 people in London and 1 in 4 people in England and Wales. The largest religious groups in Brent were: <ul style="list-style-type: none"> Christian (41% compared to 48.4% in London) Muslim (18.6% compared to 12.4% in London) Hindu (17.8% compared to 5.5% in London). 	As above	Negative Choice of same sex clinician may not always be available	Staff training to maintain privacy and confidentiality Staff training in equality duties Patient will still have option of booking with their own GP practice if prefer not to see hub GP	Fana Hussain
Sex This is simply the impact on males/females. For example same sex accommodation, are there areas for privacy? Is it accessible for both, taking into account working service	No data available for access hubs, extrapolating from Access centre data, 54% female and 46% males attend	As above Add % from engagement so far Early stats from engagement show 28% of respondents are male versus 64% for females.	Positive Access to GP services out of core hours is delivered to patients based on their individual need. Therefore sex is not a factor	NA	Fana Hussain

Equality Group	What evidence has been used for this assessment?	What engagement and consultation has been used	Identify positive and negative impacts	How are you going to address issues identified?	Lead and Timeframe
users / is it accessible would it be a venue they would go to?		We will therefore take a more targeted approach to male outreach for engagement	that can result in discriminatory treatment being provided. Booked appointments at convenient times with access to patient medical records Older patients (60+) will have more access to core hours GP appointments with named GP to choose from		
Sexual Orientation Don't make assumptions and this protected characteristic may not be visibly obvious. Providing an environment that is welcoming for example visual aids, posters, leaflets. Using language that respects LGB&T people.	Specific data on sexual orientation relating to GP out of hours access services is not available. The census did not include information about sexual orientation and gender reassignment. Stonewall estimates lesbian, gay and bisexual (LGB) people make up 5-7% of the UK population. This equates to an LGB	As above	Negative Lack continuity with own GP Patient records available at this site Consent will be sought from patient before consultation to access record	GP practices and their staff participate in mandatory equalities training Patient will still have option of booking with their own GP practice for 48 hour appointment if prefer not to see	Fana Hussain

Equality Group	What evidence has been used for this assessment?	What engagement and consultation has been used	Identify positive and negative impacts	How are you going to address issues identified?	Lead and Timeframe
Staff training on how to ask LGBT people to disclose their sexual orientation without fear or prejudice.	population in Brent of between 15,561 and 21,785. These estimates are applying the UK averages to Brent and do not take into account variance; they should therefore not be interpreted as definitive figures.		(See Transgender section)	hub GP	
Carers Does your policy / function / service impact on carers? Ask them. Do you need to think about venue, timing? What support will you be offering?	Brent has a population of 311,200 (Government Census July 2011). There are 22,900 known carers within Brent, which is likely to underestimate the true numbers.	As above CCG will be engaging with carers directly for their views	Positive Increased availability of access and choice of appointment times (evening and weekends) Increased access to appointments at named GP during core hours Access to patient records ensures identified carers receive priority slots	Ensure parking at sites is DDA compliant	Fana Hussain

For all negative impacts, please provide a SMART action plan to identify how you will address these.

Please send to the Equality/Governance Lead for publication on website (this is a legal requirement).

Screening completed by (please include everyone's	Organisation	Date
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name)		
Meena Mahil	NHS Brent CCG	25/10/2017
Michelle Johnson	NHS Brent CCG	24/11/2017