

**Barnet Clinical Commissioning Group
Primary Care Procurement Committee
Thursday 13 February 2020, 15:30 – 16:15
Committee Room 1, Hendon Town Hall, London NW4 4BG**

AGENDA

Item	Title	Lead	Action	Paper	Time
1.0	INTRODUCTION				
1.1	Welcome and Apologies	Chair	Note	Oral	15:30
1.2	Declarations of Interest	Chair	Note	3	
1.3	Declarations of Gifts or Hospitality	Chair	Note	Oral	
2.0	COMMISSIONING ITEMS				
2.1	Proposed Closure of Cricklewood Walk-in Service – Decision Making Report	Sarah D'Souza (Director of Commissioning, Barnet CCG)	For decision	7	15:35
2.2	Responses to Questions Raised	Chair	To note	Oral	15:55
3.0	CLOSING ADMINISTRATION				
3.1	Any other Business				16:10
3.2	Meeting Closes				16:15

Report Title	Committee Register of Interests	Agenda Item 1.2
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Report Summary	<p>Committee Members and attendees are asked to review the agenda and consider whether any of the topics might present a conflict of interest, whether those interests are already included within the Register of Interest, or need to be considered for the first time due to the specific subject matter of the agenda item.</p> <p>A conflict of interest would arise if decisions or recommendations made by the Committee could be perceived to advantage the individual holding the interest, their family, or their workplace or business interests. Such advantage might be financial or in another form, such as the ability to exert undue influence.</p> <p>Any such interests should be declared either before or during the meeting so that they can be managed appropriately. Effective handling of conflicts of interest is crucial to give confidence to patients, tax payers, healthcare providers and Parliament that CCG commissioning decisions are robust, fair and transparent and offer value for money.</p> <p>The Conflicts of Interest Policy and guidance to which all CCGs across NCL have adopted is available on the CCG website at:</p> <p>http://www.barnetccg.nhs.uk/Downloads/Publications/Policies/NCL-Col-policy-approved-27-March-2019-final.pdf</p> <p>If attendees are unsure of whether or not individual interests represent a conflict, they should be declared anyway, either at the meeting or to the Board Secretary beforehand, so that the appropriate course of action can be determined.</p>
Recommendation	<p>The Committee is asked:</p> <ul style="list-style-type: none"> • To NOTE the Register of Interests which follows • To DECLARE any existing or new interests in relation to items on the present meeting's agenda

Conflicts of Interest	The purpose of the Register is to list interests, perceived and actual, of members, that may relate to the meeting
Resource Implications	Not Applicable
Engagement	Not Applicable
Equality Impact Analysis	Not Applicable

Report History and Key Decisions	The Register of Interests is presented at each Committee meeting
Appendices	The PCPC Committee Register of Interests

Name	Position (s) held in the CCG i.e. Governing Body member; Committee member; Member practice; CCG employee or other	Declared Interest (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest		
			Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest			From	To	Updated
Members of Primary Care Procurement Committee										
Ian Bretman	Lay Member for Patient and Public Involvement	Citizens Advice Bureau, Barnet	no	yes	no	Direct	Chair	01/04/2017		14/08/2019
		Biomedical Healthcare Ltd	no	no	yes	Indirect	Son is a senior technical manager in a company offering an App for people to manage prescription requests and long-term medication programmes	01/04/2017		14/08/2019
		Royal Free London	no	yes	no	Direct	Member of the Council of Governors	01/04/2019		14/08/2019
		Timewise Foundation CiC	no	no	no	Direct	Provides occasional consultancy services for this social enterprise that helps organisations make better use of flexible working.	17/10/2018		14/08/2019
Dominic Tkaczyk	Lay Member for Audit and Governance	Headway East London (HEL)	no	yes	no	Direct	Treasurer to HEL, which provides services to people with acquired brain injury	01/06/2018		03/09/2019
		Healthcare People Management Association	no	yes	no	Direct	Honorary Treasurer	01/10/2018		03/09/2019
		Camden CCG	no	yes	no	Direct	Lay Member for Audit and Governance	01/06/2019		03/09/2019
Simon Goodwin	Chief Finance Officer	NCL CCGs	no	yes	no	Direct	Chief Financer for all NCL CCGs	01/06/2017		08/08/2019
		East London NHS FT	no	no	yes	Indirect	wife is a senior manager	01/06/2017		08/08/2019
Claire Johnston	Governing Body Nurse	Our Time	no	yes	no	Direct	Chair of Trustees for this charity supports children with parents with mental health issues			12/09/2019
		Nursing and Midwifery Council	no	yes	no	Direct	Registrant Member			12/09/2019
		The Guardian	no	no	yes	Indirect	Spouse is Public Services Editor			12/09/2019
Dr Jon Baker	Secondary Care Doctor	Phoenix GP Practice in Hendon	yes	no	yes	Indirect	Spouse is a GP in Barnet	27/09/2017		06/09/2019
Carol Kumar	Assistant Director of Primary Care Transformation	Five Development Ltd (not health related)	yes	yes	no	Direct	Director of consultancy	02/10/2017		27/08/2019
Conan Cowley	Senior Primary Care Transformation Manager	No interests declared	no	no	no	n/a	nil return	29/09/2017		01/08/2019
Matt Backler	Deputy Chief Finance Officer	No interests declared	no	no	no	n/a	nil return	29/09/2017		04/09/2019
Colette Wood	Director of Primary Care Transformation	No interests declared	no	no	no	n/a	nil return	27/10/2017		08/08/2019
Andy Simpson	Board Secretary	No interests declared	no	no	no	n/a	nil return	06/04/2018		
Ruth Donaldson	Joint Director of Commissioning	No interests declared	no	no	no	n/a	nil return	27/02/2018		03/09/2019
Sarah D'Souza	Joint Director of Commissioning	No interests declared	no	no	no	n/a	nil return	10/01/2018		14/08/2019
Kay Matthews	Chief Operating Officer	No interests declared	no	no	no	n/a	nil return			12/09/2019
Kelly Poole	Assistant Director of Primary Care Transformation	No interests declared	no	no	no	n/a	nil return	29/09/2017		06/08/2019
Nick Ince	Senior Primary Care Transformation Manager	No interests declared	no	no	no	n/a	nil return			01/08/2019

Report Title	Barnet CCG –Proposed closure of Cricklewood walk-in service report	Agenda Item 2.1
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Governing Body Sponsor	Not applicable	Tel/Email	
Lead Director / Manager	Ruth Donaldson, Director of Commissioning Sarah D'Souza, Director of Commissioning	Tel/Email	ruth.donaldson1@nhs.net sarahd'souza@nhs.net
Report Author	Sarah D'Souza, Director of Commissioning	Email	sarahd'souza@nhs.net

Report Summary	<p>Brent and Barnet CCGs have proposed the closure of Cricklewood walk-in service at the end of the current contract (30 June 2020) and have considered the quality improvements associated with such an action; the equality and financial implications and the outcomes of a joint public and stakeholder engagement.</p> <p>Considering this information, both Barnet and Brent CCGs have confirmed their recommendation to close Cricklewood walk-in service. This paper details the reasons for proposing the closure, the various analyses conducted, the results of the engagement process, the CCGs' responses and makes recommendations.</p> <p>The recommendations are made on the basis that:</p> <ul style="list-style-type: none"> • Demand for the service has reduced year-on-year since 2016/17. At the same time there have been annual increases in people attending local A&E services with primary care needs. The service is not helping to address the pressures on emergency services. • Although convenient, the service does not address the longer-term health needs of patients and is not aligned with the local and national aspirations for integrated urgent care and Primary Care Networks • There is no strategic or financial case for developing a UTC on the Cricklewood site • The needs of walk-in service patients can be met better and close to home by General Practice or in GP extended access hubs already in place. Access has been and will continue to be improved through the implementation of digital and online consultations and through NHS 111 and improved publicity.
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<p>Recommendation</p>	<p>The PCPC is asked:</p> <ul style="list-style-type: none"> • To make a decision in relation to the following recommendations: <ol style="list-style-type: none"> 1. The walk-in service located at Cricklewood Health Centre should close at the end of the current contract (30 June 2020). 2. The CCGs should continue with a programme of awareness raising with the local population as to the alternatives to the walk-in service and the national direction of travel to develop Urgent Treatment Centres and GP extended access services delivered through Primary Care Networks. The programme is to be informed by the outcome of the engagement and by ongoing engagement with local patient groups as set out below in point 5. 3. As part of its procurement of the Cricklewood GP practice, Barnet CCG to specify a higher level of access to appointments in core hours to improve access in an area of population growth. The Practice Patient Participation Group (PPG) to be invited to take a role in the procurement process to ensure that access arrangements reflect local need. 4. Barnet and Brent CCGs to work together to develop approaches for reducing unnecessary A&E attendances at the Royal Free Hospital, in particular by engaging with their respective GP Federations and local Primary Care Networks (PCNs) to ensure GP extended access services meet the needs of the local population. 5. Barnet and Brent CCGs to set up a time limited Primary and Urgent Care Development Group to meet during the mobilisation of the end of the walk in service and beyond to: <ul style="list-style-type: none"> • Consider primary care access, raising any specific issues related to access in the area with respective commissioners and providers. • Develop and oversee the implementation of an effective communications plan to ensure local people are aware of changes to services and alternatives. <p>This group would extend invitation to representatives from Barnet, Brent and Camden CCGs, representatives from PPGs from local practices, PCNs and Healthwatch. This group to report through relevant Barnet and Brent governance arrangements.</p> • To note the verbal update on the report outcome at Brent CCG's Primary Care Commissioning Committee held on 12 February 2020;
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	<ul style="list-style-type: none"> To note the mobilisation plan if the decision taken is to close the walk-in service (section 10);
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Identified Risks and Risk Management Actions	This is outlined in section 10 and 11
Conflicts of Interest	This paper is being presented to PCPC following governance advice because of the potential for GP Governing Body members to be conflicted given the nature of the current provider of the service.
Resource Implications	To be done within existing resources
Engagement	Patients, public and key stakeholders have been involved as part of the engagement exercise –this is detailed in the appendix 1.
Equality Impact Analysis	A full quality impact assessment and a health and equality impact analysis has been completed and are attached at appendix 2 and 3.

Report History and Key Decisions	<p>Barnet SMT –WIC/UCC Review Report - March 2018</p> <p>Barnet SMT – WIC/UCC Progress Report - 4 October 2018</p> <p>Barnet SMT – Cricklewood WIC Update Report – 20 December 2018</p> <p>In line with the CCG’s Governance process and management of conflict of interest, the PCPC is the responsible Committee for any commissioning related decisions for the Cricklewood Walk-in-Centre service</p> <p>Barnet PCPC 17January 2019 meeting</p> <p>Barnet PCPC 21 March 2019 meeting</p> <p>Barnet PCPC 14 August 2019 meeting</p> <p>Barnet SMT January 2020 –virtual meeting</p>
Next Steps	<p>The following next steps will be undertaken:</p> <p>See section 9, 10 and 11 which set out the mitigating actions and outlines the mobilisation plan if the decision is taken to close the walk-in service.</p>
Appendices	<p>Appendix 1 – Analysis of engagement responses</p> <p>Appendix 2 – Full quality impact assessment</p> <p>Appendix 3 – Health and equality impact analysis</p>

Proposed closure of Cricklewood walk-in service

5 February 2020

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1. Executive summary

Barnet and Brent CCGs have proposed the closure of Cricklewood walk-in service. The CCGs ran a public and stakeholder engagement between 12 August 2019 and 18 November 2019. This paper details the reasons for proposing the closure, the various analyses conducted, the results of the engagement process, the CCGs' responses and makes recommendations.

Background (see section 2)

The walk-in service is open from 8am to 8pm every day of the week, 365 days of the year and provides primary care-led interventions on a walk-in basis to all patients, notwithstanding where they live or which practice they are registered with. In 2018/19 the service had 19,785 walk-in attendances.

The service does not have access to patient records and cannot refer on to other services such as outpatients. Its potential to upgrade to meet national Urgent Treatment Centre (UTC) standards is limited without significant additional cost/different estate.

The contract for the walk-in service is commissioned by Barnet CCG and comes to an end on 30 June 2020 to align with the re-procurement timeline of the GP practice.

Reasons for proposed closure (see section 2)

Although the walk-in service provides an extra place where people can access urgent care in an area of population growth, both Barnet and Brent CCGs think that the primary care needs of the population can be better met by alternative local services – in particular:

- GP extended access hubs in Barnet and Brent.
- Improved access available through an enhanced digital offer in practices.
- The GP practice located in the Cricklewood Health Centre, which will be re-procured and will have capacity to grow in line with local population.

The Cricklewood walk-in service:

1. Duplicates services that are already available within both boroughs

- It provides a similar range of treatments to a GP surgery and the majority of patients who access the service are already registered with a GP.
- Both Barnet and Brent CCGs now offer extra GP appointments in the evening and at weekends in practices and the attendances at Cricklewood walk-in service have been decreasing year-on-year. Brent is currently expanding electronic consultations (e-consultations) to all patients and introducing e-triage in their UTCs in the near future. Barnet is currently piloting e-consultations with a small number of GP practices with plans to extend this.
- There are GP appointments available when the Cricklewood walk-in service is open which means the CCGs are paying twice for the same service.
- There are two other walk-in centres in Barnet that are open seven days a week which, unlike Cricklewood, provide full minor injury services including x-ray facilities. In Brent there are also UTCs at Central Middlesex Hospital, and Northwick Park Hospital.

2. Offers a limited service to local people

- The walk-in service does not provide continuity of care for long-term diseases. For most conditions, it is better for patients to attend their own GP surgery because unlike the walk-in service, a patient's GP will have access to their records and can ensure continuity of care as well as referring patients onwards to services as appropriate.
- The walk-in service does not provide emergency services, referral on to secondary care or services that help prevent ill health, such as immunisations, health checks and cancer screening. This is important in terms of improving outcomes given some of the issues highlighted in section 2.2 Joint Strategic Needs Assessment.

3. Does not help the CCGs to achieve local urgent care priorities

- The CCGs believe that they should simplify urgent care, making it easier for patients to know where to go and focus resources on improving primary care so that more people can be seen quickly and in the most appropriate setting close to home.
- The CCGs have invested in increasing GP appointments with more primary care investment to come. This will mean more primary care staff and better outcomes for patients as health, care and voluntary services join up around patient needs and provide early help to avoid urgent attendances.
- There are alternative urgent care and GP services in the boroughs, all of which provide the same range of services as the Cricklewood walk-in service and more.

Strategic fit (see section 4)

The national strategy for urgent care is encapsulated in *Commissioning Standards Integrated Urgent Care*¹ based on the Keogh Urgent and Emergency Care Review and further reflected in the *Next Steps on the NHS Five Year Forward View (5YFV)*² and the NHS Long Term Plan³.

The national strategy requires CCGs to align locally commissioned services to an integrated urgent care model – this includes ensuring Urgent Treatment Centres (UTCs) have a set of core standards to improve commonality and reduce confusion for members of the public on the range of different options for urgent care services.

The walk-in service model commissioned at Cricklewood is not aligned with the integrated urgent care model. It provides stand-alone one-off interventions and would not be able to support and address a patient's wider health and social care needs, and the model of proactive population management to be provided by Primary Care Networks.

Under the NHS Long Term Plan, general practices are required to form Primary Care Networks – groups of neighbouring practices typically covering 30–50,000 people. There will be additional funding for primary and community care to support this change, ensuring that the share of NHS spending on primary and community care increases.

Alongside Primary Care Networks, the plan commits to developing 'fully integrated community-based health care'. This is because patients achieve better outcomes if they

¹ <https://www.england.nhs.uk/wp-content/uploads/2015/10/integrtd-urgnt-care-comms-standrds-oct15.pdf>

² <https://www.england.nhs.uk/five-year-forward-view/next-steps-on-the-nhs-five-year-forward-view/>

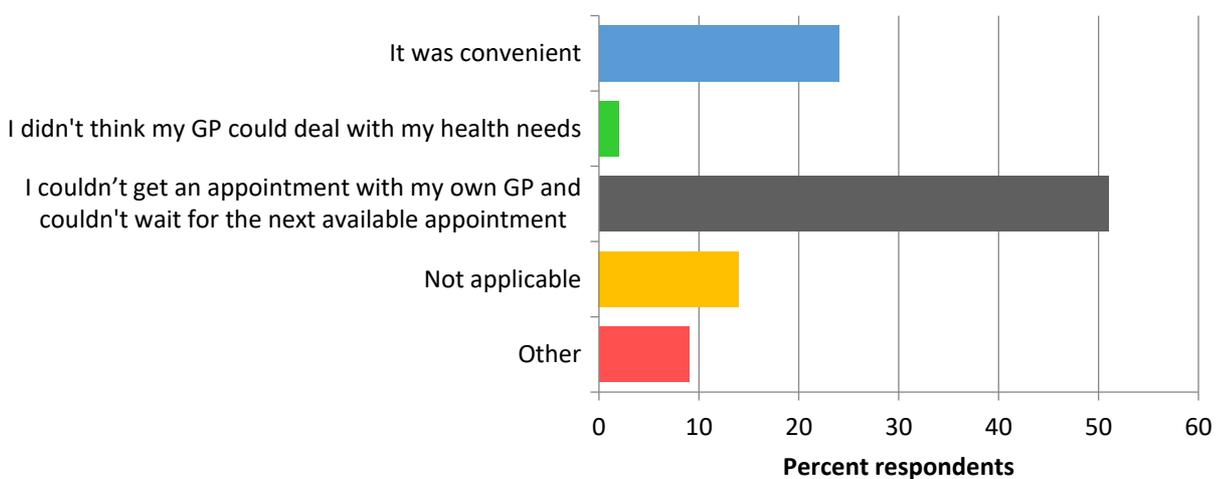
³ <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>

have their urgent care needs met in primary care as GPs can offer a full range of preventive services, refer to other services and can access the patient’s records. By working with other health, social care and voluntary services, GPs can do more to help patients stay well and avoid the need for unplanned hospital attendances.

Public and stakeholder engagement (see section 5)

Over 600 responses were received during the 14 week engagement on the proposal to close the service.

The majority of respondents (51%) said that they used the walk-in service because they were unable to get a timely appointment with their GP. Almost 25% said they had gone there as it was convenient (this might include the distance to alternative facilities, or because they visited outside of normal GP opening hours).



Views on the proposals to close the walk-in service (full report in Appendix 1)

The CCGs used the engagement process to test their assumptions and gather views regarding the proposed closure of Cricklewood walk-in service. The following points were made in the engagement (the most popular responses first) with the CCG consideration of the views:

- 1. A large majority of respondents said they would like to see the walk-in service stay open**

CCGs’ response:

We understand that the walk-in service at Cricklewood Health Centre is valued by local people, who responded to the engagement process, and recognise the strength of local feeling. The CCGs have considered this in developing the recommendations and mitigations set out in section 9 below.

- 2. The walk-in service provides a different service to GP provision. In particular it offers a service when people can’t get a timely GP appointment e.g. in the evenings and at weekends**

CCGs’ response:

We understand that the experience or perception of many of those responding to the engagement process is that access to primary care is problematic. However, most of the presenting needs seen

in the Cricklewood walk-in service can be met in other existing primary care settings – which are the best places for people’s wider health needs to be met – where GPs have access to patients’ health records and can refer them to other services.

- There are 13 general practices within a one-mile radius⁴ of the walk-in service.
- Out-of-hours, urgent primary care needs can be dealt with by the GP extended access service or the GP out-of-hours service, which is integrated with the NHS 111 service. The NHS 111 Integrated Urgent Care service is available 24 hours a day, seven days a week.
- Pharmacies can also manage people’s urgent care, when the patient has a minor need or requires self-help or over the counter medication.
- Both Brent and Barnet CCG have taken actions to increase primary care in-hours capacity (e.g. when GPs are currently open). Brent CCG is one of the leading CCGs in London in its development of online consultations providing electronic consultation through an E-hub, where patients are able to access an online platform for their medical condition 24 hours a day, seven days a week. Brent has also been working closely with practices to support them to review and monitor how their patients use walk-in services currently. Barnet CCG has made provision to commission additional appointments as part of the procurement of the Cricklewood Health Centre GP practice, given the flow of patients from this practice into the service and the fact that the practice will meet the needs of the expanding local population in the future. Barnet CCG has also been piloting opening GP extended access hubs from 4pm over the winter period.
- Out of core GP hours (8am to 6:30pm), both Brent and Barnet CCGs have commissioned significant numbers of additional GP appointments (48,000 Barnet and 65,000 in Brent per annum) to improve access to primary care as part of the GP extended access hub services. The services are led by local GPs who have access to patient records and can refer on to other services. The majority of these appointments are for on-the-day appointments. There is capacity in both the Brent and the Barnet GP extended access hubs, and opportunity to develop the range and number of appointments available, as funding for these services transfers to Primary Care Networks in 2021/22. In Barnet, the closest GP extended access hub from Cricklewood is Greenfield Medical Centre, which is 0.5 miles; and in Brent, Kilburn Hub, which is 1 mile and Willesden Hub, which is 1.3 miles.
- The number of Barnet and Brent attendances at the walk-in service has reduced year-on-year and continues to do so, whilst attendances at local A&E services have continued to increase. The service is not helping to address the pressures on emergency services.
- Brent CCG has also identified and is addressing some specific general practice performance issues where access is an underlying issue, which will also improve people’s ability to get an appointment with their local practice.

⁴ Unless otherwise stated distances are quoted in this report ‘as the crow flies’.

3. Around 10% respondents said that the Cricklewood walk-in service is good and this was reason enough to keep it open.

CCGs' response:

The number of Barnet and Brent attendances has continued to decrease despite an increase in both the Barnet and Brent population, but at the same time, we have also seen the demand on A&E from patients with primary care conditions increase. Whilst the quality of the service provided by the staff at the walk-in service is not in dispute, the service is not helping to address the pressures on emergency services.

Some people raised the possibility of upgrading Cricklewood walk-in service to be an UTC. However, the Cricklewood walk-in service would require significant investment in e.g. x-ray facilities and running costs, a specialist workforce and estate. There are already four UTCs within five miles of Cricklewood with facilities at the Royal Free Hospital (2.2 miles); Central Middlesex Hospital (three miles), St Mary's (3.3 miles) and Northwick Park Hospital (4.8 miles) with plans to develop both Edgware and Finchley walk-in centres as UTCs during 2020/21. An overview of location of all UTCs in Barnet and Brent appears in section 5.2.3.

4. Some respondents stated that they would struggle to travel to alternative urgent care services as they are too far and too costly.

CCGs' response:

Most of the presenting needs at the walk-in service are those which can be met locally in General Practice or by other local services such as pharmacies. There is also capacity in GP extended access hubs close to Cricklewood – the majority of these appointments are now available for on- the-day appointments. Equally, there are opportunities to increase the number of locations from which the GP extended access services are provided – potentially locating a hub at Cricklewood Health Centre if local needs indicate that this would be appropriate.

It is also important that primary care is accessible online for patients who are deemed 'time poor' e.g. those working longer, unsociable hours and those with caring responsibilities (for children or elderly parents). Both CCGs are making substantial investments in digital online consultations. Video consultations are currently being piloted in Brent and will be made available to patients in both boroughs in line with the national digital agenda, which is to have video consultations in place by April 2021, to improve access to primary care while ensuring timely advice and intervention is provided.

The CCGs have recognised that there is more that needs to be done to ensure that people are aware of these services.

5. People were concerned about the pressure on services in future both from population growth, and if the walk-in service was to close.

CCGs' response:

There are a number of planned housing developments in the vicinity of the Cricklewood Health Centre. The immediate development impacts associated with the redevelopment of Britannia Business Centre are already included in the assessment of need in the area and will be addressed within the re-procurement of the GP practice on the site.

There is capacity in both the Brent and the Barnet extended access services currently with scope to develop the range and number of appointments in future.

The CCGs recognise the risk that patients who are unable to access the walk-in service might go to A&E. The aim is for patients to be treated closer to home by their own GP or by their local Primary Care Network/GP access hub, as this is the best place to get holistic effective care. This report describes the range of local, alternative primary and urgent care options available. It is important CCGs commission effective local alternative services which people are aware of and feel confident in using to reduce demand on A&E.

Brent and Barnet CCGs acknowledge that patients are often not aware of the convenient, bookable alternatives and both CCGs have focused on raising awareness of these services over the last few months and will continue to do so.

New developments will also improve local access to appropriate care, for example, expanding the role of the Community Pharmacist Consultation Service, which connects patients who have a minor illness with a local pharmacy for a face-to-face consultation from NHS 111. There are plans for referrals to be taken from other parts of the NHS in time.

Any changes to the service would be made during the summer when A&E pressures are lower and would be monitored to enable any changes in patient flow to be mitigated before winter.

6. Respondents felt that the walk-in provided a good service for people who cannot use nearby GPs or other services; for instance because they are not registered, they are registered elsewhere; or they find NHS 111 unsuitable:

CCGs' response:

People who are not registered with a GP can be some of the most vulnerable people. They are entitled to be registered at a GP practice. Ensuring that people understand the benefits and their rights around registration as well as making Primary Care Networks (PCNs) more responsive to the needs of patients who are currently unregistered, is the best way of ensuring that they receive the wider care they may need. One-off interventions from a walk-in service may be able to deal with the immediate presenting issue, but would not be able to support and address those wider needs, which lead to a healthier and longer life.

In Brent, homeless patients can access online services through sheltered homes and through personal mobiles (which may be charged up at homeless shelters). The CCG works closely with public health colleagues in the local authority to support homeless patients.

In Barnet, the CCG works closely with Homeless Action in Barnet (HAB), to deliver GP sessions on Monday, Wednesday and Friday for people who attend the HAB day centre, and who need to be seen by a GP. Most of the patients seen by this service are not otherwise registered with a GP practice, so HAB will also support these patients, in conjunction with the CCG and local authority, to secure registration at a local practice. Patients are eligible to register with a GP without having an address.

Patients are entitled to be seen by a local GP even if they are not registered with that GP and the matter is urgent, by way of a temporary registration. Equally, patients are able to choose to register somewhere other than where they live if this is more convenient. Brent and Barnet offer GP extended access appointments to patients registered with one of their GPs.

Where patients are unclear about which services to access, NHS 111 can always assist. This provides integrated care 24 hours a day, 365 days a year. Calls to 111 are free,

(including from mobiles) making it easier for the public to access local healthcare. Patients also have access to interpreting services when calling NHS 111. Technology is also enabling the deaf community to access NHS 111 when they need urgent medical help using a computer and webcam, or the InterpreterNow app on a smartphone or tablet.

NHS 111 has been enhanced so that patients can access urgent care services that have been fully integrated. In Barnet, the NHS 111 service is able to book people into urgent face-to-face appointments with a GP where this is needed. This can be with a patient's local GP - with plans in place to have this rolled out across Barnet by end March 2020, to the GP extended access service, GP out-of-hours service, UTCs, and with a local community pharmacist for a face-to-face consultation service for people with a minor illness. In Brent, the NHS 111 provider regularly books patients into its GP extended access hubs and the majority of GP practices (49 out of 52) have enabled direct booking into GP surgeries by NHS 111. This means a patient receives a booked appointment with their GP without having to call their surgery.

In addition, NHS Digital 111 Online Pathway is also available. This is a free App for patients, to provide access to urgent healthcare online using their smartphone, laptop or other digital device. With Brent the Health Help Now App www.nhs.uk/apps-library/health-help-now/ provides similar functionality and signposts patients to local services.

7. Respondents suggested a number of mitigations/improvements

CCGs' response:

The mitigations and improvements suggested are generally already in place or in development e.g. move to better promote the alternatives; introduce more online and phone consultations; and to extend the hours of GP surgeries.

Stakeholder views

Stakeholders were much more supportive of the proposed changes/closure of the walk-in service.

- Camden CCG and Barnet Federated GPs supported the proposal to close the service. Camden CCG asked that Barnet and Brent work with the Royal Free Hospital A&E to develop robust front-door streaming and effective redirection. Camden CCG will support any decision to close the service by taking local actions such as maximising local GP extended access services.
- The Royal Free London NHS Foundation Trust, accepted that a walk-in service is not geared up to offer outpatient services or consistency of care for those with long-term conditions. However, it did think that the walk-in service provided for patients unable to get a GP appointment and had some concern about whether closure of the walk-in service would affect A&E performance at the Royal Free Hospital.
- Barnet Primary Care Network 5 said that their GP practices would receive additional patients if the walk-in service closed and therefore have requested additional funding.
- The Londonwide Federation of London Medical Councils (LMCs) and Councillor Clarke asked/made suggestions about the engagement process.
- The Brent GP Access Hub provider were aware of the national direction of travel and

did not raise any objections to the proposal.

- Brent Local Councillors, MPs and Brent Community & Wellbeing Scrutiny Committee raised the further work that needs to be undertaken by the CCG to raise awareness of access to primary care in Brent.
- Brent GP Primary Care Networks and local GP practices have committed to supporting patients to access services in the most appropriate settings. The GP Practices aim to follow up patients who may have inappropriately attended a setting and provide advice and guidance in re-direction to the most appropriate service.

Quality Impact Assessment and Patient Experience (see section 6)

A Quality Impact Assessment (QIA) can be found in Appendix 2. The QIA assessed that closure of the walk-in service would:

- Reduce confusion of an urgent care service that does not fit the future model.
- Encourage GP registration, which would improve overall health of the population.
- Result in an estimated saving in Brent of circa £50,000. Barnet is not expecting to make any savings because some patients will self-care, visit their pharmacy, GP practice or GP extended access service and some will visit other urgent care services or (more expensive) A&E.
- Result in some patients (those who are unwilling or unable to register with a GP) either not seeking care or having to go elsewhere for treatment – potentially increasing travel requirements and footfall at other services.
- Result in some patients (those registered with a GP but unable or unwilling to get a suitable appointment) either not seeking care or having to go elsewhere for treatment – potentially increasing travel and footfall at other services.

This last point acknowledges the fact that some people struggle to get a timely (usually urgent) GP appointment in ‘working hours’ and also ‘out-of-hours’ (normally evenings and weekends). Whilst there are available services, patients are presumably not aware of them, or are confused about the services they offer or how they can book into them.

The launch of Primary Care Networks offers real opportunities to improve patient care and CCGs are looking at how they organise urgent care around patients so they benefit from joined-up, preventive, holistic care and the system is made simpler.

Since the QIA was completed further work has been undertaken to identify specific investments in primary care to improve access locally. These are set out in more detail in recommendations section 9.

Health and Equalities Impact Assessment (see section 7)

A Health and Equalities Impact Assessment (HEIA) is available in Appendix 3. This recognises that the engagement reached good proportions of the equality groups:

- Closure of the walk-in service could have a greater effect on those who are not registered with a GP.
- Some equality groups may be more frequent users of the service.
- Some respondents have also said that the cost of travel could mean that some lower

income groups would find it difficult to travel to alternative NHS locations.

However in mitigation:

- There are many alternative access points to the NHS that are available, nearby, integrated and of good quality.
- Closure of the walk-in service would encourage people to use the alternative access points, which could improve patients' health as some (e.g. GP surgery and GP extended access services) are connected to patient records and therefore a more considered opinion could be provided; other alternatives provide a wider range of treatments (e.g. Edgware and Finchley provide x-ray and minor injury treatments).
- There are alternative methods of accessing healthcare in the boroughs for people who are unwilling or unable to register with a GP.
- The proposed closure has benefits (or has a neutral effect) for all groups with protected characteristics.

Finance (see section 8)

The key focus of the proposed changes described above are to improve the health and wellbeing of local people by improving primary care and integrating urgent care provision so that wider needs can be met which is not the case in the current walk-in service model.

Summary financial impacts

If a decision is made to close the walk in service the majority of savings released from the closure would be reinvested in local primary care or held as a contingency to address changes in the flow of patients from primary to secondary care. The following table summarises the financial impact of service change as considered in this report.

	2019/20 Cricklewood walk-in spend	Financial impact of closure of walk-in service	Cost of upgrading Cricklewood to an Urgent Treatment Centre
Barnet CCG	£102k	<p>£102,000 set aside to reinvest in:</p> <ul style="list-style-type: none"> • Mitigation of potential increased Royal Free Hospital UTC activity/potential investment in primary care. • Investment in higher level of GP access at Cricklewood Health Centre • No identified savings 	<ul style="list-style-type: none"> • Estimated capital and equipment costs minimum £330k • Increase in tariff costs to £75 per attendance where national tariff applied – Approx £220k per year based on 2019/20 activity
Brent CCG	£300k	<p>£250,000 set aside to reinvest in:</p> <ul style="list-style-type: none"> • Mitigation of potential increased acute UTC activity/potential investment in primary care. • £50k held in reserve 	<ul style="list-style-type: none"> • Increase in tariff costs to £75 per attendance where national tariff applied – Approx £640k per year based on 2019/20 activity

Recommendations and mitigations (see section 9)

The recommendations are made on the basis that:

- Demand for the service has reduced year-on-year since 2016/17. At the same time there have been annual increases in people attending local A&E services with primary care needs. The service is not helping to address the pressures on emergency services.
- Although convenient, the service does not address the longer-term health needs of patients and is not aligned with the local and national aspirations for integrated urgent care and Primary Care Networks.
- There is no strategic or financial case for developing a UTC on the Cricklewood site
- The needs of walk-in service patients can be met better and close to home by General Practice or in GP extended access hubs already in place. Access has been and will continue to be improved through the implementation of digital and online consultations and through NHS 111 and improved publicity.

These factors have been considered in developing the following recommendations:

1. The walk-in service located at Cricklewood Health Centre should close at the end of the current contract (30 June 2020).
2. The CCGs should continue with a programme of awareness raising with the local population as to the alternatives to the walk-in service and the national direction of travel to develop Urgent Treatment Centres and GP extended access services delivered through Primary Care Networks. The programme is to be informed by the outcome of the engagement and by ongoing engagement with local patient groups as set out below in point 5.
3. As part of its procurement of the Cricklewood GP practice, Barnet CCG to specify a higher level of access to appointments in core hours to improve access in an area of population growth. The Practice Patient Participation Group (PPG) to be invited to take a role in the procurement process to ensure that access arrangements reflect local need.
4. Barnet and Brent CCGs to work together to develop approaches for reducing unnecessary A&E attendances at the Royal Free Hospital, in particular by engaging with their respective GP Federations and local Primary Care Networks (PCNs) to ensure GP extended access services meet the needs of the local population.
5. Barnet and Brent CCGs to set up a time limited Primary and Urgent Care Development Group to meet during the mobilisation of the end of the walk in service and beyond to:
 - Consider primary care access, raising any specific issues related to access in the area with respective commissioners and providers.
 - Develop and oversee the implementation of an effective communications plan to ensure local people are aware of changes to services and alternatives.

This group would extend invitation to representatives from Barnet, Brent and Camden CCGs, representatives from PPGs from local practices, PCNs and

Healthwatch. This group to report through relevant Barnet and Brent governance arrangements

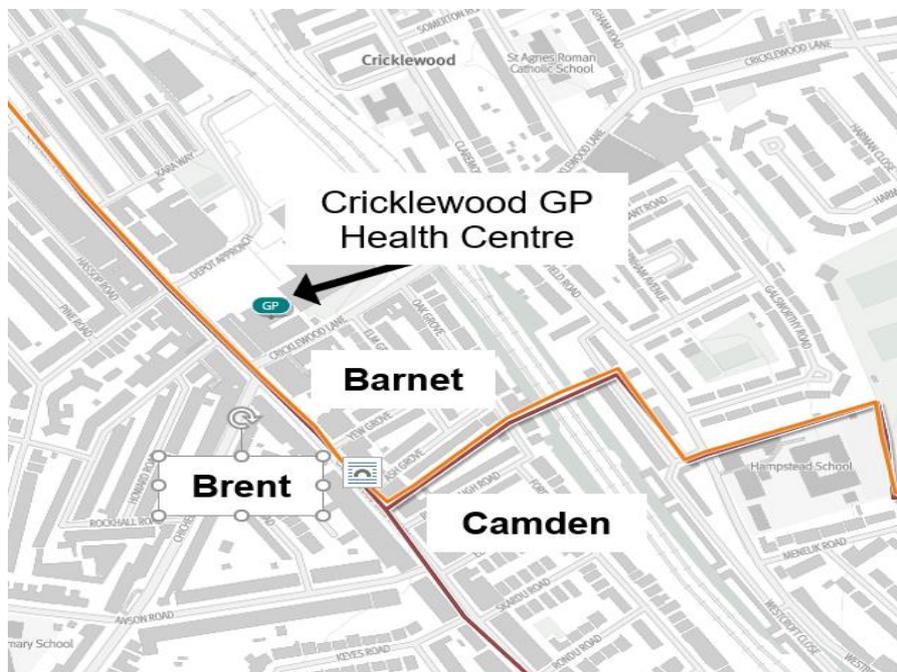
Mobilisation and risks (see sections 10 and 11)

If a decision is taken to close the walk-in service, a closure plan will be developed (an outline is in section 10). A risk register can be found in section 11.

2. Introduction

2.1 Background

Cricklewood Health Centre is located in the south of Barnet, at the border with Brent and Camden.



Its building is located down a short service road behind shops and offices on the main road. It has no dedicated parking, although some parking is available in the surrounding area. Links to public transport are good. The internal building quality is good.

The centre comprises two contracts – one for the GP practice and one for the walk-in service.



The centre's GP practice

The GP practice is an Alternative Personal Medical Services (APMS) contract and is commissioned by NHS England (now North Central London Commissioning and Contracting) with delegated functions at a CCG level. A standard process for consultation on whether the practice was recommissioned or the list dispersed to other local practices took place between 30 April and 19 July 2019, and a decision to recommission the practice was made in August 2019. The procurement timeline runs until end June 2020 with the aim of mobilising the new service from July 2020. As such, the contract for the current APMS practice has been extended to align with the procurement process, extending from March 2020 to end June 2020.

The centre's walk-in service

The walk-in service is open 8am to 8pm every day of the week, 365 days of the year and provides primary care-led interventions on a walk-in basis to all patients, notwithstanding where they live or which practice they are registered with.

In common with other walk-in services in Barnet and elsewhere, the service does not have access to patient records and cannot refer on to other services such as outpatients. Its potential to upgrade to meet national Urgent Treatment Centre (UTC) standards is limited without significant additional cost/different estate. Cricklewood currently meets only two of the eight core standards for a UTC. For instance, unlike Edgware and Finchley walk-in services in Barnet, Cricklewood does not have access to x-ray facilities (one of the core standards).

The contract for the walk-in service is commissioned by Barnet CCG; Brent CCG is an associate commissioner. The contract comes to an end on 30 June 2020 to align with the re-procurement timeline of the GP practice.

In 2018/19 the majority of attendances at Cricklewood walk-in service were from patients registered with a Brent GP; 24% were from patients registered with a Barnet GP and the remainder were from Camden and a number of other local boroughs.

The Cricklewood walk-in service has seen a continuous reduction in attendances each year since 2016/17 from 24,900 to 19,785 in 2018/19. Based on current performance, the 2019/20 position is forecast to see a 4% reduction in activity, bringing total attendances down to 18,950 attendances; this is an overall reduction in attendances over the past three years of 24%.

The 2019/20 position at borough level for Barnet GP registered patients show a yearly activity reduction of 17% when compared to 2018/19 and Brent CCG 4%.

Like the walk-in services at Edgware and Finchley, Cricklewood walk-in service currently meets the four-hour wait target.

The table below shows the age breakdown for users of the Cricklewood walk-in service during 2018/19.

Cricklewood walk-in service 2018/19

	NHS Barnet CCG	NHS Brent CCG	Overall
<0-4>	13.49%	16.32%	14.45%
<5-9>	6.85%	8.66%	7.35%
<10-14>	4.45%	4.52%	4.11%
<15-18>	3.56%	2.74%	2.94%
<19-24>	12.84%	9.18%	11.12%
<25-34>	21.38%	18.46%	21.24%
<35-44>	12.86%	13.37%	13.57%
<45-54>	9.57%	10.61%	10.08%
<55-64>	7.31%	7.44%	7.07%
<65-74>	4.91%	5.25%	4.92%
<75-84>	2.26%	2.71%	2.41%
<85+>	0.53%	0.75%	0.74%
Grand Total	100.00%	100.00%	100.00%

2.2 Population around Cricklewood

The population around Cricklewood is set out in more detail in the Joint Strategic Needs Assessments (JSNAs) for Barnet⁵ and for Brent⁶.

In Barnet:

- The walk-in service is in Childs Hill ward, with the next closest ward being Golders Green.
- As a whole, the borough population is expected to grow by around 5% by 2030, with the number of people aged 65 and over growing by 33%. The borough is expected to become increasingly diverse.
- Whilst Golders Green is expected to see a high population growth until 2050, this is likely to be predominantly young people. Childs Hill and Golders Green are not the most diverse wards in the borough.
- Childs Hill has a slightly above average proportion of Muslims (compared to Barnet as a whole) and an average proportion of Jewish people. Golders Green has an above average proportion of Jewish people and an average proportion of Muslims.
- Overall life expectancy in Barnet is significantly better than both London and England for men and women.
- In Barnet, in 2017-18 the rate of statutory homelessness was significantly higher than the England average.
- Over half of the journeys originating in Barnet are made by car (cycling and walking account for around 27% of trips).
- Employment and unemployment rates for Barnet are similar to London.

⁵ [Barnet Joint Strategic Needs Assessment](#)

⁶ <https://www.brent.gov.uk/jsna> and <https://www.brent.gov.uk/media/16412103/jsna-2015-brent-overview-report.pdf>

- The top five customer segments most likely to require health services are 'low income couples'; 'financially restricted students and friends'; 'struggling families'; 'low income singles'; and 'penny-wise pensioners'. They represent 13% of the Barnet population (c30,000 residents) and are mostly living in the west of the borough, particularly Burnt Oak and Colindale.
- Childs Hill and Golders Green have above average deprivation (Index of Multiple Deprivation) compared with the rest of Barnet boroughs.
- 31.3% of eligible people in Barnet received an NHS health check between Q1 2013/14 and Q4 2017/18. This proportion was the third lowest of all the London boroughs and significantly lower than the England average (44.3%).
- Between 2015 and 2017, the screening coverage in Barnet was significantly worse than the England average for bowel, cervical and breast cancers. These are both areas that can be impacted by improved primary care.
- By the year 2035, the number of people in Barnet aged 65+ having a fall is expected to rise to 23,530 (52% higher than 2019) and the number of hospital admissions due to falls to increase to 2,973 (56% higher).
- In recent years (between 2013/14 and 2017/18), there has been a significant rise in the rate of A&E attendances for Barnet, for people of all ages, under 18, aged 16-64 years, as well as older people aged 65+.

In Brent:

- The closest ward to Cricklewood is Mapesbury, with Brondesbury Park, Kilburn and Queens Park (grouped together as the Kilburn locality in the Brent JSNA) close by; and Dollis Hill, Dudden Hill and Willesden Green.
- The Brent population is expected to increase by just over 9% between 2016 and 2026. Brent has a young population (35.1% aged 20-39) – this is also true for the Kilburn locality, where 11% of the population is of pensionable age.
- Across the borough, 66.4% of the population is Black, Asian or other minority ethnicity (BAME); the Indian ethnic group make up the highest proportion of BAME. In Kilburn locality, the wards have a lower proportion of Asian or Asian British communities than the borough as a whole and Kilburn ward has a higher proportion of Black or Black British people.
- There are many different 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. In one in five households, nobody speaks English as their main language.
- Brent has a higher life expectancy for men and women compared to London and England averages Mapesbury ward has a roughly average life expectancy compared to the Brent average.
- Nationally, Brent ranks 39 out of 326 local authorities in England (where 1 is the most deprived) on the 2015 Index of Multiple Deprivation (IMD). Kilburn is more deprived than the borough average and Brondesbury and Queens Park have lower than the average deprivation scores.
- There has been a marked decrease in the number of asylum seekers in receipt of support over time, both in Brent and in the UK overall. In 2003/04, there were a total

of 5,517 asylum seekers in Brent claiming support. This has decreased to 422 in 2014/15.

- 83% of the registered population in Kilburn locality live within a one-mile radius of their general practice.

A number of respondents raised the nature of the population in the area as a concern if the walk-in service were to close. The potential impact on the population of a decision to close the walk-in service at Cricklewood is set out in Appendix 3 as part of the Health and Equalities Impact Assessment and Appendix 2 in the Quality Impact Assessment.

2.3 Developments around Cricklewood

There are a number of proposed developments near the Cricklewood Health Centre – in particular the redevelopment of the Britannia Business Centre, where the walk-in service and GP practice are currently located. This is a residential-led redevelopment of the site that includes the demolition of the existing buildings. The planning application process has commenced with formal planning consent expected in early 2020. The current plan includes 187 residential units, with class D1 space (allowing its potential use as a GP practice) completed within the next five years, subject to planning approval.

Barnet CCG expects the needs of the additional population to be met from primary care capacity within the local area, in particular by the GP practice located in the Cricklewood Health Centre. A decision was made in August 2019 to re-procure the practice to meet the current and future needs in the area. The aim will be to maintain the new practice in its current location until the redevelopment takes place with any temporary/permanent relocation to be made in light of available options with the focus being on maintaining its proximity to the population it serves.

A number of respondents to the consultation raised this and wider developments and population growth in the area as a concern if the walk-in service were to be closed, which are considered in more detail in section 5.

2.4 The proposal

On 12 August 2019, Barnet and Brent CCGs started a 14-week engagement process on a proposal to close the Cricklewood walk-in service at the end of the current contract. This followed a period of pre-engagement, which gathered views from key stakeholders in June and July on the service and the proposal.

Although the walk-in service provides an extra place where people can access urgent care in an area of population growth, both Barnet and Brent CCGs think that the primary care needs of the population can be better met by alternative local services – in particular:

- GP extended access hubs in Barnet and Brent
- Improved access available through an enhanced digital offer in practices
- The GP practice located in the Cricklewood Health Centre which will be re-procured and will have capacity to grow in line with local population.

The Cricklewood walk-in service:

1. Duplicates services that are already available within both boroughs

- It provides a similar range of treatments to a GP surgery and the majority of patients who access the service are already registered with a GP.
- Both Barnet and Brent CCGs now offer extra GP appointments in the evening and at weekends in practices and the attendances at Cricklewood walk-in service have been decreasing year-on-year. Brent is currently expanding electronic consultations (e-consultations) to all patients and introducing e-triage in their UTCs in the near future. Barnet is currently piloting e-consultations with a small number of GP practices with plans to extend this.
- There are GP appointments available when the Cricklewood walk-in service is open which means the CCGs are paying twice for the same service.
- There are two other walk-in centres in Barnet that are open seven days a week which, unlike Cricklewood, provide full minor injury services including x-ray facilities. In Brent there are also UTCs at Central Middlesex Hospital and Northwick Park Hospital.

2. Offers a limited service to local people

- The walk-in service does not provide continuity of care for long-term diseases. For most conditions, it is better for patients to attend their own GP surgery because unlike the walk-in service, a patient's GP will have access to their records and can ensure continuity of care as well as referring patients onwards to services as appropriate.

3. The walk-in service does not provide emergency services, referral on to secondary care or services that help prevent ill health, such as immunisations, health checks and cancer screening. This is important in terms of improving outcomes given some of the issues highlighted in section 2.2 Joint Strategic Needs Assessment

4. Does not help the CCGs to achieve local urgent care priorities

- The CCGs believe that they should simplify urgent care, making it easier for patients to know where to go and focus resources on improving primary care so that more people can be seen quickly and in the most appropriate setting close to home.
- The CCGs have invested in increasing GP appointments with more primary care investment to come. This will mean more primary care staff and better outcomes for patients as health, care and voluntary services join up around patient needs and provide early help to avoid urgent attendances.
- There are alternative urgent care and GP services in the boroughs, all of which provide the same range of services as the Cricklewood walk-in service and more.

Given these developments, continuing to invest in Cricklewood walk-in service may not be the best use of public money.

3. Making the decision

In making any decision on whether to close Cricklewood walk-in service once the current contract comes to an end, it is necessary that the CCGs ensure:

1. Decisions are a good **strategic fit (section 4)**, with consideration given to the direction of travel of healthcare and the long-term future of the health benefits and the NHS in general.
2. It listens to and understands the views of the public and stakeholders. The CCG does this using formal and informal discussions and by considering the outcomes of a **public and stakeholder engagement (section 5)**.
3. The quality of service is maintained or improved. Included in this analysis is a **Quality Impact Assessment (section 6)**.
4. Particular groups (with protected characteristics) are not treated less favourably or put at a disadvantage compared with others without a protected characteristic; ways are found to remove or reduce existing inequalities; and plans are made to reduce any disadvantages more generally. The CCG does this by conducting a **Health and Equality Impact Assessment (section 7)**.
5. Any decision is **financially wise (section 8)** - in that it is sustainable and uses limited resources carefully.

Decision-makers must weigh up these elements in coming to a decision. For instance:

- It may be that a proposed service change fits national and local direction of travel. Extra investment is needed, but the benefits to clinical quality and patient care means that this can be justified.
- Or a proposed service change fits with national and local direction of travel. However it may lead to a small decrease in patient experience, but this can be mitigated by the financial savings that could be used more productively or the clinical benefits.

If a decision is taken to close the walk-in service, it then becomes incumbent on the CCGs to ensure changes are completed safely, with compassion and care for patients (taking note of any recommendations and actions described in the Quality Impact Assessment and the Health and Equality Impact Assessment) – see sections 10 and 11.

4. Strategic fit

The following section sets out the key strategies that decision makers need to consider in deciding whether the changes proposed to Cricklewood walk in service are fit for purpose.

4.1 Urgent care

Urgent and emergency care (UEC) services perform a critical role in keeping the population healthy.

Both urgent and emergency care services play a specific part in supporting patients to receive the right care, by the right person, as quickly as possible. To help relieve pressure on A&E departments and to ensure patients get the right care, it is important to understand the difference between urgent and emergency care:

- **Emergency:** Life threatening illnesses or accidents, which require immediate, intensive treatment. Services that should be accessed in an emergency include ambulance (via 999) and emergency departments.
- **Urgent:** An illness or injury that requires urgent attention but is not a life-threatening situation. Urgent care services include a phone consultation through the NHS111, pharmacy advice, out-of-hours GP appointments, and/or referral to an urgent treatment centre (UTC). If unsure what service is needed, NHS 111 can help to assess and direct to the appropriate service/s. The NHS 111 Integrated Urgent Care service is available 24 hours a day, seven days a week and is integrated with the GP out-of-hours service.

With increasing pressure on emergency services, and as technology and the needs of the population change, the UEC system must also change to ensure a service fit for the future. Improvement initiatives are being implemented across the NHS to reduce pressure and simplify urgent and emergency services, resulting in better outcomes of care and experience for staff and patients. A&E is often the default choice for many people unsure where to turn when they need urgent care or advice. This puts unnecessary pressure on A&E and other parts of the urgent and emergency care system, and means that patients are treated in the wrong setting.

The national strategy for urgent care is encapsulated in *Commissioning Standards Integrated Urgent Care*⁷ based on the Keogh Urgent and Emergency Care Review and further reflected in the [Next Steps on the NHS Five Year Forward View \(5YFV\)](#)⁸ and the NHS Long Term Plan.

The national strategy requires CCGs to align locally commissioned services to an integrated urgent care model, with patients being triaged and directed to appropriate services and for providers having access to patient notes to ensure continuity of care.

There is also a requirement to roll out standardised Urgent Treatment Centres (UTCs) with a set of core standards to improve commonality and reduce confusion for members of the public on the range of different options for urgent care services e.g. Walk-in-Centres, Minor Injury Units, Urgent Care Centres.

⁷ <https://www.england.nhs.uk/wp-content/uploads/2015/10/integrtd-urgnt-care-comms-standrds-oct15.pdf>

⁸ <https://www.england.nhs.uk/five-year-forward-view/next-steps-on-the-nhs-five-year-forward-view/>

- A&E is often the default choice for many people unsure where to turn to when they need help. This puts unnecessary pressure on A&E and other parts of the urgent and emergency care system, and means some patients are treated in inappropriate settings. In future, patients with less severe conditions will be offered more convenient, alternatives through a network of UTCs.
- UTCs are GP-led, open at least 12 hours a day, every day, offer appointments that can be booked through 111 or through a GP referral, and are equipped to diagnose and deal with many of the most common ailments people attend A&E for.
- A common UTC service should end the current confusing range of options and simplify the system so patients know where to go and have clarity of which services are on offer wherever they are in the country.
- UTCs should ease the pressure on hospitals, leaving other parts of the system free to treat the most serious cases. UTCs should result in decreased attendance at A&E, or, in co-located services offer the opportunity for streaming people to the right sort of service at the front door. All UTC services are considered to be a Type 3 A&E.

The first cohort of UTCs are now operational across the country. Local commissioners are required to redesign urgent care services outside of A&E aiming to designate all remaining Type 3 services as UTCs, or to change their function to become other primary health care services and to fully integrate UTCs into local systems in 2020.

NOTE Urgent and Emergency services are categorised on the basis of the type of service and the acuity of care they offer as follows:

Type 1 A&E department is consultant-led 24 hour service with full resuscitation facilities and designated accommodation for the reception of accident and emergency patients

Type 2 A&E department is consultant-led single specialty accident and emergency service (e.g. ophthalmology, dental) with designated accommodation for the reception of patients

Type 3 A type 3 service treats at least minor injuries and illnesses (sprains for example) and can be routinely accessed without appointment.

4.2 Primary care

Improving care outside hospitals is one of the headline commitments in the NHS Long Term Plan. There will be additional funding for primary and community care to support this from 2019/20 ensuring that their share of NHS spending overall increases over the period.

Under the NHS Long Term Plan, general practices are required to form Primary Care Networks – groups of neighbouring practices typically covering 30–50,000 people and have entered network contracts, alongside their existing contracts, which will include a single fund through which network resources will flow. There will be additional funding for primary and community care to support this change, ensuring that the share of NHS spending on primary and community care increases. Primary Care Networks are expected to take a proactive approach to managing population health and from 2020/21 will assess the needs of their local population to identify people who would benefit from targeted, proactive support with a focus on achieving reductions in demand for A&E and admissions to hospital. There will also be a focus on more personalised care.

There is also a strong emphasis on developing digital services. Within five years, all patients will have the right to access GP consultations via telephone or online. Primary Care Networks will also roll out the successful approach pioneered by the enhanced health in care homes vanguards so that by 2023/24, all care homes are supported by teams of healthcare professionals (including named GPs) to provide care to residents and advice to staff.

Alongside Primary Care Networks, the plan commits to developing 'fully integrated community-based healthcare'. This is because patients achieve better outcomes if they have their urgent care needs met in primary care as GPs can offer a full range of preventive services, refer to other services and can access the patient's records. By working with other health, social care and voluntary services, GPs can do more to help patients stay well and avoid the need for unplanned hospital attendances. This will involve developing multidisciplinary teams, including GPs, pharmacists, district nurses, and allied health professionals working across primary care and hospital sites. Over the next five years, all parts of the country will be required to increase capacity in these teams so that crisis response services can meet response times set out in guidelines by the National Institute for Health and Care Excellence (NICE). Access to social prescribing will be extended, with more than 1,000 trained link workers in place by the end of 2020/21.

The plan includes a significant package of measures aimed at reducing pressures on A&E departments. Many of the measures build on previous initiatives for example:

- Implementation of NHS 111 online services across the country.
- Roll out of direct booking from NHS 111 to GP extended access services and extending this functionality to GP in-hours.
- Expanding the role of community pharmacy by implementing a Community Pharmacist Consultation Service (CPCS), connecting patients who have a minor illness with a local community pharmacy for a face-to-face consultation.
- Implementation of A&E redirection (implementation of new pathways between primary/community services and London Ambulance Service which enable crews to convey patients to alternative downstream services away from A&Es).

Further initiatives to support A&Es are also being piloted.

4.3 Local strategy and developments

In Barnet and Brent there have been lots of different ways of accessing different types of urgent and same-day health care including walk-in-centres, urgent care centres, out-of-hours GP and NHS 111 as well as pharmacies, GPs and GP extended and enhanced-hours provision.

We know that local people:

- Do not know all of the possible access options for urgent care or when they need to see a healthcare professional.
- Would prefer to be seen closer to home in primary care.
- Are concerned they won't get a GP appointment when needed.
- Know that they will get seen at A&E so are willing to wait.

We also know that local healthcare professionals have told us that:

- Patients get better outcomes if they have their urgent care needs met in primary care as GPs can offer a full range of preventive service, refer to other services and can access the patient's records
- By working with other health, social care and voluntary services around primary care GPs can do more to help patients stay well and avoid the need for unplanned hospital attendances and admissions – particularly given the opportunities for population health management associated with Primary Care Networks.

Barnet and Brent CCGs are committed to developing effective integrated urgent care services, which provide:

- Proactive care to patients, this means that patients at risk of becoming unwell are identified early and interventions are put in place to manage their care and prevent unnecessary admissions to hospital. For instance, the Barnet and Brent Rapid Response teams actively support patients in their home and the multi-disciplinary teams work with partner organisations to support patients to stay well
- Simple and clear ways of accessing urgent care appropriate for the need
- Convenient and effective care in the right place at the right time – with primary care supported by digital innovation being central to this
- Prevent ill-health and avoid unnecessary attendances through integrated provision organised around Primary Care Networks.

Barnet CCG has also been working with patients and stakeholders to identify the best way of organising local walk-in services in the borough in response to local needs and overall strategy direction set out above.

The walk-in service model commissioned at Cricklewood is not aligned with the integrated urgent care model described above. It provides stand-alone one off interventions and is unable to support and address a patient's wider health and social care needs, and the model of proactive population management to be provided by Primary Care Networks. Continuing to commission this model of walk-in service would mean that local people do not have full access to the sort of integrated services and associated health care benefits envisaged by the NHS Long Term Plan.

Both walk-in centres at Edgware and Finchley are very close to meeting the UTC core standards in full – in particular, both have on site x-ray facilities. The plan is for both facilities to be designated as UTCs in the first instance given national timeline for this, and to work with Primary Care Networks to develop a model that integrates these services with the networks in due course.

Unlike the walk-in centres at Edgware and Finchley, Cricklewood walk-in service does not provide the range of services needed to enable it to be designated as a UTC without significant additional investment, a more specialist workforce, infrastructure and additional estate requirements. The service cost would increase as it would attract a higher tariff cost for each attendance in line with the proposed national UTC tariff.

There are already four UTCs within five miles of Cricklewood with facilities at the Royal Free Hospital (2.2 miles); Central Middlesex Hospital (3 miles), St Mary's Hospital (3.3 miles) and Northwick Park Hospital (4.8 miles). Locating another UTC at Cricklewood Health Centre given the proximity of the above designated UTCs would mean that there was a disproportionate level of access to higher specified services in the area particularly

with Central Middlesex Hospital currently being under-utilised. It would also raise some issues around clinical viability of service such as x-ray where the volume of patients using would be small.

Given the developments in Primary Care Networks and the local population need for effective primary care (as evidenced in the Health Equality Impact Assessment), there are opportunities for developing more effective approaches to supporting the health and wellbeing of the population through developing the GP access hub offer, where patients have access to wider range of referral and prevention support.

Both Barnet and Brent CCGs' walk-in centres and UTCs provide access to urgent care for any patients regardless of where they live. The activity within these facilities is predominately for conditions which may be managed in a primary care setting. The CCGs are keen to ensure that patients are seen in the right setting first time.

Brent CCG is a digital accelerator site for North West London and will pilot an integrated model of care between Central Middlesex Urgent Treatment Centre and the GP access hub on site to provide timely intervention to patients. The project aims to demonstrate that through joint and integrated working with partner organisation, patients will receive timely advice and intervention. The standalone walk-in service model will seek to evolve into a more joined up and fit-for-purpose service.

The following case studies explain how people will be able to access local and more effective services if the walk-in service were to close.

Case Study – Laila

Currently

Laila isn't feeling well. She has a new job and doesn't want to take time off to go to her GP. She goes to the walk-in service after work and waits to be seen. The walk-in service advise her that she needs to see her own GP for them to refer her for further tests. She decides she hasn't got time and continues working as she feels a bit better. She becomes more unwell at work and is taken to A&E.

In future

Laila calls the GP extended access hub and books an evening appointment. She is examined, prescribed medication and referred for further investigations at the hospital by the hub GP who has access to her records.

5. Public and stakeholder engagement

The detailed outcomes of the engagement can be found in Appendix 1 and the consideration of these can be found below in Section 5.2.

The CCGs conducted a 14 week engagement on the proposal to close the service. The engagement started on 12 August 2019 and closed on 18 November 2019.

A document explaining the proposals and a questionnaire were available on the Barnet and Brent CCG websites and was distributed to over 100 stakeholders and over 50 health and

public venues around the boroughs (e.g. the Cricklewood walk-in service, GP surgeries, pharmacies, libraries).

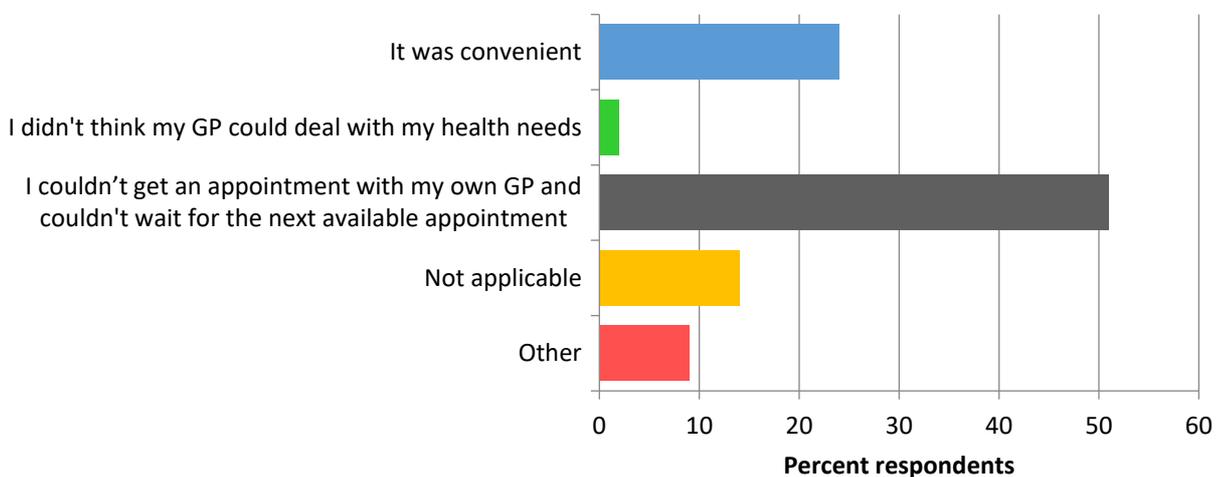
Around 30 drop-in sessions were held in the surrounding area.

Over 600 responses to the engagement were received: 573 valid⁹ questionnaires and 35 letters/emails. In addition, many people engaged with staff distributing leaflets and answering questions at the drop-in sessions.

5.1 Engagement outcomes

Why people choose Cricklewood walk-in service

The majority of respondents (51%) said that they used the walk-in service because they were unable to get a timely appointment with their GP. Almost 25% said they had gone there as it was convenient (this might include the distance to alternative facilities, or because they visited out of normal GP hours).



⁹ Invalid questionnaires were test questionnaires and a small number of questionnaires with no answers.

Views on the proposals to close the walk-in service

The CCGs used the engagement to test their assumptions and gather views about the proposed closure of Cricklewood walk-in service. The following points were made in the engagement (with the most popular responses first):

1. A large majority of respondents said they would like to see the walk-in service stay open.
2. Approximately 20% of respondents said they would like the walk-in service to continue was because they believe it provides a different service to GP provision. In particular it offers a service when people can't get a timely GP appointment e.g. in the evenings and at weekends; and you don't have to take time off work or school.
3. Around 10% respondents said that the Cricklewood walk-in service is good and this was reason enough to keep it open.
4. Some respondents stated that they would struggle to travel to alternative urgent care services as they are too far and too costly.
5. People were concerned about the pressure on services in future both from population growth, and if the walk-in service was to close.
6. Respondents felt that the walk-in provided a good service for people who cannot use nearby GPs or other services; for instance because they are not registered, they are registered elsewhere; or they find NHS 111 unsuitable:
7. Respondents suggested a number of mitigations/improvements both:
 - If the decision was taken to close the walk-in service, such as to better promote the alternatives; to introduce more online and phone consultations; to reduce the waiting times for an appointment in GP surgeries and to extend the hours of GP surgeries.
 - If the decision was taken to **retain** the walk-in service, such as providing more doctors for the service; providing more facilities and extended hours.
8. A number of people did point out that there are plenty of GP practices close to the centre.

Those who wrote in (as opposed to filling in the questionnaire) tended to focus more on personal experiences and were more likely to cite the distance to other urgent care facilities and the availability of nurses at the walk-in service than respondents to the questionnaire.

Differences between different groups

The proportion of respondents supporting/not supporting different questions varied only slightly between different equality and other groupings (or the sample size was small).

- Respondents registered with Cricklewood GP Practice are more likely to visit regularly because it is convenient
- Older people and people from Barnet are more likely to use A&E if the walk-in service is unavailable and younger people are more likely to self-care or do nothing.
- Older people and respondents from Brent are more likely to say they visited the walk-in service because they couldn't get an appointment with their GP.

Stakeholder views

Stakeholders were much more supportive of the proposed changes/closure of the walk-in service.

- **Camden CCG** supported the proposal to close the service. The CCG asked that Barnet and Brent CCGs work with the Royal Free Hospital A&E to develop robust front-door streaming and effective redirection and the CCG will itself support any decision to close the service by taking local actions such as maximising local GP extended access services.
- **Barnet Federated GPs** supported the changes.
- **Central London Community Healthcare NHS Trust** stated it is working on improvements to Finchley and Edgware walk-in services which may benefit the system as a whole.
- **Royal Free London NHS Foundation Trust**, whilst accepting that a walk-in service is not geared up to offer outpatient services or consistency of care for those with long-term conditions, did think that the walk-in service provided for patients unable to get a GP appointment and had some concern about whether closure of the walk-in service would affect A&E performance at the Royal Free Hospital
- **Barnet Primary Care Network 5** said that their GP practices would receive additional patients if the walk-in service closed and therefore requested additional funding
- The **Londonwide Federation of London Medical Councils (LMCs)** and **Councillor Clarke** asked/made suggestions about the engagement process.
- The **Brent GP Access Hub** provider was aware of the national direction of travel and did not raise any objections to the proposal.
- **Brent Local Councillors, MPs and Brent Community & Wellbeing Scrutiny Committee** raised the further work that needs to be undertaken by the CCG to raise awareness on access to primary care in Brent.
- **Brent GP Primary Care Networks** and local **GP practices** have committed to supporting patients to access services in the most appropriate settings. Practices aim to follow up patients who may have inappropriately attended a setting and provide advice and guidance in re-direction to the most appropriate service.

5.2 CCGs' response to the engagement

1. Respondents would like to see the walk-in service kept open

We understand that the walk-in service at Cricklewood Health Centre is valued by the local people who responded to the engagement process and recognise the strength of local feeling on this point. The CCGs have considered this in developing the recommendations and mitigations (see section 9).

2. Patients unable to get appointment at own GP or at right time

We understand that the experiences or perceptions of many of those responding to the engagement process is that access to primary care is problematic. However, most of the

presenting needs seen in the Cricklewood walk-in service can be met in other existing primary care settings – which are the best places for people’s wider health needs to be met – where GPs have access to patients’ health records and can refer them to other services. .

We heard how this compounds some of the problems experienced by people who have working commitments, particularly where working arrangements are less predictable and employment status more fragile (for instance people on zero hours contracts). People felt the ability to walk-in to a service that was able to meet their needs was important and in the absence of such provision they have told us that they would consider accessing care by attending A&E.

However, the CCGs do not think that re-commissioning the same standalone walk-in service at Cricklewood is the right way to address these problems for the following reasons:

- Most of those attending Cricklewood walk-in service have needs which can be met in general practice or by other local services such as pharmacies. There are 13 general practices within a one-mile radius of the walk-in service. During the out-of-hours period, urgent primary care needs can be dealt with by the GP extended access service or the GP out-of-hours service which is integrated with the NHS 111 service.

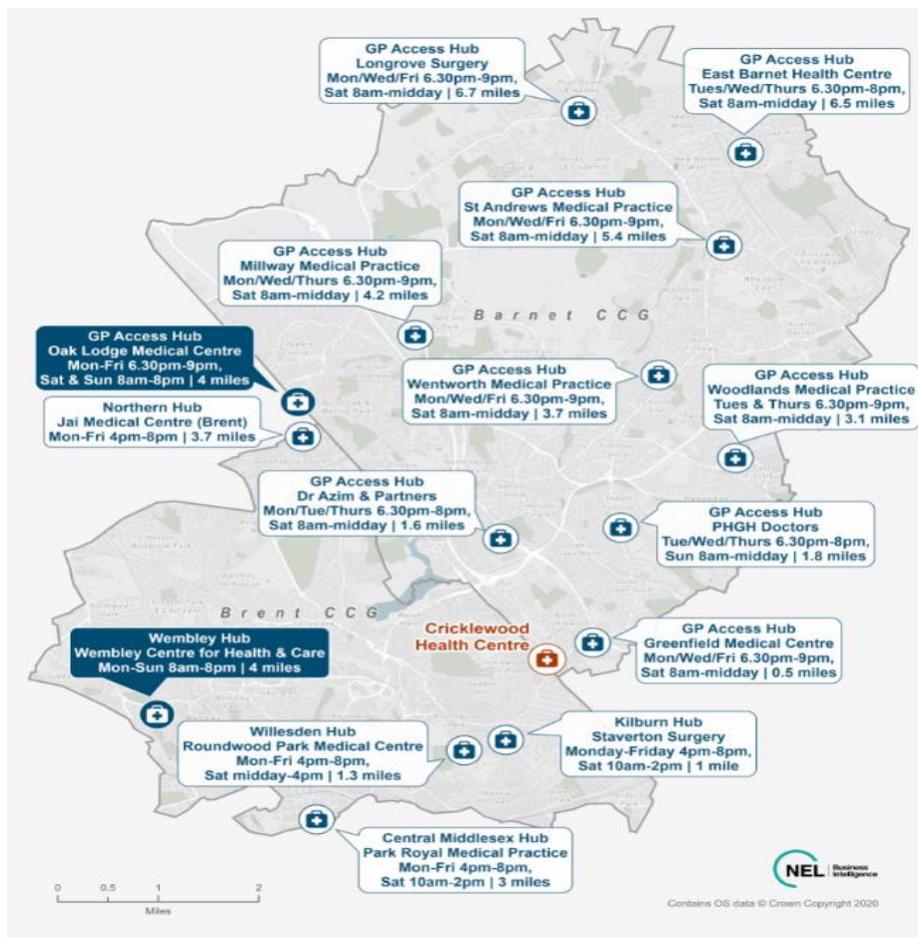
The NHS 111 Integrated Urgent Care service is available 24 hours a day, seven days a week and is integrated with the GP out-of-hours service. Callers will have their symptoms assessed, are given advice and directed or booked into the local service that can help them best.

- Primary care is the best place for people’s wider health needs to be met – where GPs have access to a patient’s health records and can refer them to other services such as outpatient appointments or community services or provide wider preventative interventions.
- Pharmacies can also manage people’s urgent care, when the patient has a minor need or requires self-help or over the counter medication.
- Both Barnet and Brent CCG have taken actions to increase primary care in-hours capacity (e.g. when GPs are currently open).
 - Brent CCG is one of the leading CCGs in London in its development of online consultations providing electronic consultation through an E-hub where patients are able to access an online platform for their medical condition 24 hours a day, seven days a week. The practice receives and reviews the E-consult and liaises with the patient remotely or if necessary, by booking a face-to-face consultation. The E-consultation platform enables a patient to contact a clinician for specific advice relating to their condition. This digital enablement has improved access to primary care while increasing GP capacity. On average an e-consult takes seven minutes as the patient history has been made available prior to the consultation.
 - Brent has also been working closely with practices to support them to review and monitor how their patients use walk-in services currently –particularly where practices are outliers and this enables them to address access problems directly where this is the underlying issue. Two of the nearest practices to the walk-in service have been recently rated as inadequate by the Care Quality Commission (CQC). Availability of GP appointments has been a major factor in this assessment. Brent CCG recognises that further work is required in

supporting these and other local practices.

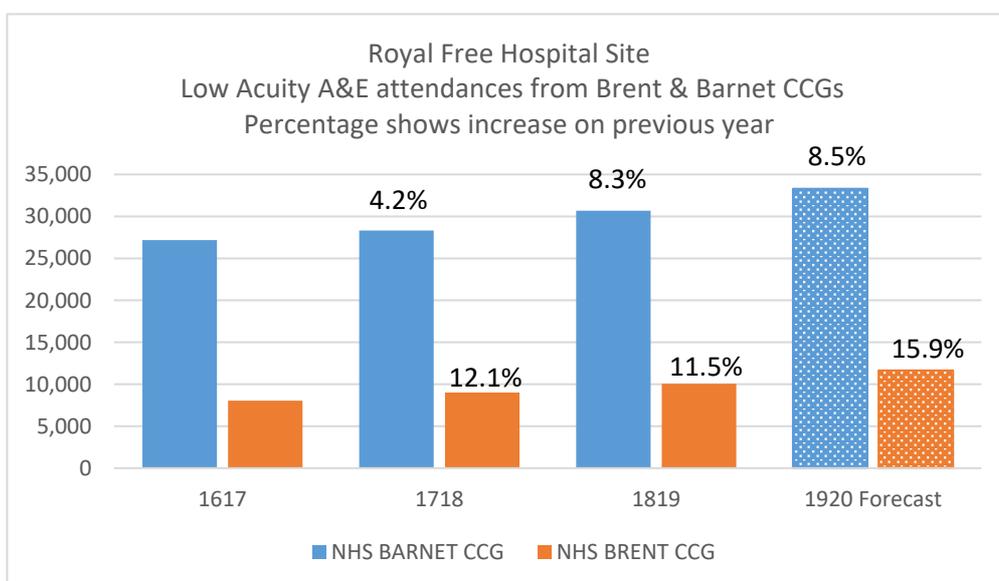
- Barnet CCG has made provision to commission additional appointments as part of the procurement of the Cricklewood Health Centre GP practice given the flow of patients from this practice into the service and the fact that the practice will need to meet the needs of the expanding local population in the future. The CCG is also proposing the involvement of the practice's patients in the procurement process so that the access needs of local people are reflected in the service/provider commissioned.
- Barnet CCG has also been piloting opening GP extended access hubs from 4pm over the winter period as part of its overall approach to improving access to primary care locally.
- Barnet CCG has been working with its Strategic Primary Care Development Group to identify areas where access to practices might be improved looking at the data provided by the patient experience survey.
- Out of core GP hours (8am to 6:30pm) both Barnet and Brent CCGs have commissioned significant numbers of additional GP appointments (48,000 Barnet and 65,000 in Brent per annum) to improve access to primary care. The service is led by local GPs who have access to patient records and can refer on to other services.
- There are 15 GP extended access hubs available including weekends and bank holidays in Brent and Barnet which can be seen in the map below. Six of these hubs are located within three miles of Cricklewood Health Centre. In Barnet, Oaklodge Medical Centre is open every day from 6:30pm to 9pm on the weekdays and on weekends 8am to 8pm including bank holidays. In Brent, Wembley Centre for Health and Care hub is open 8am to 8pm every day, including bank holidays and weekends.
- The majority of these appointments are on-the-day appointments. There is capacity in both the Barnet and the Brent extended access services, and opportunity to develop the range and number of appointments available as funding for these services transfers to Primary Care Networks in 2021/22. There is scope to improve how these appointments are deployed locally to ensure these meet the needs of local people more effectively and to raise awareness of this provision further.

Map of GP extended access hubs



NB: Those described in dark blue are open seven days a week and the distance is measured between two locations as the crow flies)

- The number of Barnet and Brent attendances at the Cricklewood walk-in service has reduced year-on-year and continues to do so. Attendances at local A&Es continue to increase above demographic growth. The graph below shows the performance over the past three years for Barnet and Brent CCG patients that received care at the Royal Free Hospital A&E for low acuity presentations. The trend with other local CCGs appeared to be similar but not as significant as Brent CCG.



- The current service model is not helping to address the pressures on emergency services.
- The following shows the declining use of the service since 2016/17 when GP extended access services were introduced in Barnet and Brent.

Year	Number of attendances at CWIC	Percentage reduction
2016/17	24912	
2017/18	21382	(-14%)
2018/19	19785	(-7%)
2019/20*	18950	(-4%)

* forecast year end attendances based on Month 10/October data

- The NHS Long Term Plan commits significant investment in Primary Care Networks to deliver a new model of care, which integrates primary and community care and delivers proactive population health management and through this reduces demand for urgent hospital care. The NHS Long Term Plan also reiterates the commitment to implement simplified and integrated urgent care provision within clear timeframes across the NHS. Given the national plan requirements, associated investment in Primary Care Networks, the reduced use of the current walk-in service and lack of impact on A&E demand, continuing to invest in the current model of walk-in provision:
 - Does not appear to be the most effective way of using NHS resources.
 - Will not support the development of integrated primary and urgent care services.
 - Would create an additional barrier to providing the population health management and improvement envisaged in the NHS Long Term Plan.

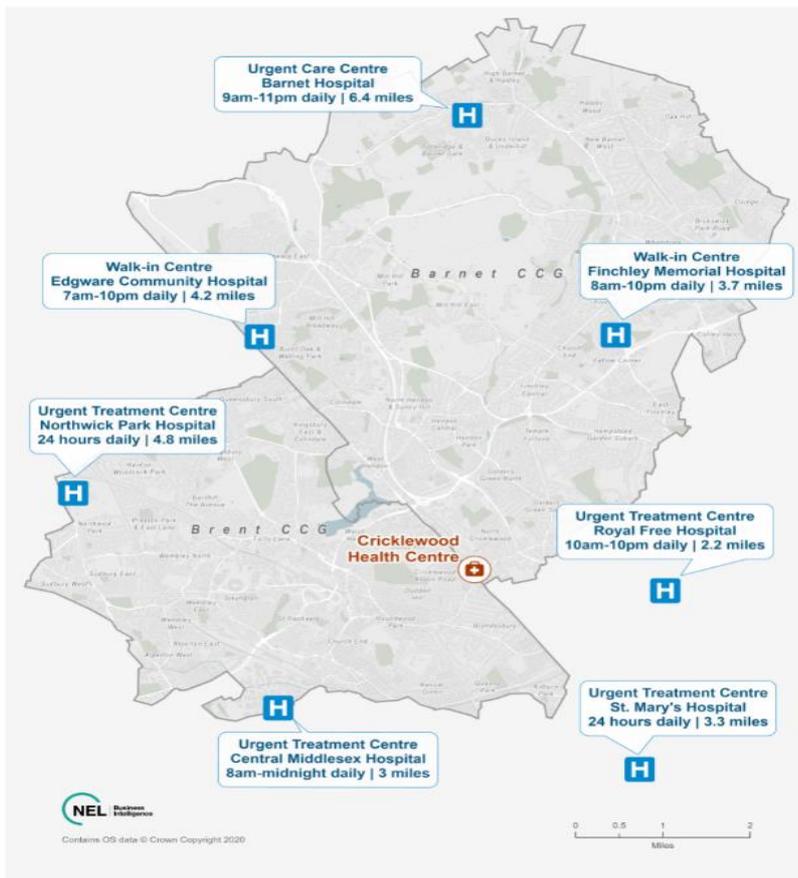
3. Cricklewood walk-in service is good and this is reason enough to keep it open

People have told us about their positive experiences of staff and of the interventions received there.

However, as set out above, the number of Barnet attendances at the service has decreased since it was set up and continues to do so despite demographic growth. Equally, we have seen A&E demand increase above demographic growth. Whilst the quality of the service provided by the staff at the walk-in service is not in dispute, the service is not helping to address pressures on A&E.

Some people also raised the possibility of upgrading Cricklewood walk-in service to be an Urgent Treatment Centre (UTC). The Urgent Treatment Centre standards require that any designated site must meet the eight core standards set out in the guidance. An analysis of these standards against the Cricklewood walk-in service shows that:

- Six of these standards are not fully met; the key ones being direct booking capability, access to patient records, electronic prescribing, access to simple diagnostics, access to x-ray facilities.
- Commissioning a further UTC in the borough would require significant additional investment in x-ray facilities, a specialist workforce and estate to be compliant with the above core standards.
- Given the amount of activity that takes place in the centre, the clinical viability and safety of such a small service could also be problematic. The costs of upgrading the service are set out in the finance discussion (section 8).
- Given that there are already a number of UTCs that are already established or are planned, which are within close proximity to Cricklewood that are able to meet the population health demand, it would not be an effective use of local resources. The current UTCs are located as follows and the map below describe the distances and the opening hours of these services:
- **Camden Borough:** Royal Free Hospital (2.2 miles from Cricklewood Health Centre)
- **Brent Borough:** Central Middlesex Hospital (3.0 miles) and Northwick Park Hospital (4.8 miles) from Cricklewood Health Centre),
- **Westminster Borough:** St Mary's (3.3 miles).
- **Barnet Borough:** There are plans to designate the following three sites Urgent Treatment Centre's during 2020/21 (Barnet Hospital , Edgware Community Hospital and Finchley Memorial Hospital)



There is no expectation that people who currently use the walk in service will need to travel to use a UTC should the service close. There are local alternative services, which can meet their needs better – such as GPs, online consultations, GP extended access service, pharmacies and NHS 111 booked appointments. Reference to UTCs and distance is made only in the context of whether it is wise and affordable to locate another UTC at Cricklewood.

4. Patients not wanting/unable to travel further than currently to get to a walk-in service

We have heard from respondents that they really value the ability to access services locally. As set out above, most of the presenting needs at the walk-in service are those which can be met in General Practice or by other local services such as pharmacies. Both the Barnet and Brent local primary and urgent care strategies aim to support patients to have their needs met locally wherever possible.

Barnet and Brent CCGs have commissioned significant numbers of additional GP appointments, available in the evenings, weekends and on bank holidays, to extend access to primary care since 2016/17. The majority of these appointments are now available for on-the-day appointments. There is capacity in both the Brent and the Barnet extended access services currently with scope, to develop the range and number of appointments in future. GP extended access hubs (where these appointments are available) are located near to the Cricklewood Health Centre. Equally there are opportunities to review locations from which the service is provided in Barnet – potentially locating a hub at Cricklewood Health Centre if local needs indicate that this would be appropriate. Barnet CCG has also just started to pilot opening hub appointments at 4pm.

With the increased utilisation of online services (such as banking and shopping), it is also important that primary care is accessible online for patients who are deemed 'time poor' e.g. those working longer, unsociable hours and those with caring responsibilities (for children or elderly parents).

Both CCGs are making substantial investments in digital online consultations. This includes access to online advice, teleconferencing and two-way communication with a patients' GP surgery. Video consultations are currently being piloted in Brent and will be made available to patients in both boroughs in line with the national digital agenda, which is to have video consultations in place by April 2021, to improve access to primary care while ensuring timely advice and intervention is provided.

New developments will also improve local access to appropriate care: for example expanding the role of the Community Pharmacist Consultation Service, which connects patients who have a minor illness with a local pharmacy for a face-to-face consultation from NHS 111. There are plans for referrals to be taken from other parts of the NHS in time.

The CCGs have recognised that there is more that needs to be done to ensure that people are aware of these services. Further details of the programme of awareness raising is set out below.

5. Pressure on local services – due to increasing population and if Cricklewood walk-in service is closed

Pressures from increased population

There are a number of planned developments in the vicinity of the Cricklewood Health Centre. A number of respondents to the consultation raised these developments and population growth in the area as a concern if the walk-in service were to be closed. The Barnet developments are as follows:

- **Britannia Business Centre** (where the walk-in service is currently located)

The proposal is that there is a residential-led redevelopment of the site that includes the demolition of the existing buildings. A planning application was submitted in October 2018 and the application is still being considered. This is a small-scale development with 187 residential units planned.

Barnet CCG expects the needs of the additional population to be met from primary care capacity within the local area, in particular by the GP practice located in the Cricklewood Health Centre. A decision was made in August 2019 to re-procure the practice to meet the current and future needs in the area.

- **Broadway Retail Park**

This is adjacent to the Cricklewood Health Centre where there is currently a B&Q. The site has been acquired (2019) with a view to delivering a mixed-use development of about 1,000 new homes, commercial and retail space. If this goes ahead the likely impact on health provision would be in about five years' time.

Barnet CCG expects the needs of the additional population to be met from primary care capacity within the local area, in particular by the GP practice located in the Cricklewood Health Centre. A decision was made in August 2019 to re-procure the practice to meet the current and future needs in the area.

- **Brent Cross (BX) north and south developments**

This is located just under two miles away from Cricklewood Health Centre. While this is a significant redevelopment of the area around Brent Cross, it is not expected to impact directly on health infrastructure/capacity in the Cricklewood area, as the CCG is carrying out detailed capacity planning exercises to meet the expected population growth from the BX developments. Barnet CCG is working closely with the London Borough of Barnet on the planning of a new BX health facility to meet the health needs of the current and future population.

- **Colindale South redevelopment**

This is located just over four miles away from Cricklewood health centre. Whilst this is a significant redevelopment of in that area, it is not expected to impact directly on health infrastructure/capacity in the Cricklewood area. Barnet CCG is currently undertaking some detailed capacity modelling for Colindale that will include neighbouring boroughs so that health provision in that area can be planned in line with population growth.

In summary, the immediate development impacts associated with Britannia Business Centre redevelopment are already included in assessment of need in the area and will be addressed by capacity within the re-procurement of the GP practice on the site. There is capacity in both the Barnet and the Brent GP extended access services currently with scope to develop the range and number of appointments in future. GP extended access hubs (where these appointments are available) are located near to the Cricklewood Health Centre. Equally, there are opportunities to increase the number of locations from which the service is provided – potentially locating a hub at Cricklewood Health Centre if local needs indicate that this would be appropriate.

There are also two major developments in Brent in Wembley Park and Kilburn – with Kilburn being approximately two miles away from Cricklewood. Brent CCG is likewise working closely with the London Borough of Brent to ensure health infrastructure is implemented in line with population growth in the area.

As with all developments and population growth, Barnet CCG will continue to work with the Council and developers to ensure health infrastructure reflects local needs. This includes accessing community infrastructure and s106 monies.

Pressures on A&Es due to potential closure of Cricklewood walk-in service

A number of respondents to the engagement survey and other stakeholders have raised concerns about the potential impact on A&E and waiting times – particularly at the Royal Free Hospital given its proximity to Cricklewood. Over 50% of respondents to the survey indicated that A&E is one of the places they would consider going if the walk-in service was no longer available.

The CCGs recognise the risk that patients who were unable to access the walk-in service might go to A&E. The aim is for patients to be treated closer to home by their own GP or by their local Primary Care Network/GP access hub as this is the best place to get holistic effective care. Patients attending A&E when they don't need to increases the cost of local healthcare so it is really important that the CCGs have effective local alternatives which people are aware of and feel confident in using as well as clear arrangements for monitoring where people go.

It is difficult to predict what patients would actually decide to do where there was no walk-in service. Experience in other areas suggests that there is not a like-for-like transfer of activity into A&E when walk-in services close, particularly for self-limiting conditions where the convenience of other services or self-care may become the most convenient/appropriate response.

However, both CCGs are committed to ensuring that local services are available to meet the needs of people who currently use the walk-in service so that the majority of them receive their care as close to home as possible. The CCGs are putting in place a number of measures to mitigate the risk and ensure that people are able to choose care locally to them.

- **Alternative effective services closer to home**

There are a range of other local alternatives available to people in Cricklewood to meet these needs near to where they live and in a more effective way.

Primary Care GP extended access services

These are available in Barnet and Brent providing 48,000 and 65,000 additional appointments per annum. There are 15 hubs open in the evenings, weekends and bank holidays in Barnet and Brent – as shown earlier in this section (section 5.2, response 2).

As set out above, there is opportunity to develop the range and number of appointments available as funding for these services transfers to Primary Care Networks in 2021/22. There is also scope to improve how these appointments are deployed locally to ensure these meet the needs of local people more effectively and to raise awareness of this provision further.

Advice and booking into appropriate services via NHS 111

NHS 111 is the NHS non-emergency helpline for when you urgently need medical help or advice but it is not a life-threatening situation. The service combines 111 and GP out-of-hours services with access to GPs, nurses and pharmacists. The service operates 24 hours a day, 365 days a year. Calls to NHS 111 are free, (including from mobiles) making it easier for the public to access local healthcare.

Improved digital access

Brent CCG is one of the leading CCGs in London in its development of online consultations providing electronic consultation through an E-hub where patients are able to access an online platform for their medical condition 24 hours a day, seven days a week. The practice receives and reviews the E-consult and liaises with the patient remotely or if necessary, by booking a face-to-face consultation. The E-consultation platform enables a patient to contact a clinician for specific advice relating to their condition. This digital enablement has improved access to primary care while increasing GP capacity, on average an e-consult takes 7 minutes as the patient history has been made available prior to the consultation.

Barnet CCG¹⁰ is committed to investing in innovative digital products and locally commissioned services that enable new models of care to be delivered as these will

¹⁰ The NCL CCG merger and all commitments for Barnet CCG will be picked up through the new Barnet borough directorate of the merged NCL CCG

support improving patient and carer healthcare access and as such improve outcomes and experiences. This includes:

- Electronic prescriptions and electronic repeat dispensing.
- Full online access for newly registered patients to prospective data in their digital GP record.
- Encouraging patients to access online booking of appointments – 25 % of GP appointments available for booking online with the CCG offering a local commissioned service which requires practices to make available online at least 50% of bookable appointments.

As part of the NCL digital-first programme, NCL CCGs are collaborating with NHS Digital to enhance the current functionality offered by the NHS App. This includes integrating an online triage service and integration with the local Directory of Services (DoS). This development will alleviate pressures on primary care but importantly will signpost, and, where possible, book an appointment for patients with the most appropriate local healthcare or social care provider, including services offered by the local voluntary and charity sectors – again, supporting patients and carers to access the right care, at the right place and in the right time.

Improved access to pharmacy services

From April 2020 patients will be able to book appointments with community pharmacists for minor illnesses. Pharmacists will be funded for treating patients who require advice, guidance, medication or even a second opinion for conditions that they are qualified to provide advice on. This scheme draws upon previous minor ailments schemes, which have been successful in other areas. Patients will be able to self-book, be referred by NHS 111, their GP practice or UTCs. This national scheme aims to increase access to primary care services.

- **Awareness of alternatives**

Barnet and Brent CCGs acknowledge that patients are often not aware of the convenient, bookable alternatives and both Barnet and Brent CCGs have focused on raising awareness of these services over the last few months and will continue to do so.

Barnet CCG has just launched a programme of communication about the available resources locally – in particular the GP extended access service and direct appointment line.

This includes:

- 3000 local services leaflets distributed to key community locations
- Electronic distribution
- Adverts in Barnet First – the Council magazine distributed to all households in Barnet
- Social media promotion
- Healthwatch distribution and awareness raising
- Information played on GP TVs and walk-in centres in the borough
- Programme of targeted work with specific communities
- Future developments to include use of waiting time apps and other electronic signage, which will enable people to choose where the shortest wait is for services.

Brent CCG also has an ongoing programme of communication, which aims to further develop awareness of local services and how to access them e.g.:

- Regular Health Partner Forums with local residents to share latest development and receive feedback
- Leaflet drop to all residential properties in Brent to raise awareness on accessing medical services locally
- Electronic on- line consultation offer to all patients through GP surgeries, and text messaging
- GP websites commissioned to provide consistent messages on GP access
- *Health Help Now* App launch to signpost patients to appropriate services locally
- Training of practice staff to support patients online access.

Further targeted work will be undertaken in the Cricklewood area as part of any mobilisation plan, if a decision is made to close the walk-in service, learning from the results of the engagement

- **Monitoring changes in patient activity**

Any changes to the service would be made during the summer when A&E pressures are lower and would be monitored to enable any changes in patient flow to be mitigated before winter. This would include working closely with Brent CCG, other urgent care providers such as the Royal Free Hospital as well as local Primary Care Networks and the GP Federations in both Barnet and Brent to ensure that the GP extended access service arrangements are effective in addressing additional demand for urgent care. This will also enable actions associated with HEIA and QIA to be monitored during the implementation phase.

6. People who cannot use nearby GPs or other services; for instance because they are not registered, they are registered elsewhere; or they find NHS 111 unsuitable

Unregistered population

People who are not registered with a GP can be some of the most vulnerable people – including people in temporary accommodation/homeless or where their immigration status

prevents them from seeking the help they need and are entitled to. Their needs and registration rights are explored in more detail in the HEIA.

The underlying issues associated with being unregistered with a GP can give rise to a number of complex needs – both health and social care. CCGs are of the view that ensuring that people understand the benefits and their rights around registration as well as making Primary Care Networks more responsive to the needs of patients who are currently unregistered is the best way of ensuring that they receive the wider care they may need. One off interventions from a walk-in service may be able to deal with the immediate presenting issue but would not be able to support and address those wider needs which lead to a healthier and longer life.

In Brent, to improve patient registration and therefore ensure continuity of care for one of our most vulnerable population groups, the CCG has ensured patients are able to register online with a GP surgery. Homeless patients are able to access online services through sheltered homes and through personal mobiles (which may be charged up at homeless shelters). The CCG works closely with public health colleagues in the local authority to support homeless patients.

Registered elsewhere

Patients are entitled to be seen by a local GP even if they are not registered with that GP and the matter is urgent, by way of a temporary registration. Equally, patients are able to choose to register somewhere other than where they live if this is more convenient. Brent and Barnet offer extended access appointments to patients registered with one of their GPs.

Access to primary care is very important in ensuring that people receive the wider care they need – screening, prevention and care of long-term conditions as well as access to other health and social care services. This will become increasingly important as Primary Care Networks are developed. The CCGs believe that the focus needs to be on ensuring people are aware of the importance of accessing good local primary care rather than on commissioning services that only deal with the immediate urgent presenting issue.

Where patients are unclear about what to do if they are not registered with a practice, NHS 111 can always assist. This includes providing access to the out-of-hours GP service, booking an appointment with the GP extended access service and UTCs.

NHS 111

NHS 111 is an important element of the integrated urgent care model set out in the NHS Long Term Plan. There have been many improvements in the service since its inception – and people are often not aware of the range of support it can provide.

NHS 111 is the NHS non-emergency helpline for when you urgently need medical help or advice but it is not a life-threatening situation. The service combines NHS 111 and GP Out-Of-Hours services with access to GPs, nurses and pharmacists. The service operates 24 hours per day, 365 days per year. Calls to NHS 111 are free, (including from mobiles) making it easier for the public to access local healthcare. Patients have access to interpreting services when calling NHS 111. Technology is also enabling the deaf community to access NHS 111 when they need urgent medical help using a computer and webcam, or the InterpreterNow app on a smartphone or tablet.

Calls to NHS 111 will be assessed, advice given and, if needed, patients will be directed to the most appropriate local health services. This could be your GP, GP extended access service, an urgent treatment centre, a community nurse, a walk-in centre, an emergency dentist during out-of-hours or a pharmacy and Accident and Emergency (A&E). NHS 111 is also the route to access Barnet's GP out-of-hours service, which is located at five different sites across North Central London and Finchley Memorial Hospital being the closest site in Barnet.

NHS 111 has been enhanced so that patients can access urgent care services that have been fully integrated. In Barnet, the NHS 111 service is able to book people into urgent face-to-face appointments with a GP where this is needed. This can be with a patient's local GP with plans in place to have this rolled out across Barnet by end March 2020, the GP extended access service, GP out-of-hours service, UTCs, a local community pharmacist for a face-to-face consultation service for people with minor illness. In Brent the NHS 111 provider regularly books patients into its GP extended access hubs and the majority of practices (49 out of 52) have enabled direct booking into GP surgeries by NHS 111, this means a patient receives a booked appointment with their GP without having to call their surgery.

In addition, NHS Digital 111 Online Pathway is also available. This is a free App for patients, to provide access to urgent healthcare online using their smartphone, laptop or other digital device to:

- Answer questions about their symptoms
- Find out where to get the right healthcare in their area
- Get advice on self-care
- Get further advice from a nurse or doctor on the phone or during a GP appointment consultation.

With Brent the Health Help Now App www.nhs.uk/apps-library/health-help-now/ provides similar functionality and signposts patients to local services.

Further NHS 111 transformational work is being developed, which aims to support patients being seen closer to home where clinically appropriate, rather than the Emergency Department for minor injuries and illnesses.

6. Quality Impact Assessment and Patient Experience

A Quality Impact Assessment (QIA) can be found in Appendix 2.

The QIA assessed that closure of the walk-in service would:

- Reduce confusion of an urgent care service that does not fit the future model.
- Encourage GP registration which would improve overall health of the population.
- Result in an estimated saving in Brent of circa £50,000. In Barnet the estimate is that no saving would result as, although some patients will self-care and some will visit their pharmacy or GP practice, some will visit other urgent care services or the (more expensive) A&E. Further work has been done since the QIA was completed

to develop proposals for improving access, which are set out in more detail in the recommendations section 9.

- Result in some patients (those who are unwilling or unable to register with a GP) either not seeking care or having to go elsewhere for treatment – potentially increasing travel requirements and footfall at other services.
- Result in some patients (those registered with a GP but unable or unwilling to get a suitable appointment) either not seeking care or having to go elsewhere for treatment – potentially increasing travel and footfall at other services.

This last point acknowledges the fact that some people struggle to get a timely (usually urgent) GP appointment in ‘working hours’ and also ‘out-of-hours’ (normally evenings and weekends). Whilst there are available services, patients are presumably not aware of them, or are confused about the services they offer or how they book them, or do not believe in the quality of them.

The launch of Primary Care Networks offer real opportunities to improve patient care and CCGs are looking at how we organise urgent care around patients so they benefit from joined-up, preventive, holistic care and the system is made simpler. This will:

- Remove the overlap/confusion in the care provided by the current services
- Better utilise NHS money for residents
- Improve the quality of care of primary care services for residents by encouraging visits to GP practices
- Provide better access to a wider range of diagnostics equipment and reduce referrals.

Since the QIA was completed, further work has been undertaken to identify specific investments in primary care to improve access locally. These are set out in more detail in recommendations section 9.

7. Health and Equalities Impact Assessment

A Stage 2 Health and Equalities Impact Assessment (HEIA) is available in Appendix 3. A Stage 1 version (effectively a draft for comment) was posted online on 18 October 2019. The Stage 2 version is an update, incorporating any information gathered during the engagement, or other information and correspondence.

The engagement reached good proportions of the equality groups:

- Older people (61+) and disabled people were over represented; younger people were likely to be under represented.
- Respondents were from ethnic backgrounds roughly in proportion to the users of the walk-in service.

No responses specifically mentioned the equality impact assessment, although some of the analysis and responses implied there could be an impact e.g.

- Some respondents suggested that closure could have a greater effect on those who were not registered with a GP – who, it was suggested, could be itinerant/refugees etc. Around 4% of respondents said that they did not have a GP, although subsequent answers suggested that the majority of these respondents did so.

- Older people are more likely to use A&E if the walk-in service is unavailable (and therefore may need to travel further than more local urgent care services) and are more likely to say they visited the walk-in service because they couldn't get an appointment with their GP (this is potentially an existing inequality).
- Frequent users are more likely to have an ethnic background.
- Some respondents said that the cost of travel could mean that some lower income groups would find it difficult to travel to alternative NHS locations.

The HEIA concluded that whilst some equality groups may be more frequent users of the services and some alternative locations are more distant:

- There are alternative access points to the NHS that are available; nearby; integrated and of high quality.
- Closure of the walk-in service would encourage people to use the alternative access points which could improve patients' health as some (e.g. GP surgery and GP extended access services) are connected to patient records and therefore a more considered opinion could be provided; others provide a wider range of treatments (e.g. Edgware and Finchley provide x-ray and minor injury treatments).
- There are alternative methods of accessing healthcare in the boroughs for people who are unwilling or unable to register with a GP.
- The proposed closure has benefits (or has a neutral effect) for all groups with protected characteristics.

The HEIA recommended that:

- The CCGs should continue to work with GPs and other health professionals to ensure they are suitably trained and that the NHS is meeting the needs of different groups with protected characteristics – particularly noting that older people were more likely to say they struggled to get a GP appointment.
- If the closure takes place, the CCGs should continue with ongoing communications to ensure consistent messages and advice particularly considering people with protected characteristics. This would include clear literature (in appropriate formats and languages) provided on the alternative services and benefits so that patients can make informed choices. The information should also promote the benefits of GP registration, the methods of doing so, the eligibility criteria and the ease of doing so.

8. Finance

The key focus of the proposed changes described above are to improve the health and wellbeing of local people by improving primary care and integrating urgent care provision so that wider health needs can be met which is not the case in the current walk-in service model. The CCGs are also required to ensure that they spend NHS resources wisely.

CCGs have considered the financial implications and risks associated with implementing the change as follows:

Current spend

- Barnet CCG is forecast to spend £102,000 for the Cricklewood walk-in service in 2019/20. Brent CCG's current budget for the Cricklewood walk-in service is circa £300,000.
- Currently Barnet and Brent CCGs pay a tariff of £35 per attendance whatever the needs of the patient are – even where no intervention needed. The tariff reflects the limited nature of the service but also that the current contract has been extended beyond original contract terms. Any new contract negotiated for a similar service would be subject to negotiation and with a good case to increase the cost of the service. As such, current contract values cannot be taken as a like for like cost into the future.

Costs associated with any closure of Cricklewood walk-in service

Barnet

1. The plan is for the majority of patients to access care from local GP extended access hubs or their own GP or from other local provision such as pharmacy. The CCG has already invested in these services and will continue to do so in future in line with the NHS Long Term Plan requirements.
2. There is a risk that some Barnet patients may travel to Royal Free Hospital A&E to access care. The CCG would need to address this in its contract discussions with the Royal Free Hospital and develop an effective response if this happens in the context of broader work to reduce system costs and address performance at RFH. Changes in activity levels/risk will need to be closely monitored.
3. In order to address these risks the CCG has identified a number of mitigations including identifying funding to improve access at Cricklewood Health Centre when it is re-procured. It will also be working with the local Primary Care Network and GP Federation to ensure that patients' needs are managed locally. Any additional savings associated with the closure of the service should be held as a contingency to ensure that patients' needs are met locally and not at the Royal Free Hospital A&E.

Brent

1. For Brent, it is recognised that the close proximity of the Cricklewood walk-in service to the borough boundary has meant patients are unaware the service is commissioned by Barnet CCG. The commissioning arrangements have at times led to a fragmented service where Brent patients are referred back to their GP surgery for simple interventions such as blood testing and signposting to local services. This has at times led to duplicate payments for the same patient. Practices in Brent are reviewing access and focusing more on improving primary care access. This is evidenced through the reduction in walk-in service patients.
2. Considering Brent CCG commissions GP Access Hub appointments at £22.50, where patients' notes are made available to the clinician and patients can be referred onwards as appropriate, the walk-in service at Cricklewood does not represent value for money or provide the integrated model of care patients should expect to receive.
3. Brent CCG is committed to continuing to develop and review its GP Access model and seeks to ensure every patient has access to timely appointments, advice and guidance and ensure their own GP is aware of interventions by other healthcare

providers, thereby ensuring continuity of care for patients. The review of the Cricklewood walk-in service will enable GP practices to support their patients in accessing the innovative and forward-thinking model of GP Access that is currently developing in Brent. Our GP practices have been involved in improving GP access and are committed to supporting their patient access services in Brent.

4. The current budget for the Cricklewood walk-in service is circa £300,000. Closure of the service is likely to release circa £50,000 in saving. It is intended the CCG will seek to attain value for money from services commissioned and will review further investments into primary care for GP Access with particular focus on digital online consultations.

Therefore it is proposed that the majority of savings released from the closure of the walk in service would be reinvested in local primary care or held as a contingency to address changes in the flow of patients from primary to secondary care

Urgent Treatment Centre costs

- The potential to develop Cricklewood as a UTC has also been costed. This would include capital costs associated with meeting the eight UTC standards – the most significant being the estate and equipment needed for x-ray facilities. These are in broad terms at least £330k.
- It would also include tariff negotiations with the provider, which would have significant cost implications. The national tariff is £75 per patient, which would be a significant increase in current attendance costs and would not represent value for money in the service being delivered in comparison to a GP Access Hub appointment.

Summary financial impacts

	2019/20 Cricklewood walk-in spend	Financial impact of closure of walk-in service	Cost of upgrading Cricklewood to an Urgent Treatment Centre
Barnet CCG	£102k	£102,000 set aside to reinvest in: <ul style="list-style-type: none"> • Mitigation of potential increased Royal Free Hospital UTC activity/potential investment in primary care. • Investment in higher level of access at Cricklewood Health Centre • No identified savings 	<ul style="list-style-type: none"> • Estimated capital and equipment costs minimum £330k • Increase in tariff costs to £75 per attendance – Approx £220k per year based on 2019/20 activity
Brent CCG	£300k	£250,000 set aside to reinvest in: <ul style="list-style-type: none"> • Mitigation of potential increased acute UTC activity/potential investment in primary care. • £50,000 held in reserve 	<ul style="list-style-type: none"> • Increase in tariff costs to £75 per attendance – Approx £640k per year based on 2019/20 activity

9. Recommendations and mitigations

The recommendations are made on the basis that:

- Demand for the service has reduced year-on-year since 2016/17. At the same time there have been annual increases in people attending local A&E services with primary care needs. The service is not helping to address the pressures on emergency services.
- Although convenient, the service does not address the longer-term health needs of patients and is not aligned with the local and national aspirations for integrated urgent care and Primary Care Networks.
- There is no strategic or financial case for developing a UTC on the Cricklewood site.
- The needs of walk-in service patients can be met better and close to home by General Practice or in GP extended access hubs already in place. Access has been and will continue to be improved through the implementation of digital and online consultations, through NHS 111 and improved publicity.

These factors have been considered in developing the following recommendations:

1. The walk-in service located at Cricklewood Health Centre should close at the end of the current contract (30 June 2020).
2. The CCGs should continue with a programme of awareness raising with the local population as to the alternatives to the walk-in service and the national direction of travel to develop Urgent Treatment Centres and GP extended access services delivered through Primary Care Networks. The programme to be informed by the outcome of the engagement and by ongoing engagement with local patient groups as set out below in 5.
3. As part of its procurement of the Cricklewood GP practice, Barnet CCG to specify a higher level of access to appointments in core hours to improve access in an area of population growth. The Practice Patient Participation Group (PPG) to be invited to take a role in the procurement process to ensure that access arrangements reflect local need.
4. Barnet and Brent CCGs to work together to develop approaches for reducing unnecessary A&E attendances at the Royal Free Hospital, in particular by engaging with their respective GP Federations and local Primary Care Networks (PCNs) to ensure GP extended access services meet the needs of the local population.
5. Barnet and Brent CCGs to set up a time limited Primary and Urgent Care Development Group to meet during the mobilisation of the end of the walk in service and beyond to:
 - Consider primary care access, raising any specific issues related to access in the area with respective commissioners and providers.
 - Develop and oversee the implementation of an effective communications plan to ensure local people are aware of changes to services and alternatives.

This group would extend invitation to representatives from Camden CCG, representatives from PPGs from local practices, PCNs and Healthwatch. This group to report through relevant Barnet and Brent governance arrangements.

10. Outline mobilisation plan if a decision is made to close the walk-in service

Date: 2020	Recommendation	Milestones	Ongoing work
February		Decision made	Ongoing awareness raising of alternative services (Recommendation 2) <i>and</i> Ongoing work with GP Federations and local PCNs to provide a model of GP extended access provision locally that meets the needs of the local population outside of core GP opening hours including evenings, weekends and bank holidays (Recommendation 4).
February		Communicate the decision and what this means/actions to be taken by patients and others	
March	3	Practice Patient Participation Group (PPG) representatives invited to take a role in the GP procurement process	
March	5	Barnet and Brent CCG to set up a Primary and Urgent Care Development Group to monitor primary care access, develop a communications plan, oversee implementation of the recommendations and raise specific issues related to access in the area	
April		Implement communications plan	
July	1	The walk-in service is closed	
July	3	New Cricklewood GP service starts, with enhanced provision for accessible appointments	
October	5	First meeting of Primary and Urgent Care Development Group following closure of walk-in service	

11. Risk register

Risks	Likelihood	Impact	Total
Patients may not be aware of the alternative services that are available to access primary care i.e GP/Nurse during the day and out-of-hours and therefore may choose to go to A&E instead	3	3	9
Patients may be reluctant to travel to alternate locations to access a GP hub if they are unable to access their own and therefore choose to go to A&E instead	3	3	9
Patients who are not registered with a GP may be unwilling to register and therefore will choose to go to A&E	2	3	6
There is a risk to potential pressure on patients GP practice and therefore patients are unable to get an appointment	3	3	9
There is a risk that the closure of the Cricklewood walk-in service may be seen as a cost-cutting exercise by patients	2	3	6
There is a risk that that local alternatives to Cricklewood walk-in service lack capacity to meet the needs of patients living in the south of Barnet Borough and Brent	2	3	6
There is a risk that people will not know about any decisions and travel to a walk-in service that is closed	3	2	6

Mitigations	Impact on project	Owner
Public engagement to raise awareness about service changes and the alternative services available	<p>Ensure that people do not go inappropriately to A&E or travel to a closed walk-in service</p> <p>A simpler system that is better able to address a patient's illness in a holistic way, first time</p> <p>Promoting self-care</p>	Barnet and Brent CCG Project Leads
To work with Barnet and Brent CCG respective GP Federations and local Primary Care Networks to ensure the model of GP extended access provision locally meets the needs of the local	Improved quality of care for patients as GP has access to patients records and patients being seen closer to home	Barnet and Brent CCG Project Leads/Primary Care Leads

population outside of core GP opening hours including evenings, weekends and bank holidays		
<p>Work with local GPs</p> <p>Encourage GP registration process and improve access</p> <p>Encourage Online consultations</p> <p>Developing new services in Primary Care Networks</p>	<p>Unregistered people will not be able to get an access hub appointment and may then choose to attend A&E instead of the other alternatives located away from Emergency Department settings</p> <p>A driver for improving health and reducing health inequalities in populations that are most at risk</p> <p>Alternative digital option for accessing GP</p> <p>Improved access quality of care for patients as GP has access to patients records and patients being seen closer to home</p>	<p>Barnet and Brent CCG Primary Care Leads</p>
Re-procurement of the Cricklewood APMS practice –	Barnet CCG to specify a higher level of access to appointments in core hours to support overall improvement in local primary care access and capacity	Barnet Primary Care Leads
CCGs to continue working with GPs to ensure consistent messages provided on the alternative services available	Ensure that people do not go inappropriately to A&E and promote the alternatives locally	Barnet and Brent CCGs Primary Care Leads

Proposed closure of Cricklewood walk-in service

APPENDICES

31 January 2020

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APPENDIX 1: Analysis of engagement responses

Future of Cricklewood walk-in service: Analysis of engagement responses

Prepared for Barnet Clinical Commissioning Group
by Leathgo Consultancy Ltd

December 2019

1. Executive summary

The walk-in service at Cricklewood GP Health Centre is commissioned by Barnet Clinical Commissioning Group (CCG). The contract end was 31 March 2020 but due to the purdah period, a number of necessary meetings could not be held, so the contract was extended to 30 June 2020.

Patients who use the service come from both Barnet and Brent, with a smaller number coming from Camden. The number of people from all boroughs using Cricklewood walk-in service has reduced by 21% since 2016. Although the walk-in service provides an extra place where people can access urgent care, both Barnet and Brent CCGs think that the Cricklewood walk-in service:

- Duplicates services that are already available within both boroughs
- Offers a limited service to local people
- Does not help the CCGs to achieve local urgent care priorities

Given these issues, continuing to invest in Cricklewood walk-in service may not be the best use of public money.

1.1 The engagement

The CCGs conducted a 14 week engagement on the proposal to close the service. The engagement started on 12 August 2019 and closed on 18 November 2019.

A document explaining the proposals and a questionnaire were available on the Barnet and Brent CCG websites and was distributed to over 100 stakeholders and over 50 health and public venues around the boroughs (e.g. the Cricklewood walk-in centre, GP surgeries, pharmacies, libraries).

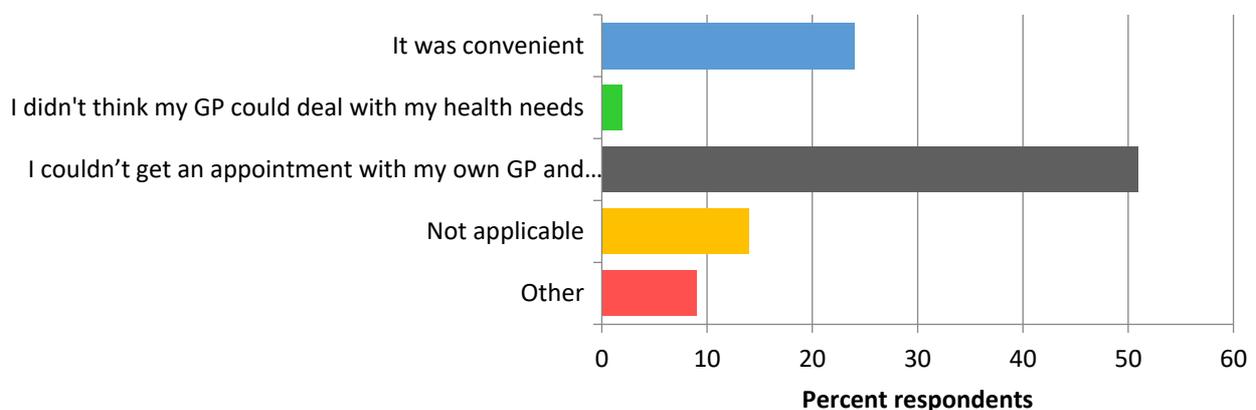
Around 30 drop-in sessions were held in the surrounding area.

Over 600 responses to the engagement were received: 573 valid¹ questionnaires and 35 letters/emails. In addition, many people engaged with staff distributing leaflets and answering questions at the drop-in sessions.

1.2 Key findings

Why people choose Cricklewood walk-in service

There was a general acceptance that general practice is well placed to meet most of the needs of the majority of respondents (only 2% of respondents said they didn't think their GP could deal with their health needs). The majority of respondents (51%) said that they used the walk-in service because they were unable to get a timely appointment with their GP. Almost 25% said they had gone there as it was convenient (this might include the distance to alternative facilities, or because they visited out of normal GP hours etc).



¹ Invalid questionnaires were test questionnaires and a small number of questionnaires with no answers.

Views on the proposals to close the walk-in service

The CCGs used the engagement to test their assumptions and gather views regarding the proposed closure of Cricklewood walk-in service. The following points are in descending order (with the most popular responses first):

1. It is clear that the majority **of respondents would like to see the walk-in service stay open**
2. The most popular reason given by respondents (approximately 20%) as to why they would like the walk-in service kept open was because it **provides a more accessible service to GP provision**. In particular it offers a service when people can't get a timely GP appointment e.g. in the evenings and at weekends; and you don't have to take time off work or school.
3. Around 10% respondents said that the **Cricklewood walk-in service is good and this was reason enough to keep it open**.
4. Some respondents stated that they would **struggle to travel to alternative urgent care services** as they are too far and too costly.
5. People were concerned about the **pressure on services in future both from population growth, and if the walk-in service was to close**.
6. Respondents felt that the walk-in provided a good service **for people who cannot use nearby GPs or other services; for instance because they are not registered, they are registered elsewhere; or they find NHS 111 unsuitable**:
7. Respondents suggested a number of **mitigations/improvements** both:
 - If the decision was taken to **close** the walk-in service, such as to better promote the alternatives; to introduce more online and phone consultations; to reduce the waiting times for an appointment in GP surgeries and to extend the hours of GP surgeries.
 - If the decision was taken to **retain** the walk-in service, such as providing more doctors for the service; providing more facilities and extended hours.
8. There was little support for closing the walk-in service, but **a small number of people did point out that there are plenty of GP practices close to the centre**.

Those who wrote in tended to focus more on personal experiences and were more likely to cite the distance to other urgent care facilities and the availability of nurses at the walk-in service than respondents to the questionnaire.

Differences between different groups

The proportion of respondents supporting/not supporting different questions varied only slightly between different equality and other groupings (or the sample size was small).

- Respondents registered with Cricklewood Health Centre more likely to visit regularly because it is convenient
- Older people and people from Barnet are more likely to use A&E if the walk-in service is unavailable and younger people are more likely to self-care or do nothing.
- Older people and respondents from Brent are more likely to say they visited the walk-in service because they couldn't get an appointment with their GP.

Stakeholder views

Stakeholders were much more supportive of the proposed changes/closure of the walk-in service.

- **Camden CCG** supported the proposal to close the service. The CCG asked that Barnet and Brent CCGs work with the Royal Free Hospital Emergency Department to develop robust front-door streaming and effective redirection and will itself support any decision to close the service by taking local actions such as maximising local extended access services.
- **Barnet Federated GPs** supported the changes
- **Central London Community Healthcare NHS Trust** stated they were working on improvements to Finchley and Edgware walk-in services which may benefit the system as a whole.
- **Royal Free London NHS Foundation Trust**, accepted that a walk-in service is not geared up to offer outpatient services or consistency of care for those with long-term conditions, did think that the walk-in service provided for patients unable to get a GP appointment and had some concern about whether closure of the walk-in service would affect A&E performance at the Royal Free Hospital
- **Barnet Primary Care Network 5** said that their GP practices would receive additional patients if the walk-in service closed and therefore requested additional funding
- The **Londonwide Federation of LMCs** and **Councillor Clarke** asked/made suggestions regarding the engagement process.

2. Background

Cricklewood GP Health Centre comprises a GP practice and walk-in service. The centre is in the south of the borough of Barnet, on the border with Brent and Camden.

The GP practice is commissioned by North Central London Commissioning and Contracting and the walk-in service is commissioned by Barnet CCG. A consultation on the future of the GP practice has recently concluded and on 22 August 2019, the North Central London Primary Care Committee in Common agreed to recommission the GP practice.

The walk-in service is open from 8am to 8pm every day, staffed by a mix of GPs and nurses. It treats patients mainly registered with GP practices in Barnet and Brent, but is open to all registered and unregistered patients regardless of where they are from. All unregistered patients who attend are encouraged and supported to register with a GP.

The walk in service treats approximately 54 people per day (of which 31 Brent/13 Barnet), most of whom visit during daytime hours 8am–6:30pm Monday to Friday.

2.1 Why is the CCG asking people to ‘have their say’ on the proposals?

The main relevant legal requirements are set out in Section 14 of the NHS Act 2006 (as amended). In particular Section 14Z2 of the Act requires CCGs to involve (and where appropriate to consult) with the public. CCGs need to make arrangements to secure that individuals to whom services are being, or may be, provided are involved (whether by being consulted, or provided with information, or in other ways) in the planning of commissioning arrangements; in the development and consideration of proposals for changes in commissioning; and in the decisions affecting the operation of the commissioning arrangements.

This duty applies where there are changes proposed in the way in which services are delivered, or in the range of services available.

Further guidance is provided by NHS England’s advice on patient involvement in primary care commissioning².

It is important to note that the engagement is not a referendum or vote. The Court of Appeal has made this clear:

“One of the functions of a consultation process is to winnow out errors in the decision-makers provisional thinking. The [consulting organisation] owes a legal duty to reconsider matters in the light of responses. True consultation is not a matter of simply “counting heads”: it is not a matter of how many people object to proposals but how soundly based their objections are.”³

² <https://www.england.nhs.uk/commissioning/primary-care/primary-care-comm/involving-the-public/>

³ Court of Appeal in R (Royal Brompton and Harefield NHS Foundation Trust) v Joint Committee of Primary Care Trusts and others, 19 April 2012.

2.2 Pre-engagement

In **Barnet**, discussions and correspondence were held/exchanged with local residents, patients and key stakeholders prior to engagement including Barndoc (the service provider) committees and individuals including:

- the Barnet Involvement Board⁴; Barnet patient Participation Network; Barnet Patient and Public Engagement Committee; Barnet Healthwatch volunteers; Barnet Health Overview and Scrutiny Committee; Dr Naveem Azim, Clinical Director of Primary Care Network 5; Mike Freer MP; Councillors Anne Clarke, Barry Rawlings; Shimon Ryde; Peter Zinkin and Caroline Stock; Sally Dootson, Director of Operations, Barnet Hospital.

These discussions were centred around:

- The pressure on the NHS because of the growing population
- How the CCG could better promote the benefits of closing the walk-in services
- The lack of patient awareness of GP extended access hub appointments and the naming of the appointments (which may not help promotion). There is a need to publicise services via local radio; church newsletters; Barnet First etc
- Whether the walk-in centre could be upgraded to include x-ray facilities
- The difficulty patients have in accessing GP appointments, which would be exacerbated if Ravenscroft Medical Centre moved to Cricklewood
- The naming of walk-in centres
- Whether GP appointments for people with multiple conditions could be longer
- Concern over triage times at Barnet Hospital
- Concern that a loss of Ravenscroft and the walk-in service would be a double blow for the area
- A view that working age and transient populations use the walk-in service
- Connections in Cricklewood tend to be towards the south (Royal Free and St Mary's, rather than north to Edgware)
- Concern that Finchley and Edgware walk-in centres are nurse-led and therefore seen as inferior to Cricklewood
- Whether the GP centre and the walk-in centre are viable as separate identities.

Two media calls resulted in an article in The Barnet Times: *"Vital' Barnet GP walk-in centre faces closure."*

In **Brent**, the CCG engaged with: Barry Gardiner MP for Brent North; Dawn Butler MP for Brent Central; Tulip Siddiq MP for Hampstead and Kilburn; Ian Niven; Selina Rodrigues (Head of Healthwatch Brent); Ketan Sheth (Chair, Community and Wellbeing Scrutiny Committee); Phil Porter (Director of Adult and Community Wellbeing); Muhammed Butt (Leader of the Council); Krupesh Hirani (Chair, Health and Wellbeing Board); Carolyn Downs (Brent Council Chief Executive); and Melanie Smith (Director of Public Health).

The CCG also surveyed patients visiting the Cricklewood walk-in service on 1 and 2 August – the survey particularly looked at why people were using the service. 40 surveys were completed. 75% of patients had used the walk-in service before:

⁴ The Involvement Board is run by the Council and focuses on joint working between health and social care. It is composed of patients with an interest in health and social care

Appendix 1

- 65% users were aware of NHS 111 and 15% called NHS 111 before attending the walk-in
- 50% users contacted their GP practice; but the majority said there were no appointments available on the day
- 28% were aware of the GP Access Hub appointments.
- 40% users were aware of the urgent care centre at Central Middlesex Hospital
- 15% users are aware of the Health Help Now App
- Majority attended the CWIC due to symptoms reported on the day of presentation and do not agree with the proposal of closing the Walk in Centre

Cricklewood Health Centre conducted its own survey. This was not seen in advance by the Clinical Commissioning Group, and there is no way of determining if all these people or patients also responded to the CCGs' questionnaire. Over a third of the responses were made before the start of the engagement and therefore these patients would not have been presented with the arguments for and against the walk-in proposals. The questionnaire will have been live whilst there was an ongoing engagement on the future of the APMS GP surgery in the Health Centre (and it is likely that many respondents were commenting on that issue rather than the future of the walk-in service).

Nor can it be ascertained whether those who submitted a questionnaire after the start of the engagement had seen any of the literature explaining the situation (the CCG's survey was included in the printed information about the proposals or on the website where the information was provided).

The questionnaire was completed mainly by patients registered at Cricklewood GP surgery (c46%) and was primarily based around the future of the Health Centre, which was not the issue that the CCG was asking people about. However one question did refer to the walk-in service:

- "Do you access the walk in centre service at Cricklewood GP led Health Centre?" 726 respondents responded 'Yes'; 90 people said 'No'; and 81 people didn't answer the question.

3. Who was engaged, and how?

The engagement started on 12 August 2019 and was originally designed to conclude on 4 November 2019.

However, whilst the information was available online from the 12 August, the printed engagement document was not available until 3 September 2019, so the original 12 week engagement was extended for two weeks until 18 November 2019. This extension was publicised both on the websites and the printed collateral.

The key engagement document was translated into Arabic, Czech and Romanian (with other languages available on request) and these were posted on the websites on 18 October 2019 and were made available in printed versions at the walk-in service.

Whilst the engagement continued during the purdah period (starting 6 November 2019) and the CCGs attended drop-in sessions advertised prior to the start of purdah, no further publicity was issued during the purdah period.

3.1 Publicising the engagement / opportunities to find out more

Websites and online

The CCGs publicised the launch of engagement on their website home pages on 12 August 2019.

The key engagement document, background information, contact details, an online questionnaire, frequently asked questions were made available on the websites for the duration of the engagement.

Barnet CCG Facebook page announced the launch of the engagement period as did the Twitter account, which also promoted the drop-in sessions.

The engagement was publicised in NWL newsletter that goes to a wide range of stakeholders in Brent and beyond and on Twitter (Annex 4).

<http://nhsnorthwestlondoncollaborationofccgs.newsweaver.com/nwlccgs/jpo80wukqtm>

The Newham Recorder carried an opinion piece from Brent MP Dawn Butler:

<https://www.newhamrecorder.co.uk/news/features/brent-kilburn-times-guest-column-dawn-butler-brent-central-mp-join-us-in-opposing-cuts-to-healthcare-1-6313288>

Traditional and paper collateral

Posters were displayed in the Cricklewood Walk-in Centre.

The key engagement document was printed and available in Barnet at the Cricklewood Walk-in Centre; at Pennine Drive Practice: Greenfield Medical Centre; Akhtar Pharmacy; Childs Hill Library; Middlesex University including halls of residence close to the walk-in centre; West Hampstead Medical Centre; Cholmeley Gardens Surgery; Fortune Green Road Surgery and Maxwell Gordon Pharmacy.

In Brent the document was available at all event locations (see below) and: Gimmack Pharmacy; Eye Emporium Opticians; Vision Eyes; Peace Dental Care; Windmill Dentist; Gladstone Surgery, Willesden Green; Neasden Medical Centre; Willesden Green Café; Willesden Green Pharmacy; Brondesbury Medical Centre; Brondesbury Pharmacy; and Willesden Mosque.

Barnet Council magazine

A half-page advert was produced in Barnet First (Annex 3), the Council’s magazine that goes to all houses in the borough.

Events

Drop-in events enabled people to pick up a questionnaire and/or ask questions. Leaflets were left at all the venues used.

In **Barnet**, eight drop-in events were arranged at Cricklewood Walk-in Centre between 20 September and 4 November at different times of the day (including two evening sessions) and different days of the week (including a Saturday):

Further opportunities to discuss the issues were made available at:

- Greenfield Surgery and Pennine Drive Surgery
- Mike Freer MP’s Over 55s fair at Wessex Gardens Primary School

In **Brent** opportunities to find out more and drop in to discuss the ideas were at:

• Sheldon Practice	• Willesden Green station
• Chichele Road Surgery	• Walm Lane Surgery
• Ashford Place	• Kingsbury Library
• Kilburn Station	• Kilburn Library
• Kilburn Sainsbury	• Kingsbury Station
• Staverton Medical Centre	• CMH
• Oxgate Surgery	• Edgware Walk in Centre
• Willesden Green Surgery	• Burnley Practice and Willesden Centre HC
• Willesden Green Library	• Mapesbury Medical Group

Health and Equality Impact Assessment

A Stage 1 Health and Equality Impact Assessment was posted on the websites on 14 October 2019

3.2 Stakeholders

Key **stakeholders in Barnet** were sent letters in the first weeks of the engagement:

- Local councillors and MPs
- Senior partners from Barnet GP practices and Barnet Federated GPs
- The Royal Free Hospital; Barnet, Enfield and Haringey Mental Health NHS Trust; and Central London Community Healthcare NHS Trust
- Barnet HealthWatch
- Barnet Local Medical Council and Local Pharmaceutical Council

In **Brent**, the following stakeholders were engaged:

- Local councillors, the Council and MPs
- Brent GP practices
- Patients and service users
- CCG (e.g. Governing Body, Brent Primary Care Commissioning Committee)
- Brent Community and Wellbeing Scrutiny Committee
- Council of Voluntary Service Brent and Brent HealthWatch

Camden CCG sent letters to local GP practices.

4. Who responded to ‘Have your say’?

Feedback methods

Respondents could:

- use the online questionnaire on the CCGs’ websites or the paper questionnaire attached to the key engagement document (see Annex 2)
- write a letter – and post/deliver it either to the Walk-in Centre or Barnet CCG
- attend a meeting
- email, or
- phone.

Responses to questionnaires

There were 573 responses to the questionnaire⁵

Demographic information is only available for respondents who filled in the demographic questions in the questionnaire (See Annex 1).

Emails, letters and phone calls

Throughout the engagement period, the CCGs collated (and where appropriate responded to) 35 valid letters and emails from individuals and organisations:

- 23 individuals emailed or wrote in
- Seven people responded representing organisations or holding a public office
- Five people used a pro-forma letter pre-printed by someone in the community and distributed. This letter had “Dear Barnet and Brent CCGs, I am writing in response to your consultation on the proposal to close the walk-in service at Cricklewood GP Health Centre. I believe that the Cricklewood Walk-In Service is a vital asset for the community and should not be closed down. My personal experience of using the walk-in centre: (space was left for the respondent to fill in). Why I believe the Cricklewood Walk-in Centre should not be closed: (space was left for the respondent to fill in).”

⁵ Includes electronic and paper copies. Five written questionnaires were submitted in Arabic and one in Romanian. Five out of the six were registered at the Cricklewood Medical Centre. All provided quantitative responses which were inputted to the survey data, and did not provide free text. There was no specific trend noticed in these responses.

5. Analysis of responses – methodology

Note

An engagement is a very valuable way to gather opinions about a topic. However when interpreting the responses, it is important to note that:

- the respondents were self-selecting – therefore it is not a representative sample of the population. The responses cannot be assumed to be proportionally representative of the population as a whole.
- certain types of people may have been more likely to contribute than others, for instance those with strongly held views or those who consider themselves most negatively affected.

Comparison of different groups

- Comparison is given for different groups of respondents. If no commentary is made this is because the group didn't appear to have a significantly different response to the overall response group as a whole.
- Readers should be cautious about making broad assumptions on the basis of different responses made by different groups. The numbers of respondents compared to the overall population and the numbers in each sub-group is even smaller. Comparison is not given where the sub-group is too small for any meaningful interpretation.

Governance

All the responses to the engagement were examined to consider if there might be multiple responses from the same respondent. Whilst the technology only allowed people to submit one online response from the same device:

- There was no way of preventing multiple paper responses or someone submitting online and paper/email responses
- Respondents may have submitted questionnaires from multiple computers.

In the following analysis the comments given in letters or responses that covered more than one theme have been attributed to the most relevant one.

Privacy

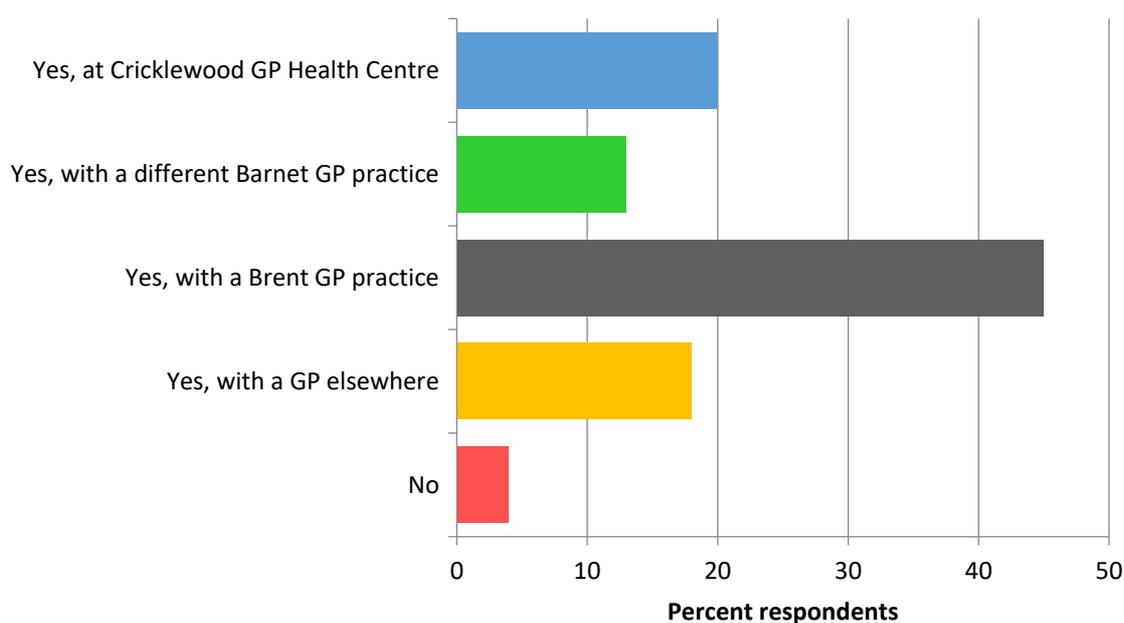
Respondents have a right to express their views without being identified. However a number of quotes have been used in this report to illustrate points but have been selected to ensure they are not identifiable as those of a particular person.

Percentages

Percentages are rounded to the nearest whole number and therefore may not always add up to 100%.

5.1 Question 1: Are you registered with a GP?

(Tick only one)



Number responding to this question = 573. Yes at a Cricklewood GP Health Centre = 116 (20%); Yes, with a different Barnet GP practice = 77 (13%); Yes, with a Brent GP practice = 255 (45%); Yes, with a GP elsewhere = 10 (18%); No = 24 (4%).

Differences between groups registered in different places

Respondents who were **not registered** with a GP are slightly more likely to have not visited the walk-in centre (34% compared to 26%); are more likely to visit because it was convenient (43% compared to 23%); are less likely to choose an A&E if there was no walk-in service (41% compared to 52%) and were more likely to be aged 17-30 (57% compared to 25%).

However almost 40% of people who said they were not registered with a GP said that the reason they used the walk-in service was either because they didn't think their GP could deal with their health needs or they couldn't get an appointment with their own GP and couldn't wait for the next available appointment. Therefore It appears likely that at least some of those who said they were not registered with a GP were in fact registered. Given the information provided in the responses, some may be students. Half of those not registered with a GP were from Barnet and half from Brent.

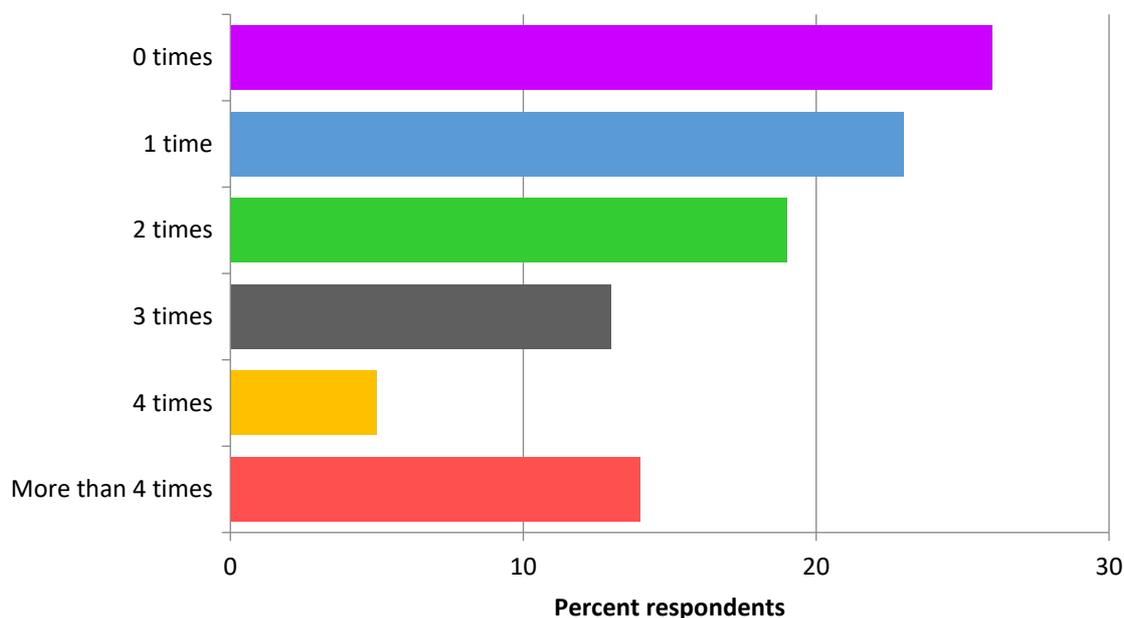
Overall, half of the respondents who are **registered at Cricklewood GP Centre** are from Barnet and half from Brent.

Respondents **registered with a Brent GP** were predominantly from Brent (92%).

Respondents **registered with a Barnet GP** were predominantly from Barnet (87%).

Young people (under 30) were more likely to be registered with a GP elsewhere (24% compared to 18%). Young people were also more likely to be from other (Arab) backgrounds and to be Muslim than other age groups.

5.2 Question 2: How many times have you visited Cricklewood walk-in service in the last 12 months?



Number responding to this question = 567; 0 visits = 147 (26%); 1 visit = 131 (23%); 2 visits = 106 (19%); 3 visits = 74 (13%); 4 visits = 31 (5%); more than 4 = 78 (14%)

Frequent users (four or more visits in the last year)

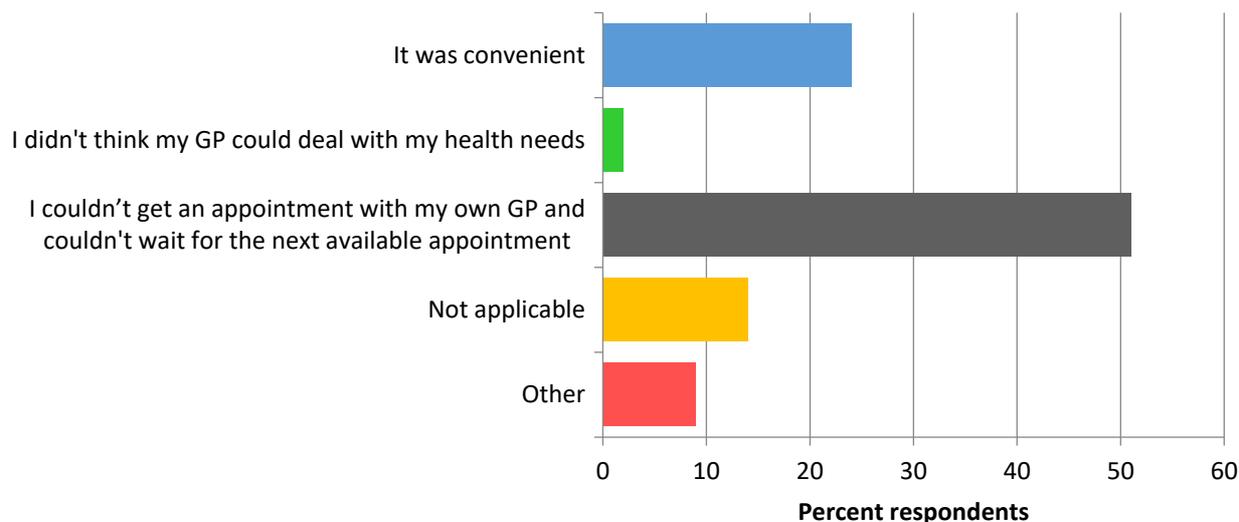
Whilst 20% of respondents were registered at Cricklewood GP Health Centre; 42% of 'frequent users' were registered with a GP at Cricklewood.

Frequent users were more likely to:

- visit the walk-in centre because it was convenient (39% compared to 24% of all respondents)
- go to an A&E if the walk in service was not available (63% compared to 52%)
- have an ethnic background. E.g. Black ethnicity (15% compared to 10%); Asian (21% compared to 16%) or 'other' ethnic background (16% compared to 8%)
- be Muslim (32% compared with 16% of the respondent population).

5.3 Question 3: Why did you choose Cricklewood walk-in service on your most recent visit?

(T)



Number responding to this question = 533; It was convenient = 130 (24%); I didn't think my GP could deal with my health needs = 10 (2%); I couldn't get an appointment with my own GP and couldn't wait for the next available appointment = 273 (51%); Not applicable = 72 (14%); Other = 48 (9%)

Other reasons given for choosing Cricklewood walk-in service:

- Most people expanded on one of the options provided e.g. the service is close to their home (it is 'convenient'); or they were unable to get an appointment with their GP
- The most popular other reason given was that it was a weekend or evening and the person's GP was not open
- A few people were referred from elsewhere e.g. at Greenfield Medical Centre, patients said that a notice directed them to the walk-in rather than A&E; and some patients were referred from NHS111 or their pharmacy
- Some people said they didn't want to bother their GP just for a simple issue e.g. a prescription
- Five people said they were staying in the area and their own GP was where they lived/ they had just moved to the area/ they were from abroad, some distance away
- Two people said that their GP appointments system was broken when they tried to book
- Two people said they were not registered at a GP; one person said they were in temporary accommodation and hadn't been able to register.

Differences of opinion between different groups

Respondents registered with **Cricklewood GP practice** were more likely to say they visited the walk-in service because it was convenient (47% compared to 24%).

Respondents registered with a **Brent GP** were more likely to say they used the walk-in service because they couldn't get an appointment with their GP (63% compared to 51%).

Older people (61+) were slightly more likely (59% compared to 51%) to say they couldn't get an appointment with their own GP.

5.4 Question 4: When making our decision, what else should we consider?

Over 360 people provided comments on what the CCG should consider going when making a decision. These have been grouped into seven themes, presented with the themes attracting the most amount of comment first:

1. Around 20% of respondents stated that they believed **the walk-in provided a different service to GP provision**. The most popular response was that it took a long time to get a GP appointment. but other reasons included:

- Getting an urgent GP appointment requires queuing or trying to get through on the phone
- There are no weekend or out of hours appointments at GPs
- You don't have to take time off work or school
- Extended hours appointments were also not 'same day'.
- Some people need regular healthcare e.g. people with drug or mental health conditions; people with chronic conditions; children who get sick quickly and often. It was felt that a walk-in service would be better for these patients
- Respondents said that they didn't know when they would be available e.g. Zero hours contractors who don't want to give up a potential work opportunity, so booking an appointment they could keep was difficult.

"The centre provides an essential service that supplements rather than duplicates the other options available and is frequently the most appropriate."

Male 70+, not in Barnet or Brent

"I am not a frequent user, but I have been very glad of it when my son had an asthma attack one evening, they had a nebuliser that settled it down, and when he had an ear infection at a weekend he was seen and given antibiotics."

Female, 31-45, Barnet

"There is no other facility that caters for our out of hours or emergency needs that is local and not urgent care or A&E - it provides a vital service for the community."

Female, 31-45, Brent

2. Roughly 10% of respondents said that the **Cricklewood walk-in service is good and this was reason enough to keep it open**:

- It is convenient and has good transport links. Alternatives such as the other walk-in services and A&E are too far and transport is costly
- The advice is professional and friendly
- The waiting times are shorter than A&E and GP surgeries

"Staff are friendly and professional and the centre is available to people from a wide geographical area."

Male, 17-30

Appendix 1

3. Some respondents stated that they would **struggle to get to travel to alternative walk-in/urgent care services** as they are too far and too costly.

“People like myself who have Asperger’s are often unable to carry out unfamiliar journeys, and if this walk in centre closed I would struggle to get to any of the other centres listed.”

Male, 17-30

4. The walk-in service was considered to reduce the pressure on A&Es and other services. People were concerned about the **pressure on services in future both from population growth, and if the walk-in service was to close.**

“It will put pressure on A&E and that will take even longer hours to be seen.”

Male, 61-70

“The huge building programme which will bring an expanding population in Cricklewood to already oversubscribed GPs in local area plus the needs of many diverse & transient people living in Cricklewood.”

Female 46-60, Barnet

5. Respondents felt that the walk-in provided a **good service for people who cannot use neighbouring GPs or other services:**

- Some people are not registered, for instance they are unfamiliar with UK system; or find registering with a GP daunting; short term renters or people who have just moved to area and registration takes 5-10 days
- Some people are registered elsewhere e.g. are in the area on business or on holiday
- Some would find NHS111 is unsuitable e.g. there is a language barrier

“...I was staying with my boyfriend in London when I required an urgent appointment.”

Female, 17-30. Brent

6. Respondents suggested a number of **mitigations/improvements** both:

- If the decision was taken to **close** the walk-in service, such as to better promote the GP extended access services and better information about the alternatives generally; to introduce more online and phone consultations; to re-provide the facility elsewhere; to reduce the waiting times for an appointment in GP surgeries and in A&Es and to extend the hours of GP surgeries.

“Do not close it or offer another local service. Promote GP access hub”

Female, 46-60. Registered in Brent

- If the decision was taken to **retain** the walk-in service, such as providing more doctors for the service; providing more facilities and extended hours.

7. **There was little support for closing the walk-in service**, but a small number of people did point out that there are plenty of GP practices close to the centre.

“The cost of running the service is a factor as there are more GP’s within a few hundred yards of this one.”

Male, 61-70. Barnet

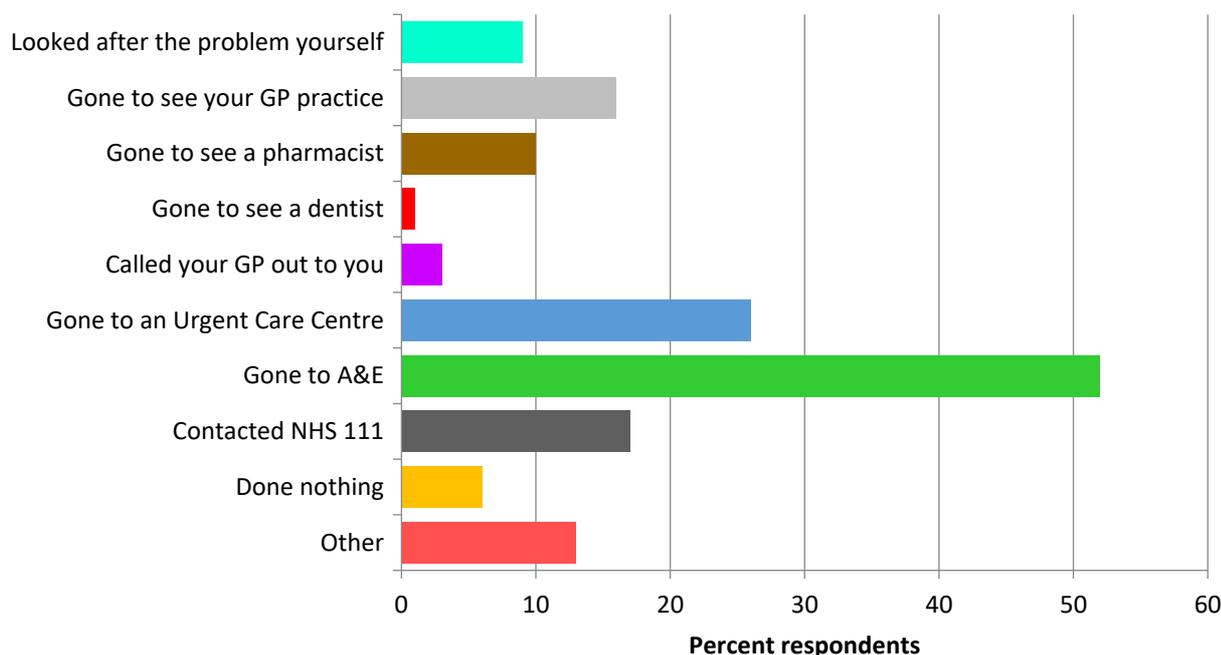
Word cloud (commonest words are largest) used in the 'free text' public responses⁶.



⁶ Using Worditout.com. Commonest word frequency 368; least common 61; removing common non-descriptive words e.g. the, of, and, to, a, is, that, for, on, as...

5.5 Question 5: If the walk-in centre was not available, would you have...

(Tick those that apply)



Number responding to this question = 528. Looked after the problem yourself = 47 (9%); Gone to your GP practice = 86 (16%); Gone to see a pharmacist = 50 (9%); Gone to see a dentist = 6 (1%); Called your GP out to you = 16 (3%); Gone to an Urgent Care Centre = 139 (26%); Gone to A&E = 277 (52%); Contacted NHS 111 = 92 (17%); Done nothing = 33 (6%); Other = 69 (13%).

N.B. Respondents were able to choose ‘all that apply’. Therefore respondents might choose one or many of the options, depending on the condition they had, the time and general situation.

The ‘Other’ option was generally used to provide comment on the options provided rather than provide other places where respondents would go to if the walk-in service as unavailable at Cricklewood e.g.:

“What do I pay my taxes for????”

“What choice do I have?”

“NHS 111 waste of time”

Of those that mentioned a specific alternative:

- Four people said they would have gone to a private clinic
- Their own GP
- A couple said ‘don’t know’
- One person said they would always call an ambulance as often as they can

Differences of opinion between different groups

Respondents registered with a **Barnet GP** practice were more likely to say they would have gone to an A&E if the walk-in service was not available (63% compared to 52%).

Younger people (under 30) were more likely to go to do nothing or looked after the problem themselves than go to A&E (38% compared to 52%); whereas **older people** (61+) were more likely to go to A&E (60% compared to 52%)

6. Analysis of other responses

Discussions at drop-in meetings

The issues raised, generally mirrored those highlighted in the questionnaire and letters, emails etc.

Letters, email, phone responses and petitions

23 letters/emails were received from individuals and five pre-printed forms (onto which people had added their own experiences/views). The views of letter/email writers generally mirrored those using the questionnaire (and of course many of the writers may have also responded to the questionnaire as they were encouraged to do). Almost all respondents were against the proposal and cited:

- The GP extended access hubs and other urgent care options are too far away – this was the most frequent response.
- Nurses are often not available at GP surgeries – so the walk-in service is ideal for regular changing dressings etc
- Population increases which may put pressure on NHS services
- Cricklewood, being between three boroughs, tends to get forgotten
- The walk-in service relieves pressure on other services such as A&E and GPs
- The walk-in service needs to be improved – needs two doctors 24/7 and nurses
- The walk-in service is open at times when GPs are not
- Finchley walk-in service should be closed instead as it serves a much smaller population

“I attended the walk-in centre nurse twice a week three weeks before I managed to make an appointment with the GP’s nurse.”

“Hubs won’t work as they are unfamiliar locations.”

“Ringling 111 is not a realistic option when you have a child or a serious medical problem... The advice is almost always that one should attend A&E.”

The five forms returned raised similar issues e.g.:

- The walk-in service has been helpful, especially when respondents couldn’t get an appointment at their own GP and/or the pharmacy is closed
- It is convenient – an ambulance would be needed otherwise
- GP practices nearby don’t take people who are in Cricklewood
- Respondents would go to the Royal Free Hospital as an alternative; and trips to other walk-in centres are complicated
- The walk-in service offers the ability to treat minor urgent complaints in the community
- The local population is growing.

Stakeholder views

Seven stakeholders responded via the questionnaire; by emails/letters and meetings. Respondents included: Barnet Federated GPs; Central London Community Healthcare NHS Trust; Camden Clinical Commissioning Group; Barnet Primary Care Network 5; Londonwide Federation of LMCs; Royal Free Hospital NHS Foundation Trust; and Councillor Clarke.

Stakeholders were much more supportive of the proposed changes/closure of the walk-in service.

- **Camden CCG** (which noted that around 2,400 patients a year at Cricklewood walk-in service were from Camden) supported the proposal to close the service. The CCG asked that Barnet and Brent CCGs work with the Royal Free Emergency Department to develop robust front-door streaming and effective redirection and will itself support any decision to close the service by taking local actions such as maximising local GP extended access services.
- **Barnet Federated GPs** supported the changes
- **Central London Community Healthcare NHS Trust** stated they were working on improvements to Finchley and Edgware walk-in services which may benefit the system as a whole.
- **Royal Free Hospital NHS Foundation Trust**, whilst accepting that a walk-in service is not geared up to offer outpatient services or consistency of care for those with long-term conditions, did think that the walk-in service provided for patients unable to get a GP appointment and had some concern about whether closure of the walk-in service would affect A&E performance at the Royal Free
- **Barnet Primary Care Network 5** said that their GP practices would receive additional patients if the walk-in service closed and therefore requested additional funding⁷
- The **Londonwide Federation of LMCs** and **Councillor Clarke** asked/made suggestions regarding the engagement process.

Whilst Brent Community and Wellbeing Scrutiny Committee did not formally respond to the engagement, at its meeting on 4 September 2019, the committee queried the evidence around whether walk-in centres were dated and under-used and asked what risks there were for residents and how they would be mitigated. The committee asked what would happen to people who were not currently registered with a GP and how closure of the walk-in service would affect those patients needing emergency provision. The committee also asked whether GP provision would be sufficient, and how the engagement would be carried out – ensuring there was sufficient opportunity for people to comment, and why technology could not be installed to make patient notes available. However the committee made no recommendations.

"We agree the proposals are likely to have minimal impact on Barnet Hospital. However we do expect increased demand from patients attending the Royal Free Hospital that could negatively impact on the likelihood of us meeting the expected A&E performance indicators.

In this light we feel it would be prudent to build in a formal six month review of activity across the relevant catchment, with an option to review contracts as necessary."

Royal Free Hospital NHS Foundation Trust

"Support for the changes to the Cricklewood walk-in centre... This year we have taken on 19 additional staff, which is a mix of clinical pharmacists and social prescribers and we know they will be able to offer extended support to local patients. From April 2020, these numbers will increase again, and we will see the introduction of First Contract Practitioners and Nursing Associates."

⁷ Response received after the close of the engagement

Barnet Federated GPs

Need to ensure... “impact on urgent treatment centres that remain open over 2020-21 is taken into account when agreeing activity plans and winter pressures... impact coming from National Operating Standards, National Quality Requirements and Local Quality Reporting are discussed and agreed during our contract negotiating process...”

Central London Community Healthcare NHS Trust

“In summary, we recognise and are cognisant of the rationale for your proposal. However, we are keen to ensure that patients do not see Emergency Care Departments as an alternative for minor ailments or conditions suitable for a primary care and/or self-care intervention. We look forward to hearing the outcome of your consultation and your final decision so that we can put local actions in place, if required.”

Camden Clinical Commissioning Group

“Practices within our PCN will be under a lot more pressure to meet the demands which were previously dealt with by the walk-in centre.

Bearing this in mind, we would like our affected PCN practices to receive the funding which was allocated to the walk-in centre to be able to provide extra urgent on the day appointments to help reduce the pressure and provide the care needed for our patient population.”

Barnet Primary Care Network 5

Annex 1: Demographic information of individuals who completed the questionnaire

The demographic information below relates to individuals who completed the questionnaire, as those who sent in letters or emails did not (generally) provide these details about themselves. Percentages are given after the actual numbers and are rounded to the nearest whole percent which may not add up to 100%.

Respondent		Total
Gender	Female	310 (59%)
	Male	207 (39%)
	Non-binary	5 (1%)
	Other	0 (0%)
	Prefer not to say	3 (1%)
Age	0-16	15 (3%)
	17-30	130 (25%)
	31-45	143 (27%)
	45-60	128 (25%)
	61-70	60 (11%)
	70+	46 (9%)
Ethnic background⁸	Asian / Asian British	86 (16%)
	Black / African / Caribbean / Black British	54 (10%)
	White	285 (54%)
	Mixed / multiple ethnic groups	42 (8%)
	Other ethnic group	41 (8%)
	Prefer not to say	16 (3%)
Sexual orientation	Heterosexual or straight	417 (87%)
	Gay or lesbian	17 (4%)
	Bisexual	4 (1%)
	Other	7 (1%)
	Prefer not to say	35 (7%)
Disability or long-term health condition	Yes	113 (23%)
	No	383 (77%)
Belief or religion	No religion	92 (18%)
	Buddhist	9 (2%)
	Christian	240 (46%)
	Hindu	10 (2%)
	Muslim	95 (18%)
	Jewish	23 (4%)
	Sikh	9 (2%)
	Other	10 (2%)
	Prefer not to say	30 (6%)

⁸ Results are aggregated from the sub-categories

Annex 2: Leaflet and printed questionnaire



The leaflet cover features a blurred background of people in a public space. At the top right is the NHS logo. The main title is 'Have your say on the future of Cricklewood walk-in service'. At the bottom left, it identifies the NHS Barnet and Brent Clinical Commissioning Groups.

NHS

Have your say on the future of Cricklewood walk-in service

NHS Barnet Clinical Commissioning Group
NHS Brent Clinical Commissioning Group

Introduction

We understand from patients and residents that choosing the right place to get care when you are feeling unwell can be confusing, with a range of services providing urgent care at different times and for different needs.

Barnet and Brent Clinical Commissioning Groups (CCGs) are keen to ensure that people understand what is available locally and to simplify the system.

The contract for Cricklewood walk-in service is coming to an end. Over the next few months, Barnet and Brent CCGs want to hear the views of local residents and stakeholders on a proposal to close the walk-in service based at Cricklewood GP Health Centre when the contract comes to an end on 31 March 2020. The local area is well-served by other primary care services such as extra GP appointments in the evening and at weekends, community based services and NHS 111. The CCGs intend to step-up promotion of these services so people know the most appropriate places to go. Further information about the proposal and ways to give your views are contained in this document.

Background

The walk-in service based at Cricklewood GP Health Centre is commissioned by Barnet Clinical Commissioning Group (CCG). Patients who use the service come from both Barnet and Brent, with a smaller number coming from Camden. The number of people from all boroughs using Cricklewood walk-in service has reduced by 21% since 2016. Although the walk-in service provides an extra place where people can access urgent care, both Barnet and Brent CCGs think that the Cricklewood walk-in service:

1. Duplicates services that are already available within both boroughs

- It provides a similar range of treatments to a GP surgery and the majority of patients who access the service are already registered with a GP. Both Barnet and Brent CCGs now offer extra GP appointments in the evening and at weekends in practices across both boroughs.

There are 48,000 appointments per year for Barnet and 64,688 for Brent. Brent is currently expanding electronic consultations (e-consultations) to all patients. Barnet is currently piloting e-consultations with a small number of GP practices.

- There are GP appointments available when the Cricklewood walk-in service is open which means the CCGs are paying twice for the same service.
- There are two other walk-in centres in Barnet that are open seven days-a-week which, unlike Cricklewood, provide x-ray facilities and minor injury services. Brent also has two urgent care centres at Central Middlesex Hospital and Northwick Park Hospital.

Appendix 1

2. Offers a limited service to local people

- The walk-in service does not provide continuity of care for long-term diseases. For most conditions, it is better for patients to attend their own GP surgery because unlike the walk-in service a patient's GP will have access to their records and can ensure continuity of care.
- The walk-in service does not provide emergency services, referral on to secondary care or services that help prevent ill health, such as immunisations, health checks and cancer screening.



3. Does not help the CCGs to achieve local urgent care priorities

- The CCGs believe that they should simplify urgent care, making it easier for patients to know where to go and focus resources on improving primary care so that more people can be seen quickly and in the most appropriate setting close to home.
- The CCGs have invested in increasing GP appointments with more primary care investment to come this year and in the future as part of the NHS Long Term Plan. This will mean more primary care staff and better outcomes for patients as health, care and voluntary services join up around patient needs and provide early help to avoid urgent attendances, where possible.
- There are alternative urgent care and GP services in the boroughs, all of which provide the same range of services as the Cricklewood walk-in service and more.



Given these developments, continuing to pay for Cricklewood walk-in service may not be the best way to deliver the most effective care for local patients as well as not being a good use of public money given alternative services that are available.

North Central London Commissioning and Contracting ran a recent consultation on the future of the GP practice at Cricklewood GP Health Centre. Patients who are registered with the Cricklewood practice received individual letters as part of that consultation. On 22 August 2019, the North Central London Primary Care Committee in Common agreed to recommission the GP practice.

Urgent and GP services in Barnet and Brent

1.1 Cricklewood GP Health Centre

Cricklewood GP Health Centre comprises a GP practice and walk-in service. The GP practice is commissioned by North Central London Commissioning and Contracting and the walk-in service is commissioned by Barnet CCG. A consultation on the future of the practice has recently concluded and on 22 August 2019, the North Central London Primary Care Committee in Common agreed to recommission the GP practice. The centre is in the south of the borough of Barnet, on the border with Brent and Camden.

The walk-in service is open from 8am to 8pm every day, staffed by a mix of GPs and nurses. It treats patients mainly registered with GP practices in Barnet and Brent, but is open to all registered and unregistered patients regardless of where they are from.

All unregistered patients who attend are encouraged and supported to register with a GP. There are 13 practices within a mile radius, all accepting new patients. Details below.

It treats approximately 54 people per day (of which 31 Brent/13 Barnet), most of whom visit during daytime hours 8am–6:30pm Monday to Friday.

1.2 Urgent and primary care provision in Barnet

On 12 August 2019 there were 52 GP practices in the borough. Barnet CCG has recently commissioned more GP appointments to meet patient demand and improve access to a GP.

In addition, there are the following services to support patients with their health needs:

- 76 pharmacies across the borough.
- Ten GP extended access hubs* where 48,000 additional GP appointments are provided in the evenings and at weekends. GPs can access the medical records of patients, enabling better treatment.

- Two other walk-in services, at Edgware Community Hospital and Finchley Memorial Hospital, offering services from 8am (Edgware 7am) until 10pm, seven days a week.
- The GP out-of-hours service accessed via NHS 111 offers face-to-face consultations from 6.30pm to 8am seven days a week. The service includes home visits. At weekends, home visits can be offered 24 hours a day.
- An urgent care centre at Barnet Hospital is open until 11pm, seven days a week.

*A hub is a practice that offers GP appointments at evenings and on weekends to all registered patients.

GP practices within one mile radius of Cricklewood walk-in service

Cricklewood Health Centre – Barnet
 Greenfield Medical Centre – Barnet
 Pannine Drive Practice – Barnet
 Chichele Road Surgery – Brent
 Oxgate Gardens Surgery – Brent
 Walm Lane Surgery – Brent
 The Windmill Medical Practice – Brent
 Willesden Green Surgery – Brent
 The Jai Medical Centre (Brent) – (formerly known as The Sheldon Practice) – Brent
 Mapesbury Medical Centre – Brent
 West Hampstead Medical Centre – Camden
 Cholmley Gardens Surgery – Camden
 Fortune Green Road Surgery – Camden

1.3 Urgent and primary care provision in Brent

On 12 August 2019 there were 55 GP practices in the borough and Brent CCG has commissioned more GP appointments both in and outside of normal working hours to meet patient demand and improve access to a GP.

In addition, there are the following services that can support patients with their health needs:

- 60 community pharmacies.
- Five GP extended access hubs across the borough where 64,688 additional GP appointments are provided in the evenings and at weekends. Doctors can access patient records, enabling better treatment to be given and ensure continuity of care.
- GP out-of-hours accessed via NHS 111 offers face-to-face consultations provided by London Central & West Unscheduled Care Collaborative and Care UK after 6.30pm seven days-a-week.
- An urgent care centre at Central Middlesex Hospital is also open seven days-a-week.

1.4 Other local urgent care services

Because of the location of the Cricklewood walk-in service, patients from both boroughs may also be closer to other urgent care facilities outside of their own boroughs which they can use. These include the urgent care centres at Royal Free Hospital, Northwick Park Hospital and St Mary's Hospital.

Extra GP Appointments Information	
Available to all GP patients in respective boroughs through own GP or in Barnet direct on 020 3948 6809	
Barnet – nearest to Cricklewood indicated with asterisk	
Location	Opening times
Oaklodge Medical Centre	Mon-Fri 18:30-21:00 – Sat and Sun 08:00-20:00
Millway Medical Practice	Mon/Wed/Thurs 18:30-21:00 – Sat 08:00-12:00
Greenfield Medical Centre*	Mon/Wed/Fri 18:30-21:00 – Sat 08:00-12:00
PHGH*	Tue/Wed/Thurs 18:30-20:00 – Sun 08:00-12:00
Wentworth Medical Practice	Mon/Wed/Fri 18:30-21:00 – Sat 08:00-12:00
Longrove Surgery	Mon/Wed/Fri 18:30-21:00 – Sat 08:00-12:00
St Andrew's Medical Practice	Mon/Wed/Fri 18:30-21:00 – Sat 08:00-18:00
East Barnet Health Centre	Tues/Wed/Thurs 18:30-20:00 – Sat 08:00-12:00
Dr Azim and Partners*	Mon/Tue/Thurs 18:30-20:00 – Sat 08:00-12:00
Woodlands Medical Practice	Tues and Thurs 18:30-21:00 – Sat 08:00-12:00
Brent – nearest to Cricklewood indicated with asterisk	
Wembley Centre for Health and Care Clinic	Mon-Sun 08:00-20:00
Roundwood Park Medical Centre*	Mon-Fri 16:00-20:00 – Sat 12:00-16:00
Jal Medical Centre (Brent) formerly known as The Stag Holyrood Surgery*	Mon-Fri 16:00-20:00
Staverton Medical Centre Kilburn*	Mon-Fri 16:00-20:00 – Sat 10:00-14:00
Park Royal Medical Centre	Mon-Fri 16:00-20:00 – Sat 10:00-14:00

Frequently Asked Questions

I use Cricklewood walk-in service when I can't get an appointment with my GP. What would I do if it closes?

If you can't get a same-day appointment with your own GP you can arrange to see another GP close to home. Appointments are available at practices across Barnet and Brent as set out on page 5. In Barnet the receptionist at your own practice can arrange an appointment or you can call the service directly on 020 3948 6809 from 6.30pm to 9pm seven days-a-week. In Brent you can contact your own GP or NHS 111. You can also seek urgent medical advice by dialling 111 or get an opinion on non-urgent conditions by visiting your local pharmacist. If you would prefer to use a walk-in service, you can visit Finchley Memorial Hospital or Edgware Community Hospital. You can find directions, transport links and opening times online at www.barnetccg.nhs.uk

Urgent care is also available to Brent patients at Central Middlesex Hospital, Northwick Park Hospital and St Mary's Hospital. For a full list, see www.brentccg.nhs.uk

My children are prone to cuts and bruises. If Cricklewood walk-in service closes, where should I take them?

If your child is hurt but you don't think it is serious you can treat them at home or call your own GP for advice or an appointment. If you still need advice from a healthcare professional, you can take your child to your local pharmacist who will give you clinical advice and over-the-counter remedies. If you think your child's condition is serious and you are not sure what to do you can dial NHS 111 and a trained adviser can help you. If your child's condition is serious or life threatening, dial 999 immediately.

What about people who are not registered or can't register with a GP?

It is important that everyone who is eligible to register with a GP does so, as this is where they can access the

best care for most conditions and also preventive care and referrals to other services. You can find details of your nearest GP on the NHS website at www.nhs.uk. There are 13 GP practices within a mile of Cricklewood walk-in service. You can see the full list online at www.barnetccg.nhs.uk or www.brentccg.nhs.uk.

All GP practices in Barnet and Brent are open to register new NHS patients. However, if someone can't register, the walk-in services at Finchley Memorial Community Hospital and Edgware Community Hospital, are able to treat them. The NHS 111 service will also respond to anyone in need.

There are plans for re-development in Cricklewood and surrounding areas. With more people arriving is there not now a greater need for the walk-in service?

Clinical Commissioning Groups (CCGs) work closely with their local authorities in planning for future population growth. Barnet and Brent CCGs will ensure that there is sufficient primary care in both boroughs to cover any forthcoming increases in population and developers are required to contribute to local infrastructure to secure this.

I'm registered with the GP practice at Cricklewood Health Centre and received a letter about a consultation on the future of that service. Is this separate to that?

Yes, our colleagues at North Central London Commissioning and Contracting ran a consultation on the future of the GP practice at Cricklewood GP Health Centre. All patients of that practice received a letter inviting them to have their say. On 22 August 2019, the North Central London Primary Care Committee in Common agreed to recommission the GP practice.

Won't closing the walk-in service put pressure on A&Es and GPs?

All patients who are treated at Cricklewood walk-in service could be treated at their registered GP practice or by visiting a local pharmacist or through self-care.

Both Barnet and Brent CCGs have commissioned extra GP appointments at a range of locations for any patient registered with a GP in their borough.

Cricklewood walk-in service is not like an A&E. Patients using Cricklewood would not have the sort of serious conditions that would put additional pressure on A&E and their needs could be met in a range of other ways set out above. However, we recognise we need to do more work to inform patients of the choices in the community and give them confidence in using these services, rather than going to A&E for less-serious conditions.

If patients are unsure where to go when they are ill, they can call NHS 111 for advice, which will direct them to the most appropriate service to manage their health needs.

Is this proposal just about saving money?

No. In the Cricklewood area there are a number of services providing very similar care, particularly in the evening. Many patients are not clear of the choices available to them, what each service does, or that some services duplicate others. Whenever possible general practice is the best place for patients to get care. CCGs are effectively spending limited resources twice. We need to make the best use of public money and develop services that are easier for patients to access and understand.

How long do we have to share our views?

You can give your views on the proposal between 12 August to 4 November 2019.

When will you be making a decision on the future of Cricklewood walk-in service?

We will make a decision when all views have been considered and all other information gathered (such as financial data, quality and equality reports). We expect that to be in December 2019.

How to get involved

We would like to know the views of service users and carers, staff, representative groups, community organisations and local residents.

To share your views you can fill in the questionnaire attached to this document or complete it online at: www.surveymonkey.co.uk/t/3GF53V7Ncricklewood

All of this information and the survey are also available on the Barnet CCG website: www.barnetccg.nhs.uk Brent CCG website: www.brentccg.nhs.uk or you can contact either CCG for a copy. The document is available on request in other formats and languages.

If you require further information:

Email: barccg.wic@nhs.net

Phone: 020 3688 2822

Post: Send your letter to: Barnet Clinical Commissioning Group, North London Business Park, Oakleigh Road South, N111NP marked 'Cricklewood walk-in service' or visit the walk-in service.

All comments must be received by 4 November 2019

Completed questionnaires should be returned to: barccg.wic@nhs.net

Barnet Clinical Commissioning Group, North London Business Park, Oakleigh Road South, N11 1NP marked 'Cricklewood walk-in centre - Have your say'

Questionnaire

We welcome any feedback or ideas you have, but we are particularly interested in your answers to the following questions. You do not have to answer all questions and are welcome to use extra paper if necessary.

Confidentiality

If you are responding in a personal capacity, your response, but not your personal details may be shared with decision-makers to enable them to fully consider your views. Unidentifiable parts of your response may also be published to illustrate comments made.

1. Are you registered with a GP? (Tick only one):

- Yes, at Cricklewood GP health centre Yes, with a different Barnet GP practice
 Yes, with a Brent GP practice Yes, with a GP elsewhere No

2. How many times have you visited Cricklewood walk-in service in the last 12 months?

- 0 1 2 3 4 or more

3. Why did you choose Cricklewood walk-in service on your most recent visit? (Tick only one):

- Not applicable It was convenient
 I didn't think my GP could deal with my health needs
 I couldn't get an appointment with my own GP and couldn't wait for the next available appointment

Other (please state)

4. When making our decision what else should we consider? Please specify:

5. If the walk-in centre was not available, would you have (tick those that apply):

- Looked after the problem yourself Gone to your GP practice Gone to see a pharmacist
 Gone to see a Dentist Called your GP out to you Gone to an Urgent Care Centre
 Gone to A&E Contacted NHS 111 Done nothing

Other please specify

FILL OUT THE QUESTIONNAIRE HERE



Appendix 1

Some questions about you

The following questions will help us to see how opinions vary between different groups of the population. We will keep your answers completely confidential.

1. To which gender identity do you most identify

Male Female Non-binary Other Prefer not to say

2. How old are you?

0-16 17-30 31-45 46-60 61-70 70+

3. What is your ethnic group

White English/Welsh/Scottish/Northern Irish
 Irish Gypsy or Irish Traveller Other White background

Mixed/multiple ethnic groups

White and Black Caribbean White and Black African
 White and Asian Other mixed/multiple ethnic background

Asian/Asian British

Indian Pakistani Bangladeshi Chinese
 Other mixed/Asian background

Black/African/Caribbean/Black British

African Caribbean Any other Black background

Other ethnic group

Arab Any other ethnic group Prefer not to say

4. Which of the following best describes your sexuality?

Heterosexual or straight Gay or lesbian Other
 Bisexual Prefer not to say

5. Which if any of the following best describes your religion

No religion Buddhist Hindu Jewish Muslim Sikh
 Other Prefer not to say
 Christian (including Church of England, Catholic, Protestant and other Christian denominations)

6. Do you consider yourself to have a disability or long term condition?

Yes No Prefer not to say

7. What is your full postcode



NHS Barnet Clinical Commissioning Group
Ground Floor, Building 2
North London Business Park
Oakleigh Road South
New Southgate
N11 1NP
Telephone: 020 3688 2299

NHS Brent Clinical Commissioning Group
Wembley Centre for Health and Care
116 Chaplin Road
Wembley
HA0 4UZ
Telephone: 020 8900 5300

If you have any queries, questions or comments about Barnet and Brent CCGs, please contact us using the details on this form, and we will respond as quickly as possible.

Annex 3: Barnet First publication

Remember to book your annual flu vaccine

Please contact your GP or Pharmacy to book your appointment.
You can get a **free** vaccine from your GP if you are in the following risk groups:



- All children aged 2 – 10 years old on the 31st of August 2019
- Everyone aged 65 or over
- All pregnant women, at any stage of pregnancy
- Everyone living in a residential or nursing home
- Everyone who cares for an older or disabled person
- Household contacts of anyone who is immunocompromised
- All frontline health and social care workers
- Everyone aged 6 months to 65 years who suffers from any long term condition such as lung, kidney, heart, neurological or liver disease, diabetes, breathlessness, lowered immunity, a previous stroke or mini-stroke (TIA), any other long term illness, or a BMI of 40 or over
- All children in primary school. Children in primary school should receive a free flu vaccination through their school every year. **If your primary aged child has missed their school flu vaccination for this year please contact the school nurses on 020 8447 3622**

If you don't fall into any of these risk groups you can still pay to get a flu jab at your local pharmacy.




Share your views on the future of Cricklewood walk-in service

Barnet and Brent Clinical Commissioning Groups (CCGs) want to hear your views on a proposal to close the walk-in service at Cricklewood GP Health Centre. The CCGs believe it duplicates services that are already available in both boroughs, offers a limited service to local people and does not help with meeting local urgent care priorities.

To have your say on this proposal you can fill out a questionnaire online at: <https://www.surveymonkey.co.uk/r/3GF53Vncricklewood> or pick up a paper copy at the health centre.

The deadline for completing the questionnaire is **Monday 18 November 2019**. A decision will be made when we have considered all views. Any changes to Cricklewood walk-in service would need to follow decision-making and would not happen until March 2020.

For more information visit www.barnetccg.nhs.uk, www.brentccg.nhs.uk or call Barnet CCG on 020 3688 2822.



Evening and weekend GP appointments in Barnet

Barnet residents can access GP services from 8am to 9pm, seven days a week.




We know that it's sometimes hard to fit in a visit to the doctor when you need it most. That is why NHS Barnet Clinical Commissioning Group has commissioned Barnet Federated GPs to provide an extra 48,000 GP appointments available in the evenings and on weekends in Barnet.

These appointments are available from 6.30pm to 9.00pm on weekdays and 8.00am to 9.00pm on weekends and are provided from several GP practices or "hubs" in the borough.

This additional access to general practice will be particularly important this winter as it is always a particularly challenging and busy time for the NHS, both locally and across the country. A&Es will be very busy but there are alternatives.

To book an evening or weekend appointment, either:

- Contact your GP practice in the usual way and ask for a weekday evening or weekend appointment, or
- Call the primary care access hub directly on 020 3948 6809 (phone line operational at evenings and weekends only).

Avoid long waits in A&E and instead:

- Contact your GP
- Visit your local pharmacy
- Use the NHS 111 Symptom Checker at <https://111.nhs.uk/>
- Call NHS 111 by dialling 111 for more advice, or
- Visit one of the three walk-in centres across the borough at Edgware Community Hospital, Pindley Memorial Hospital and Cricklewood Health Centre.

More information on services this winter will be available at www.barnetccg.nhs.uk

Appendix 1

Annex 4: NHS North West London Newsletter and Brent CCG Tweet



NHS North West London Newsletter - September 2019

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Have your say on the future of Cricklewood walk-in service

Barnet and Brent CCGs are inviting people to give their views on a proposal to close the walk-in service at Cricklewood GP Health Centre.

You can share your views from Monday 12 August to Monday 4 November.

How to give your views

Have your say on this proposal by completing the online questionnaire [here](#).

Like (0)

In this issue

Welcome to your NHS North West London newsletter

Draft response to The NHS Long Term Plan

Future public meetings

Annual reports and AGMs*

Our new West London CCG website is launching soon!

Have your say on the future of Cricklewood walk-in service

Move to one NW London CCG



NHS Brent CCG @Brent_CCG · Sep 25

Come and discuss the future of Cricklewood walk-in service with your local #NHS. Find out more here: bit.ly/2lCj3o0



NHS Brent CCG @Brent_CCG · Sep 24

Want to keep up to date with the work going on in North West London Clinical Commissioning Groups? Have a read of our September newsletter here:

APPENDIX 2: Quality Impact Assessment

1. Stage 1 Initial assessment

Project Name	Cricklewood Walk-In Centre – Proposal to Decommission				
Project Manager	Bhavini Shah (Barnet) Rashida Rahman (Brent)	Project Lead <i>If different from Project Manager</i>	Beverley Wilding (Barnet) Fana Hussain (Brent)	Director Lead	Ruth Donaldson/Sarah D'Souza (Barnet) Sheik Auladin (Brent)
Clinical Lead	Aashish Bhansal (Barnet) Dr Jahan Mahmoodi (Brent)	CCG Governing Body Lead <i>If different from clinical lead</i>	Ashish Bansal (Barnet) Dr M C Patel (Brent)	Provider Consultant Lead	

Executive Summary	<p>The Cricklewood Walk-In Centre:</p> <ul style="list-style-type: none"> • Duplicates services available in both Barnet and Brent • Offers a limited service to local people • Does not help the CCGs achieve local urgent care priorities <p>Closing the Walk-In Centre would:</p> <ul style="list-style-type: none"> • Reduce confusion of an urgent care service that does not fit the future model • Encourage GP registration which would improve overall health of the population • Result in an estimated saving in Brent of £50,000. In Barnet the estimate is that no saving would result as, although some patients will self-care and some will visit their pharmacy or GP practice, some will visit the (more expensive) A&E • Result in some patients (those registered with a GP but unable or unwilling to get a suitable appointment) either not seeking care or having to go elsewhere for treatment – potentially increasing travel and footfall at other services • Result in some patients (those who are unwilling or unable to register with a GP) either not seeking care or having to go elsewhere for treatment – potentially increasing travel requirements and footfall at other services.
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Appendix 2

Outline objectives and implementation plan	<p>Background: The Cricklewood GP Health Centre comprises a GP practice and the Cricklewood walk-in service (CWIC), both provided by Barndoc Healthcare Ltd, located in the south of the borough, bordering the boroughs of Brent and Camden; CWIC is open to all patients not just Barnet and in fact almost 60% of patients come from Brent and only about 15% from Camden. NHSE is responsible for commissioning the GP practice, and the CCG is responsible for commissioning the walk-in service; since 1 October 2016 Brent CCG has been an associate to the Cricklewood Walk-in-service.</p> <p>Barnet Clinical Commissioning Group (CCG) has been reviewing future commissioning arrangements of the Cricklewood WIC against the context of:</p> <ol style="list-style-type: none">1. The expiry of the NHS Standard Contract at the end of March 2019 (extended to March 2020 to allow for engagement and as a result of the Pre-election period has now been further extended until 30 June 2020) with Barndoc Healthcare Ltd for provision of CWIC.2. Alignment of unscheduled services with primary care provision in Barnet <p>Similar to Barnet CCG, Brent CCG has also been reviewing urgent care services within its borough.</p> <p>The Barnet CCG Primary Care Procurement Committee at its meeting in March 2019 gave its approval for the CCG to engage with patients and the public on the proposal to decommission the Cricklewood WIC. The Primary Care Commissioning Committee (PCCC) in Brent approved the Communications and Engagement plans in September.</p> <p>The joint engagement launched on 12 August with Brent CCG and closed on 18 November 2019.</p> <p>Feedback from patients and stakeholders will be reviewed by an independent reviewer.</p> <p>A decision-making report will be presented to the Brent Primary Care Commissioning Committee and subsequently to the Barnet Primary Care Procurement Committee which will take the final decision in public. The feedback from the engagement along with financial, quality and equality information will be used to inform the final decision-making.</p> <p>APMS GP Contract</p> <p>NHSE has also extended the NHS APMS Contract with Barndoc Healthcare Ltd for provision of the GP practice to 31 March 2020. NHSE undertook a consultation on two options regarding the future commissioning arrangements of the Cricklewood GP Health Centre and at the North Central London Primary Care Commissioning Committee (22 Aug 2019) agreed to reprocure the service which will be subject to a national tender.</p> <p>Review</p> <p>The launch of Primary Care Networks offer real opportunities to improve patient care and CCGs are looking at how we organise urgent care around patients so they benefit from joined-up, preventive, holistic care and the system is made simpler. This will:</p> <ul style="list-style-type: none">• Remove the overlap/confusion in the care provided by the current services
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Appendix 2

- Better utilise NHS money for residents
- Improve the quality of care of primary care services for residents by encouraging visits to GP practices
- Provide better access to a wider range of diagnostics equipment and reduce referrals.

The reviews carried out by Barnet CCG and Brent CCG identified that there is duplication and inconsistencies of WIC provision offer across the boroughs. In addition to NHS 111, A&Es, pharmacies, GP surgeries etc, the provision in each borough includes:

Barnet:

- Two other WICs in the borough. The CWIC service model is different to those, in that it only provides primary care interventions and does not offer diagnostics or minor injury services.
- There is no onsite parking at Cricklewood WIC. Parking at Finchley Memorial Community Hospital WIC is free, parking charges apply at Edgware Community Hospital
- CWIC is open 7 days a week 8am-8pm. Edgware and Finchley WICs are open 7 days a week 8am-10pm with the Edgware WIC currently opening at 7am every day.
- There are an additional 48,000 GP appointments across the borough – there are 10 GP Access Hubs located across Barnet which patients can access for routine and urgent primary care Monday to Friday 6:30pm to 9pm and on the weekend 8am to 8pm including bank holiday.
- The CWIC would require significant investment in order for it to meet Urgent Treatment Centre (UTC) standards compared to the other two Barnet WICs

Brent:

- Since 2018/19 there are an additional 63,000 appointments provided through access hubs.
- At GP Access Hubs, clinicians can access all GP-registered Brent patient records, enabling better treatment to be given
- All GPs (Primary Care Networks) received funding to deliver 30 minutes of GP extended hours provision per 1,000 patients per week (outside core hours of Mon-Fri: 8.00-6.30pm) - approximately 11,700 appointments per annum (30 mins/per 1,000 patients) 32 appointments per day
- GP out-of-hours accessed via NHS 111 will direct patients to the most appropriate healthcare need, and includes ability to directly book patients into GP Access Hubs.
- Urgent Care Centres at Central Middlesex Hospital and Northwick Park are open seven days-a-week, 24 hours a day.
- E-consultation Hub appointments: Over 5,980 appointments commissioned per annum

Appendix 2

	<ul style="list-style-type: none">• The three nearest GP extended access hubs to the Cricklewood walk in service are located at the Jai Medical Centre, Staverton Surgery and the Willesden Centre for Health, these three sites will provide access to extended hours appointments for patients who have previously attended the Cricklewood walk in service. <p>Issues:</p> <ol style="list-style-type: none">1. Variation: While walk-in centres were largely established under national initiatives, local commissioners often tailored the centres to reflect local needs and priorities. As a result, many key features of walk-in centres, such as where they are sited, opening hours, skill-mix of staff, the range of services provided, and the degree of co-location with other health and social care services vary by walk-in centre.2. This limits our opportunity to develop a local strategic framework for commissioning of GP services that addresses key challenges faced: an ageing population; growing co-morbidities and increasing patient expectations; increasing pressure on NHS financial resources; growing dissatisfaction with access to services and persistent inequalities in access and quality of primary care; and growing workforce pressures.3. Funding pressures: Many centres have seen greater numbers of walk-in patients than commissioners initially anticipated. In some cases, this has led to higher payments to walk-in centre providers than expected. Alongside these unpredicted costs, commissioning budgets as a whole have been under growing pressure.4. Failure to reduce A&E attendances; reducing A&E attendances is a key purpose of walk-in centres. Commissioning intentions included improving the availability and configuration of urgent care services in the hope of reducing pressure on A&E departments. However this has not happened, with A&E attendances in Barnet and Brent rising year on year. The plan is to reconfigure services alongside or within A&E departments, with the intention of reducing A&E attendances.5. Duplication of services. Because most patients attending walk in centre are registered with a GP practice elsewhere and can be seen and treated for the same conditions presented. Generally patients attend the centres for the same reasons that they would see their GP, often during GP core hours. Patients should be asked to contact their GP practice first and seek advice. If appropriate same day appointments should be made available or an appointment in the Extended GP access hub should be offered.6. Increasing concerns that the various points of access to urgent care, and the variation in types of services provided, has created confusion among patients about where to seek appropriate treatment. This confusion may result in mistrust of the system and fragmented care, in which the patient is referred onwards to another service such as their GP practice or A&E.7. "Inequity" of access; walk-in centres create inequity of access because they are mostly used by people who lived close by, rather than by groups from areas of high deprivation or those with significant health needs8. Registering homeless patients and traveller community: GP practices are able to register people who are homeless, people with no fixed abode, or those legitimately unable to provide documentation living within their catchment area who wish to
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Appendix 2

	register with them. Homeless patients are entitled to register with a GP using a temporary address which may be a friend's address or a day centre. The practice may also use the practice address to register them.		
Assumptions to quantify benefit	<ul style="list-style-type: none"> • If the WIC is closed, some people will self-care, some will visit a pharmacy or their GP or a GP extended access hub. A small proportion will not go to an NHS facility. No patients who are cared for at Cricklewood require an A&E, however it is possible some patients will go there. • There are approx 11% of patients who are recorded by the walk-in centre as unregistered. This may be because they are homeless or belong to a Traveller community or unable to register or they may come from overseas, but it could also be that the person does not know if they are registered, doesn't want to say that they are registered or they just may be unregistered. We will ensure training and education is provided to support all vulnerable groups of patients. GP practices are able to register people who are homeless, people with no fixed abode, or those legitimately unable to provide documentation living within their catchment area who wish to register with them including asylum seekers and immigrants. If they do not wish to register with a GP they can access A&E services, the walk-in services at Finchley, Edgware, Central Middlesex, or out of the boroughs at the hospitals at Royal Free, Northwick Park, St Mary's and St Charles or they would need to dial 111. • GP practices are able to absorb additional patients in a timely manner and are able to offer urgent appointments. There continues to be available GP hub appointments Overall utilisation of the hubs in 2018/19 was 90% • The cost of upgrading Cricklewood WIC to an Urgent Treatment Centre (e.g. installing X-ray facilities) is very expensive. 		
Gross Savings	Ongoing costs	Net savings	Implementation Date
- Barnet £0	£0	£0	1 April 2020
- Brent £50,000	£0	£50,000	

Document history

Date	Version	Action	Author	Changes
12.4.19	V1.0		Bhavini Shah	Initial Draft
15.4.19	V1.1		BW	
19.8.19	V1.1		BW	Incorporate Barnet comments
11.10.19	V1.10		BW/BS/FR	Incorporate Brent comments
25.10.19	V1.13		BS/RR/FH	Final review
22.11.19	V1.15		Quality Lead	Reviewed, updated and approved by Barnet Quality sub group subject to some points of clarification amendments
25.11.19	V1.16		BS/BW	Clarification updates

Appendix 2

1. Could the initiative impact patients, public, staff or organisations positively or negatively against any of the 8 areas of quality below? Only provide a <u>risk rating</u> for areas of quality that you have identified potential negative impact. Positive impacts can be quantified in table 2.						
Area of Quality	Impact question	Positive/Negative	Impact	Likelihood	Score	Full assessment required Yes/No
Duty of Quality	Could the proposal impact positively or negatively on any of the following – compliance with the NHS Constitution, partnerships, information governance, safeguarding children or adults and the duty to promote equality?	<p>Positive The proposal aligns with the NHS constitution e.g. the same services will still be free of charge and available; waiting times will not be impacted.</p> <p>A separate Stage 1 Equality Impact Assessment has been completed. This will be revised following consideration of the responses to the consultation. The Stage 1 assessment concluded that overall there were a range of positive and neutral equality issues. Any potentially negative issues could be satisfactorily mitigated against. Increasing use of GP appointments will improve safeguarding of children and adults by developing a relationship that can be assessed against previous history – thereby spotting the signs of ill health and issues.</p> <p>Respect and confidentiality will be maintained.</p> <p>There is a positive impact on information governance, equality and safeguarding as all records are kept in one place (the patient's record) and are able to be viewed by the patient's GP.</p> <p>Patients will continue to have the right to be involved in their healthcare, and to make complaints.</p>	Not applicable			No
		<p>Negative Patients may not know where to go for the services that they traditionally use the WIC for.</p> <p>Mitigations if the WIC is to close:</p> <ul style="list-style-type: none"> The CCGs need to promote the options for urgent care in the borough (for instance NHS111, GP extended access service, pharmacies, urgent care centres), so that all patients understand the choices Patients are given list of services they can access and how to access. 	2	3	6	

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<p>Patient Experience</p>	<p>Could the proposal impact positively or negatively on any of the following – positive survey results from patients, patient choice, personalised & compassionate care?</p>	<p>Positive: If potential patients register with a GP then their patient experience is likely to improve as the GP has the opportunity to provide more holistic care, informed by a more regular relationship, the ability to refer and involve other agencies such as social care and voluntary organisations, preventative care, access to care records etc. This should provide both better patient outcomes and therefore experiences. There are many local GP practices.</p> <p>Opportunity to promote the use of pharmacies for self-care and to promote the use of NHS111 and GP e-consultations.</p> <p>Closure of the WIC may reduce patient confusion about the different access points to the NHS – especially given the new requirements for urgent care facilities which may provide better standardisation.</p> <p>Personalised and compassionate care would be positively impacted. This type of care is best provided at a family GP where a long term relationship can be established, and where planned appointments can be personalised to the patient (e.g. with interpreters) and where GPs have access to patient records.</p> <p>Patient choice is slightly reduced if the CWIC closes, however Barnet registered patients have more WIC options than other NCL boroughs:</p> <ul style="list-style-type: none"> • Enfield – No WIC • Haringey – No WIC • Camden – No WIC • Islington – Angel WIC (becoming a GP access hub open to Islington registered patients only) <p>Patients may have to repeat the information provided at the WIC to their GP – which does not provide for a good patient experience.</p> <p>Other unscheduled care services are open longer and provide a wider range of services and diagnostics (therefore reduce the risk of being referred on).</p> <p>In Barnet, the quality of the environment will improve as the other WIC/UCC services within Barnet are delivered from accommodation which is purpose built.</p>	<p>Not applicable</p>	<p>Yes</p>
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		<p>In Brent, patients have access to a number of alternative service provision: NHS 111 telephone and NHS 111 Online, GP Access hubs for GP extended appointments, Health Help Now App, Healthy Partnership App, Patient online access services and Electronic consultations.</p> <p>There are 8 Brent practices located within the 1 mile radius which are willing to take on new registrations.</p>				
		<p>Negative: Patients who cannot register with a GP surgery and currently live close to Cricklewood would need to travel to another WIC or A&E / pharmacy or to self-care.</p> <p>Patients who can register with a GP but visit the WIC to access the NHS in a way that doesn't require booking and may be convenient would need to either use their GP, extended hours hubs, NHS 111, a WIC etc</p> <p>Mitigations if the WIC is to close</p> <ul style="list-style-type: none"> • Other services providing same day care are relatively close by and provide a wider range of services • The CCGs need to promote the options for urgent care in the borough (for instance NHS111, GP extended hours, pharmacies), so that all patients understand the choices 	2	4	8	
<p>Patient Safety</p>	<p>Could the proposal impact positively or negatively on any of the following – safety, systems in place to safeguard patients to prevent harm, including infections?</p>	<p>Positive Patient safety applies to all contracted services that the CCG commissions including systems for managing safeguarding, prevention and management of infection control and we would expect compliance across all these areas irrespective of whether the provider is from primary/community/secondary care/third sector.</p> <p>However, there is a significant advantage of a long-term relationship with a GP who is best placed to provide preventative care (e.g. reminders of required vaccinations and screening services) and to spot signs protection/ safety issues.</p>	Not applicable			No
		<p>Negative If barriers are put up to discourage patients visiting an NHS service (or if patients do not know the alternatives) it is possible that patients will fail to seek treatment and infections / safety issues will not be identified.</p>	2	3	6	

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		<p>Around 11% of patients to the WIC are recorded as unregistered at a GP practice. However we don't know whether this is because they don't want to be; if they are not eligible; or if they just haven't done so and with appropriate advice could be registered.</p> <p>Mitigations if the WIC is to close</p> <ul style="list-style-type: none"> The CCGs need to promote the options for urgent care in the borough (for instance NHS111, GP extended hours, pharmacies), so that all patients understand the choices. This could include working with agencies most likely to be in contact with homeless people/transient populations etc. 				
<p>Clinical Effectiveness</p>	<p>Could the proposal impact positively or negatively on evidence based practice, clinical leadership, clinical engagement and/or high quality standards?</p>	<p>Positive: All commissioned services are subject to contract monitoring which includes the monitoring of clinical quality so alternative providers of services (e.g. other WICs) should offer similar standards.</p> <p>The development of Primary Care Networks offer real opportunities to improve patient care and Barnet CCG is looking at how we organise urgent care around them so that patients benefit from joined up preventive holistic care and the system is made much simpler. Provide better access to wider range of diagnostics and reduce referrals.</p> <p>The launch of Primary Care Networks in Brent offer real opportunities to improve patient care and CCGs are looking at how we organise urgent care around patients so they benefit from joined-up, preventive, holistic care and the system is made much simpler. This will:</p> <ul style="list-style-type: none"> Remove the overlap/confusion in the care provided by the current services Better utilise NHS money for residents Improve the quality of care of primary care services for residents by encouraging visits to GP practices <p>Negative: None</p> <p>Mitigations if the WIC is to close None required</p>	<p>Not applicable</p>			<p>No</p>
<p>Prevention</p>	<p>Could the proposal impact positively or negatively on promotion of self-care and health inequality?</p>	<p>Positive: GPs are ideally placed to deliver improvements in population health. GPs can monitor patient health over a long period of time, understanding what is 'normal' for an individual and what is out of the ordinary. GPs can offer, for instance, vaccinations, advice on</p>	<p>Not applicable</p>			<p>No</p>

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		<p>smoking cessation, obesity, ways in which to improve patient outcomes or to reduce the risk of developing a long-term condition such as cardio-vascular disease – many of these can also be offered by pharmacies.</p>				
		<p>Negative If barriers are put up to discourage patients visiting an NHS service (or if patients do not know the alternatives) or if patients are unwilling to register with a GP it is possible that prevention/self-care advice may not be provided.</p> <p>Mitigations if the WIC is to close, the CCGs need to promote the options for urgent care in the borough (for instance NHS111, GP extended hours, pharmacies), so that patients understand the choices. This could include working with agencies most likely to be in contact with homeless people/transient populations etc.</p> <p>GPs in both Barnet and Brent have ‘open’ lists and therefore there is no reason why people should not register.</p>	2	3	6	
<p>Productivity and Innovation</p>	<p>Could the proposal impact positively or negatively on – the best setting to deliver best clinical and cost effective care; eliminating any resource inefficiencies; low carbon pathway; improved care pathway?</p>	<p>Positive: The best care pathway for people able to register with a GP surgery is through their GP – this is cost effective, provides for continuity of care and puts the patient (and their GP as the facilitator) at the centre of delivering patient-centred care that is co-ordinated around them</p> <p>WICs may be used by patients as a ‘second opinion’ or patients may need to be redirected elsewhere (including back to a GP). When at the GP, the patient may have to provide details of their visit to the WIC – thus repeating information (which can result in a poor patient experience)</p> <p>For patients who are registered with a GP, the CCGs are effectively paying twice for the same service (as GPs provide urgent appointments); and the WIC provides a more limited service with no access to a patients’ records.</p> <p>Other WICs in Barnet provide a greater range of services including minor injury, and are open longer hours – thus reducing the likelihood of referral to other services (compared to Cricklewood).</p>	Not applicable			No

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		<p>Barnet and Brent CCGs will encourage use of pharmacies, GPs, GP hubs and electronic consultations so there should be no increase in carbon footprint. Closure of the WIC would return approximately £50,000 net per annum in Brent to the local NHS economy</p>				
		<p>Negative: If patients use their pharmacy or their GP surgery there is no additional cost of care. Most patients at Cricklewood WIC could be treated at their GP practice.</p> <p>For Barnet the unit cost of an appointment at CWIC is cheaper than an appointment at other Barnet WICs or at urgent care centres or a GP Extended Hours appointment, although the range of services offered at these other facilities is greater. So, whilst treatment at Cricklewood WIC may be cheaper than other urgent care facilities, patients may not have their treatment completed and may need a referral to another service/their own GP – which makes the patient pathway inefficient, more expensive and provides poor patient experience.</p> <p>For Brent the unit cost is cheaper in the GP extended access Hubs and there is a better chance of patients receiving continuity of care which makes the process more efficient and better for patients.</p> <p>Mitigations if the WIC is to close the CCGs should prioritise the promotion of options that do not add additional cost to the system e.g. GPs, pharmacies, NHS 111 and electronic consultations.</p>	2	2	4	
<p>Vacancy Impact</p>	<p>Could the proposal impact positively or negatively as a result of staffing posts lost?</p>	<p>Positive: Staff are not employed by the NHS, and therefore this is not an issue for consideration in a technical sense.</p> <p>However, from a compassionate point of view, across key providers within primary/community/secondary care there are many vacancies for clinical and non-clinical staff, therefore impacted staff would potentially have opportunities of alternative employment within the boroughs. However the employment contract and the staffing arrangements of the WIC are not known nor are a matter for the NHS.</p>	Not applicable			No
		<p>Negative: If the WIC is closed, TUPE would not apply but the staff are not employed by the NHS and we do not know the organisational arrangements or provisions for staff.</p> <p>Staff may not have the skills required for vacant posts with other providers.</p>	N/A	N/A	N/A	

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		Mitigations – Discuss if/how the NHS can support staff. Request/signpost to Job vacancies with local providers including contact details for the Barnet GP Federation.				
Resource Impact	Could this proposal impact positively or negatively with regard to estates, IT resource, community equipment service or other agencies or providers e.g. social care/voluntary sector/district nursing	Neutral: Barndoc has indicated that the current building is subject to regeneration by its landlord. A planning application has been submitted. The eventual scheme may include space for health facilities, but may not; it may not be approved; it may improve the environment. If there is redevelopment this may impact on the environment during construction. The lease is held by Barndoc, with no liability on the NHS. The service is provided by Barndoc which also provides a GP facility in the same building. It has been agreed to retender the GP service (for 5 years from mid 2020).	Not applicable			No
		Negative: There is a potential impact on local GPs if many patients decide to register – however our estimate is that this would be no more than 100 patients per GP practices and (more details in full assessment below).	2	2	4	

LIKELIHOOD	IMPACT				
	1 Minor	2 Low	3 Serious	4 Major	5 Catastrophic
1 Rare	1	2	3	4	5
2 Unlikely	2	4	6	8	10
3 Possible	3	6	9	12	15
4 Likely	4	8	12	16	20
5 Almost Certain	5	10	15	20	25

Risk Score	Category
1-3	Low risk (green)
4-6	Moderate risk (yellow)
8-12	High risk (orange)
15-25	Extreme risk (red)

What existing evidence (either presumed or otherwise) do you have to support positive impacts?

- A patient's best care for the prevention and screening of disease, management of long-term conditions etc is available by registration with a GP
- Two other WICs in Barnet that are open 7 days a week 8-10pm 365 days a year. Both provide a multi-disciplinary team, with X-Ray facilities/diagnostics, including wound care, and are located within purpose built accommodation with good transport links and parking facilities.
- The CCGs have commissioned an additional 48,000 GP Enhanced Appointments (Barnet) and 64,000 (Brent) which are offered at different locations across the boroughs. Clinicians seeing patients within these appointments have access to the patient records.
- All services commissioned by Barnet and Brent CCGs are subject to contract and quality monitoring, including review of patient complaints to ensure compliance with agreed key performance and Indicators and quality standards.
- The number of visits to Cricklewood WIC has reduced by 21% since 2016. This may be because existing mechanisms for encouraging people to visit pharmacies or their GP are working; or because GP hub capacity has had an impact; or for other reasons. The centre has 2/5 stars on NHS Choices.

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If you do not need to complete Stage 2 (because no risks (\geq 8) were identified) then please describe your rationale for any positive impacts alongside how the potential benefit will be tracked and monitored (e.g. with Key Performance Indicators (KPIs)) in the table below. These will then need to be transferred into the project's workbook.

Positive quality impacts (Benefits)

The positive impact of the project on each of these areas should be considered and specific improvements documented in the table below.

If positive benefits are identified but 'How will we know if the quality improvement is happening' cannot be completed when Stage 1 QIA is documented then please indicate this in the table below. This can be identified when the PID and Service Specification are developed and documented here and transferred to the project workbooks. The proposed review date for this should be documented in the review date box below this table.

Quality area	Improvement identified	Rationale for improvement	How will we know if the quality improvement is happening (through a quality KPI e.g. patient outcome, patient feedback etc.)	Threshold (e.g. current achievement)	Trigger for escalation (when do we escalate if quality improvement is under threat)	Expected Impact Trajectory (e.g. when will the improvement be achieved)
Duty of Quality	Information Governance	Additional and separate collection of patient data eliminated.	This will occur if the WIC is closed. The information governance manager will provide support to ensure safe transfer, storage and destruction of previous records.	N/A	N/A	N/A
Patient Experience	Better continuity of care, more compassionate, personalised and holistic care, better referral and involvement of other agencies through GPs (either patient's own or at a hub) acting as gatekeeper of care with access to	Closure of the WIC would likely increase the footfall to local GPs and increase registration at GP practices WIC doesn't have x-ray or minor injuries facility	Occurs naturally if WIC is closed. Monitoring via usual GP satisfaction and quality measures <u>Core GP contracts</u> GP annual surveys GP practices collect Family and Friends Test Monitoring of complaints Regular practice visits	N/A	N/A	N/A

Appendix 2

	<p>patient records and patient at the centre of care.</p> <p>Reduced unnecessary referrals</p>		<p>Monitor GP registrations and patient numbers at alternative urgent care facilities</p> <p><u>GP Extended Access Service and WIC providers</u> Monthly contract meetings with GP Extended Access service provider to review monthly service utilisation, complaints and patient satisfaction</p>			
Patient Safety	<p>Ability to be part of screening services</p> <p>Better identification of protection/ safety issues.</p> <p>Timely access to treatment and increased opportunity for optimum outcomes.</p>	<p>Closure of the WIC would likely increase the footfall to local GPs and increase registration at GP practices</p> <p>The continuity of care associated with registration at a GP surgery enables an interaction that can identify protection and safety issues; and automatically means involvement in screening programmes</p>	<p>Occurs naturally if WIC is closed. Monitoring via usual GP satisfaction and quality measures</p> <p><u>Core GP contracts</u> GP annual surveys GP practices collect Family and Friends Test Monitoring of complaints Regular practice visits</p> <p>Monitor GP registrations and patient numbers at alternative urgent care facilities</p> <p><u>GP Extended Access Service and WIC providers</u> Monthly contract meetings with GP Extended Access service provider to review monthly service utilisation, complaints and patient satisfaction</p>	N/A	N/A	N/A
Clinical Effectiveness	<p>Ability to provide care based on patient's history (with care records) will enable a more individual, and more</p>	<p>GPs have access to patient records, and all the patients treated at Cricklewood could be treated at a GP surgery</p>	<p>Need to monitor other urgent care access points to ensure there is no rise in inappropriate referrals /treatment at these points</p>	N/A	N/A	N/A

Appendix 2

	clinically appropriate approach					
Prevention	Ability to be part of vaccination and screening programmes	<p>Closure of the WIC would likely increase the footfall to local GPs and increase registration at GP practices.</p> <p>GPs are ideally placed to deliver ill-health prevention and early identification of illness e.g. screening programmes and monitoring of an individual's condition</p>	<p>Occurs naturally if WIC is closed. Monitoring via usual GP satisfaction and quality measures</p> <p>Monitor GP registrations and patient numbers at alternative urgent care facilities and consider looking at numbers in screening and vaccination programmes</p>	N/A	N/A	N/A
Productivity and Innovation	<p>Saving of £50,000 in Brent CCG</p> <p>Reduce the cost of 'second opinion' visits</p> <p>Reduction in the need to visit more than one NHS facility</p>	<p>The saving is made as patients will visit their GP or their pharmacy – neither of which are associated with an additional cost</p> <p>There would also be a direct saving if patients are visiting the WIC for a second opinion</p> <p>Whilst other urgent care facilities may cost more per consultation, they may save money if they are able to resolve the issue at the time (Cricklewood does not have x-ray or minor</p>	<p>Occurs naturally if WIC is closed. Monitoring via usual GP satisfaction and quality measures</p> <p>Monitor GP registrations and patient numbers at alternative urgent care facilities</p>	N/A	N/A	N/A

Appendix 2

		injury services so patients needing these mean that the CCGs pay for the Cricklewood visit... and then again for the visit to another point of access).				
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Negative quality impacts (risks)

The negative impact of the project for each of these areas should be considered and actions to mitigate the risk documented in the table below. However, if you have identified negative impact / a risk score of 8 or more, please continue to Stage 2 below.

Quality area	Negative impact identified	What action will be taken to mitigate the risk(s) identified	When will the actions be completed?	Trigger for escalation and monitoring arrangements
Duty of Quality	Patients may not know where to go for the services that they traditionally use the WIC for	The CCGs need to promote the options for urgent care in the borough (for instance NHS111, GP extended hours, pharmacies, urgent care centres), so that all patients understand the choices	Following decision-making	<p>Monitor via existing methods at individual services</p> <p>Regular monitoring and meetings with NHS 111 and Acute Providers to discuss Performance and Quality Reports</p> <p>Regular meetings with Healthwatch and Patient and Public Engagement group</p>

Appendix 2

				Trends and themes identified via Communications and engagement team
Patient Experience	Patients who cannot register with a GP surgery or cannot access a GP appointments may need to travel to a different (and sometimes more distant) service	<p>There are 13 GP surgeries nearby where patients can register if they are eligible to do so.</p> <p>Patients encouraged to access their own GP for appointments/continuity of care and use NHS 111 or local services such as a pharmacy or GP extended hours</p> <p>Other urgent care facilities are relatively close by</p>	Following decision-making	Monitor via existing methods at individual services e.g. complaints from patients that they can't access appointments at their own GP
Patient Safety and prevention	If barriers are put up to discourage patients visiting an NHS service (or if patients do not know the alternatives) it is possible that infections / safety issues will not be identified and prevention / self-care advice may not be provided.	The CCGs need to promote the options for urgent care in the borough (for instance NHS111, GP extended hours, pharmacies), so that all patients understand the choices. This could include working with agencies most likely to be in contact with homeless people/transient populations etc	Following decision-making	Monitor via existing methods at individual services
Productivity and Innovation	The unit cost of an appointment at CWIC is cheaper than an appointment at other Barnet WICs or at urgent care centres or a GP Extended Hours appointment.	The range of services at these other facilities is greater. Thus patients at Cricklewood may not have their treatment completed and may need an additional referral	Following decision-making	Monitor via existing methods at individual services

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		The CCGs should prioritise the promotion of options that do not add additional cost to the system e.g. use of GPs, pharmacies and NHS 111.		
Vacancy Impact	Redundancy	<p>The NHS is not liable for redundancy payments.</p> <p>There are normally a number of NHS vacancies in the boroughs (although clearly these would need to be appropriate).</p> <p>Work with the provider (Barndoc) to provide any necessary support</p>	Following decision-making	Informal liaison with Barndoc
Resource impact	<p>The service is provided by Barndoc which also provides a GP facility in the same building. It has been agreed to retender the GP service (for 5 years from mid 2020 with a 5 year extension possibility).</p> <p>There is a potential impact on local GPs if many patients decide to register – but it is unlikely that this number will be huge and local practices have open lists.</p>	<p>Barndoc Healthcare Ltd is a private company and is responsible for its own liabilities</p> <p>The total number of people visiting the WIC last year that were recorded as unregistered was around 2,000. However some of these will be overseas visitors, some will be registered but not remember or want to provide details. If these patients all decide to register and were spread over all 14 nearby GP practices this would result in no more than 100 new patients per practice.</p>	Following decision-making	Informal liaison with Barndoc and local GPs

Appendix 2

Have any adverse impacts been sufficiently mitigated to justify taking the project forward?

Yes

Please explain:

There is a very small reduction in choice for patients and convenience. However closure of the WIC would reduce the number of variable urgent care models in existence, encourage people to register with a GP (with the attendant benefits of continuity of care, ill-health prevention, early detection of illness etc)

Cost

In Barnet: whilst the cost of a routine appointment with CWIC, is cheaper than CLCH WICs/UCCs, experience of the closure of other services would evidence that not all patients will travel to access other unscheduled care services, instead choosing to make an appointment with their own GP, booking a GP Extended Access Hub or managing condition through self-care. Any of these options would not attract an additional cost to the CCG. For those patients that do access services from other WICs/UCCs the CWIC budget £150k (the expected gross saving) would be used to offset the costs – money follows patient.

In Brent: the costs of routine appointments with CWIC are more expensive than GP extended hours appointments. Given the likelihood of patients choosing other, cheaper alternatives, a £50,000 saving has been estimated.

Barnet CCG

**Clinical Lead Signature
Dr Aashish Bansal**

Date 09/12/2019

**Project Lead signature
Beverley Wilding**

Date 09/12/2019

Brent CCG

**Clinical Lead Signature
Dr Jahan Mahmoodi**

Date 09/12/2019

**Project Lead signature
Fana Hussain**

Date 09/12/2019

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If you have identified positive impact and/or a risk score of 8 or less and you have taken steps to mitigate the adverse impact, please do not complete this form further. However, if you have identified negative impact with a risk score of 8 or more please continue to Stage 2 below.

2. Stage 2: Full impact assessment

Please complete the table for the areas of quality you have identified a risk score of 8 or more.

Area of Quality	Indicators	Description of impact (positive or negative)	Risk (5 x 5 risk matrix)			Action Plan and Mitigation strategy including monitoring arrangements
			Impact	Likelihood	Overall Score	
DUTY OF QUALITY	What is the impact on the organisation's duty to secure continuous improvement in the quality of the healthcare that it provides and commissions in accordance with Health and Social Care Act 2008 Section 139?	The proposal is likely to secure improved care given the benefits of a GP/patient long-term relationship to manage holistic health and the alternative provision of services when more urgent care is required.	N/A	N/A	N/A	None required
	Does it impact on the organisation's commitment to the public to continuously drive quality improvement as reflected in the rights and pledges of the NHS Constitution?	<p>The proposal aligns with the NHS constitution e.g.</p> <ul style="list-style-type: none"> The service will remain comprehensive and available to all Access will be based on clinical need not on ability to pay The alternative services are of high quality The patient will continue to be at the centre of care The arrangements best meet the needs of working across boundaries The changes represent good value for money The service remains accountable. 	N/A	N/A	N/A	None required
	Does it impact on the organisation's commitment to high quality workplaces, with commissioners and providers aiming to be employers of choice as reflected in the rights and pledges of the NHS Constitution?	Overall, the alternative premises for care are as good as, or better than the premises of Cricklewood Walk In centre	1	2	2	This currently sits with the general aim of the CCGs to improve primary care premises in the boroughs
	What is the impact on strategic partnerships and shared risk?	The existing provider (Barndoc) is invested in the borough. However, given the end of the contract and the need to retender the contract if a decision is taken to keep the service, there is no guarantee that Barndoc would either bid or win the service provision.	2	2	4	The CCGs need to ensure continued high quality discussions with Barndoc
	What is the equality impact on race, gender, age, disability, sexual orientation, religion and belief, gender reassignment, pregnancy and maternity for individual and community health, access to services and experience of using the NHS.	A separate Stage 1 Equality Impact Assessment has been completed. This will be revised following consideration of the responses to the consultation. The Stage 1 assessment concluded that overall there were a range of positive and neutral equality issues. Any potentially negative issues could be satisfactorily mitigated against.	2	2	4	Via the Health and Equality Impact Assessment Stage 2 once completed

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	Are core clinical quality indicators and metrics in place to review impact on quality improvements?	Patients will continue to have the right to be involved in their healthcare, and to make complaints. Patients will continue to be under the auspices of care providers that are already subject to tried and tested quality indicators e.g. Care Quality Commission inspections; GP survey and patient surveys	N/A	N/A	N/A	The CCGs should monitor any change in e.g. the number of GP registrations
	Will this impact on the organisation's duty to protect children, young people and adults?	Increasing use of GP appointments will improve safeguarding of children and adults by developing a relationship that can be assessed against previous history – thereby spotting the signs of ill health and protection issues.	2	2	4	The CCGs need to promote the options for alternative care in the borough (for instance NHS111, GP extended hours, pharmacies, urgent care centres), so that all patients understand the choices to ensure no-one 'falls through the net.'
	Does the initiative comply with information governance in relation to the Common Law of Duty of Confidentiality, General Data Protection Regulations, Caldicott Principles, Human Rights Act, Freedom of Information and CCG obligations as data controllers and data processors?	Respect and confidentiality will be maintained There is a positive impact on information governance, equality, safeguarding etc as there is a truncated patient data flow (fewer data processors) and time lapses between care and entry on the data system is eliminated; all records are kept in one place (the patient's record) and are able to be viewed by the patient's GP.	N/A	N/A	N/A	None required

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<p style="writing-mode: vertical-rl; transform: rotate(180deg);">PATIENT EXPERIENCE</p>	<p>What impact is it likely to have on self-reported experience of patients and service users? (Response to national/local surveys/complaints/PAL/incidents)</p>	<p>The impact depends on the choice that patients make:</p> <ul style="list-style-type: none"> ➤ People registering with a local GP or booking with a GP Access Hub. These patients may find that booking an appointment is more difficult than simply turning up at a WIC. They may receive more holistic care or better care (given the GP will have their patient notes), and they may be referred on to appropriate specialists where necessary. However patients may not recognise these benefits but will identify any trouble with getting an appointment. ➤ People may ring NHS 111 or visit a pharmacist or try a GP e-appointment ➤ People may go to a more distant urgent care centre or A&E. This will have more facilities, but again, some people may not require these or may not recognise the benefits (e.g. if they need an x-ray they will get one – they may not know that they would not have got one at Cricklewood. ➤ Some patients may not seek alternative intervention and will not therefore feature on most surveys. <p>Other unscheduled care services are open longer and provide a wider range of services and diagnostics (therefore reduce the risk of being referred on).</p> <p>In Barnet, the quality of the environment will improve as the other WIC/UCC services within Barnet are delivered from accommodation which is purpose built.</p>	<p>2</p>	<p>4</p>	<p>8</p>	<ul style="list-style-type: none"> ➤ The CCGs need to promote the options for urgent care in the borough (for instance NHS111, GP extended hours, pharmacies), so that all patients understand the choices ➤ Continued consideration of experience surveys eg. GP survey, PALs and incidents.
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PATIENT SAFETY	How will it impact on choice?	<p>Patient choice is slightly reduced if the CWIC closes, however patients, if they travel a little further, can access walk in services at Finchley or Edgware WICs, Barnet Hospital, Central Middlesex Hospital, St Mary's Hospital, The Royal Free Hospital or Northwick Park Hospital.</p> <p>Barnet has more walk in centres than other NCL boroughs (there are none in Camden or Haringey; one in Enfield and one in Islington which is becoming a GP Access hub open to Islington patients only).</p> <p>Patients also have access to a number of alternative primary/urgent services such as: pharmacies; NHS 111 telephone and NHS 111 Online; GP Access hubs for GP extended appointments; GP out of hours services; Health Help Now App, Healthy Partnership App, Patient online access services and GP Electronic consultations.</p> <p>There are 13 GP practices in Barnet, Brent and Camden within a 1 mile radius which are willing to take on new registrations.</p>	2	3	6	<ul style="list-style-type: none"> ➤ Monitoring of other WIC and A&E attendance to consider shifting of costs ➤ Monitoring of neighbouring GP registrations to ensure capacity and pressure on GPs ➤ Monitoring of GP Access bookings to ensure availability
	Does it support the compassionate and personalised care agenda?	<p>Personalised and compassionate care would not be negatively impacted. This type of care is best provided at a family GP where a long term relationship can be established, and where appointments can be personalised to the patient (e.g. with interpreters) and where GPs have access to patient records.</p> <p>Using a WIC, patients may have to repeat the information already known by a GP or on their care record; or the patient may now know the details of their previous treatment.</p> <p>Patients who cannot register with a GP surgery and currently live/stay close to Cricklewood would need to travel to another WIC or A&E / pharmacy or to self-care.</p>	1	2	2	None required
	How will it impact on patient safety?	<p>Patient safety applies to all contracted services that the CCG commissions including systems for managing safeguarding, prevention and management of infection control and we would expect compliance across all these areas irrespective of whether the provider is from primary/community/secondary care/third sector.</p> <p>However, there is a significant advantage of a long-term relationship with a GP who is best placed to provide preventative care (e.g. reminders of required vaccinations and screening services) and to spot signs protection/ safety issues.</p>	N/A	N/A	N/A	None required
	How will it impact on preventable harm?	No change	N/A	N/A	N/A	None required

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	Will it maximise reliability of safety systems?	<p>Yes. Real-time entry of patient details onto their patient record provides the best chance of maximising safety systems.</p> <p>However if barriers are put up to discourage patients visiting an NHS service (or if patients do not know the alternatives) it is possible that infections / safety issues will not be identified.</p>	2	3	6	The CCGs need to promote the options for same day care in the borough (for instance NHS111, GP extended hours, pharmacies), so that all patients understand the choices. This could include working with agencies most likely to be in contact with homeless people/transient populations etc
	How will it impact on systems and processes for ensuring that the risk of healthcare acquired infections is reduced?	No change	N/A	N/A	N/A	None required
	What is the impact on clinical workforce capability care and skills?	No change	N/A	N/A	N/A	None required
CLINICAL EFFECTIVENESS	How does it impact on implementation of evidence based practice?	<p>All commissioned services are subject to contract monitoring which includes the monitoring of clinical quality so alternative providers of services (e.g. GP services and other WICs) should offer similar standards.</p> <p>Visits to other access points e.g. GPs or WICs should provide the same or better access to a wide range of diagnostics equipment tests and reduce referrals.</p>	N/A	N/A	N/A	<p>The launch of Primary Care Networks in Brent and Barnet offer real opportunities to improve patient care and CCGs are looking at how we organise urgent care around patients so they benefit from joined-up, preventive, holistic care and the system is made much simpler. This will:</p> <ul style="list-style-type: none"> • Remove the overlap/confusion in the care provided by the current services • Better utilise NHS money for residents • Improve the quality of care of primary care services for residents by encouraging visits to GP practices
	How will it impact on clinical leadership?	No change	N/A	N/A	N/A	None required
	Does it reduce/impact on variations in care?	<p>Whilst local residents would see access to the NHS reduce slightly, this is in line with many other communities around north London (some boroughs have no WIC).</p> <p>However a reduction in access is also accompanied by a simpler system that is better able to address a patient's illness in a holistic way, first time – so improving healthcare.</p>	1	1	1	None required
	Are systems for monitoring clinical quality supported by good information?	Yes. Any patients would be moving to systems that are already supported by a variety of information inputs	N/A	N/A	N/A	None required
	Does it impact on clinical engagement?	The launch of PCNs will enable better engagement with the clinicians most likely to be caring for any patients	N/A	N/A	N/A	None required

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PREVENTION	Does it support people to stay well?	<p>GP services are better placed to develop a long-term relationship with patients than a walk-in service and are thus more likely to be able to tackle preventable harm.</p> <p>GPs can monitor patient health over a long period of time, understanding what is 'normal' for an individual and what is out of the ordinary. GPs can offer, for instance, vaccinations, advice on smoking cessation, obesity, ways in which to improve patient outcomes or to reduce the risk of developing a long-term condition such as cardio-vascular disease – many of these can also be offered by pharmacies.</p> <p>However if barriers are put up to discourage patients visiting an NHS service (or if patients do not know the alternatives) or if patients are unwilling to register with a GP it is possible that prevention/self-care advice may not be provided.</p>	2	3	6	<p>If the WIC is to close, the CCGs need to promote the options for same day care in the boroughs (for instance NHS111, GP extended hours, pharmacies), so that patients understand the choices.</p> <p>GPs in both Barnet and Brent have 'open' lists and therefore there is no reason why people should not register.</p>
	Does it promote self-care for people with long term conditions?	<p>Yes. GPs are ideally placed to deliver improvements in self-care. GPs can monitor patient health over a period of time, understanding what is 'normal' for an individual and what is out of the ordinary. GPs can offer, for instance, vaccinations, advice on smoking cessation, obesity, ways in which to improve patient outcomes or to reduce the risk of developing a long-term condition such as cardio-vascular disease – many of these can also be offered by pharmacies.</p>	N/A	N/A	N/A	None required
	Does it tackle health inequalities, focusing resources where they are needed most?	<p>This issue is addressed in the Health and Equalities Impact Assessment Stage 1; and will be revised at the Stage 2.</p> <p>Payment for attendance at a walk in centre for those already patients of a GP surgery means that CCGs are effectively paying for the same service twice (as GPs are paid to attend to the needs of their patients' primary care needs and Cricklewood WIC provides only primary care needs). Closure of the WIC would enable funds to be redirected to more pressing services.</p> <p>Broadly, closure of the walk in service would encourage more people to register with a GP which would be a driver for improving health, and reducing health inequalities in populations that are most at risk.</p> <p>However if barriers are put up to discourage patients visiting an NHS service (or if patients do not know the alternatives) or if patients are unwilling to register with a GP it is possible that inequalities will not be tackled.</p>	2	2	4	<p>If the WIC is to close, the CCGs need to promote the options for same day care in the boroughs (for instance NHS111, GP extended hours, pharmacies), so that patients understand the choices.</p> <p>GPs in both Barnet and Brent have 'open' lists and therefore there is no reason why people should not register. This could include working with agencies most likely to be in contact with homeless people/transient populations etc.</p>

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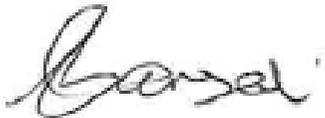
PRODUCTIVITY AND INNOVATION	Does it ensure care is delivered in the most clinically and cost effective way?	<p>Yes. The best care pathway for people able to register with a GP surgery is through their GP – this is cost effective, provides for continuity of care and puts the patient (and their GP as the facilitator) at the centre of delivering patient-centred care that is co-ordinated around them</p> <p>WICs may be used by patients as a ‘second opinion’ or patients may need to be redirected elsewhere (including back to a GP).</p> <p>For patients who are registered with a GP, the CCGs are effectively paying twice for the same service (as GPs provide urgent appointments); and the WIC provides a more limited service with no access to a patients’ records.</p> <p>Other WICs in Barnet (and urgent care services elsewhere) provide a greater range of services including minor injury, and are open longer hours – thus reducing the likelihood of referral to other services (compared to Cricklewood).</p>	2	2	4	<p>For Barnet the unit cost of an appointment at CWIC is cheaper than an appointment at other Barnet WICs or at urgent care centres or a GP Extended Hours appointment, althou. However the range of services offered at these other facilities is greater, so patients at Cricklewood WIC may not have their treatment completed and may need a referral to another service/their own GP.</p> <p>For Brent the unit cost is cheaper in the GP extended access Hubs and there is a better chance of patients receiving continuity of care.</p> <p>If the WIC is to close, the CCGs should prioritise the promotion of options that do not add additional cost (or add marginal costs) to the system e.g. GP consultations, pharmacies, NHS 111 and electronic consultations.</p>
	Does it eliminate inefficiency and waste?	Closure would reduce inefficiency and waste (see question above)	N/A	N/A	N/A	None required
	Does it support low carbon pathways?	Some patients may choose to travel a little further for same day care. However Barnet and Brent CCGs will encourage use of pharmacies, NHS 111, GPs, GP hubs and electronic consultations so there should be no increase in carbon footprint. Some patients may not seek care, choosing to self-medicate.	N/A	N/A	N/A	None required
	Will the service innovation achieve large gains in performance?	This is not a new service	N/A	N/A	N/A	None required

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	Does it lead to improvements in care pathway(s)?	<p>If patients use a GP service as an alternative, the care pathway is effectively truncated, with no hand-over between WIC and GP surgery of patient and/or their records. GP surgeries also have a wider range of options to refer to alternative services directly (rather than a WIC referring to a GP who would then refer elsewhere).</p> <p>If patients use an alternative same day provider (not including GP extended hours/access hubs), the care pathway doesn't change – notes would be produced and provided to the patient's GP, but not in real time.</p>	N/A	N/A	N/A	None required
VACANCY IMPACT	Does the proposal involve reducing staff posts? If so describe the impact this will have	Staff are not employed by the NHS, and therefore this is not an issue for consideration in an NHS Quality Impact Assessment.	N/A	N/A	N/A	<p>From a compassionate point of view, across key providers within primary/community/secondary care there are many vacancies for clinical and non-clinical staff, therefore impacted staff would potentially have opportunities of alternative employment within the boroughs. However the employment contract and the staffing arrangements of the WIC are not known nor are a matter for the NHS.</p> <p>The NHS could seek to work with the provider to consider how to reduce any affect on staff (within legal constraints), for instance ensuring they are aware of vacancies.</p>
	Is the loss of posts likely to impact on remaining staff morale?	Potentially	2	2	4	Needs to be discussions with the provider regarding how best to ensure services continue to be provided in a safe, well-maintained manner
	Can arrangements be made to prioritise and manage workload effectively?	If the WIC closes there is no workload – not applicableYes	N/A	N/A	N/A	None required
	Are vacancies likely to impact on patient experience?	Only if staff leave before the end of any contract period	1	1	1	Discuss with provider
	Will services be negatively impacted by the loss of posts for a short term, medium term or longer term?	No	N/A	N/A	N/A	None required

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RESOURCE IMPACT	Will IT capacity and capability be impacted?	No	N/A	N/A	N/A	None required
	How will use of estates be affected and will it impact on patient experience?	The Cricklewood WIC is not an NHS building. No other effect on NHS buildings (patient experience is discussed in the patient experience section)	N/A	N/A	N/A	None required
	Will other agencies or providers be affected and what will be the impact on them and patients?	The service is provided by Barndoc which also provides a GP facility in the same building. It has been agreed to retender the GP service (for 5 years from mid 2020). There is a potential impact on local GPs if many patients decide to register all at the same one or two GP surgeries – but it is unlikely that this number will be huge and local practices have open lists.	1	2	2	Monitor GP registrations

Barnet CCG Clinical Lead Signature Dr Aashish Bansal 	Date 09/12/2019	Project Lead Signature Beverley Wilding 	Date 09/12/2019
Clinical Lead Signature Dr Jahan Mahmoodi 	Date 09/12/2019	Project Lead Signature Fana Hussain 	Date 09/12/2019

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Monitoring arrangements and scheduled date to review the initiative and Quality Impact Assessment:

Review Date: An action plan will be developed to capture the mitigating actions which will be monitored via the fortnightly Cricklewood Programme meetings. These updates will be subsequently be provided to the Barnet Quality & Performance meetings and Brent Quality and Performance committee

Review Date: 4th December 2019

The completed Stage 2 Assessment should be sent to the Quality and Performance Operational Group for approval.



Quality Lead Signature

Date of Approval by Quality and Performance Operational Group.....22.11.19...(approved by reps outside of the meeting)

Appendix 2
Risk matrix

Scoring

A total score is achieved by assessing the level of impact and the likelihood of this occurring and assigning a score to each. These scores are multiplied to reach a total score. The following tables define the impact and likelihood scoring options and the resulting score:

		IMPACT				
		1 Minor	2 Moderate/ Low	3 Serious	4 Major	5 Fatal/ Catastrophic
LIKELIHOOD	1 Rare	1	2	3	4	5
	2 Unlikely	2	4	6	8	10
	3 Moderate/Possible	3	6	9	12	15
	4 Likely	4	8	12	16	20
	5 Almost Certain	5	10	15	20	25

Risk Score	Category
1-3	Low risk (green)
4-6	Moderate risk (yellow)
8-12	High risk (orange)
15-25	Extreme risk (red)

Step 1 – calculate the impact/consequence of the risk.

When calculating the impact choose the most appropriate domain for the identified risk from the left hand side of the table then work along the columns in the same row to assess the severity of the risk on the scale of 1 to 5 (at the top of the column) to determine the impact score.

	1	2	3	4	5
Domains	Negligible	Minor (Green)	Moderate (Yellow)	Major (Orange)	Catastrophic (Red)
Human Resources/organisational development/staffing/competence	Informal complaint/inquiry	Formal complaint (stage 1)	Formal complaint (stage 2)	Multiple complaints/independent review	Gross failure of patient safety if findings not acted on
		Local resolution	Local resolution (with potential to go to independent review)	Low performance rating	Inquest/ombudsman inquiry
		Single failure to meet internal standards	Repeated failure to meet internal standards	Critical report	Gross failure to meet national standards

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	1	2	3	4	5
Domains	Negligible	Minor (Green)	Moderate (Yellow)	Major (Orange)	Catastrophic (Red)
		Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Major patient safety implications if findings are not acted on		
	Short term low staffing level that temporarily reduces service quality (<1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/service due to lack of staff	Uncertain delivery of key objective/service due to lack of staff	Non-delivery of key objective/service due to lack of staff
			Unsafe staffing level or competence (>1 day)	Unsafe staffing level or competence (>5 days)	On-going unsafe staffing levels or competence
			Low staff morale	Loss of key staff	Loss of several key staff
			Poor staff attendance for mandatory/key training	Very low staff morale No staff attending mandatory/key training	No staff attending mandatory training/key training on an on-going basis
Statutory duty/inspections	No or minimal impact on breach of guidance/statutory duty	Breach of statutory legislation	Single breach in statutory duty	Enforcement actions	Multiple breaches in statutory duty
		Reduced performance rating if unresolved	Challenging external recommendations/improvement notice	Multiple breaches in statutory duty	Prosecution
				Improvement notices	Complete systems change required
				Low performance rating Critical report	Zero performance rating Severely critical report
Adverse publicity reputation	Rumours	Local media coverage Short term reduction in public confidence	Local media coverage Long term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House)
	Potential for public concern	Elements of public expectation not being met			Total loss of public confidence
Business objectives/projects	Insignificant cost increase/schedule slippage	<5 per cent over project budget	5-10 per cent over project budget	Non-compliance with national 10-25 per cent over project budget	Incident leading >25 per cent over project budget
		Schedule slippage	Schedule slippage	Schedule slippage Key objectives not met	Schedule slippage Key objectives not met
Finance including claims	Small loss Risk of claim remote	Loss of 0.1- 0.25 percentage of budget	Loss of 0.25 – 0.5 percentage of budget	Uncertain delivery of key objective Loss of 0.5 – 1.0 percentage of budget	Non delivery of key objective Loss of >1 percentage of budget
		Claim less than £10,000	Claim(s) between £10,000 and £100,000	Claim(s) between £100,000 and 1 million	Failure to meet specification/slippage

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	1	2	3	4	5	
Domains	Negligible	Minor (Green)	Moderate (Yellow)	Major (Orange)	Catastrophic (Red)	
				Purchasers failing to pay on time	Loss of contract/payment by results Claim(s) >£1 million	
Service/business interruption	Loss/interruption of >1 hour	Loss/interruption of >8 hours	Loss/interruption of >1 day	Loss/interruption of >1 week	Permanent loss of service or facility	
Environmental impact	Minimal or no impact on the environment	Minor impact on environment	Moderate impact on environment	Major impact on environment	Catastrophic impact on environment	
Safety of patients, staff or public (physical or psychological harm)	Minimal injury requiring no/minimal intervention or treatment	Minor injury or illness, requiring minor intervention	Moderate injury requiring professional intervention	Major injury leading to long-term incapacity/disability	Incident leading to death	
	No time off work	Requiring time off work for >3 days	Requiring time off work for 4-14 days	Requiring time of work for >14 days	Multiple permanent injuries or irreversible health effects	
		Increase in length of hospital stay by 1-3 days	Increase in length of hospital stay by 4-15 days	Increase in length of hospital stay by >15 days	Mismanagement of patient care with long-term effects	An event which impacts on a large number of patients
			RIDDOR/agency reportable incident	An event which impacts on a small number of patients		
Quality/Complaints/Audit	Peripheral element of treatment or service suboptimal	Overall treatment or service suboptimal	Treatment or service has significantly reduced effectiveness	Non-compliance with national standards with significant risk to patients if unresolved	Totally unacceptable level or quality of treatment/service	
	Informal complaint/inquiry	Formal complaint (stage 1)	Formal complaint (stage 2) complaint	Multiple complaints/independent review	Gross failure of patient safety if findings not acted on	
		Local resolution	Local resolution (with potential to go to independent review)	Low performance rating	Inquest/ombudsman inquiry	
		Single failure to meet internal standards	Repeated failure to meet internal standards	Critical report	Gross failure to meet national standards	

Step 2 – calculate how likely the risk is to happen (likelihood)

Now work out the likelihood score. Look at the frequency and probability columns and identify which best describe how often you think the risk is likely to occur. Now make a note of the corresponding 'risk score' (1-5 in the right hand column)

1	2	3	4	5
Rare	Unlikely	Possible	Likely	Almost certain
This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur possibly frequently

APPENDIX 3: Health and Equality Impact Assessment



HEALTH AND EQUALITY ANALYSIS (Equality Impact Assessment) STAGE 2

Service/policy	Cricklewood walk-in service
CCGs	Barnet and Brent CCGs
Programme Leads	Beverley Wilding, Deputy Director, Urgent & Emergency Care Fana Hussain, Assistant Director for Brent CCG Primary Care
Email	Beverleywilding@nhs.net
Date	9 January 2020



Appendix 3

1. Name of service

Cricklewood walk-in service

2. Why we are completing this equality analysis

The CCGs have a duty to ensure, based on clinical needs, that services that we commission offer equally high-quality outcomes and experience to patients regardless of their backgrounds.

Under the Public Sector Equality Duty (PSED), when a public sector organisation is planning to commission or reconfigure a service it must give 'due regard' to equality. The Equality Act 2010 mandates an integrated Equality Duty on all public bodies and those discharging a public function to consider how they can:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and those who do not share it.

Due regard is demonstrated by considering the likely impact of the change on different groups in the community, in particular the protected groups as defined under the Equality Act 2010. These groups include race, gender, age, disability, gender reassignment, marriage and civil partnership, religion or belief, sexual orientation and pregnancy and maternity as well as socio-economic duty and human rights of vulnerable people.

Through equality analysis we must ensure there is no negative or disproportionate impact on equality; and all measures have been considered to eliminate or at least minimise any likely negative impact of the (commissioning) intention or proposed change and to ensure any opportunities to reduce inequalities are taken.

3. About the service

New

Existing

The lead commissioner (Barnet CCG) and associate commissioner (Brent CCG) have proposed to close the Cricklewood walk-in service.

4. Description of the service

The Cricklewood GP Health Centre comprises a GP practice and a Walk-in Service (WIS):

- NHS England (now North Central London Commissioning and Contracting) is responsible for the commissioning of the Alternative Provider Medical Service (APMS) Contract for the GP Practice with delegated functions at a CCG level.
- Barnet CCG is responsible for commissioning of the WIS service, with Brent CCG being an associate commissioner to this contract. The WIS contract is due to expire on 30 June 2020.

Location

Cricklewood GP Health Centre is located at Britannia Business Village NW2 1DZ.

- By Train: Nearest station is Cricklewood which is a 5 minute walk from the Health Centre.
- By Bus: Routes 32, 189, 226, 245, 260, 332 and 460 stop very close to the centre (a few minutes' walk)
- By Car: There is no public parking associated with the centre, but there is pay and display car parking facilities close by.

Services and commissioning

The walk-in service offers a wide range of GP-led advice and treatment for people with minor illness and available to patients irrespective of where they live.

The service can be used by registered and unregistered patients and is open from 8am-8pm, seven days a week including all Bank Holidays, 365 days a year. The last walk-in appointment on any day is normally at 7pm.

The walk-in service at Cricklewood Health Centre is commissioned by Barnet Clinical Commissioning Group (CCG). Whilst Barnet GP registered patients access this service, the majority of people who use it are registered with GP practices in Brent.

The walk-in service is utilised by residents living in Barnet, Brent, Camden and Harrow and attracts approximately 19,785 people per year (2018/2019 data), 53% of the patients using this service were from Brent CCG area, 18% from Barnet CCG area, 11% from Camden CCG and 19% of Other CCGs.

Case for change

Although the walk-in service provides an extra place where people can access urgent care, both Barnet and Brent CCGs think that the Cricklewood walk-in service:

1. Duplicates services that are already available locally within both boroughs:

- It provides a similar range of treatments to a GP surgery and the majority of patients who access the service are already registered with a GP. Both Barnet and Brent CCGs now offer extra GP appointments in the evening and at weekends in practices across both boroughs. These are listed on page three. There are 48,000 appointments per year for Barnet and 64,688 for Brent. Brent is currently expanding electronic consultations (e-consultations) to all patients. Barnet is currently piloting e-consultations with a small number of GP practices.
- There are GP appointments available when the Cricklewood walk-in service is open which means the CCGs are paying twice for the same service.

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- There are two other walk-in centres in Barnet that are open seven days-a-week which, unlike Cricklewood, provide x-ray facilities and minor injury services. Brent also has two urgent care centres at Central Middlesex Hospital and Northwick Park Hospital.

2. Offers a limited service to local people

- The walk-in service does not provide continuity of care for long-term diseases. For most conditions, it is better for patients to attend their own GP surgery because unlike the walk-in service a patient's GP will have access to their records and can ensure continuity of care.
- The walk-in service does not provide emergency services, referral on to secondary care or services that help prevent ill health, such as immunisations, health checks and cancer screening.

3. Does not help the CCGs to achieve local urgent care priorities:

- The CCGs believe that they should simplify urgent care, making it easier for patients to access the right service first time and focusing resources on improving primary care so that more people can be seen quickly and in the most appropriate setting close to home.
- The CCGs have invested in increasing GP appointments with more primary care investment to come this year and in the future as part of the NHS Long Term Plan. This will mean more primary care staff and better outcomes for patients as health, care and voluntary services join up around patient needs and provide early help to avoid urgent attendances, where possible.
- There are alternative urgent and GP services in the boroughs, all of which provide the same range of services as the Cricklewood walk-in service and more.

Given these developments, continuing to invest in Cricklewood walk-in service may not be the best use of public money.

5. Scope of this equality analysis

The Stage 1 HEIA was published on 18 October on the CCGs' websites and invited comment to be sent to the CCGs.

This is a Stage 2 Health and Equality Impact Assessment (HEIA). It builds on the Stage 1 HEIA by considering evidence in the light of comments made during and/or after the engagement. The HEIA ensures robustness and transparency and enables the CCGs to address existing inequalities amongst protected and vulnerable people.

The HEIA is completed to demonstrate the CCGs' due regard to the Public Sector Equality Duty (PSED) under the Equality Act 2010 by analysing the likely impact of the proposed change on protected and disadvantaged groups in Barnet and Brent. It makes recommendations that apply to both individual characteristics as well as the general equality duties.

The scope of this equality analysis is to assess the likely impact of the proposal to decommission the walk-in service at the Cricklewood GP Health Centre and recommend actions to the CCG to mitigate any negative or disproportionate impact to ensure and advance equality.

The focus of this analysis is on Brent and Barnet residents who account for around 80% of the total number of patients.

6. Engagement with stakeholders and outcomes

Prior to this engagement, the CCG and the GP practice engaged with:

Barnet CCG

- Barnet GP Practices
- Various Local Boards and Committees (Involvement Board, Governing Body, Barnet Medical Committee, Public and Patient Engagement Committee)
- Barnet Patient Participation Network
- Barnet Health and Overview Scrutiny Committee
- Local Councillors (Cllr Anne Clarke, Cllr Shimon Ryde, Cllr Peter Zinkin, Cllr Barry Rawlings)
- Royal Free London NHS Foundation Trust
- Central London Community Healthcare NHS Trust
- GP Federation
- Local hub practice
- Mike Freer MP

Emerging themes, discussion points and questions from Cricklewood pre-engagement

- Being mindful of population growth as a result of developments in the area
- The need to raise public awareness of local services and what they offer e.g. Finchley Memorial Hospital offers X-rays, GP Extended Access Hubs, NHS 111
- Planned care is preferred but what is the impact when there is non-attendance at booked appointments
- The need for ongoing monitoring of GP availability to assess the effectiveness of the proposal
- Concerns that the proposal is a service cut and to save money
- There are issues with waiting times and process at Barnet Hospital including with booking and nurse triage
- Questions around why Finchley Memorial Hospital not becoming a urgent treatment centre.
- Concerns that closure of the walk-in service will add pressure to A&Es and GPs
- Primary care investment in the area and how Primary Care Network model will support the provision of GP appointments
- The need to be aware of cultural aspects to choosing care
- The need to ensure copies of the engagement document are made available in public places such as libraries

Brent CCG

The following stakeholders have been engaged:

- Patients and service users
- Brent GP practices
- Various Local Boards and Committees (Governing Body, Brent Primary Care Commissioning Committee)
- Brent Community and Wellbeing Scrutiny Committee
- Local councillors
- Brent Council
- Brent MPs
- CVS Brent
- Brent HealthWatch
- Acute trust
- GP federation and local GP practices.

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Brent CCG held pre-engagement events in both the Cricklewood walk-in service and at local GP surgeries and community pharmacies with the staff and the patients (users). Purpose of the pre-engagement event through a patient survey was to obtain a fuller understanding of patient views on the proposal to close the Cricklewood walk-in service, including barriers to accessing mainstream primary medical services, knowledge of availability of in hours and 'out of hours' services and the view of on-line access.

The main learning from this engagement has been that patients are not aware of all local services available for them to access. Brent CCG will continue and *promote* awareness of *information* about the *health* service information of all alternative services available. As part of the engagement programme Brent CCG distributed information about the services and engaged with many patient groups to raise awareness of all other services available for them to use by inviting them to attend drop in sessions at the WIC from 12 August to the 18 November.

Update following the engagement responses

The engagement reached good proportions of the equality groups:

- More females responded to the engagement (59%) than the population as a whole (c50%)
- Older people (61+) were slightly over represented (20% compared to 15-19% in the population; and younger people were likely to be under represented (3% of respondents were 16 or under compared to 23-25% who are 18 or under in the boroughs)
- Respondents possessed ethnic backgrounds roughly in proportion to the users of the walk-in service. 16% of respondents were Asian (compared with 15% of users). 10% of respondents were Black (compared to 10% of users). 6% of respondents were of mixed ethnicity (compared to 8% of users)
- 23% of respondents stated that they were disabled or had a long-term condition (compared with 6% of the boroughs' populations who have a disability)
- 4% of respondents stated they were gay or lesbian; 1% stated they were bisexual and 1% stated 'other'.
- Respondents to the engagement held beliefs roughly in proportion to the population of the two boroughs (taking into account that 6% of respondents did not state a belief). Respondents were: Christian (46%); no religion (18%); Islam (18%); Judaism (4%) (note that Brent has a much smaller proportion of Jewish people); Hinduism (2%); Sikh (2%); Buddhism (2%)
- Respondents were not asked about their marital state or if they were in a civil partnership; nor were respondents asked if they were pregnant.

No responses specifically mentioned the equality impact assessment or commented directly on it.

Overall, the responses confirmed the information gathered through the pre-engagement. Respondents felt that:

1. the walk-in service **provides a different service to GP provision**, for instance it is open in the evenings and at weekends; and you don't have to take time off work or school.
2. the Cricklewood **walk-in service is good and this was reason enough to keep it open**.
3. they would **struggle to travel to alternative urgent care services** as they are too far and costly to travel to.
4. there was **pressure on services in future** both from population growth, and if the walk-in service was to close.
5. the walk-in provided a **good service for people who cannot use nearby GPs or other services**; for instance because they are not registered, they are registered elsewhere; or they find NHS 111 unsuitable.

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Respondents suggested a number of **mitigations/improvements** if the walk-in service is closed, such as to better promote the alternatives; to introduce more online and phone consultations; to reduce the waiting times for an appointment in GP surgeries and to extend the hours of GP surgeries.

Respondents did not report that the proposal would make an undue impact on any particular equality group; however this could be inferred by some responses. For instance:

- Some respondents suggested that closure would have a greater effect on those who were not registered with a GP – who, it was suggested, could be itinerant/refugees etc. However the engagement did not confirm this assertion. Around 4% of respondents said that they did not have a GP, although subsequent answers (e.g. saying that they could not get an appointment with their GP) suggested that the majority of these did so.
- Older people (61+) visiting the walk-in service are more likely to say they did so because they couldn't get an appointment with their GP. They also responded that they are more likely to use A&E if the walk-in service is unavailable – therefore there may be additional travel burden and/or need to inform this group of the nearby alternatives.
- Frequent users of the walk-in service tended to be from an ethnic background (Black, Asian and Arab). This suggests that they could benefit from the alternative, more joined-up care on offer. However younger people (under 30) are more likely to self-care or do nothing. Young respondents tended to have an Arab ethnicity and were often Muslim. So, in order to gain from the benefits of closure, this group may need to be encouraged to attend/contact the alternative health services.
- Some respondents said that the cost of travel could mean that some lower income groups would find it difficult to travel to alternative NHS locations.

Overall, these points suggest that whilst promoting alternatives to the walk-in service (as suggested by both respondents and this HEIA), it will be important to develop slightly different messages and ways of communicating for/with different equality groups.

7. Impact assessment and actions

General Impact

The conditions treated at Cricklewood walk-in service do not suggest a service that is specifically provided for (or would impact upon) a protected characteristic. For instance, the most common complaints treated are:

- Respiratory, urinary and skin infections, rashes, tonsillitis and cystitis and viral infections
- Wound dressing
- Requests for medication
- Backache, sprains and strains, stomach pains and leg/arm aches
- Coughs, sore throats

Cricklewood provides convenience for some people – particularly those who live nearby. However there are convenient alternatives and these access points are available nearby and provide suitable and appropriate services. If Cricklewood walk-in service closes, patients would need to:

- Self care or visit a pharmacy
- Visit their GP surgery. There are 13 within a one mile radius of the Cricklewood health centre (7 in Brent, 3 in Barnet and 3 in Camden)
- Visit a GP Extended Access hub (for instance Greenfield Medical Practice; Dr Azim and Partners; Roundwood Park Medical Centre; Jai Medical Centre and Staverton Medical Centre Kilburn.
- Visit another walk-in service such as at Edgware and Finchley or an urgent care centre such as Royal Free or Barnet Hospitals

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- Ring NHS 111 for more information and guidance, including access the GP out-of-hours service.

Closure of the walk-in service would encourage people to use the alternative access points which could improve patients' health as some (e.g. GP surgery and GP hubs) are connected to patient records and therefore more considered opinion could be provided. These alternatives could also refer on to secondary care and access to preventative care; others provide a wider range of treatments (e.g. Edgware and Finchley provide x-ray and minor injury treatments).

Primary Care Networks will also facilitate a greater ability to provide wrap-around population health management.

There are plenty of alternative access points that provide treatment for the hours that Cricklewood is open.

For people who are not registered with a GP, a closure could encourage them to register.

For those who are not able to register with a GP practice, there are alternative services at walk-in services and via NHS 111. Also, in line with national guidance, Barnet has processes in place to support unregistered patients become registered with a practice. In Brent, GP practice websites offer on-line remote registration. This facility enables a patient to register with a practice remotely and consult on-line with a GP.

The inadequate rating of two of the closest GP practices to the Cricklewood walk-in service highlights the limited GP appointment capacity within these practices. Further work is on-going with these and other local practices to support them in managing their patients' needs. Practices are being supported through resilience support and working with other nearby practices to manage patient needs e.g. through appointment capacity and online consultations.

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Impact on protected and disadvantaged groups

Protected Group	Relevance YES/NO	Evidence of impact <i>(Please consider the groups that have greater and/or specific needs. The Joint Strategic Needs Analysis is a good source of information)</i>	Nature of potential impact (positive/ negative/ unknown)	Recommendations/ mitigating actions <i>(Please consider how equity can be achieved for protected and vulnerable groups)</i>
Age	Yes	<p>Utilisation of the Walk-in Centre⁹</p> <p>14%: 0-4 years 7%: 5-9years 4%: 10-14 years 3%: 15-18 years 11%: 19-24 years 21%: 25-34 years 14%: 35-44 years 10%: 45-54 years 7%: 55-64 years 5%: 68-74 years 3%: 75-84 years 1%: 85+ years</p> <p>Younger and older patients typically require more primary care.</p> <p>In Brent, walk-in patients are slightly more likely to be younger than the borough average (c23% 0-18 year olds)¹⁰ although the age of Kilburn locality¹¹ residents is also slightly younger than the Brent population. The proportion of walk-</p>	<p>Positive.</p> <p>The health of all age groups would generally be better served by visiting their own GP practice/e-consultation or access hub. These can access patient records, which can inform the consultation, can make referrals and generally offer preventative, screening and other services. This is particularly true for older patients with more complex needs. The Cricklewood walk-in centre offers a more limited service.</p>	<p>Alternative GP extended access services are available and accessible to people of all ages which should support better health outcomes (e.g. because GPs have access to patient records, are able to provide preventive medicine and manage long term conditions).</p> <p>For those who may have time constraints e.g. working or providing childcare for a number of children there are alternatives such as e-consultations. Younger, working age and parents of children may find using these alternatives helpful as they can be accessed from home or anywhere else, using a computer, tablet or phone without requiring the patient to travel any distance. Digital offers will also provide opportunities for the greater proportion of 'mid-life' patients.</p>

⁹ Data collated from April 2017 to March 2018

¹⁰ Unless otherwise stated, all Brent or Kilburn locality demographic data is report is from the Brent Joint Strategic Needs Assessment <https://www.brent.gov.uk/media/16412103/jsna-2015-brent-overview-report.pdf>

¹¹ Kilburn Locality in the Brent JSNA consists of four wards: Brondesbury Park; Kilburn; Mapesbury and Queens Park

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		<p>in patients over 60 is slightly less (11%) than the Kilburn locality (c15%).</p> <p>In Barnet, the proportion of young (under 18) walk-in patients is about the same as the average for Barnet (c26% in the borough) and the proportion of patients over 60 using the walk-in centre (11%) is less than the borough average (c19%)¹².</p> <p>Any changes, whether positive or negative, have a similar effect on the protected characteristic given the similar proportion of patients to the borough averages.</p> <p>A national report by Monitor in 2013 found that many users of walk-in centres were aged 16 to 24 or working full-time¹³. In the report, the majority said they used WICs because they didn't have to</p>	<p>Those who wish to visit a service with walk-in access may have to travel a little further depending on individual's location in relation to other services.</p>	<p>There are also extra appointments outside of normal working hours at GP extended hubs. This includes urgent appointments. There is an ongoing programme to promote awareness of local GP Access Hub appointments in Barnet and Brent.</p> <p>Patients who are in Brent for work purposes but who live elsewhere can register locally as out of area patients.</p> <p>Brent CCG is considering proposals to increase the number of GP appointments available for those that need them in local practices which if agreed will commence in April 2020. Further investment in primary care is proposed.</p> <p>In Brent there are digital-based urgent care options such as e-consult and Health Help Now App. Barnet, as part of North Central London programme, is</p>

¹² Unless otherwise stated, all Barnet demographic data in this report is from the [Barnet Joint Strategic Needs Assessment](#)

¹³ Monitor. Patients' Use of Walk-In Centres. Report, October 2013.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/283785/Patient_survey_final_report.pdf

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		<p>register with them. A third were not registered with a GP practice and reasons given included not knowing how to register, finding registering too difficult or time consuming or they were not eligible to register.</p> <p>Further content on socio economic vulnerability and disability in sections below</p>		<p>also implementing online consultations in the context of the national target for online consultation coverage.</p> <p>Impacts related to travel for less mobile older people or more deprived people can be mitigated if these groups are encouraged to see their local GP or GP access hub.</p> <p>Primary care networks will be developing new services in the light of additional national investment in new staff roles and implementing the Directly Enhanced Service specifications that provide more holistic support</p> <p>Recommendations:</p> <p>Publicise alternative patient options. Ensure clear literature is provided on the services and benefits so that patients of all ages can make an informed choice.</p> <p>Promote the benefits of GP registration, the methods of doing so, the eligibility criteria and the ease of doing so</p>

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Protected Group	Relevance YES/NO	Evidence of impact <i>(Please consider the groups that have greater and/or specific needs. The Joint Strategic Needs Analysis is a good source of information)</i>	Nature of potential impact (positive/ negative/ unknown)	Recommendations/ mitigating actions <i>(Please consider how equity can be achieved for protected and vulnerable groups)</i>
				<p>Signpost to alternative GP primary or community access services.</p> <p>Promote digital alternatives/NHS 111</p>
Disability	Yes	<p>Physical/mobility disabilities</p> <p>Patient disability data is not available from the service provider. Therefore we cannot be sure whether closure of the walk-in</p>	<p>Positive/Neutral</p> <p>The health of people with disabilities is likely to be improved by accessing more care by visiting their</p>	<p>Alternative primary care services are accessible to people with disabilities and should provide better health outcomes (e.g. because GPs have access to patient records, are able to provide</p>

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		<p>service would affect a greater proportion of disabled people.</p> <p>In Barnet and Brent around 6.0% of the adult population have a physical disability¹⁴</p> <p>There is wheelchair access and hand/grab rails by the walk in service entrance and the toilet. There are no disabled parking spaces available on site.</p> <p>There is no induction loop to assist people with hearing impairments.</p> <p>There is good signage in the reception which is accessed direct from the front door.</p> <p>Other disabilities including mental disabilities</p> <p>The recorded prevalence (all ages) of mental health problems (including schizophrenia, bipolar affective disorder and other</p>	<p>GP, using e-consultation or GP Access Hubs which are able to access patient records, which can inform their consultation, can make referrals and offer preventative, screening and other services. The Cricklewood walk-in centre offers a more limited service.</p> <p>Closure of the service may reduce patients' perception of access; and may reduce convenience and accessibility slightly (if people choose to attend an alternative urgent care service), but the health benefits of patients attending other primary care options outweigh this.</p>	<p>preventive medicine and manage long term conditions).</p> <p>Both CCGs should continue to promote the benefits of GP registration, the methods of doing so, the eligibility criteria and the ease of doing so</p> <p>Primary care networks will be developing new services that provide more holistic care; and digital offers will provide other opportunities for patients with mobility challenges.</p> <p>NHS 111 online or on the phone provides an accessible alternative for people with mobility difficulties, hearing or visual impairment and provides bookable appointments for patients with disabilities.</p> <p>There are digital-based urgent care options such as e-consult and Health Help Now App being implemented in both boroughs.</p>

¹⁴ Barnet Joint Strategic Needs Assessment 2017/18 demography data refresh

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		<p>psychoses) for Barnet is 1.01%, which is higher than the rate for England (0.92%).</p> <p>The incidence of mental health illness is assessed as being higher in the Kilburn locality than in the rest of Brent.</p> <p>Building the Right Support and the National Service Model are informing our service development so that people with a learning disability and/or autism can access care and support in the community.</p> <p>There are national targets for ensuring people with learning disabilities receive a health check from their GP as a way of addressing the health inequalities.</p>	<p>All of the GP options set out above enable people with disabilities to have a booked appointment so waiting time would be reduced. This would be of benefit it particular for people with learning disabilities or mental health needs where long waits can exacerbate anxiety and distress.</p> <p>In particular people with learning disabilities should receive an annual health check from their GP which means that their needs will be fully assessed by and understood by their practice and local access hubs.</p>	<p>People with physical and some sensory impairments (excluding visual impairments) may find using these alternatives helpful as they can be accessed from home or anywhere else, using a computer, tablet or phone without requiring the patient to travel any distance.</p> <p>Both CCGs are committed to developing services for people with learning disabilities and mental health services that are integrated and in familiar surroundings (such as the services provided at a GP) to improve how they can access care and support.</p> <p>In Barnet we have commissioned services including our community learning disability service which works with primary and secondary healthcare services, social, housing, leisure and employment services and a wide range of community-based social care and health services in all sectors, to arrange service delivery around the needs and best interests of the service user. We have also strengthened joint working</p>

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				<p>across primary and secondary health care service, social care and other key services to support people to maintain and improve their mental health through embedding primary care link workers into primary care settings, developing a wellbeing hub within Barnet and expanding our improving access to talking therapies service.</p> <p>Recommendations:</p> <p>Publicise alternative patient options. Ensure clear literature is provided on the services and benefits so that patients of all ages can make an informed choice.</p> <p>Promote the benefits of GP registration, the methods of doing so, the eligibility criteria and the ease of doing so</p> <p>Signpost to alternative GP primary or community access services.</p> <p>Promote digital alternatives.</p>

Appendix 3

Protected Group	Relevance YES/NO	Evidence of impact <i>(Please consider the groups that have greater and/or specific needs. The Joint Strategic Needs Analysis is a good source of information)</i>	Nature of potential impact (positive/ negative/ unknown)	Recommendations/ mitigating actions <i>(Please consider how equity can be achieved for protected and vulnerable groups)</i>
Race	Yes	<p>We know that different races are susceptible to different diseases and health challenges. For instance Asian people have higher rates of Type 2 diabetes and heart disease, and have low cancer survival rates. Asian women have high suicide rates.</p> <p>Nationally, many minority ethnic communities have “poor access to health and social care services for a variety of reasons including language barriers, lack of awareness/information, social isolation, lack of culturally sensitive services and negative attitudes about communities¹⁵”</p> <p>In Barnet, the bullets below indicate whether the wards nearest</p>	<p>Positive</p> <p>The health of people from different races is likely to be better supported through GP appointments; e-consult or GP Access Hubs as they are able to access patient records, which can inform their consultation, can make referrals and offer preventative, screening and other services. The poor self-management of long term conditions is a significant factor in the need for urgent care and more support is available for addressing this</p>	<p>Alternative primary care services are accessible to people from different ethnic backgrounds and should provide better health outcomes (e.g. because GPs have access to patient records, are able to provide preventive medicine and support patients to manage long term conditions better).</p> <p>The health differences between different ethnicities will not be reduced by keeping open the walk-in service. In fact the health issues most prevalent amongst the relevant communities (e.g. low cancer survival; high suicide rates, TB etc) would be best treated at a GP surgery and this could reduce the existing equality gap because of the holistic nature of the care available.</p>

¹⁵ The Afiya Trust 2010

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		<p>to Cricklewood have Black, Asian and Minority Ethnic (BAME) populations that are above, the same, or below the borough average¹⁶</p> <ul style="list-style-type: none"> • Golders Green – slightly below • Childs Hill – slightly above <p>The Kilburn locality in Brent has a slightly lower proportion of Black or Black British people; and a much lower proportion of Asian or Asian British than the Brent average.</p> <p>The proportion of different ethnic groups using the walk-in service is estimated as follows:</p> <ul style="list-style-type: none"> • 5% Asian (Asian or Asian British - Bangladeshi, Indian, Pakistani) and 10% other Asian • 8% Black (Black or Black British – African, Caribbean) and 2% other Black • 1% Chinese • 6% Mixed • 16% Not recorded or stated • 7% other ethnic groups 	<p>through primary care. The Cricklewood walk-in centre offers a more limited service.</p> <p>Bookable appointments provide greater opportunities to provide support for individual needs linked to understanding of wider care planning particularly where access to records is important.</p> <p>Closure of the service may reduce patients' perception of access; and may reduce convenience and accessibility slightly (if people choose to attend an alternative urgent care service and dependent on where they live in relation to it), but the health benefits of</p>	<p>GP surgeries and GP access hubs would also be best placed to build an ongoing relationship and to communicate with an individual to manage quite complex and often interrelated conditions.</p> <p>Promote digital alternatives to raise awareness of the digital alternatives and GP Access Hub appointments to this cohort. Engagement activity will include encouraging them to register with their local GP practice as far as possible. Information on eligibility to access GP services will be made available.</p> <p>Primary care networks will be developing new services that provide a more holistic solution and digital offers will provide opportunities for some.</p> <p>GP and NHS 111 staff are well placed to have bi-lingual staff and access to interpreting and translation services – as is Cricklewood walk-in service.</p>

¹⁶ Joint Strategic Needs Assessment 2017/18 demography data refresh

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		<ul style="list-style-type: none"> 45% White (White British, Irish and other) <p>In a 2013 national review of Walk-in Centre usage carried out by Monitor, it was found that overall, more people from 'White British' or 'Other White' backgrounds use walk-in centres than minority groups¹⁷.</p> <p>Residents in the nearest Brent wards to the Cricklewood walk-in centre are mainly from 'White British' and 'white other' backgrounds.</p> <p>For information on refugees and asylum seekers see section on vulnerable groups</p>	<p>patients attending other primary care options outweigh this.</p>	<p>People of different races will gain the same services as the population as a whole but this may benefit those with a greater prevalence of long term conditions.</p> <p>Recommendations:</p> <p>Ensure clear literature (in appropriate formats) is provided so that patients can make an informed choice.</p> <p>Publicise alternative patient options. Ensure clear literature is provided on the services and benefits so that patients of all ages can make an informed choice.</p> <p>Promote the benefits of GP registration, the methods of doing so, the eligibility criteria and the ease of doing so</p> <p>Signpost to alternative GP primary or community access services.</p> <p>Promote digital alternatives.</p>

¹⁷ Monitor. Patients' Use of Walk-In Centres. Report, October 2013.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/283785/Patient_survey_final_report.pdf

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Gender	Yes	<p>The proportions of females and males in the borough in Barnet is 50.4% female and 49.6% male¹⁸</p> <p>In Brent this proportion is 49.7% female and 52.6% male.</p> <p>The proportions of patients using the walk-in service are 55.5% female and 44.5% male.</p>	<p>Positive</p> <p>GP appointments; e-consult or GP Access Hubs are able to access patient records, which can inform their consultation, can make referrals and offer preventative, screening and other services. The</p>	<p>GP surgeries and access hubs where patient records and care plans are available would also be best placed to build an ongoing relationship and to communicate with an individual to manage quite complex and often interrelated conditions.</p> <p>Engagement activity will include encouraging patients to register with their local GP practice as far as</p>

¹⁸ Joint Strategic Needs Assessment 2017/18 demography data refresh

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Protected Group	Relevance YES/NO	Evidence of impact <i>(Please consider the groups that have greater and/or specific needs. The Joint Strategic Needs Analysis is a good source of information)</i>	Nature of potential impact (positive/ negative/ unknown)	Recommendations/ mitigating actions <i>(Please consider how equity can be achieved for protected and vulnerable groups)</i>
		<p>Therefore any impact will affect a slightly greater proportion of females than the borough averages.</p> <p>Life expectancy of men is lower than women in both Barnet and Brent.</p> <p>Women experience greater rates of depression and deliberate self-harm. The relative risk of developing a number of diseases is greater in obese women than it is in obese men.</p>	<p>Cricklewood walk-in centre offers a more limited service.</p> <p>Nationally, walk-in centres can improve access to healthcare for certain groups including young and middle aged men who had been relatively low users of general practice¹⁹.</p> <p>Closure of the service may reduce patients' perception of access; and may reduce convenience and accessibility slightly (if people choose to attend an alternative urgent care service), but the health benefits of patients attending other primary care options outweigh this.</p>	<p>possible. Information on eligibility to access GP services will be made available.</p> <p>There are digital based urgent care options such as e-consult and Health Help Now App. They can be accessed from home or anywhere else, using a computer, tablet or phone without requiring the patient to travel any distance.</p> <p>Alternative services are accessible to people from different genders.</p> <p>The health issue differences between men and women will not be reduced by keeping open the walk-in centre.</p> <p>In fact the most pressing issues (differences in life expectancy and mental health problems) would be best treated at a GP surgery.</p> <p>Recommendations:</p>

¹⁹ Salisbury, C., et al, The National Evaluation of NHS Walk-in Centres, Final Report, July 2002

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				<p>Publicise alternative patient options. Ensure clear literature is provided on the services and benefits so that patients of all ages can make an informed choice.</p> <p>Promote the benefits of GP registration, the methods of doing so, the eligibility criteria and the ease of doing so</p> <p>Signpost to alternative GP primary or community access services.</p> <p>Promote digital alternatives to raise awareness of the alternatives and GP Access Hub appointments to this cohort.</p>
Gender reassignment	Yes	The service does not record gender reassignment patients. Therefore we cannot be sure	Positive	Alternative services are accessible to transgender people.

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		<p>whether closure of the walk-in service would affect a greater proportion of transgender people.</p> <p>Although there is relative paucity of available evidence, the little that is available indicates that transgender people experience health inequalities²⁰</p> <p>However key health issues for transgender people are:</p> <ul style="list-style-type: none"> - Confidentiality and privacy - Physical complications - Lack of psychological support <p>Transgender people face widespread discrimination in healthcare settings. One in seven LGBTQ people (14%) avoid seeking healthcare for fear of discrimination from staff²¹.</p>	<p>GP appointments; e-consult or GP Access Hubs are able to access patient records, which can inform their consultation, can make referrals and offer preventative, screening and other services. The Cricklewood walk-in centre offers a more limited service.</p> <p>Availability of bookable appointments may also reduce stress associated with long waits.</p> <p>There is no evidence currently to suggest that this cohort would be adversely affected by the service change being proposed.</p>	<p>Services available from people’s own GP (or via hub appointments) should be as private and confidential, and more appropriate to transgender patients than services at the walk-in service (e.g. building a strong relationship with a small healthcare team and providing long-term psychological support). These services have access to patient records.</p> <p>GP surgeries and access hubs where patient records and care plans are available would also be best placed to build an ongoing relationship and to communicate with an individual to manage quite complex and often interrelated conditions. This may also reduce discrimination.</p> <p>There are digital based urgent care options such as e-consult and Health Help Now App. They can be accessed from home or anywhere else, using a computer, tablet or phone without</p>

²⁰ Transgender Sexual and Reproductive Health: Unmet Needs and Barriers to Care April 2012 National Centre for Transgender Equality

²¹ <https://www.stonewall.org.uk/lgbt-britain-health>

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			<p>Closure of the service may reduce patients' perception of access; and may reduce convenience and accessibility slightly (if people choose to attend an alternative urgent care service), but the health benefits of patients attending other primary care options outweigh this.</p>	<p>requiring the patient to travel any distance. Promote digital alternatives to raise awareness of the digital alternatives and GP Access Hub appointments to this cohort.</p> <p>The CCGs are committed to advancing equality and therefore we will work with providers' staff to make sure they are trained to meet the needs of all patients</p> <p>Recommendations:</p> <p>Publicise alternative patient options. Ensure clear literature (in appropriate formats) is provided on the alternative services and benefits so that patients can make an informed choice.</p> <p>Promote the benefits of GP registration, the methods of doing so, the eligibility criteria and the ease of doing so</p> <p>Digital access might help in offering the confidentiality sought by the transgender community for initial consultations and a 'safe space' for healthcare.</p>

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				Signpost to alternative GP primary or community access services.
Sexual orientation	Yes	<p>Neither the JSNA nor the walk-in service record the sexual orientation of residents/patients so we cannot be sure whether closure of the walk-in service would affect a greater proportion of lesbian, gay or bisexual people.</p> <p>Key healthcare issues identified by Stonewall and other LGB organisations include:</p> <ul style="list-style-type: none"> - Fear of 'coming out' (all ages but particularly young people) - Lack of staff awareness - Homophobia - Poor access, treatment, outcomes and experience 	<p>Positive</p> <p>GP appointments; e-consult or GP Access Hubs are able to access patient records, which can inform their consultation, can make referrals and offer preventative, screening and other services. The Cricklewood walk-in centre offers a more limited service.</p> <p>Closure of the service may reduce patients' perception of access; and may reduce convenience and accessibility slightly (if people choose to</p>	<p>Alternative services are accessible to LGB people.</p> <p>Services available from patients' own GP should be as (or more) appropriate to LGB patients than services at the walk-in service. The CCGs are committed to advancing equality and we will work with our providers to make sure their staff are adequately trained to meet the needs of these groups and that, using monitoring of protected characteristics we develop better services for everyone .</p> <p>GP surgeries and access hubs where patient records and care plans are available would also be best placed to build an ongoing relationship and to communicate with an individual to</p>

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			attend an alternative urgent care service), but the health benefits of patients attending other primary care options outweigh this.	<p>manage quite complex and often interrelated conditions.</p> <p>There are digital based urgent care options such as e-consult and Health Help Now App. They can be accessed from home or anywhere else, using a computer, tablet or phone without requiring the patient to travel any distance.</p> <p>The North West London Collaborative is also investigating options to roll out an initiative called “Pride in Practice” to help address feedback and reduce health inequalities for this protected group.</p> <p>Recommendations:</p> <p>Publicise alternative patient options. Ensure clear literature (in appropriate formats) is provided on the alternative services and benefits so that patients can make an informed choice.</p> <p>Promote digital alternatives to raise awareness of the digital alternatives and GP Access Hub appointments to this cohort.</p>

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				Signpost to alternative GP primary or community access services. GP practices continue to raise awareness of alternative services within primary care.
Religion or belief	Yes	<p>The walk-in service does not record the religion of patients.</p> <p>Key issues:</p> <ul style="list-style-type: none"> - Staff awareness of the needs of different religions - Different religious requirements of each religion. 	<p>Positive</p> <p>GP appointments; e-consult or GP Access Hubs are able to access patient records, which can inform their consultation, can make referrals and offer</p>	<p>GP surgeries and access hubs where patient records and care plans are available would also be best placed to build an ongoing relationship and to communicate with an individual and understand their faith related needs.</p> <p>Services available through people's own GP or accessed through NHS 111 are</p>

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		<p>The three most common religions in Barnet are Christianity (39%), Judaism (23%) and Islam (8%)²².</p> <p>In comparison to the Barnet average:</p> <ul style="list-style-type: none"> • Golders Green – has well above the average proportion of Jewish people; slightly above average proportion of Muslim people; and lower than average proportion of Christian people. • Childs Hill – has about average proportion of Jewish and Christian people; and slightly above the average proportion of Muslim people <p>The three most common religions in Brent are Christianity (60%); Islam (12%) and Hinduism (10%).</p> <p>In comparison to the Brent average the Kilburn locality has fewer Hindus; fewer Muslims and more people who have no religion.</p>	<p>preventative, screening and other services. The Cricklewood walk-in centre offers a more limited service.</p> <p>Digital and phone services offer more choice for appointments at times that do not conflict with religious / faith commitments</p> <p>Introducing a digital method of accessing care may allow women greater freedom in being able to access care in their own home; however, this is of course dependent on their level of digital access at home. Timings for religious activities such as prayer can make attending set appointment times</p>	<p>likely to be as (or more) personalised and appropriate to people with religious beliefs.</p> <p>There are digital based urgent care options such as e-consult and Health Help Now App. They can be accessed from home or anywhere else, using a computer, tablet or phone without requiring the patient to travel any distance.</p> <p>The alternative services are accessible to people of different religion or belief.</p> <p>Observant Jewish people who do not use transport on the Sabbath or Holy Days could access their own GP, a GP hub (which may be closer than the walk-in service), other walk-in services or advice from NHS 111 (including booking a convenient appointment) or a pharmacy.</p> <p>Any impact may have a greater effect on the Jewish population as there is a higher</p>

²² Joint Strategic Needs Assessment 2017/18 demography data refresh

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		<p>Observant Jewish do not use transport on the Sabbath (sundown on Friday to sundown on Saturday) and other religious days.</p> <p>Some faith groups restrict how women (and sometimes children) from interacting with health providers e.g. some women not able to see GP without permission from husband or other male in household or without male accompanying them. Online consultation allows for this to happen from own home.</p>	<p>outside the home more challenging. It is possible that the digital offer could make this easier, depending on appointment times etc within this.</p> <p>Closure of the service may reduce patients' perception of access; and may reduce convenience and accessibility slightly (if people choose to attend an alternative urgent care service), but the health benefits of patients attending other primary care options outweigh this.</p>	<p>proportion locally compared to the Barnet borough as a whole.</p> <p>The CCG is committed to meeting the needs of different faith groups and we will work with our providers to make sure their staff are adequately trained to meet the needs of these groups.</p> <p>Recommendations:</p> <p>Ensure clear literature (in appropriate formats) is provided on the alternative services and benefits so that patients can make an informed choice.</p> <p>Promote the benefits of GP registration, the methods of doing so, the eligibility criteria and the ease of doing so</p> <p>Promote digital alternatives to raise awareness of the digital alternatives and GP Access Hub appointments</p> <p>Signpost to alternative GP primary or community access services.</p>

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Pregnancy and maternity	Yes	<p>The service does not provide specific services for pregnant mothers or for childbirth/new parents.</p> <p>NHS England considers it advisable for women who are pregnant or planning to become pregnant to have on-going face to face consultation and review, therefore a digital offer might be of less use to this cohort.</p>	<p>Positive</p> <p>GP appointments; e-consult or GP Access Hubs are able to access patient records, which can inform their consultation, can make referrals and offer preventative, screening and other services. The Cricklewood walk-in centre offers a more limited service.</p> <p>There is nothing to suggest that this cohort of patients would be adversely affected by the changes proposed.</p> <p>Closure of the service may reduce accessibility slightly, but the health benefits of GP appointments / GP Access Hubs outweigh this.</p>	<p>GP surgeries would also be best placed to build an ongoing relationship and to communicate with an individual to manage their condition.</p> <p>Alternative services are available and accessible to pregnant/new mothers.</p> <p>There are digital based urgent care options such as e-consult and Health Help Now App. They can be accessed from home or anywhere, using a computer, tablet or phone.</p> <p>Recommendations:</p> <p>Ensure clear literature (in appropriate formats) is provided on the alternative services and benefits so that patients can make an informed choice.</p> <p>Promote the benefits of GP registration, the methods of doing so, the eligibility criteria and the ease of doing so</p> <p>Promote digital alternatives to raise awareness of the digital alternatives and GP Access Hub appointments</p>

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				Signpost to alternative GP primary or community access services.
Marriage and Civil partnership	No	Neither the JSNA nor the GP practice / walk-in service record the marriage or civil partnership status of residents/patients	<p>Positive/Neutral</p> <p>GP appointments; e-consult or GP Access Hubs are able to access patient records, which can inform their consultation, can make referrals and offer preventative, screening and other services. The Cricklewood walk-in centre offers a more limited service.</p> <p>There is nothing to suggest that this cohort of attendees would be adversely affected by the proposed closure of the walk in service. closure</p>	<p>GP surgeries and access hubs where patient records and care plans are available would also be best placed to build an ongoing relationship and to communicate with an individual to manage their health needs.</p> <p>There are digital based urgent care options such as e-consult and Health Help Now App. They can be accessed from home or anywhere else, using a computer, tablet or phone.</p> <p>Recommendations:</p> <p>Publicise alternative patient options. Ensure clear literature (in appropriate formats) is provided on the alternative services and benefits so that patients can make an informed choice.</p> <p>Promote digital alternatives to raise awareness of the digital alternatives and GP Access Hub appointments.</p>

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				<p>Promote the benefits of GP registration, the methods of doing so, the eligibility criteria and the ease of doing so</p> <p>Signpost to alternative GP primary or community access services.</p>

Equality and health inequality areas	Relevance YES/NO	Evidence of impact <i>(Please explain how the service impact on Human Rights -and social-economic groups- and use local, regional or national evidence)</i>	Nature of potential impact (positive/ negative/ unknown)	Recommendations/ mitigating actions <i>(Please consider how equity can be achieved for protected and vulnerable groups)</i>
Human Rights	No	No impact	Neutral	None

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<p>Socio-economic and vulnerable groups</p> <p>Homeless and Traveller Community</p>	<p>Yes</p>	<p>Health inequalities amongst the homeless population are evidenced at both a national and local level, with evidence of significantly lower life expectancy and poorer health outcomes amongst people who are homeless²³.</p> <p>In Barnet the closest wards to Cricklewood have populations that, compared to Barnet as a whole are:</p> <ul style="list-style-type: none"> • Golders Green – about average deprivation • Childs Hill – slightly more deprivation <p>The borough of Barnet as a whole is less deprived than the London average.</p> <p>The Brent wards that are nearest to the service are in the more deprived parts of the borough in which adults and children receive out of work benefits with family income being below 60% of the</p>	<p>Neutral</p> <p>Nationally:</p> <ul style="list-style-type: none"> • people from lower socio-economic groups tend to be the most common users of walk-in centres • The majority of people on low incomes do not have private transport or access to a car and face a number of barriers in accessing healthcare that relate both to problems with travel and the location of services²⁵. <p>Recently arrived migrants may experience barriers to accessing GP services due to stigma, lack of understanding of how services work and a lack of community networks. They may also have concerns around</p>	<p>GP surgeries and access hubs where patient records and care plans are available would also be best placed to build an ongoing relationship and to communicate with an individual to manage their health needs.</p> <p>There are alternative urgent care centres and GP services in Barnet and Brent which provide the same range of services as the WIC and offer longer opening hours of operations.</p> <p>There are digital based urgent care options such as e-consult and Health Help Now App. They can be accessed from home or anywhere else, using a computer, tablet or phone without requiring the patient to travel any distance.</p> <p>Patients who are in Brent for work purposes but who live elsewhere can register locally as out of area patients.</p> <p>Depending on the outcome of this proposal, Brent CCG will continue to review patient</p>

²³ Homelessness Kills, Crisis 2012

²⁵ Social Exclusion Unit (2003): Making the Connections

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		<p>median income²⁴. Kilburn locality is the third most deprived locality in Brent and has the third highest unemployment levels.</p> <p>Deprivation is one of the determinants of poorer health outcomes and associated with health inequalities.</p> <p>Based on 18/19 data – 11% of patients using Cricklewood walk-in service are recorded unregistered with a GP although we cannot know how many of these are unregistered because they are unable to do so; are unsure if they are registered; don't want to say; or are from vulnerable/ socio-economically challenged backgrounds.</p>	<p>eligibility for services and information sharing where their right to remain is not secure.</p> <p>Homeless people may not be registered with a GP and may not be aware that they can register if homeless. Therefore they may be more likely to use walk in services.</p> <p>However, given health inequalities and poorer health outcomes for each group described above, the best way of addressing these issues is to ensure that care is provided through primary care rather than through walk in care. This enables in particular access to preventive care, referral to</p>	<p>needs and if appropriate increase the number of GP appointments in primary care.</p> <p>Impacts related to travel for more deprived people can be mitigated if these groups are encouraged to see their local GP. There are GP slots available for urgent appointments at GP Access Hub as well as local GP practices. Promote local GP Access Hub appointments</p> <p>Alternative services such as GP Extended Access Hubs, walk-in centres, community pharmacies, UTCs, online consultations and NHS 111 are accessible to people from different socio-economic groups and with different vulnerabilities.</p> <p>The health issues most prevalent amongst deprived groups (e.g. for males: heart disease, lung and other cancers; for females: Alzheimer's, dementia would be best treated at a GP surgery (or direction provided by NHS 111). GPs have a greater ability to address the wider determinants of ill health by, for instance, referring to employment/ benefit organisations</p>

²⁴ Brent Joint Strategic Needs Assessment 2015 Deprivation

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			secondary care and screening.	<p>Registering Homeless Patients and Traveller community: GP practices have a responsibility to register people who are homeless, people with no fixed abode, or those legitimately unable to provide documentation living within their catchment area who wish to register with them including asylum seekers and immigrants.</p> <p>Homeless patients are entitled to register with a GP using a temporary address which may be a friend's address or a day centre. The practice may also use the practice address to register them.</p> <p>In Brent, many GP practices also offer online registration. Homeless shelters and accommodation centres encourage and support people to register with a GP.</p> <p>In Barnet, the CCG works closely with Homeless Action in Barnet (HAB), to deliver GP sessions on Monday, Wednesday and Friday for people who attend the HAB day centre, and who need to be seen by a GP. HAB will also support these patients, in conjunction with the CCG and local authority, to secure registration at a local</p>

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				<p>practice. Patients are eligible to register with a GP without having an address.</p> <p>Patients unable to register with a GP are able to access the walk-in services at Finchley Memorial Hospital and Edgware Community Hospital or the UTCs at Central Middlesex, Northwick Park and any of the out of borough hospitals at Royal Free, St Mary's or they can contact NHS 111.</p> <p>Recommendations:</p> <p>Ensure clear literature (in appropriate formats) is provided on other services so patients can make informed choices.</p> <p>Some might benefit from widening access to a digital offer, and it will be important to consider the need for outreach and advertising once decisions have been made around the future of primary and urgent care to ensure that this and other community groups are aware of what is available to them from their local NHS.</p> <p>Promote the benefits of GP registration, the methods of doing so, the eligibility criteria and the ease of doing so</p>

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				<p>Signpost to alternative GP primary or community access services.</p> <p>Promote digital alternatives to raise awareness of the digital alternatives and GP Access Hub appointments.</p>

8. Final outcomes

Whilst some equality groups may be more frequent users of the services and some alternative locations are more distant:

- There are alternative access points to the NHS that are available; nearby; integrated and of high quality.
- Closure of the walk-in service would encourage people to use the alternative access points which could improve patients' health as some (e.g. GP surgeries and GP hubs) are connected to patient records and therefore more considered opinion could be provided; others provide a wider range of treatments (e.g. Edgware and Finchley provide x-ray and minor injury treatments).

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- The conditions treated (or the services provided) at the walk-in service are not specific to a particular protected characteristic group.
- There are alternative methods of accessing healthcare in the boroughs for people who are unwilling or unable to register with a GP.
- The proposed closure has benefits (or has a neutral effect) for all groups with protected characteristics.

Recommendations:

- The CCGs should continue to work with GPs and other health professionals to ensure they are suitably trained and that the NHS is meeting the needs of different groups with protected characteristics.
- A key issue is that people said they struggled to get an appropriately convenient/quick GP appointment (noting that older people were more likely to say this). Both CCGs have recognised the requirement to further support local GP practices in managing demand and are developing proposals to further invest in primary care to manage demand. With the development of Primary Care Networks (and funding transferring in 2021/2022) there is the opportunity to develop the range and number of appointments available to meet local needs.
- If the closure takes place, the CCGs should continue with ongoing communications to ensure consistent messages and advice particularly considering people with protected characteristics. This would include clear literature (in appropriate formats) provided on the alternative services and benefits so that patients can make informed choices. The information should also promote the benefits of GP registration, the methods of doing so, the eligibility criteria and the ease of doing so.