

## SCHEDULE 2 – THE SERVICES

### A. Service Specifications

Mandatory headings 1 – 4: mandatory but detail for local determination and agreement  
 Optional headings 5-7: optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement

<b>Service Specification No.</b>	
<b>Service</b>	The Whitehouse Centre – GP Practice
<b>Commissioner Lead</b>	NHS Greater Huddersfield CCG
<b>Provider Lead</b>	
<b>Period</b>	5 Years with potential to extend by a further 2
<b>Date of Review</b>	31 <sup>st</sup> March 2018

<p><b>1. Population Needs</b></p> <p><b>1.1 National/local context and evidence base</b></p> <p><b>Background and current provision (up to 31<sup>st</sup> March 2017)</b>          The Whitehouse Centre GP practice was established in 2001 as the result of a pilot to provide services for people who have difficulty accessing mainstream health services. The service has evolved over several years and now supports patients living in the Greater Huddersfield area from the following backgrounds:</p> <ul style="list-style-type: none"> <li>• Homeless or in emergency accommodation</li> <li>• Asylum seekers.</li> </ul> <p>The main focus of the GP practice is to provide care to people that often have a complexity of needs due to circumstances outside their control. This can be a sensitive and high profile service area.</p> <p>Key findings from engagement with local Community Voices (voluntary organisations working with the CCG) suggest that:</p> <ul style="list-style-type: none"> <li>• Primary care provision should reflect local demographic needs;</li> <li>• General Practice should provide localised services</li> <li>• Communication should reflect information needs of local registered population;</li> <li>• The GP practice and staff who work there appreciate and understand the sensitive needs of the patient population and can respond appropriately.</li> </ul> <p>The service has a relatively young population, with 56.1% aged 20-39, 15.3% are aged 40-49 and 20.6% of patients are aged 0-19. Currently only 1.7% are aged over 60. There are also considerably more men than women using the service, 67% male and 33% female, with significantly more men in the age range 20-39.</p> <p>The effects of deprivation, poor housing or fleeing from a war torn country on children are documented. 'Children in bad housing are almost twice as likely to suffer from poor health as other children (Shelter)'. The refugee council 2014 stated that 'there were significant</p>
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effects on mental and physical well-being' for those 'children and young people fleeing war torn countries whether accompanied or not'.

Information from the Whitehouse Centre shows that over a 6 month period interpretation services were accessed for 27 languages:

- Albanian
- Amharic
- Arabic
- Bulgarian
- Farsi (Afghan)
- Farsi (Persian)
- French
- German
- Kurdish (Kurmanji)
- Kurdish (Sorani)
- Lingala
- Mandarin
- Oromo
- Pashto
- Polish
- Portuguese
- Punjabi
- Romanian
- Russian
- Somali
- Spanish
- Swahili
- Tamil
- Tigrinya
- Urdu
- Vietnamese

So it is vital that any new service has access to and regularly uses interpreters.

In terms of access to health services the current provision includes 1.4 WTE GPs, 1 WTE Advanced Nurse Practitioner and 1 WTE Practice Nurse. There is also 1 trainee advanced nurse practitioner. 0.4 WTE GP time is currently in place to support victims of torture.

### **Future services**

Quotes from the Health Watch report 'When Life is already tough' state 'some people told us about times when they felt their physical or mental health deteriorated because they hadn't been able to get access to the appropriate health or care service at the right time'. The report also states that 'mainstream services should offer more flexibility when they know people who have multiple and complex needs are accessing their services'. 'It is unrealistic to expect people with chaotic lifestyles to turn up for appointments'.

For the past few years an increasing body of evidence has shown the impact of poor health on individuals and on the NHS. Homeless people are more likely to use A&E, spend time in hospital and be heavy users for mental health and substance mis-use services. (Homeless link Health Needs Audit 2014).

'There was consensus among the services consulted of the clear need to engage and work flexibly with people who are homeless or have street based lifestyles because of the multiple health needs they experience, this includes:

- Ensuring a welcoming non-judgemental approach to clients
- A flexible approach to appointments, through a mix of drop ins and scheduled consultations

- Seeing the client as a whole person not simply a list of problems requiring treatment' (From Health and homelessness: Understanding the costs and role of primary care services for homeless people, St Mungo's July 2013).

Flexibility in terms of appointments including the length of appointments is currently available within the existing service. The evidence reviewed and the feedback from the stakeholder organisations is that this flexibility is vital for the patient groups using the Whitehouse Centre. It is also essential that the practice works closely with external agencies and forms strong partnerships to meet the needs of the patient population. The service should not work in isolation, successful patient outcomes rely on access to a number of additional services.

This is also supported by the GHCCG Primary Care Strategy which includes an outcome for patients to be seen at the right time by the right person. This means by 2020/21 all patients are able to have same day access for urgent needs.

## 2. Outcomes

### 2.1 NHS Outcomes Framework Domains & Indicators

<b>Domain 1</b>	<b>Preventing people from dying prematurely</b>	<b>x</b>
<b>Domain 2</b>	<b>Enhancing quality of life for people with long-term conditions</b>	<b>x</b>
<b>Domain 3</b>	<b>Helping people to recover from episodes of ill-health or following injury</b>	<b>x</b>
<b>Domain 4</b>	<b>Ensuring people have a positive experience of care</b>	<b>x</b>
<b>Domain 5</b>	<b>Treating and caring for people in safe environment and protecting them from avoidable harm</b>	<b>x</b>

### 2.2 Local defined outcomes

- That appointment lengths are tailored to the clinical needs of patients, which shall be for no less than 15 minutes for patient GP consultations and not less than 15 minutes for patient nurse consultations
- Patients contacting the surgery within core hours with an urgent health care need are able to book an appointment/speak to a clinician on the same day.
- Patients are able to book appointments or request repeat prescriptions in person, over the phone or online.
- Patient satisfaction is reviewed through analysis of Friends and Family test, national GP survey and any other method as deemed suitable by the service – including the patient reference group where possible.

## 3. Scope

### 3.1 Aims and objectives of service

- To provide safe, high quality, effective GP led primary medical care and health promotion, tailored to the unique needs of specific populations living in the Greater Huddersfield area who are registered with the practice
- To provide a town centre based service to meet the needs and requirements of those specific patient groups
- To offer all patients registering with the practice a face to face new patient check which includes managing expectations of how long they may be registered with the

practice

- To provide support to patients to enable a large proportion<sup>1</sup> to transfer to a mainstream provider of primary medical services within a 12 month period.
- To coordinate patient transition to a mainstream GP practice this could be through partnership working with voluntary organisations, third party organisations or other external agencies.
- To provide information and support to mainstream GP practices about services that are available to support patients who register with them following a period of registration with the Whitehouse Centre.
- To offer flexibility where necessary ensuring patients who would not attend pre-arranged appointments are able to 'drop in'.
- To offer flexibility in terms of appointment and opening times to meet the needs of registered patients – for example evening appointments
- To work in partnership with local voluntary organisations and other agencies to address wider patient needs
- To strive continuously through innovation and engagement to improve Patient experience and outcomes for primary medical care patients, their carers and families.
- To meet the requirements of the access standards (Appendix A)
- To be aware of national targets for vaccine targets and to work towards consistently achieving them

### **3.2 Service description/care pathway**

- A GP led primary care service with access to GP and Nurse appointments Monday – Friday
- A new patient check to be provided to all patients including TB , HIV, Hepatitis B & C screening, Substance misuse screening (patients aged >16 years) and an assessment of the patients housing and social situation.
- Needs based, flexible outreach clinics with appropriate stakeholder groups. To include, but not limited to;
  - One session per month at Clare House ( Commissioned by public health And adult social care))
  - One session per month at Huddersfield Methodist Mission
- Care plan in place for patients who are high users of A&E services, with review after 6 months
- Practice to work with the hospital to support patient discharge where patients are homeless
- Practice to work in partnership with SWYPFT and other mental health providers to ensure appropriate support is available for their registered patients
- Signposting to relevant organisations, to include, but not limited to;
  - Legal Aid Clinics
  - Better Off Kirklees
  - Housing Options for tenancy and housing advice
  - Improving Access to Psychological Therapies (IAPT)
  - Huddersfield Mission
  - On Track drug and alcohol service
- Attendance and participation in multi-agency meetings – including interface to review patients in A&E or in patients
- Patients offered torture screening and relevant support is in place for patients who are victims of torture
- The service provision will be sensitive and inclusive to the needs of all patients, particularly those experiencing mental illness, LGBT, younger people, BME and women

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<sup>1</sup> Not all patients will be clinically suitable to access general practice services and may remain with the Whitehouse Centre for longer periods of time

### **3.3 Population covered**

- Homeless or in emergency accommodation
- Asylum seekers
- Refugees
- Sex workers

The average number of patients registered with the practice should be 1500. The registered list should not exceed 1750 or drop below 1250 patients.

The list size must be managed proactively to ensure that:

- The practice can serve its population adequately
- It moves patients into mainstream practices consistently rather than en masse.
- It maximises the use of the resources
- Anything over 1650 is reported to the commissioner. The commissioner will be responsible for notifying other practices of the potential impact

### **3.4 Any acceptance and exclusion criteria and thresholds**

#### **Acceptance**

- Patients will be accepted by the practice who fall into one of the above categories.
- The practice will also accept temporary residents – if the list of registered patients is open the service must accept a person as a Temporary Resident for a period of three months provided it is satisfied that the person is:
  - Temporarily resident away from their normal place of residence and is not registered elsewhere in the locality where they are temporarily residing; or
  - Moving from place to place and not for the time being resident in any place

#### **Exclusion**

- The provider should only refuse an application of a person for acceptance as a Temporary Resident if it has reasonable grounds for doing so – and keep a record.
- Violent patients who have been removed from the contractors list with immediate effect

### **3.5 Interdependence with other services/providers**

- The service will be required to use the TPP Clinical System (SystemOne).
- Regular attendance at the monthly WY-FI meetings
- Other GP practices

## **4. Applicable Service Standards**

### **4.1 Applicable national standards (eg NICE)**

- NHS Accessible Information Standard

Re HIV and hep B , C KPI of considered for children in line with current guidance:

<https://www.nice.org.uk/guidance/ph43/chapter/1-Recommendations#whose-health-will-benefit>

and

[http://nottinghamshirechildcare.proceduresonline.com/chapters/p\\_blood\\_borne.html#testing](http://nottinghamshirechildcare.proceduresonline.com/chapters/p_blood_borne.html#testing)

### **4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)**

### **4.3 Applicable local standards**

- The Greater Huddersfield Primary Care Strategy – 2016/2021
- Location must be town centre based due to consideration of patient needs (Appendix B)
- Use of CCG commissioned Interpreter services

<ul style="list-style-type: none"> <li>• Local pathways and processes for referral and use of Mental health services, substance misuse, FGM, domestic violence and PTSD must be followed and utilised</li> <li>• Access standards (Appendix A)</li> </ul>
<b>5. Applicable quality requirements and CQUIN goals</b>
<b>5.1 Applicable Quality Requirements (See Schedule 4A-D)</b>
<b>5.2 Applicable CQUIN goals (See Schedule 4E)</b>
<b>6. Location of Provider Premises</b>
<p><b>The Provider's Premises are located at:</b>  There is an agreement in place until July 2019 for the service to be provided from -  The Whitehouse Centre  23 New North Parade  Huddersfield  HD1 5JU</p> <p>NHS Greater Huddersfield CCG is currently looking to develop town centre premises with the requirement that the provider moves into these new premises when available. The new location will take into account consideration of transport.</p>
<b>7. Individual Service User Placement</b>

**Appendices:**

**Appendix A** – Access standards

**Appendix B**- Engagement report

### **Equality access requirements**

The Provider will have systems and policies in place to ensure that it is responsive to the individual needs of its service users and will demonstrate it makes all reasonable adjustments to ensure that its services are accessible, appropriate and flexible, whether this is in terms of the location of the service or the provision of service.

The Provider will consider the specific needs of protected groups in relation to the service provided, making specific arrangements where necessary, for access to interpreting services, minimum appointment times of 15 minutes and outreach clinics.

All protected characteristics will be considered and adjustments made, but particular attention will be paid to disabled people, including those with learning disabilities, mental health issues and to people who may have additional communication requirements. Providers will comply with the NHS Accessible Information Standard.

The provider will produce accessible materials and signposting information to publicise and promote the services as required. The information will include a clear description of how the service operates, how it fits with other services, what to expect from the service (in terms of processes and outcomes) and how to register a compliment/complaint. The Provider will ensure that information about the service is provided to all individuals using the service and potential service users and their carers/family, in appropriately accessible formats. This information should reflect the diversity of the local community.

The Provider will have systems/procedures/policies in place to equality monitor service users, and will report this as required to the commissioner via an annual report. The provider will evidence actions undertaken to address any preventable inequalities of access, experience or outcomes, where these become apparent. They must ensure that they are, where appropriate, providing services to the relevant local community equitably.

The Provider will assess the impact of its services and work with service users and other stakeholders to understand whether there are any barriers to improved access, experience or outcomes. Where these are identified, reasonable steps should be taken to minimise the impact of the barriers.

The Provider must carry out an annual audit of its compliance with these obligations and must demonstrate at Review Meetings the extent to which service improvements have been made as a result.



# **Engagement and Equality Report**

**Whitehouse Centre**

**Greater Huddersfield CCG**

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## 1. Introduction

NHS Greater Huddersfield CCG (GHCCG) is committed to improving the healthcare available to all the people living across the district. As part of this continued work, GHCCG is embarking on the re-procurement of the Whitehouse Centre in Huddersfield. The Whitehouse Centre is a service established for patients that are:

- Homeless or in emergency accommodation;
- An asylum seeker.

The Whitehouse Centre is a GP Practice for these people that have difficulty accessing mainstream health provision. Its main focus is to provide care to people that often have a complexity of needs due to circumstance's outside their control. This can be a sensitive and high profile service area.

The service has a relatively young population, with 55% aged 20-39, 14% are aged 40-49 and 24% of patients are aged 0-19. Currently only 1.8% are aged over 60.

There are also considerably more men than women using the service, 67% male and 33% female, with significantly more men in the age range 20-39.

The effects of deprivation, poor housing or fleeing from a war torn country on children are documented. 'Children in bad housing are almost twice as likely to suffer from poor health as other children (Shelter)'. The refugee council 2014 stated that 'there were significant effects on mental and physical well-being' for those 'children and young people fleeing war.

For the past few years an increasing body of evidence has shown the impact of poor health on individuals and on the NHS. Homeless people are more likely to use A&E, spend time in hospital and be heavy users for mental health and substance misuse services. (Homeless link Health Needs Audit 2014). 'There was consensus among the services consulted of the clear need to engage and work flexibly with people who are homeless or have street based lifestyles because of the multiple health needs they experience, this includes:

- Ensuring a welcoming non-judgemental approach to clients
- A flexible approach to appointments, through a mix of drop ins and scheduled consultations
- Seeing the client as a whole person not simply a list of problems requiring treatment'

(From Health and homelessness: Understanding the costs and role of primary care services for homeless people, St Mungo's July 2013).

The evidence reviewed and the feedback from the stakeholder organisations is that this flexibility is vital for the patient groups' using the Whitehouse Centre. This is also supported by the GHCCG Primary Care Strategy which includes an outcome for patients to be seen at the right time by the right person. This means by 2020/21 all patients are able to have same day access for urgent needs

The purpose of the report is to provide feedback on the findings from the engagement which has taken place for the re-procurement of the Whitehouse Centre.

## 2. Background

The aim of the engagement process was to gather views of the services that are currently delivered as part of Whitehouse Practice. The views gathered will be used to support the future provision of these services. Currently the new contract is due 1<sup>st</sup> April 2017 and would follow a standard procurement route with development of a service specification.

By talking direct to service users Greater Huddersfield CCG are committed to ensuring that relevant stakeholders are informed and have an opportunity to influence changes to the way services are currently provided or delivered.

The objectives for the CCG are:

- Listen to service users and understand what the service specification would mean to current service users and ensure they have an opportunity to have their say.
- Provide a report of findings on the engagement process which would include previous engagement activity
- Ensure the views of service users have been considered in the service specification including any differential impact on equality groups.
- To communicate the intention for future services.
- To complete an equality impact assessment supported by the engagement process to will inform any decision making.
- Ensure service users participate in the procurement evaluation process
- Identify a panel of service users/or their representatives to support the procurement process

### 3. Key drivers and considerations

#### Health and Social Care Act 2012

The White Paper, 'Equity and excellence: Liberating the NHS', and the subsequent Health and Social Care Act 2012, set out the Government's long-term plans for the future of the NHS. It is built on the key principles of the NHS - a comprehensive service, available to all, free at the point of use, based on need, not ability to pay. It sets out how the National Health Service (NHS) will:

- Put patients at the heart of everything it does
- Focus on improving those things that really matter to patients
- Empower and liberate clinicians to innovate, with the freedom to focus on improving healthcare services.

It makes provision for CCGs to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners, and it also places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution – and to promote awareness of the NHS Constitution.

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

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

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

## The Equality Act 2010

The Equality Act 2010 protects people against discrimination, harassment and victimisation in relation to housing, education, clubs, the provision of services and work. It unifies and extends previous equality legislation.

The groups the Act specifically covers are called 'protected characteristics' these are;

- age
- disability
- gender reassignment;
- marriage and civil partnership (with some restrictions)
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation
- The CCG also incorporates consideration of carers within its work.

The public sector equality duty in Section 149 of the Equality Act requires public bodies, to pay due regard to the need to:

- Eliminate discrimination, harassment and victimisation
- Advance equality of opportunity
- Foster good relations.

The Act explains that having due regard for advancing equality involves:

- Removing or minimising disadvantage associated with a protected characteristic;
- Taking steps to meet the needs of individuals who share a protected characteristic (where these are different from others); and
- Encouraging persons who share a protected characteristic to participate in public life or in any other activity where participation by that group of people is disproportionately low.

Greater Huddersfield CCG has developed an Equality and Diversity Strategy which details its approach. To evidence 'due regard' as required by the Equality Act 2010 where a decision is being made about a potential change to a service, policy or activity an equality impact assessment (EQIA) will be completed.

To help support organisations to meet these duties a set of principles have been detailed in case law. These are called the Brown Principles;

- The organisation must be aware of their duty.
- Due regard is fulfilled before and at the time any change is considered as well as at the time a decision is taken. Due regard involves a conscious approach and state of mind.
- The duty cannot be satisfied by justifying a decision after it has been taken.

- The duty must be exercised in substance, with rigour and with an open mind in such a way that it influences the final decision.
- The duty is a non-delegable one.
- The duty is a continuing one.

## The NHS Constitution

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

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

## Principles of Engagement

NHS Greater Huddersfield CCG has a 'Patient and Public Engagement and Experience Strategy'. The strategies have been developed alongside key stakeholders. Each strategy sets out an approach to engagement which describes what the public can expect from any engagement activity. The principles in the strategies state that the CCGs will;

- Ensure that the CCG engages with public, patients and carers early enough throughout any process
- Be inclusive in all engagement activity and consider the needs of the local population
- Ensure engagement is based on the right information and good communication so people feel fully informed
- Ensure that the CCG are transparent in their dealings with the public and discuss things openly and honestly

- Provide a platform for people to influence thinking and challenge decisions
- Ensure any engagement activity is proportionate to the issue and that feedback is provided to those who have been involved in that activity

The strategy sets out what the public can reasonably expect the CCG to do as part of any engagement activity and the process required to preserve these principles to ensure public expectations are met

## 4. Engagement activity

Greater Huddersfield CCG Engagement team, embarked on engagement with the patients and key stakeholders over a six week period, from May 9<sup>th</sup> to June 20<sup>th</sup> 2016.

A detailed plan for delivering communications, engagement and equality was developed and from this plan we identified the engagement required for the Whitehouse Centre.

A range of engagement activities were undertaken during the six weeks. These activities fell into following key target groups:

- patient / carers with direct experience of the GP practice
- voluntary and community groups with interest
- key partners and stakeholders
- staff

Existing data held by GHCCG was collated and analysed to form part of the engagement process. The information considered as part of this exercise was; any patient feedback received in relation to Whitehouse Centre via the Patient Advice and Liaison Service (PALS), complaints, data from Friends and Family Test, PALS and Complaints. Data from previous engagement exercises and patient experience reports produced by the Communications and Engagement Team were also analysed for any issues relating to Whitehouse Centre and primary care.

Considering the profile of the service users it was proposed that we use a combination of methods and approaches which included distribution of questionnaires and focus group work. An equality monitoring form was attached to all surveys in order to support the completion of an equality impact assessment.

Over a 6 month period interpretation services were accessed for 27 languages and many patients have multiple health needs it was vital to have a non-judgemental and flexible approach to engaging the clients. In parallel Public Health also conducted an evaluation of Whitehouse Centre activity data.

The recommended engagement approach was to use our local community assets 'Community Voices' to deliver conversations with targeted service users from a variety of local areas, protected groups and communities. Community Voices are individuals working in the voluntary and community sector who are trained to engage with the local population on behalf of the CCG.

Additionally as part of the plan, two facilitated sessions were held in February and May engaging key stakeholders.

Views of existing services were gathered from service users, they also helped identify the questions for the questionnaire. To develop the questionnaire a toolkit was used and was circulated afterwards to organisations of interest for comments and feedback. (Appendix 1: **Schedule of engagement activity**)

The key stakeholders were:

- Patient Participation Group Network
- Healthwatch
- Local NHS and social care commissioners and providers
- Voluntary and community groups with interest.

A briefing session was held by the team explaining the engagement process and method to all Community Voices members. They attended the practice to encourage and support users of the Whitehouse Centre to complete the survey. (Appendix 2).

To ensure maximum engagement the questionnaire was offered in different formats and available in a number of settings. The engagement team also ensured that the sessions covered different times and days to ensure a cross section of patients were given the opportunity to complete the survey. Face to face interviews were also conducted and community voices held focus groups within their own organisation as well as attending appropriate services which cater for the target groups of patients that are homeless or asylum seekers.

We worked in partnership with the equality team to ensure we targeted more vulnerable groups such as young people.

All the surveys distributed for each service area had the contact details of the engagement lead and included an email address, contact telephone number.

We received 250 responses to the engagement from a range of patients and the community representing different organisations of interest across the local area. This represents a good sample size considering the profile of the service users. (17% of the practice size, 1480 patients).

The groups involved with the conversations were:

- **DASH-** A charity with the specific purpose of assisting destitute refugees and asylum seekers and also new refugees who are homeless. They offer advocacy and practical support.
- **The Basement Recovery Project-**offer support and inspiration to those people who are involved with alcohol and / or substance misuse, the opportunity of a new sustained abstinent lifestyle – recovery from addiction.

- **Volunteers Together**- offers Asylum & refugee drop-in: practical advice and support, signposting, referrals e.g. British Red Cross; housing, benefits, NASS support issues
- **Huddersfield Mission**-café with advice and support on alcohol issues, drug problems, rough sleepers, homelessness, tenancy problems, benefits & debt advice

In addition other engagement methods included:

- Promoting the ways someone can be involved via local networks
- A variety of social media and communication was used to support this work
- For staff, the engagement was promoted through internal websites and newsletters
- Copies of the survey were sent to voluntary and community groups of interest.
- Undertaking some qualitative work with a small section of Whitehouse service users in order to determine the value of the service as well as the outputs
- Talking to a control group of similar service users who do not have access to a specialist provision such as the Whitehouse
- The proposal was also sent to key stakeholders, such as Healthwatch for information and feedback
- Identifying a panel of service users to sit on the evaluation board for procurement of new service.

## 5. Analysis of existing data

This section provides a summary of the key issues raised through the analysis of existing data. Existing data from PALS / Complaints, previous engagement exercises and patient experience reports produced by the Communications and Engagement Team were analysed for any issues relating to Whitehouse Centre and general practice. Where relevant data was found this is described below.

## **NHS GHCCG, PALS, Complaints & Patient Opinion posting received, NHS Choices, GP Surveys & Friends & Family Test**

The sample size was low due to demographics of the service users

- No complaints or Patient Opinion postings received by the CCG. One PALS posting which was dealt with
- NHS Choices-Just one post from 2012:*“awesome,what I liked Service is perfect at surgery staff always deals with dignity and respect and they always take care of all queries in priority. Best surgery I ever been treated in my 6 years of experience. Had a baby last month used to come to surgery for check-ups and nurse’s doctors they always take care of me.”*  
(Visited in July 2012. Posted on 16 July 2012)

### **GP Survey**

- The national average for patient’s overall experience with their GP practice is 85% saying they were “good”. For the Whitehouse Centre, 79% of the patients surveyed said their overall experience was good. This puts them below the national average and in the bottom 10 scoring practices in the Greater Huddersfield area.
- 79% of The Whitehouse Centre patients surveyed said it was easy for them to get through to their surgery on the phone. This is 9% higher than the national average of 70% and puts the Whitehouse centre in the top 20 performers in the Greater Huddersfield area.
- The national average of patients able to get an appointment to see or speak to someone is 85%. The Whitehouse centre score below national average at 80% and appear in the local bottom 10 performers.
- 92% of patients from the Whitehouse centre said it was convenient for them to get an appointment. This is the same as the national average.
- With 80% of patients surveyed from the Whitehouse centre saying they had a good experience of making an appointment, this puts them in the top 20 of local performers and 7% above the national average of 73%.

- The national average for waiting times is 58% of patients surveyed saying they did not have to wait too long to be seen at their GP surgery. The Whitehouse centre average is 36%, this is in the bottom 10 performers.
- For trust and confidence in their GP, the Whitehouse centre patients gave a score of 88%. This is below the national average of 92% and puts the Whitehouse centre in the bottom 10 local performers.
- For trust and confidence in their nurse, the Whitehouse centre were just below national average of 84%, with 83% of staff scoring positively in this area.
- The Whitehouse centre performs well against the national average for satisfaction with the opening hours of their GP, scoring 85%, 10% higher than the national average of 75% and puts the Whitehouse centre in the top 5 local performers in this area.

### Friends and Family Test - 2015

FFT PUBLISHED DATA - WHITEHOUSE PRACTICE	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Number of responses	3	No data	no data	14	3	0	8	no data	4	No data	4
Number too low to provide detailed analysis	Yes			No	Yes	Yes	No		Yes		Yes
Extremely like to recommend				7			3				
Likely to recommend				6			0				
Neither				1			1				

recommend or not recommend											
Extremely unlikely to recommend							4				

**Patient Reference Group Network – General Practice**

We used our local patient reference group network meetings ‘Greater Huddersfield Patient Reference Group Network (PRGN)’ to engage with practice representatives in December 2015. In addition to Greater Huddersfield PRGN we also actively engaged with local communities through Healthwatch and through the Voluntary sector network and members of public using various methods.

All these types of engagement have provided us with a good baseline of what people think we could deliver in primary care and how we could make a difference to those living in our local communities if we could design a service that would meet local needs.

The findings from this engagement so far has provided us with a number of key areas that we may want to develop further. The key findings are:

*What the engagement involved:* Table top discussions about what is most important about General Practice, and what they would like to see change. Views were also sought about specific areas for development:

- Development of care out of hospital and integrated care
- Patient experience
- Quality and clinical variation

- Patient access to primary care services

*Key themes:*

- Delivering high quality care provided by competent, knowledgeable, and proactive staff.
  - It's important that all staff working in a GP surgery respond to patients in a sensitive way. Particular problems with GP receptionists were mentioned; as the first contact someone often has when they book an appointment, it's important that the person makes them feel welcome.
  - Staff should have relevant knowledge for what they do. For doctors, they need to be competent and provide accurate diagnoses, but also be aware of activity in the community that might complement a person's care, and be able to signpost effectively.
  - People want to be able to see the same person and have continuity in their care so they can build a rapport with that person, especially if they will be seeing them regularly due to a long term condition
- Variety in the way you make appointments and can access the GP service.
  - Consider providing appointments and drop-in sessions so people can access their GP service in the way that best suits them.
  - Using effective triage to assess what level of service someone needs, but that is flexible enough that if someone would like to see a GP but their needs aren't seen as high enough, they can still get access.
  - If you have an allocated GP due to your long term condition, but then a different problem arises, you should be able to access other GPs in your practice to get the care you need.
  - Providing alternative booking systems, such as going online, but still being able to book over the phone.
  - Telephone system should be easy to understand; you should be able to get through to make an appointment, and you shouldn't have to ring a premium number.

- Longer opening hours.
  - People would like to be able to access GP service in the evenings and at weekends.
  
- Providing a wider range of clinical services but not at the expense of the general practice.
  - You should always be able to access a GP at your surgery for a standard appointment, but surgeries should consider expanding to offer access to simple diagnostics, like phlebotomy or minor surgery.
  
- Using all resources possible to get out health messages.
  - There is not one specific approach that can be used that will get health messages and information about service changes out to the population. There needs to be variety in the way that information is shared so everyone can find it accessible. For some people this will come through word of mouth, online or on social media, on the digital screens at the GP, and in local community locations.
  - The communication can't all be digital or in practice because it's only a specific proportion of the population who access that.
  - Campaigns need to be targeted at the appropriate age group, etc....
  - The information should be changing all the time, so it is eye-catching and people pay attention. Often in GP practice waiting rooms there is information overload.
  - Take the time to get the message out about how important it is to give feedback about your experiences, whether that is good or bad, and encourage people to do this in any way they see fit. This could be in many different ways, from through showcasing examples on the GP practice wall to sending out links to Patient Opinion

### *Patient feedback*

*What aspects of GP would you keep?*

- Continuity
- Quality more important than locality

- Mixture of appointments systems – online, phone, face to face
- Wider range of services e.g. phlebotomy
- No restrictions on GPs – access
- Telephone consultations
- Advice and signposting

*What aspects of GP need to change?*

- Receptionists
- Drop-in session availability
- More responsive
- More access to peripatetic specialists
- Access – difficult to make appointments
- More on patient education
- Technology improvements
- More professionals other than GPs – nurses, pharmacists etc.
- Communication with other services
- Sharing of records and information
- More availability of appointments in evenings

### **Right Care, Right Time, Right Place (RCRTRP) & Care Close to Home (CC2H).**

We also gathered information for primary care from Stakeholder events:

- Giving clear information to the patient about their health conditions and the plan for their care
- Delivering health services through caring and competent staff
- Providing seamless, holistic care that links all aspects of care together and wraps around all of a person's needs
- Improving communication about patients both within and between primary, secondary, community and voluntary sector, and social care
- Putting the patient at the centre of their care
- Delivering more services closer to home

- Enabling people to care for themselves and seek help when they have concerns
- Ensuring that hospital discharge is well planned and timely
- Delivering flexible services that offer the right care at the right time in the right place
- Involving carers and family in care planning
- Respecting patient dignity when delivering care
- Ensuring that all services are fully accessible for all people, including those with specific access needs
- Minimising barriers to health care caused by travel times and costs
- Ensuring that there are no concerns about quality of care
- Improving use of technology to communicate with patients and carers and other health services
- Increasing public awareness of health conditions and how to minimise the risk of developing them
- Delays in receiving care are unacceptable
- Working with community and voluntary sector partners to deliver health care in the community

### **Community Voices: Primary Care Engagement - key findings**

Key findings from engagement with local Community Voices (voluntary organisations working with the CCG) suggest that:

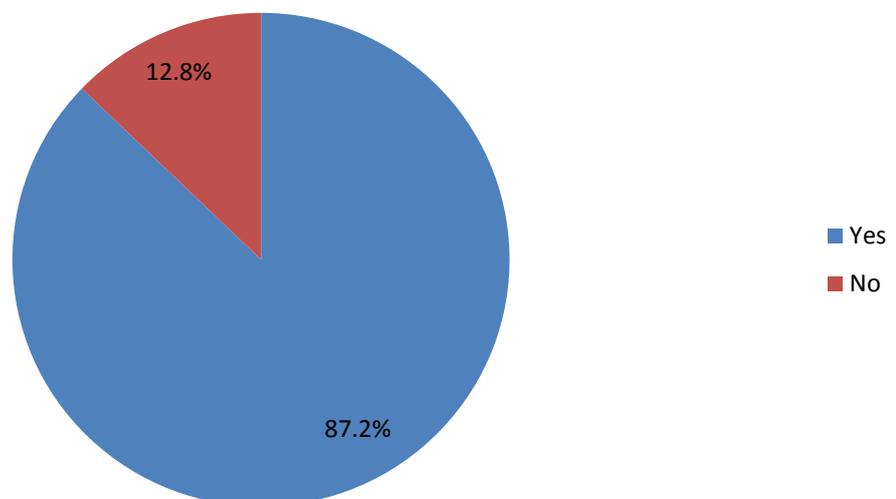
- Primary care provision should reflect local demographic needs;
- General Practice should provide localised services
- Communication should reflect information needs of local registered population;
- Provision should be from practice and staff who are conversant with the local community.

## 6. Findings from the engagement process

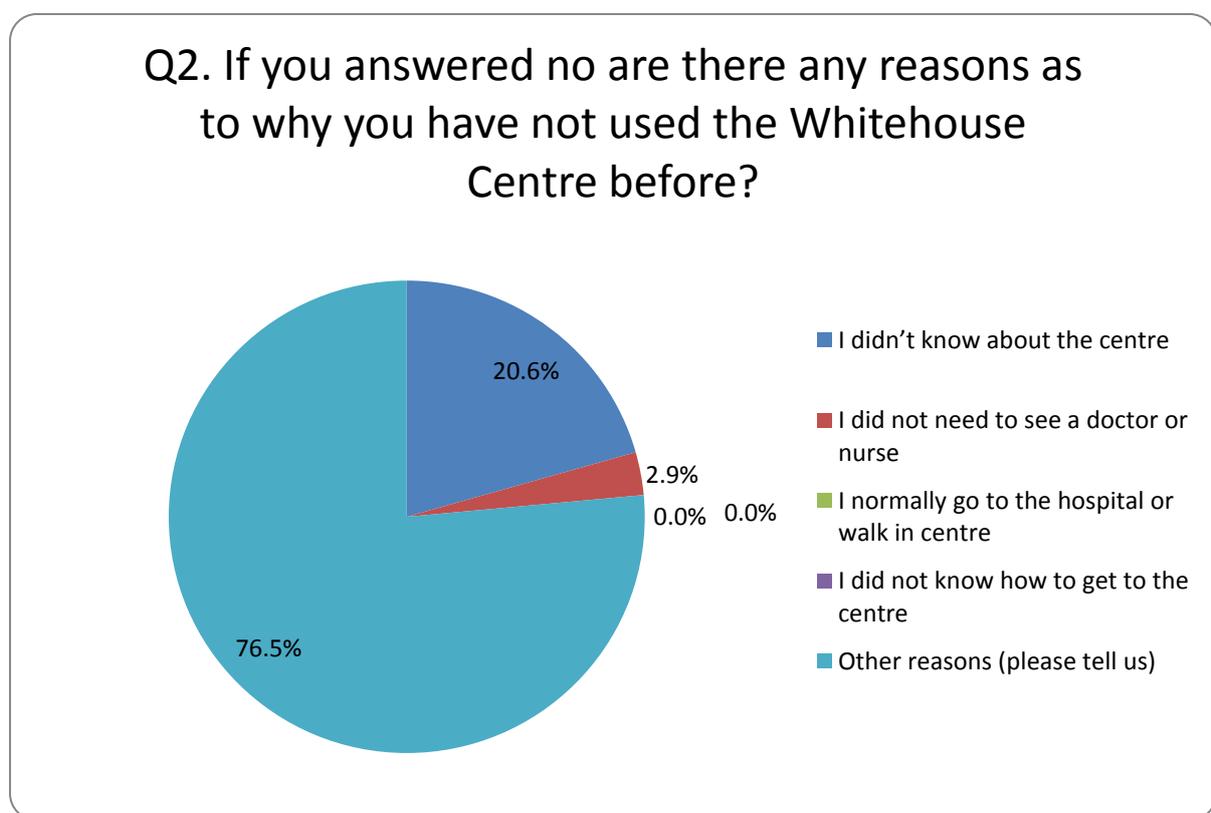
As part of the engagement, 250 surveys were completed or partially completed, representing 17% of the practice population of 1480 patients.

### Q1. Have you used the Whitehouse Centre before?

(Answered 242, skipped 8)

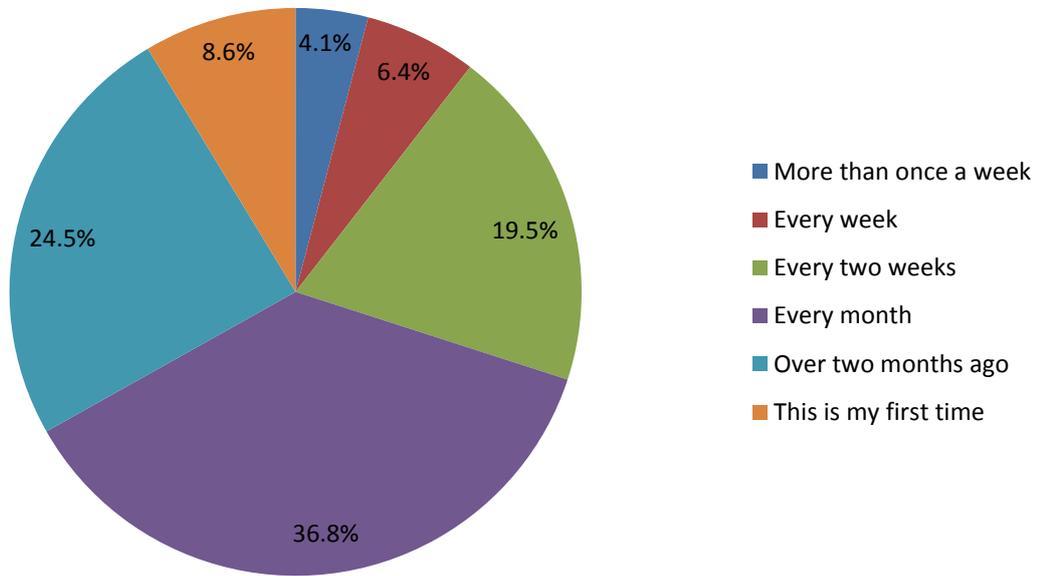


Over 87 percent of patients asked have used the Whitehouse Centre before. This will give a greater insight and understanding of the Whitehouse Centre as well as the reasons behind why some patients do not use the practice.



From those patients that have not used the Centre, a fifth (20.6%) were not aware about the service. Many commented under 'other reasons' they were still waiting to get an appointment. Other reasons includes being out of the catchment area and the distance from their homes.

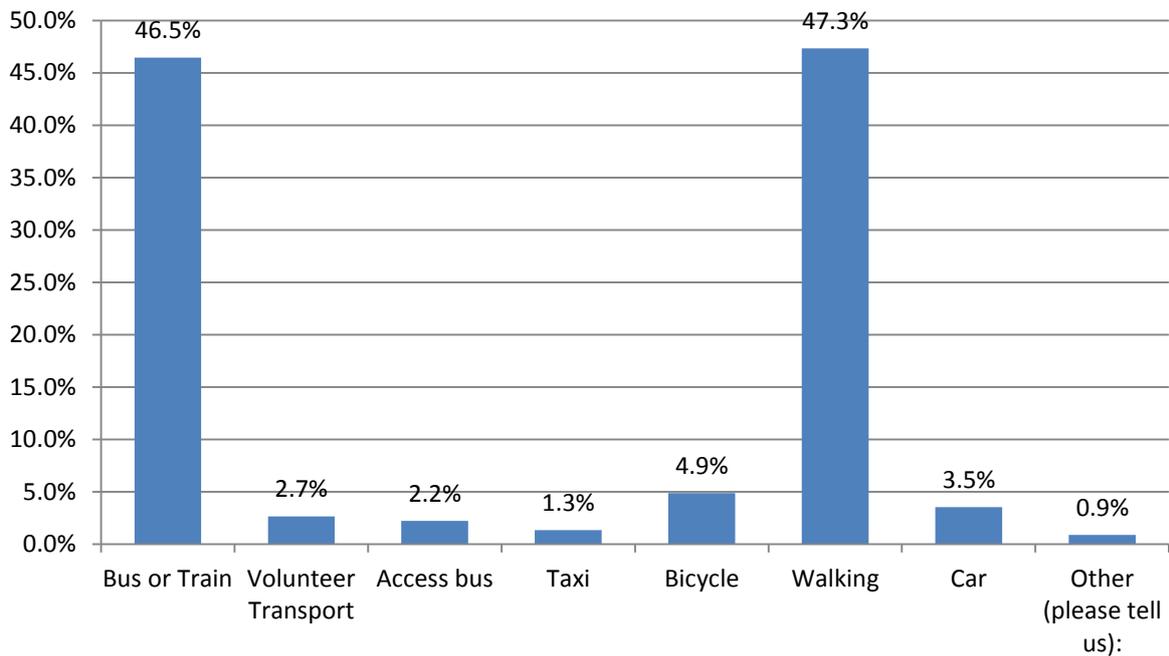
### Q3. How often do you use Whitehouse Centre?



Most patients, 36.8% use Whitehouse Practice every month and a high proportion, 19.5% use it every two weeks. This could be attributed to the multiple health needs this particular group of patients are more likely to have

## Q4. How do you get to the Whitehouse Centre?

(Answered 226, skipped 24)

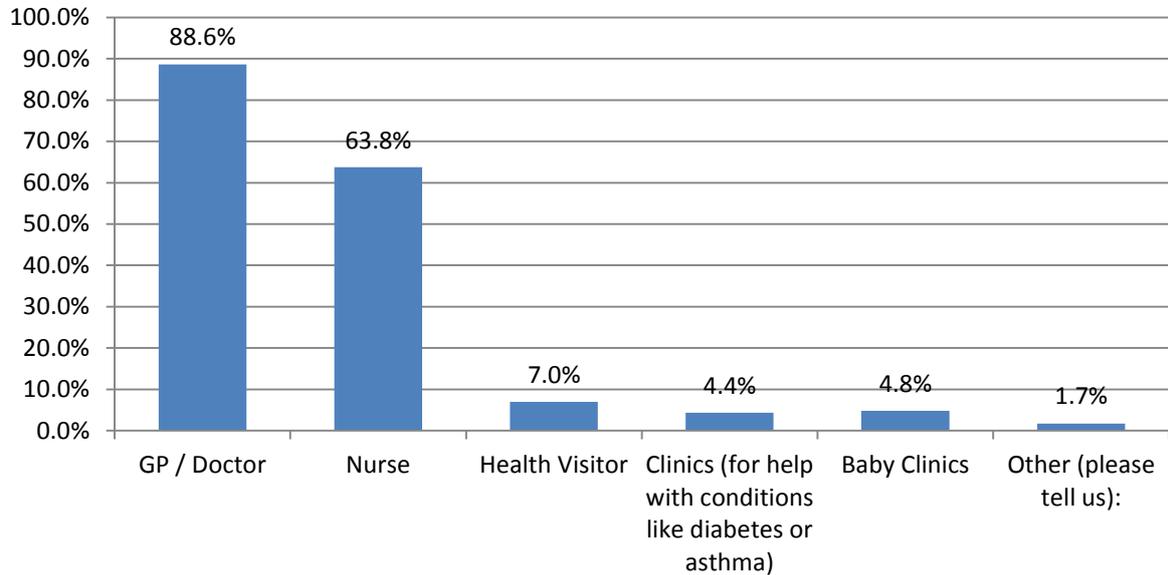


People were able to select more than one response.

Due to the profile of the service users, walking and public transport is the most popular way of getting to the practice. Cost is often seen as a barrier for accessing the practice.

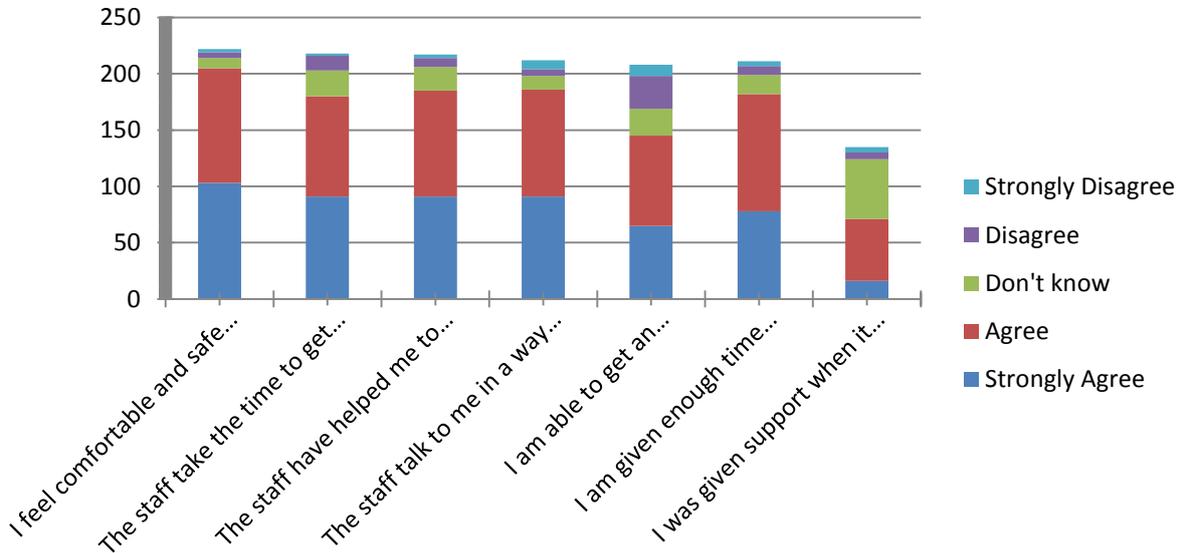
## Q5. What services do you use at the Whitehouse Centre?

(Answered 229, skipped 21)



People were able to select more than one response to this question. While people selected 'other' there were no responses.

**Q6. Please tell us how much you agree or disagree with the statements below. Please tick in box (Answered 222, skipped 28)**



This shows overall patients are happy with the service and are very complementary of the staff. Although for appointment length and times they are less satisfied. Many patients chose that they could not comment on support given when it was time for them to move from the Whitehouse Centre to another GP Practice, this may be because they have yet to leave the practice. Those that were able to comment mostly said they agreed.

Q7. Please tell us about your experience of using the Whitehouse centre:

(Answered: 220 Skipped: 30)

Word cloud of responses



**Positives:**

- Majority of patients are happy with the service and are very appreciative of the service
- Many patients have a high praise for the staff that they describe as friendly, polite, helpful, caring and pleasant.

- Some patients that have mental health issues value the support they receive.

Majority of respondents valued the service, some quotes are included

*'The staff are friendly and helpful'*

*'The staff help me feel comfortable and they explain things to me'.*

*'Whenever I wanted to be seen by a doctor I had to call in the morning and more often I would be able to get appointment for the day'*

*'All the staff at the Whitehouse centre have been excellent'*

*'I have psychological and mental problem and I get advice and support'*

*'Only place I feel listened to and understood.'*

### **Areas for improvement**

- Length of waiting times – for appointments and being registered at the Practice.
- Some commented that they could not be seen same day
- Several patients explained there could be better communications between the staff and patients

There were a number of comments about the experience of using the Practice

*'Registration takes one month - that's why I only just got an appointment'*

*'If you need an appointment it can be quite hard'*

*'Sometimes the staff don't understand what I am trying to communicate'*

### **Q8. What do you like about using the Whitehouse centre?**

(Answered: 211 Skipped: 39)

### Word cloud of responses



### Common Themes

- Very happy and extremely grateful for the service
- Many patients have a high praise for the staff especially the GP and nurse, whom they describe as friendly, polite, helpful, caring and pleasant.
- The service is in a convenient location
- Many feel they are treated with respect and feel supported.
- Patients value the quick and flexible appointment times
- Some patients explained how they are extremely grateful of the interpreting service

There were a number of comments about using the Whitehouse Centre:

*'Dr Miller and lovely nurse Helen, listening and understanding. Flexible talks, polite and really nice reception staff.'*

*'I get regular appointments and I get seen on time'*

*'It is in town centre'*

*'Their professional service and helpful positive attitude'*

*'The staff and GP are very helpful and friendly'*

*'I liked the fact that they got me an interpreter when I couldn't speak English'*

#### **Q9. What do you think could be improved or made better?**

(Answered 213, skipped 37)

#### **Word cloud of responses**



# Whitehouse

## Common themes

- Time taken to get an appointment as it takes too long for many patients. More longer and flexible opening times should be available
- Some patients explained the specialist practice should increase its capacity to see more patients that are vulnerable and are homeless or asylum seekers.
- The practice could be based in larger premises
- Lack of finances to pay for transport
- Many patients felt the reception area is too small and it does not cater for busier times
- Ensuring there is good communication so patients are aware of what is happening and when.
- Staff attitude – some could be more friendly and helpful.

There were a number of comments about using what could be made better; patients told us:

*'The reception area is very cramped and small'*

*'Bigger waiting room and bus pass- sometimes we have to walk because my mum doesn't have money and it's me and my brother and sister, they are too little to walk'*

*'Improve communication and listen more to the patients, I feel they don't listen'*

*'The Staff should take more time explaining everything I need to know'*

*'Earlier calling time for appointments, I'm dropping at school 9.am and by the time I get through 5 -10 minutes later no appointments'*

*'Appointment system could be improved. For example it would be better to book appointments in advance rather than ringing on the day'*

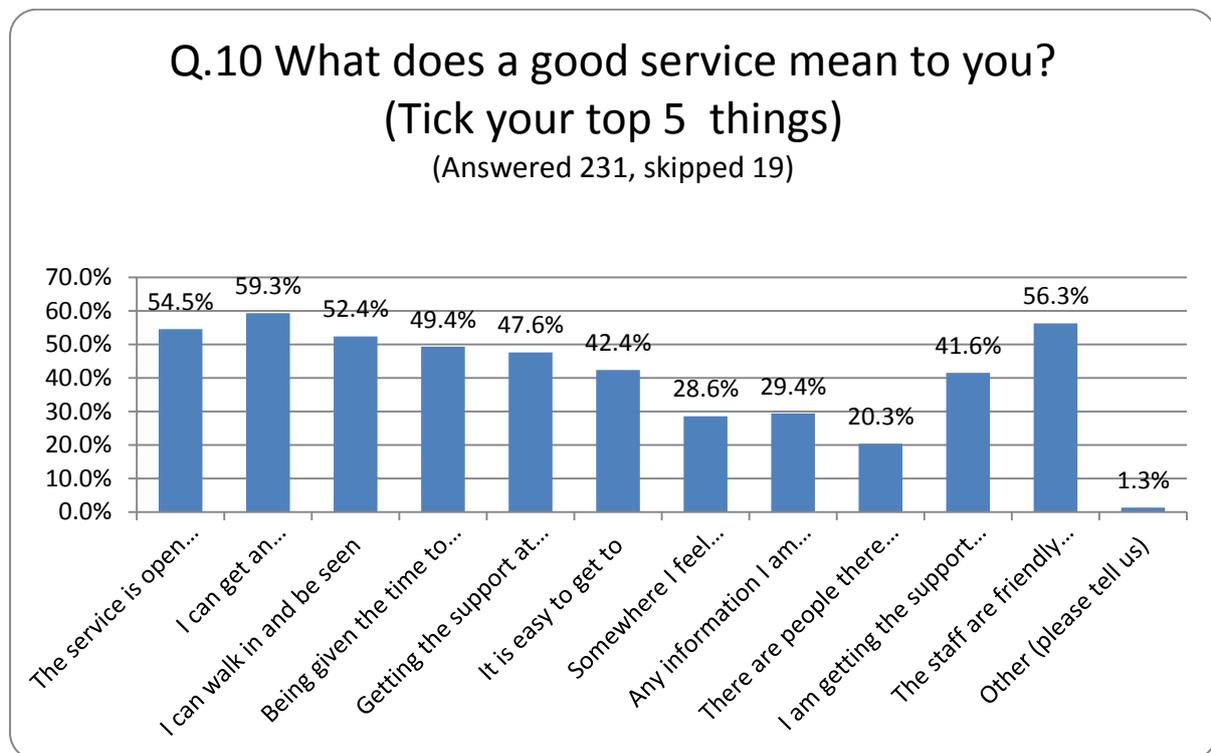
*'The centre could be bigger'*

*'If possible need more space'*

*'Improve ways to book an appointment'*

*'Increase their capacity to see more patients'*

*'Experienced staff and good policy (policy improvement)'*



People were able to select more than one response.

Flexible appointment and opening times are ranked very highly by over 50 percent of patients as well as the emotional support given (49.4%). This shows Whitehouse Centre is a vital service for the patients who have difficulty accessing mainstream services. The service being easy to get to and (42.4%) ranks very highly in the

patient's top 5 preferences. This concurs that the patients initially do require a bespoke and agile service.

**Q.11 Who else helps you to stay healthy? (For example: Mental health nurse, Drug and alcohol worker, a community organisation)**

(Answered 214, skipped 36)

These have been analysed and themed as follows:

DASH	93
Health services which include Community Nurses/Hospitals/ Mental Health Services	24
Community organisations inc: Volunteers Together/Women's Centre/Basement/Lifeline	19
611 Centre, Elim Church	14
Housing & Alcohol Services	8
Family	4
No other service	14
Other	34

Other responses word cloud

[advice](#) [alcohol](#) [asylum](#) [baby](#) [baptist](#) [base](#) [based](#) [called](#) [centre](#) [children](#)

[church](#) [clothes](#) [community](#) [dash](#) [destitute](#) [doctor](#) [drug](#) [drugs](#) [elim](#) [elm](#)

[english](#) [family](#) [food](#) [fresh](#) [friends](#) [health](#) [healthy](#) [helped](#) [helpful](#) [helps](#) [housing](#) [husband](#)

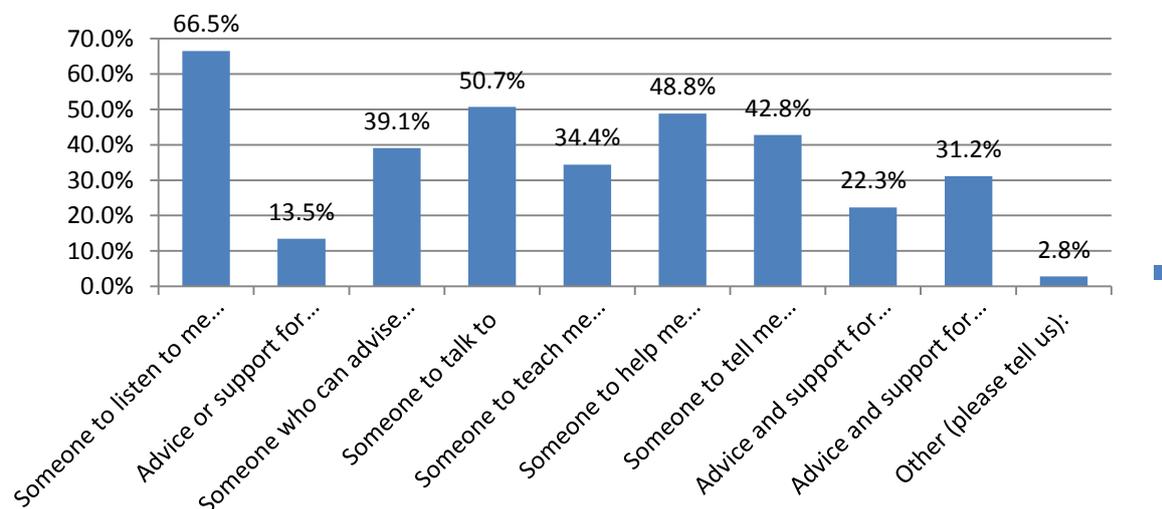
[learn](#) [learning](#) [lot](#) [lucymeeting](#) [mental](#) [midwife](#) [mom](#) [money](#) [north](#) [nurse](#)

[organisation](#) [people](#) [project](#) [reach](#) [school](#) [seeker](#) [service](#) [social](#) [stay](#)

[support](#) [team](#) [tree](#) [visitor](#) [volunteers](#) [Whitehouse](#) [women](#) [worker](#)

## Q.12 What other support do you think might help you to stay healthy?

(Answered 215, skipped 35)



From those responding most patients, 66.5% would like someone to listen to and help manage their feelings. How to self-manage features highly (48.8%) as well as more patients want to know about other services in Huddersfield (42.8%). This shows a major gap of support for the vulnerable patients of Whitehouse Centre.

The 'other' answers included destitution support and support to exercise.

### Q.13 Do you want to tell us anything else about the Whitehouse centre?

(Answered 183, skipped 67)

Word cloud



### Positive

- Very happy and extremely grateful for the service
- Staff attitude – friendly, polite and helpful
- Again many commented positively about the interpreting service

Patients placed high importance on the service they receive from the practice. Patients were complimentary about all the staff and valued the extra support given. Some quotes are included:

*'They are nice and try to help us'*

*'The service was excellent; I like the staff very much'*

*'Good because of the interpreting system'*

*'They are professional'*

*'Most other surgeries wouldn't take me as an asylum seeker'*

## Areas for improvement

- A lot of patients commented about the difficulty to make quick appointments
- Ensuring there is good communication so patients are aware of what is happening and using a more bespoke approach.
- Some felt that more staff were needed
- Again some commented that the premises should be bigger

There were a number of other comments about the Practice, these included

*'You always say if you do call at 9 am you will get an appointment but sometimes you call at 9 am and you cannot get an appointment. You always give long appointments. If I ask an appointment you always say there are no appointments the next one is in 3 weeks - and if someone is sick it is a long wait'*

*'There needs to be some improvements to be done shorter appointment time'*

*'The services are excellent but space is limited'*

*'Making appointments with the receptionist is hard because it is over the phone.*

*Speaking to the doctor in person I am much better understood - "I feel like we need more cultural activities, like dancing. We are sad'*

## 7. Overall findings and common themes

The findings from the Whitehouse Practice engagement have highlighted a number of key themes. These are:

- The Service is of high quality according to patients. Patients value the Whitehouse Practice: the current services are hosted by Locala and patients mention frequently in comments how much they value this service. Patients explained how they are extremely grateful of the interpreting service.

- Patients were complimentary about the practice staff and there are comments about the staff being friendly and helpful. This is an important service for the patients who otherwise may be more likely to attend A&E.
- The Practice location is convenient: The specialist practice is local and central for those responding this was an important factor in using the service.
- Emotional wellbeing and having appropriate support is very important to this cohort of patients. Many patients value the support given by key statutory and voluntary organisations.
- Appointment bookings. Those that had tried to get an appointment with the Practice reported that they found it difficult to book appointments. Commenting on the difficulty of getting same day appointments, lack of appointments available, long waiting times for appointments and appointments not being available at a time that was convenient to them.
- More mental health support is needed: This service was also well used and seen as an important support network for the client group. The support received helps them to get through life.
- Transport and travel costs needs to be considered. Cost of travel such as bus fare were cited as one of the main reason as a barrier to attend the Practice.
- Concerns were raised about the capacity and size of the Practice. Many patients commented the waiting room was too small and it needed more staff.
- Some patients were not aware of this service: The service could not be used as much as patients may like because they are not aware of the provision.
- More should be done that the communication reflects the needs of the patient who are homeless, refugees or asylum seekers. The staff have a greater understanding of their patients, who are a more transient group and have complexity of needs due to circumstances outside their control.

## 8. Equality

To support the review of services and engagement activity, we complete equality impact assessments (EQIA). The purpose is to understand the potential impact of any proposed change, promote equality and identify whether certain groups have poorer access, experience or outcomes and identify if there is any adverse (negative) impact on particular groups.

The EQIA brings together a variety of data sources to consider the potential impact on different groups, this engagement data will supplement the intelligence already gathered and analysed. We consider local population data, practice profiles, PALS, complaints, Patient Opinion and NHS Choices postings, GP Survey results, previous engagement activity and regional and national data and research.

The groups considered are: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation and carers

In addition consideration is given to any relevant groups who may experience different access, experience and outcomes which for this service include homeless people, those who use substances and alcohol, refugees and asylum seekers, sex workers, offenders, and ex-military service personnel.

Central to the EQIA is this engagement activity which helps us understand current lived experience by patients of the services they are using. The EQIA will be published before a decision is taken on the procurement.

Some of the initial findings were;

- **That the priorities identified for best outcomes included:** flexible working, double-length appointments, assertive outreach, multiple needs consideration, support and advocacy, 'specific specialist centres due to difficulty with 'mainstream' services, holistic support, adequate data collection and effective interagency working
- **That consideration needs to be given to:** people with substance and alcohol issues, needs of children and young people and appropriate safeguards, effective interagency working, mental ill health support, survivors of FGM and domestic violence and sex workers both female and male

## **Survey returns**

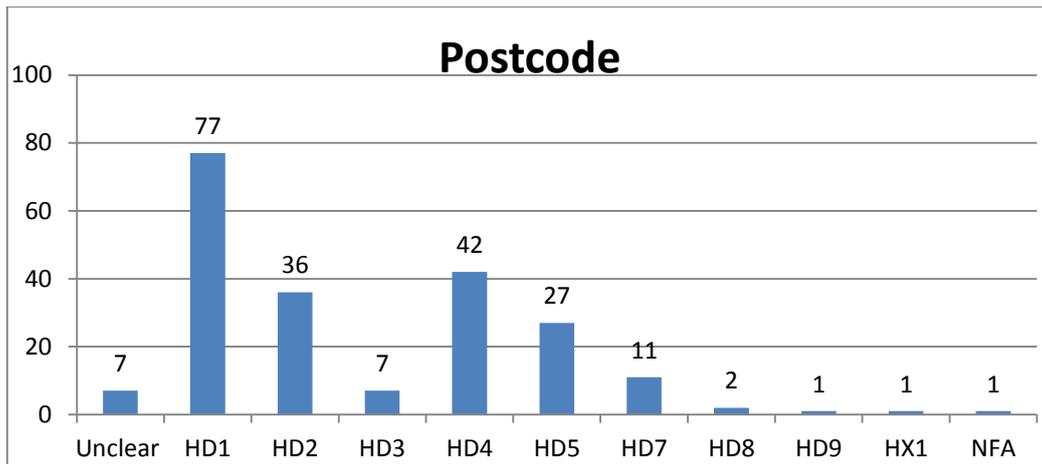
The data gathered in the survey will be compared against local population data and where available the practice profile. This will enable us to understand if we reached a representative sample of the local population and/or the practice population. Some of this data is not readily available where this is the case comment will be made.

The data was also analysed to consider if there are any identifiable trends in responses from different groups. However due to the small sample size and broadly consistent responses this was not possible.

## **Postcodes**

The Whitehouse Centre is based in the centre of Huddersfield, HD1 5JU. It is clear from the data that the majority people who completed the survey were based in Huddersfield. This data can be looked at in tandem with the travel information, with most patients either walking or taking public transport to the centre.

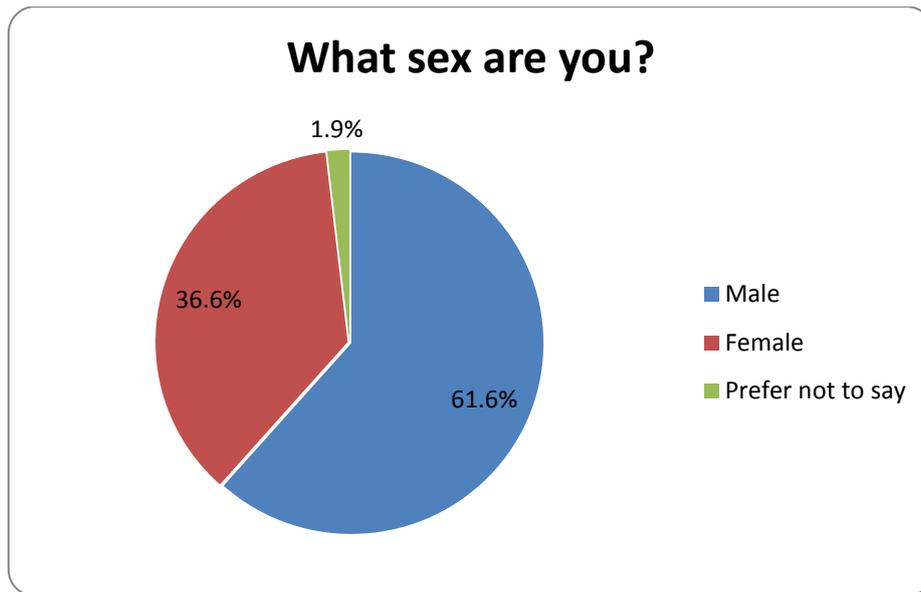
Some people stated that the reason they did not use the centre was due to its distance (5) but others were waiting for an appointment (5).



### Sex:

The data demonstrates we met a representative sample of the different genders, compared to the practice profile, but not the local population. There may be a number of reasons for this. It is significant to consider whether the service is meeting the local needs of homeless people, asylum seekers and refugees and that this group is predominantly male or that there is a percentage of the population who may be suitable to use the service but are not accessing it. 2001 data found that, women who claimed asylum in their own right only represented about a fifth of the asylum seeking population in the UK. (Refugee Women's Resource Project, Asylum Aid February 2003)

Answer	Response %	Responses	GH population	Practice profile
1   Male	61.6%	133	49.4%	67%
2   Female	36.6%	79	50.6%	33%
Prefer not to say	1.9%	4		

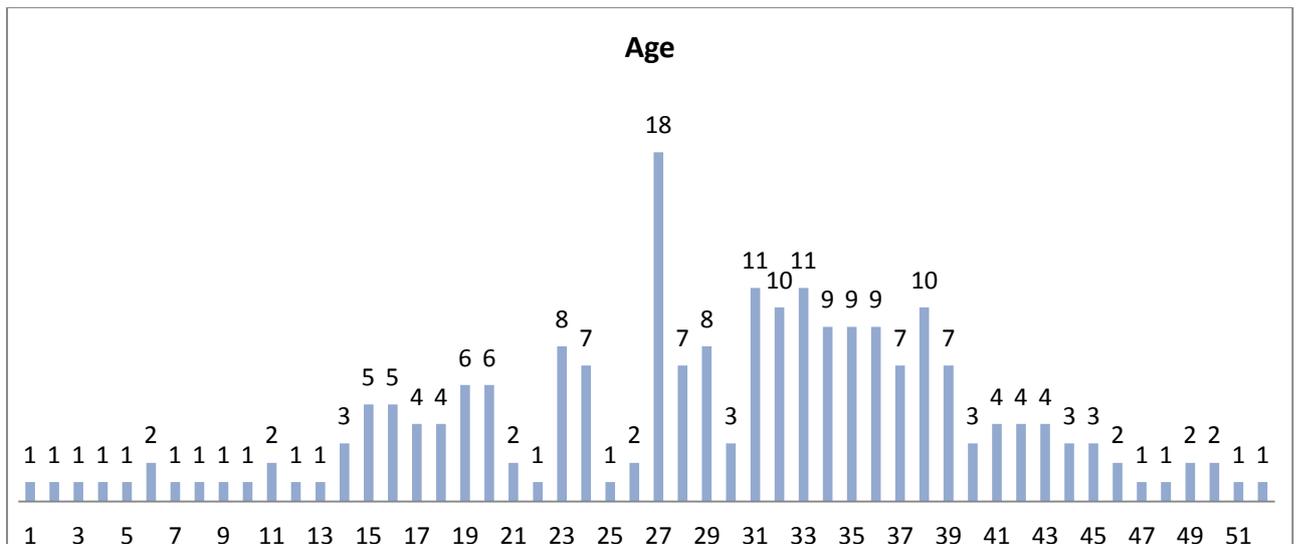


Reviewing the data it would appear that some women did not find the Centre to be comfortable and safe, and whilst this may not be a significant number it would be worth considering in any service redesign.

### Age

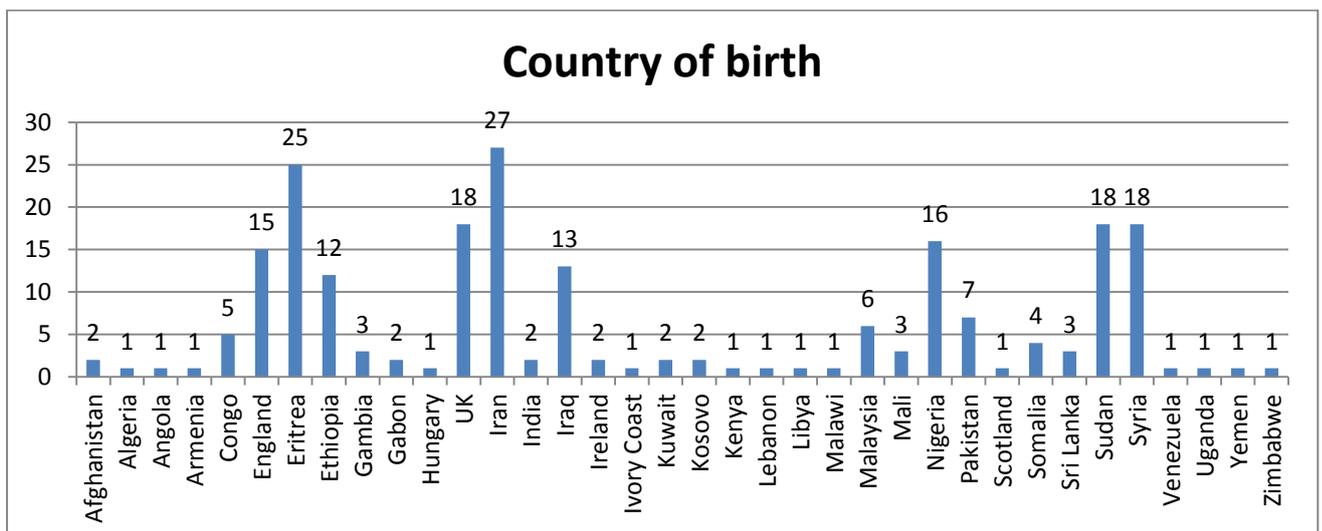
The survey reached a reasonable age based sample but it missed some of the younger patients, this may be due to some of them being children and the appropriateness of the survey to reach children and young people. Clearly the practice does not serve as many older patients, which may reflect the asylum seekers/refugees demographics.

Answer	Response %	Practice profile %	Huddersfield population %
0-19	9	24	25.6
20-39	68	55	26.4
40-49	17	14	14.7
50-59	3.2	5.2	12.1
60+	3.2	1.8	21.3



### Country of Birth:

The practice is set up to support refugees and asylum seekers so the range of countries of birth is to be expected. This data should be considered alongside the ethnicity data in order to understand if we have reached the range of populations served by the practice.



### Ethnicity:

The National General Practice Profile estimates the practice profile data.

The picture for ethnicity is complex, with the data being sourced from a number of places. The practice being a specialised service is intended to serve an asylum seeker/refugee community as well as homeless people.

The JSNA 2010 identified asylum seekers having arrived in Kirklees from Iran, Iraq, Zimbabwe and a number of other African countries, plus a very small number from Afghanistan, Pakistan and China.

Whitehouse patients were also from Eritrea, Somalia, and Syria which reflects the national statistics where in the year ending June 2015, nationally the largest number of applications for asylum came from nationals of Eritrea (3,568), followed by Pakistan (2,302) and Syria (2,204).

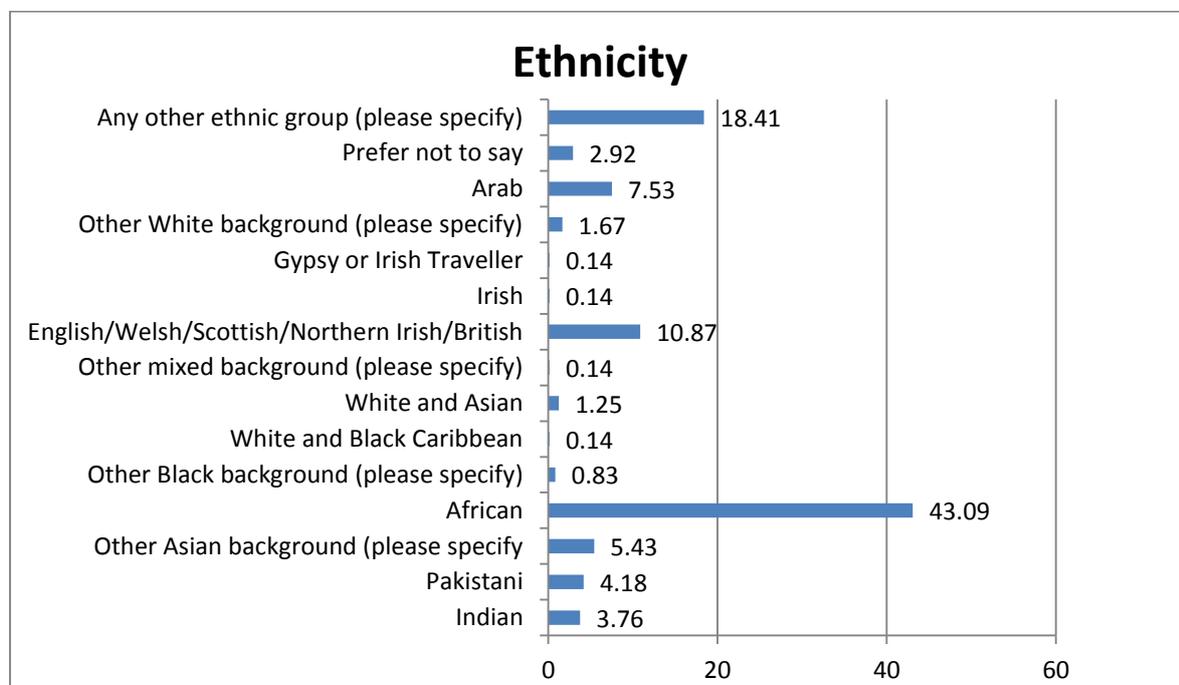
This is reflected in the languages requested for interpretation at the practice: with Arabic, Farsi (Persian), Kurdish (Sorani) and Tigrinya being the most requested.

In terms of representation, it is unclear how accurate the GP practice profile data is, but the sample size for African people would appear to be an over-representation of the patients as is Arab and other groups. With all other groups there is an under-representation. This may not be a problem in terms of the intelligence gathered, but it must be noted and any potential impact on the voices of the homeless, who may reflect the local population more closely noted.

	Respondents	Percentage	South Kirklees	Practice profile
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			population %	%
<b>Asian or Asian British:</b>				23.8
Indian	9	3.76	1.6	
Pakistani	10	4.18	7.4	
Other Asian background (please specify)	13	5.43		
<b>Black or Black British:</b>				7.8
African	103	43.09	0.8	
Other Black background (please specify)	2	0.83	0.4	
<b>Mixed or multiple ethnic groups:</b>				5.5
White and Black Caribbean	1	0.14	1.8	
White and Asian	3	1.25	0.2	
Other mixed background (please specify)	1	0.14	0.4	
<b>White:</b>				61.4
English/Welsh/Scottish/Northern Irish/British	26	10.87	79.6	
Irish	1	0.14	0.9	
Gypsy or Irish Traveller	1	0.14	0.0	
Other White background (please specify)	4	1.67	2.1	

Other ethnic groups				2.5
Arab	18	7.53	0.4	
Prefer not to say	7	2.92	0.5	
Any other ethnic group (please specify)	44	18.41		
	239			

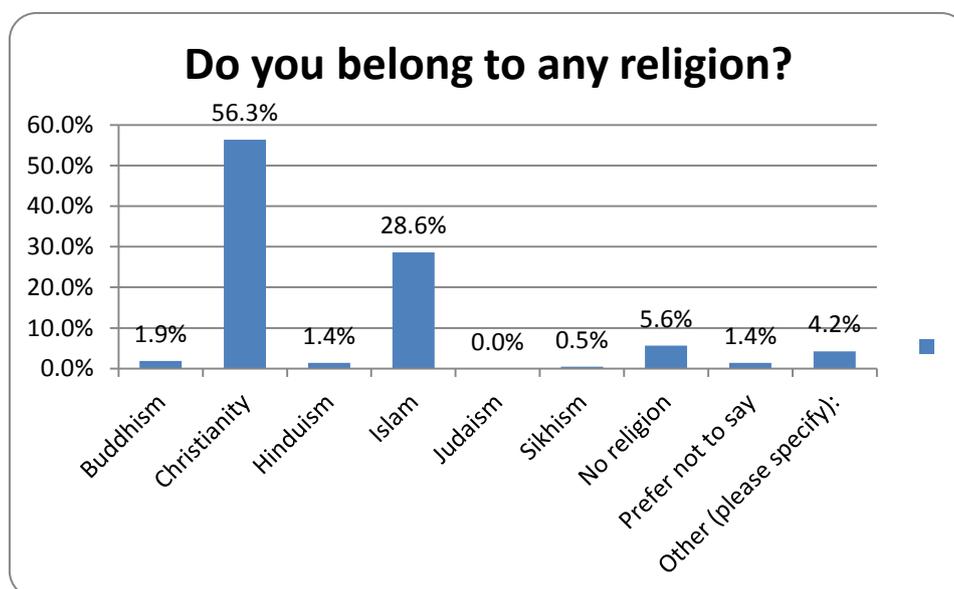


- **Other Asian background included:** Irish, Hungarian Gipsy, Syrian, Kurdish, Pashtoon, Afghan, and Iranian
- **Other White background:** Albanian.
- **Any other ethnic group included:** Middle Eastern, Syrian, Kurdish, Iraqi, Armenian, Persian, Libyan, Somalian, and South American

## Religion and belief

The sample were more religious than the local population, with most over, rather than under-represented. The practice will need to be cognisant of religious and cultural practices and norms for the diverse communities it serves in order to ensure the service is acceptable and accessible. Staff may require training.

Do you belong to any religion			
Answer Choice	Response Percent	Response Total	South Kirklees %
1   Buddhism	1.9%	4	0.35
2   Christianity	56.3%	120	54.9
3   Hinduism	1.4%	3	0.4
4   Islam	28.6%	61	8.8
5   Judaism	0.0%	0	0.1
6   Sikhism	0.5%	1	1.2
7   No religion	5.6%	12	27.1
8   Prefer not to say	1.4%	3	6.9
9   Other (please specify):	4.2%	9	

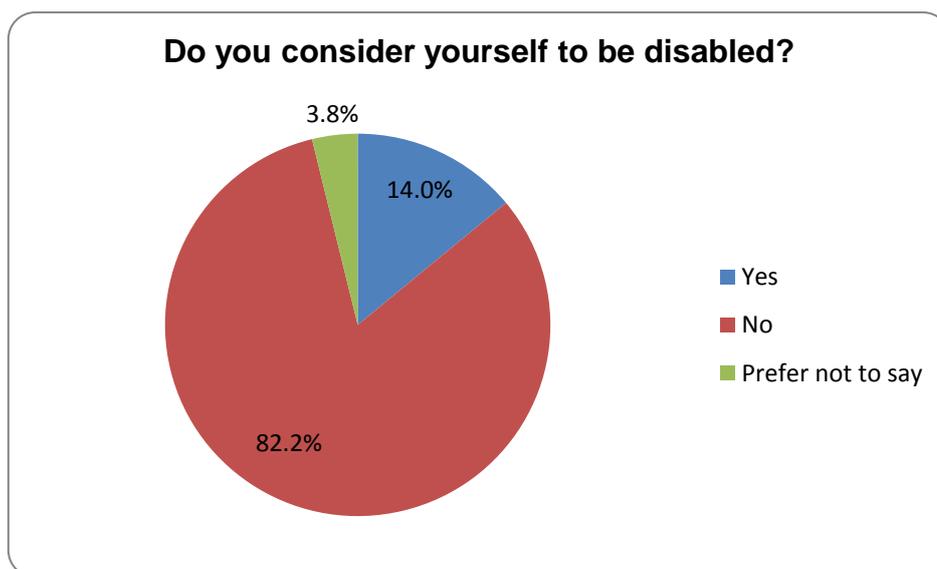


### Disability:

The number of disabled people may well be expected to be greater than that in the general population due to the specialised nature of the practice. Survivors of torture, people who have lived challenging lives or experienced homelessness are likely to have

impaired and/or compromised health. Some patients are going to need more in-depth mental health support/intervention due to their experiences; the Centre will be best placed to coordinate multidisciplinary activity to support patients holistically.

<b>Do you consider yourself to be disabled?</b>			
<b>Answer Choice</b>	<b>Response %</b>	<b>Response Total</b>	<b>Kirklees population</b>
Yes	14.0%	33	8.9
No	82.2%	194	
Prefer not to say	3.8%	9	



### **Type of impairment**

Of the 33 respondents the majority had a mental health condition. This fits with the expected profile of patients who are homeless, asylum seekers or refugees.

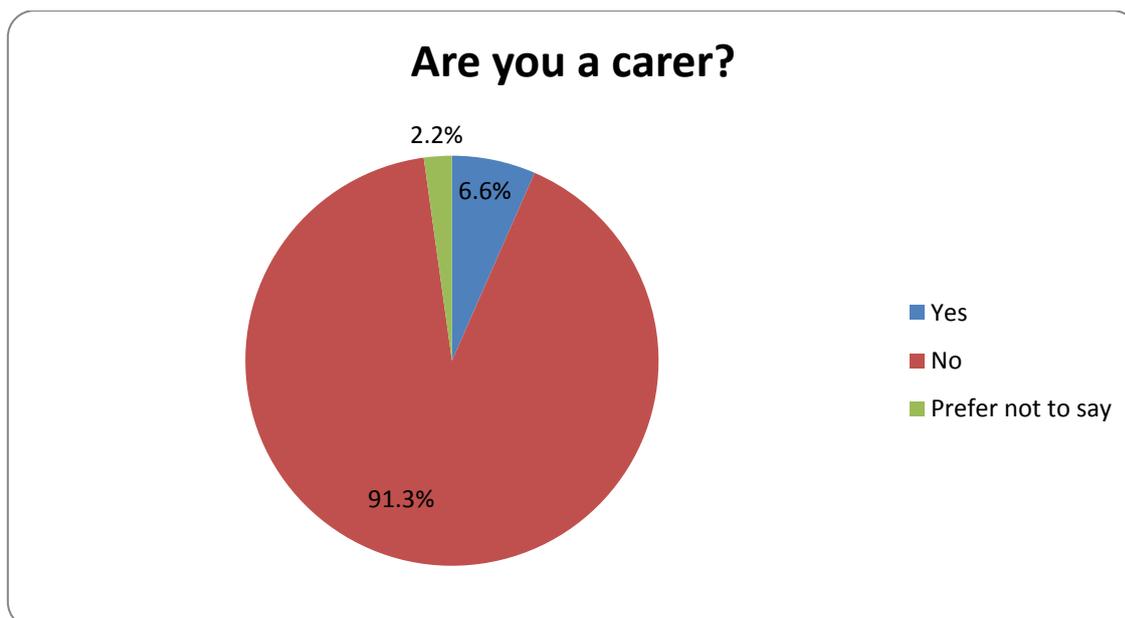
<b>Type of impairment: Please tick all that apply</b>		
Physical or mobility impairment	50.0%	16

Sensory impairment	3.1%	1
Mental health condition	65.6%	21
Learning Disability	6.3%	2
Long term condition	12.5%	4

### Carer

A sufficiently representative sample of carers has been reached compared to the data available. There are likely to be fewer carers than the general Kirklees population due to the specialised nature of the service.

<b>Are you a carer</b>				
	Respondents %	Respondents	GH population%	Practice profile%
Yes	6.6%	15	10.4	7.9
No	91.3%	209		
Prefer not to say	2.2%	5		



### Pregnancy and maternity

There is no available data about pregnancy and maternity and given the relative sample size of women to men the numbers would be expected to be quite small. However a survey running at the same time on hospital services found that 0.7% were or had been pregnant. The much smaller sample size may mean that the percentages are skewed or it may reflect an increased maternity rate for this patient profile, this may need further consideration in terms of the provision of services.

Services for pregnant women may need to take account of women's prior experiences; such a sexual abuse, FGM, drug or alcohol use and ensure the services offered are tailored to the woman's needs.

Are you pregnant?		
	Respondents %	Respondents
Yes	2.2%	5
No	95.7%	220
Prefer not to say	2.2%	5

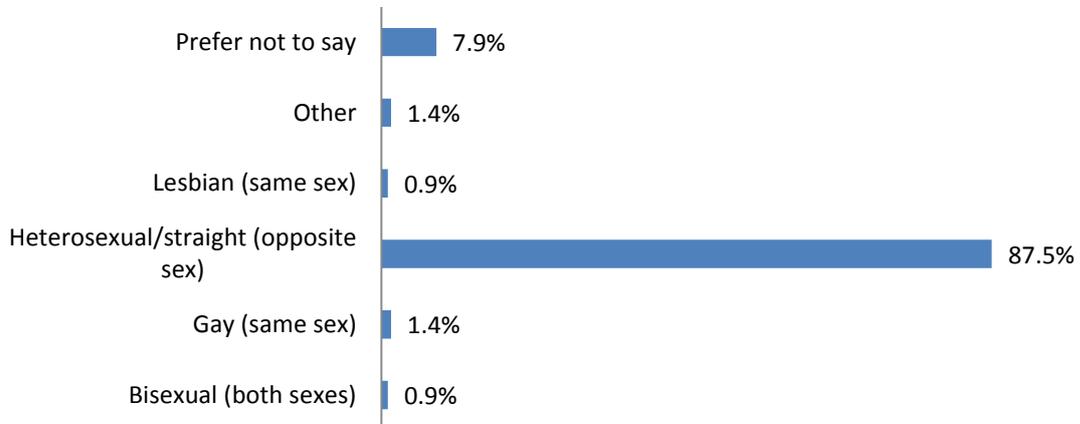
<b>Have you given birth in the last 6 months?</b>			
1	Yes	2.2%	5
2	No	95.6%	219
3	Prefer not to say	2.2%	5

### **Sexual orientation**

There is no accepted data set to reflect the number of lesbian, gay or bisexual (LGB) people in the population, figures quoted can vary from 1.5% from the ONS, the treasury 6% and Stonewall an LGBT charity suggest 5-7%. The sample collected views from 3.2% LGB respondents. To make LGBT patients feel at ease and for asylum seekers and refugees to understand the potentially more liberal attitudes to sexual orientation in the UK the practice could promote LGBT groups, use promotional materials so LGBT people feel welcome, and not make assumptions about health needs based on a presumption of heterosexuality.

<b>Please select the option that best represents your sexual orientation?</b>		
Bisexual (both sexes)	0.9%	2
Gay (same sex)	1.4%	3
Heterosexual/straight (opposite sex)	87.5%	189
Lesbian (same sex)	0.9%	2
Other	1.4%	3
Prefer not to say	7.9%	17

**Please select the option that best represents your sexual orientation?**



A question was asked about whether the respondents were transgender but due to an error with the question this data has not been analysed.

## 9. How the findings will be used and next steps

The findings will be presented to Greater Huddersfield CCG Primary Care Team. The data will be used to inform the equality impact assessment on the procurement and the information gathered will inform a future service specification.

The next step will be to recruit and train service users/or their representatives to support the procurement process.

The report of findings including the outcome of the decision will be feedback to patients, carers and service users via the NHS Greater Huddersfield CCG website, relevant practice websites and through the groups who support the client groups.

We would like to thank all respondents who have given their time to share their views and Community Voice members who have supported the team in distributing and supporting completion of surveys with patients.

We would like to thank the following organisations for their support;

- Basement Project
- DASH
- Huddersfield Mission
- Volunteers Together

We are grateful for their involvement and helpfulness.

## Appendix 1 Schedule of engagement activity

**Red** delivered in one week/ **Amber** 6-8 weeks delivery/ **Green** delivered in 1-2 weeks

What	When by
Stakeholder Events in February & May on what service users think and develop a questionnaire which will help to inform the draft service specification.	February and May 2016
Sign of draft plan and questionnaire	May 2016
Briefing for Community Voices	May 2016
Briefing to Asylum & Homeless seekers organisations	May 2016
Engagement Delivery – 6-8 weeks	May 9 <sup>th</sup> 2016
Manage data input as returns are received	May 9 <sup>th</sup> –June 13 <sup>th</sup> 2016

Report templates to prepare	June 2016
EQIA preparation and research	June 2016
Data analysis	13 <sup>th</sup> June 2016 – 20 <sup>th</sup> June 2016
Evaluate the equality data	20 <sup>th</sup> June 2016 – 27 <sup>th</sup> June 2016
Write a report of findings	20 <sup>th</sup> June 2016 – 27 <sup>th</sup> June 2016
Utilise data and research to finalise EQIA	July 2016
Present the findings to PPE&E meetings	TBC
Use the findings to inform the newly developed Whitehouse Centre service specification & complete assurance tool	July 2016
Recruit service users for the procurement and evaluation process	During engagement period
Appoint two service users to sit on the evaluation board for procurement of new service/target existing groups	July 2016
Training for service users	July 2016- September 2016
Ongoing support for patient reps	September 2016- November 2016



## Appendix 2 – Whitehouse Centre survey

### Whitehouse Centre Survey

NHS Greater Huddersfield CCG plan and buy NHS services. We want to make sure the services we pay for are the best they can be.

#### Have you used the Whitehouse Centre?

#### Has someone close to you?

The Whitehouse Centre provides GP and health services for people who are homeless, refugees or asylum seekers.

We would like to know what you think about it and if we could make it better for you or others.

We would like you to fill in our survey. We will use your answers to help the Centre improve.

The survey is also available online at:

<http://www.smartsurvey.co.uk/s/WhitehouseCentreReview/>

If you want more information or need help filling it in please contact Zubair Mayet on

01484 464 024 or email: [zubair.mayet@greaterhuddersfieldccg.nhs.uk](mailto:zubair.mayet@greaterhuddersfieldccg.nhs.uk)

Return By: 20th June 2016

#### 1. Have you used the Whitehouse Centre before?

	Yes		No
--	-----	--	----

<b>2. If no, are there any reasons why not?</b>	
	I didn't know about the centre
	I did not need to see a doctor or nurse
	I normally go to the hospital or walk in centre
	I did not know how to get to the centre
	Other reasons (please tell us)

<b>3. How often do you use Whitehouse Centre? (Please skip to question 10 if you haven't used the centre)</b>	
More than once a week	Every week
Every two weeks	Every month
Over two months	This is my first time

<b>4. How do you get to the Whitehouse Centre?</b>	
Bus or Train	Bicycle
Volunteer Transport	Walking
Access bus	Car
Taxi	Other (please tell us)

<b>5. What services do you use at the Whitehouse Centre?</b>	
GP / Doctor	Clinics (for help with conditions like diabetes or asthma)

	Nurse		Baby Clinics			
	Health Visitor		Other services: (please tell us)			
<b>6. Please tell us how much you agree or disagree with the statements below.</b>  <i>Please tick in box</i>		<b>Strongly Agree</b>	<b>Agree</b>	<b>Don't know</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
I feel comfortable and safe using the Whitehouse centre						
The staff take the time to get to know me						
The staff have helped me to look after my own health better						
The staff talk to me in a way that I can understand'						
I am able to get an appointment quickly and easily						
I am given enough time during my appointments at the Whitehouse Centre						
I was given support when it was time for me to move from the Whitehouse Centre to another GP Practice						

**7. Please tell us about your experience of using the Whitehouse centre:**

--

<b>8. What do you like about using the Whitehouse centre?</b>

<b>9. What do you think could be improved or made better?</b>

<b>10. What does a good service mean to you? (Please tick your top 5 things)</b>	
<input type="checkbox"/> The service is open when I need it	<input type="checkbox"/> Somewhere I feel comfortable

	I can get an appointment when I need it		Any information I am given is easy to understand
	I can walk in and be seen		There are people there who can speak my language
	Being given the time to talk about my health		I am getting the support I need
	Getting the support at the right time so problems don't get worse		The staff are friendly and helpful
	It is easy to get to		Other (please tell us)

**11. Who else helps you to stay healthy? (For example: Mental health nurse, Drug and alcohol worker, a community organisation)**

**12. What other support do you think might help you to stay healthy?**

	Someone to listen to me when I am sad or angry and help me manage my feelings		Someone to help me learn how to look after my own health
	Advice or support for people who are		Someone to tell me about other services

	lesbian, gay or transgender		in Huddersfield that can help me
	Someone who can advise me about how to get housing, benefits, food		Advice and support for sexual health
	Someone to talk to		Advice and support for mental health
	Someone to teach me how to eat healthily on a low budget		Other help and support: (please tell us)

<b>13. Do you want to tell us anything else about the Whitehouse centre?</b>

### **Equality Monitoring Form**

In order to ensure that we provide the right services and to ensure that we avoid discriminating against any section of our community, it is important for us to gather the following information. No personal information will be released when reporting statistical data and data will be protected and stored securely in line with data protection rules.

**1. What is the first part of your postcode?**

Example	HD6
Yours	

Prefer not to say

**2. What sex are you?**

Male  Female  Prefer not to say

**3. How old are you?**

Example	42
Yours	

Prefer not to say

**4. Which country were you born in?**

Prefer not to say

**5. Do you belong to any religion?**

Buddhism

Christianity

Hinduism

Islam

**6. What is your ethnic group?**

**Asian or Asian British:**

Indian

Pakistani

Bangladeshi

Chinese

Other Asian background (please specify)

**Black or Black British:**

Caribbean

African

Other Black background (please specify)

**Mixed or multiple ethnic groups:**

White and Black Caribbean

White and Black African

White and Asian

Other mixed background (please specify)

**White:**

Judaism

Sikhism

No religion

Other (Please specify in the box below)

Prefer not to say

English/Welsh/Scottish/Northern  
Irish/British

Irish

Gypsy or Irish Traveller

Other White background (please  
specify)

**Other ethnic groups:**

Arab

Any other ethnic group (please  
specify)

Prefer not to say

**7. Do you consider yourself to be disabled?**

- Yes    No
- Prefer not to say

**Type of impairment:**

Please tick all that apply

- Physical or mobility impairment**  
(such as using a wheelchair to get around and / or difficulty using their arms)
- Sensory impairment**  
(such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)
- Mental health condition**  
(such as depression or schizophrenia)
- Learning disability**  
(such as Downs syndrome or dyslexia) or cognitive impairment (such as autism or head-injury)
- Long term condition**  
(such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)
- Prefer not to say

**9. Are you pregnant?**

- Yes    No
- Prefer not to say

**10. Have you given birth in the last 6 months?**

- Yes    No
- Prefer not to say

**11. Please select the option that best represents your sexual orientation?**

- Bisexual (both sexes)
- Gay (same sex)
- Heterosexual/straight (opposite sex)
- Lesbian (same sex)
- Other
- Prefer not to say

**12. Are you transgender?**

Is your gender identity different from the gender you were assigned at birth?

**8. Are you a carer?**

Do you look after, or give any help or support to a family member, friend or neighbour because of a long term physical disability, mental ill-health or problems related to age?

Yes  No

Prefer not to say

Yes  No

Prefer not to say