As far as possible the combined PPG / PRG profile, Practice Population profile (and in some cases Local Population profile) have been obtained and compared. The PPG and surgery have targeted specific groups for recruitment where these groups are underrepresented in the Patient Groups as a whole or are considered hard to reach:

- The surgery again contacted some larger or specialist Nursing and Residential homes by telephone and followed up with emails introducing the PPG Chair. PPG newsletters were emailed in some cases and a link to the Profiling Survey was supplied.
- The surgery and PPG recruited two members of a local BME congregation as PPG representatives and a meeting was held with them, the PPG, surgery staff and a GP with a special interest in community health to promote the idea of holding a health outreach event in the church.
- Surgery staff and PPG committee members attended Social Media training courses with the aim of engaging better with groups such as younger patients and male patients; two Facebook sites have been created and the surgery has agreed to employ a temporary facilitator to help with this.

Members of our Patient Groups who fill out a membership form tend to have joined the practice some time ago and may therefore have very little profiling information recorded on their medical record.

- Our new clinical database (February 2014) will allow us to add forms to our online service.
- A secure website has also been agreed and will go live shortly which will also allow secure forms.
- A paper form is now easily available in the waiting room for all patients to update the information recorded in their record.

SOURCES:

1. BHLIS the Brighton and Hove local information service: GP Practice Areas Profiles http://www.bhlis.org/profiles/ (a geographical profile)
2. Brighton and Hove Joint Strategic Needs Assessment 2013 Summary (JSNA) http://www.bhlis.org/jsna2013
3. Our clinical database

INTRODUCTION

In Brighton and Hove there are large differences in life expectancy and in the length of time that people can expect to live disability free, between the most and least socially deprived groups, and between men and women. Social determinants of health such as poverty have the largest impact on health inequality however, GPs can also play a crucial role in efforts to reduce premature mortality, morbidity & inequalities in health. GPs are well placed to find patients who already have, or who are at risk of developing, disease in order to help patients successfully managing their conditions.

'Population size, structure and composition are crucial elements in any attempt to identify, measure and understand health and wellbeing (JSNA summary 2013)'

Health and wellbeing issues affect distinct groups and communities in different ways. Particular groups may have different risks and prevalence of disease, or they may have particular difficulties accessing services. Some 'at risk' people may need support to engage with their GP surgery and most vulnerable people tend to be the least assertive about getting what they need. The Equality Act 2010 says that, as a public sector organisation, we must consider the needs of different groups of patients. In particular, we must remove barriers to services which might exclude groups on the basis of their differences if these are 'protected characteristics' such as Age, Gender, Disability, Race, Sexual Orientation, or Religion.

To help us begin to address health inequalities we need to gather equality profiling data from our registered patients. We do this when patients join our surgery and we do it opportunistically whenever we can. Some demographic data has always been collected by surgeries and is available for all patients on our clinical database (for instance, age). Some equality data has been collected for a substantial period of time and is available for significant numbers of the patients on our database (ethnicity, language). Some data has been collected only recently (sexual orientation, religion). And some data has never been collected in a way which can be easily extracted (disability, transgender identity).

We also need to understand the demographics of the local population from which we draw our practice population, in order to identify possible under-registration by any particular group. Statistics on the demographics of people living in the geographical area of the city covered by our Practice Area have now been collated by BHLIS, the Brighton and Hove local information service and made available at the level of Practice Area profiles.

Finally, we need equality profiling data to try to ensure that our Patient Groups are representative of our Practice Population as a whole and to try to address any lack of representation.

AGE
Age is a 'protected characteristic' under the Equality Act 2010

According to the JSNA 2013, 'the resident population of the city is predicted to increase 6.2% by 2021 from 2011 levels. 'The greatest projected increase will be seen in the 25-34 and 50-59 year age groups. There are also projected to be higher numbers of children under 15 years. The number of people aged 75 years or over is expected to increase by 10% .

The York Public Health Observatory classification system identifies Charter Medical Centre as a 'Pentagon' practice based on demographic characteristics we share with other practices; "an average proportion of the population in younger and older age groups and generally low deprivation".

Age	Charter registered patients %	Members of Charter Patient Group %	Area of the city served by Charter (BHLIS data using 2011 census) %
0 to 15	17.5	0.4	14.26
16 to 29	14.8	18.5	20.94
30 to 44	29.9	41.2	28.68
45 to 64	25.5	25.4	12.17
65+	12.3	14.5	14.71

This year surgery staff and members of the patient group attended Social Media training provided by the local CCG. New Facebook pages are now in progress for both the surgery and the Patient Group and it is hoped that this will encourage more awareness of the group and active participation by younger people.

GENDER
Age is a 'protected characteristic' under the Equality Act 2010

Life expectancy is higher for men than women and men tend to develop and die from conditions much sooner than women. Differences between men and women are likely to be a result of a combination of behavioral / environmental & biological/genetic factors. The premature death rate is much higher among men (17 deaths per 100,000 men under 75) than among women (nine deaths per 100,000).

Gender	Charter registered patients %	Members of Charter Patient Group %	Area of the city served by Charter (BHLIS data using 2011 census) %
Women	50.7	63.8	50.88
Men	49.3	36.2	49.13
Transgender	N = 10		JSNA 2012 estimate 0.45%

According the JSNA 2013, many men are reluctant users of traditional health services such as GPs, however, they are enthusiastic users of new technology and respond to messages presented in these formats. The surgery has recently created a Facebook page, heavily promoted the use of our online services for which the provider supplies apps, and we are in the process of switching to a new modern website. We use text and email to keep in contact with our Patient Group.

Transgender
The term transgender encompasses all those whose gender identity differs from their biological gender at birth. According to the JSNA 2012 there are no reliable statistics on the number & demographics of transgender people living in the city however it has been estimated that the prevalence in Sussex is 45 per 100,000.

ETHNICITY and LANGUAGE
Ethnicity (Race) is a 'protected characteristic' under the Equality Act 2010
All newly registering patients are asked about their ethnic identity.

People identify with an ethnicity on many different levels which can include *race, culture, religion & nationality*, all of which can also impact how they are seen by others. Ethnicity matters because different groups experience different health outcomes due to differences in risk factors, incidence of disease, and access to services. The term Black and Minority Ethnic (BME) group refers to all groups except White British, and includes Gypsies and Travelers.

According to the 2013 JSNA summary for Brighton and Hove
'The most recent population estimates (2011) show that 80.5% of the city's population are White British and 19.5% are from a BME group (compared to 12% in 2001).'
The city is a destination for migrants from outside the UK.

BHLIS analysis of country of birth showed that the population within the area served by our practice had a higher proportion of people born in other EU countries than Brighton and Hove as a whole (4.49% v 3.34%) and a higher proportion of people born outside of Britain or EU than the city as a whole (11.3% v 9.32%)

Ethnicity	Charter registered patients Of 13179 (76%) patients with a response %	Members of Charter Patient Group %	Area of the city served by Charter (BHLIS using 2011 census) %
Black	2.76	1.8 5 languages	1.28
Asian	2.83	2.0 6 languages	3.12
Mixed	5.25	4.8 3 languages	4.17
White British	64.19	67.7 4 languages	76.28
White Irish	1.38	1.1	1.68
White Other	12.86	17.8 20 languages of which: English 5% Polish 2.5% Italian 2% Spanish 2%	10.65

Chinese	0.55	0.9	0.4
Other	1.34	1.85 7 languages	1.5
Asked but not stated or refused	8.8	6.5	

The 24% of patients who have never been asked about their ethnicity will have joined the practice when the population of the city had a higher proportion of White British than it does today. It is reasonable to assume that this is the main reason for the apparently low numbers of patients identifying themselves as White British in the registered population compared to the prevalence expected from the BHLIS data for the geographical area covered by the practice.

The high numbers of White Other in the Patient Group may have been boosted by the recruitment of a Polish representative by the PPG last year.

This year the surgery and PPG recruited two members of a local Arabic speaking BME congregation to act as representatives between the PPG and their community.

LANGUAGE

In the last year the top 3 languages requested by Charter from interpretation services were:
1. Arabic
2. Farsi
3. Polish

Four additional languages were requested

Arabic speakers identified themselves as Black, Asian, White British, White other, and Other.
Farsi speakers identified themselves as Asian, White British, White other, and Other.

Table of first languages

First language	Charter registered patients %	Members of Charter Patient Group n= 910 %
No first language recorded in record	47	15.7
English	43.3	67.4
French	0.5	1.5
Farsi	0.5	1.4
Italian	0.6	2.3
Spanish	0.9	2.7
Arabic	1.5	1.3
Polish	1.6	2.6
	0.3	1.3 Portuguese
17 other languages	Ten or more patients	
39 other languages	One or more patients	

The new clinical database that we use does not give % of the subpopulation but only % of the whole population including people who have never been asked. The Patient Group are more likely to have registered recently and therefore to have their demographic data recorded – hence the apparent difference in English speakers between the practice population and the Patient Group.

RELIGION

A total of 2632 registered patients have been asked about their religion.

Religion/Belief	Practice population profile 0f 2632 patients who have been asked %	Members of Charter Patient Group Of 477 members who have been asked %	Area of the city served by Charter (BHLIS data using 2001 census) %
Agnostic	0.21	6.7	
Atheism	12.9	9.8	
Buddhism	1.8	1.4	1.17
Christianity	32.2	22.1	40.32
Hinduism	0.65	0.2	0.71
Islam	2.5	0.4	2.46
Jehova's witness	0.26	0.2	
Judaism	0.47	0.8	2.07
Pagan	0.21	0.3	
Sikhism	0.05		0.16
Other		0.6	0.97
No particular faith	26.9	5.2	42.92
Do not wish to disclose / not stated	6.44		9.24

DISABILITY

Disability is a 'protected characteristic' under the Equality Act 2010

Disability includes physical disability, visual and hearing impairment, learning disability and mental health disability. Self-reporting 'disability' has been added to the registration form filled out by new patients only relatively recently. No exact equivalent data is available locally for comparison.

Disability	Practice population profile 0f 0.8% (146) patients who have a code %	PRG profile Of 0.1% (23) members who have a code %	Area of the city served by Charter (BHLIS data using 2011 census) %
Disability (not specified)	12.3	3.0	
Intellectual disability	14.4	5	
Physical disability	61.6	12	
Sensory disability	13.7	4	
Self-reporting limiting long-term illness			15.26
Self-reporting not in good health			4.69

SEXUAL ORIENTATION

Sexual orientation is a protected characteristic under the Equality Act 2010

The city is known for its lesbian, gay, bisexual and transgender (LGBT) community, estimated to be 15% of the population (JSNA 2013 summary). Census data about LGBT people is not available because neither sexual nor gender identities were part of the 2011 Census questions. This data has only recently been asked of patients.

Sexual orientation	Charter registered patients who have been asked n=3670 %	Members of Charter Patient Group who have been asked % n= 910	Brighton and Hove (JSNA estimate 2013) %
Female homosexual	2.2	2.7	15
Female bisexual	1.0	1.3	
Female heterosexual	47.2	55.8	
Female sexual orientation unknown	0.2	0.2	
Female – patient refused	3.5	2.1	
Male homosexual	4.6	6.7	
Male bisexual	0.5	0.5	
Male heterosexual	38.10	29.5	
Male unknown	0.2		
Male refuses	2.8	1.6	

CARERS

Informal carers enable ill, frail or disabled people to continue with their day-to-day lives for as long as possible. Without support, carers can suffer from high levels of physical and mental illness as a direct consequence of the stress and physical demands of caring (JSNA 2012).

Carer	Charter registered patients who have been coded as a carer 0.9%	Members of Charter Patient Group who have been coded as a carer 1.9%	Area of the city served by Charter (BHLIS using 2011 census self-reporting)
People providing unpaid care (% of whole population) (2011)			92.18
People providing unpaid care, 1-19 hours per week (% of whole population) (2011)			5.81
People providing unpaid care, 20-49 hours per week (% of whole population) (2011)			.87
People providing unpaid care, 50+ hours per week (% of whole population) (2011)			1.15