

Urgent Care: Equalities Analysis

(Draft)

NHS North Tyneside CCG

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NB: This is, by nature, an iterative document. It will be important to note the change record of this document as it moves through its various iterations. Key milestones for publication of this document will link to the phases of consultation:

Change Record

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1. Executive summary

This summary reflects the messages from the engagement process and provides recommendations that Commissioners should consider in developing their options to commission services in line with the NHS England Guidance 2015 “Commissioning Standards Integrated Urgent Care”;

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

The purpose of the engagement activities was to explore and capture the local populations:

- Understanding and views regarding the Urgent Care Scenario’s which were presented in the *Right care, time and place consultation*, including the benefits and challenges of each proposed scenario;
- Understanding and experience of accessing the current services and their opinions on possible improvements to be included in the model specification;
- Understanding on what is meant by the term Urgent Care, especially in reference to what is meant by the terms minor ailment and minor injury;
- Understanding how the public envisage integration with alternative services such as Pharmacy, GP practice, Out of Hours service accessibility, Mental Health provision; and
- Understanding of any additional facilities and provisions which may be required to allow the service to be accessible.

The above are the areas that inform the recommendations which the Commissioners will deliberate upon and consider when developing the Urgent Care Service Strategy for North Tyneside.

1.1 Engagement Emerging Themes

The following themes emerged from the engagement process, and will be considered when commissioning the new service:

- **Simplicity.** Although the public expressed mixed views on the suitability of a single urgent care centre when compared with an urgent care hub supported by primary care-based spokes, overall it would appear as though a clear majority of respondents favoured the simplicity of a single site option which would offer one, clear, ‘front-door’ into local urgent care services.
- The public mentioned familiarity with the current services, and their perceived current ease of access. The commissioner would need to consider the implementation of a robust public communication strategy to alleviate any concerns over the closure of services alongside the new

service provisions. The service opening hours being proposed as 24/7 were mentioned as an improvement upon the current service offering.

- Following on with a simple site service option, the public also expressed confusion as to where to go when they require urgent health-care. This clear simple communication of health-care pathways should be considered a priority, so as to ensure patients do receive the “*Right care, time and place*”.
- The public want to be reassured that the new urgent care service will be integrated with other relevant services, particularly mental health services and primary care. This is something that the CCG will be mindful of in its development of the service specifications and preliminary discussions have already taken place with clinicians and managers involved in the provision of mental health, primary care and paediatric services to appraise the potential impact of each of the four scenarios.
- Concerns about access, transport and parking appear to be the most prevalent issue raised by the public throughout the consultation process. The CCG will need to ensure any decision about the future location of a urgent care sites is informed by an appropriate transport impact analysis and work with local partner organisations to try and optimise access to the new urgent care centre / urgent care hub. It should however be noted that transport and access issues are likely to occur in relation to any given site and therefore the best that the CCG can do is hope to minimise access problems for our residents.
- Concerns were noted from a number of high-risk groups surrounding the facilities to be offered at the proposed service; these ranged from the public questioning whether there would be specially trained staff in the areas of blind/partially sighted, mental health and paediatrics, to whether translation services would be available on-site.

2. Introduction

North Tyneside CCG is fully committed to ensuring that it commissions a fair and equal service to all. No one should have a lesser service because of their difference. Equality Analysis part of this process and it is an instrument that helps to analyse a policy/service/function or project in relation to its impact on various groups of people living within the demographic regions of the North Tyneside.

The process of completing Equality Analysis is meant to be a positive process, getting an Equality Analysis right means high quality fairer services for all.

Equality is about creating a fairer society where everyone has the opportunity to participate and fulfil their potential. It is mostly backed by legislation designed to address unfair discrimination based on membership of a particular group.

Diversity is all about differences in people and how we should recognise and value them. In relation to the CCG, diversity is about creating a culture that promotes positive practices that recognise, respect and value our diversity for the benefit of staff and members of the public.

Prejudice and Discrimination focuses on how to understand equality, diversity and fairness it is important to have a good understanding of the term prejudice, discrimination and values.

Prejudice (the thoughts) is the pre-judgemental thoughts of an individual or group based on little or no fact and have negative assumptions about others who differ from us.

Discrimination is prejudice in action and occurs when a person is treated less favourably than another

Institutional Discrimination occurs when the culture, policies, systems and procedures in an organisation inherently discriminate against a group or groups of people. This happens because the systems and processes were designed without taking into account the diverse needs of groups within the community in relation to e.g. their race, disability, gender, gender identity/reassignment, sexual orientation, religion or belief, age, pregnancy and maternity and marriage and civil partnership status.

This Equality Analysis supports the assessment of how a decision or any policy, strategy, function or service will affect different groups of people by identifying any adverse impacts and by identifying alternative approaches which might lessen any negative impacts and more effectively promote equality of opportunity for all.

2.1 Public sector equality duties

The general and specific duties are set out in Appendix 1 section 149 of the Act.

- A public authority must, in the exercise of its functions, have due regard (take seriously) to the need to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not

The public sector equality duties are unique pieces of equality legislation. They give public bodies, including further and higher education institutions legal responsibilities to demonstrate that they are taking action on equality in policymaking, the delivery of services and public sector employment.

The duties require public bodies to take steps not just to eliminate unlawful discrimination and harassment, but also to actively promote equality.

The Equality Act and duties can be found at <http://www.legislation.gov.uk/ukpga/2010/15/contents>

2.2 The Nine Protected Characteristics of the Equality Act 2010

The Equality Act 2010 applies to all organisations that provide a service to the public or a section of the public (service providers). It also applies to

anyone who sells goods or provides facilities. It applies to all our services, whether or not a charge is made for them.

The Act protects people from discrimination on the basis of a 'protected characteristic'. The relevant characteristics for services and public functions are:

- Disability
- Gender reassignment
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation
- Marriage and Civil Partnership (named purposely in the equality act 2010. This protected characteristic was linked to the now retired sex discrimination act where people were protected on their marital status).
- Age (under the Equality Act from April 2012 until then The Employment Equality (Age) Regulations 2006 still applied)

2.3 What is equalities analysis

Public authorities are responsible for making a wide range of decisions, from the contents of overarching policies and budget setting to day-to-day decisions which affect specific individuals.

Equality analysis is a way of considering the effect on different groups protected from discrimination by the Equality Act 2010, such as people of different ages. There are two reasons for this:

- To consider if there are any unintended consequences for some groups
- To consider if the policy will be fully effective for all target groups

It involves using equality information, and the results of engagement with protected groups and others, to understand the actual effect or the potential effect of your functions, policies or decisions.

It can help you to identify practical steps to tackle any negative effects or discrimination, to advance equality and to foster good relations.

Not all policies can be expected to benefit all groups equally, particularly if they are targeted at addressing particular problems affecting one protected group.

An example would be a policy to improve the access of learning disabled women to cancer screening services.

Policies like this, that are specifically designed to advance equality, will, however, also need to be analysed for their effect on equality across all the protected groups. This is because any one group is likely to have several

protected characteristics within it. For example, a policy on tackling gender based violence will need to analyse its potential effect on ethnic minority communities as well as gay and disabled people. An effective equality analysis will help to make sure that you are aware of any particular needs and the likely wider effects of implementing the policy.

The Equality Analysis process focuses on seven stages of activity:

- Stage one: Define the proposal for change and the rationale behind it. Consider the expected outcomes, who will be impacted and how will it be delivered
- Stage two: Screen for relevancy to the Equality Act. Will the proposal impact upon different groups either positively or negatively?
- Stage three: Collect evidence to identify potential impacts and any options for mitigation
- Stage four: Consult/engage with the public
- Stage five: Review evidence collected from stages three and four and determine whether the proposal should: continue unchanged; continue with modifications; or not proceed
- Stage six: Publish the equality analysis
- Stage seven: Monitor and review the service change

2.4 When should equality analysis be done?

Equality analysis starts prior to policy development or at the early stages of a review. It is not a one-off exercise; it is an on-going and live document and enables equality considerations to be taken into account before a decision is made.

Equality analysis of proposed policies will involve considering their likely or possible effects in advance of implementation. It will also involve monitoring what actually happens in practice. Waiting for information on the actual effects will risk leaving it too late for your equality analysis to be able to inform decision-making.

3. North Tyneside urgent care vision and aims

The high level vision described in the North Tyneside Urgent Care Strategy can be summarised as follows:

For people with urgent but non-life threatening needs:

- We should provide highly responsive, effective, personalised services out of hospital
- Deliver care in or as close to people's homes as possible

For people with more serious or life threatening emergency needs:

- We should ensure they are treated in centres with the very best expertise and facilities to reduce risk and maximize chances of survival and good recovery.

To realise the vision and move from the current to the future system of urgent and emergency care, the strategy proposes seven central objectives within which the requirement for change can be articulated. These are described as follows:

- Better support for people to self care
- Right advice first time
- Responsive urgent care services out of hospital
- Specialist centres to maximise recovery
- Connecting urgent and emergency care services
- High quality and affordable care within the resources available
- Integrating care along the pathway

The strategy is available on the CCG website by clicking [here](#).

3.1 Summary of urgent care transformation

This document sets out a clinical model for the provision of an Urgent Care Centre (UCC). This service would be specifically designed to provide two core functions:

- Primary care response for medical presentations

The philosophy behind this service component is about providing quick, simple access to a primary care service that can address urgent primary care need.

- Minor injury response

This could range from simple cuts and scrapes to fractures. The service would therefore be furnished with the necessary diagnostic capability to assess these presentations (e.g. x-ray).

Emergency care need would be delivered by the new NSECH facility at Cramlington, or by the Great Northern Trauma and Emergency Centre (GNTEC) in Newcastle. Major Trauma (the most acute level of emergency need, most of which is conveyed directly by ambulance) would continue to be provided at the GNTEC.

It is the view of the CCG that the best way to ensure that people can access the right care in the right place, first time, is by streamlining these services into a 24/7 single point of urgent care access and delivery.

There is also potential for this model of delivery to be supported by locality based services designed to meet primary urgent care need, specifically around minor ailments.

Both the primary care response and the minor injury response would be accessible at any time of day, and be staffed appropriately to manage peaks in demand through the day and week.

Both the primary care response and the minor injury response must be accessible to all ages. This is especially pertinent to paediatric pathways, where the necessary skills and experience to manage poorly/injured children must be available at all times.

The mechanisms by which this clinical model could be implemented are set out in a number of scenarios. In essence, these describe the geographical location of services, as well as the inclusion or omission of a level of locality based community support services for the management of urgent (non-injury) primary care need.

In summary these scenarios can be described as follows:

Scenario one: a single North Tyneside Urgent Care Centre based at North Tyneside General Hospital

Scenario two: a single North Tyneside Urgent Care Centre based at Battle Hill

Scenario three: a single North Tyneside Urgent Care Centre based at North Tyneside General Hospital (Rake Lane) supported by locally based minor ailments services

Scenario four: a single North Tyneside Urgent Care Centre based at Battle Hill supported by locally based minor ailments services

4. Impact on equality characteristics

As part of the consultation process for urgent care in North Tyneside, the CCG will be reviewing how the proposed changes in urgent care could affect each of the protected characteristics. Each of the proposed scenarios will be reviewed in turn within this section. .

The consultation process taking place between 7th October 2015 and 21st January 2016 will provide an ongoing opportunity for the CCG to review this assessment in the light of feedback from the public and stakeholders.

At the end of the consultation period, for each protected characteristic, a decision based on the best evidence gathered will be made based on the following:

- Positive
- Neutral
- Negative

This analysis will also be updated on a frequent basis and published on the CCG website.

4.1 Equality characteristics relevance test

This document invites the public to challenge, comment or express any views about any of the protected characteristics as part of the relevancy testing in the Urgent Care Consultation process.

The protected characteristics are outlined in each of the following tables in this section (the initial analysis for each of the scenario's being consulted on, based on evidence and feedback from the pre-consultation stages). This information will also be updated once meetings with groups are arranged, which is being conducted by Community and Health Care Forum on behalf of the CCG throughout the consultation phase.

We are keen to learn whether any person or groups of people defined as one of the equalities characteristics, feels that any of the proposals being discussed in the consultation would have a greater impact on them, whether positive or negative, than other sections of the population.

If you believe this to be the case please advise us by providing us with information of what you think the increased impact will be, why and/or how you have reached this conclusion, and if negative, how such impact or impacts could be reduced or eliminated by using any of the following methods:

Table 1: Overview of methods for consultation

You could come along to one of our drop in sessions which will be held across North Tyneside. These sessions will take place on the following days:-		
Date	Venue	Time
4th November 2015	The Linskill Centre, NE30 2AY,	6 – 7 pm
18th November 2015	The Oxford Centre, NE12 8LT	10 - 11 am
2nd December 2015	Wallsend Customer First Centre NE28 8JR	6 – 7 pm
9th December 2015	Whitley Bay Customer First Centre, NE26 1AB	10 – 11 am
<i>Other ways you can get in touch:</i>		
Method	How	
Answer a survey	Available online at www.northtynesideccg.nhs.uk/urgentcare	

Email us	contactus@northtynesideccg.nhs.uk
Twitter	@NTyneCCG
Facebook page	North Tyneside Urgent Care
Write to us at	NHS North Tyneside Clinical Commissioning Group 12 Hedley Court Orion Business Park North Shields NE29 7ST
Call us on	0191 217 2670

Section 7 will contain further details of everyone that the CCG has spoken to as part of the consultation process, what was said as well as outline what we will do as a result in terms of engaging with equalities, to further explore impacts and mitigations for impacts.

If it is decided there is no impact on a particular protected characteristic, then we will explain why there will be no further direct investigation. However, if any evidence based submission contradicts the relevancy testing evidence, the CCG will investigate further.

Throughout the consultation, actions to mitigate/opportunities to promote will be updated.

4.1.1 Scenario one: a single North Tyneside Urgent Care Centre based at North Tyneside General Hospital (Rake Lane)

Scenario 1: a single North Tyneside Urgent Care Centre based at North Tyneside General Hospital (Rake Lane - NTGH)			
Please detail any positive, negative or neutral impacts that this policy/ service/ project may have for people from the below groups.			
Protected Characteristics	Potential issues identified For example:	Evidence from pre-engagement and consultation	Actions to Mitigate/ Opportunities to Promote
	Positive- e.g. Improves access to services Neutral- e.g. It is an additional service. Negative- e.g. The service is only open between certain hours		
Age		Older people: want clinically trained staff for NHS 111. Young people: transport concerns – would like a shuttle bus available throughout NT to UCC.	Ensure appropriate parking and transport facilities at the UCC.

		<p>Young people prefer NTGH due to location and parking provisions.</p> <p>All: mentioned the need for efficient public transport links, and the need for free parking at NTGH.</p> <p>All: said the proposal for the UCC met their needs.</p> <p>Older people: this is the most preferred option from the consultation.</p> <p>Young people: this is the second preferred option from the consultation.</p>	
Disability		<p>Ensure English speaking doctors.</p> <p>There needs to be a translator available all of the time and healthcare professionals should speak to the patient not the translator.</p> <p>Support for mental health conditions is needed all the time – will urgent care centre deal with mental health problems and will staff be trained to deal with people with mental health issues?</p> <p>Physical disability groups: felt met their needs.</p> <p>Blind/partially sighted group: NTGH much easier to travel to and it's a familiar location.</p> <p>Blind/partially sighted: question asked as to the provision of a blind specialist at the UCC.</p> <p>Mental Health Crisis teams should be part of the Urgent Care Centre.</p> <p>Mental health groups – feel centre would be overcrowded and too busy and parking charges are a problem.</p> <p>Mental Health: UCC model only partly meets their needs.</p> <p>Mental Health: NTGH not near a metro so questioning how central the location is for North Tyneside patients.</p> <p>Physical disability groups: this is their preferred option from the consultation.</p> <p>Blind/partially sighted group: this is their preferred option from the consultation.</p> <p>Mental Health: this is their least preferred option from the consultation.</p>	<p>Clarify and ensure appropriate access and facilities at hub</p> <p>For mental health patients, the integration of current mental health services and how they would link to the UCC needs to be clearly defined and communicated to the public.</p>
Gender Reassignment		<p>Concerns re: parking facilities at NTGH.</p> <p>General concerns re: bookable appointments.</p> <p>This is the most preferred option from the consultation.</p>	<p>Ensure appropriate parking and transport facilities at the UCC.</p> <p>Bookable appointments and the pathway into the UCC will be clearly</p>

			communicated to the public.
Pregnancy And Maternity		<p>Mother's – want clinical trained staff for NHS 111</p> <p>Concerned raised about the distance they would need to travel to the centre. There were also concerns that the proposals would lead to an influx of people using the GP</p> <p>Concerned about closure of Shiremoor Paediatric Minor Injuries Unit</p> <p>Whether new urgent care centre would be big enough and if there would be adequate parking</p> <p>Mentioned that NTGH is easy to access but that parking charges are a disadvantage.</p> <p>Wanted to know they would be seen promptly at the service</p> <p>24/7 access seen very positively.</p> <p>This is the most preferred option from the consultation.</p>	<p>Feedback access issues to primary care commissioners at North Tyneside CCG.</p> <p>Clarify and ensure appropriate access and facilities at hub</p>
Race		<p>Thought UCC met their needs.</p> <p>Questions arose re: English skills of health professionals at the service.</p> <p>Black and Ethnic: this is the least preferred option from the consultation.</p>	<p>Ensure staff are all appropriately trained in Equality and Diversity</p>
Religion		<p>The UCC proposal meets their needs.</p> <p>This is the most preferred option from the consultation.</p>	<p>Ensuring that spoke services include access to a range of chaplaincy services</p> <p>Removes access to prayer facilities/chaplaincy service at Rake Lane site – no such services at Battlehill.</p>
Sex		<p>How will the UCC link with other services and depts.</p> <p>Travel time to UCC.</p> <p>This was the most preferred option from the consultation.</p>	<p>Ensure appropriate parking and transport facilities at the UCC.</p> <p>Communicate links to other healthcare services.</p> <p>Investigate travel times from North Tyneside wards to possible UCC locations via car and public transport.</p>
Sexual Orientation		<p>UCC fiscally flawed – GP access already an issue.</p> <p>Easy to access via car or public transport.</p>	<p>Ensure appropriate parking and transport facilities at the UCC.</p> <p>Feedback access</p>

		Cost of parking raised. This was the most preferred option from the consultation.	issues to primary care commissioners at North Tyneside CCG.
Carers			
Socio-economic			Ensure transport links are good throughout the borough. Use feedback and develop appropriate actions from the Travel Analysis.
Marriage and Civil Partnership			
Human Rights			

4.1.2 Scenario two: single North Tyneside Urgent Care Centre based at Battle Hill

Scenario 2: a single North Tyneside Urgent Care Centre based at Battle Hill

Please detail any positive, negative or neutral impacts that this policy/ service/ project may have for people from the below groups.

Protected Characteristics	Potential issues identified For example:	Evidence from pre-engagement and consultation	Actions to Mitigate/ Opportunities to Promote
	Positive- e.g. Improves access to services Neutral- e.g. It is an additional service. Negative- e.g. The service is only open between certain hours		
Age		Older people: want clinical trained staff for NHS 111. Young people: transport concerns – would like a shuttle bus available throughout NT. Also expressed concern around cost of bus services to BH. All: said the proposal for the UCC met their needs. This is the least preferred option for both Older and young people based on the consultation feedback.	Liaising with groups including Young families-Parent and Toddler, Age – Live at Home scheme, Young Person's Health & Wellbeing Board, and Burnside College students.
Disability		Ensure English speaking doctors. There needs to be a translator available all of the time and healthcare professionals should speak to the patient not the translator.	Clarify and ensure appropriate access and facilities at hub. For mental health patients, the integration of current

		<p>Support for mental health conditions is needed all the time – will urgent care centre deal with mental health problems and will staff be trained to deal with people with mental health issues?</p> <p>Concerns about public transport getting to Battle Hill.</p> <p>Physical disability groups - felt met their needs.</p> <p>Blind/partially sighted groups – concerns about size of the site at BH and distance have to travel.</p> <p>Blind/partially sighted: question asked as to the provision of a blind specialist at the UCC.</p> <p>Mental Health Crisis teams should be part of the Urgent Care Centre</p> <p>Mental health groups – feel centre would be overcrowded and too busy.</p> <p>Mental Health: UCC model only partly meets their needs.</p> <p>Physical disability: this is the least preferred option from the consultation feedback.</p> <p>Blind/partially sighted groups: this is the least preferred option from the consultation feedback.</p>	<p>mental health services and how they would link to the UCC needs to be clearly defined and communicated to the public.</p>
Gender Reassignment		<p>Concerns re: parking facilities.</p> <p>General concerns re: bookable appointments.</p> <p>This is the least preferred option from the consultation feedback.</p>	<p>Ensure appropriate parking and transport facilities at the UCC.</p> <p>Bookable appointments and the pathway into the UCC will be clearly communicated to the public.</p>
Pregnancy And Maternity		<p>Mother's – want clinical trained staff for NHS 111.</p> <p>Concerned raised about the distance they would need to travel to the centre.</p> <p>There were also concerns that the proposals would lead to an influx of people using the GP.</p> <p>One individual mentioned like the idea of Battle Hill being opened 24/7 as it's an improvement on the current service.</p> <p>Concerned about closure of Shiremoor Paediatric Minor Injuries Unit and whether new urgent care centre would be big enough and if there would be adequate parking.</p> <p>Wanted to know they would be seen promptly at the service.</p>	<p>Feedback access issues to primary care commissioners at North Tyneside CCG.</p> <p>Clarify and ensure appropriate access and facilities at hub.</p>

		This is the second least preferred option from the consultation feedback.	
Race		Thought UCC met their needs. Questions arose re: English skills of health professionals at the service. This is the Second preferred option from the consultation feedback.	Ensure staff are all appropriately trained in Equality and Diversity
Religion		Adequate parking provision mentioned in relation to Battle Hill. The UCC proposal meets their needs. This was the least preferred option from the consultation feedback.	Ensuring that spoke services include access to a range of chaplaincy services Removes access to prayer facilities/chaplaincy service at NTGH site – no such services at Battlehill.
Sex		How will the UCC link with other services and depts. Travel time to UCC. This was the second least preferred option from the consultation feedback.	Ensure appropriate parking and transport facilities at the UCC. Communicate links to other healthcare services. Investigate travel times from North Tyneside wards to possible UCC locations via car and public transport.
Sexual Orientation		UCC fiscally flawed – GP access already an issue. Easy to access via car or public transport. This was the least preferred option from the consultation feedback.	Ensure appropriate parking and transport facilities at the UCC. Feedback access issues to primary care commissioners at North Tyneside CCG.
Carers			
Socio-economic			Ensure transport links are good throughout the borough. Use feedback and develop appropriate actions from the Travel Analysis.
Marriage and Civil Partnership			
Human Rights			

4.1.3 Scenario three: a single North Tyneside Urgent Care Centre based at North Tyneside General Hospital (Rake Lane) supported by locally based minor ailments services in the other three areas (Killingworth, Wallsend, Whitley Bay)

Scenario 3: a single North Tyneside Urgent Care Centre based at North Tyneside General Hospital (Rake Lane) supported by locally based minor ailments services

Please detail any positive, negative or neutral impacts that this policy/ service/ project may have for people from the below groups.

Protected Characteristics	Potential issues identified For example:	Evidence from pre-engagement and consultation	Actions to Mitigate/ Opportunities to Promote
Age	<p>Positive- e.g. Improves access to services</p> <p>Neutral- e.g. It is an additional service.</p> <p>Negative- e.g. The service is only open between certain hours</p>	<p>Older people: want clinical trained staff for NHS 111.</p> <p>Older people: positive - more centres should relieve pressure on emergency services.</p> <p>Older people: questioning the cost of this proposal and possible confusion over where to attend.</p> <p>Young people: transport concerns – would like a shuttle bus available throughout NT but only to the urgent care centre rather than the minor ailments services.</p> <p>Young people prefer Rake Lane due to location and parking provisions.</p> <p>All: said the proposal for the UCC met their needs.</p> <p>Older people: this is the second preferred option from the consultation feedback.</p> <p>Young people: this is the most preferred option from the consultation feedback.</p>	<p>Ensure appropriate parking and transport facilities at the UCC.</p> <p>Clarify and ensure appropriate access and facilities at hub and spokes.</p>
Disability		<p>All: Ensure English speaking doctors.</p> <p>All: There needs to be a translator available all of the time and healthcare professionals should speak to the patient not the translator.</p> <p>All: confusion as to what is injury or ailments</p>	<p>Clarify and ensure appropriate access and facilities at hub and spokes.</p> <p>For mental health patients, the integration of current mental health services and how they would</p>

		<p>Support for mental health conditions is needed all the time – will urgent care centre deal with mental health problems and will staff be trained to deal with people with mental health issues?</p> <p>Minor ailment services need to be walk-in as well as appointments.</p> <p>Blind/partially sighted group – RL much easier to travel to and it's a familiar location.</p> <p>Blind/partially sighted group: they don't think minor ailment services are practical due to cost.</p> <p>Mental Health Crisis teams should be part of the Urgent Care Centre.</p> <p>Mental health groups: number of options may be too confusing</p> <p>Mental health groups: parking charges a problem at NTGH.</p> <p>Physical disability: this is the second preferred option from the consultation feedback.</p> <p>Blind/partially sighted group: this is the second preferred option from the consultation feedback.</p>	<p>link to the UCC needs to be clearly defined and communicated to the public.</p> <p>Clarify and communicate what is meant by an injury or an ailment to the public.</p>
Gender Reassignment		<p>Question raised as to the times of opening for the ailments services.</p> <p>This was the second most preferred option from the consultation feedback.</p>	<p>Clarify and ensure appropriate access and facilities at hub and spokes.</p>
Pregnancy And Maternity		<p>Mother's – want clinical trained staff for NHS 111.</p> <p>Felt that the centre and supporting minor ailment services would be difficult for them to access and this would result in them having to rely on GP practice more.</p> <p>Felt that providing local people with choices about where to go would cause confusion.</p> <p>Concerned about closure of Shiremoor Paediatric Minor Injuries Unit and whether new urgent care centre would be big enough and if there would be adequate parking.</p> <p>This was the second most preferred option from the consultation feedback.</p>	
Race		<p>Thought UCC met their needs.</p> <p>Questions arose re: English skills of health professionals at the service.</p> <p>Black and Ethnic: this was the second least preferred option from the consultation feedback.</p>	<p>Ensure staff are all appropriately trained in Equality and Diversity.</p>

Religion		The UCC proposal meets their needs. Mentioned that confusion may occur with the locality services. This was the second most preferred option from the consultation feedback.	Ensuring that spoke services include access to a range of chaplaincy services Improves access to prayer facilities/chaplaincy service at Rake Lane site – no such services at Battlehill.
Sex		How will the UCC link with other services and depts. Travel time. This was the second most preferred option from the consultation feedback.	Ensure appropriate parking and transport facilities at the UCC. Communicate links to other healthcare services. Investigate travel times from North Tyneside wards to possible UCC locations via car and public transport.
Sexual Orientation		UCC fiscally flawed – GP access already an issue. Mentioned that current service provision is adequate. Easy to access via car or public transport. This was the second most preferred option from the consultation feedback.	Ensure appropriate parking and transport facilities at the UCC. Feedback access issues to primary care commissioners at North Tyneside CCG.
Carers			
Socio-economic			Ensure transport links are good throughout the borough. Use feedback and develop appropriate actions from the Travel Analysis.
Marriage and Civil Partnership			
Human Rights			

4.1.4 Scenario four: a single North Tyneside Urgent Care Centre based at Battle Hill supported by locally based minor ailments services in the other three areas (Killingworth, North Shields, Whitley Bay)

Scenario 4: a single North Tyneside Urgent Care Centre based at Battle Hill supported by locally based minor ailments services

Please detail any positive, negative or neutral impacts that this policy/ service/ project may have for people from the below groups.

Protected Characteristics	Potential issues identified For example:	Evidence from pre-engagement and consultation	Actions to Mitigate/ Opportunities to Promote
Age		<p>Older people: want clinical trained staff for NHS 111.</p> <p>Older people: positive - more centres should relieve pressure on emergency services.</p> <p>Older people: questioning the cost of this proposal and possible confusion over where to attend.</p> <p>There needs to be a translator available all of the time and healthcare professionals should speak to the patient not the translator.</p> <p>Young people: transport concerns – would like a shuttle bus available throughout NT but only to the urgent care centre rather than the minor ailments services.</p> <p>All: said the proposal for the UCC met their needs.</p> <p>Older people: this is the second least preferred option from the consultation feedback.</p> <p>Young people: this is the second least preferred option from the consultation feedback.</p>	<p>Ensure appropriate parking and transport facilities at the UCC.</p> <p>Clarify and ensure appropriate access and facilities at hub and spokes.</p>
Disability		<p>All: Ensure English speaking doctors.</p> <p>All: There needs to be a translator available all of the time and healthcare professionals should speak to the patient not the translator.</p> <p>All: confusion as to what is injury or ailments.</p> <p>Support for mental health conditions is needed all the time – will urgent care centre deal with mental health problems and will staff be trained to deal with people with mental health issues?</p> <p>Concerns about public transport getting to Battle Hill.</p> <p>Minor ailment services need to be walk-in as well as appointments.</p>	<p>Clarify and ensure appropriate access and facilities at hub</p> <p>For mental health patients, the integration of current mental health services and how they would link to the UCC needs to be clearly defined and communicated to the public.</p> <p>Clarify and communicate what is meant by an injury or an ailment to the public.</p>

		<p>Blind/partially sighted groups – concerns about size of the site at BH and distance have to travel, and that they would need help to access.</p> <p>Blind/partially sighted group: they don't think minor ailment services are practical due to cost.</p> <p>Mental Health Crisis teams should be part of the Urgent Care Centre.</p> <p>Mental health groups: number of options may be too confusing.</p> <p>Physical disability: this is the second least preferred option from the consultation.</p> <p>Blind/partially sighted group: this is the joint last preferred option from the consultation feedback.</p>	
Gender Reassignment		<p>Question raised as to the times of opening for the ailments services.</p> <p>This was the second least preferred option from the consultation feedback.</p>	<p>Clarify and ensure appropriate access and facilities at hub and spokes.</p>
Pregnancy And Maternity		<p>Mother's – want clinical trained staff for NHS 111.</p> <p>Felt that the centre and supporting minor ailment services would be difficult for them to access and this would result in them having to rely on GP practice more.</p> <p>Felt that providing local people with choices about where to go would cause confusion.</p> <p>Concerned about closure of Shiremoor Paediatric Minor Injuries Unit and whether new urgent care centre would be big enough and if there would be adequate parking.</p> <p>This was the least preferred option from the consultation feedback.</p>	<p>Feedback access issues to primary care commissioners at North Tyneside CCG.</p> <p>Clarify and ensure appropriate access and facilities at hub and spoke.</p>
Race		<p>Thought UCC met their needs.</p> <p>Questions arose re: English skills of health professionals at the service.</p> <p>Black and Ethnic: this was the most preferred option from the consultation feedback.</p>	<p>Ensure staff are all appropriately trained in Equality and Diversity.</p>
Religion		<p>The UCC proposal meets their needs.</p> <p>Mentioned that confusion may occur with the locality services.</p> <p>This was the second least preferred option from the consultation feedback.</p>	<p>Ensuring that spoke services include access to a range of chaplaincy services Improves access to prayer facilities/chaplaincy service at Rake Lane site – no such services</p>

			at Battlehill.
Sex		How will the UCC link with other services and depts. Travel time. This was the least preferred option from the consultation feedback.	Ensure appropriate parking and transport facilities at the UCC. Communicate links to other healthcare services. Investigate travel times from North Tyneside wards to possible UCC locations via car and public transport.
Sexual Orientation		UCC fiscally flawed – GP access already an issue. Mentioned that current service provision is adequate. Easy to access via car or public transport. This was the second least preferred option from the consultation feedback.	Ensure appropriate parking and transport facilities at the UCC. Feedback access issues to primary care commissioners at North Tyneside CCG.
Carers			
Socio-economic			Ensure transport links are good throughout the borough. Use feedback and develop appropriate actions from the Travel Analysis.
Marriage and Civil Partnership			
Human Rights			

Should there be any development which causes concerns as to potential negative impacts of this urgent care transformation in regards to any of the protected equality characteristics above, the CCG will develop an action plan to remove or mitigate this impact. This will be made publicly available.

5. Equality Analysis update schedule

The equality analysis process is iterative and will be updated throughout the consultation process. The key dates that have been scheduled for the consultation are as follows:

Any further events will be published on the CCG website. Also any updates to the equality analysis will be published on the website.

Table 2: Schedule for consultation

Consideration of feedback gained from listening phase (pre-engagement)	
August to September 2015	Consideration of feedback by organisations and representatives Full case for change prepared Consideration of models of care and scenario development Consideration of consultation process and scenarios for formal consultation period
Phase three – Consultation period on scenarios developed	
7 October 2015	Begin final formal consultation period on scenarios for change
Mid November	Mid-term review the Consultation Institute – Quality Assurance Process Purpose: review activity so far to ensure best practice
21 January 2016	End consultation (15 weeks)
February – May 2016	Analysis of people’s feedback by an independent organisation. The feedback report is published on May 9 th 2016. Further analysis was undertaken to understand the clinical evidence, the travel implications, financial challenges and the resources that we have available
Mid-late May	Public feedback event
May - June	CCG governing body and Council of Practices (made up of GP practices) review the information received during consultation period
22 June 2016	NHS North Tyneside CCG completes the full ‘business case’ document
6 July 2016	Council of Practices meet to review business case and makes decision
26 July 2016	Governing Body approves decision

5.1 Pre-consultation methodology

During the period 19th May – 10th July 2015, individuals were invited to take part in a listening and engagement exercise to share their experiences, opinions and suggestions for how urgent care services are delivered in North Tyneside.

The methods by which individuals could get involved included:

- Right care, time and place: North Tyneside Urgent Care Listening and Engagement. 774 residents of North Tyneside were surveyed on the provision of urgent care services in the borough.
- Spending the Urgent Care Pound in North Tyneside. Stakeholders and members of the public were invited to attend 3 participatory budgeting workshops to discuss how they would invest in urgent care services.
- Participatory events (N=34); a total of three events were held, one with each of the Urgent Care Working Group (N=15), members of the public (N=7), and community and voluntary sector representatives (N=12)
- The Community Health Care Forum (CHCF) were requested by NHS North Tyneside CCG to consult with hard-to-reach and protected groups. The CHCF met with established groups and invited members to focus groups, totalling 174 people. Within these meetings, individuals were supported to complete the same survey that was used during the on-street engagement.

5.2 Consultation methodology

The Community and Health Care Forum (CHCF) is a voluntary organisation based in Wallsend and working across the borough of North Tyneside. The CHCF is funded jointly by NHS North Tyneside Clinical Commissioning Group (CCG) and North Tyneside Council to consult with North Tyneside residents, carers, relatives and the community and voluntary sector on the planning and delivery of health and social care services.

The CHCF was requested by NHS North Tyneside CCG to specifically consult with hard-to-reach and protected groups as part of this consultation. The CHCF used a similar structure to that of the general public survey to ensure that all key questions were addressed and to enable all feedback from the consultation to be easily collated. However, the focus group structure allowed a more in depth analysis of the views and opinions of individuals to be sought. In total, the CHCF consulted with 23 hard-to-reach and protected groups, totalling 168 individuals (Table 5).

Table 5. Overview of the 'protected characteristic' group discussions (conducted by CHCF)

Protected characteristic	Discussion Name / Venue	Date	Number of attendees
Blind	Pearey House	20 th October 2015	12
	Pearey House	22 nd October 2015	12
Young people	Young People's Health & Wellbeing Board	21 st October 2015	3
	Burnside College	8 th December 2015	9
Pregnancy and maternity	Bertram Grange	13 th October 2015	9
Physical disability	Physical Disability 1	28 th October 2015	4
	Physical Disability 2	10 th December 2015	4
	Physical Disability 3	18 th December 2015	2
	Physical Disability 4 – stroke	6 th January 2016	1
Mental health	North Tyneside Art Studio	15 th October 2015	5
	Places for People	30 th October 2015	5
	Mental Health Matters	30 th October 2015	5
	North Tyneside Mental Health service User's Forum	11 th January 2016	8
Learning disability	Learning disability: North East	20 th November 2015	13
	Learning disability: North East	8 th December 2015	2
BME	BME	9 th December 2015	2
Gender	Males	22 nd December 2015	6
	Females	15 th December 2015	15
Older people	Live at Home Scheme	15 th October 2015	10
	CHCF Focus Group	10 th December 2015	3
Sexual Orientation	Homosexual and bisexual	18 th December 2015	7
Religion	Whitley Bay Islamic Cultural Centre	Friday 15 th January	30
Gender reassignment	Transgender	5 th January 2016	1
Total			168

In addition, Healthwatch North Tyneside conducted a number of engagement and outreach activities during the week commencing 11th January 2016 specifically targeting parents and carers of children under the age of four years. In total they consulted with 23 people via four focus groups undertaken at different parent and toddler groups across North Tyneside (Table 6). Unfortunately, the structure and data capturing methods

used in these groups were slightly different to that delivered by the CHCF resulting in demographic details of these participants not being captured. The views and opinions provided by these individuals have been incorporated into the protected characteristics group 'pregnancy and maternity' (see Section 6).

Table 6. Details of the engagement events conducted by Healthwatch North Tyneside

Protected characteristic	Discussion Name / Venue	Date	Number of attendees
Pregnancy and maternity	White Swan Children's Centre	12 th January 2016	6
	St Peter's Parish Church	14 th January 2016	7
	Shiremoor Children's Centre	14 th January 2016	4
	Cedarwood Trust, Meadowell	15 th January 2016	6
		Total	23

6. What the evidence tells us about the need for change

6.1 Outline case for change (OCFC)

The OCFC document outlines the argument for why we need to think differently about how the urgent care system is designed, configured and integrated. It was written to inform a pre-consultation engagement period which ran from May 2015 – July 2015.

The OCFC acknowledges that there are two important considerations that underpin the case for change in urgent care:

1) The urgent care system is changing around us – in June, the new Specialist Emergency Care Hospital opened in Cramlington, which has required consideration of how other urgent care services will integrate with this new landscape. Prior to the launch of the Northumbria Specialist Emergency Care Hospital (NSECH), there was a consultant led A&E department at North Tyneside General Hospital (NTGH). The walk-in-services at Battle Hill and Shiremoor provided an urgent primary care alternative to A&E.

Since the NSECH launched, there is now a situation in North Tyneside where patients have three services only a few miles apart which essentially provide the same level of care, with some differences in terms of workforce, opening hours and access to diagnostics. This configuration of urgent care

provision is not optimal and duplicates resources and it is right that the CCG seeks to address this issue.

2) The financial position of the CCG indicates that we are already living beyond our means (see section 4.4 for financial context).

The OCFC concludes that we cannot afford not to change within the context of an already changing landscape.

But, even if those two important factors did not exist, there would still be a robust argument for thinking differently about how we organise urgent healthcare provision in North Tyneside. This is clear by listening to the national policy direction and by reviewing the current pattern of healthcare usage, which is set out in the OCFC (and refreshed in this document).

This Outline Case for Change assesses the current situation in the context of the seven key objectives identified in the North Tyneside Urgent Care Strategy. Some pertinent questions emerge from this Outline Case for Change, which include:

- How do services interact with each other, and how do community services engage with patients and carers to maximise the role and impact they can have?
- How do we realise the potential of NHS 111 as a navigator of urgent care resources?
- Why are people choosing to attend A&E with relatively minor, primary care problems and why is this different in different areas, and for people of different ages?

The OCFC was developed with reference to a range of supporting documentation, including early engagement activity with the Urgent Care Working Group and the Council of Practices. It also draws on patient insights from a variety of perspectives. The OCFC and supporting documentation is available here.

6.2 Outputs from the pre-consultation engagement

The report provides an overview of some of the key themes that arose from the listening and engagement exercises, undertaken to understand the experiences and opinions of North Tyneside residents with regards to the local health services in their area. In addition, the exercise has enabled a greater understanding of what local people want from different services, and how they feel their delivery can be improved to ensure that patients are receiving the right advice or treatment in the right place. The full report is available online at <http://northtynesideccg.nhs.uk/get-involved/your-views/urgentcare/case-for-change/>

This section presents the findings from the focus groups held with 174 individuals from hard-to-reach and protected groups.

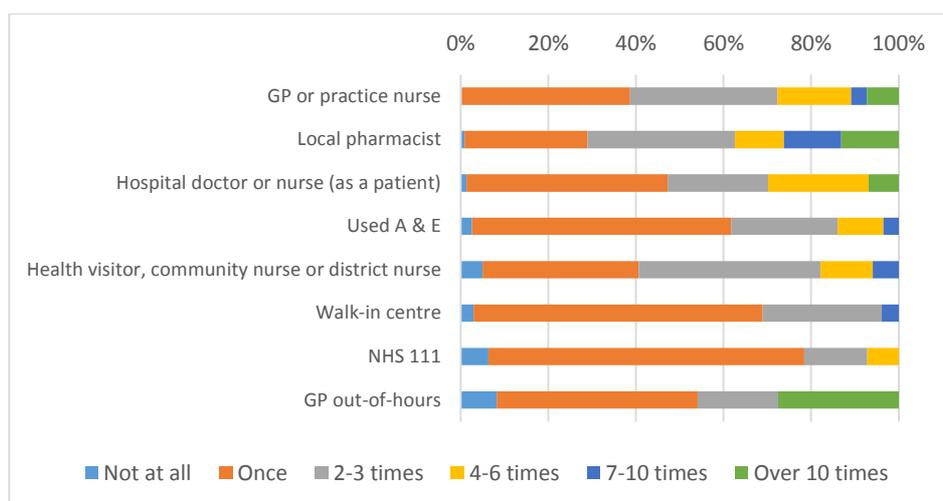
6.2.1 Health seeking behaviours

The frequency in which individuals from hard-to-reach groups had accessed their local health provisions over the previous six months is shown in Figure

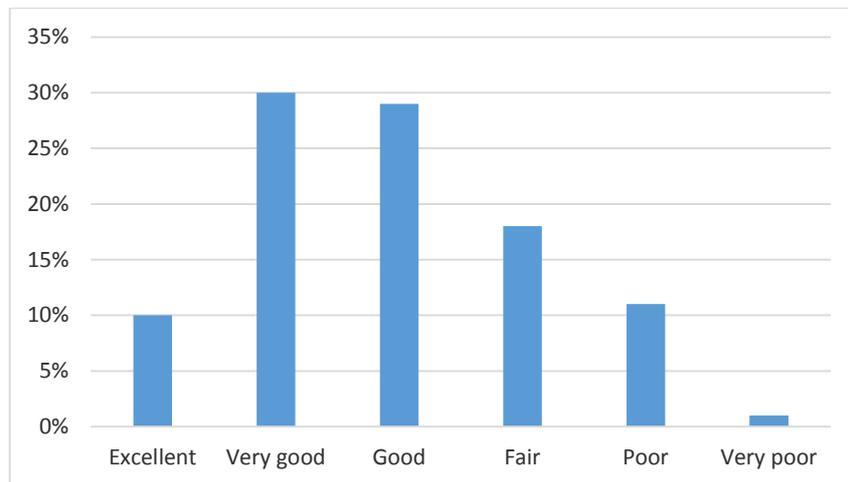
16. The most commonly accessed health provision was the GP practice, with 83% using this service within the last 6 months. The majority had done so either just once (32%) or 2-3 times (28%).

The second most commonly accessed service was the pharmacy, with just over half of the sample using this provision (53%; 15% accessed the service once & 18% used it 2-3 times), followed by the hospital service (43%; 20% accessed the service once & 10% used it 2-3 times). The least frequently accessed services were the GP out-of-hours service and NHS 111 (10% & 13% using these services within the last 6 months, respectively).

The proportions of participants from hard-to-reach groups who had accessed the GP practice and hospital service were much higher compared to those in the general population (GP practice; 83% hard-to-reach groups, 68% general population, hospital service; 43% hard-to-reach groups, 28% general population). This is likely due to there being a greater proportion of individuals with disabilities and/or long-term health conditions within the hard-to-reach groups engaged with (49% & 57% respectively) compared to the general population (14% with disabilities & 23% with long-term health conditions). However, access to the other health provisions were similar for the pharmacy, health visitor, community or district nurse service, and walk-in centre, and lower for the GP out-of-hours service and NHS 111.

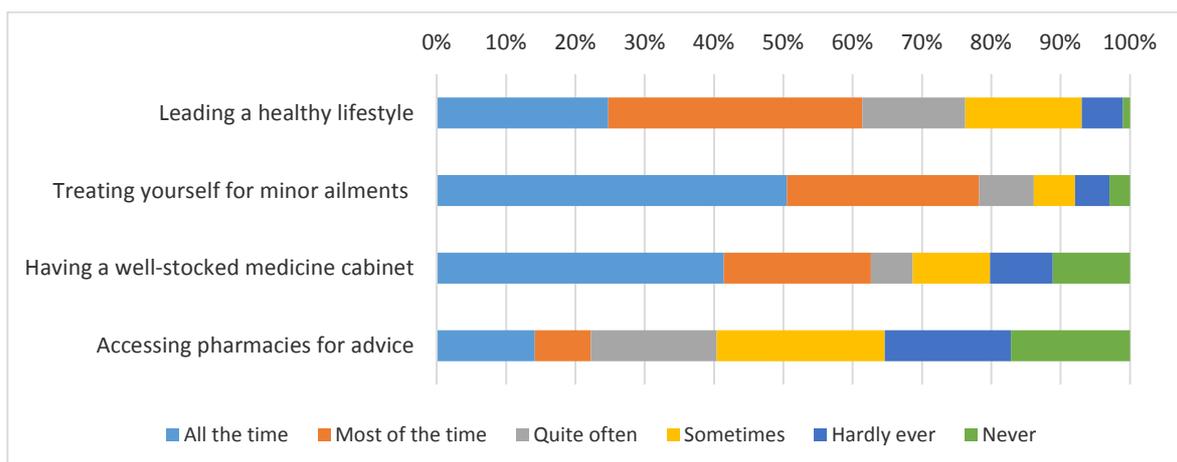


One in ten participants rated their health as being excellent over the previous six months, and a further 30% as very good. Whilst 29% stated their health was good, 18% indicated it was fair, 11% poor and 1% very poor. Ratings of general health were lower among those from hard-to-reach groups compared to the findings from the general public.



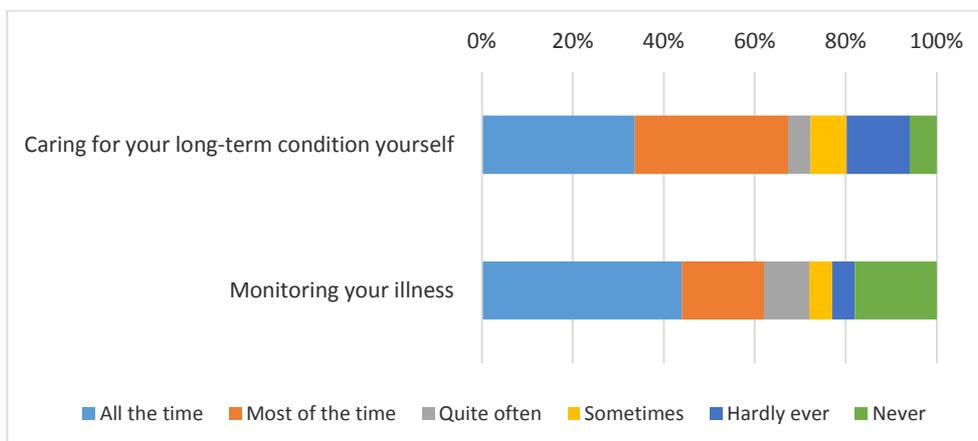
Individuals were asked how often they took an active role in looking after their health in terms of a number of different health behaviours. The majority of individuals indicated that they treat themselves for minor ailments (51% reporting doing this all of the time & 28% most of the time), and a further 41% indicated that they had a well-stocked medicine cabinet all of the time and 21% most of the time. These proportions were considerably greater than for those of the general public (self-treatment for minor ailments: 36% all of the time & 28% most of the time; well-stocked medicine cabinet: 26% all of the time & 28% most of the time).

The majority of those from hard-to-reach groups also felt that they lead a healthy lifestyle all of the time (25%) or most of the time (37%). The least commonly practiced healthcare behaviour was accessing pharmacies for advice (14% all the time & 8% most of the time; 18% & 17% hardly ever or never, respectively), similar to the general population.



Of those who indicated that they had a long-term condition (57%), the most common conditions were mental health issues, high blood pressure, heart failure, kidney dysfunction, asthma and arthritis.

Over half of these participants indicated that they monitored their illness all or most of the time (44% & 18% respectively) and that they cared for their long-term condition themselves (34% all of the time & 34% most of the time).

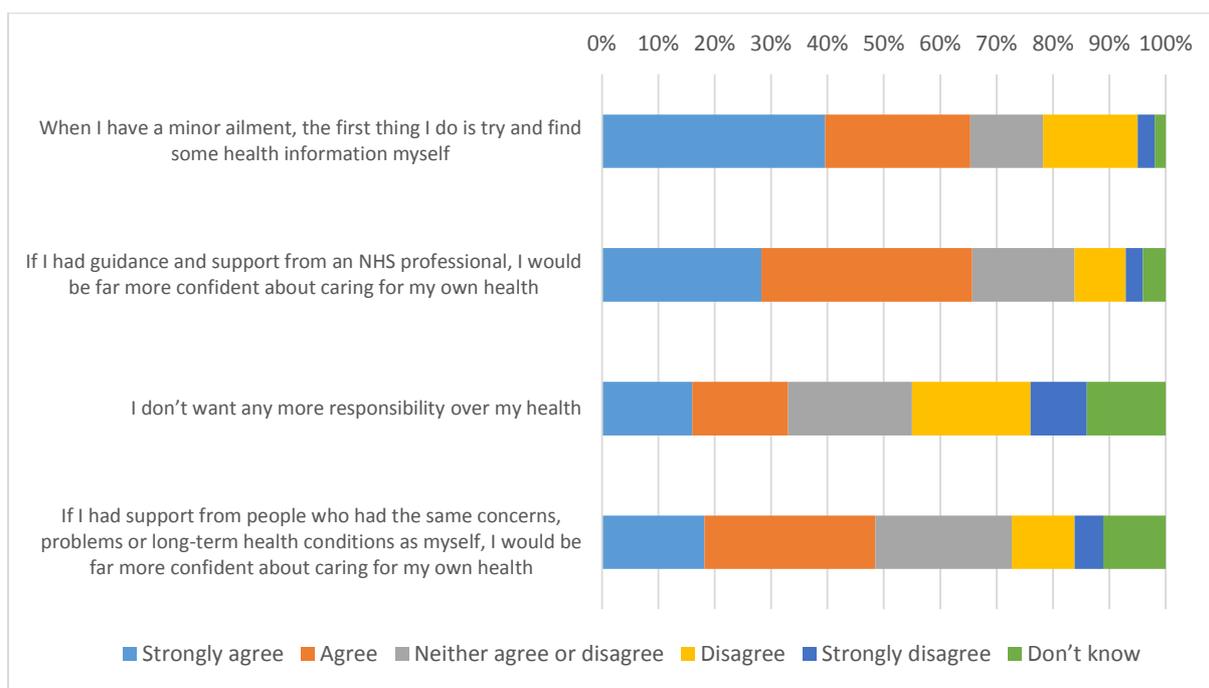


The majority indicated that when they have a minor ailment, the first thing they do is seek health information (40% strongly agreed & 26% agreed). However, 17% disagreed and 3% strongly disagreed with this statement (13% neither agreed nor disagreed and 2% were unsure).

More than half felt that they would be more confident in looking after their health if they had more guidance from an NHS professional (28% strongly agreed & 37% agreed). However 18% neither agreed nor disagreed, 9% disagreed and 3% strongly disagreed with this statement (4% were unsure).

Equivalent proportions indicated that they did and did not want any more responsibility over their health (31% agreed with the statement 'I don't want any more responsibility over my health' and 31% disagreed). Furthermore, 22% neither agreed nor disagreed, and 14% were unsure.

Nearly half felt that they would be more confident in looking after their health if they had support from people with similar health problems or concerns to them (18% strongly agreed & 30% agreed) – a slightly higher proportion than those from the general public survey (10% strongly agreed & 24% agreed). However whilst 24% of those from hard-to-reach groups neither agreed nor disagreed, 16% disagreed or strongly disagreed with the statement (11% were unsure).



The majority of individuals felt that they had enough information to make a decision about where and when to go if they required urgent or emergency care (73%) – a slightly lower proportion than the findings from the general public (85%). For those who didn't, they requested easy-to-read information about the local services available (specifically A&E at Cramlington, pharmacies and walk-in centres) including how and when to access them. It was suggested that fridge magnets, leaflets given out by GPs, and information which can be kept by the phone would be useful.

The most common methods used by individuals to source information on their health were the GP practice (32%), the internet (17%), the pharmacy (17%), family/friends (14%) and NHS Choices (10%). These findings are comparable with the results from the general public, although the reliance on the pharmacist was notably higher for those from hard-to-reach groups (general public; 4%).

The most frequent reasons put forth as preventing people from self-caring were as follows:

- Lack of knowledge or health (17%)
- Not having access to the knowledge or information (16%)
- Information available being too complex or contradictory (11%)
- Lack of confidence (12%)
- Lack of money (8%)
- Lack of training or skills (7%)
- Factors identified to encourage more people to self-care included:
- Better knowledge/understanding of minor ailments (17%)
- Encouragement from family doctors, nurses and pharmacists (14%)



- Advice on NHS websites (11%)
- More advice and guidance from the GP, nurse or other health professional (11%)
- Support groups of people with similar concerns and conditions (11%)
- Other suggestions made by individuals included:
- NHS websites to have a BSL translator to make information accessible to the deaf community
- Educational DVDs to include BSL translator
- Training classes in stress, mood, anxiety, assertiveness and confidence

Individuals were asked how they felt self-care should be improved in North Tyneside; suggestions were grouped into the following themes:

- Education in schools
- Education programme to improve self-care and boost confidence
- Encourage people to maintain a healthy lifestyle through wellbeing drop-in sessions and healthy living classes
- Information about voluntary organisations and their roles
- Online facilities and telephone helplines to ask questions to health professionals for non-urgent conditions

6.2.2 NHS 111

Approximately one third of participants indicated that they or a family member had used the NHS 111 service in the past (34%) – slightly lower than the findings from the general population (45%).

The majority of those who had used the service strongly agreed or agreed that they had a good experience (29% & 32% respectively). However, 8% disagreed and a further 14% strongly disagreed with this statement (14% neither agreed nor disagreed & 3% were unsure).

Individuals were asked what they felt should be improved about the service; suggestions were grouped into the following themes:

- Improved training and medical knowledge of call handlers, as well as having staff with more local knowledge of the area
- Improved public awareness of the service through advertising on the TV, in GP practices and clinics, and outdoor advertising
- Providing a more efficient service through less irrelevant questions and shorter waiting times to speak to a health professional

- Less reliance of call handlers on reading from a script
- More confidence with clinical decisions and less reliance on the service in sending patients to A&E / GP
- Access to specialist health professionals (e.g. paediatric and geriatric nurses)
- Improved access to the service for deaf people as they are currently unable to use the service

6.2.3 GP practice

The GP practices in which individuals are registered is shown in Table 4.

Table 3: GP practices at which participants were registered

GP Practice	% of individuals	GP Practice	% of individuals
49 Marine Ave	2%	Nelson Medical Group	4%
Appleby Surgery	2%	Park Road Medical Practice	2%
Battle Hill Health Centre	5%	Park Parade Surgery	1%
Beaumont Park Medical Group	2%	Portugal Place Health Centre	9%
Bewicke Medical Centre	5%	Spring Terrace Health Centre	5%
Collingwood Surgery	8%	Swarland Avenue Surgery	1%
Dr Smith, Shiremoor	3%	Priory Medical Group, Albion Road	9%
Dr Young, Shiremoor	5%	The Village Green Surgery	5%
Earsdon Park Medical Practice	4%	West Farm Surgery	1%
Forest Hall Health Centre	6%	Whitley Bay Health Centre	11%
Garden Park Surgery	1%	Wideopen Medical Centre	1%
Lane End Surgery	2%	Woodlands Park Health Centre	1%
Marine Avenue Medical Centre	1%	Outside North Tyneside CCG/didn't respond	1%
Monkseaton Medical Centre	5%		

Roughly equal proportions of participants from hard-to-reach groups had seen or spoken to their GP/nurse either in the last week (22%), in the last month (28%), in the last three months (26%) or more than three months ago (24%). A higher proportion of individuals from hard-to-reach groups had attended the GP/nurse in the last week compared to the general public (22% & 10% respectively), whilst a smaller proportion had accessed the service more than three months ago (24% & 45% respectively) – this supports

previous findings that those from hard-to-reach groups perceived their health to be worse and accessed the GP practice more frequently.

The most common reasons as to why individuals had contacted their GP practice were to see a GP (75%) or a nurse (18%), comparable with the findings from the general public.

The vast majority were able to see or speak to someone when they contacted their GP practice (81%) (a slightly higher proportion than the general public; 73%), with a further 10% stating that they had to call back closer to or on the day that they wanted an appointment. Whilst 4% could not remember, 5% indicated that they were unable to make an appointment at their surgery.

The slight majority were able to obtain an appointment on the same day (29%), with most others having to wait for an appointment on the next working day (20%) or a few days later (26%). However, 16% could not make an appointment until a week or more later (9% could not remember). Nearly three quarters felt this was fairly typical of what would happen when they normally contact their GP practice (73%). These findings are similar to those of the general public.

For those who were unable to make an appointment when they needed to, 16% were advised to attend the walk-in centre (compared to 8% of the general public) and 11% received no advice but decided to attend A&E or the walk-in centre (compared to 2% of the general public). An additional 8% received no advice or alternative, whilst 5% were advised to attend A&E and 2% the pharmacy.

6.2.4 Pharmacy

The majority indicated awareness that pharmacists can give advice and treatment for common illnesses and minor ailments (83%), comparable with the finding from the general public (87%). 62% of participants from hard-to-reach groups indicated that they or a family member had seen a pharmacist for advice (identical to the proportion in the general public survey).

For those who hadn't used the pharmacy service, 74% indicated that they would do so in the future whilst 17% indicated that they may do so (considerably more than those from the general public survey: 40% would use & 27% may use the service in the future). The remaining 9% stated that they wouldn't consider using the service; reasons for this included:

- Lack of privacy – patients feel uncomfortable discussing health condition in an 'open' pharmacy
- Preference to see own GP due to medical condition
- Perception that pharmacists don't have enough time to spend with patients

Three quarters of participants indicated that they received free prescriptions; 49% because they have a long-term condition, 20% due to having a low income and 6% due to their age (under 16 or over 60 years).

Just 17% were aware of the 'minor ailment scheme' which enables those who normally receive free prescriptions to receive free over the counter medication; slightly lower than the proportion of the general public (30%).

Individuals were asked to provide their opinion of this scheme, the responses of which are shown in the following table:

Table 4: Experiences of pharmacy

Positive comments	Negative comments	General comments
<ul style="list-style-type: none"> • Excellent idea for those who need it • Reduces time and money due to patients not having to access their GP for a prescription 	<ul style="list-style-type: none"> • Concern that people may abuse the system • People may be more likely to wrongly self-diagnose • Not publicised enough / no one knows about the scheme 	<ul style="list-style-type: none"> • There is a lack of awareness of the service / service needs to be more widely publicised • Should be available for everyone who gets free prescriptions • Pharmacists should promote the scheme to customers

6.2.5 Walk-in centre

Participants from hard-to-reach groups were asked if they had attended Battle Hill or Shiremoor Resource Centre walk-in centres. A total of 42% had accessed Battle Hill walk-in centre, of which 4% had done so in the last week, 17% in the last month and 33% in the last six months. Usage of Battle Hill walk-in centre was slightly higher for individuals from hard-to-reach groups compared to those from the general public (29%).

Only 6% of participants had accessed Shiremoor Resource Centre, of which 11% had accessed the service in the last week, 22% in the last month and 11% in the last six months, similar to the findings from the general public.

Individuals were asked to provide their opinion of the service they received; these have been divided into positive and negative experiences and are shown in the following table. A small number expressed their concern about the closure of Battle Hill walk-in centre following the decision to close Jarrow walk-in centre.

Table 5: Experiences of walk-in centre

Positive experiences	Negative experiences
<ul style="list-style-type: none"> • Excellent and efficient service • Acceptable waiting times • Useful service when GP is closed • Pleasant attitude of health professionals • Excellent location and parking facilities 	<ul style="list-style-type: none"> • Long waiting times • Poor attitude of health professional • Referred to another service • Inadequate medication/diagnosis received • Pedestrian access to Battle Hill is poor • X-ray facilities not always available

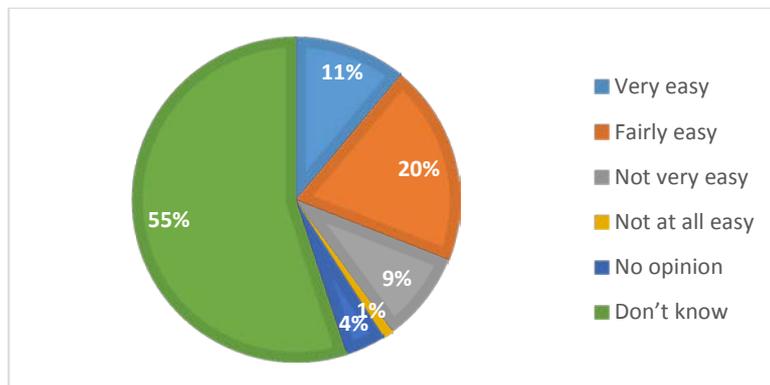
Approximately a third of individuals had attended the walk-in centre due to its convenience (32%). Other reasons included their own GP being closed or the waiting time being too long (20%) and the waiting times of A&E and other facilities being too long (7%). The proportion of those from hard-to-reach groups who indicated that the walk-in service was more convenient was much higher compared to findings from the general public (32% & 8% respectively).

If the walk-in centre was not available, 62% indicated that they would attend their GP practice, 22% would attend A&E, 7% another walk-in centre and 5% call NHS 111.

6.2.6 GP out-of-hours service

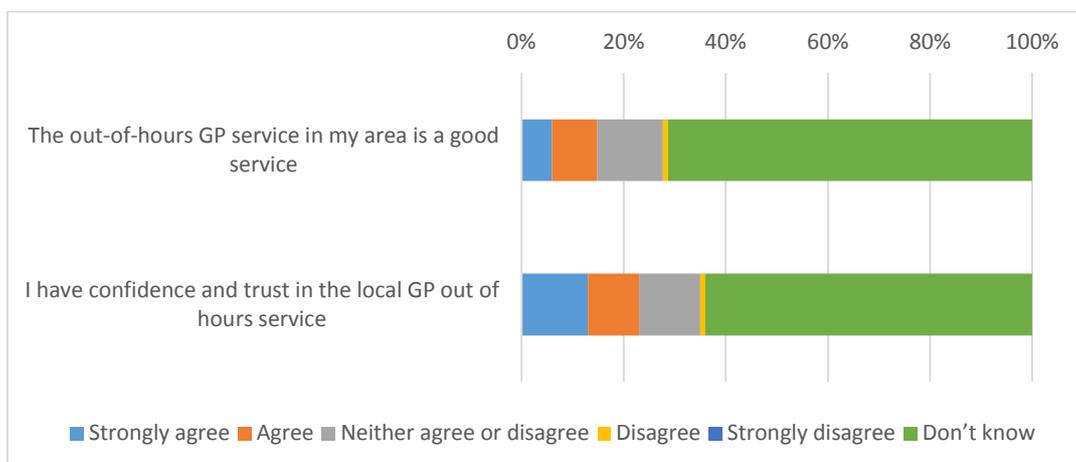
Just over half of the individuals indicated that they are aware of how to contact an out-of-hours GP service when their surgery is closed (52%), compared with 62% of the general public. However, just 15 individuals had done so within the past six months (9%). Of these, nine contacted the service for themselves and six for someone else. All individuals indicated that it was very or fairly easy to contact the service (9 & 6 individuals respectively). Only one individual felt that the amount of time that they waited to receive care was too long, and all but two rated their overall experience as very good or fairly good (4 & 9 individuals respectively; the remaining two were unsure).

Among those who had not accessed the service, just under one third perceived that it would be very easy or fairly easy (11% & 20% respectively), whilst 9% felt it would not be very easy and 1% not very easy at all. The remaining 59% had no opinion or were unsure.



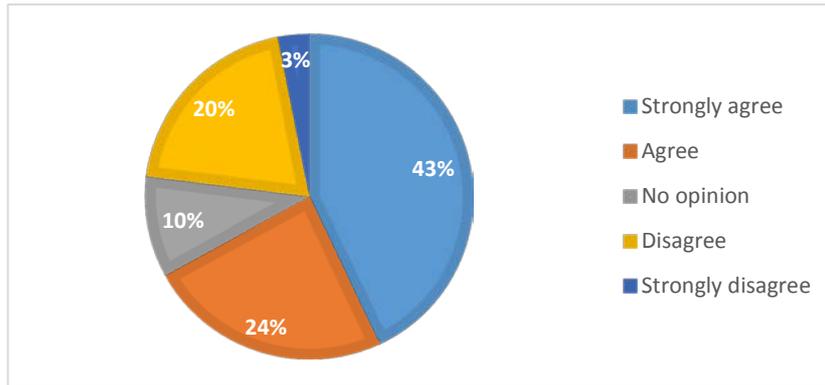
Individuals were asked to show their level of agreement with two statements relating to the GP out-of-hours service. In line with the previous high levels of uncertainty, the majority of individuals indicated that they weren't sure whether the out-of-hours service in their area was good (72%) or whether they had confidence and trust in the service (64%). Consequently, only a small proportion agreed with each of the statements (6% strongly agreed and 9% agreed that the out-of-hours service is good, and 13% strongly agreed and 10% agreed that they have confidence and trust in the service).

These findings are similar to those from the general public although the level of agreement with each statement is lower, and consequently the level of uncertainty higher (in the general public survey 43% were unsure if the GP out-of-hours service is good and 36% unsure whether they have confidence and trust in the service).



6.2.7 A&E

Approximately two thirds strongly agreed or agreed that only patients with life threatening conditions or those who have had serious accidents should be seen and treated at A&E (43% & 24% respectively). Whilst 10% had no opinion, 20% disagreed and 3% strongly disagreed with this statement. The level of agreement was higher among those from hard-to-reach groups compared with findings from the general public, particularly those who strongly agreed with the statement (28% strongly agreed & 28% agreed with the statement in the general public survey).



Individuals were asked to give a reason for their opinion; responses were grouped into the following themes:

Perceptions of those who **agreed** with the statement:

- Allows faster and more efficient treatment for those that really need it
- Less serious conditions should be seen elsewhere (GP, walk-in centre or NHS 111)
- Inappropriate use wastes NHS money (including those accessing the service who are under the influence of alcohol/drugs)
- Appropriate use ensures best utilisation of the medical expertise in the service

Perceptions of those who **disagreed** with the statement:

- Everyone should be entitled to receive treatment from where they chose
- It is wrong to expect people (especially children, elderly and those with a disability) to have to wait weeks to be seen by the GP
- Difficult for individuals to assess what is life-threatening / conditions can deteriorate if left untreated
- Limited choice of services to attend especially during the night
- For some A&E is the closest and quickest service to be seen
- Important service for at-risk groups (babies, elderly and those with ill-health)

The individuals from hard-to-reach groups were asked what they felt would stop people from using A&E inappropriately; suggestions were grouped into the following themes:

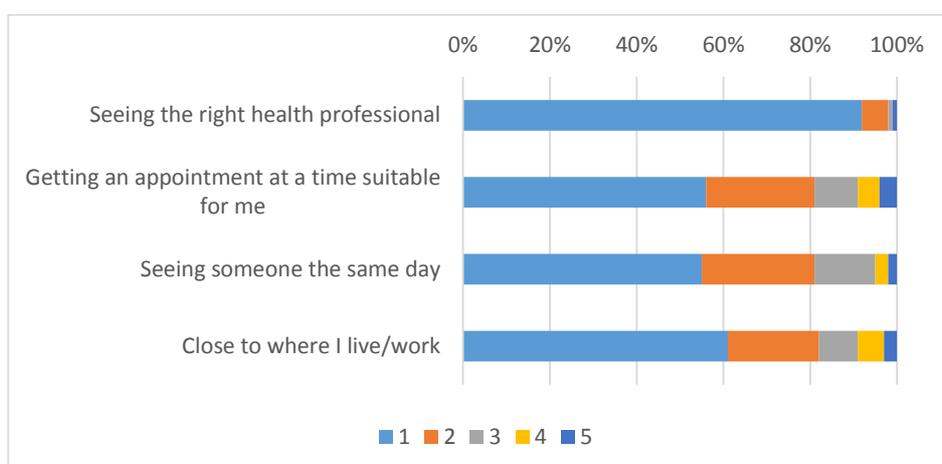
- Charge those who use the service inappropriately or inform them of how much their treatment would cost if they had to pay

- Increase promotion of alternative healthcare services available to local people and how to use them / improve confidence in people's perceptions of other services
- Compulsory first aid at school
- Improved access to GP practices through increased availability of emergency appointments, longer opening times and telephone consultations
- Improved access to walk-in centres and pharmacies to enable people to receive urgent care without attending A&E (i.e. longer opening times, better locations of walk-in centres)
- Redirect patients who are using A&E inappropriately and can be seen/treated elsewhere
- Incorporating a GP/nurse-led walk-in centre on the same site as A&E
- Specialist support units for those under the influence of alcohol/drugs, supported by sensible drinking campaigns and interventions

6.2.8 Urgent and emergency care

Individuals were asked to rate what they felt was most important when choosing which urgent and emergency care service to access (1 being very important and 5 not important at all). Seeing the right health professional emerged as the most important factor, with the greatest proportion of participants rating this factor as very important (91%). Similar proportions of participants felt that the location of services, seeing someone on the same day and making an appointment at a convenient time were very important (61%, 55% & 56% respectively).

These findings mirror those from the general public, although the proportion of those from hard-to-reach groups who felt that seeing the right health professional was very important was slightly higher (71% of the general public felt that this was very important).



When asked to give their suggestions to improve NHS healthcare, the following themes emerged:

- Improved access to all services i.e. longer opening hours of GP practices including evening and weekend appointments, 24/7 access to pharmacies and walk-in centres
- More localised health services e.g. walk-in centres located on the high street, A&E department in Tynemouth or North Shields
- Walk-in centres staffed by doctors not nurses
- Greater public awareness of all the healthcare services available and how to access them appropriately; through leaflets, websites and awareness courses
- More medically trained professionals, who are proficient at speaking English, in all services (especially community nurses)
- Shorter waiting times for referrals to hospital and specialist services / make specialist services more accessible
- Improved access to the GP practice through greater availability of appointments / shorter waiting times and telephone consultations
- Improved attitude of staff working in GP practices; more interest to be shown to patients, GPs to be more helpful, improved reporting procedures for complaints and attitude of health professionals
- The following were raised to a lesser extent:
 - Improved communication between services and between staff and patients / more integrated services
 - Improved patient transport
 - Prioritisation of medical treatment for UK citizens
 - Free/cheaper prescriptions for all
 - A more responsive mental health crisis team
 - Centralised records across all GPs and hospitals

The following were raised by those with additional needs:

- GPs and all clinical staff to be more deaf-aware:
 - Training for all NHS staff on translation issues
 - More NHS staff with specific skills on Trans Care
- Better access to services for deaf people:
 - Interpreter to be available 24/7 in A&E department
 - Greater access to interpreter at GP practice; GP appointments are cancelled due to failure of GP practices to book interpreters, deaf individuals are unable to make 'on the day' appointments at GP practice due to the service not having fast access to interpreters
 - NHS websites to have BSL translator

- Improved Pathway of Care for Trans
- Provision of 'alternative' therapies for those with long-term autoimmune conditions; acupuncture, massage and lymphatic massage
- Provision of health and wellbeing classes and mindfulness programs to help people manage stress, anxiety and low mood

Individuals were asked to identify how urgent and emergency care services could be improved locally. Responses were grouped into the following categories:

A&E:

- Reduce waiting times at A&E:
 - A triage system which, when appropriate, delegates patients away from A&E to more relevant services
 - Priority to be given to other patients over those suffering from drug/alcohol-related injuries or those with sports injuries
- Charge non-urgent / inappropriate users of A&E
- Keep those in the waiting room informed of delays / waiting times
- Improved attitude of A&E staff; treat patients with respect
- Greater funding for ambulance service; more rapid response times, greater availability of patient transport
- Integrated emergency and 'non-urgent' services all under one roof
- Provide a locally based telephone helpline to offer advice and assistance

GP practices:

- Longer opening hours; provision of evening and weekend appointments
- Greater provision of GP phone consultations; offer more on-call home visits
- Less pressure on GP enhanced services so more focus can be given to providing basic care, of which there is a greater demand
- Faster transfer and greater cohesion of information between healthcare services, e.g. from consultants to GPs
- Improve bedside manner for GPs
- Use successful and responsive GP practices as a benchmark and guideline for improving other surgeries

Other health services:

- Improved access to pharmacies and walk-in centres through longer opening hours and more localised facilities
- More doctors and nurses to ease pressure on health services
- Provide dedicated under-18s walk-in centres and designated community-based care centres e.g. heart; separate patients into over-65s due to differing needs
- Provide a community health one-stop shop
- Providing nursing support under a central system in the community to help free up hospital beds
- Improved daily care and contact with elderly and vulnerable people
- Streamline healthcare service options to four main provisions (GPs, Out of Hours, Walk-in, A&E) to reduce confusion
- Increase number of hospital beds
- Keep patients informed and aware of their care, treatment and progress

Public education:

- Heavily publicise alternatives to A&E; provide more comprehensive information to educate and signpost people to which services are best for their needs, e.g. informative posters
- Compulsory first aid in schools

6.3 Case for change

North Tyneside Clinical Commissioning Group (CCG) is undertaking this consultation in recognition of several key drivers for change. These include:

National policy direction

- Implementing models of care in the Five Year Forward View
- Urgent and emergency care networks
- Integrated urgent care services (NHS111 and out-of-hours GP services)

Local strategic vision and developments

- North Tyneside Urgent Care Strategy – the vision set out in the strategy includes the establishment of an urgent care centre for the people of North Tyneside
- Northumbria Specialist Emergency Care Hospital (NSECH) – the introduction of a new hospital in Cramlington designed to manage all of the emergency care needs of the patients of Northumberland and North Tyneside. Emergency need includes, for example:

- Suspected stroke
- Loss of consciousness
- Persistent and severe chest pain
- Sudden shortness of breath
- Severe abdominal pain
- Severe blood loss

This means that this need is no longer met for North Tyneside residents at the North Tyneside General Hospital site, which is now designated for the management of urgent care. There is a service at Battle Hill Health Centre which is also designated for this purpose, and now that there is plurality of provision in this respect, we need to consider the most optimal configuration of these services

- Primary care developments – new ways of working in General Practices will have an impact on capacity for urgent care management

Financial pressure

- The CCG cannot afford to purchase multiple services designed to provide the same services, meeting the same need for the same population – this is the current situation after the introduction of the NSECH.

The full Case for Change document is available on the CCG website.

7. Demographic profile of North Tyneside

7.1 Public

7.1.1 Current state

Based on the most recent population data, North Tyneside's population is estimated at 201,446 people. This information has been sourced from the Equality Annual Review, January 2015, North Tyneside Council. Key statistics about our residents include:

- 48% are male, 52% female. (Source: Office of National Statistics-ONS 2013 mid-year population estimate)
- 17.7% are aged under 16. (Source: ONS 2013 mid-year population estimate)
- 19% are aged 65 years and over. (Source: ONS 2013 mid-year population estimate)
- 4.9% are from black and minority ethnic (BME) communities – the main groups being 'Other White' (1.2%), Indian (0.5%) and Chinese (0.4%). (2011 Census)
- 21% have a disability or condition which limits their day-to-day activities. (2011 Census)

- 11% provide unpaid care. (2011 Census)
- An estimated 1% are transgender ([Gender Identity Research and Education Society 2011](#)).
- An estimated 1.2% are gay or lesbian and 0.5% are bisexual (ONS Integrated Household Survey 2013).
- 64% are Christian, 1.7% combined are from other faiths (Muslim, Sikh, Buddhist, Jewish, Hindu or 'other') and 28% have no religion. (2011 Census)
- 47% are married, 0.2% are in a civil partnership, 32% are single, 10% are divorced, 3% separated and 8% widowed. (2011 Census)

For full details on the demographic profile of North Tyneside, visit http://www.northtyneside.gov.uk/browse-display.shtml?p_ID=546621&p_subjectCategory=387

7.1.2 Post-decision

To be completed post-consultation

7.2 Staff

7.2.1 Current state

The data below details equalities data for Northumbria Healthcare NHS Foundation Trust (Northumbria FT) and The Newcastle-upon-Tyne Hospitals NHS Foundation Trust (Newcastle FT). This data is collated from the recorded ESR position at the end of June 2015. Figures are number of full-time equivalents (FTE) rounded to the nearest 5. Totals may not add up due to rounding and de-duplication.

7.2.1.1 Information for Northumbria FT staff

Table 6: Gender at Northumbria FT

Gender	Total	%
Female	5,820	79
Male	1,580	21
Total	7,400	100

Table 7: Age at Northumbria FT

Age	Total	%
Under 25	505	6.8
25 to 29	760	10.3
30 to 34	655	8.9
35 to 39	755	10.2
40 to 44	955	12.9
45 to 49	1,160	15.7
50 to 54	1,240	16.8
55 to 59	930	12.6
60 to 64	360	4.9
65 to 69	65	0.9
70 and over	10	0.1
Total	7,400	100

Table 8: Ethnicity at Northumbria FT

Ethnicity	Total	%
White	6,915	93.4
Black or Black British	35	0.5
Asian or Asian British	225	3.0
Mixed	35	0.5
Chinese	15	0.2
Any Other Ethnic Group	80	1.1
Unknown	95	1.3
Total	7,400	100.0

Table 9: Disability information at Northumbria FT

Ethnicity	Total	%
Disabled	230	3.1
Not disabled	5,570	75.3
Not disclosed	390	5.3
Unknown	1,215	16.4
Total	7,400	100.0

7.2.1.2 Information for Newcastle FT staff**Table 10: Gender at Newcastle FT**

Gender	Total	%
Female	9,055	76.8
Male	2,740	23.2
Total	11,795	100.0

Table 11: Age at Newcastle FT

Age	Total	%
Under 25	790	6.7
25 to 29	1,535	13.0
30 to 34	1,305	11.1
35 to 39	1,355	11.5
40 to 44	1,485	12.6
45 to 49	1,625	13.8
50 to 54	1,770	15.0
55 to 59	1,295	11.0
60 to 64	530	4.5
65 to 69	85	0.7
70 and over	15	0.1
Total	11,795	100.0

Table 12: Ethnicity at Newcastle FT

Ethnicity	Total	%
White	10,595	89.8
Black or Black British	80	0.7
Asian or Asian British	420	3.6
Mixed	55	0.5
Chinese	40	0.3
Any Other Ethnic Group	285	2.4
Unknown	315	2.7
Total	11,795	100.0

Table 13: Disability information at Newcastle FT

Ethnicity	Total	%
Disabled	200	1.7
Not disabled	6,960	59.0
Not disclosed	275	2.3
Unknown	4,360	37.0
Total	11,795	100.0

7.2.2 Post-decision

To be completed post-consultation

8. What have we learnt through the process

This is the area that we would include what we've learnt, what we've heard, what additional engagement that we've needed to do in response to specific equality concerns. It's also the place where we would do the relevance testing

9. Appendices

9.1 Appendix one: engagement with protected characteristics groups

The following section provides a summary of the feedback from the engagement with protected characteristics groups. In total, 191 individuals participated in the focus groups, although the demographic details of 23 individuals were not obtained. Of those that were, 46% were male and 54% female, 80% were white (18% Asian British and 1% Black British), 49% considered themselves to have a disability and 92% were heterosexual.

The majority of participants resided within postcode areas NE28 (26%), NE29 (18%), NE25 (13%) and NE30 (11%) (Table 16).

Table 16. Postcode distribution of ‘protected characteristics’ focus group participants

Postcode	Percentage of sample	Postcode	Percentage of sample
NE12	8%	NE28	26%
NE24	1%	NE29	18%
NE25	12%	NE30	11%
NE26	5%	No answer	11%
NE27	8%		

The age group distribution is shown in Figure 13, with the slight majority indicating that they were aged between 46-55 years (29%), followed by those aged 56-65 years (15%) and 16-25 years (13%).

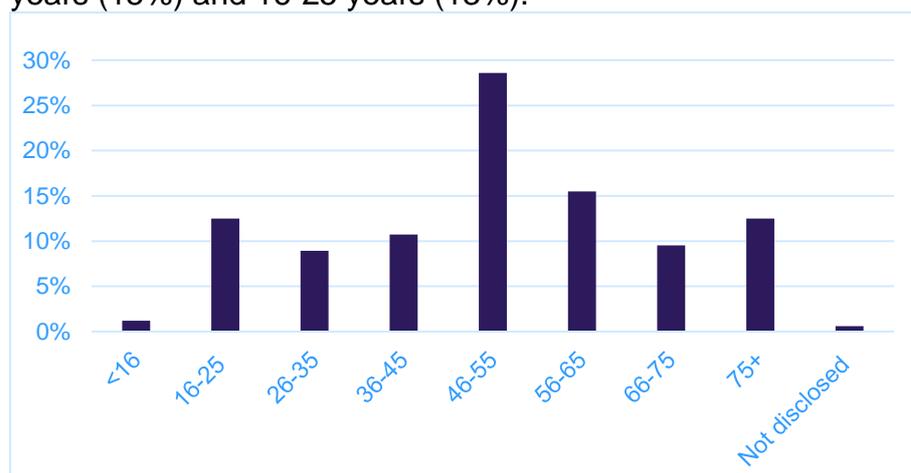


Figure 13: Age group distribution of all ‘protected characteristic’ participants
For equality monitoring purposes, the full demographic breakdown of participants by protected characteristic group is provided in Table 37 (Appendix).

9.1.1 Young people

- Twelve individuals took part in the ‘young people’ focus groups; all were females and all but one were aged under 25 years.
- In terms of usage of health provisions in the last six months, the GP practice and the pharmacy were the most frequently accessed services, with five and six participants accessing these services respectively. Furthermore, four participants indicated that they had accessed Battle Hill walk-in service, three of which had done so just once and one individual 2-3 times.
- All the young people felt that the proposal for the Urgent Care Centre met their needs.
- With regards to scenarios 1 and 2, having a single North Tyneside Urgent Care Centre, all but one individual felt the proposal met their needs, with the remaining participant indicating that it only partially met their needs. This individual expressed concern about how much it would cost for her to travel by bus to Battle Hill, and the distance some people would have to travel to access the Urgent Care Centre. During the discussions, concerns were raised about whether these two scenarios would reduce job opportunities, and whether the site at Battle Hill would be able to accommodate the demand for the service when considering parking provisions and diagnostics.
- All but one participant felt that scenarios 3 and 4, having a single North Tyneside Urgent Care Centre supported by three locality based minor ailments services located throughout North Tyneside, met their needs. It was however suggested in one focus group that it would be more cost effective to offer free patient transport (e.g. a shuttle bus) to the Urgent Care Centre, rather than having three extra minor ailments services.
- All but one individual selected Rake Lane at North Tyneside General Hospital as their preferred location for the Urgent Care Centre; this was mainly due to the ease at which they could get to the location by car (9 participants), the proximity of the service to where they lived (8 participants), and to a lesser extent parking provisions (4 participants). However, it was commented that for some young people Battle Hill may be a more appropriate location with it not being a hospital: “*It does not feel as scary*”. The individual who selected Battle Hill indicated that this was due to the location being closest to where they lived, and the ease at which they could get to the location by car and public transport.

Table 17 shows participants’ ranking of the different scenarios. The green and red indicators have been used to show their most popular (green) and least favoured (red) options.

Table 17. Participants' rankings of the suitability of the different scenarios (a ranking of 1 being given to the scenario that they agree with the most, and 4 being given to the scenario that they agree with the least) (N=12)

Scenario	1	2	3	4
1. A single North Tyneside Urgent Care Centre based at North Tyneside General Hospital	25%	67%	0%	8%
2. A single North Tyneside Urgent Care Centre based at Battle Hill	0%	8%	8%	84%
3. A single North Tyneside Urgent Care Centre based at North Tyneside General Hospital supported by locality based minor ailments services in three other areas	67%	25%	8%	0%
4. A single North Tyneside Urgent Care Centre based at Battle Hill supported by locality based minor ailments services in three other areas	8%	0%	84%	8%

9.1.2 Pregnancy and maternity

- Nine individuals took part in the focus groups conducted by the CHCF; all were females aged between 26 and 75 years (7 of the females indicated they were members of the public, patient, or carers, whilst two were representatives from a group or organisation).
- The GP practice, closely followed by the pharmacy, were the most frequently accessed health provisions, with nine and eight participants (respectively) using these services in the last six months. Shiremoor Paediatric Minor Injuries was also frequently used by these individuals, with five participants reporting use of this service either once, 2-3 times or 4-6 times within this same timeframe. Only one or two participants reported using A&E, services in the community, and the walk-in centres, whilst no participants had used NHS 111 or the GP out-of-hours service.
- In terms of the proposal for the Urgent Care Centre, five participants indicated that it met their needs, whilst four participants felt that it only partially met their needs. These individuals emphasised the importance of having accessible local services and the reliance they have on Shiremoor Paediatric Minor Injuries: *"Shiremoor is very handy when I am working"*.
- With regards to scenarios 1 and 2, having a single North Tyneside Urgent Care Centre, four participants indicated that the proposal met their needs, whilst two individuals felt it only partially met their needs and three not at all. Concerns were raised about the distance they would have to travel to the Centre, especially as many had young children: *"Needs to be more local as a non-driver with children it is sometimes a problem getting there"*. There were concerns that the proposals would lead to an influx of people using their GP, as people would not be able to travel to the Centre: *"Too far to go would rather ring my GP"*. On the other hand, one individual liked the idea of Battle

Hill being open 24/7, indicating that it was an improvement upon the current service provision.

- In terms of scenarios 3 and 4, having a single North Tyneside Urgent Care Centre supported by three locality-based minor ailments services located throughout North Tyneside, five participants felt the proposals met their needs, whilst two felt that it only partially met their needs and two felt it did not meet their needs at all. Concerns with regards to the proposals related to the location of the services, with those who felt the options either only partially or did not meet their needs indicating that the Centre and supporting minor ailment services would be difficult for them to access, and this would result in them having to rely on their GP practice more: *“Would love it to be more local for when I have small children with me I can’t get to the others easily – the service at Shiremoor is ideal for us”*. It was also felt that providing local people with choices about where to go would cause confusion.
- The majority of the pregnancy and maternity group selected North Tyneside General Hospital (Rake Lane) as their preferred location (7 participants), whilst one individual chose Battle Hill and one provided an ‘other’ option of Shiremoor. The proximity of the service to where they lived was the main reason for their selections (6 participants), and to a lesser extent the ease at which they can get to the service by car or public transport (3 participants for each factor). The one individual who chose Battle Hill indicated that this was due to the free parking.
- Additional issues were raised by the participants in terms of their concerns about the closure of Shiremoor Paediatric Minor Injuries, how they would travel to and from the Urgent Care Centre (i.e. the availability of public transport), whether or not the building at Battle Hill would be big enough to hold the Urgent Care Centre, and whether there would be adequate parking provisions at the site.

Table 18 shows participants’ rankings of the different scenarios; as can be seen Scenario 1 (highlighted in green) was the preferred option for these participants, with Scenario 4 being the least preferred (highlighted in red).

Table 18. Participants’ rankings of the different scenarios (a ranking of 1 being given to the scenario that they agree with the most, and 4 being given to the scenario that they agree with the least) (N=9)

Scenario	1	2	3	4
1. A single North Tyneside Urgent Care Centre based at North Tyneside General Hospital	67%	22%	11%	0%
2. A single North Tyneside Urgent Care Centre based at Battle Hill	11%	11%	44%	33%
3. A single North Tyneside Urgent Care Centre based at North Tyneside General Hospital supported by locality based minor ailments services in three other areas	22%	33%	33%	11%

4. A single North Tyneside Urgent Care Centre based at Battle Hill supported by locality based minor ailments services in three other areas	0%	33%	11%	56%
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In addition to the focus groups conducted by the CHCF, 23 individuals participated in engagement events conducted by Healthwatch North Tyneside. Unfortunately, due to the different data capturing methods used by Healthwatch it was not possible to combine the responses captured by the two organisations, and hence feedback has been analysed separately. The following provides an overview of the key themes and findings that emerged from the consultation with parents and carers of children under the age of four years, conducted by Healthwatch (23 participants):

- The majority of participants chose scenario 1, a single North Tyneside Urgent Care Centre based at North Tyneside General Hospital, as their preferred option for the future delivery of urgent care services (43%: Table 19). These individuals commented upon the familiarity and size of the site and the adequate parking provisions, as well as the ability to access hospital services/facilities including a wider range of specialist health professionals. For many it was commented that the location was 'easier to get to (than Battle Hill)', however this was very dependent on where participants lived, whether they had access to a car, and whether they considered the public transport to the location to be good/efficient. Disadvantages of the scenario included parking charges, difficulty in accessing the site, and negative past experiences.
- Just 4% chose scenario 2, a single North Tyneside Urgent Care Centre based at Battle Hill, as their preferred option. These individuals felt that this would be the easiest service for them to access in terms of driving and public transport. However, concerns raised amongst others included staffing shortages, limited parking facilities, poor public transport, and not having access to hospital services/facilities for more urgent conditions.
- A small number of participants questioned whether just having one service would be sufficient to cope with demand, and what impact this would have on waiting times.
- A slightly greater proportion of participants showed a preference for scenario 3 (a single North Tyneside Urgent Care Centre based at North Tyneside General Hospital supported by locality based minor ailments services) as opposed to scenario 4 (a single North Tyneside Urgent Care Centre based at Battle Hill supported by locality based minor ailments services) (26% & 17%, respectively). These individuals felt that having locality based minor ailments services would provide more local options for residents, however it was emphasised that it would have to be clear as to what constitutes a 'minor ailment' and what facilities/expertise are available at each location. A number of people highlighted which locality would be easier for them to attend; for example, participants in the focus group conducted in Killingworth unsurprisingly commented upon the ease at which they could access the service based at Killingworth. In contrast,

those who were opposed to these options felt that having different choices for patients would be confusing.

Additional themes/comments emerging from the consultation with parents and carers included:

- The importance of being seen promptly; parents can become quite anxious about their child's health, as well as children also being a 'nightmare' when waiting to be seen
- Having a 24/7 service that could be accessed by all age groups was viewed favourably by many, as was the ability to book appointments at the service, as it can be difficult to wait with young children
- A large number of participants commented upon past experiences in which they were redirected from service to service, and the frustration and expense that this can cause
- Many expressed concerns with the distance and cost of travelling to the NSECH at Cramlington
- It was felt essential that the new service is widely promoted so people know 'what everything is and where' to aid public understanding and clarify any confusion
- Suggested methods of publicity included: outdoor advertising on billboards, local media (radio & newspapers), leaflet drops, social media, phone apps, and leaflets and posters in GP waiting rooms

Table 19 Participants' rankings of the different scenarios (N=23) Note: The green and red indicators have been used to show their most popular (green) and least preferred (red) options

Scenario	Preferred option
1. A single North Tyneside Urgent Care Centre based at North Tyneside General Hospital	43%
2. A single North Tyneside Urgent Care Centre based at Battle Hill	4%
3. A single North Tyneside Urgent Care Centre based at North Tyneside General Hospital supported by locality based minor ailments services in three other areas	26%
4. A single North Tyneside Urgent Care Centre based at Battle Hill supported by locality based minor ailments services in three other areas	17%
5. No preference / other	10%

9.1.3 Physical disabilities

- Eleven people took part in the 'physical disabilities' focus groups; all individuals were aged between 16 to 65 years, with similar proportions of males and females (6 and 5 participants, respectively).
- The GP practice and the pharmacy were the most frequently used services by these participants in the last six months, with eight and seven participants accessing each service, respectively. The only other services used by these participants were Battle Hill Walk-in service (3 participants) and A&E (2 participants).
- All but two participants perceived that the proposal for the Urgent Care Centre met their needs; the remaining two individuals indicated that it only partially met their needs. Both of these individuals had existing health complications and were concerned about the distance they would have to travel to receive urgent and emergency care: *"I currently live within five minutes from Rake Lane. Now I am a 30-minute drive from Northumbria Hospital, not good for confidence"* and *"I have had strokes so would need A&E"*.
- With regards to scenarios 1 and 2, having a single North Tyneside Urgent Care Centre, all but one participant felt the proposal met their needs. This participant expressed concerns with the Centre being located at Battle Hill as they were unsure where the site was, emphasising the importance of locating the service at Rake Lane due to it being located on the same site as the hospital.
- Furthermore, all but two participants felt that scenarios 3 and 4, having a single North Tyneside Urgent Care Centre supported by three locality-based minor ailments services located throughout North Tyneside, met their needs. It was however commented that the minor ailments services need to be walk-in, not appointment only, and that these services should be available 24/7. One of the participants who felt the scenarios only partially met their needs again expressed their opinion of having the Centre located at Rake Lane, whilst the other did not elaborate further.
- All but one participant chose North Tyneside General Hospital (Rake Lane) as their preferred location for the Urgent Care Centre; this was mainly due to the ease at which participants could access the service by car (8 participants), adequate parking provisions (6 participants), public transport provisions (5 participants) and the proximity of the location to where the individuals lived (3 participants). The one individual who selected Battle Hill indicated that this was the closest location to where they lived.
- It was felt important by the participants for the CCG to consider whether the site at Battle Hill is large enough to hold the Urgent Care Centre and whether there would be adequate parking. With regards to having the Centre located at Rake Lane, one participant commented that the parking should be free. Furthermore, there were concerns that having an Urgent Care Centre as well as minor ailment services might confuse people, with some participants also questioning the cost effectiveness of this proposal. It was emphasised that it needs to be clearly publicised to the general public when a decision is made.



Table 20 shows participants' rankings of the different scenarios, with scenario 1 being the most preferred option amongst these individuals (highlighted in green) and scenario 2 the least popular (highlighted in red).

Table 20. Participants' ranking of the different scenarios (a ranking of 1 being given to the scenario that they agree with the most, and 4 being given to the scenario that they agree with the least) (N = 11)

Scenario	1	2	3	4
1. A single North Tyneside Urgent Care Centre based at North Tyneside General Hospital	73%	9%	18%	0%
2. A single North Tyneside Urgent Care Centre based at Battle Hill	9%	18%	18%	55%
3. A single North Tyneside Urgent Care Centre based at North Tyneside General Hospital supported by locality based minor ailments services in three other areas	18%	55%	18%	9%
4. A single North Tyneside Urgent Care Centre based at Battle Hill supported by locality based minor ailments services in three other areas	0%	18%	45%	37%

9.1.4 Blind or partially sighted

- A total of twenty-four individuals who were blind or partially sighted took part in the focus groups; fifteen females and nine males, all aged over 36 years.
- The greatest proportion of individuals reported using the GP practice in the last six months (20 participants accessing the service either once, 2-3 times or 4-6 times). The number of participants who reported using A&E and the pharmacy either once (7 participants) or 2-3 times (5 participants) were equal for each health provision. The least frequently used services were the GP out-of-hours service and Shiremoor Paediatric Minor Injuries, with no participants accessing these services in the last six months, as well as services in the community, with just one participant using this service once.
- In terms of the proposal for an Urgent Care Centre, the majority indicated that they felt the proposal met their needs, with just three participants indicating that it didn't. These individuals questioned whether there would be a blind specialist at the Centre, as they are not always given the correct clinician or consultant.
- In terms of scenarios 1 and 2, having a single North Tyneside Urgent Care Centre, fifteen participants indicated that the proposal met their needs, whilst eight indicated that it only partially met their needs, and one indicated that it did not meet their needs at all. The majority of concerns about the proposal related to having the Centre located at Battle Hill, with individuals questioning the size of the site and the distance they would have to travel to access the service. Furthermore,

participants highlighted that North Tyneside General Hospital (Rake Lane) is much easier for them to travel to, has all the facilities needed, and is a much more familiar location for them to use considering their disability: *“I’m blind and I know how to get to and around Rake Lane, it would be very difficult for me to get to Battle Hill”*. The one individual who felt the proposal did not meet their needs felt that there should be more than one Centre available.

- With regards to scenarios 3 and 4, having a single North Tyneside Urgent Care Centre supported by three locality-based minor ailments services located throughout North Tyneside, the majority indicated that they felt the proposal met their needs, with just two participants indicating that it didn’t. Both of these individuals commented upon the cost effectiveness of the proposal, indicating that although they perceived the proposal to meet their needs it was not practical because of the costs involved (i.e. staffing). One individual commented that the proposed structure would be too confusing for the blind community to remember, given that they are unable to read written information.
- All but two participants indicated that the Urgent Care Centre should be based at North Tyneside General Hospital (Rake Lane). All participants indicated that their selection was due to the location being closest to where they lived, and to a lesser extent the ease at which they could travel to the location by car or public transport (16 & 19 participants, respectively). Furthermore, additional comments were made with regards to the public transport to Battle Hill being very poor and the blind community needing helping with transport.
- Further issues with regards to staffing were raised by participants, whether there would be adequate staffing and whether staff would speak good English, as consultations are more difficult for blind people as they cannot see their notes.

Table 21 shows participants’ rankings of the different scenarios; as can be seen scenario 1 (green) was the preferred option for these participants, with scenarios 2 and 4 being the least preferred (i.e. the Battle Hill location) (red).

Table 21. Participants’ ranking of the different scenarios (a ranking of 1 being given to the scenario that they agree with the most, and 4 being given to the scenario that they agree with the least) (N=24)

Scenario	1	2	3	4
1. A single North Tyneside Urgent Care Centre based at North Tyneside General Hospital	92%	0%	8%	0%
2. A single North Tyneside Urgent Care Centre based at Battle Hill	8%	0%	46%	46%
3. A single North Tyneside Urgent Care Centre based at North Tyneside General Hospital supported by locality based minor ailments services in three other areas	0%	92%	0%	8%
4. A single North Tyneside Urgent Care Centre based at Battle Hill supported by locality based minor	0%	8%	46%	46%

9.1.5 Mental health

- Twenty-three participants took part in the focus groups; thirteen males and ten females all aged over 16 years.
- The GP practice was the most frequently accessed service by participants, with thirteen participants accessing this service in the last six months, either once or 2-3 times (8 and 5 participants, respectively). Other frequently accessed services were Rake Lane and Battle Hill Walk-in service (10 and 7 participants, respectively, accessing the service either once or 2-3 times). Furthermore four participants reported using A&E, three participants the pharmacy and two participants' reported using services in the community. No participants reported using Shiremoor Paediatric Minor Injuries, NHS 111 or the GP out-of-hours service.
- In terms of the proposal for an Urgent Care Centre, the slight majority (eleven participants) indicated that the proposal only partially met their needs, whilst nine participants indicated that the proposal met their needs and three that it did not meet their needs at all. The majority of concerns regarding the proposal related to how mental health services would be integrated into the model; for example, whether the Mental Health Crisis Team would be part of the Urgent Care Centre, whether it would deal with mental health problems, and whether or not a mental health crisis would be classed as an emergency. In addition, a small number felt the proposal wouldn't save money: *"This is plastering over the gaps"* and *"It won't save money and by the time it does things will change again"*.
- In terms of scenarios 1 and 2, having a single North Tyneside Urgent Care Centre, a slightly greater proportion indicated that the proposals did not meet their needs (eleven participants), whilst equivalent proportions indicated that the proposals either met their needs or only partially met their needs (6 participants each). Concerns with regards to the proposals related to whether the Centre would be too overcrowded with patients and that the staff will be overworked, that Rake Lane is not being a central location, and that neither of the proposed sites are near a metro station.
- With regards to scenarios 3 and 4, having a single North Tyneside Urgent Care Centre supported by three locality-based minor ailments services located throughout North Tyneside, the majority indicated that proposals did not meet their needs (14 participants). Furthermore, similar proportions stated that the proposals either met their needs or only partially met their needs (5 and 4 participants, respectively). Participants expressed concerns that having a number of options about where to go would be too confusing, especially for people with mental health problems, and would not be cost effective. It was also felt that proposals would 'defeat the object' as people will be referred from the minor ailment services to the Urgent Care Centre

or hospital, as well as duplicate minor ailment services offered by the GP practice.

- Equivalent proportions selected Battle Hill and North Tyneside General Hospital (Rake Lane) as their preferred location for the Urgent Care Centre (11 participants for each site). Furthermore, one participant provided an alternative suggestion of The Green, Wallsend. The main reason for participants' choices were the proximity of the site to where they lived, and to a lesser extent the ease at which they could get to the location by car and public transport. The parking charges at Rake Lane were raised as a concern for many as well as the need to improve public transport to the chosen location.
- Additional comments made during the mental health focus groups related to their concerns about the potential cuts to the Crisis Assessment Team, and the perceived lack of integration of the mental health service in the proposed Urgent Care Centre: *"To think about new health care without mental health provision is ridiculous"*. It was suggested by one participant that the budget for the three minor ailment services should be allocated to mental health services. Participants further emphasised the importance of ensuring that the staff at the Urgent Care Centre are trained in mental health issues to ensure that individuals are not made to feel patronised or disrespected.

Table 22 shows participants' rankings of the different scenarios; as can be seen there was no clear consensus as to which was the most preferred option. Although it would appear that scenario 1 had the highest proportion of participants selecting this as their preferred option (44%), this also had the highest proportion who indicated that it was their least preferred option (52%).

Table 22. Participants' ranking of the different scenarios (a ranking of 1 being given to the scenario that they agree with the most, and 4 being given to the scenario that they agree with the least) (N=23)

Scenario	1	2	3	4
1. A single North Tyneside Urgent Care Centre based at North Tyneside General Hospital	44%	4%	0%	52%
2. A single North Tyneside Urgent Care Centre based at Battle Hill	35%	17%	0%	48%
3. A single North Tyneside Urgent Care Centre based at North Tyneside General Hospital supported by locality based minor ailments services in three other areas	4%	44%	52%	0%
4. A single North Tyneside Urgent Care Centre based at Battle Hill supported by locality based minor ailments services in three other areas	17%	35%	48%	0%

9.1.6

9.1.7 Gender

- Twenty-one participants took part in the focus groups; fifteen females and six males.
- The GP practice and the pharmacy were the most frequently accessed health provisions, with sixteen participants accessing each of the services in the last six months. Usage of Battle Hill Walk-in service was also relatively high with eight participants accessing this service either once or 2-3 times (5 and 3 participants, respectively). Very small numbers had accessed A&E (3 participants), NHS 111 (3 participants), Rake Lane Walk-in service (1 participant) and Shiremoor Paediatric Minor Injuries (1 participant).
- In terms of the proposal for an Urgent Care Centre, seventeen participants perceived the proposal to meet their needs, whilst three felt that it only partially met their needs, and one that it did not meet their needs at all. All of those who raised concerns with the proposal were female. Those who felt the proposal either did not or only partially met their needs were concerned about the length of time it would take to travel to the Urgent Care Centre (and the associated costs) if the Centre was not local to where they lived: *"I would not call it Urgent Care if it takes two hours to get there"*. In addition, individuals questioned whether there would be x-ray facilities at the Centre.
- In terms of scenarios 1 and 2, having a single North Tyneside Urgent Care Centre, whilst the majority felt that the scenarios would meet their needs (16 participants), four felt that it would only partially meet their needs and one felt it would not meet their needs at all. Again, all of the individuals who had concerns with the proposals were female. Issues were raised about the difficulty they and other local people would have in traveling to the Centre, especially for those who do not have access to a car, indicating that it would be easier for them to access their GP practice: *"It is difficult to get from Wallsend to Rake Lane by public transport – it is one hour each way, too impersonal"* and *"unless it is local based it won't meet all the community's needs"*.
- With regards to scenarios 3 and 4, having a single North Tyneside Urgent Care Centre supported by three locality-based minor ailments services located throughout North Tyneside, the majority indicated that the proposals met their needs (18 participants). However, two individuals felt that they only partially met their needs and one not at all (again, all of these individuals were female). One female participant expressed strong objections to the proposal with regard to the difficulty that some families will have in travelling to the Urgent Care Centre, mainly in terms of the cost of public transport or taxis, resulting in inequality of access: *"Many families on benefits or with a low income do not have money set aside in case they need to travel a distance to receive urgent care"*.
- The majority of participants selected North Tyneside General Hospital (Rake Lane) as their preferred location for the Urgent Care Centre (seventeen participants). The main reasons for their choices were the ease at which they can get to the location by car (12 participants), the



proximity of the service to where they lived (7 participants), and the ease at which they could use public transport to get to the service (5 participants). Furthermore, a number of individuals from each focus group highlighted the advantages of having the Urgent Care Centre located at North Tyneside General Hospital in terms of access to other services and departments, the cost effectiveness of already having a walk-in centre located on the site, and the familiarity of the location to local people: *“People in North Tyneside are familiar with Rake Lane so will not be confused by the location, particularly older people”*.

- In contrast, four participants felt the service should be located at Battle Hill. All of these individuals indicated that this was due to the proximity of the service to where they lived, the ease at which they could get to the service, and the free parking provisions. One individual expressed strong concerns with regards to closing the walk-in service at Battle Hill as it was felt to be unfair on those individuals who rely on the service, putting people at risk of not being able to receive the best service available.
- Additional comments made by participants related to the need to improve public transport to Rake Lane i.e. by providing a more frequent bus service, reducing the parking charges at Rake Lane, and making the availability of GP emergency appointments more transparent – especially on practice websites.
- Table 23 shows participants’ rankings of the different scenarios; as can be seen scenario 1 was the preferred option for these participants (green), with scenario 4 being the least preferred (red).

Table 23. Participants’ ranking of the different scenarios (a ranking of 1 being given to the scenario that they agree with the most, and 4 being given to the scenario that they agree with the least) (N=21)

Scenario	1	2	3	4
1. A single North Tyneside Urgent Care Centre based at North Tyneside General Hospital	52%	10%	24%	14%
2. A single North Tyneside Urgent Care Centre based at Battle Hill	24%	14%	24%	38%
3. A single North Tyneside Urgent Care Centre based at North Tyneside General Hospital supported by locality based minor ailments services in three other areas	29%	33%	24%	14%
4. A single North Tyneside Urgent Care Centre based at Battle Hill supported by locality based minor ailments services in three other areas	0%	38%	29%	33%

9.1.8

9.1.9 Sexual Orientation

- Seven participants took part in the focus group; four females and three males all aged over 16 years.
- The GP practice and the pharmacy were the most frequently accessed health provisions, with four and five participants respectively accessing these services over the last six months. A small number had accessed A&E (2 participants), Battle Hill Walk-in service (2 participants), Rake Lane Walk-in service (2 participants) and NHS 111 (2 participants), either once or 2-3 times. No participants reported using the services in the community, Shiremoor Paediatric Minor Injuries or the GP out-of-hours service.
- In terms of the proposal for an Urgent Care Centre, five participants perceived the proposal to meet their needs whilst two felt that it did not. These individuals commented upon the proposal questioning how there will be 'simple access to a GP' when there aren't currently enough appointments and that patients should be seen immediately not through an appointment system: "*It is a fiscally flawed plan*".
- In terms of scenarios 1 and 2, having a single North Tyneside Urgent Care Centre, three participants felt the proposal met their needs, whilst two felt that it only partially met their needs and two not meet their needs at all. Those who felt that the scenarios only partially or did not meet their needs highlighted the difficulty of accessing both locations by public transport and questioned whether it would be free to park at Rake Lane if the Urgent Care Centre was located there.
- With regards to scenarios 3 and 4, having a single North Tyneside Urgent Care Centre supported by three locality-based minor ailments services located throughout North Tyneside, four participants indicated that the proposals met their needs, stating that these options were better than scenarios 1 and 2. However, one individual felt that they only partially met their needs and two not at all. Those who had concerns with the scenarios perceived that the current provision was more than adequate to meet peoples' needs: "*Nothing's broken – don't try and fix it*" and that by giving people the option of where to go will cause confusion.
- The majority of participants selected North Tyneside General Hospital (Rake Lane) as their preferred location for the Urgent Care Centre (6 participants). The main reasons for their choices were the proximity of the service to where they lived (6 participants), the ease at which they can get to the location by car and by public transport (4 and 2 participants, respectively) and the adequate parking provisions (5 participants). The one individual who selected Battle Hill indicated that this was due to the site being closest to where they lived.
- It was commented that if these changes are to go ahead there needs to be adequate public transport to the Centre and consideration of the parking charges at Rake Lane. Furthermore, it was highlighted that walk-in centres are generally not young-person friendly and that the staff at the new Urgent Care Centre need to be trained in respecting young people.

Table 24 shows participants' rankings of the different scenarios; as can be seen scenario 1 was the preferred option for these participants (green), with scenario 2 being the least preferred (red).

Table 24. Participants' ranking of the different scenarios (a ranking of 1 being given to the scenario that they agree with the most, and 4 being given to the scenario that they agree with the least) (N=7)

Scenario	1	2	3	4
1. A single North Tyneside Urgent Care Centre based at North Tyneside General Hospital	72%	0%	14%	14%
2. A single North Tyneside Urgent Care Centre based at Battle Hill	0%	0%	28%	72%
3. A single North Tyneside Urgent Care Centre based at North Tyneside General Hospital supported by locality based minor ailments services in three other areas	28%	72%	0%	0%
4. A single North Tyneside Urgent Care Centre based at Battle Hill supported by locality based minor ailments services in three other areas	0%	28%	72%	0%

9.1.10 Black and ethnic minority groups

- Two participants took part in the focus group; two black British females aged 46-55 years.
- The GP practice and the pharmacy were the only services accessed by these individuals in the last six months, both using the GP practice once and the pharmacy 4-6 times.
- Both participants felt the proposal for an Urgent Care Centre met their needs.
- In terms of scenarios 1 and 2, having a single North Tyneside Urgent Care Centre, both participants felt the proposals met their needs.
- With regards to scenarios 3 and 4, having a single North Tyneside Urgent Care Centre supported by three locality-based minor ailments services located throughout North Tyneside, both participants indicated that the proposals met their needs.
- Both participants selected Battle Hill as their preferred location for the Urgent Care Centre; this was due to the site being closest to where they lived, the ease at which they could get to the location by car, and the free parking provisions.
- It was commented that if these changes are to go ahead there needs to be easy-to-understand information that enables people to make an informed choice about what service to attend, as well as steps taken to ensure that GPs and other health professionals are able to communicate with people who do not speak very good English.

Table 25 shows participants' rankings of the different scenarios; as can be seen scenario 1 was the least preferred option for these participants (red), with scenario 4 being the most preferred (green).

Table 25. Participants' ranking of the different scenarios (a ranking of 1 being given to the scenario that they agree with the most, and 4 being given to the scenario that they agree with the least) (N=2)

Scenario	1	2	3	4
1. A single North Tyneside Urgent Care Centre based at North Tyneside General Hospital	0%	0%	0%	100%
2. A single North Tyneside Urgent Care Centre based at Battle Hill	0%	100%	0%	0%
3. A single North Tyneside Urgent Care Centre based at North Tyneside General Hospital supported by locality based minor ailments services in three other areas	0%	0%	100%	0%
4. A single North Tyneside Urgent Care Centre based at Battle Hill supported by locality based minor ailments services in three other areas	100%	0%	0%	0%

9.1.11 Older people

- A total of thirteen participants took part in the focus groups; nine females and four males all aged over 56 years.
- The GP practice was the most frequently accessed health provision by participants, with all but one participant using this service in the last six months. The majority had used this service 2-3 times (9 participants). The pharmacy and Rake Lane Walk-in service were the second and third most frequently accessed services, however only three participants reported using each of these services in the last six months. Very few participants reported using A&E (2 participants), services in the community (1 participant) and the GP out-of-hours service (1 participant).
- In terms of the proposal for an Urgent Care Centre, all but one participant felt the proposal met their needs. The remaining participant who felt the proposal only partially met their needs felt that the Urgent Care Centre should treat all non-emergency ailments. It was emphasised by participants that there needs to be efficient public transport to the Centre.
- In terms of scenarios 1 and 2, having a single North Tyneside Urgent Care Centre, all participants indicated that the scenarios met their needs. It was however suggested that there should be free parking at Rake Lane if this was the chosen site, as well as improvements in public transport.

- With regards to scenarios 3 and 4, having a single North Tyneside Urgent Care Centre supported by three locality-based minor ailments services located throughout North Tyneside, all but one participant felt the proposals met their needs. The remaining participant who indicated that these scenarios only partially met their needs felt that they were 'very confusing'. A small number of participants questioned the cost of the proposals.
- The majority of participants selected North Tyneside General Hospital (Rake Lane) as their preferred location for the Urgent Care Centre (12 participants). The main reasons for their choices were the proximity of the service to where they lived (11 participants), the ease at which they can get to the location by car (7 participants) and to a lesser extent adequate parking provisions (2 participants). In addition, a number of individuals perceived that Rake Lane was the most central location for everyone, as well as having the benefit of being located next to the hospital. The one individual who selected Battle Hill indicated that this was due to the site being closest to where they lived, the ease at which they could get to the location by car and public transport, and the free parking provision.
- It was felt that if these changes are to go ahead there needs to be consideration of the parking charges at Rake Lane, as well as ensuring that the materials used to promote the changes are kept as simple as possible in order to help people understand.

Table 26 shows participants' rankings of the different scenarios; as can be seen scenario 1 was the preferred option for these participants (green), with scenario 2 being the least preferred (red).

Table 26. Participants' ranking of the different scenarios (a ranking of 1 being given to the scenario that they agree with the most, and 4 being given to the scenario that they agree with the least) (N=13)

Scenario	1	2	3	4
1. A single North Tyneside Urgent Care Centre based at North Tyneside General Hospital	86%	7%	0%	7%
2. A single North Tyneside Urgent Care Centre based at Battle Hill	7%	0%	0%	93%
3. A single North Tyneside Urgent Care Centre based at North Tyneside General Hospital supported by locality based minor ailments services in three other areas	7%	86%	7%	0%
4. A single North Tyneside Urgent Care Centre based at Battle Hill supported by locality based minor ailments services in three other areas	0%	7%	92%	0%

In addition, a number of comments made by individuals during engagement events conducted by Healthwatch North Tyneside, with regards to the delivery of urgent

care services in North Tyneside, were provided for inclusion. Key themes that emerged from the data, included:

- Patients had mixed perceptions of the service delivered by their GP practice; for example, whilst one individual emphasised the difficulty they have in making a GP appointment, others commented upon how helpful and accommodating their GP practice was, perceiving that the health professionals always have time to listen to their concerns and that they never feel rushed.
- Patients also had mixed experiences of the NHS 111 service; for example, whilst one individual described the service as 'excellent' after receiving help with a repeat prescription at the weekend, others commented upon being incorrectly signposted to the wrong service and the lack of local knowledge that call operators have, after the patient was directed to a service a good distance from their home when closer, alternate provisions were available.
- There was an evident discrepancy in the experience and service received at different walk-in centres. For example, whilst one individual stated that he/she had been refused a repeat prescription at Battle Hill Walk-in Centre but was subsequently able to obtain the same prescription from Benfield Walk-in Centre, another commented upon the 'exceptional' service that they had received from the staff at Battle Hill Walk-in Centre.
- It was perceived that more walk-in centres will help to relieve the pressure placed on emergency care services.

9.1.12 Gender reassignment

- One participant attended the gender reassignment focus group; a white female aged 46-55 years.
- The GP practice and the pharmacy were the only services accessed by this individual in the last six months. This individual had accessed the GP practice 2-3 times and the pharmacy just once.
- This individual indicated that the proposal for the Urgent Care Centre only partially met their needs, this was due to the concerns they had about how effective and efficient the appointment system would be: *"Is it a way of meeting targets re waiting times?"*
- In terms of scenarios 1 and 2, having a single North Tyneside Urgent Care Centre, again this participant felt the proposals only partially met their needs. This individual raised a number of concerns with regards to whether the service would be able to cope with the demand of only having one point of access for urgent care, as well as issues relating to public transport and parking provisions.
- With regards to scenarios 3 and 4, having a single North Tyneside Urgent Care Centre supported by three locality-based minor ailments services located throughout North Tyneside, again the individual indicated that the scenarios only partially met their needs. The individual commented that although the proposals appear to offer

flexibility in terms of being seen locally as well as reducing pressure on the Urgent Care Centre, this would only happen if the minor ailments services had similar opening hours.

- The participant selected Rake Lane as their preferred location for the Urgent Care Centre, this was due to the ease at which they could get to the site by car and public transport, as well as the perceived adequate parking provisions.
- It was commented that if these changes are to go ahead the parking charges at Rake Lane need to be considered, as well as the existing transport links. Furthermore, the individual expressed the importance of waiting times and appointment allocation at the Urgent Care Centre, suggesting that alternative methods of booking appointments are needed, such as ringing triage directly for an appointment time.

Table 27 shows the participants' rankings of the different scenarios; as can be seen scenario 1 was the most preferred (green), with scenario 2 being the least preferred (red).

Table 27. Participants' ranking of the different scenarios (a ranking of 1 being given to the scenario that they agree with the most, and 4 being given to the scenario that they agree with the least) (N=1)

Scenario	1	2	3	4
1. A single North Tyneside Urgent Care Centre based at North Tyneside General Hospital	100%	0%	0%	0%
2. A single North Tyneside Urgent Care Centre based at Battle Hill	0%	0%	0%	100%
3. A single North Tyneside Urgent Care Centre based at North Tyneside General Hospital supported by locality based minor ailments services in three other areas	0%	100%	0%	0%
4. A single North Tyneside Urgent Care Centre based at Battle Hill supported by locality based minor ailments services in three other areas	0%	0%	100%	0%

9.1.13 Religion

- Thirty individuals took part in the religion focus group. All were males and were aged between 16-75 years, with the majority (53%) being in the 46-55 years age-bracket.
- In terms of usage of health provisions in the last six months, the Walk-in Centre at Rake Lane was the most frequently accessed, with seven participants accessing this service. None, however, had accessed Battle Hill Walk-in Centre. The pharmacy and the GP surgery (6 & 5 participants, respectively) were the next most frequently accessed services over this timeframe.
- All participants perceived that the proposal for the Urgent Care Centre met their needs.

- With regards to scenarios 1 and 2, having a single North Tyneside Urgent Care Centre, all participants felt that the proposal met their needs. It was commented that Rake Lane is the 'only option' due to already being a hospital.
- Five participants felt that scenarios 3 and 4, having a single North Tyneside Urgent Care Centre supported by three locality based minor ailments services located throughout North Tyneside, met their needs. The remaining twenty-five participants felt that it only partially met their needs. These participants indicated that it would be too confusing to have four separately-located services.
- All participants selected Rake Lane at North Tyneside General Hospital as their preferred location for the Urgent Care Centre. This was mainly due to the proximity of the service to where they lived (23 participants), the ease at which they could get to the location by public transport or by car (11 and 10 participants, respectively), and to a lesser extent parking provisions (6 participants). It was further commented that Battle Hill is too far away, too small, and that there are inadequate parking provisions.

Table 28 shows participants' ranking of the different scenarios. The green and red indicators have been used to show the most popular (green) and least favoured (red) options among this group.

Table 28. Participants' rankings of the suitability of the different scenarios (a ranking of 1 being given to the scenario that they agree with the most, and 4 being given to the scenario that they agree with the least) (N=30).

Scenario	1	2	3	4
1. A single North Tyneside Urgent Care Centre based at North Tyneside General Hospital	100%	0%	0%	0%
2. A single North Tyneside Urgent Care Centre based at Battle Hill	0%	0%	0%	100%
3. A single North Tyneside Urgent Care Centre based at North Tyneside General Hospital supported by locality based minor ailments services in three other areas	0%	100%	0%	0%
4. A single North Tyneside Urgent Care Centre based at Battle Hill supported by locality based minor ailments services in three other areas	0%	0%	100%	0%

9.2 Appendix two: protected characteristics groups – equalities monitoring data

Protected characteristic	Postcode	Age (years)	Gender	Ethnicity	Disability	Sexuality	Carer
Mental Health (N=23)	NE25 (N=1) NE27 (N=1) NE28 (N=7) NE29 (N=4) NE30 (N=2) No answer (N=8)	16-25 (N=4) 26-35 (N=1) 36-45 (N=1) 46-55 (N=13) 56-65 (N=2) 66-75 (N=1) 75+ (N=1)	Male (N=13) Female (N=10)	White (N=22) Other (N=1)	Yes (N=19) No (N=4)	Heterosexual (N=20) Homosexual (N=3)	No (N=15) No answer (N=8)
Blind (N=24)	NE12 (N=2) NE 25 (N=5) NE26 (N=2) NE27 (N=2) NE28 (N=4) NE29 (N=4) NE30 (N=1) No answer (N=4)	36-45 (N=4) 46-55 (N=3) 56-65 (N=2) 66-75 (N=3) 75+ (N=12)	Male (N=9) Female (N=15)	White (N=24)	Yes (N=24)	Heterosexual (N=24)	No (N=24)
Physical disability (N=11)	NE12 (N=1) NE25 (N=1) NE28 (N=5) NE29 (N=1) NE30 (N=3)	16-25 (N=3) 46-55 (N=2) 56-65 (N=1) 66-75 (N=1) 75+ (N=3) Not disclosed (N=1)	Male (N=6) Female (N=5)	White (N=11)	Yes (N=10) No (N=1)	Heterosexual (N=10) Not disclosed (N=1)	No (N=10) Yes (N=1)
Pregnancy and maternity (N=9) (refers to those participants within the CHCF focus groups only)	NE25 (N=1) NE27 (N=6) NE29 (N=1) No answer (N=1)	26-35 (N=5) 36-45 (N=1) 56-65 (N=2) 66-75 (N=1)	Female (N=9)	White (N=9)	Yes (N=2) No (N=7)	Heterosexual (N=8) Bisexual (N=1)	No (N=7) Yes (N=2)

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Protected characteristic	Postcode	Age (years)	Gender	Ethnicity	Disability	Sexuality	Carer
Young people (N=12)	NE28 (N=10) NE30 (N=1) No answer (N=1)	<16 (N=2) 16-25 (N=9) 36-45 (N=1)	Female (N=12)	White (N=12)	No (N=12)	Heterosexual (N=12)	No (N=12)
Learning Disability (N=15)	NE12 (N=3) NE25 (N=1) NE28 (N=5) NE29 (N=3) NE30 (N=3)	26-35 (N=1) 36-45 (N=3) 46-55 (N=2) 56-65 (N=9)	Male (N=6) Female (N=9)	White (N=15)	Yes (N=15)	Heterosexual (N=15)	No (N=15)
Gender (N=21)	NE12 (N=6) NE24 (N=1) NE25 (N=2) NE26 (N=2) NE27 (N=2) NE28 (N=5) NE29 (N=1) No answer (N=2)	26-35 (N=3) 36-45 (N=3) 46-55 (N=9) 56-65 (N=5) 66-75 (N=1)	Male (N=6) Female (N=15)	White (N=21)	No (N=21)	Heterosexual (N=21)	No (N=18) Yes (N=3)
Sexual Orientation (N=7)	NE25 (N=1) NE28 (N=2) NE29 (N=3) NE30 (N=1)	16-25 (N=3) 36-45 (N=2) 56-65 (N=1) 66-75 (N=1)	Male (N=3) Female (N=4)	White (N=7)	Yes (N=3) No (N=4)	Homosexual (N=3) Bisexual (N=4)	No (N=6) Yes (N=1)
Black and Minority Ethnic Groups (N=2)	NE28 (N=2)	46-65 (N=2)	Female (N=2)	Black British (N=2)	No (N=2)	Heterosexual (N=2)	No (N=2)
Gender Reassignment (N=1)	NE28 (N=1)	46-65 (N=1)	Female (N=1)	White (N=1)	No (N=1)	Not disclosed (N=1)	No (N=1)
Older people (N=13)	NE12 (N=1) NE25 (N=1) NE26 (N=2)	56-65 (N=2) 66-75 (N=7) 75+ (N=4)	Male (N=4) Female	White (N=13)	Yes (N=8) No	Heterosexual (N=12) Not disclosed	No (N=13)

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Protected characteristic	Postcode	Age (years)	Gender	Ethnicity	Disability	Sexuality	Carer
	NE28 (N=2) NE29 (N=5) NE30 (N=2)		(N=9)		(N=5)	(N=1)	
Religion (N=30)	NE25 (N=8) NE26 (N=3) NE27 (N=4) NE29 (N=9) NE30 (N=6)	16-25 (N=2) 26-35 (N=5) 36-45 (N=3) 46-55 (N=16) 56-65 (N=2) 66-75 (N=2)	Male (N=30)	Asian British (N=30)	Yes (N=2) No (N=28)	Heterosexual (N=30)	Yes (N=5) No (N=25)
Total (N=168)	NE12 (N=13) NE24 (N=1) NE25 (N=21) NE26 (N=9) NE27 (N=14) NE28 (N=44) NE29 (N=31) NE30 (N=19) No answer (N=16)	<16 (N=2) 16-25 (N=21) 26-35 (N=15) 36-45 (N=18) 46-55 (N=48) 56-65 (N=26) 66-75 (N=16) 75+ (N=21) Not disclosed (N=1)	Male (N=77) Female (N=91)	White (N=135) Black British (N=2) Asian British (N=30) Other (N=1)	Yes (N=83) No (N=85)	Heterosexual (N=154) Homosexual (N=6) Bisexual (N=5) Not disclosed (N=3)	No (N=148) Yes (N=12) Not disclosed (N=8)