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

Date	Author	Version	Summary of Changes
02/11/15	Helen Fox	0.5	• Updated section 3 • Included the summary information from the pre-engagement in section 5.2 • Included executive summary
23/11/15	Helen Fox	0.6	• Incorporation of feedback from groups including young people, pregnancy and maternity, physical disabilities, blind or partially sighted and mental health in section 4 • Update of methodology section 5.2

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1. Executive summary

To be completed once consultation complete

Emerging themes:

- Ensure that there is a translator within the urgent care centre available for appointment. Briefing needs to be given that the health professional speaks with the patient directly and not the translator
- Public transport concerns accessing Battle Hill
- Questions over whether or not the urgent care centre will deal with mental health problems

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 Hosptial (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
Other ways you can get in touch:		
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)			
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: 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	Evidence from pre-engagement and consultation	Actions to Mitigate/ Opportunities to Promote
Age		Older people: want clinical trained staff for NHS 111 Young people: transport concerns – would like a shuttle bus available throughout NT Young people prefer Rake Lane due to location and parking provisions	
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 Support for mental health conditions is needed all the time – will urgent care centre deal with mental health problems? Physical disability groups - felt met their needs Blind/partially sighted group – RL much easier to travel to and it's a familiar location Mental Health Crisis teams should be	Clarify and ensure appropriate access and facilities at hub

		part of the Urgent Care Centre Mental health groups – feel centre would be overcrowded and too busy and parking charges are a problem	
Gender Reassignment			
Pregnancy And Maternity		Mother's – want clinical trained staff for NHS 111 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 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	
Race			Ensure staff are all appropriately trained in Equality and Diversity
Religion			Ensuring that spoke services include access to a range of chaplaincy services Removes access to prayer facilities/chaplaincy service at Rake Lane site – no such services at Battlehill.
Sex			
Sexual Orientation			
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: 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	Evidence from pre-engagement and consultation	Actions to Mitigate/ Opportunities to Promote
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	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 Support for mental health conditions is needed all the time – will urgent care centre deal with mental health problems? Concerns about public transport getting to Battle Hill Physical disability groups - felt met their needs Blind/partially sighted groups – concerns about size of the site at BH and distance have to travel Mental Health Crisis teams should be part of the Urgent Care Centre Mental health groups – feel centre would be overcrowded and too busy	Clarify and ensure appropriate access and facilities at hub
Gender Reassignment			
Pregnancy And Maternity		Mother's – want clinical trained staff for NHS 111 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 One individual mentioned like the idea of Battle Hill being opened 24/7 as it's an	

		improvement on the current service 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	
Race			Ensure staff are all appropriately trained in Equality and Diversity
Religion			Ensuring that spoke services include access to a range of chaplaincy services Removes access to prayer facilities/chaplaincy service at Rake Lane site – no such services at Battlehill.
Sex			
Sexual Orientation			
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: Positive- e.g. Improves access to services Neutral- e.g. It is an	Evidence from pre-engagement and consultation	Actions to Mitigate/ Opportunities to Promote

	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 but only to the urgent care centre rather than the minor ailments services Young people prefer Rake Lane due to location and parking provisions	
Disability		Ensure English speaking doctors T There needs to be a translator available all of the time and healthcare professionals should speak to the patient not the translator Support for mental health conditions is needed all the time – will urgent care centre deal with mental health problems? Minor ailment services need to be walk-in as well as appointments Blind/partially sighted group – RL much easier to travel to and it's a familiar location. They don't think minor ailment services are practical due to cost Mental Health Crisis teams should be part of the Urgent Care Centre Mental health groups: number of options may be too confusing and parking charges a problem	Clarify and ensure appropriate access and facilities at hub
Gender Reassignment			
Pregnancy And Maternity		Mother's – want clinical trained staff for NHS 111 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 Felt that providing local people with choices about where to go would cause confusion 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	
Race			Ensure staff are all appropriately trained in Equality and Diversity

Religion			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			
Sexual Orientation			
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: 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	Evidence from pre-engagement and consultation	Actions to Mitigate/ Opportunities to Promote
Age		Older people: want clinical trained staff for NHS 111 There needs to be a translator available all of the time and healthcare professionals should speak to the patient not the translator	

		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	
Disability		Ensure English speaking doctors Support for mental health conditions is needed all the time – will urgent care centre deal with mental health problems? Concerns about public transport getting to Battle Hill Minor ailment services need to be walk-in as well as appointments Blind/partially sighted groups – concerns about size of the site at BH and distance have to travel. They don't think minor ailment services are practical due to cost Mental Health Crisis teams should be part of the Urgent Care Centre Mental health groups: number of options may be too confusing	Clarify and ensure appropriate access and facilities at hub
Gender Reassignment			
Pregnancy And Maternity		Mother's – want clinical trained staff for NHS 111 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 Felt that providing local people with choices about where to go would cause confusion 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	
Race			Ensure staff are all appropriately trained in Equality and Diversity
Religion			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			
Sexual Orientation			

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 2016	Analysis of feedback gained
March 2016	Public feedback on what has been heard Public feedback events and publication of feedback report to stakeholders All feedback is published on the CCG website Proactive publicity on the feedback and invitations to feedback sessions.
Late March/early April	Deliberation by decision makers on feedback received from consultation
Early April 2016	CCG Clinical Executive deliberates on scenarios and agree final scenario for recommendation
Mid – late April 2016	Special committee of the CCG Council of Practices considers Clinical Executive recommendation

	CCG Governing Body considers Clinical Executive recommendation
Late April 2016	CCG Clinical Executive approves final option
Late April/May 2016	Decision communicated to stakeholders and the public

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

Within the listening period, the Community Healthcare Forum spoke to 21 groups with protected characteristics.

CHCF intend to get in touch with all of the groups and update them on what has happened as a result and to run the focus groups based on the different scenarios. The planned sessions can be found in appendix one.

Each interested group (Table 3) was provided with a focus group pack which included a discussion guide, a facilitation guide (guidance for the person running the group), and a data monitoring form. The discussion guide was

structured in line with the survey and allowed a more deliberative qualitative discussion to take place.

Table 3: Overview of the 'protected characteristic' groups discussions (groups that have been analysed to date)

Protected characteristic	Discussion Name / Venue	Date	Number of attendees
Blind	Pearey House	20th October 2015	12
	Pearey House	22nd October 2015	12
Young people	Young People's Health & Wellbeing Board	21st October 2015	3
Pregnancy and maternity	Bertram Grange	13th October 2015	9
Physical disability	Physical Disability 2	28th October 2015	4
Mental health	North Tyneside Art Studio	15th October 2015	5
	Places for People	30th October 2015	5
	Mental Health Matters	30th October 2015	5
		Total	**55**

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.

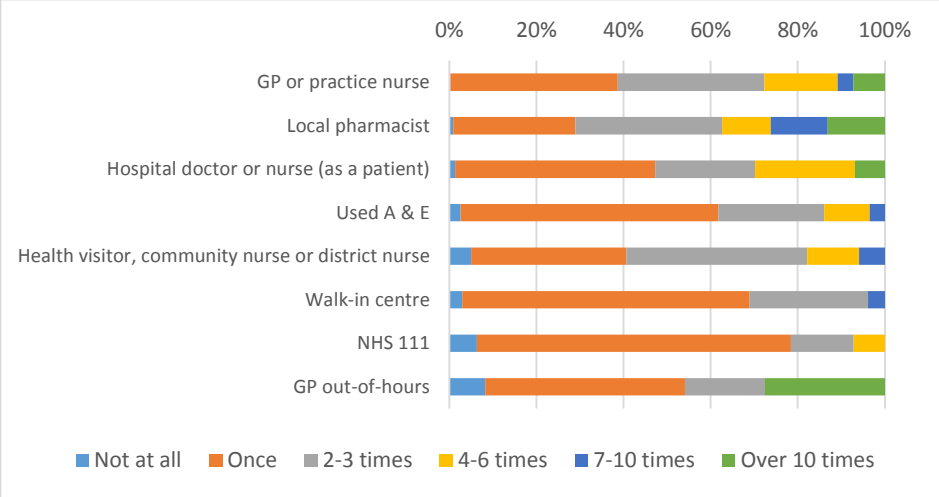
6.2.1 Health seeking behaviours

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

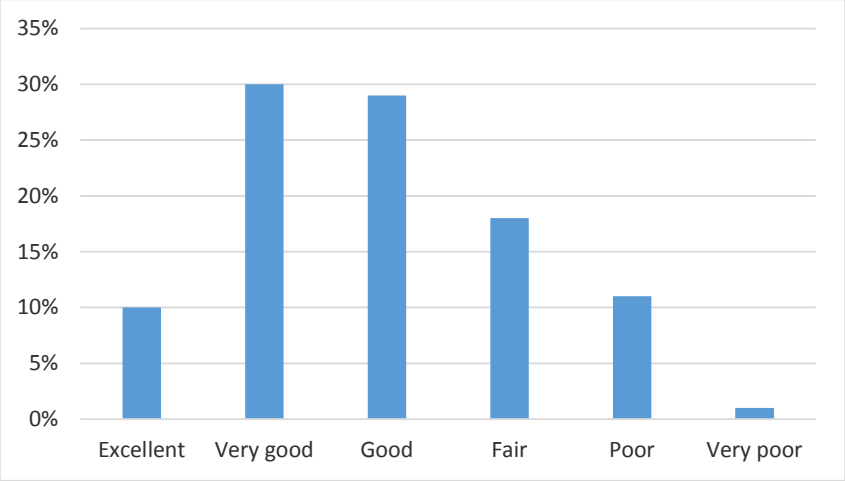
83% using this service within the last 6 months. The majority had done so either just once (32%) or 2-3 times (28%).

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.

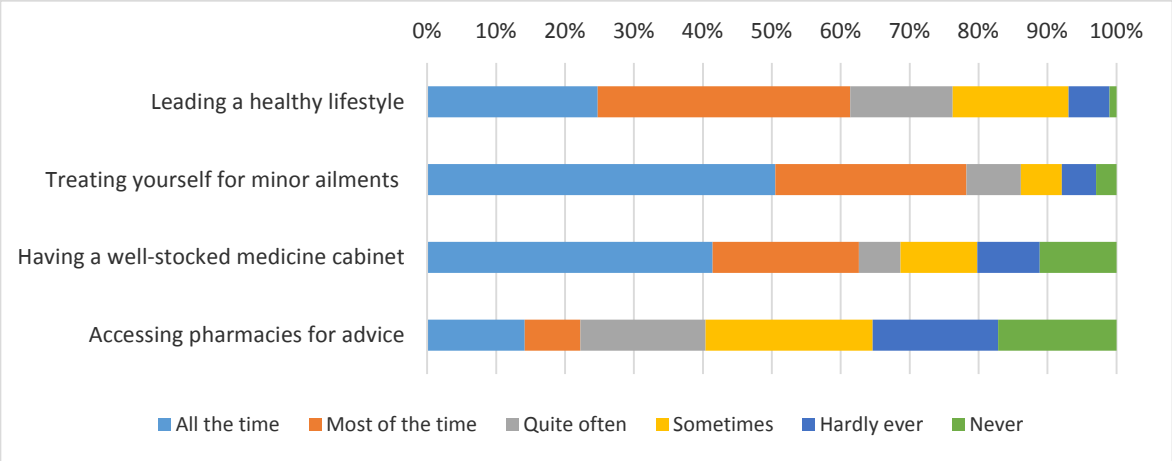


One in ten participants rated their health as being excellent over the previous six months, and a further 30% as very good. Whilst 29% stated their health was good, 18% indicated it was fair, 11% poor and 1% very poor. Ratings of general health were lower among those from hard-to-reach groups compared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



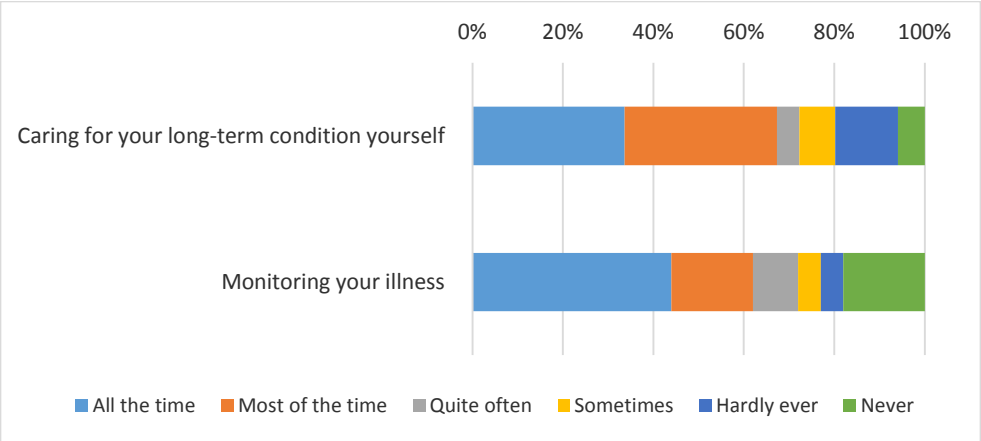
Individuals were asked how often they took an active role in looking after their health in terms of a number of different health behaviours. The majority of individuals indicated that they treat themselves for minor ailments (51% reporting doing this all of the time & 28% most of the time), and a further 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).

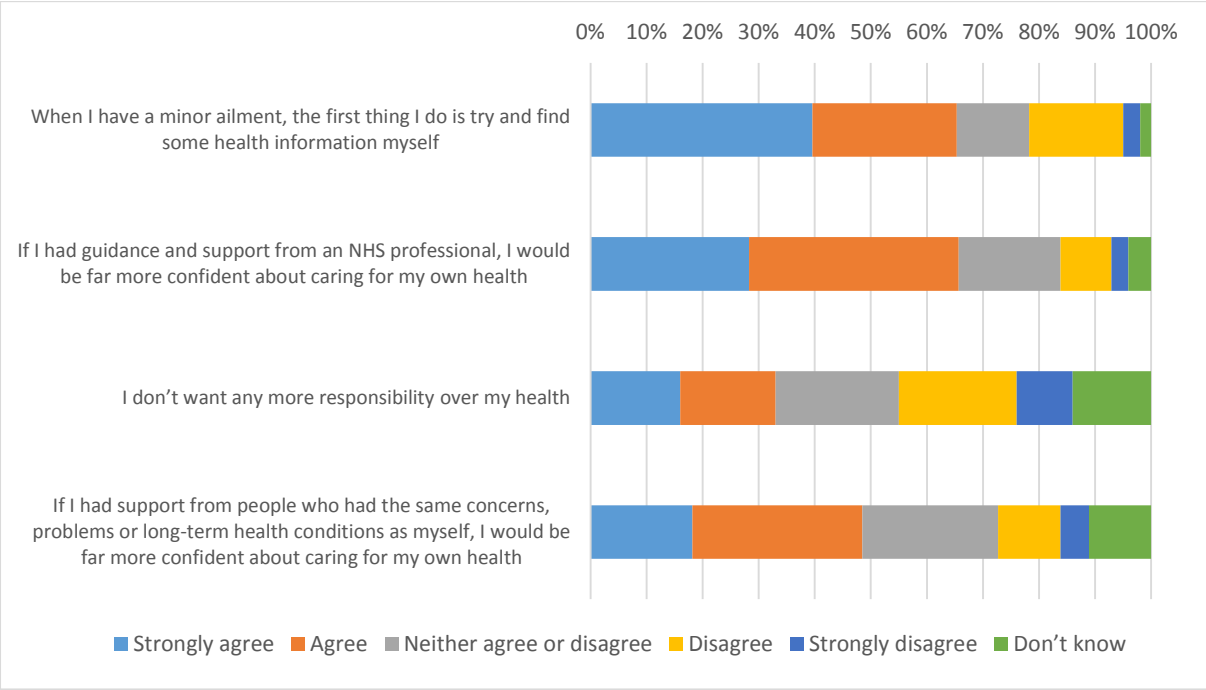


The majority indicated that when they have a minor ailment, the first thing they do is seek health information (40% strongly agreed & 26% agreed). However, 17% disagreed and 3% strongly disagreed with this statement (13% neither agreed nor disagreed and 2% were unsure).

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 4: 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 5: Experiences of pharmacy

Positive comments	Negative comments	General comments
• Excellent idea for those who need it • Reduces time and money due to patients not having to access their GP for a prescription	• 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	• 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 6: Experiences of walk-in centre

Positive experiences	Negative experiences
• Excellent and efficient service • Acceptable waiting times • Useful service when GP is closed • Pleasant attitude of health professionals • Excellent location and parking facilities	• 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

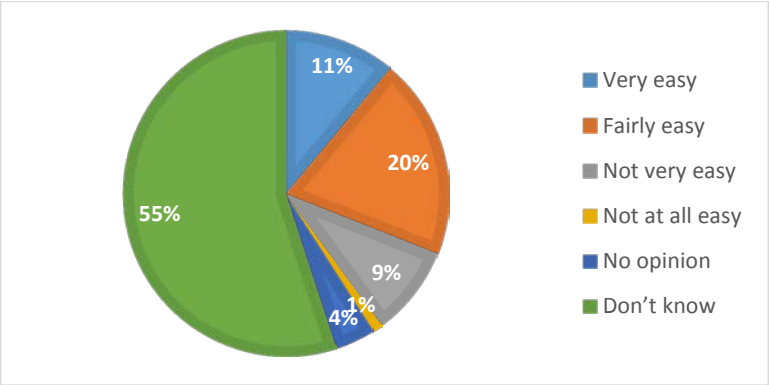
Approximately a third of individuals had attended the walk-in centre due to its convenience (32%). Other reasons included their own GP being closed or the waiting time being too long (20%) and the waiting times of A&E and other facilities being too long (7%). The proportion of those from hard-to-reach 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

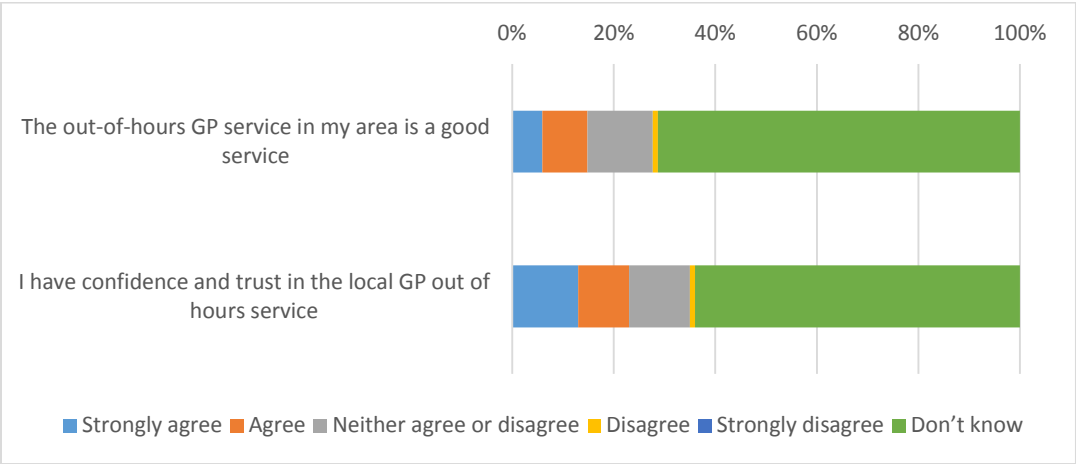
Just over half of the individuals indicated that they are aware of how to contact an out-of-hours GP service when their surgery is closed (52%), compared with 62% of the general public. However, just 15 individuals had done so within the past six months (9%). Of these, nine contacted the service for 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.



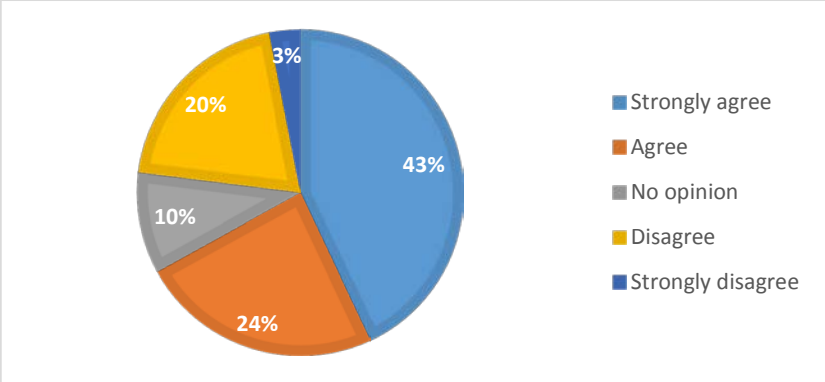
Individuals were asked to show their level of agreement with two statements relating to the GP out-of-hours service. In line with the previous high levels of uncertainty, the majority of individuals indicated that they weren't sure whether the out-of-hours service in their area was good (72%) or whether 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:

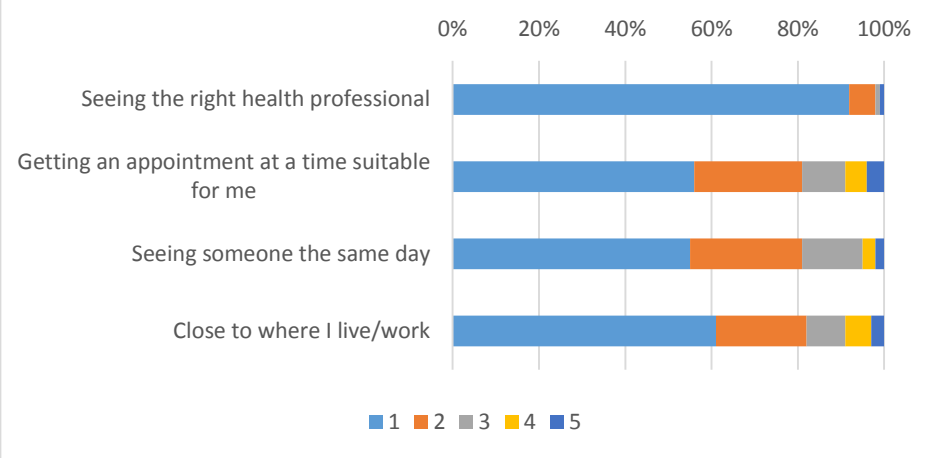
- Charge those who use the service inappropriately or inform them of how much their treatment would cost if they had to pay

- 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 7: Gender at Northumbria FT

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

Table 8: 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 9: 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 10: 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 11: Gender at Newcastle FT

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

Table 12: 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 13: 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 14: 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: meetings organised by Community and Healthcare Forum (CHCF)

- Tuesday 13 October 2015 - 49 Marine Avenue
- Tuesday 13 October 2015 - Parent & Toddler
- Thursday 15 October - Mental Health – NT Art
- Thursday 15 October - Age – Live at Home scheme
- Monday 19 October 2015 - Northumberland Park
- Tuesday 20 October - Blind – Peary House
- Wednesday 21 October 2015 - Lane End Surgery
- Wednesday 21 October - Young Person's Health & Wellbeing Board
- Thursday 22 October - Blind - Peary House
- Wednesday 28 October - Physical Disability
- Thursday 29 October 2015 - Marine Avenue
- Friday 30 October - Mental health Matters
- Friday 30 October - Mental Health – Places for People
- Thursday 12 November 2015 - CCG Patient Forum
- Tuesday 17 November 2015 - Whitley Bay Health Centre
- Tuesday 8 December - Burnside college
- Thursday 10 Dec - CHCF focus group – older people

9.2 Appendix two: reports from meetings

The following section provides a summary of the feedback from the engagement with protected characteristics groups. For equality monitoring purposes, the demographics of all participants is provided in Table 9.

9.2.1 Young people

- Three young people took part in the young person's focus group; all were females and aged under 25 years.
- None of the young people had accessed any health provisions in the last six months.
- All three young people 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, two individuals felt the proposal met their needs whilst one individual felt 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.

- All 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 suggested 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 young people selected Rake Lane at North Tyneside General Hospital as their preferred location for the Urgent Care Centre; this was mainly due to the location being closest to them and the parking provisions.

Table 15 shows participant's ranking of the different scenarios – the green and red indicators have been used to show the most popular and least favoured options among this group.

Table 15: Participant's ranking of the suitability of the different scenarios (1 being the one they most agree with and 4 being the option that they agree with the least) (Note: N=3)

Scenario	1	2	3	4
1. A single North Tyneside Urgent Care Centre based at North Tyneside General Hospital	67%	33%		
2. A single North Tyneside Urgent Care Centre based at Battle Hill				100%
3. A single North Tyneside Urgent Care Centre based at North Tyneside General Hospital supported by locality based minor ailments services in the other three areas	33%	67%		
4. A single North Tyneside Urgent Care Centre based at Battle Hill supported by locality based minor ailments services in the other three areas			100%	

9.2.2 Pregnancy and maternity

- Nine individuals took part in the pregnancy and maternity group; all were females aged between 26 and 75 years. Seven 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 using these services respectively in the last six months. Shiremoor Paediatric Minor Injuries was also frequently used by the females, with five participants reporting using 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 on 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 females selected North Tyneside General Hospital (Rake Lane) as their preferred location (seven 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, and to a lesser extent the ease at which they can get to the service by car or public transport. 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 16 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 16: Participants' rankings of the different scenarios (1 being the one they most agree with and 4 being the option that they agree with the least) (Note: N=9)

Scenario	1	2	3	4
1. A single North Tyneside Urgent Care Centre based at North Tyneside General Hospital	67%	22%	11%	
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 the other three 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 the other three areas		33%	11%	56%

9.2.3 Physical disabilities

- Four people took part in the focus group; all individuals were aged between 16 to 65 years, and the majority were female (three participants).
- Three participants had used the GP practice in the last six months (either once or 2-3 times), two had used the pharmacy (once and 2-3 times) and two the Walk-in service at Battle Hill (both had used the service just once).
- All four 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 four participants felt the proposal met their needs.
- Similarly, all four 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.
- All participants chose North Tyneside General Hospital as their preferred location for the Urgent Care Centre; this was mainly due to parking provisions and to a lesser extent the ease at which participants could access the service by car and public transport.
- 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. Furthermore, there were concerns that having an Urgent Care Centre and minor ailment services might confuse people, with the participants also questioning the cost effectiveness of this proposal.

Table 6 shows participants' rankings of the different scenarios, with Scenario 1 being the preferred option amongst these individuals (highlighted in green) and Scenario 2 the least favourite (highlighted in red).

Table 17: Participant's ranking of the different scenarios (1 being the one they most agree with and 4 being the option that they agree with the least) (Note: N = 4)

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

9.2.4 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 (twenty participants accessing the service either once, 2-3 times or 4-6 times). Similar numbers reported using A&E and the pharmacy either once or 2-3 times (seven & five participants for each health provision, respectively). 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 participant 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 with their disability is a much more familiar location for them to use: “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). The proximity of the service to where they lived, as well as the ease at which they could travel to the location by car or public transport were the main reasons behind participants’ preferences. Furthermore, additional comments were made with regards to the public transport to Battle Hill being very poor.
- 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 18 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 18: Participant’s ranking of the different scenarios (1 being the one they most agree with and 4 being the option that they agree with the least) (Note: N=24)

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

9.2.5 Mental health

- Fifteen participants took part in the focus groups; six females and nine males all aged over 16 years.
- The GP practice was the most frequently accessed service by participants with seven participants accessing this service in the last six months, either once or 2-3 times. Other frequently accessed services were Rake Lane and Battle Hill Walk-in service (six and four participants respectively accessing the service either once or 2-3 times). No participants reported using the pharmacy, services in the community, Shiremoor Paediatric Minor Injuries, NHS 111 or the GP out-of-hours service.
- In terms of the proposal for an Urgent Care Centre, nine participants perceived the proposal to meet their needs whilst three participants felt that it only partially met their needs and three not at all. Those who raised concerns about the proposal questioned whether the Mental Health Crisis Team would be part of the Urgent Care Centre and whether it would deal with mental health problems, whilst others felt that 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, equivalent proportions felt that the proposals met their needs and only partially met their needs (six participants each), whilst three felt the proposals did not meet their needs at all. These individuals raised concerns that the Centre would be overcrowded with patients and that the staff will be overworked.
- With regards to scenario 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 perceived the proposals to meet their needs, whilst four indicated that it only partially met their needs and six that it did not meet their needs at all. Participants expressed concerns that having a number of options about where to go would be too confusing, especially for people with mental health problems, whilst also 'defeating the object' as people will be referred from the minor ailment services to the Urgent Care Centre or hospital.
- One individual asked whether one of the minor ailments services could be based at Battle Hill if the Urgent Care Centre was located at North Tyneside General Hospital (Rake Lane). One individual commented that it would be a good idea for older people to access the minor ailments services for their flu jabs.
- The slight majority of participants selected North Tyneside General Hospital (Rake Lane) as their preferred location for the Urgent Care Centre (nine participants), whilst the remaining six participants chose Battle Hill. The main reason for their choices was the proximity of the service to where they lived. A number of concerns were raised about the parking charges at Rake Lane.

- Additional comments made during the mental health focus groups related to their concerns about the potential cuts to the Crisis Assessment Team, and further emphasised the importance of ensuring that the staff at the Urgent Care Centre are trained in mental health issues.

Table 19 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 19: Participants' ranking of the different scenarios (1 being the one they most agree with and 4 being the option that they agree with the least) (Note: N=15)

Scenario	1	2	3	4
1. A single North Tyneside Urgent Care Centre based at North Tyneside General Hospital	53%	7%		40%
2. A single North Tyneside Urgent Care Centre based at Battle Hill	13%	27%		60%
3. A single North Tyneside Urgent Care Centre based at North Tyneside General Hospital supported by locality based minor ailments services in the other three areas	7%	53%	40%	
4. A single North Tyneside Urgent Care Centre based at Battle Hill supported by locality based minor ailments services in the other three areas	27%	13%	60%	

Table 20: Protected characteristics groups – equalities monitoring data

Protected characteristic	Postcode	Age (years)	Gender	Ethnicity	Disability	Sexuality	Carer
Mental Health (N=15)	NE25 (N=1) NE27 (N=1) NE28 (N=7) NE29 (N=4) NE30 (N=2)	16-25 (N=4) 26-35 (N=1) 46-55 (N=6) 56-65 (N=2) 66-75 (N=1) 75+ (N=1)	Male (N=9) Female (N=6)	White (N=15)	Yes (N=12) No (N=3)	Heterosexual (N=15)	No (N=15)
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=4)	NE28 (N=4)	16-25 (N=2) 46-55 (N=1) 56-65 (N=1)	Male (N=1) Female (N=3)	White (N=4)	Yes (N=4)	Heterosexual (N=4)	No (N=4)
Pregnancy and maternity (N=9)	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)
Young people (N=3)	NE28 (N=2) NE30 (N=1)	<16 (N=2) 16-25 (N=1)	Female (N=3)	White (N=3)	No (N=3)	Heterosexual (N=3)	No (N=3)