MIDLANDS AND LANCASHIRE
COMMISIONING SUPPORT UNIT

Equality & Health Inequality Impact Assessment

Right Care, Right Time, Right Place

September 2016

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1. Executive Summary

1.1 Scope of the Equality and Health Inequality Impact Assessment (EHIIA)

Midlands and Lancashire Commissioning Support Unit, Equality and Inclusion Team have been commissioned to carry out an Equality and Health Inequality Impact Assessment (EHIIA), on the Future Model of Care for Hospital and Community Services.

The assessment will be set against the legal duties outlined in the Equality Act 2010 and the NHS Act 2006.

Specifically addressing the requirements of the public sector Equality Duty considering to what extent the proposals can;

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it, and
- foster good relations between persons who share a relevant characteristic and persons who do not share it

Consideration will also be given to health inequalities as the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), introduced a legal duty to reduce health inequalities, placing specific duties on CCGs.

This report comprises the EHIIA. It documents an assessment of the potential impact of the proposal changes to enable commissioners to pay due regard to their equality and health inequality duties and be fully informed when making decisions on the proposed future arrangements for hospital and community services.

The assessment considers various evidence; local demographics, literature and research, current service data and the consultation data to determine if particular protected characteristic groups would experience the proposed changes differently; whether negatively or positively. The assessment will then make recommendations for changes or mitigations as a result.

The purpose of this analysis is to support decision-makers by demonstrating sufficient robust equality and health inequality information to understand how best they can promote and protect the well-being of the local communities they serve and produce some practical recommendations for consideration.

This report will provide;

- A review of research
- An analysis of current hospital and community service user data

- A summary of evidence and data used to consider impacts on protected groups
- A review of the consultation and engagement data
- A consideration of geography and deprivation as an indicator of health inequality
- Detail and description of potential issues, risks or benefits for patients and service users
- Highlights of potential impact on the workforce
- Any gaps identified in available data and recommendations
- Recommendations for potential mitigation of negative impact or promotion of positive outcomes

1.2 Assumptions made within this assessment

In undertaking this assessment, it is assumed that:

- The formal consultation period (March – June 2016), offered opportunities for patients and their families, the workforce and other stakeholders to have their say about the proposed model
- Engagement and consultation provided the opportunity to gain the perspectives of protected characteristic groups
- The drivers for change emphasise the intention to enhance services and improve efficiencies by reducing unnecessary duplication, and offering clinicians and patients alike greater clarity along the treatment pathways
- The CCGs, in pursuance of meeting the Public Sector Equality Duty under section 149 Equality Act 2010 will conduct ongoing assessments of implementation to ensure they continue to meet their duties and commission the most appropriate services for their communities

1.3 Methodology

Impact assessments support decision makers to have a robust understanding of the potential effects of any proposed changes. The aim of this assessment is to explore the positive and negative consequences of the Right Care Time Place Programme. The assessment is a critical part of the process of change, identifying the potential impact on health outcomes and health inequalities prior to the implementation of proposed developments.

The EHIIA assesses the proposed changes and is not an assessment of current service delivery instead relating to the proposal for future arrangements for hospital and community health services. Consideration was given to the proposed ways some services will change, highlighting common and specific issues raised across protected groups.

Informed by local and national research, local demographics, current service user profiles, feedback from public engagement and consultation and good practice from other health reconfiguration impact assessments this assessment includes;

Health Inequality Impact Assessment (HIA): The HIA identifies the future impact on health outcomes for patients using the proposed services in Greater Huddersfield and Calderdale. Evidence of service use, current health inequalities and predicted demographic change are considered to inform the assessment.

Equality Impact Assessment (EIA): In line with the Equality Duty 2010, due regard has been given to the needs of protected groups; through the combination of the literature review and analysis of service usage and population data, the equality assessment identifies the specific equality groups and areas in Greater Huddersfield and Calderdale that would be disproportionately impacted as a result of the proposed changes.

1.4 Opportunities to Promote Equality

NHS Calderdale CCG and NHS Greater Huddersfield CCG are both committed to making sure equality, diversity and inclusion are considered when planning and commissioning local health care, working closely with local communities to best understand their needs. It is acknowledged that patients and carers use and experience health services differently and there are health inequalities within the system. The CCGs monitor all providers in meeting their requirements of the Public Sector Equality Duty, the NHS Equality Delivery System and completion of the NHS Workforce Race Equality Standard. The promotion of equality and inclusion is also embedded within the Care Quality Commission (CQC) new inspection regime for hospitals.

The CCG continues to work with partners and there are collaborative strategic arrangements in place for promoting and monitoring equality and inclusion. Some examples of this are:

- Calderdale CCG and North Kirklees CCG have both produced 5 year strategies 2014 -2019 which endorse the concept of integrated commissioning to ensure improved access, choice and outcomes for the Calderdale and North Kirklees populations.
- Health Overview and Scrutiny Committees (Calderdale, Kirklees)
- Health and Wellbeing Boards (Calderdale, Kirklees)
- Healthwatch (Calderdale, Kirklees)
- Yorkshire Cancer Network
- West Yorkshire Association of Acute Trusts
- Yorkshire and Humber Learning Education and Training Board
- Alliance relationships with local hospitals
- The Trust have worked in the last 12 months on improving the quality of food served to patients, parking, outpatient appointments, patients who have learning disabilities, patients with HIV and patients who are deaf or hard of hearing.

1.5 Conclusions

This report comprises the impact assessment for equality and health inequalities.

Following detailed analysis of the data and research collated for this assessment, no indication was found of the proposed changes being discriminatory. However this report recommends some key actions (some of which may already be in place) for consideration to enhance the potential positive impacts identified and mitigate any potential negative impact.

- We have not found the differential impact that would lead to unlawful discrimination linked to the proposals.
- Where the data highlighted potential for differential impact, the assessment records this in the Impact and Remedial Actions stable set out at Section 10 Mitigating Actions and Recommendations. The headlines are listed in the recommendations below.
- The proposal set out health services to address the needs of the whole population, including those who currently experience disadvantage. The plans are intended to help improve access, experience and outcomes for all.
- The model proposed could have a significant impact on health inequalities for adults, children and young people and those who experience disadvantage by ensuring improved access to more services in the community. This will support people with long term conditions and complex needs. This should lead to an improvement in the management of conditions, prevent more extreme intervention being needed and reduce waiting times for urgent care, emergency and acute services.
- We have recommended that there is ongoing review with equality groups, patients and carers during implementation.

1.6 Summary of recommendations:

1. Commissioner and Provider organisations continue to work collaboratively in improving data collection mechanisms for routine use across all the proposed models, as part of the EHIIA assessment of facility design and ongoing development of health inequality pathways**.**
2. Commissioner and Provider organisations continue to work collaboratively with the voluntary sector, community groups, Healthwatch with Patient reference groups to improve the volume and diversity of patient views and ensure service developments are responsive to the needs.
3. Implementation plans for the proposed model to review the data analysis of respondents from the Have Your Say Survey, 2016 and the Maternity and Paediatrics Survey 2016, in order to accentuate the positive and mitigate potential negative impacts identified.

4. Review workforce plans to include confidence building for new ways of working and caring for or dealing with people vulnerable people and people in any of the protected characteristics groups. Ensure that equality and diversity considerations and cultural awareness are intrinsic to day-to-day working.
5. In order to raise confidence and give greater clarity of the specific proposed changes to services. The communication strategy to continue to alleviate confusion particularly around the differences between Emergency Acute care and Urgent care by utilising various mediums such as on-line video, talking stories of services now and the proposed changes.
6. Ensure that hospital and community services monitor and adjust services in response to changes in demand, so that need, provision and reduction of health inequalities provision are kept in balance.
7. Continue to reach out to all protected characteristic groups, and carers to seek views at each stage of planning forward, in order that groups underrepresented can be considered and potential negative impacts identified and mitigated.
8. Actively consult frequent users of emergency and urgent care services e.g. older people, parents, guardians and young people.
9. Consider the issues raised in relation to travel, transport and improved access to local services.
10. Ongoing development of mitigations to address key concerns raised.

2. Introduction and Background

2.1 Overview

This section of the report outlines the main aims of the proposed changes, who is intended to benefit, and who is responsible for the decision-making and implementation.

There are around 452,000 people living in Calderdale and Greater Huddersfield, the population is aging and needs are increasing, there is a national workforce shortage in the health and social care sector, and there are £139m of savings needed over the next 5 years from both commissioners and providers.

There is compelling evidence that the way community, hospital and social care services are currently organised and provided in Calderdale and Greater Huddersfield is not offering the most safe, effective and efficient support to meet people's needs. The proposal will address a number of key challenges which include:

- compliance to national standards and guidance
- improving mortality rates

- improving re-admittance rates within 30 days of discharge
- improving people's ability to manage long term conditions and therefore reduce admittance into hospital
- improving the transfer of care for patients no longer needing to be in hospital
- improving patient experience of their care

Calderdale CCG, Greater Huddersfield CCG and Calderdale and Huddersfield Foundation Trust have developed and reached clinical consensus on a potential future model of care for Hospital and Community services. The EHIIA will be undertaken in line with the service areas set out in the potential future model of care for Hospital and Community Services; Emergency and Acute Care; Urgent Care; Planned Care; Maternity Services in the community; Paediatric Care and Community Services.

2.2 Aims of the proposed Future Model of Care

The Right Care, Right Time, Right Place Programme is intended to benefit all people in Calderdale and Greater Huddersfield. Patients will be treated sooner and more effectively, there will be improved management of patient flow, resources will be located to provide optimal service and meet fluctuations in demand, decisions about treatment will be made earlier and there will be reductions in the average length of inpatient stay.

The high-level aims are set out below:

- Deliver care locally for the majority of patients, and where possible bring more services closer to home.
- Continue to provide an NHS non-emergency number for those patients who need urgent medical help or advice which will, where appropriate, direct patients to the local service that is best placed to help them.
- For those people with urgent care needs provide a highly responsive service that delivers care as close to home as possible, minimising disruption and inconvenience for patients and their families.
- Care for the smaller number of patients with 'once in a lifetime' life threatening illnesses and injuries in a single emergency centre or a specialist emergency centre with the very best expertise and facilities in order to maximise the chances of survival and a good recovery.
- For those elements of Planned Care where Hospital facilities are required, deliver that care as part of a broader integrated system, working across services, to keep people healthy and improve health at a population level.
- Deliver Maternity care that is integrated with specialist services and provides choice for mothers.
- Deliver Paediatric Care that is integrated with specialist services and provides effective transition for children to adult services
- Deliver all in-hospital services in line with our Hospital Quality and Safety standards

- Work with the ambulance service to direct patients to the right place at the right time, including to Community and Primary Care if appropriate as well as to local and specialist services

Currently 72,000 people a year attend A&E at Calderdale and Huddersfield Foundation Trust and 70,000 attend A&E at Huddersfield Royal Infirmary (HRI). It is estimated that more than half (54%) of these patients would continue to go to their local hospital and be treated in the Urgent Care Centres. The remainder would be patients with life threatening injuries and illnesses who would be accessing specialised services at the Emergency Centre.

In summary, the proposals consulted on were:

- Development of Urgent Care Centres (UCCs) at both Calderdale Royal Hospital
- (CRH) and the new Hospital on the Acre Mills site at Huddersfield.
- Development of a single Emergency Centre at Calderdale Royal Hospital
- Development of a Paediatric Emergency Centre for children at Calderdale Royal
- Hospital
- A brand new hospital with 120 beds dedicated to planned (elective) care on the
- Acre Mills site at Huddersfield.
- Strengthening maternity services in the community
- Strengthening community health services.

2.2.1 Emergency and Acute Care

The single Emergency Care Centre would specialise in providing treatment for people who have serious or life threatening emergency care needs and would provide emergency/acute medicine services. The centre will bring together on one site all the necessary acute facilities and expertise 24/7 to maximise people's likelihood of survival and a good recovery. This will reduce or eliminate the need for people to transfer between sites.

2.2.2 Urgent Care

'Urgent Care Centres' will provide access to walk-in minor illness and minor injury services including GP out of hours, and will be part of wider community primary care services. Patients will be encouraged to ring the NHS non-emergency number (NHS 111) to receive medical help or advice and be signposted to the appropriate service to meet their needs. If this is an Urgent Care Centre, appointments will be made directly into the Urgent Care Centres. They will also incorporate the current out of hours GP services. This means that the services people use most frequently will continue to be available at both hospitals or in a local community setting.

2.2.3 Planned Care

For those patients with planned care needs, routine procedures and operations. Care will be delivered as part of an integrated care model that places hospitals as part of a broader health system with a responsibility to improve the health of the population they serve.

2.2.4 Maternity Services in the community

There is no major change to the way that both Calderdale and Huddersfield Maternity Care operate. Maternity services will be delivered in a way that reflects the critical interdependencies between Paediatric and Maternity Services and Emergency Care and Urgent Care and Community Care, with an emphasis on provision of care in the community wherever possible. The development of the Emergency Centre would mean that all necessary supporting services were on the same site as the consultant-led maternity unit

The findings of the Maternity and Paediatric services engagement recently completed, “Right Care, Right Time, Right Place” and “Care Closer to Home”, Report of Findings Maternity & Paediatrics, Jan 2016 will be used to ensure that the EHIIA have considered the views of the local population including those protected groups.

2.2.5 Paediatric Care

Paediatric services will be delivered in a way that reflects the critical interdependencies between Paediatric and Maternity services and Emergency Care and Urgent Care (and the key clinical interdependencies outlined in those sections) and Community Care, with an emphasis on provision of care in the community wherever possible.

The service will encourage all parents to call 111 for advice on urgent health needs for their child; they will be able to direct them to the best place for assessment/treatment. Health providers will refresh the protocols in place for 111 and the Ambulance service to ensure that any children with injury or illness requiring emergency care are directed to the specialist Paediatric Emergency Centre that will be co-located with the Emergency Care Centre.

2.2.6 Community Services

The aim of the Care Closer to Home programmes is to support people to stay well and independent and to reduce avoidable hospital admissions. The CCG’s have already developed Care Closer to Home programmes in both Calderdale and Greater Huddersfield for those who need it the most, particularly frail, older people, those living with long term conditions such as heart disease, chronic chests and diabetes and children with complex needs.

2.2.7 Who Should Benefit?

The whole population of Calderdale and Greater Huddersfield should benefit from the proposal.

2.2.8 Overall expected benefits

Expected benefits for patients, staff, and the Trust are listed in detail in the Quality Impact Assessment section of the pre-consultation document.[1] The proposed benefits would have positive impacts.

Benefits for Patients	Access to clinically sustainable unplanned care services. The Trust will be able to meet current and expected clinical guidelines for the provision of safe and high quality services, with the ability to better provide emergency and other clinical cover. There will be reduced agency and locum use, improving patient satisfaction. Access to a dedicated centre for planned care, reducing cancellations and using technology to reduce the number of unnecessary outpatient follow-up appointments. A dedicated children's emergency centre will respond effectively to their needs
Benefits for staff	An improvement in clinical cover and rota frequency/ intensity, improving recruitment and retention supported by a comprehensive workforce strategy. Improving staff satisfaction will mean that a more positive workforce is able to deliver better quality care. The opportunity to develop new skills, and take on new roles This would make future appointments more attractive to staff.
Benefits for the Trust	An improved financial position through optimisation of the estate
Benefits For the local health economy	Redesigned care pathways to enhance quality, reduce emergency admissions and appropriately manage lengths of stay, particularly for older people. Achievement of commissioner priorities, as the reconfiguration is well aligned with local commissioners' objectives. This includes a net reduction in the acute bed base of 77 beds, reflecting a shift of activity into a community setting.

The plan is to improve the quality of care for patients and improve the experience of staff.

The pre-consultation equality analysis highlighted the following key issues for consideration:

- Travel and parking as an issue across all groups
- The ability to physically access venues

[1] **Right Care, Right Time, Right Place - Pre-Consultation Business Case , Jan 2016**

- Workforce plans addressing staff training and development around specific communication needs

These areas have been raised in the survey by a significant percentage of the respondents. A full analysis is in the "Have Your Say" section of this report.

The main recommendations from the pre-consultation equality analysis were;

- Conduct further consultation and target groups of people who may have greater need or who have not had their views considered
- Actively consult older people around emergency and urgent care services as they are frequent users.
- Through the public consultation gather further information and views from Asian/Asian British and White Other groups which are over or under-represented in relation to the local population in service use so their views can be considered.
- Reach out to impairment groups that could be significant users of the services where changes are proposed to enable potential negative impacts to be identified and mitigated.
- Carers should be reached in the consultation to identify if any proposed changes would be experienced more by carers.
- Equality Impact Assessments should be completed for all services as they are redefined/relocated this should be an iterative process every time there is significant change.
- The Trust should work towards improved equality monitoring data; collected, analysed and addressed for protected characteristics not currently routinely collected.
- Actively consult children and young people and children during the public consultation.

3. Legislation

3.1 The Equality Act 2010

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

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

- age
- disability
- gender reassignment
- marriage and civil partnership (with some restrictions)

- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

The CCGs also incorporate consideration of carers within their work.

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

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

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

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

This EHIIA will evidence 'due regard' as required by the Equality Act 2010 as a decision is being made about a potential change to a service.

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

- The organisation must be aware of their duty.
- Due regard is fulfilled before and at the time any change is considered as well as at the time a decision is taken. Due regard involves a conscious approach and state of mind.
- The duty cannot be satisfied by justifying a decision after it has been taken.
- The duty must be exercised in substance, with rigour and with an open mind in such a way that it influences the final decision.
- The duty is a non-delegable one.
- The duty is a continuing one.

The NHS Constitution states that the NHS has a duty to "…pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population".

The chance of enjoying good health and a longer life is determined by the social and economic conditions in which people are born, grow, work, live, and age. They affect the way people look after their health and use services throughout their life. Health inequalities are unfair and socially unjust.

The National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), introduced a legal duty to reduce health inequalities, and placed specific duties on CCGs.

CCGs must have regard to the need to reduce inequalities between patients in access to health services and the outcomes achieved (s.14T);

- Exercise their functions with a view to securing health services that are provided in an integrated way, and are integrated with health-related and social care services, where they consider that this would improve quality, reduce inequalities in access to those services or reduce inequalities in the outcomes achieved (s.14Z1);
- Include in an annual commissioning plan an explanation of how they propose to discharge their duty to have regard to the need to reduce inequalities (s. 14Z11);
- Include in an annual report an assessment of how effectively they discharged their duty to have regard to the need to reduce inequalities (s. 14Z15).

The Act does not define a list of groups impacted by the duties. Any group experiencing health inequalities is covered. The duties take a whole population approach.

This health inequalities assessment must consider the whole of the population, and identify inequalities within that population group.

3.2 Equality and Health Inequalities Impact Assessment

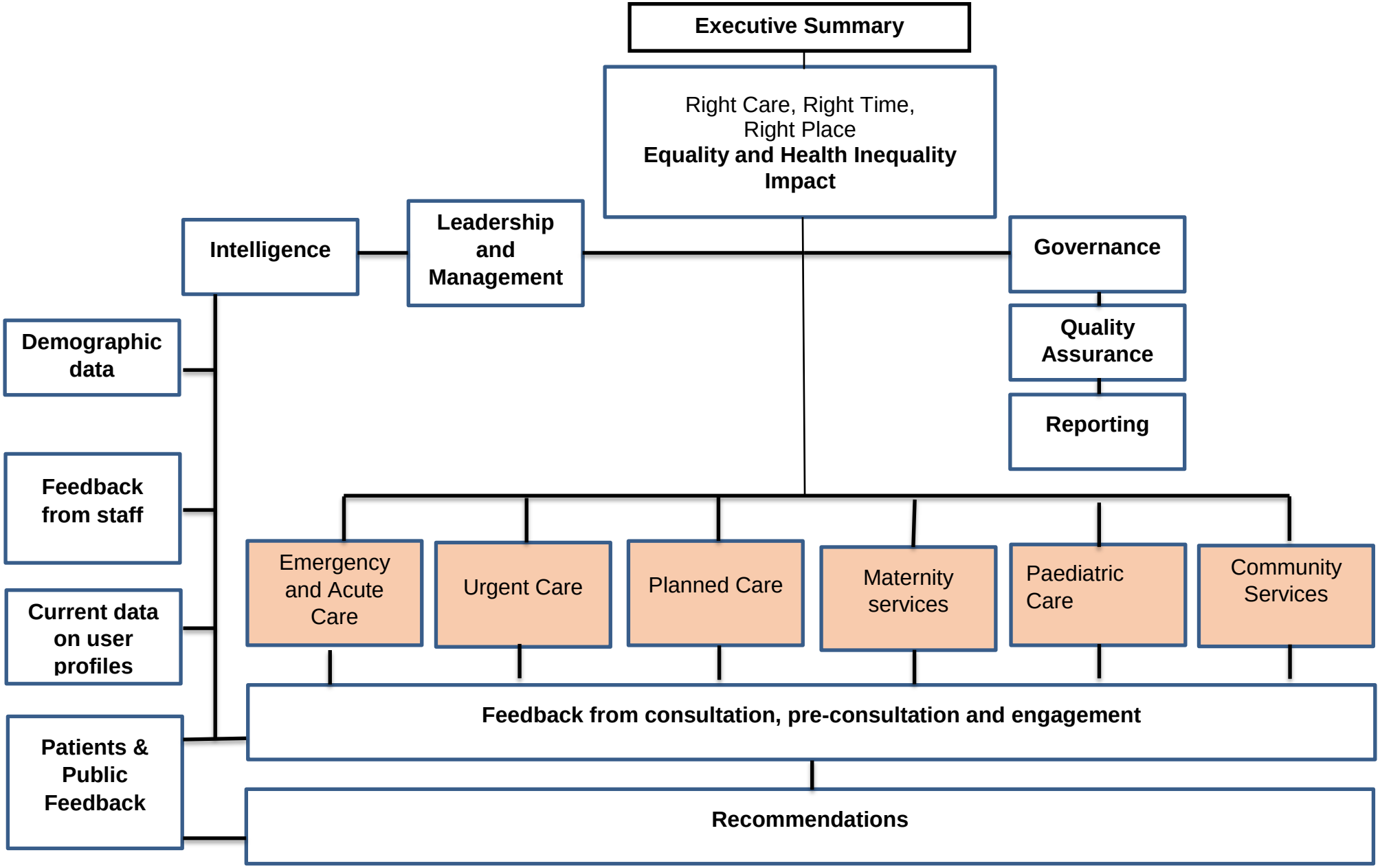
The aim of an EHIIA, is to improve the efficiency and effectiveness of public services by making sure that service users' needs are met and that there is no discrimination against any groups and that, where possible, they are actively promoting equality. Paying due regard is the legal duty; this equality and health inequalities impact assessment will be useful evidence in demonstrating the CCGs due regard.

This EHIIA considers service reach, where groups are demonstrated to have low service take up, or are over-represented and the socioeconomic factors that can have an impact on take up of preventative and other services.

Case law established the importance of an informed equality impact assessment is not purely the preparation of a particular document, but that informed consideration is given to equality issues and keeps a record of that consideration. Therefore EHIIAs are just one of many ways of demonstrating compliance with the Public Sector Equality Duty.

3.3 Process

The following diagram illustrates the strategic overview of carrying out the EHIIA.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In order to carry out the assessment, a range of reports, existing data, evidence and documentation were reviewed and analysed to highlight issues where there may be impact on those who share protected characteristics.

A list of all reference documents that has informed this assessment can be found in appendix 13.

This assessment has considered the pre-consultation evidence[1], the Brown Principles, the Gunning Principles and the Care Quality Commission (CQC) regulatory requirements.[2] Commissioners of health services and the CQC expect to find evidence that the health providers are actively promoting equality and human rights across all services and functions. Equality and diversity considerations are specifically addressed as part of the CQC's line of enquiry around the health service provider's responsiveness to patient needs.

Lines of enquiry were:

- Is there evidence to suggest that there may be different treatment of protected groups or differential outcomes for protected groups?
- Will it be necessary to take steps to ensure the different needs of all protected characteristic groups are met?
- Is there an opportunity to remove or minimise health inequalities and disadvantages experienced by protected groups?

4. Demographics and population

4.1 Data collection

This section has been written using information and data sets from the Census 2011 together with additional information from the Kirklees and Calderdale Joint Strategic Needs Assessments (JNSA).

The census reports data on local authority footprints, so while NHS Calderdale CCG is co-terminus, the data for Greater Huddersfield has to be extracted from the Kirklees data set. There are also some data sets missing from the census including sexual orientation, gender reassignment and pregnancy and maternity.

[1] **Right Care, Right Time, Right Place - Pre-Consultation Business Case , Jan 2016**

[2] **CQC – Building Bridges Breaking Barriers, July 2016**

These additional data sets are collated from non-census sources such as local research or campaigning charities. Some of the data is provided for Greater Huddersfield but not all, where Kirklees data is used this will be stated.

The current population of Calderdale is 209,000; Greater Huddersfield is 243,000.

- The largest ethnic group in both areas is White British; Calderdale (86.7%), Greater Huddersfield (79.6%). The second largest is Asian / Asian British; Calderdale (8.3%) of which the majority 6.8% are of a Pakistani heritage, Greater Huddersfield; Asian / Asian British (10.5%) of which 7.4% are of a Pakistani heritage.
- Calderdale has a similar population structure to the national picture; there are a lower proportion of young adults (between ages 20-29; it is expected that there will be a 25% increase in those aged 65+ and a significant increase in children. [3]. There are also slightly lower numbers in the 40-49 year old groups and 60-64 year old groups. The major difference in numbers comes in the older age groups, and the key determinant is the higher life expectancy of women[4].
- The Kirklees JSNA notes the proportion of the population aged under 18 will rise by 11% to 20% of the population and the working age population will shrink by 2030 from 64% to 57%.[5] The life expectancy gap for men is 9.3 years, and for women 5.9 years between the most and least deprived areas[6]. In Calderdale, this is 9.8 years for men and 8 years for women.
- Research indicates that the population of Calderdale and Greater Huddersfield is aging slightly faster in the rural areas than in urban areas. This means that new service models could place older residents at a slight disadvantage if the services they need to access are located further away than the services they are currently using.
- Additional information within census informs that the percentage of people in Calderdale who report having a limiting long term illness (LLTI) has fallen very slightly since 2001, but that the number in the working age group have fallen sharply to below the 1991 figure.
- Additional information from the census informs that for Kirklees, almost 30% of adults reported living with a long term limiting condition. This had risen from just over 26% in 2008 and ranges from 25% in Denby Dale and Kirkburton to 33% in Huddersfield South.

[3] (Calderdale JSNA 2015; The Calderdale Area, p.2)
[4] (Calderdale JSNA 2015: The Calderdale Area, p.6)
[5] (Kirklees JSNA Summary for the Greater Huddersfield Area, p.3)

- Census data for Kirklees indicates that disability increases with age, with people aged over 65 having activity 'limited a little and limited a lot'. (28%) compared to people aged 50-64 yrs at 12%. Within Calderdale census data shows that percentage of people with a limiting long term illness aged 50-64 yrs was 23.5% rising to 38.9% for ages 65 to 74 yrs. This increased again to 62.3% for people aged 75 to 84 yrs.
- 2015 JSNA data notes that 16% of 14 year olds in Huddersfield South cared for a family member with a disability/illness, higher than the Greater Huddersfield average; 12%. 3% of children in Kirklees have a statement of Special Educational Needs (SEN); this is twice as high in boys as girls. There is a higher rate of deaths and long-term disability in children of Pakistani heritage, particularly due to congenital abnormalities. About 1 in 3 of all children with congenital abnormalities die before five years of age; many survivors experience chronic disability.
- People with learning disabilities are living longer, although their risk of ill health increases with age. By 2030 the number of adults with a learning disability will rise faster than nationally in Kirklees, largely due to the higher rates of adults from younger groups with a learning disability, especially in South Asian communities.
- 19% of the adult population in Greater Huddersfield were carers. This will increase as the population live longer and changes are made to social care provision for those with higher care needs. Adult carers are more likely have poorer health; especially pain and depression than non-carers.

5. Deprivation and Health Inequalities

5.1 Context

Our health is determined by a complex mix of factors including income, housing and employment, lifestyles and access to health care and other services. There are significant inequalities in health between individuals and different groups in society. These inequalities are not random. In particular, there is a 'social gradient' in health; neighbourhood areas with higher levels of income deprivation typically have lower life expectancy and disability-free life expectancy. This relationship (known as the 'Marmot curve') formed an important part of the independent and influential report on health inequalities, (the Marmot Review)[7]. It can include belonging to a minority group or being socially excluded from mainstream society. Chances for good health are not equally distributed in our societies and this causes health inequalities and a range of factors influence an individual's chances of leading a flourishing, healthy life.

Marmot's (2010) concern was with the 'social determinants' of ill-health or the 'causes' of health inequalities – those fundamental social and economic conditions which have been shown to have an impact on how healthy a person will be during the course of

[7] Fair Society, Healthy Lives – Marmot review, 2010

their life. This includes the conditions in which people are born, grow, live, work, education, these complex and wide-ranging network of factors, influence health outcomes for disadvantaged groups of people, compared with the rest of the population. Therefore, if not taken into consideration when planning health services, the social determinants of health act as barriers to addressing health disparities.

The intention of the proposed model, Right Care, Right Time, Right Place, is to improve access for diverse needs and navigability for patients, to reduce health inequalities, remove unnecessary duplication and significantly enhance patients' experiences.

It is important to note that these socio economic factors (income, housing etc.) are the root cause of many issues seen as health inequalities and healthcare services can only deal with the symptoms, many of the strongest levers on health therefore lie in the hands of other government departments and joint working strategies address these levers.

Socio economic factors, not equality characteristics play the key part in how healthy a life people lead, however there is some crossover, for example; high prevalence on unemployment within Black and monitory ethnic (BME) communities and people going through Gender reassignment, disabled people living on benefits, low income for single parents and people with caring responsibilities often lead to poor housing conditions and poor diets. Considering the proposals these groups will also be less likely to own their own transport.

Socio-economic duties were removed as a specific duty from the Equality Act 2010 during its progression through Parliament, however it was deemed prudent that this review considered the impacts on people living in deprived areas or in poverty as there is a clear link between the lower a person's social position, the worse his or her health tends to be. There is also a duty on CCGs to reduce health inequalities.

Socio-economic factors are known to be powerful determinants of health; life expectancy tends to be shorter in areas of deprivation and relative poverty. Whilst poorer people make more substantial use of primary care and emergency departments, they make lower use of screening and immunisations as well as other preventative services, often resulting in poorer general health. There is a well-documented link between social deprivation and higher admission rates in children for paediatric care; A report for NHS Quality Improvement Scotland in 2004 suggests that deprivation impacts on a range of issues including the number of children admitted to hospital for unintentional injury, asthma and diabetes.

Further evidence for a Mayor of London study in 2007 supported this view, pointing out that ‘children born into poverty are more likely than their better-off neighbours’ to have a parent who smokes and have poor nutrition, which are both key determinants of health.

The lack of preventative care can be a key cause of deprived groups’ over-representation in the use of acute care and through A&E. There is convincing evidence to suggest that people from deprived communities have a high susceptibility to conditions requiring emergency complex surgery and emergency complex medicine, and in particular, vascular care.

For example, there are marked inequalities in smoking rates between the most affluent who smoke least, and the least affluent, who are most likely to smoke. Smoking is one of the major causes of cardiovascular diseases, including Coronary Heart Disease, according to the British Heart Foundation; smokers are almost twice as likely to have a heart attack as those who have never smoked.

Obesity, which is associated with cardiovascular disease, stroke and diabetes, is also a frequent condition amongst poorer demographic groups. This is partly because residents have less financial freedom with their food budget and more limited access to physical activity at safe recreational spaces or leisure centres, Sport England suggests that of those that regularly participate in active recreation, only 15% are from the lowest socio-economic groups compared with 26% from the highest.

In addition, there are strong links between socially deprived groups and the need for specialist maternity care and neonatal services. Several studies indicate that death rates both for mothers and new-borns are highest amongst those from deprived areas. A report by the National Public Health Service for Wales in 2004 revealed evidence to suggest that the proportion of babies born with a low birth weight (which is associated with various poor outcomes, including death in infancy) is up to 40% higher amongst highly deprived groups than those from least deprived areas.

Links between equality and health inequality

There is some correlation between equality and health inequality; however, there is presently no identified unlawful or intentional discrimination in terms of the provision of major services across the area. Current inconsistency of clinical outcomes, access and patient experience could be contributing factors to the sustenance of health inequalities in the area, which tend to affect some of the protected characteristics covered in this report, as well as those likely to suffer health inequalities.

One of the core aims of the proposals are to deliver better quality and more consistent levels of care, in doing so this will help tackle any unintentional discrimination that is presently being experienced. It is very unlikely that the proposals will result in unlawful discrimination against any of the protected characteristics.

In terms of mitigation measures, further development of the reconfiguration options and the programme's implementation strategy, it will be necessary to ensure meaningful engagement of those equality groups;

a) Who have a disproportionately high demand for services, and
b) Are high in numbers in areas where major services will change.

It will also be important to look at addressing transport challenges. This will help to ensure that needs are properly understood and that no unintentional discrimination arises.

From the proposed model we assess that there is no planned reduction of existing health services in Calderdale and Huddersfield, however there will be changes to how these services are delivered. In this context some potential impacts may emerge at this or future stages for protected characteristic groups covered by the Equality Act 2010.

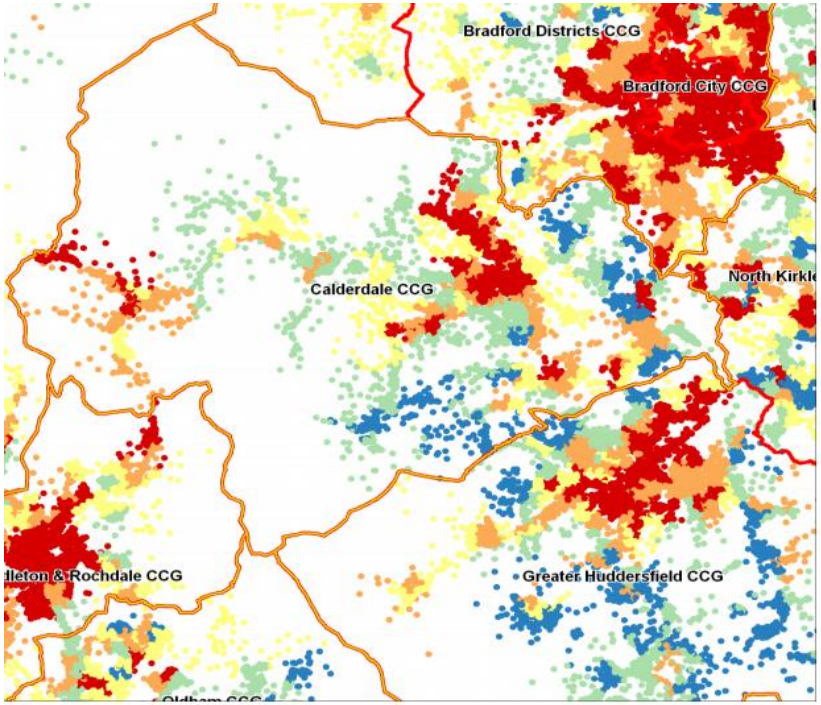
The next sections of this report explore how these issues will apply.

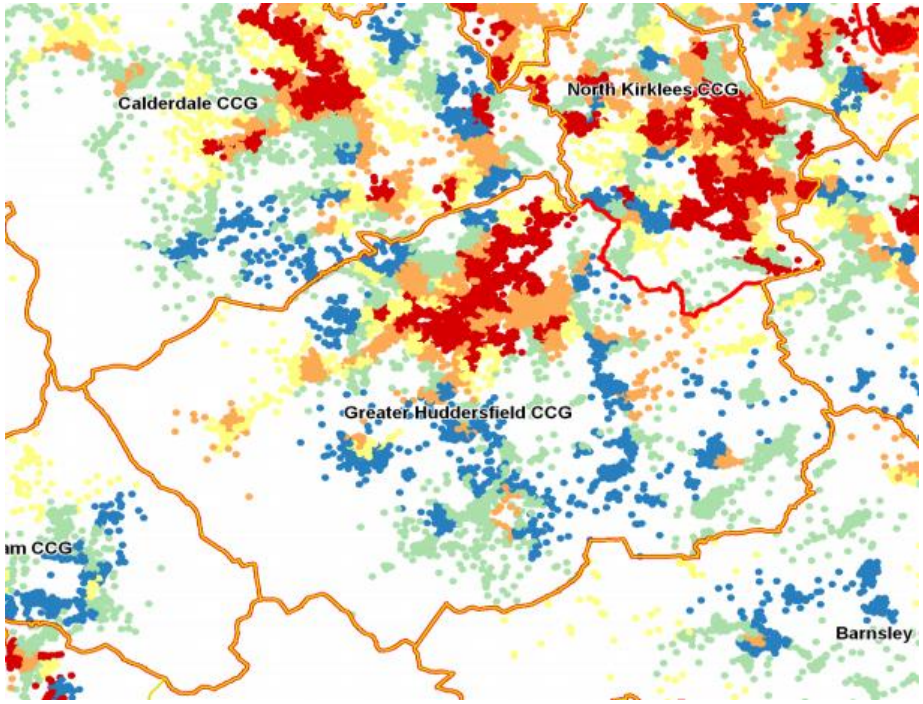
5.2 Areas of Deprivation

The assessment identifies that the areas of highest deprivation are predominately based in and around the centres of the two main towns, namely Huddersfield and Halifax, with the majority being based in and around Huddersfield.

The Index of Multiple Deprivation (IMD) 2015 is the official measure of relative deprivation for small areas (or neighbourhoods) in England. The Index of Multiple Deprivation ranks every small area in England from 1 (most deprived area) to 32,844 (least deprived area). It is common to describe how relatively deprived a small area is by saying whether it falls among the most deprived 10 per cent, 20 per cent or 30 per cent of small areas in England (although there is no definitive cut-off at which an area is described as 'deprived').

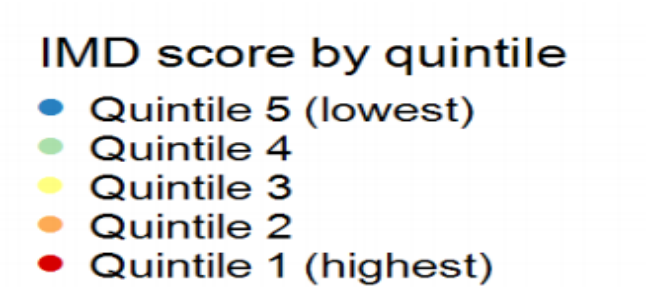
Deprivation in both Kirklees and Calderdale is higher than the national England average and life expectancy is lower than the national average in both areas[8]. There are around 28,200 of Calderdale's residents living in neighbourhoods ranked by Index of Multiple Deprivation (IMD) 2015 as being within the 10% most deprived in England. This includes 7,000 children aged 0-15 years old and 4,500 older people aged 60 years old and over. The results for IMD 2010 were 18,919 overall, of which 4,460 were children aged 0-15 years old and 3,100 older people aged 60 years old and over.





The maps above below show the levels of deprivation in and around the CCG, based on the Index of Multiple Deprivation 2010 (IMD2010).

[8] (Public Health England, Health Profile 2015 Calderdale & Public Health England, Health Profile 2015 Kirklees)



There is some correlation between overall deprivation and health deprivation levels and geographic distribution in Calderdale. There are significant inequalities in life expectancy with males in the least deprived quintile expected to live 7 years longer than those in the most deprived quintile. Females in the least deprived quintile are expected to live almost 6 years longer than in the most deprived quintile.

There is a 9 year life expectancy gap for men between the most deprived and least deprived areas of Kirklees, and a 6.3 year gap for women. In Calderdale, for men there is a 9.3 year gap and 9.2 year gap for women. [9] Almost half (49%) of children in Huddersfield North and South lived in the top 20% most deprived areas in Kirklees, compared with 32% in Greater Huddersfield and 38% Kirklees.

Deprivation information was not collated by the survey however people were asked to provide the first part of the post code to enable us to identify their locality. This has given us information on numbers of respondents from postcodes identified as coming from areas of deprivation.

Life expectancy and population projections mean commissioners need to plan for more people living longer, and to help people remain healthier for longer to be happier, minimise impact on health and social care services and enable them to remain economically active and independent for longer.

[9] (Public Health England, Health Profile 2015 Calderdale & Public Health England, Health Profile 2015 Kirklees)

In assessing whether the proposed services will potentially impact particular groups, the EHIIA will need to be revisited at each stage of implementation to ensure that any significant changes have been assessed and relate to reviews and changes along the way within the distinct health services in the proposed model.

5.3 Analysis using postcode mapping

People were asked to provide the first part of their postcodes in the survey. Using a mapping tool we were able to link the postcode to areas of deprivation. This matching exercise was not fully possible as not everyone gave a postcode. Due to this, the following analysis provides the picture of people living in areas of high deprivation who shared their postcodes.

For the purpose of this analysis, high deprivation areas include up to 30% most deprived areas based on Index of Multiple Deprivation (IMD).

Number of people taking part in survey who live in an area of deprivation:

All	Greater Huddersfield	Calderdale
1057	732	325

Of the 7582 responses, 13.9% were living in areas of high deprivation; 69.2% from Greater Huddersfield and 30.7% from Calderdale.

Question 10 – Do you think you will be negatively affected by our proposed changes				
	Total respondents		**Postcode in area of deprivation**	
	No.	%	No	%
Yes	5055	67	689	65
No	1407	19	238	23
I don't know	1077	14	130	12
Number of respondents	7582		1057	

There is not a significant difference in views of people generally and those whose postcode indicates they live in an area of deprivation.

	Total respondents		**Postcode in area of deprivation**	
	No.	%	No.	%
Agree	1414	19	244	23
Disagree	4882	64	630	60
Neither agree nor disagree	1077	14	169	16
I don't understand your proposed changes	134	2	14	1
Total number of respondents	7582		1057	

There is not a significant difference in the data but it would appear that people living in deprived areas may 'disagree' less with the proposal.

5.4 Key themes

When the consultation data was analysed a number of themes in opinion were identified in the open question responses. These themes were extracted and analysed for people whose postcodes indicate they are living in a deprived area. These are the key themes identified for this group;

- Travel times for people needing emergency care
- People in Greater Huddersfield feel concerned by increased travel
- Huddersfield has a larger population and needs emergency services closer to the population

- They felt that no ideas were presented on how to deal with travel impact
- They felt that it's based on financial problems with the PFI
- Having all the staff together will be better for patients
- Poor access from Greater Huddersfield residents for emergency care due to roads

In comparison, the following themes are the top themes raised by all respondents:

- Travel times
- Putting lives at risk
- Feasibility of proposal
- Meeting population needs
- Concerns on how decisions were made

There are similar themes raised by people within deprivation areas compared to all responses.

5.5 Summary of health inequality assessment

The assessment incorporated the following four screening questions.

1) Will the proposal have a direct impact on health and wellbeing?

The model states that it supports the population by continuing to develop independence and self-management strategies towards better health outcomes. Enhanced community services will improve social inclusion for groups who have not readily accessed or consistently participated in preventative health care historically.

2) Will the proposal have an impact on social, economic and environmental living conditions that would indirectly affect health?

Respondents from the survey have raised transport and access issues. The Journey Time Assessment Study (2014) and responses to Question 11 provide a range of suggestions outlining opportunities to mitigate against the issues raised for particular groups as the proposal moves forward.

3) Will the proposal affect an individual's ability to improve their own health and wellbeing?

The proposed model is a response to a number of significant challenges including:

- meeting changing population needs

- compliance to national guidance on standards
- mortality rates
- patient re-admittance rates
- patient admittance rates for patients with long term conditions
- length of stay in hospital
- patient experience of care

It supports ongoing targeted preventative health care pathways to address health inequalities, better support for self-care, urgent needs getting the right advice in the right place at the right time, less waiting time for treatments, raising all patients' chances of good outcomes when they become ill.

The proposed model is part of the strategic plan to address health inequalities across the area and deliver better outcomes for people with protected characteristics.

4) Will there be a change in demand for health services?
The population is expected to increase by 12% in Calderdale and 13% in Kirklees by 2037, consistent with the expected 14% population increase for England. People are living longer and often with long term illnesses. This has a major impact on health and care services as older people are some of the most frequent users of the services.

The proposed model is seeking to address the current and future forecast for demands in health services, by proposing improved experiences for patients, carers and families which supports their health and wellbeing. The model also proposes the reduction of hospital admissions for crisis and increases community activity of support and preventative plans. These proposals should not disadvantaged people from socio economic groups or deprived areas and should improve health inequality.

6 Service User Information

NHS Calderdale and Greater Huddersfield CCGs monitor patient use through the Secondary Uses Service (SUS) data and by other means.

A thorough evaluation of this data was conducted as part of the Right Care, Right Time, Right Place, Pre-consultation Business Case equality analysis (April 2016). This looked in detail at user representation within a range of services, based on 2013/14 data. It gave a good insight into who was using services and how.

The reported included;

- Emergency Services
- Emergency medicine (unplanned acute care)
- Urgent Care
- Planned care
- Maternity Services
- Paediatric Services

Where practicable and possible the protected characteristics mapped were; Age, Sex, Ethnicity, Religion/Belief, Disability, Sexual Orientation, Gender reassignment, Pregnancy/maternity and carers. Not all this data is collected by hospital systems and therefore could not be analysed.

The aim of the Right Care, Right Time, Right Place, Pre-consultation Business Case equality analysis (April 2016) was to understand the impact of the proposed changes to hospital and community services and to identify where any under or over use of services exists; compared to the population profile.

Hospital data

The Secondary Uses Services (SUS) is a single, comprehensive repository for healthcare data; it continually maps patient attendance within a range of different healthcare settings, the data continually allows ongoing monitoring of who is using services and how. The SUS data, which demonstrates hospital usage, is in appendix 2.

Emergency Services

Calderdale CCG registered patients had a total of 69,155 A&E attendances between April 2014 and March 2015. 92% of these occurred at Calderdale and Huddersfield Foundation Trust (CHFT).

Greater Huddersfield CCG registered patients had a total of 73,440 A&E attendances, 88% of which occurred at CHFT.

As expected NHS Calderdale CCG A&E activity predominantly takes place at Calderdale Royal Hospital, 93% and NHS Greater Huddersfield CCG A&E activity predominantly takes place at Huddersfield Royal Infirmary, 94%. This creates the compelling case that A&E should be located at either Calderdale Royal Hospital or Huddersfield Infirmary. [10]

Approximately 14% of A&E activity from both CCG's is grouped as "no investigation and no significant treatment". This is an indicator that at the very least 14% of attendances could be avoided under these new models of care. [11]

36% of those admitted to A&E arrive in an Ambulance. The data does not show how many of those people arriving by an ambulance are followed up or discharged without further care.[12]

Age
Those aged 4 years and under are the highest users of Accident and Emergency, this data also tells us that there is high use of A&E for people aged between 20 and 29.

Older People
Nationally, we know that older people are frequent users of A&E departments; UK research suggests A&E attendances are high among those aged between 65 and 80 and highest amongst those over 80 years of age.[13] The local data shows us that those aged 65 and above (including those over 85) have the highest attendance combined.

Children
Nationally, children are considered to have disproportionate need for A&E services, this is evidenced below:

- The emergency admission rate for children under the age of 15 in England has increased by 28% in the past decade, from 63 per 1000 population in 1999 to 81 per 1000 in 2010[14]
- Figures show that young children under the age of five have high levels of attendance and high levels of emergency admissions[15], those under the age of five are admitted more frequently than those aged 5-44 years. In 2010, two thirds

[10](A&E Reconfiguration data)
[11](A&E Reconfiguration data)
[12](A&E Reconfiguration data)
[13](Downing A and Wilson R (2005): 'Older people's use of Accident and Emergency services'. In Age and Ageing Vol 34. (1) Nuffield Trust (2010): 'Understanding trends in emergency care')
[14](http://academia.edu/2557082/Increase_in_emergency_admissions_to_hospital_for_children_aged_under_15_in_England_1999-2010_national_database_analysis)
[15](NHS (2009 b): The Hospital Element of Unscheduled Care)

(68%) of emergency admissions were among children under the age of five; A&E admission rates for this age group have steadily risen by around 3% a year[16]

- In 2011/2012, 27% of all emergency attendances in England were aged 0-19[17]
- Statistical analysis by the Kings Fund found that 14 per cent of all admissions were patients under 5 years old, with 10.4% of emergency admissions being attributable to acute conditions such as ear, nose and throat infections[18]

Sex

The Sex split of those attending A&E in Calderdale, 52% of A&E attendances were female and 48% were male between April and September 2013. 49% female and 50% of males in Greater Huddersfield attended A&E between September 2013 and August 2014. However, there are more males living in Greater Huddersfield than there are in Calderdale. [19]

National research indicates that men could have a disproportionate need for A&E and acute services. The supporting evidence is presented below;

- There is much evidence to suggest that young males have a higher propensity to require emergency services. For example, males are more likely to be involved in road traffic accidents than females, particularly males under the age of 30 who represent the most common group in speed-related collisions (The characteristics of speed-related collisions: Road safety research report No. 117 (2010) Department for Transport)
- Young men are at greater risk of being involved in accidents than females. In particular, men are twice as likely to be involved in (and die from) accidents at work and four times more likely to suffer major accident while practising sports.[20] In addition, young men are most likely to experience and become victim to violent crime[21]

There is a fairly even spread of males and females using accident and emergency services nationally and locally, however slightly more males nationally. This needs to be taken into account as there is a potential for males to be impacted slightly more than females.

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[16](http://group.bmj.com/group/media/latest-news/Yearly%20rise%20in%20emergency%20admissions%20for%20kids%20in%20England%20since%202003.pdf)

[1717](HES (2013): Accident and Emergency Attendances in England (Experimental statistics),2011-12)

[18](Kings Fund (2012): 'Emergency hospital admissions for ambulatory care-sensitive conditions: identifying the potential for reductions')

[19](Calderdale CCG PSED, SUS data, Greater Huddersfield PSED, SUS data)

[20(See: East Midlands Public Health Observatory, (2007); 'Profile of avoidable injury in the East Midlands: All ages, all causes'; ONS (1999): '1999 Health Survey for England')

[21](ONS (2013): 'Crime statistics: Violent crime and sexual offences 2011/12') (It is recognised that a proportion of these cases may be too complex for a local A&E and would instead be treated as a major trauma case)

Ethnicity

In Greater Huddersfield, 79% of those who attended A&E were of a White/British ethnicity, the second highest attending ethnicity group is Asian/ Asian British. This data is similar to that of the proportion of people within each ethnic group. [22]

In Calderdale, of the A&E attendances, 87% were White British people; this is slightly more that Greater Huddersfield however there are more White British people living in Calderdale than Huddersfield. The second highest attending ethnicity is the Asian/ Asian British group, this being 11% of attendees. [23]

The Public Health Profiles for Calderdale and Kirklees show more proportional data, which highlights that Asian/Asian British people are using A&E services more than White British people. There is particular evidence to suggest that people from South Asian heritage have higher need for the above services, as evidenced below.

Parslow et. al. (2009) identified that the incidence rate for emergency hospital admission from children requiring intensive care was found to be significantly higher for South Asian children.[24]

One of the most common reasons for emergency admission amongst ethnic minority groups is for strokes and other cardiac problems such as coronary heart disease and diabetes; this highlights the need for consideration of this group in the provision of acute services. (There is a lot of evidence to suggest that rates of stroke and cardiac conditions are higher in certain ethnic minority communities, particularly South Asian communities)

Although there is a high attendance of the White British group locally, this is proportionate in line with representation of this group within the local population. The Asian/ Asian British group has a high attendance in relation to their representation within the population, and in correlation with the national data, we know that one of the groups most likely to be impacted is the South Asian population.

[22](SUS data, Greater Huddersfield, Sept 13 – August 14)

[23](SUS data, Calderdale, Sept 13 – August 14)

[24] (Parslow RC. Tasker RC.Draper ES. Parry GJ. Jones S. Chater T. Thiru K. McKinney PA. (2009) "Epidemiology of critically ill children in England and Wales: incidence, mortality, deprivation and ethnicity." Archives of Disease in Childhood. 94(3):210-5, 2009 March.)

Sexual Orientation
Data around sexual orientation is not collected locally for those accessing A&E, however we do have some national evidence which suggests that there may be disproportionate need for those accessing A&E within this group:

- Three in five lesbian, gay and bisexual people over 55 are not confident that healthcare and support services would be able to understand and meet their needs[25]
- Half of lesbian women and bisexual women reported negative experiences in the healthcare sector between 2009/10 and a third of gay men who accessed healthcare between 2009/10 reported to have had a negative experience in relation to their sexual orientation. In a 2011 survey, 9% of lesbian and gay people, and 10% of bisexuals rated their doctor 'poor' or 'very poor' compared to 5% of heterosexuals.[26] These experiences could mean more limited attendance for regular health check-ups which presents a higher risk of the need for emergency services to treat conditions which have worsened due to lack of earlier intervention;
- Nationally, lesbian and bi-sexual women are more likely to suffer from mental health problems and are more vulnerable to suicide than heterosexual women[27]
- Lesbian and bi-sexual women are also more vulnerable to episodes of self-harm; between 2011/12 one in five lesbian and bi-sexual women within the UK have deliberately self-harmed[28]

For a more local picture, out of 6,178 lesbian and bisexual women surveyed in 2007 in Kirklees, 8.6% had deliberately self-harmed, and 29.4% had been told they have an eating disorder[29]

Other Groups
There is currently limited data available in relation to Religion/Belief, Gender reassignment and Disability.

Emergency Medicine (unplanned Acute Care)
A survey done around Emergency Care showed that the most important aspect is to be seen straight away followed by getting the treatment needed. Patients wish to feel safe and see professionals with specialist knowledge, skills and equipment needed to care for them. [30]

[25](Stonewall Booklet -Sexual Orientation "The Equality Act Made Simple")
[26](Prescription for Change, Gay and Bisexual Men's Health Survey and GP patient survey.2011)
[27](National Institute for Mental Health in England (2007): 'Mental disorders, suicide and deliberate self-harm in lesbian, gay and bi-sexual people: A systematic review')
[28](Stonewall (2012): 'Mental health: Stonewall health briefing')
[29](Stonewall (2007): 'Stonewall Lesbian and Bi-sexual Women's Health Survey')
[30](Calderdale and Greater Huddersfield, Engagement and Pre-Engagement, March 2013 – August 2015)

Age
In Greater Huddersfield we know that there are more Emergency Admissions for those under the age of 14, that A&E attendances and Elective Planned Admissions are the same for those aged 85 and above. [31] In Calderdale, those over 85 are more likely to attend as an emergency admission than present to A&E.

Sex
In Greater Huddersfield, there are more females using Emergency Medicine Services than Males, however the split is fairly even. This is the same in Calderdale and the data is reflected in the tables below. [32]

Ethnicity
Again, in Greater Huddersfield and Calderdale the highest proportion of people using Emergency Medicine is those from the White British ethnic group, the next highest is those from the Asian/Asian British group. This is expected, due to the representation of these groups within the local population.[33]

We know that nationally, one of the most common reasons for emergency admission amongst ethnic minority groups is for strokes and other cardiac problems such as coronary heart disease and diabetes; this highlights the need for consideration of this group in the provision of acute services (There is a lot of evidence to suggest that rates of stroke and cardiac conditions are higher in certain ethnic minority communities, particularly south Asian communities.

Disability
A local survey tells us that people feel that transport should be able to accommodate passenger needs, particularly for those with a disability. Focus groups were also held during engagement and this also confirms the survey response, however it was also mentioned that those with a learning disability need to feel safe and this is a high priority.

Other Groups
With regards to Emergency Medicine, we have not found any available data in relation to religion or belief, sexual orientation or gender reassignment.

[31] (SUS Data Greater Huddersfield and Calderdale, September 2013 – August 2014)
[32](Greater Huddersfield CG PSED, Calderdale CCG PSED)
[33](Greater Huddersfield CG PSED, Calderdale CCG PSED)

Urgent Care

Engagement and Pre-engagement tells us that in an urgent care situation, people preferred to be seen by their GP, Chemist or Walk–in Centre and to be seen by someone with knowledge and experience. [34]

The most comprehensive local data available in relation to urgent care is a sample equality monitoring in a Calderdale Walk in Centre completed between December 2013 and November 2014. This has been used within this section of the report to analyse service usage by protected characteristic, however, this is only a small sample (600) and not all service users completed the form. People were requested to complete the form and put it in a confidential box on reception. Full data tables for service user can be seen in appendix 2.

Age

The highest users of the Walk in Centre were those under 5. There were much smaller numbers of older people using this service in comparison to those who use A&E, which may reflect the urgency of their need or their ability to travel without support. However, there are also a large proportion of people who did not disclose their age.

Sex

Sample data shows that the Walk in Centre in Calderdale appears to be used mostly by females 52.5% compared to 30.2% males. This reflects national trends in the higher use of health services by women than men. [35]

Ethnicity

The sample shows that the highest users of the Walk in Centre in Calderdale are those of a White British and Pakistani Heritage[36]. The Pakistani heritage group are over represented compared to the local community, though this may be due to the locations of the walk in centre and the age profile of the service users, but would need to be picked up in any further work about urgent care.

Research suggests that, compared with the White British population, people of South Asian origin are three times more likely to require an emergency hospital admission for their asthma, and Black people are twice as likely[37] ¨Although they would attend A&E at present, it could be more appropriate for those with Asthma to attend an urgent care setting.

[34](Calderdale and Greater Huddersfield Engagement and Pre-engagement, March 2013 – August 2015)
[35](Calderdale Walk-in centre Equality monitoring data Report)
[36](Calderdale Walk-in centre Equality monitoring data Report)
[37](NHS Wakefield District (2011) Annual Public Health Report, see: www.wakefielddistrict.nhs.uk/your health/phreport2011/ on 23 August 2012.).

Religion/ Belief
Within the data collected the most commonly identified religion was Christianity at 26.8%; this is much lower than the 56% stated in the census. The second highest was Islam at 17.6% and this is a little over twice the 7.3% stated in the census, however, it is in line with sample findings for ethnicity and country of birth. Over a quarter of respondents left this question blank at 30.2%.

Disability
Sample data shows a lower than expected identification of service users having a disability at 2.8% compared to the census which states 9% (Day-to-day activity limited a lot and day to day activity limited a little combined). Over a fifth of respondents, 21.9% choose to leave this question blank. This low response may be due to not understanding the definition of disability and / or discomfort or concern about disclosure[38].

The engagement activity tells us when people are seen by a GP in an urgent care situation, a BSL interpreter should be available for appointments for those who need them[39] .

Sexual Orientation
The sample data shows that the highest response was left blank, with many people preferring not to say, this is not unexpected as it is considered a sensitive personal question and people can be reluctant to answer [40] .

Gender Reassignment
The sample data shows a small number of respondents, 0.8% identified as transgender. Due to the lack of robust data around this, it is difficult to ascertain if this is reflective of the local population. The high 34.3% blank response is likely to reflect that this is a sensitive question [41].

Planned Care
The local survey undertaken as part of engagement shows that the most important aspect of patient care was to be treated by someone who knows their condition and knowing they will get the treatment that they need. Access should be provided to information needed to enable staff to give the best care they can. [42]

[38](Calderdale Walk-in centre Equality monitoring data Report)
[39] (Calderdale and Greater Huddersfield, Engagement and Pre-Engagement, March 2013 – August 2015)
[40](Calderdale Walk-in centre Equality monitoring data Report)
[41] (Calderdale Walk-in centre Equality monitoring data Report)
[42](Calderdale and Greater Huddersfield Engagement and Pre-engagement, March 2013 – August 2015)

Age
In Greater Huddersfield, we are aware that there is only a small proportion of those under the age of 14 admitted for elective planned care.

We know that nationally, there is a disproportionate need for elective services for older people, this is demonstrated by the following evidence;

- Older people are reported to experience poorer health due to the ageing process; this can often result in the need for non-emergency hospital care as a preventative measure or to ensure the stabilisation of long-term and non-threatening conditions [43]
- In 2008 the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) reported that the most common operative procedures were hemiarthroplasty and slide hip screw (24% and23%) respectively, laparotomy (13%) and amputation. All are usually planned procedures which are common to older people;
- Cancer Research UK reported bowel cancer as one of the most common forms of cancer which is strongly linked to age. In the UK between 2007 and 2009, on average 72% of bowel cancer cases were diagnosed in people over the age of 65[44]
- Between 2006 and 2008, diagnoses rates for stomach cancer within the UK increased steeply from the age of 60, reaching 140 per 100,000 population in men aged 85 and over, and 67 per 100,000 in women aged 85 and over[45]

Sex
In Greater Huddersfield, we know that 45% of males and 55% of females accessed elective/planned care between September 2013 and August 2014, however in Calderdale, there are more males than females accessing this service.

Ethnicity
In Greater Huddersfield 88% of planned admissions were from the White British ethnic group, with 6.6% of planned admissions being from the Asian/Asian British group. Around 10% of the population are Asian/Asian British which shows a slightly lower usage than expected. 82.6% of the population are White British, which shows there is a higher usage than expected.

[43](Mott McDonald, Better Services, Better, Value 2013)
[44](Cancer Research UK (2012): 'Bowel cancer incidence statistics')
[45] (Cancer Research UK (2012): 'Stomach cancer incidence statistics')

In Calderdale 94.5% of attendances were from the White British ethnic group which is slightly higher than the population of 89.5%, and again, the second highest attendees were those of an Asian/ Asian British ethnicity, this being 4.5% of attendees which is almost half of their representation within the population, which is just over 8%.

Locally, some people in the engagement expressed that they felt staff providing care need to be more culturally aware and information provided needs to be clear so that patients know what to expect. They also felt that treatment plans should be written in a language appropriate to the patient [46].

Religion/ Belief
CHFT patient information is difficult to interpret due to the high proportion of people listed as "not known". However, we do know that Christians and Muslims are high attenders. Only 7.5% of the local population are recorded as "not known", whereas 53.32% are recorded as this within the hospital system. This suggests that there is need for improvement in data collection in this area.

Disability
Local data following engagement tells us that staff delivering planned care needed more training on their knowledge of disabilities, including autism and dementia. (Calderdale and Greater Huddersfield, Engagement and Pre-Engagement, March 2013 – August 2015)

Nationally there is evidence to show that change to planned care is likely to have an effect upon this group as the research shows:

- It is commonly acknowledged that disabled people have poorer health, not just in relation to their primary impairment or long term health condition but because of reduced access to health services and generally higher levels of social deprivation. This puts this group at a higher risk of illness and likely to have a greater need of planned care and procedures (NCEPOD (2008): Elective and emergency surgery in the elderly: study protocol, p2.)
- The potential for abuse and the vulnerability experienced by people with learning disabilities are present throughout their lives. People with learning disabilities have markedly worse health than the general population as a whole and are therefore more likely to use health services (Equality and Human Rights Commission (2013): 'How fair is Britain?')

Other Groups
National or local data around Gender reassignment and Sexual Orientation is limited.

[46](Calderdale and Greater Huddersfield, Engagement and Pre-engagement, March 2013 – August 2015)

Maternity Services

Age

Currently, those between the ages of 24 and 33 are mostly likely to use Maternity Services in both CCG's (CHFT Maternity Reconfiguration Analysis, April 2014- March 2015). The data below shows the age range of those using Maternity Services in Calderdale and Greater Huddersfield. The data shows that younger people in Calderdale (under the age of 23) are much more likely to use inpatient services than those in Greater Huddersfield.

Nationally, women aged 15 to 45 years are the primary users of maternity services; at the age of 46, women are assumed to have completed their child bearing (http://www.ons.gov.uk/ons/rel/vsob1/characteristics-of-Mother-1--england-and-wales/2010/stb-live-births-in-england-and-wales-by-characteristics-of-mother-2010.html)

We also know that:

- Teenage mothers and their babies are more likely to experience poor nutrition, being at a higher risk of low birth weight and lower rates of breast feeding. Young mothers are also more likely to smoke during pregnancy, as well as being at greater risk of infant mortality and poor mental health, therefore having more particular needs for maternity services (Department of Health (2010) "Teenage Pregnancy Strategy: Using lessons learnt to go beyond)
- In comparison, the teenage conception rate in Kirklees in 2010 was 43.8 per 100,000 females, which is higher than the national average (Kirklees Partnership (2012): 'Picture of Kirklees 2012/13') the fact this area has above average rates of teenage pregnancy highlights the need for consideration of this group's provision of maternity services.

Sex

There are self-evident links between women and maternity services and, as such, they will be disproportionately affected by changes in this service area.

Ethnicity

The ethnicity breakdown of those using maternity services is shown in the table below. The majority of patients accessing Maternity Services across both CCG's are White British (CHFT Maternity Reconfiguration Analysis, April 2014- March 2015) the second highest attendees are those of Pakistani Heritage.

Those who are recorded as "Any Other White" are over re-represented in comparison to the local population in Calderdale and Greater Huddersfield.

During the Pre-Engagement Focus Groups, it was highlighted that staff providing care need to be more culturally aware and information provided needs to be clear so that patients know what to expect. Treatment plans should be written in a language appropriate to the reader.

Disability
There is no local data available in relation to disability and Maternity Services, however, a UK study on physically disabled parents' experiences of maternity services reveals that physically disabled people embarking on parenthood face a number of challenges. In addition to working to provide the best start for their babies before and during pregnancy, through birth and into parenthood, they often also face a challenge in getting appropriate information and support to enable them to plan and prepare for birth (http://www.dppi.org.uk/projects/episurvey.php)

Little research has been undertaken nationally into disabled women's maternity needs, but they have been identified as a group which maternity services are failing. Much of the evidence for this is anecdotal in nature; for example, women relating their own maternity experiences as reported at the Maternity Alliance conference in 1994, after which the Royal College of Midwives (RCM) published, and later revised, a paper (RCM, 2000) providing guidelines for midwifery practice[47].

Religion/Belief
A survey of women's experiences of maternity services 2013 in Calderdale and Huddersfield NHS Foundation Trust, although only a small sample of people using this service, we can see that the highest respondents were those of a Muslim or Christian belief, with a high percentage of people having "no religion".

Sexual Orientation
Again, there is limited local data other than the previously referred to survey of women's experiences of maternity services 2013 in Calderdale and Huddersfield NHS Foundation Trust. We can see from the data that the majority of respondents to this survey who have used maternity services are Heterosexual/Straight and a minority are gay/lesbian/bisexual. Few respondents preferred not to disclose.

Other Groups
There is very limited available data nationally and locally in relation to Maternity Services with regards to Gender reassignment.

[47] *(RCN Pregnancy and Disability – RCN guidance for midwives and nurses- March 2007)*

Paediatric Services

In relation to paediatric services, between 2008 and 2010, the following national averages are noted:

- 40.9% of admissions (52,337 in total) to PICU are planned - 34.2% (17,891) following surgery, and 6.7% (3,513) for non-surgical reasons.
- 59.1% (30,933) of admissions are for unplanned emergency care.
- The top three indications for admission to a paediatric intensive care unit are:
  - cardiovascular (28.6%);
  - respiratory (26.0%);
  - neurological (11.0%).
- 65.7% require invasive mechanical ventilation (i.e. via an endotracheal tube) during their stay; 14.9% will require non-invasive ventilation.
- These averages conceal substantial inter-unit variation, with the percentage of children on PICU requiring invasive ventilation varying from 6 % to 85%.

During the engagement, there was little evidence in relation to Paediatric Services as a whole, however, people caring for children did express that they wished for services to go ahead when planned as it can often be difficult to change availability arrangements when plans have already been made[48].

Age

The proposed development of a Paediatric Emergency Department for Calderdale and Greater Huddersfield is most likely to impact on children under 14 and their families.

Disability

There is no data locally in relation to Paediatric services. However, we do know that 1% of those with a disability under the age of 15 have their daily activities limited a lot in Greater Huddersfield [49]

[48](Calderdale and Greater Huddersfield Engagement and Pre-Engagement, March 2013 – August 2015)

[49] Greater Huddersfield PSED report, January 2015

Other Groups
There is limited data available in relation to Sexual Orientation, Gender reassignment, Sex, Ethnicity and Religion or belief in relation to Paediatric services, however further engagement is currently underway.

Other Information
This section of the report picks up the protected characteristic data held that does not specifically fall under the above service lines.

Carers
From the Kirklees JSNA almost 19% of the adult population are carers. By 2037, the number of carers is set to rise by 40%, to over 80,000 locally.

- 1 in 7 (14%) 14-year olds are carers. Young carers are less likely to be happy at school and more likely to be bullied than young people with no caring responsibilities.
- In Kirklees, in 2012, carers were more likely to have poorer health, especially pain and depression, than non-carers. They were as likely to have a job but many were restricted to part-time work, which restricts income and pension rights, and benefit take up is low.
- Almost 1 in 5 (18%) carers in Kirklees stated that their present home is not suitable. A significant proportion stated that this is because of physical or mental health conditions or illnesses, or mobility needs.

Compared to non-carers, in 2012:

- Carers had poorer emotional and physical wellbeing, with 6 in 10 (62%) carers rating their overall health as excellent or good compared to almost 7 in 10 (66%) non-carers.
- Carers were a little more likely to report suffering from a health condition in the last 12 months, experiencing depression or other mental health problems and experiencing pain.
- Carers were more likely to be obese, more likely to drink excessively, and less likely to smoke.

In Greater Huddersfield:

- The 2011 Census that shows the peak age for caring is between 50 and 59, 45% of those aged 45-64 were carers, compared with 19% of those aged over 65 years and 34% of those aged 18-44.
- Women carers are more likely to be younger i.e. 50% of female carers were aged 18-44. Male carers were more likely to be older with 48% of male carers being aged 65 or over.
- Carers reflected the ethnic diversity of Kirklees.
- 1 in 4 14-year old carers were of south Asian origin compared to 1 in 7 of the overall population.

- 2 in 3 people being cared for were aged over 65 years, 6% aged under 16 years (and tended to be learning disabled). The mean age of carers was 67.
- The group aged 50-64 provide care most 20% at 13% the over 65's, are providing care, and significantly provide the most hours of care at 5% providing 50 or more hours a week.
- The health of carers is often impacted by their provision of care. Those who provide 50 or more hours a week reporting bad or very bad health 5% compared to 2% who have very good or good health.

In Calderdale, The census asked residents whether they look after or give help or support to family members, friends, neighbours or others because of long-term physical or mental ill health or disability, or problems related to old age. In 2011, 6.68% of residents in Halifax North and East provided 1 to 19 hours or unpaid care, while 1.42% provided 20 to 49 hours, and 2.48% provided 50 or more hours of unpaid care. This compares to figures of 6.51%, 1.36% and 2.37% respectively in England [50]

Religion/Belief
The Patient Administration System at Calderdale and Huddersfield Foundation Trust records religion however, the data does tell us that 53% of people are recorded as "not known". This is an area where data collection could be improved.

Other Groups
There is limited information from the engagement around Pregnancy and Maternity and Gender reassignment; we have therefore used the Public Sector Equality Duty Report for Greater Huddersfield to assess the groups under-represented in the consultation.

Other Data in relation to Hospital services
Data tells us that the highest users of inpatient services are those between the ages of 30 and 44 years old and the highest users of outpatient services are younger people under the age of 24.

The data shows that the highest rate of 'did not attends' is from younger people under the age of 24. This population of this age group is 31% in Greater Huddersfield population and around 30% in Calderdale.

[50](Office for National Statistics, Census).

The data shared in this assessment is from 2013/4 however analysis has been conducted on the 2015/2016 dataset. This shows slightly different percentages but broadly mirrors many of the trends outlined in the data above, both Greater Huddersfield CCG and Calderdale CCG annual "Public Sector Equality Report" 2015/16 note;

Most of the trends, when compared to the local population profile, that emerge are expected;

- The youngest and oldest groups are over represented at A&E attendances and emergency admission
- The oldest groups are over represented in elective admissions
- There is a similar Sex split in A&E attendance
- Women are over represented in elective and outpatients

Some issues warrant more consideration;

- White British patients are underrepresented at A&E, but over at elective
- Asian/Asian British people are over represented at A&E and emergency admissions and under on elective
- When considering 'did not attends' the most significant issue is for Asian/Asian British

This data is reported on annually and allows us to map the changing trends in healthcare use and formulate evidence based planning of services.

7. Consultation and Engagement

7.1 The consultation

As part of widespread activity within formal consultation NHS Calderdale and Greater Huddersfield CCGs people were able to participate in the survey in a number of ways – online, paper questionnaires, supported through community assets and local volunteers who helped to target groups historically underrepresented in consultations. The CCGs aimed to be inclusive by providing consultation information and documents in the following formats;

- Audio format
- Braille
- Czech
- Urdu
- Punjabi
- Polish

- Slovak
- Easy read
- And by providing British Sign Language interpreters where requested

The CCGs utilised a community asset approach to ensure a good reach into the local communities. This meant that local community groups and organisations were informed about the proposals and in turn could inform others as well as providing help to complete subsequent surveys.

In Calderdale this was the 'Engagement Champions' in Greater Huddersfield this was 'Community Voices'. The groups who supported the consultation are listed below.

Community Voices

- One Good Turn Charity
- Basement Recovery Project
- Denby Dale Centre
- Moldgreen United Reformed Church
- Huddersfield Pakistani Community Alliance
- Royal Voluntary Service
- Women's Centre
- Brian Jackson House
- Indian Workers Association
- Q4E
- Honeyzz

Engagement Champions

- Disability Partnership Calderdale
- Basement Recovery Project
- Centre at Three ways
- Disability Support Calderdale
- Noah's Ark TBA
- Advance Community Empowerment
- St George's Community Trust
- Age UK Calderdale & Kirklees
- Forum 50+
- Healthy Minds
- Phoenix Radio
- Pleasant Pastimes
- Chiraagh
- Project Colt
- Crisis Pregnancy Care
- UCCA
- Women Centre
- Healthy Living Partnership

- WES
- HOTS
- Calderdale Interfaith council
- Labrys Trust
- Compass Bridge
- CREW
- Calderdale DART
- Voluntary Action Calderdale

Targeted activity
Specific activity was undertaken to reach particular groups to ensure they were reached by the consultation and were encouraged to participate;

- Calderdale Deaf Society
- Disability Support Calderdale
- School and college activities
- Trans positive
- Queens Road Neighbourhood Centre – Job Club – people from the Czech Republic and Slovakian people
- Todmorden Women's disco
- Chit Chat group Elland, over 50's
- HUGG
- Age UK
- Polish Roman Catholic Church Huddersfield
- Supermarket that served Polish and other European communities.

To help monitor community representation equality monitoring data has been collected within the consultation and as part of the "Have your Say' survey.

A number of public events and information sessions were held to raise awareness of the consultation and enable people to ask questions and find out more from senior clinicians and managers with in the CCGs. Each was equality monitored.

More detail about the consultation approach and consultation meetings can be found in the Independent Report on the Findings Right Care, Right Time, Right Place consultation August 2016 produced by NHS Midlands and Lancashire Commissioning Support Unit on behalf of NHS Greater Huddersfield Clinical Commissioning Group and NHS Calderdale Clinical Commissioning Group (CCGs).

7.2 Have Your Say Survey

The CCGs are very mindful of their duties with regard to the Equality Act 2010 and the Public Sector Equality Duty as well as their commitment to commission services which meet all of their community's needs. In order to achieve this, the CCGs need to ensure it is confident it has considered all protected characteristics; age, disability, gender reassignment, pregnancy & maternity, race, religion & belief, sex and sexual orientation within the Right Care, Right Time, Right Place programme. The CCGs have also committed to consider the needs of carers as they often face additional issues accessing health care.

Critical to this consideration is ensuring widespread involvement by local people to ensure the CCGs are able to understand if diverse communities feel differently about the proposal and assure themselves that the consultation reached a representative sample of local people.

The CCGs routinely equality monitor their engagement activity. The consultation had a full equality monitoring form. This data has been analysed to understand if the respondents were a match to the local demographic profiles and also to understand if there were any trends or differences in responses by particular communities or groups. Not everyone completed the equality monitoring form, some partially completed. The data received through the Calderdale Talkback survey is incomplete as it did not include the full equality monitoring form.

The information and insights that can be gained from involvement and consultation are crucial to EHIIAs, allowing those affected by the way public organisations carry out their functions to have a real input, improving outcomes and empowering both service users and employees.

Limitations

The survey enables us to identify the views of protected groups within Calderdale and Greater Huddersfield, but caution is needed regarding survey findings and subsequent analysis.

Survey design

- The survey was anonymous so there was no way of checking if respondents submitted more than one survey; this could potentially distort the results.
- The survey did not ask about respondents' current service use or experiences so it is not possible to determine if services were relevant to them or if they were high users of health services.
- The survey design allows the potential for contradictory responses; for example one could say an area was both worrisome and liked.
- Due to information governance and data protection concerns, the survey only requested the first part of postcodes. This limited the matching of responses in terms of areas of deprivation.
- There could have been some confusion around in the phrasing of the Maternity Services. In the narrative people were asked to think about the impact of proposed change, however the question was based around what would improve the proposed changes to maternity services, which in themselves were limited.

Data analysis

- Due to some of the protected characteristic respondents numbers being relatively low; under 100, the generation of 'top themes' for each group requires a level of caution. In order to guide the reader through top themes, data tables have included the number of responses.
- The percentages within the analysis of closed questions require a level of caution where there are a low number of responses from particular groups. For example, there was six responses from Jewish people to question 12, all six (100%) disagreed with the proposal. This does not infer that six responses represent the views of all Jewish people living in Calderdale and Huddersfield, however it does highlight that 100% of the responses to this question from this group disagree with the proposal.
- The assessment includes the views of protected groups including reporting low numbers in terms of percentages. Where this occurs the assessment notes number of respondents alongside the percentage to provide transparency.
- Not everyone answered every question; for the survey or the equality monitoring. For clarity in the analysis of the responses on closed questions the data tables provide percentages based on the number of responses to the specific question and not the respondents to the survey as a whole (7582).
- The data analysis does not assume that survey responses from people with protected characteristics represent the views of their whole community. The assessment merely reports on the responses made to the survey questions. It was important that this assessment included all the views made by different groups even when they were given by a low number of people.
- Data from the survey has not undergone any statistical testing for acquiring level of confidence.

- Certain data, such as age, has been grouped within the data tables and analysis for closed questions. This was for ease of analysis. The age groups were rationalised based on common age groupings used within local government population statistics.

Due regard
In demonstrating “due regard” to equality the consultation report measures the whole or the majority view, the task of the EHIIA is to examine views of protected groups, who may only be small in terms of the respondent sample.

7.2.1 Respondents
An equality monitoring form was an intrinsic part of the survey. This enabled analysis of responses in relation to reflecting broad representation of the areas and to support identification of any trends.

Out of the 7,582 survey responses, 27.8% of residents lived in Calderdale, 69.1% lived in the Greater Huddersfield area, with 3.1% classed as other.

Survey responses to all questions were analysed to see what people said would be the impact on them. This data was disaggregated to identify trends by protected characteristics. Further analysis included the breakdown of each area of the proposal and survey questions to understand any differentials.

There was a good response from residents; with over 1.5% completing the survey overall and in terms of equality characteristics the data confirms that the respondents are close to the demographic profile of each locality, the data is available in appendix 3

As can be seen from the tables the reach of the survey has met with a representative sample of some of our communities, however to understand what, if any, under representation existed between known demographic profiles and people responding to the survey, this data highlights any difference of -5% or more, including;

- Male response rates are 15% down in both areas
- Younger people (under 20) are much lower than the demographic profiles
- Christian groups were down in both areas, in Calderdale possibly due to a good response from Muslim people. Muslims in Greater Huddersfield were underrepresented. A significant number of people did not respond to this question or provided ‘other’ religions.
- White British respondents in Calderdale were – 15.6% lower than their demographic profile and Asian/Asian British respondents in Greater Huddersfield were -6% lower than their demographic profile.

The full consultation analysis in terms of breakdown of responses and protected characteristics can be found in the Appendices. The consultation identified areas of specific concern relating to why people felt they would be negatively affected by the proposal.

In addition to the equality monitoring, the country of birth was also requested. The inclusion of country of birth enabled analysis to assess representativeness across different countries. As expected the highest background represented was the UK, however as the table in appendix 3 shows, other people from other countries gave their views to the Have Your Say survey. This table provides supplementary evidence of who took part in addition to ethnicity data.

Data analysis
The majority of data analysis for the Have Your Say survey has been carried out using the raw data set from responses to the consultation survey. Additional data has been used from the Independent Report of Findings.

Closed questions were analysed by protected characteristics. All responses within the raw data sets were sorted within Excel software. Where feasible percentages were added to closed question data sets. Percentages were generally calculated using the number of responses to a particular question rather than the whole number taking part in the survey. The structure of the closed questions within the survey gave rise to potential contradictions across responses.

The raw data sets contained all open responses, which were subsequently coded into themes. This coding was done by the MLCSU Consultation Team which assigned themes to all the open-ended responses. This process involved quality assurance checks to ensure consistent coding throughout the process. Due to significant amount of data generated from responses a thematic approach was taken in which the top 5 themes were identified for each question.

Although the data from responses provides a comprehensive set of responses and top themes some data requires a level of caution within the analysis. This is the case where lower numbers of respondents from particular backgrounds potentially skews analysis.

7.2.2 Themes
When the responses were coded a series of themes were identified. They reflect the different views and opinions raised by the public in their responses to the consultation survey. At the end of the coding stage the themes were reviewed and underwent a quality assurance check within the Consultation Team to ensure that comments were consistently coded with a corresponding theme. Following a wide range of comments there were a total of 68 themes. These were then grouped under 18 main themes, as shown in appendix 4.

7.2.3 Responses

Where questions were closed sometimes there was an opportunity to add a comment, or explain your answer. People provided a range of open ended responses to how they feel negatively affected by the proposal (question 10). The top themes from question 10 for all responses show that people are most concerned with travel times, putting lives at risk, feasibility of proposal, meeting population needs and concern over decision-making.

Not everyone completed the equality monitoring form, and while some people completed some questions they missed others.

Some groups who responded may have been representative of the local community but could still be a very limited number of respondents; for instance there was a representative sample of Jewish people, despite this being only 9 people.

The data reported in relation to closed questions generally reflects the percentage of responses to a particular question for each group. It does not report percentage as a whole. However while people may have provided their data they may not have answered a particular question, thereby reducing the available data, meaning caution should be applied in the interpretation of the data and themes.

*Some groups had less than a 100 (1.3%) respondents, so it would be very hard to draw out statistically significant themes for these groups; given not all are likely to have responded to any particular question. These groups are;

- Buddhists, Hindus, Jews and Sikhs
- Black/Black British - all groups
- Asian/Asian British – Chinese, Indian, Bangladeshi and other Asian
- Other ethnic groups – Arab and ‘other ethnic groups’
- Mixed/multiple ethnic backgrounds – White and Asian, White and Black Caribbean, White and Black African and other mixed background
- White/White British - Irish, Gypsy or Irish Traveller and ‘other white’
- Pregnant or given birth in the last 12 months
- As separate groups; bisexuals, lesbians and gay men
- Transgender

We will note some of the themes that have been raised by these groups, but significant caution must be applied to the interpretation

Each part of the proposal was analysed in terms of responses and themes from people with protected characteristics.

Closed Questions
Data analysis was conducted on the closed questions for each part of the proposal disaggregated by protected characteristic. The results of this analysis can be found in appendix 6, 8 and 10.

Question 10 whether people would feel negatively affected by the proposal?
Overall 66.7% of all responses feel they will be negatively affected. There is notable difference between responses from residents of Calderdale and Greater Huddersfield with residents of Greater Huddersfield responding they will be more negatively affected (80.9% compared to 32.5%).

The following responses from people with protected characteristics are from all residents.

66.7% of all responses said yes, they felt they would be negatively affected.

Not all respondents answered the question so the analysis states the % of those responding that answered Yes to being negatively affected. When all responses were disaggregated by protected characteristics these were the results

Sex There is no notable variation in responses from female and males. From those that answered yes to this question:

- 61.4% females
- 69.5% males

Age From age groups, the highest percentages of people who answered yes;

- 65.8% (1767 responses) aged 45-64 years
- 63.0% (984 responses) aged 25-44 yrs
- 61.4% (1055 responses) aged 65 yrs and above
- 80.3% (763 responses) people that didn't disclose their age
- The data shows that there were very low numbers of people aged 0-14 yrs providing a response to this question

Religion and Belief – yes responses over 60%:

- 70.3% (26 responses) Buddhists

- 67.4% (1406 responses) from people disclosing No religion
- 67.0% (2232 responses) Christians
- 60.6% (129 responses) ‘Other religions’
- 77.8% (516 responses) Preferred not to say their religion
- 64.2% (226 responses) did not disclose any their religion

Ethnicity yes responses over 60%:

- *100% (10 responses) Black/Black African
- *100% (10 responses) Asian/Asian British - Bangladeshi
- *80.3% (49 responses) White and Black Caribbean heritage
- *83.6% (61 responses) Other Ethnic background
- *76.6% (59 responses) White/White British Other White background
- *69.7% (53 responses) White/White British with Irish
- *67.0% (17 responses) Mixed/multiple - White and Asian heritage
- 66.0% (3734 responses) White/White British
- 83.0% (400 responses) preferred not to disclose their ethnic group
- 75.4% (147 responses) blank (didn’t disclose)

- 62.1% (741 respondents) of disabled people
- 70% (984 respondents) of carers
- 67.4% gay men (66 respondents)
- 66.7% lesbian (32 respondents)
- 59.6% Bisexual people (65 respondents)
- 81.4% (48 respondents) pregnant
- 70.2% (40 respondents) who had a baby within the last 6 months

Emergency and Acute Care closed questions:
Summary of feedback includes;

Sex:

- no variation in responses

Age

- Percentages indicate there are no variation in responses from different age groups
- People responded more positively for seeing the right staff
- There was a fairly even split for people feeling they would not receive the treatment they need.
- There were a slightly more people feeling that they would not receive the right care

Disabled people

- 706 disabled people responded they were worried that they will not be able to travel to get the care they need .
- The highest areas of concern were about travel to get the care needed (29.4% of all responses) and not being seen and treated quickly
- Lower numbers gave positive views about the proposal.
- Carer's responses mirrored disabled

Ethnic groups

- Percentages indicate there is no significant variation for responses from differing ethnic groups; however a proportionally high number of people from BME backgrounds were concerned that they would not be seen by the right staff
- A significant number of people from Pakistani backgrounds (181 people from 593) felt they would receive the right care and be seen quickly

Religion

- There is no significant variation across people with differing religions; however Muslim people who responded positively that they will see the right staff (70.5%)

Sexual Orientation

- There is no significant variation in the responses from people within this protected group; however the highest area of concern is about not being seen and treated quickly
- 25% felt positive about receiving the right care

Pregnancy and Maternity

- 81.5% of pregnant women who gave a response, felt they would be negatively affected by the proposal

- A significant number of pregnant women felt they would not be seen and treated quickly (38.1% of all responses made). This was mirrored by women that had a baby in the last 6 months (37.2%)
- There were low numbers of positive responses about the proposal

Transgender

- No significant variation in responses.

Urgent Care closed questions

Sex:

- No variation in responses

Age

- The highest numbers of concerns were raised for not being seen and treated quickly. There was no variance in the pattern of responses from people of differing ages
- The most positive area of the proposal was people feeling they will get the treatment they need. The only variation in responses for different age groups was for younger people (15-24 yrs) who felt they wouldn't be seen and treated quickly within urgent care
- People aged 65 and above responded slightly higher to not being able to travel to get the care needed (25.9%)

Disabled people and Carers

- The highest area of concern for disabled people is around travel to get the care needed (25.7%)
- Carers are most concerned over not been seen and treated quickly
- The highest positive area for disabled people is feeling they will receive the right care. However this is only slightly higher than the number giving a negative response to receiving the right care
- Overall there were more negative responses from disabled people and carers

Ethnic groups

- There is no significant variation in the negative responses for urgent care for people within different ethnic groups
- For positive responses there is some variation. People from Asian/Asian British backgrounds have given slightly higher levels of positive responses for feeling they will be seen and treated quickly for urgent care

Religion

- There is no significant variation from people with differing belief and religions. There are some small fluctuations from the general responses for Muslim people. They are most worried about travel followed by not receiving the right care
- Some caution should be applied when interpreting percentages –this is due to low number of responses from most religious groups, such as Jewish people

Sexual Orientation

- There is no significant variation in responses from people within LGB group, however people from LGB groups are most worried about not receiving the treatment needed
- For positive responses, they are most positive about feeling they will receive the right care

Pregnancy and Maternity

- The highest area of concern is around travel to access (45 people) urgent care followed by not being seen quickly (43 people)
- Positive responses the highest area of response (34 people) feel they will be seen quickly

Transgender

- Data from positive responses show the highest area of response (34 people) feel they will be seen quickly
- There are even responses to the positive areas of the proposal

Planned Care – closed questions

- There were 7464 negative responses and 9878 positive responses to this area of the proposal
- The highest area of concern generally was travel

Age

- There was no significant variation between people of different ages however it is noted that the response was lower from 15-24 yrs olds compared to people aged 65 and above
- The highest area of positive responses was receiving the right care

Disabled people and Carers

- For disabled people, in line with general responses, there were 1396 negative responses compared to 1807 positive responses
- The highest area of concern is travel. The most positive area of the proposal was people feeling they would receive the right care
- For carers there was a different response. Overall there were more negative responses (1930 negative compared to 1800 positive)
- The highest area of concern for carers is travel, followed by not been seen quickly
- For positive views, a significant number of carers felt they would receive the right care

Ethnic groups

- There is no significant variation in the responses across different ethnic groups, however Asian/Asian British - Pakistani people (46.7% from those giving responses to this question - 86 responses) and African heritage (50% from 5 responses) felt concerned about not being able to travel to get the care needed
- Some higher percentages within ethnic groups are due to small cohort numbers of responses. For example – low numbers giving responses from Asian/Asian British - Other Asian backgrounds

Religion

- There was no significant variation in the responses from people with different religion or belief

Sexual Orientation

- There is no significant variation for LGB groups across responses, however the highest concern for LGB people, were not being seen and treated quickly accounting for 33% of responses from Bisexual and Gay groups
- There is a higher response of Lesbians who said they were concerned about being seen by the right staff (21 people)

Pregnancy and Maternity

- People within this group did not respond in significant numbers. The highest area of concern was being seen quickly
- In line with general responses to this part of the proposal there were more positive responses

Transgender

- There was very low number of negative and positive responses to this section from this group

Maternity Services in the Community – closed questions:
Selected data was used for the analysis of this part of the proposal, but reflects the responses given throughout the consultation.

Ethnic groups

- Generally people gave highest number of responses to feeling they would be seen and treated quickly. This may link to the proposal that Maternity Services will be enhanced by improving community based services with no change to hospital based services.
- There are some variations on how people from different ethnic groups have responded to questions relating to this part of the proposal. For example people from Black/Black British - Caribbean people (13.7%) responded lower to receiving the right care compared to other groups. In terms of travel there is a higher response from White/White British -Other White group (60.9%)

Religion

- All main groups took part in this question. There is no significant variation of responses between different groups.
- Higher percentages of responses from some groups is due to a low cohort of responses – such as Jewish people and Buddhists

Disabled people

- In line with general responses, disabled people feel that for maternity services they would be seen and treated quickly

Pregnancy and Maternity

- For this group, this part of the proposal will directly relate to their current situation
- In line with general responses people feel they will be seen and treated quickly

Paediatric Care – closed questions:

Sex

- For negative responses there is a difference between responses of females and males with higher percentage of females (35.3%) feeling their child will not be seen and treated quickly compared to comparative male response rate of 28.8%.
- Other responses to this question were similar

Age

- Generally people responded more negatively to this area of the proposal. (8673 negative responses compared to 5767 positive). There were generally more positive responses to children receiving the right care by the right staff within the proposal. The highest area of negative responses were for travel, and been seen and treated quickly
- Across the different age groups there is no significant variation for responses. Higher percentages can be seen for certain responses from particular groups such as 0-14 yrs. This is due to a very low number responding within this cohort

Disabled people

Responses for disabled people and carers, follow the general trend for this area of the proposal

- The highest area for concern is travel and not been seen or treated quickly. 27.6% of responses from disabled people raised travel concerns alongside 25.3% of responses about being treated quickly

Ethnic groups

- Responses from people across different ethnic groups follow the general trend. There are no significant variations in the responses from people belonging to different ethnic backgrounds.
- There are higher percentages for responses from particular groups where there are a low number of responses within the cohort. This is the example with people from Chinese heritage

Religion

- The responses from people with different religions do not significantly vary from general responses
- There are no significant variations for responses for people belonging to different religions
- Higher percentages for some responses are due to a low number of responses from certain groups – such as Jewish people

Sexual Orientation

- Responses from people in LGB groups do not vary from general responses

Pregnancy and Maternity

- Responses from people within this protected group have responded in line with general responses

Transgender

- There are only a small number of responses made to the negative part of the question
- Responses in line with general responses

Community Services – closed questions:

Sex

- There were similar responses between the responses between females and males.

Age

- General data shows that slightly more people gave a positive response to this part of the proposal
- The higher area of concern is not being able to be seen and treated quickly. This is followed by not being seen by the right staff
- For positive views, the highest response was for travel. This may be due to people being able to access services within health centres that may be closer to home
- Responses from people of different age groups do not vary significantly from the general responses
- There are not any significant differences between different age groups

Disabled people and Carers

- Disabled people responded saying they have highest concern for being treated quickly
- There is little difference between their responses to negative responses for right care, right staff and receiving the treatment needed
- The highest responses for positive views are for travel, this may be because it is closer to home
- For Carer responses the top concern is being seen quickly 23.5%
- There were similar numbers of carers responding positively to travel. This suggests that personal circumstances that affect travel may differ

Ethnic groups

- For the majority of responses there is no significant variation for people within different ethnic groups
- For people with Pakistani heritage they were most concerned (only by a small number) about being seen by the right staff.
- For positive responses, there is not any significant variance from general responses
- There is a slight difference in the responses from Pakistani people who responded more positively to being seen more quickly, then followed by travel

Religion

- There is no significant variation of responses from people with differing religions compared to general responses
- There are no significant variations in responses from people with different religions

Sexual Orientation

- There are some small variations in responses from people within LGB groups.
- Bisexual and Gay people noted higher levels of concern for not being seen and treated quickly
- Lesbian people (22.0% of responses) noted higher levels of concern for being seen by the right staff
- There was very little variation in responses to positive views compared to general responses

Pregnancy and Maternity

- They are most concerned about being seen by the right staff (accounting for 46.0% of responses)
- Women that were pregnant and had recently given birth felt Community based services would let them be seen quickly

Transgender

- Only a small number (5) of people gave a response to this part of the proposal

The narrative below is based on the top themes of concerns and views by each open question in the "Have Your Say" survey. Full data tables can be seen in appendix 9. It takes into account the data from the public consultation, helping to identify public views on the proposed changes.

The following table provides a summary of responses to different sections of the proposal in relation to protected characteristics. Where feasible these themes have been grouped:

Areas of proposal	**Variations of responses from people with protected characteristics compared to all responses for each open ended question**
Question 10 **'Do you think you will be negatively affected by our proposed changes'**	Top themes from all respondents include travel times, putting lives at risk, feasibility of proposal, meeting population needs and concern how decisions are made. From analysing data from protected groups further information includes: Travel Access was a concern for;

If yes tell us more; (people who felt they would not be negatively affected would not have answered this questions so all responses would be examining the negative affects)	• People aged 0-30 yrs, 61 yrs and above • Disabled people • Women • *'Other White' ethnic background and Mixed or multiple ethnic groups • Christians and *Buddhists • *People that have had a baby in last 6 months Wanting services to remain the same: • Asians/Asian British Other themes: • *Sikhs are concerned with access to other services • *Pregnant women and LGB people are concerned with proposed site capacity • People aged 0-20 yrs. concerned with waiting times
Emergency and Acute Care	Top themes include travel times, feasibility of proposal, putting lives at risk, wanting services to remain and travel access. From analysing data from protected groups the exceptions to the above are: • Young people raised issue of irrelevance • People aged 41-50 raised concerns regarding Ambulance service coping • People aged 71 plus are concerned with decision making • Asian/Asian British people supported this part of proposal • *Buddhists are concerned with wider services that link with Emergency and Acute care available • *Hindu people raise using technology as a top theme and support the proposal. • *Jewish people are concerned with staff pressures. • *People who have experience of using pregnancy or maternity services are concerned about site capacity and access to staff. There are a small number of responses from this protected characteristic group. • *Transgender people raised theme that they would go to Barnsley A&E. There was a small number of responses from this group
Urgent Care	The top themes for Urgent Care raised by all responses include: feasibility of proposal, access to staff,

	concern with GP capacity, NHS 111 service and Proposal for services to remain. From analysing data from protected groups the exceptions to the above themes include: Travel and transport: • Disabled people are concerned with travel access • Asian/Asian British people are concerned with travel access • Young people are concerned with travel access Access to staff: • People aged 71 and above raise the concern of staff levels and raise the theme of supporting this part of the proposal • Disabled people are concerned with access to staff Support for this part of proposal: • People aged 71 raise the theme of supporting this part of the proposal • Carers support this part of the proposal • Asian/Asian British people support this part of the proposal. • People in the age groups of 21 yrs to 50 yrs and 71 yrs and above indicate support for the Urgent Care proposal Other themes: • Asian/Asian British people are concerned with waiting times, travel access and support this part of the proposal. • 0-20 year olds raise the irrelevance , meeting population needs and support this part of proposal • 51- 60 year olds raise the importance of access to care and services. This age group also raise the theme of education and communication • 61 -70 year olds raise the theme of importance to care and services • Men raise theme of irrelevance • Women are concerned with access to other care services • *LGB raised concerns with waiting times, inadequate care and staffing levels. • *Inadequate care was also raised by women who are pregnant
Planned Care	The top themes for Planned Care raised by all responses include Feasibility of proposal, Travel access, Urgent and emergency care impacts, travel times and funding concerns.

	From analysing data from the protected groups the exceptions to the above themes include: Travel and transport: • *Buddhists were concerned with travel costs • *Sikh people were concerned that there would be travel difficulties for people visiting patients in hospital. Waiting times: • Muslim people • *Black British, African and Caribbean people • Younger people • Asian/Asian British people • *People who were pregnant • *LGB people Bed capacity: • *People who were pregnant • *Mixed/Multiple ethnic groups raised concerns with site capacity for Planned Care • *LGB people Other themes: • Younger people raising the irrelevance of the question • Disabled people raised the theme of supporting for this part of the proposal • *White/White British - Other White heritage supported this part of the proposal • *Hindu people felt that there was not enough information on this part of the proposal
Maternity Services in the community	The top themes for maternity services raised by all responses include concerns with feasibility of proposal, service reduction, personal care budgets, travel times and irrelevance of question. There was no significant difference between male and female responses. From analysing data from the protected groups the exceptions to the above include: • Young people raising importance of access to care / services • 21-40 year olds raised the theme of inadequate care • Carers are concerned with the NHS 111 service. They are also concerned that the NHS is

	being privatised and inadequate care • White British people are concerned with inadequate care • *There is support for the proposal from Black, African and Caribbean ethnic groups. • *LGB people raise theme of irrelevance • *People who are pregnant or have experience of using maternity services support this part of the proposal
Paediatric Care	The top themes for Paediatric Care raised by all responses include travel times, wider services impact, support for the proposal, travel costs and travel for visitors. From analysing data from the protected groups the exceptions to the above themes include: Travel and transport: • All ages raised travel access as a concern NHS 111 Service: • People aged 31 to 70 • White British people • Christians • LGB people Access to staff / G.P capacity: • 21-30 year olds are concerned with G.P capacity and access to staff • People aged 51 and above are concerned with G.P capacity • All ages are concerned with access to staff • White British people are concerned with access to staff • Christians were concerned with G.P capacity Support for this part of the proposal: • 21-30 year olds • Asian/Asian British people, *Black/Black British, African and Caribbean heritage, *Other White and *Mixed Multiple Ethnic backgrounds • Pregnancy and Maternity Other themes: • 41-50 year olds are concerned with feasibility of proposal

	• *Black, African and Caribbean people want services to remain as they are • *LGB people are concerned with the feasibility of the proposal • *Pregnancy and Maternity: people are concerned that it will put lives at risk but also support the proposal. Responses show a contradiction.
Community Services	The top themes for Community Services raised by all responses include G.P capacity, Feasibility of proposal, funding concerns, staff levels and not enough information on proposals. From analysing data from the protected groups the exceptions to the above themes include: Waiting times: • People aged 41-50 and 61-70 • Disabled people and carers • White British people • *Hindu people Inadequate care: • People from Black/Black British, African and Caribbean • *Pregnancy / Maternity and Transgender Support for this part of the proposal: • Young people (aged 0-20) • People aged 71 • Asian/Asian British people

8.0 Travel

8.1 Impact

The geographic area of Calderdale and Greater Huddersfield covers 395 square miles. NHS Calderdale CCG and NHS Greater Huddersfield CCG commission services for their residents within this area and the current hospital service requires a degree of cross-district travel for patients to access the appropriate services for their needs.

In order to understand the impact for patients a detailed travel analysis has been undertaken by Jacobs Engineering.

In summary:

- The majority of residents within Calderdale and Huddersfield attend their most local hospital to receive their care
- All emergency ambulance journeys across the locality are less than 45 minutes with the majority being less than 30 minutes
- The key areas of deprivation are located around the main towns of Halifax and Huddersfield with a greater proportion in and around Huddersfield
- The elderly are mostly located in the suburbs of the main towns of Halifax and Huddersfield, which results in slightly longer travel times to either hospital site. The potential impact of the hospital and community service reconfiguration has been assessed by Yorkshire Ambulance Service and by Jacobs Engineering.

This assessment has taken the above Travel Analysis findings into account. The Have Your Say survey included a question about travel and ideas to improve it (question 11).

In order to understand the implications for the Yorkshire Ambulance Service a detailed analysis has been undertaken by North of England Commissioning Support (NECS). Having established the baseline they modelled two Scenarios: CRH being the Unplanned Site and HRI being the unplanned site and; HRI being the unplanned site and CRH being the planned site.
Their findings summarised that there was no disproportionate impact on Yorkshire Ambulance Service as a result of choice of site.

8.2 The conclusions of the travel analysis

The findings from the travel analysis stated that **-**

- Currently 76% of patients and 60% of the whole population are within a 15 minute drive of Calderdale Royal Hospital or Huddersfield Royal Infirmary. With 96% of both patients and the population being within a 30 minute drive of Calderdale Royal Hospital or Huddersfield Royal Infirmary.
- There are no disproportionate impacts of the change in travel time related to whether HRI or CRH is the planned or unplanned hospital care site.
- The travel analysis report concluded that there are no protected groups who are likely to be highly impacted by the proposed changes to hospital services. The most likely areas for negative impact is to those groups who are high users of Accident & Emergency services, such as younger, older people and some ethnic groups.

The Travel Analysis report therefore recommended the following:-

- Actively consult older people around emergency and urgent care services as they are frequent users.
- Through the public consultation gather further information and views from Asian/Asian British and White Other groups which are over or under-represented in relation to the local population in service use so their views can be considered.

- Reach out to impairment groups that could be significant users of the services where changes are proposed to enable potential negative impacts to be identified and mitigated.
- Once the information from the Maternity and Paediatric Engagement has been collated and analysed review to identify any particular groups that need further consideration.
- Carers should be reached in the consultation to identify if any proposed changes would be experienced more by carers.
- Equality Impact Assessments should be completed for all services as they are redefined/relocated this should be an iterative process every time there is significant change.
- The Trust should work towards improved equality monitoring data; collected, analysed and addressed for protected characteristics not currently routinely collected.
- Actively consult children and young people and children during the public consultation.

The above recommendations have now been completed with further engagement work carried out for Maternity and Paediatric engagement together with consultation work through the Have Your Say survey.

The recent "Have Your Say Survey" consultation process engaged with all the different groups recommended in the Travel Analysis report recommendations and the responses are found in this section. However, the top theme across all respondents was about the impact of travel time.

The following tables provide the 5 top themes for how people feel they will be negatively affected by the proposal (question 10 on survey) – all people taking part:

Rank	**Top themes**	**Number of people responding**
1	Travel times	1983
2	Putting lives at risk	1092
3	Feasibility of proposal	982
4	Meeting population needs	708
5	Concerns on how decisions were made	530

Further information on travel can be seen in appendix 7.

Question 11 'Please tell us if there is something that you think we could do to improve travel, transport and parking?'

There were 2542 responses to this open question. The comments tended to reflect current concerns regarding travel and access for the proposed changes to services.

The following tables of ranked themes for travel ideas shows little difference between themes for residents living in Calderdale and Greater Huddersfield.

Table showing themes across question 11 - all residents:

Rank	Top themes for all residents	Number of people responding
1	Travel –car parking at Calderdale	1829
2	Travel – access	1563
3	Travel – alternative suggestion	1165
4	Travel – costs	1012
5	Travel – car parking at other sites	794

Table showing themes across question 11 - Calderdale residents (2542 responses)

Rank	Top themes	Number of people responding
1	Travel –car parking at Calderdale	616
2	Travel – costs	408
3	Travel – access	367
4	Travel – alternative suggestion	359
5	Travel – car parking at other sites	345

Table showing themes across question 11 - Huddersfield residents (6874 responses)

Rank	Top themes	Number of people responding
1	Travel –car parking at Calderdale	1213
2	Travel – access	1196
3	Travel – alternative suggestion	806
4	Proposal for services to remain	685
5	Travel – costs	604

Narrative on responses about improving travel, transport and parking:

The top themes raised across all groups included parking at Calderdale Royal Hospital, Travel Access, Travel Costs and Car Parking concerns. People also raised alternative suggestions.

Given so many people raised concerns about travel, transport and parking it has been hard to identify any particular groups feeling differently to the majority. However we do know that some groups are impacted differently due to a number of factors; cost of transport will have a different impact on those in poverty and some people are less likely to have access to private transport, for cost or other reasons. These groups are likely to be; disabled people and carers, older and younger people. Poverty is the major factor in this impact many BME, LGB, disabled and younger and older people in the area are likely to be living in poverty.

Ideas for alternative suggestions are varied but included:

- Improving road infrastructure
- Improving car parking at sites – including multi-story parking
- Improving public transport access and times – including shuttle bus
- Relocating hospital services to area of improved accessibility for both towns
- Address costs of access to hospital sites (public transport and car parking fees)
- Keep services as they are
- Ambulance lane
- Get a Heli-pad at Calderdale
- Improve the Ambulance Service (additional ambulances and improve Patient Transport)
- Sufficient disabled parking spaces (current problem with availability)
- Improve and address the transport issue before implementing the changes

In summary, travel, transport and parking are critical issues for the respondents. Access to services needs to be strongly considered and differing means of transport monitored keeping in mind those who need to access them most (young people, carers, family members, vulnerable adults, other professionals).

As services change continue to identify specific barriers of increased travelling distances/time for treatment and visiting patients. Travel plans and access need to be shared with all groups as part of the ongoing engagement.

Travel and staff views:

Staff raised a range of issues regarding travel, transport and parking. Highlights include:

- Travel time for Huddersfield residents for Acute Care
- Travel time for staff having to relocate
- Shuttle bus services for staff and patients – free to alleviate costs
- Concern over infrastructure – roads, affordable car parking
- Travel analysis inadequate and contradictory
- Will ambulance service cope
- More information needed on how additional travel time will affect patients needing emergency care
- More understanding needed by the public that the ambulance service are the first part of the care (rather than just transport into hospital)

9. Workforce

9.1 Workforce Strategy

The most important resource available to the NHS is its staff. The Calderdale and Huddersfield Foundation Trust (CHFT) employs around 6,000 staff who deliver compassionate care from two main hospitals; Calderdale Royal Hospital and Huddersfield Royal Infirmary as well as in community sites, health centres and in patients' homes.

The changes will naturally have specific impact for the workforce; the issues the changes bring will need to be captured through ongoing staff engagement. This assessment has taken account of comments and views from staff: whilst they may not be affected as a recipient of services they would be directly affected by potential changes in work location, work pattern and required skills. Staff development is essential to maintain the Trust's statutory obligations and develop skills for new ways of working; it will take time to embed upskilling as part of the wider workforce plans for the proposed new models of service delivery and the health and wellbeing support for staff.

Some respondents to the survey raised issues of having confidence that staff were supported to deliver the proposed model and provide services that were respectful of individual's diverse profiles and backgrounds.

Given the extent of the proposed changes and the range of potential implications for the workforce it is recommended that any further engagement or consultation activity includes workforce monitoring of impact for staff groups.

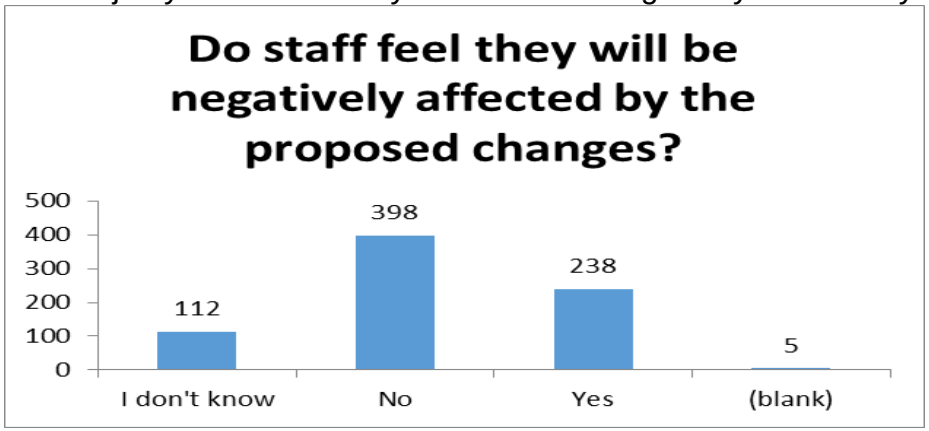
The survey was analysed and staff data extracted. The equality data for this group is held in Appendix 12.

753 members of staff completed the survey. This included hospital, CCG and other staff members.

Responses to question 10: 'do you think you will be negatively affected by proposed changes?'

	Responses	Number of staff	%
	I don't know	112	14.9
	No	398	52.8
	Yes	238	31.6
	(blank)	5	0.7
	Grand Total	**753**	**100%**

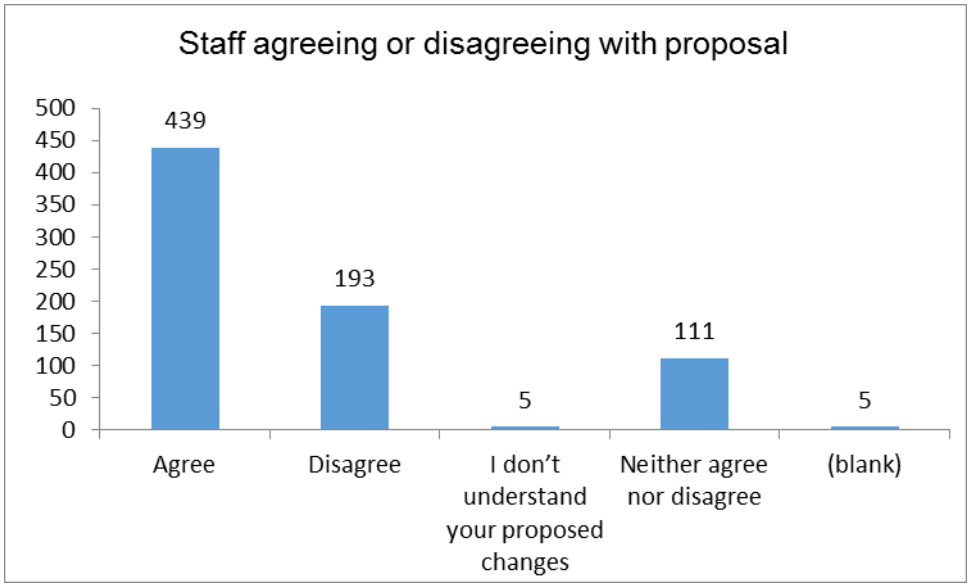
The majority of staff felt they would not be negatively affected by the proposed changes and also agreed with the proposal.



Responses to agreeing or disagreeing with proposed changes:

Do you agree or disagree?	Number of staff	%
Agree	439	58.3

Disagree	193	25.6
I don't understand your proposed changes	5	0.7
Neither agree nor disagree	111	14.7
(blank)	5	0.7
Grand Total	**753**	**100%**



Highlights of issues raised by staff:

- Travel time for Huddersfield residents to Acute Care
- Travel time for staff having to relocate
- Shuttle bus services for staff and patients – free to alleviate costs
- Concern over infrastructure – roads, affordable car parking
- Concern over Calderdale Royal Hospital coping
- A&E should be placed in area of highest population

- Travel analysis inadequate and contradictory
- Proposal based on financial position and PFI arrangement
- Will ambulance service cope?
- Poor consultation process carried out with the public
- Inadequate consultation with neighbourhood trusts – as patients will go to Barnsley A&E
- More information needed on how additional travel time will affect patients needing emergency care
- Not enough beds at Calderdale Royal Hospital
- Local media not presented a balance view of the changes – concentrated on public opposition
- Mental health services not addressed fully
- Separate planned care and emergency provision will provide better care
- One site for A&E – more efficient use of resources
- Care closer to home through Community Services will improve patient care
- Huddersfield Hospital – not currently fit for purpose. Proposed service will address this
- Urgent care centres will work if patients know how to navigate the care they need
- More understanding needed by the public that the ambulance service are the first part of the care (rather than just transport into hospital)
- Third sector providers – need greater coordination for community services to work
- Plans need to address the health and welfare needs of staff (staff rooms, offices, chaplaincy)

10. Mitigating Actions and Recommendations

Below are the key actions recommended as a result of the EHIIA.

These will be structured around the areas of potential change within the RCTP Programme. They will also cover more generic areas which will address the potential impacts on equality and health inequality identified through the assessment.

To enhance the potential positive impacts and mitigate against any potential negative impacts, a number of key actions have been identified and are summarised in the table below:

Impact and Remedial Actions table:

Evidence	Mitigating / Remedial Actions
Ongoing strategic development:	
Understanding the needs of local populations and in particular those vulnerable to poor health outcomes The evidence gathered has not provided robust and inconsistent disaggregated data on all protected characteristics. The population forecast is expected to increase in Calderdale and in Kirklees by 2037. People are living longer and often with long term illnesses. This has a major impact on health and care services as older people are some of the most frequent users of the services.	• CCG to continue gathering and aligning equality impact data across all services within the proposed model. • Commissioners to continue to work with all providers to increase positive patient experience. This is an area of focus for both CCG's strategic Equality Objectives.[51] • Continuous improvement in evaluation of the impact of health services and pathways in reducing health inequalities through contract monitoring (access to, outcomes of and satisfaction of service delivery). • Continuous evaluation of SUS data. • Ongoing engagement with the community, the Community Assets and patient groups. • Use continuous monitoring to identify and help address/ mitigate negative impacts and highlight and learn from any positive impact. • The CCGs to work with partners to address needs of people from protected groups. • The proposed model is seeking to address the current and future forecast for demands in health services, by proposing improved experiences for patients, carers and families which supports their health and wellbeing. • The model proposes the reduction of hospital admissions for crisis and increases community activity of support and preventative plans. The CCG will need to monitor service demand.
Travel, Transport and Parking	
Evidence	**Mitigating / Remedial Actions**

[51] Calderdale Annual PSED Report 2016 and Greater Huddersfield PSED Report

The most likely area for negative impact is for those groups who are high users of Accident & Emergency services, such as younger, older people and locally Asian/Asian British groups. Travel, access and parking were consistently raised as across all groups. The negative impacts of travel are more likely to adversely affect the following people: • Those living furthest away from services where public transport may be limited • Disabled people and those with long term conditions or reduced mobility • Carers • People without private transport, such as those on low incomes such as older people and young people Mitigation needs to address the following travel concerns raised by responses from the public consultation: • Road infrastructure • Travel times to access services • Costs of travel and car parking • Car parking for patients and visitors and disabled people Consideration of different ideas and suggestions from consultation responses including: ○ Improving road infrastructure	• The provision of a specialist Paediatric Emergency Centre should ensure the speedy and appropriate treatment of children and young people. • Treatment at Urgent Care Centres in the existing locations should mean that only a very minimal number of people are travelling further to the Emergency Centre. Most will travel by ambulance, be treated on arrival of the ambulance team and in transit. • The provision of more care locally in the community should reduce the requirement to travel for clinic appointments. • The concerns raised about the Elland bypass may be ameliorated by works that are scheduled. • Work with local stakeholders and representatives to develop and publicise travel information to reduce people's worries about additional travel. • Address concerns around parking and impact on disabled people, due to current limited number of disabled parking bays. • Ensure that priority car parking is available to families of patients who require long stays in hospital. • Provide information in accessible formats about transport options for patients and visitors, to be available in a range of languages and formats. • Collaboration with voluntary and community advocacy services for those who require support when using public transport. Some respondents suggested the CCGs explore supporting volunteer car schemes, particularly in rural areas. • People on low incomes should not be disadvantaged by traveling further to a specialist hospital site using public transport. Explore opportunities to support patients and visitors travelling to hospital sites using community transport services. The CCGs should play an active role in coordinating partners to explore possible improvements.

○ Improving car parking at proposed sites ○ Improving access through public transport ○ Improving ambulance service and patient transport	
Accessibility issues	
Evidence	**Mitigating / Remedial Actions**
Intelligence from consultation and Patient Stories indicates a range of issues relating to patient experience. For example, the ability to physically access services without detailed knowledge of building, transport plans and service provision. Service design needs to take account of access needs 'Did not attend' data higher for some ethnicities The engagement activity tells us when people are seen by a GP in an urgent care situation, a BSL interpreter should be available for GP appointments for those who need them[52].	• Any new build or refurbishment must meet accessibility standards and could draw on the expert knowledge of local groups to improve access and design. • Services must be able to meet the communication needs of patients and be accessible; patient information in hospital and community sites should be available in an accessible format relevant to their needs • Patients with particular impairments or conditions could be offered a hospital passport. • CCG to continue working on communication and awareness to help people navigate health services and appointment / referral systems. This will help to address and reduce issue of minority groups having a high percentage of not attending for follow-up appointments.
Implementation challenges	
Evidence	**Mitigating / Remedial Actions**
Feedback from the consultation highlighted that many people are unsure about the feasibility of the proposals. Current information about the proposals and their feasibility may not be well understood. People need to feel more confident that they will be able to access the right care they need, when needed.	• To further develop the communication strategy to clearly explain the rationale and expected outcomes. • Service user data, engagement activity and the assessment all highlight the need for continued engagement with equality groups in order to understand • Engagement needs to continue with targeted equality groups (notably older people, BME communities; those from deprived

[52] (Calderdale and Greater Huddersfield, Engagement and Pre-Engagement, March 2013 – August 2015)

There is notable difference in opinion between residents of Calderdale and Greater Huddersfield. Residents of Greater Huddersfield feel they will be more negatively affected (80.9% compared to 32.5%).	communities and those who have learning disabilities and mental health illnesses) through communication activities, to ensure that any particular challenges they could face are addressed in order to reduce health inequalities (Community Assets / local community groups) . • The NHS Accessible Information Standard should be adhered to at all times when collecting, disseminating and producing information. Information should be in an appropriate format and ensure that it is widely distributed. • Use of social media, local media such as local radio and multi-language TV channels could be used to inform the public. • Involve stakeholders from different representative groups in testing out the implementation plans to ensure that services are responsive to the needs of these particular patients. • All services to train staff to ensure staff are culturally sensitive and understand the needs of all protected groups
Familiarity of services	
Evidence	**Mitigating / Remedial Actions**
Understanding the needs of different groups of people and improving patient experience of their care. The changes will result in some people having to attend an unfamiliar hospital (either as a patient or a visitor). To overcome this challenge, a number of ideas could be explored to support people who are accessing an unfamiliar setting. Changes to services can be upsetting or confusing for some people; younger and older people, disabled people, particularly those with learning disabilities, dementia or mental health issues or people who may not be confident that new/different services will be able to meet their	• Referral services provide clear information on where patients need to go; clear signage and available maps • Map routes to the difference services in each hospital and site, such a colour coding. If the same approach was used in each hospital it would help to improve familiarity. • Hospital advocates/volunteers helping patients and visitors access services. • Allow patients who may struggle to visit the hospital time to familiarise themselves with facilities and staff. • The needs of certain groups need to be addressed through the implementation of changes to hospital services. • Staff training on meeting patients and carers needs in terms of equality

needs. Across the protected groups, stakeholders emphasised that staff awareness training on particular needs should be implemented (e.g. awareness training for people who are deaf, visually impaired, those with dementia, and learning disabled).	• It was suggested that street lighting should be improved at some hospital sites to enable access, and community policing should be implemented to support people to feel safer. • Staff and patients require timely access to interpretation services, particularly in emergencies. This includes BSL (British Sign Language) and language interpreters. • To meet the access needs of specific groups such as disabled people ongoing involvement of representative groups is required.
Emergency & Acute Care	
Evidence	**Mitigating / Remedial Actions**
Greater Huddersfield CCG registered patients had a total of 73,440 A&E attendances, 88% of which occurred at Calderdale and Huddersfield Foundation Trust. Calderdale CCG A&E activity (93%) predominantly takes place at Calderdale Royal. Greater Huddersfield CCG A&E activity (94%) predominantly takes place at Huddersfield Royal. This creates the compelling case that A&E should be located at either Calderdale Royal Hospital or Huddersfield Infirmary. [53] Approximately 14% of A&E activity from both CCG's is grouped as "no investigation and no significant treatment". This is an indicator that at the very least 14% of attendances could be avoided under these new models of care. [54] 36% of those currently admitted to A&E arrive in an Ambulance. The data does not show how many of those	• Ongoing monitoring and review is required to ensure services remain responsive to patients with protected characteristics and health inequalities. • Promotion of different pathways for care through providing clear information on navigating patients and carers to the right service and reduce inappropriate admissions and presentations to A&E. This would have a potential positive impact on patient care as they would get the most appropriate care by the right staff. • Patients need clear information on the treatment and care they can expect to receive from Acute and Emergency Care. • The issue of confidence in getting the right care quickly needs to be addressed. This could be addressed as part of the Communication Strategy (see in above Implementation section). • Increased investment in community-based care should help to mitigate the need for emergency admissions and Planned Care for older people. • Although travel impact is linked to older and younger people in this instance travel for Emergency and Acute care will be via Ambulance. If not accompanying the person travelling by

[53](A&E Reconfiguration data)
[54](A&E Reconfiguration data)

people arriving by an ambulance are followed up or discharged without further care.[55] Research suggests that, compared with the White British population, people of South Asian heritage are three times more likely to require an emergency hospital admission for their asthma, and Black people are twice as likely[56] ¨Although they would attend A&E at present, it could be more appropriate for those with Asthma to attend an urgent or acute care setting. Those aged 4 years and under are the highest users of Accident and Emergency, this data tells us that there is high use of A&E for people aged between 20 and 29. National research indicates that men could have a disproportionate need for A&E and acute services.	ambulance, relatives, friends or others may be affected. • The impact of longer travel should diminish, as patients can be moved closer to home. • People that live in Greater Huddersfield may experience a negative impact due to increased distance to Emergency care. This impact would be small as most patients will be able to receive appropriate treatment at the Urgent Care Centre located at both the local hospitals This should offset disproportionate impacts. • There should be no negative impact on protected groups and those with health inequalities for this part of the proposal. However this assessment recognises concerns raised by responses within the consultation
Urgent Care	
Evidence	**Mitigating / Remedial Actions**
The highest users of the Walk in Centre in Calderdale were those under the age of 5. There were much smaller numbers of older people in comparison to those who use A&E. The highest users of the Walk in Centre in Calderdale are those of a British and Pakistani Heritage[57], this is compared to the community, though this may be due to the location of the walk in centre and the age profile of	• Continued monitoring and review of service use in relation to protected groups (this would include examining disproportionate use from people of Asian/Asian British - Pakistani background) • People requiring Urgent Care will need clear navigation to this service. Promote Urgent Care Centres to improve care for patients and reduce inappropriate presentations to A&E. • Clear and concise information to support people into the most appropriate service to meet their needs. • Adjust service levels in response to changes and demand, so that

[55](A&E Reconfiguration data)
[56](NHS Wakefield District (2011) Annual Public Health Report, see: www.wakefielddistrict.nhs.uk/your health/phreport2011/ on 23 August 2012.).
[57](Calderdale Walk-in centre Equality monitoring data Report)

the service users. Consultation responses show concern about feasibility of the proposal, accessing staff, concern with G.P capacity and NHS 111 service. These areas of concern were widely shared. With some exceptions who supported this part of the proposal.	need and provision is kept in balance. • Communication to increase confidence about accessing the right staff and the referring pathways such as NHS 111 • There should be no negative impact on people with protected characteristics or those with health inequalities for this part of the proposal. However, this assessment recognises concerns raised by responses within the consultation.
Planned Care	
Evidence	**Mitigating / Remedial Actions**
There is a disproportionate need for elective services for older people Local engagement data tells us that people want staff to have more disability awareness training; including autism and dementia. Concerns were expressed around the feasibility of the model, travel access, urgent care impacts, travel times, and waiting times. The proposal could negatively affect patients who have to travel further for their planned care. It may also affect their family/friends that are travelling to visit. The proposal states there will be positive impact based on reducing waiting times and increased capacity	• Increased investment in community-based care could help to mitigate the need for emergency admissions and Planned Care. • Patients and carers need clear information on navigating the care they need. • The CCG to continue to work with partners to address the health needs of older people and keep up with increasing rates of cancer in older people • Staff to have access to training in order to improve their understanding and aware of issues relating to protected groups and better meet the needs of patients and carers; including disability training. See above section on **Travel and access to services** for actions addressing increased travel.
Maternity Services in the community	
Evidence	**Mitigating / Remedial Actions**
There are no changes planned to existing maternity services. The proposal enhances current community services.	• Ensure Maternity care provision is fully accessible to all women with physical, sensory and learning disabilities. • Proposed enhancements to Community Maternity Services needs to meet their diverse needs

Engagement raised a range of issues these include: • Disabled women (including long term conditions) • Cultural awareness • Information available in different formats • Staff that understand their individual needs; including cultural and information needs • Treatment plans should be written in an appropriate language	• Interpretation services should be available to support the whole range of maternity services from pre-pregnancy care to post-natal care Women from protected groups and vulnerable communities should be targeted to ensure early ante natal booking – for example young mothers. • Making information available and accessible so the population of both areas understand what choices are available for their care, treatment and support and know how to change decisions • Improving Maternity Services in the community has the potential to have a positive impact on vulnerable groups. The CCG should continue to monitor and review patient outcomes for women that have had a baby including those from protected groups such as young mothers. • Staff working with pregnant women and their families should have access to training in order to gain good cultural understanding and awareness of different groups.
Paediatric Care	
Evidence	**Mitigating / Remedial Actions**
There is a well-documented link between social deprivation and higher admission rates in children. The key concerns from consultation for this part of the proposal include: • Travel time • Travel access • Accessing the right staff - children presenting to Urgent Care then needing referral into Acute and Emergency Care Disabled children and young people and those with long term conditions may be negatively impacted in relation to	• The provision of a specialist Paediatric Emergency Centre should ensure the speedy and appropriate treatment of children and young people. This will mean children can be seen on one site with all specialised services available. This benefit to care would outweigh inconvenience of parents and family who may have to travel further to visit. • See above section on **Travel and access to services** for actions addressing increased travel and concerns over travel access. • The other concerns raised by different groups will need to be addressed within the Communication Strategy. (See in above Implementation section).

travel Not all families have access to a car so will rely on public transport or need to budget for taxi hire. SUS Data[58] on service use indicates that children aged (0-14 yrs) are more likely to use Acute and Emergency Care than other age groups.	
Community Services	
Evidence	**Mitigating / Remedial Actions**
Socio-economic factors are known to be powerful determinants of health; life expectancy tends to be shorter in areas of deprivation and relative poverty. Poorer people make more substantial use of primary care and emergency services, whilst use of screening and immunisations and other preventative services are reduced, often resulting in poorer general health. There should be positive impact linked to the proposal for community services. The use of technology would help people better manage their health conditions. Lack of preventative care can be a key cause of deprived groups' over-representation in the use of acute care. There is convincing evidence to suggest that people from deprived communities have a high susceptibility to conditions requiring emergency complex surgery and emergency complex medicine, and in particular, vascular	• Ensuring future investment in 24/7 community based services to enable patients to be managed closer to home. • Ongoing review to ensure services remains responsive to patients including ensuring that different providers are integrated. This should ensure individual care needs are met including reducing health inequalities. • Lack of preventative care for deprived groups should be monitored to identify any potential improvements and reductions in admissions to Urgent and Acute Care. • The CCG should continue to gather patient feedback to assess whether Community Services are helping patients to better understand and manage their conditions

[58] Calderdale Public Sector Equality Report 2016 & Greater Huddersfield Public Sector Equality Report 2016

care. The most positive responses regarding travel is within Community Services; there were to 2224 positive responses and 1358 negative responses. Overall the responses to this part of the proposal showed high levels of support from certain groups with protected characteristics such as: • Young people (0-20 yrs) • Older people (71 yrs +) • Asian/Asian British and Multiple/Mixed ethnic heritage One area of concern raised particularly within this part of the proposal was around people feeling they did not have enough information about the proposal. There are also likely to be disproportionate positive impact on certain groups of people such as older people, people with long term health conditions and those with health inequalities.	

11. Conclusion

This report comprises the impact assessment for equality and health inequalities.

- We have not found the differential impact that would lead to unlawful discrimination linked to the proposals.
- Where the data highlighted potential for differential impact, the assessment records this in the Impact and Remedial Actions table above.
- The proposal set out health services to address the needs of the whole population, including those who currently experience disadvantage. The plans are intended to help improve access, experience and outcomes for all.

- The model proposed could have a significant impact on health inequalities for adults, children and young people and those who experience disadvantage by ensuring improved access to more services in the community. This will support people with long term conditions and complex needs. This should lead to an improvement in the management of conditions, prevent more extreme intervention being needed and reduce waiting times for urgent care, emergency and acute services.
- We have recommended that there is ongoing review with equality groups, patients and carers during implementation.

12. Appendices

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Appendix 10: Closed responses to what worries / what people like about the proposal matched against Protected Characteristics
Appendix 10.1: Closed responses to question 4a and 4b for Emergency and Acute Care
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Appendix 10.3: Closed responses to question 6a and 6b for Planned Care
Appendix 10.4: Closed responses to question 7a for Maternity Services in the Community
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Appendix 10.6: Closed responses to question 9a and 9b for Community Services

Appendix 11: Deprivation information from Have Your Say Survey
Appendix 12: Staff information from Have Your Say
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Appendix 1:
Demographic information – Calderdale and Greater Huddersfield

Calderdale			**Greater Huddersfield**	
	Population %			Population %
Sex				
Female	48.9		Female	50.6
Male	51.1		Male	49.4
Age group				
0-4	6.3%		0-4	6.7
5-9	5.9%		5-9	6.2
10-14	6.2%		10-14	6.2
15-19	6.2%		15-19	6.5
20-24	5.6%		20-24	6.8
25-29	5.9%		25-29	6.5
30-34	6.1%		30-34	6.4
35-39	6.7%		35-39	6.7
40-44	7.8%		40-44	7.5
45-49	7.8%		45-49	7.2
50-54	7.0%		50-54	6.4
55-59	6.1%		55-59	5.7
60-64	6.5%		60-64	6.1
65-69	4.8%		65-69	4.6
70-74	3.8%		70-74	3.7

75-79	2.9%		75-79	2.9
80-84	2.3%		80-84	2.1
85-89	1.4%		85-89	1.3
90-94	0.6%		90-94	0.5
95-99	0.1%		95-99	0.1
100 and over	0.0%		100 and over	0.0
Religion				
Buddhism	0.3		Buddhism	0.3
Christianity	56.3		Christianity	54.9
Hinduism	0.3		Hinduism	0.4
Islam	7.3		Islam	8.8
Judaism	0.1		Judaism	0.1
Sikhism	0.2		Sikhism	1.2
No religion	28.1		No religion	27.1
Ethnic group/background				
Asian or Asian British			**Asian or Asian British**	
Pakistani	6.8		Pakistani	7.4
Bangladeshi	0.3		Bangladeshi	0.2
Chinese	0.2		Chinese	0.5
Indian	0.6		Indian	1.6
Any other Asian background	0.4		Any other Asian background	0.8
Black or Black British			**Black or Black British**	
African	0.2		African	0.8
Caribbean	0.2		Caribbean	1.8
Any other Black/African/Caribbean background	0.0		Any other Black/African/Caribbean background	0.4
Mixed or multiple			**Mixed or multiple**	

ethnic groups			**ethnic groups**	
White and Asian	0.4		White and Asian	0.6
White and Black African	0.1		White and Black African	0.2
White and Black Caribbean	0.5		White and Black Caribbean	1.8
Any other Mixed/Multiple ethnic background	0.3		Any other Mixed/Multiple ethnic background	0.4
White			**White**	
English, Welsh, Scottish, Northern Irish, British	86.7%		English, Welsh, Scottish, Northern Irish, British	79.6
Irish	0.9%		Irish	0.9
Gypsy or Irish Traveller	0.0%		Gypsy or Irish Traveller	0.0
Any other White background	2.1%		Any other White background	2.1
Other ethnic group			**Other ethnic group**	
Arab	0.1		Arab	0.4
Other ethnic background, please describe	0.2		Other ethnic background, please describe	0.5
Disabled*				
Yes	9		Yes	8.9
Carers				
Yes	10.5		Yes	10.4

***from 2011 Census –'Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?' (Limited a lot and limited a little)

Appendix 2
Service user information – data tables:

Calderdale Walk-in Centre – equality monitoring

Age	Number	%
0-5 years	101	16.5%
6-16 years	83	13.5%
17-20 years	22	3.6%
21-30 years	90	14.7%
31-40 years	93	15.2%
41-50 years	52	8.5%
51-60 years	33	5.4%
61-70 years	22	3.6%
71-80 years	10	1.6%
81+ years	6	1.0%
Blank	101	16.5%
Total	613	

[59]

Sex

[59] (Calderdale Walk-in centre Equality monitoring data Report)

Sex	Number	%
Female	322	52.5%
Male	185	30.2%
Male/Female	1	0.2%
Prefer not to say	18	2.9%
Blank	87	14.2%
Total	**613**	

Ethnicity	Number	%
Asian/Asian British		
Indian	6	1.0%
Pakistani	97	15.8%
Bangladeshi	1	0.2%
Chinese	0	0
Other Asian Background	4	0.7%
Black African/Caribbean or Black British		
African	2	0.3%
Caribbean	0	0
Any other Black/African/Caribbean background	2	0.3%
Mixed/Multiple ethnic groups		
White and Black Caribbean	4	0.7%
White and Black African	2	0.3%
White and Asian	2	0.3%
Any other mixed/multiple ethnic group	2	0.3%
White		
British - English/Scottish/Welsh/Northern Irish	349	56.9%
Irish	2	0.3%
Gypsy/Traveller	1	0.2%

Any other white background	13	2.1%
Other ethnic group		
Arab	1	0.2%
Any other background	21	3.4%
Prefer not to say	4	0.7%
Blank	100	16.3%
Total	613	

Religion and belief	**Number**	**%**
Christianity	164	26.8%
Islam	108	17.6%
Sikhism	4	0.7%
Hinduism	3	0.5%
Buddhism	3	0.5%
Judaism	1	0.2%
Atheism	1	0.2%
Other	1	0.2%
No religion	137	22.3%
Prefer not to say	5	0.8%
Blank	185	30.2%
Total	**613**	

Disability	**Number**	**%**
Yes	17	2.8%
No	455	74.2%
Prefer not to say	5	0.8%
Blank	134	21.9%
Not sure	2	0.3%

Total	**613**	

Sexual orientation	**Number**	**%**
Heterosexual	231	37.7%
Lesbian	5	0.8%
Gay	1	0.2%
Bisexual	4	0.7%
Other	5	0.8%
Children	2	0.3%
Prefer not to say	48	7.8%
Blank	317	51.7%
Total	**613**	

Transgender status	**Number**	**%**
Yes	5	0.8%
No	390	63.6%
Prefer not to say	9	1.5%
Blank	210	34.3%
Total	613	

SUS data (Sept 13 – August 14) Calderdale

Age

A & E data	NHS Calderdale CCG		NHS Greater Huddersfield CCG	
AGE BAND	**ACTIVITY**	**% Total**	**ACTIVITY**	**% Total**
0-4	5,820	9.18%	6,093	9.43%
5-9	3,262	5.14%	3,289	5.09%
10-14	3,743	5.90%	3,552	5.50%
15-19	4,191	6.61%	4,333	6.71%
20-24	4,887	7.71%	5,406	8.37%
25-29	4,782	7.54%	4,657	7.21%
30-34	3,936	6.21%	3,949	6.11%
35-39	3,470	5.47%	3,379	5.23%
40-44	3,644	5.75%	3,761	5.82%
45-49	3,701	5.84%	3,695	5.72%
50-54	3,404	5.37%	3,378	5.23%
55-59	2,840	4.48%	2,905	4.50%
60-64	2,478	3.91%	2,495	3.86%
65-69	2,371	3.74%	2,438	3.77%
70-74	2,224	3.51%	2,196	3.40%
75-79	2,418	3.81%	2,587	4.01%
80-84	2,423	3.82%	2,623	4.06%
85-89	2,170	3.42%	2,264	3.51%
90-94	1,299	2.05%	1,272	1.97%
95-99	288	0.45%	278	0.43%
100-104	52	0.08%	39	0.06%
105-109	1	0.00%	4	0.01%

A & E data	NHS Calderdale CCG		NHS Greater Huddersfield CCG	
AGE BAND	**ACTIVITY**	**% Total**	**ACTIVITY**	**% Total**
Grand Total	**63,404**	**100.00 %**	**64,593**	**100.00%**

Sex	Population GH CCG	A and E
Male	50.6%	50.7%
Female	49.4%	49.3%
Grand Total	100.0%	100.0%

Sex	Population C CCG	A and E
Male	51.1%	52.0%
Female	48.9%	48.0%
Grand Total	100.0%	100.0%

Emergency Medicine (unplanned Acute Care)
Age

Age Band	Population	A and E	Emergency
0-14	17.9%	19.7%	24.7%
15-24	13.5%	16.2%	6.4%

25-64	52.7%	44.6%	32.7%
65-84	13.9%	14.3%	25.5%
85+	2.0%	5.3%	10.7%
Grand Total	100.0%	100.0%	100.0%

(SUS data Sept 13 – August 14 Greater Huddersfield)

Age Band	Population	A and E	Emergency
0-14	18.3%	20.1%	24.2%
15-24	11.9%	15.1%	5.9%
25-64	53.8%	45.4%	32.4%
65-84	13.9%	14.2%	26.1%
85+	2.1%	5.3%	11.4%
Grand Total	100.0%	100.0 %	100.0%

(SUS data Sept 13 – August 14 Calderdale)

Sex	Population	Emergency
Male	50.6%	48.5%
Female	49.4%	51.5%
Grand Total	100.0%	100.0%

(Greater Huddersfield, SUS data)

Sex	Population	Emergency
Male	51.1%	49.0%
Female	48.9%	51.0%
Grand Total	100.0%	100.0%

(Calderdale, SUS data)

Planned Care

Age Band	Population	Elective
0-14	17.9%	3.5%
15-24	13.5%	4.4%
25-64	52.7%	51.3%
65-84	13.9%	36.5%
85+	2.0%	4.3%
Grand Total	100.0%	100.0%

(SUS data Sept 13 – August 14 Greater Huddersfield)

Age Band	Population	Elective
0-14	18.3%	3.6%
15-24	11.9%	4.1%
25-64	53.8%	51.6%
65-84	13.9%	36.1%
85+	2.1%	4.6%

Age Band	Population	Elective
Grand Total	100.0%	100.0%

(SUS data Sept 13 – August 14 Calderdale)

Patient religious group profiles Dec 2013 to Nov 2014 (source CHFT Patient Administration System) compared with local population religious group profiles (source West Yorkshire Observatory website: http://www.westyorkshireobservatory.org/dataviews/) Religious group	**Percentage of patient population**	**Percentage of local population**
Not known	53.32%	7.50%
Christian	35.25%	67.99%
None	4.89%	14.81%
Muslim	4.84%	8.53%
Sikh	0.23%	0.51%
Hindu	0.07%	0.28%
Other	1.36%	0.21%
Buddhist	0.02%	0.13%
Jewish	0.02%	0.05%

Maternity Services

Age

	NHS Calderdale CCG				**NHS Greater Huddersfield CCG**			
	In Patient		**Out Patient**		**In Patient**		**Out Patient**	
Age	**Activity**	**% Total**	**Activity**	**% Total**	**Activity**	**% Total**	**Activity**	**% Total**
0	42	0.52%	0	0.00%	36	0.46%	0	0.00%

	NHS Calderdale CCG				NHS Greater Huddersfield CCG			
	In Patient		Out Patient		In Patient		Out Patient	
Age	Activity	% Total	Activity	% Total	Activity	% Total	Activity	% Total
13	0	0.00%	0	0.00%	3	0.04%	7	0.06%
14	2	0.02%	5	0.04%	0	0.00%	0	0.00%
15	18	0.22%	15	0.11%	4	0.05%	5	0.04%
16	31	0.38%	19	0.15%	17	0.22%	10	0.08%
17	81	1.00%	62	0.47%	62	0.79%	67	0.54%
18	118	1.46%	111	0.85%	106	1.36%	137	1.10%
19	219	2.71%	180	1.38%	195	2.50%	248	2.00%
20	286	3.54%	280	2.14%	245	3.14%	287	2.31%
21	344	4.25%	354	2.71%	292	3.74%	366	2.95%
22	362	4.48%	389	2.98%	303	3.88%	397	3.20%
23	396	4.90%	475	3.63%	328	4.20%	459	3.70%
24	421	5.21%	602	4.61%	435	5.57%	556	4.48%
25	491	6.07%	679	5.20%	397	5.09%	606	4.89%
26	483	5.97%	714	5.46%	526	6.74%	754	6.08%
27	490	6.06%	790	6.04%	448	5.74%	659	5.31%
28	448	5.54%	805	6.16%	439	5.63%	685	5.52%
29	488	6.04%	903	6.91%	460	5.89%	783	6.31%
30	497	6.15%	849	6.50%	489	6.27%	869	7.01%
31	400	4.95%	820	6.27%	557	7.14%	858	6.92%
32	418	5.17%	841	6.44%	400	5.13%	710	5.73%
33	435	5.38%	772	5.91%	418	5.36%	709	5.72%
34	310	3.83%	649	4.97%	327	4.19%	682	5.50%
35	345	4.27%	667	5.10%	365	4.68%	614	4.95%
36	271	3.35%	506	3.87%	231	2.96%	459	3.70%
37	150	1.86%	403	3.08%	179	2.29%	333	2.69%
38	173	2.14%	340	2.60%	160	2.05%	331	2.67%

	NHS Calderdale CCG				NHS Greater Huddersfield CCG			
	In Patient		Out Patient		In Patient		Out Patient	
Age	Activity	% Total	Activity	% Total	Activity	% Total	Activity	% Total
39	87	1.08%	212	1.62%	120	1.54%	247	1.99%
40	72	0.89%	223	1.71%	83	1.06%	212	1.71%
41	87	1.08%	164	1.25%	80	1.03%	141	1.14%
42	64	0.79%	107	0.82%	41	0.53%	80	0.65%
43	32	0.40%	61	0.47%	21	0.27%	69	0.56%
44	5	0.06%	19	0.15%	23	0.29%	39	0.31%
45	15	0.19%	32	0.24%	5	0.06%	7	0.06%
46	3	0.04%	6	0.05%	2	0.03%	4	0.03%
47	0	0.00%	6	0.05%	0	0.00%	0	0.00%
48	1	0.01%	8	0.06%	7	0.09%	11	0.09%
83	0	0.00%	1	0.01%	0	0.00%	0	0.00%
Grand Total	**8,085**	**100.00%**	**13,069**	**100.00%**	**7,804**	**100.00%**	**12,401**	**100.00%**

(CHFT Maternity Reconfiguration Analysis, April 2014- March 2015)

	NHS Calderdale CCG				NHS Greater Huddersfield CCG			
	In Patient		Out Patient		In Patient		Out Patient	
Ethnic Group	Activity	% Total	Activity	% Total	Activity	% Total	Activity	% Total
African	16	0.20%	19	0.15%	117	1.50%	240	1.94%
Any other Asian background	34	0.42%	79	0.60%	114	1.46%	130	1.05%
Any other Black background	18	0.22%	39	0.30%	51	0.65%	99	0.80%
Any other ethnic group	56	0.69%	102	0.78%	256	3.28%	490	3.95%
Any other mixed background	20	0.25%	27	0.21%	65	0.83%	121	0.98%

	NHS Calderdale CCG				NHS Greater Huddersfield CCG			
	In Patient		Out Patient		In Patient		Out Patient	
Ethnic Group	**Activity**	**% Total**	**Activity**	**% Total**	**Activity**	**% Total**	**Activity**	**% Total**
Any other White background	346	4.28%	468	3.58%	366	4.69%	601	4.85%
Bangladeshi	43	0.53%	94	0.72%	19	0.24%	30	0.24%
British	6,208	76.78%	9,654	73.87%	4,916	62.99%	7,525	60.68%
Caribbean	12	0.15%	21	0.16%	141	1.81%	256	2.06%
Chinese	31	0.38%	54	0.41%	40	0.51%	70	0.56%
Indian	51	0.63%	122	0.93%	127	1.63%	235	1.90%
Irish	18	0.22%	57	0.44%	33	0.42%	66	0.53%
Not stated	1	0.01%	1	0.01%	0	0.00%	5	0.04%
Pakistani	1,121	13.87%	2,220	16.99%	1,261	16.16%	2,081	16.78%
White and Asian	48	0.59%	48	0.37%	49	0.63%	76	0.61%
White and Black African	15	0.19%	15	0.11%	17	0.22%	24	0.19%
White and Black Caribbean	47	0.58%	49	0.37%	232	2.97%	352	2.84%
Grand Total	**8,085**	**100.00%**	**13,069**	**100.00 %**	**7,804**	**100.00%**	**12,401**	**100.00%**

(CHFT Maternity Reconfiguration Analysis, April 2014- March 2015)

Religion/Belief

The table below is taken from a survey of women's experiences of maternity services 2013 in Calderdale and Huddersfield NHS Foundation Trust. Although this is only a small sample of people using this service, we can see that the highest respondents were those of a Muslim or Christian belief, with a high percentage of people having “no religion”.

The sample	This Trust (%)	All Trusts (%)
Number of respondents	202	23077

Response rate	46	46
Demographic Characteristics **Religion**	This Trust (%)	All Trusts (%)
No religion	35	33
Buddhist	0	1
Christian	49	55
Hindu	1	2
Jewish	0	1
Muslim	13	6
Sikh	1	1
Other religion	1	1
Prefer not to say	1	1

(Care Quality Commission (CQC) Patient survey report 2013
http://www.nhssurveys.org/Filestore/MAT13/Benchmark_LB/Labour%20and%20Birth%20Reports/MAT13_LB_RWY.pdf)

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The sample	This Trust (%)	All Trusts (%)
Number of respondents	202	23077
Response rate	46	46
Demographic Characteristics **Sexual Orientation**	This Trust (%)	All Trusts (%)
Heterosexual/straight	96	96
Gay/lesbian	1	0
Bisexual	1	1
Other	0	0
Prefer not to say	2	3

(Care Quality Commission (CQC) Patient survey report 2013

Patient religious group profiles Dec 2013 to Nov 2014 (source CHFT Patient Administration System) compared with local population religious group profiles (source West Yorkshire Observatory website: http://www.westyorkshireobservatory.org/dataviews/) **Religious group**	**Percentage of patient population**	**Percentage of local population**
Not known	53.32%	7.50%
Christian	35.25%	67.99%
None	4.89%	14.81%
Muslim	4.84%	8.53%
Sikh	0.23%	0.51%
Hindu	0.07%	0.28%
Other	1.36%	0.21%
Buddhist	0.02%	0.13%
Jewish	0.02%	0.05%

Inpatient

Age profiles Dec 2013 to Nov 2014 (source CHFT Patient Administration System) compared with local population age profiles (source West Yorkshire Observatory website: http://www.westyorkshireobservatory.org/dataviews/) Age Band	Percentage of admissions	Percentage of local population
0 – 15	13.19%	20.12%
16 – 29	14.07%	17.77%
30 – 44	15.23%	20.20%
45+	57.51%	41.91%
45+ age	band broken down:	

45 – 54	10.02%
55 – 64	12.41%
65 – 74	14.80%
75 – 84	13.28%
85 +	6.99%

Outpatient

Age profiles Dec 2013 to Nov 2014 – source CHFT Patient Administration System Age Band	**Attendances**	**DNA rate**
00 – 04	16,816	13%
05 – 14	25,087	12%
15 – 24	27,312	14%
25 – 34	50,640	11%
35 – 44	44,236	10%
45 – 54	51,133	8%
55 – 64	56,863	6%
65 – 74	66,042	4%
75 – 84	54,192	5%
85 +	19,680	7%

Appendix 3:

Have your say survey – respondents

Calderdale		**Sex %**		
	all pop	**Male**	**Female**	**Prefer not to say/not answered**
Local Demographic profile	209,000	51.1	48.9	
Respondents Profile	2109 (1.0%)	36.1	53.2	10.7
Differential		-15	4.3	

Greater Huddersfield		**Sex %**		
	all pop	**Male**	**Female**	**Prefer not to say/not answered**
Local Demographic profile	243,000	49.4	50.6	
Respondents Profile	5237 (2.15%)	34.3	54.2	11.5
Differential		-15.1	3.6	

Calderdale	**Age %**							
	0-20	**21-30**	**31-40**	**41-50**	**51-60**	**61-70**	**71+**	**Prefer not to say/not answered**
Local Demographic profile	24.6	11.5	12.8	15.6	13.1	11.3	11.1	
Respondents Profile	2.6	7.6	14.5	16.9	18.9	19.7	11.0	8.8
Differential	-22	-3.9	-1.3	-1.3	+5.8	+8.6	-0.1	

Greater Huddersfield	Age %							Prefer not to say/not answered
	0-20	21-30	31-40	41-50	51-60	61-70	71+	
Local Demographic profile	25.1	13.3	13.2	14.8	12.2	10.8	10.6	
Respondents Profile	6.4	6.4	9.9	15.5	15.5	19.2	11.0	16.1
Differential	-18.7	-6.9	-3.3	+0.7	+3.3	8.4	1.6	

Calderdale	Religion %								
	Buddhism	Christianity	Hinduism	Muslim	Judaism	Sikhism	No religion	Other	Prefer not to say/not answered
Local Demographic profile	0.3	56.3	0.3	7.3	0.1	0.2	28.1		7.4
Respondents Profile	0.7	32.1	0.8	14.7	0.1	0.5	20.0	1.5	29.6
Differential	0.4	-24.2	0.5	7.4	0	0.3	-8.1		

Greater Huddersfield	Religion %								
	Buddhism	Christianity	Hinduism	Muslim	Judaism	Sikhism	No religion	Other	Prefer not to say/not answered
Local Demographic profile	0.3	54.9	0.4	8.8	0.1	1.2	27.1	0.2	
Respondents Profile	0.4	46.4	0.5	3.2	0.1	0.8	27.8	2.7	18.0
Differential	0.1	8.5	0.1	-5.6	0	-0.4	-0.70	2.5	

Calderdale	Ethnic group %						
	White British	White other	Asian/Asian British	Mixed/multiple background	Black/Black British	Arab / other	Prefer not to say/not answered
Local Demographic profile	86.7	3.0	8.3	1.3	0.4	0.3	
Respondents Profile	71.1	2.3	16.3	1.3	0.3	0.7	8.0
Differential	-15.6	-0.7	8	0	-0.1	0.4	

Greater Huddersfield	Ethnic group %						
	White British	White other	Asian/Asian British	Mixed/multiple background	Black/Black British	Arab / other	Prefer not to say/not answered
Local Demographic profile	79.6	3.0	10.5	3.0	3.0	0.9	
Respondents Profile	76.9	1.3	4.5	1.6	1.7	0.1	13.9
Differential	0.3	-1.7	-6	-1.4	-1.3	-0.8	

White British includes English, Welsh, Scottish, Northern Ireland, British, White other includes Irish, Gypsy or Irish Traveller, any other white groups (including European), Any Asian includes Indian, Pakistani, Bangladeshi, Chinese and any other Asian, background, mixed background includes white and black Caribbean, White and Black African, White and Asian and other mixed backgrounds.

Further breakdown of ethnic groups:

Ethnic group/background	A resident of Calderdale	%	Pop %	A resident of Greater Huddersfield	%	Pop %
Asian or Asian British	343	16.3	8.3	234	4.5	10.5
Pakistani	286	13.6	6.8	155	3.0	7.4
Bangladeshi	17	0.9	0.3	6	0.1	0.2
Chinese	7	0.3	0.2	6	0.1	0.5
Indian	28	1.3	0.6	59	1.1	1.6

Any other Asian background	5	0.2	0.4	8	0.2	0.8
Black or Black British	7	0.3	0.4	87	1.7	3.0
African	3	0.1	0.2	32	0.6	0.8
Caribbean	4	0.2	0.2	53	1.0	1.8
Any other Black/African/Caribbean background	0	0	0.0	2	0.1	0.4
Mixed or multiple ethnic groups	28	1.3	1.3	87	1.6	3.0
White and Asian	9	0.4	0.4	18	0.3	0.6
White and Black African	6	0.3	0.1	11	0.2	0.2
White and Black Caribbean	13	0.6	0.5	50	0.9	1.8
Any other Mixed/Multiple ethnic background	0	0	0.3	8	0.2	0.4
White						
English, Welsh, Scottish, Northern Irish, British	1512	71.1	86.7	4025	76.9	79.6
Irish	18	0.9	0.9	54	1.0	0.9
Gypsy or Irish Traveller	2	0.1	0.1	7	0.1	0.0
Any other White background	27	1.3	1.3	60	1.1	2.1
Other ethnic group		0.7				
Arab	3	0.05	0.1	4	0.1	0.4
Other ethnic background, please describe	16	0.8	0.2	48	0.9	0.5
Prefer not to say / not disclosed	153	8.0		631	12.1	
Grand Total	2109	100	100	5237	100	100

Calderdale	Disabled %	Carers %
Local Demographic profile	9	10.5
Respondents Profile	19.1	19.1
Differential	10.1	8.6

Greater Huddersfield	Disabled %	Carers %
Local Demographic profile	8.9	10.4
Respondents Profile	12.0	12.0
Differential	3.1	1.6

Calderdale	Lesbian, Gay and Bisexual* %	Transgender* %
Respondents Profile	3.2	0.3

Greater Huddersfield	Lesbian, Gay and Bisexual* %	Transgender* %
Respondents Profile	3.2	0.4

*Accurate demographic data is not available for these groups as it is not part of the census collection.
The most up to date information about sexual orientation is found through the Office of National Statistics (ONS), whose Integrated House Survey for April 2011 to March 2012 estimates that approximately 1.5% of the UK population are Gay/Lesbian or Bisexual. However, HM Treasury's 2005 research estimated that there are 3.7 million LGBT people in the UK, giving a higher percentage of 5.85% of the UK population.

Transgender and Trans are an umbrella term for people whose gender identity and/or gender expression differs from the gender they were assigned at birth. One study suggested that the number of Trans people in the UK could be around 65,000 (Johnson, 2001, p. 7), while another notes that the number of gender variant people could be around 300,000 (GIRES, 2008b).

In terms of pregnancy and maternity as an equality group data fluctuates all the time and the national census does not record this theme, however engagement activities have been able to capture views from people who are pregnant and who have given birth in the last six months.

Calderdale	**Pregnant %**	**Have given birth in the last 6 months**
Respondents Profile	1.2	1.3

Greater Huddersfield	**Pregnant %**	**Have given birth in the last 6 months**
Respondents Profile	1.2	1.1

The top 16 Countries of birth:

Country	**Number**
Africa	5
Bangladesh	5
Canada	5
China	5
Ghana	5
South Africa	5
USA	6
Eritrea	7
Germany	8
Jamaica	11
France	12
Poland	19
Ireland	30
India	43
Pakistan	194
UK	5836

Appendix 4: Theme information

Have your say themes and sub themes

Main theme	Sub theme	Responses
Access	Importance of access to care/services	1. Responses relate to the importance of the public's access to care or treatment 2. Respondents often refer to receiving the right treatment for conditions (including long term conditions) from the right staff 3. Responses state the importance of receiving care within the right time and place 4. Responses refer to the importance of receiving care closer to home and how travel can dictate service choice. This was also seen as a potential reason behind A&E attendances 5. Responses mention that there are difficulties with capacity, particularly with GPs, community services and appointment making with services.
Access	Using technology to overcome physical distance	1. Responses relate to the use of technology to improve access to care and staff. Technology included video links and equipment that could be available on ambulances to improve communication 2. Respondents suggest that there needs to be better use of technology as a part of the proposals.

Access	Waiting times	1. Responses relate to the increase in waiting times or waiting lists (for appointments or operations) that patients experience if the proposals take effect 2. Respondents express concern about the length of time that they will have to wait before receiving treatment 3. Responses are often interlinked with access to care, increased demand on services, meeting increasing population needs and staff shortages. These were often highlighted as reasons for increased waiting times 4. Comments that show dissatisfaction with current waiting times and targets for these not being met 5. Waiting times for appointments (particularly with GPs) were also seen as a concern and a contributor to A&E attendances/ambulance call-outs.
Alternative suggestion	Alternative suggestion – expansion of other existing sites	1. Responses relate to utilising or developing existing hospital sites/available buildings or resources (including HRI) 2. Respondents propose this as a complete alternative suggestion against the current proposals or an additional aspect for consideration 3. Responses suggest this in the form of a question or as a clear statement 4. There was a common belief that HRI had the capacity and facilities (parking) to be utilised more effectively and retain services.
Alternative suggestion	Alternative suggestion – one site	1. Responses relate to consolidating service(s), in particular emergency care, on to one site. 2. Responses suggest a specific site for services to be hosted on or simply suggest that they should be centralised onto one site 3. Respondents propose this as a complete alternative suggestion against the current proposals or an additional aspect for consideration 4. Responses suggest this in the form of a question or as a clear statement 5. A common response was for a new hospital site to be created at Ainley Top or somewhere between both areas

		6. Responses state that if emergency care needed to be on one site, it should be Huddersfield 7. The option for one site was often triggered by the concern with increased travel times/distance as well access to transport/routes and parking.
Alternative suggestion	Alternative suggestion – other	1. Responses relate to a range of suggestions for consideration that are not linked to travel, expansion of existing sites, incorporating services onto one site, splitting services completely 2. Responses could relate to making a modification to sites (including parking - particularly at Calderdale where there was a strong level of dissatisfaction with the present situation due to costs, capacity), service delivery, staffing or a suggestion for a new proposal 3. Respondents propose this as a complete alternative suggestion against the current proposals or an additional aspect for considerations.
Alternative suggestion	Alternative suggestion – separate back to two trusts	1. Responses suggest separating Calderdale and Huddersfield Foundation Trust into two separate trusts (one per area) 2. Respondents state that this should be done in order to avoid the effects of the implementation of the proposal, for financial reasons and to effectively meet local care needs 3. Respondents propose this as a complete alternative suggestion against the current proposals or an additional aspect for considerations 4. Responses suggest this in the form of a question or as a clear statement
Alternative suggestion	Alternative suggestion – split of services – EC and UC separate	1. Responses relate to completely separate urgent and emergency care between two different sites 2. Respondents propose that either emergency or urgent care could be hosted individually at CRH, HRI or another site 3. Respondents propose this as a complete alternative suggestion against the current proposals or an additional aspect for considerations 4. Responses suggest this in the form of a question or as a clear statement.

Alternative suggestion	Alternative suggestion – travel	1. Responses make suggestions for modifying, improving or developing new travel routes, transport systems or facilities 2. Respondents express concern with existing routes (such as the Elland Bypass due to traffic/congestion) and car parking situations, and suggest alternatives 3. Respondents propose that this should be done in order to ease implementation and ensure adequate access to care, services and staff 4. Respondents propose this as a complete alternative suggestion against the current proposals or an additional aspect for consideration 5. Responses suggest this in the form of a question or as a clear statement 6. Responses comment on the need for improved free shuttle services between hospitals 7. Some alternative suggestions aim to reduce the costs associated with travelling.
Communication and education	Communication and education	1. Responses relate to the need for a public communication initiative or education on available services or systems 2. Respondents state or demonstrate the need for better understanding or signposting on available services and care in order to benefit patient care and access 3. Responses show how lack of knowledge can lead to poor decision making and inappropriate service choice (for example, choosing to visit A&E over another service that is more appropriate for an ailment). It was also highlighted that due to this lack of understanding, if the proposal were to be implemented then patients could end up making an incorrect choice about which hospital to attend for urgent/emergency care 4. Respondents highlight the need for better communication with the local population on service choice or misconceptions.

Communication and education	Not enough information on proposals	1. Responses indicate that there was limited information given on the proposals 2. Responses are triggered due to the lack of information within the proposal document and consultation communications or because respondents themselves have not picked up on information within the proposal documentation 3. Respondents ask a question on how a proposal would affect the population (including a specific demographic) or service delivery (including location, access) 4. Respondents request further information on the proposal or indicate that they feel that the proposals were lacking detail (including analysis or evidence) 5. Respondents state that the lack of information means that they cannot have an informed view or decision on what has been proposed.
Consultation process	Concern with documents or wording	1. Relate to concerns with the proposal documents, the survey or questions that are being asked. This was seen as a reason for why people couldn't provide an informed view or clear response to the question 2. Respondents criticise the above in terms of wording (including use of medical jargon), layout, structure or clarity 3. Respondents show confusion about specifics or key messages of the proposal or what has been asked 4. Responses highlight that there was sometimes a struggle with accessing the documents or survey.
Consultation process	Concern with how decisions were made	1. Responses relate to concern with how the decision to create the proposal was made or how the proposal was formed 2. Respondents query the motives behind the decision to reconfigure services, with many making reference to decisions being made based on finance and cost savings, as opposed to care, delivery or saving lives. PFI is also seen a reason for undertaking the reconfiguration 3. Responses question the accuracy and availability of evidence used to formulate the proposal, including detail on finances and numbers relating to bed use

		4. Responses express concern that the consequence of what is considered to be poor decision making is that lives would be lost.
Consultation process	Consultation – general public and others	1. Comments and criticism on the how the general public and other organisations (including health and wellbeing boards, schools, colleges and mosques) have been involved, informed or considered during the consultation 2. Responses refer to public meetings or other tactics used during the consultation and how the above groups could provide feedback on the proposal 3. Responses state that the above groups should have been involved in the consultation process more and earlier (at the stage the proposal was formed) 4. Responses suggest that there should have been wider involvement with such groups 5. Responses express concern or state that the views of the above groups must be listened to before a decision is made 6. Responses also refer to the process of how the questionnaires were distributed, as some were received with only a short time left for completion.
Consultation process	Consultation – on one option	1. Responses relate to the concern that a consultation has been done on one option or that there are is not an alternative to provide feedback on (a plan B) 2. Respondents are dissatisfied with this element of the consultation process 3. Respondents emphasise that this affects their ability to have an informed view on the proposal

		4. Respondents state that an alternative is needed in order for this to be an official consultation.
Consultation process	Consultation – process	1. Responses relate to how the consultation process has been managed. This includes how the proposals were formed, how organisations have been engaged with and the stages of the consultation 2. Respondents criticise or express dissatisfaction on how the process has been managed and claim that this hasn't been a true consultation 3. Respondents refer to the communication and engagement with wider parties, including the general public, NHS staff and other organisations 4. Comments relate to the communication around the consultation - such as the time to complete the survey, the publicity around the dates of public meetings. Respondents say that there needed to be greater consideration around the access to information, as not everyone looks online or reads the newspaper 5. Respondents state that there is concern with who is making decisions and whether feedback collated during the consultation will make a difference.
Consultation process	Consultation – with NHS staff	1. Responses relate to comments or criticism of the lack of involvement with NHS staff during the consultation and whilst developing the proposal 2. Responses refer to the views and opinions of this group being an essential part of the decision making process due to their experience with patients and knowledge of the current challenges faced 3. Staff stated that they would have preferred to be involved more heavily in the process and the development of the options because of their understanding.

Consultation process	Consultation – with other trusts	1. Responses relate to consulting with other NHS trusts (inside and outside of Yorkshire) to understand their current models 2. Responses suggest that other trusts should be consulted with as a part of the process 3. Respondents view this as an opportunity to gain understanding to strengthen decision making and explore other region's successes 4. Responses state that other nearby trusts should be consulted with due to the impacts in terms of demand on services and choice the implementation of the proposal would have (such as on Barnsley).
Estates and buildings	Building refurbishments	1. Responses relate to completed refurbishments or the opportunity to refurbish sites (particularly HRI) 2. Responses state building refurbishments should take place as part of an alternative suggestion and imply it should be part of upgrading hospitals to be able to provide services (in particular EC) 3. Respondents make comments on previous refurbishments that have taken place and how this should be considered before services are reconfigured 4. Responses question why money was invested into HRI when it appears that the number of services there would be reduced 5. Responses highlight that there is little scope for expanding or developing the CRH site, whereas there is opportunity at HRI.
Estates and buildings	Proposal for services to remain	1. Responses relate to responses that convey the need for services (including A&E, planned care, paediatrics) to remain as they are 2. Responses convey the desire for services to continue in operation in terms of site location, service presence within a geographic area or a combination of both 3. Responses particularly state that A&E/emergency care needs to remain at HRI/Huddersfield 4. Responses are given in the form of a statement or question, often implying that this should have been an alternative proposal 5. Responses do not specifically state which services should remain, but simply requested for things to remain as they are

		6. This response is common for all questions 7. This is often interlinked with travel issues for patients and visitors (particularly distance) and there were some comments about the service being better at HRI.
Estates and buildings	Proposed site capacity – beds	1. Responses relate to the concern over capacity, demand and beds at CRH, HRI/Acre Mills 2. Responses question or express concern about the number of beds being enough to meet current/future population needs and demand of both Calderdale and Huddersfield 3. Responses express concern around how the decision was made on the number of beds that will be available 4. Responses query the number of beds available for planned care operations and generally across both hospital sites 5. Responses note a decrease in the total number of beds available.
Estates and buildings	Proposed site capacity – meeting demand	1. Responses relate to the concern over capacity to meet the current/future needs of both Huddersfield and Calderdale residents 2. Respondents raise concerns around CRH's capacity in staff, parking and physical room of the sites to meet the needs of patients and visitors 3. Concerns often interlink with longer waiting times, staffing, quality of care and delayed access to the care/treatment 4. Responses refer to bed availability.
External	Concerns with privatising the NHS	1. Responses relate to the concerns with the NHS moving towards privatisation 2. Responses relate to concerns about more services being privately provided, which would go against the NHS practices and principles 3. Responses state that this was a motive behind decision making associated with the proposal 4. Responses express concern that the NHS would eventually be privately funded in the future 5. Responses express concern that privatisation has taken priority over the wellbeing and care of patients/community.

External	Impact on community	1. Responses state that the proposals will have a negative impact on the communities within Huddersfield and Calderdale 2. Responses state that if the proposal goes ahead, community divisions and dissatisfaction would occur.
External	Meeting with population needs	1. Responses relate to how the proposal and changes would meet the needs (including care needs) of the Huddersfield and Calderdale populations 2. Responses relate to the current and future population needs, in all areas of the proposal, especially community services and emergency care. Concerns with meeting these needs relate to meeting demand, staffing levels, site capacity (either HRI or CRH), car parking and bed capacity 3. Responses indicate that there is a growing population in both Calderdale and Huddersfield and the current proposal does not take this into account. This will ultimately impact wellbeing and care 4. Responses heavily focus on Huddersfield's demographic composition, including a diverse ethnic mix and a large number of students.
Finance	Funding – concerns	1. Responses express concerns about funding for the proposal and impacts of financial decision making 2. Responses express concern that sufficient funding has been secured to deliver what has been proposed 3. Responses state that there needs to be extra funding and feasibility of funding in order to deliver in terms of services, staff, community, estates and refurbishments 4. Responses query the source of funding for the proposal 5. Responses criticise the financial situation and state that it alleviates the PFI debt of Calderdale, with many feeling it heavily affects Huddersfield.
Finance	Personal Care Budgets	1. Responses relate to the Personal Care Budget programme and how this will impact access to care 2. Responses link with concerns about privatisation.
Finance	PFI	1. Comments convey negative perceptions and concerns around the Calderdale PFI financial situation 2.Responses express concern that there was a decision made to fund the

		PFI in order to improve Calderdale's financial situation 3. Responses comment on the effect that this has had on the financial situation of Huddersfield and suggest there should be a separation between the two trusts in order to protect the financial security/health services for Huddersfield.
Implementation	Confidence in UCC	1. Responses express concern or query the nature and workings of an urgent care centre 2. Comments relate to access in terms of travel, confidence in staff (as there were comments about staff skill sets of those who are working there) and the level of care that patients will receive 3. Responses express concern about what would happen if a patient were to arrive at a UCC and then require EC treatment (which interlinks with themes on patient education).
Implementation	Delivery times	1. Responses query when the proposal would take effect and question the schedule of delivery 2. Responses interlink with comments that the proposal documents were lacking with this information
Implementation	Feasibility of proposal	1. Responses relate to how the proposal could work in reality. Respondents highlight challenges and concerns that the proposal may face 2. Responses state that they disagree with the proposal or that they believe that the proposal generally will not work 3. Responses question the resources and staffing for the proposal and how it would work or impact on services 4. Responses state possible consequences as a result of the proposal being implemented, such as increased mortality rates, increased waiting times, and demand on services or staff leaving 5. Responses query whether the proposal's aspirations will be achieved, for example will the proposal ensure that the standard of care will improve if waiting times have increased

Implementation	Implementation of proposal – trial	1. Responses query whether the proposal would be trialled before being fully implemented or suggestions that this should be done 2. Respondents suggest that the proposal should have a trial run in order to ensure success 3. Respondents query whether the proposal has already been trialled.
Implementation	Role of WIC	1. Responses raise concerns regarding access and confidence in the walk-in-centres 2. Respondents are unsure of the role of walk-in-centres, their availability (opening hours) and staffing, which indicates low confidence 3. Respondents suggest that there could be better use of walk-in-centres to ensure patients receive the care they need. Those that show confidence in the centres see them as an opportunity to alleviate pressures from other services.
Implementation	Set up community services first	1. Responses relate to the need for community services to be prepared to manage demand and patients before the proposal takes effect 2. Comments express concern that services are not able to meet patient demands at the moment and are not accessible, so would need reviewing as they will be vital 3. Responses state that the level of staff is an important part of ensuring that community services are ready to meet population needs following the changes, particularly changes to A&E services.
Irrelevant	Irrelevant	1. Responses fail to provide a clear or valid response to the survey (for example N/A or unsure) 2. Responses state that the element of the proposal is not relevant to them (this was a common response with maternity services).
Management concerns	Management – concerns	1. Responses express concern about the management of the CHFT and the effect that this has had on the decision making process 2. Responses criticise the management and the approach that has been used to develop the proposals and manage the consultation.
Operational	Ambulances – concerns	1. Responses express concern about availability, response times and staff of ambulance services

		2. Responses comment on the current concerns with the ambulance services, specifically regarding response time targets and also the current demands on the service from the public 3. Comments link response times with journey times and the distance that would need to be travelled (between Calderdale and Huddersfield). There is concern that this would have a knock-on effect on patient safety and mortality rates. There is major concern around patients dying on the way to CRH 4. Responses state services are currently understaffed and unable to meet needs 5. Respondents lack confidence in the ambulance services meeting demand due to the challenges already being faced and believe demand on them would increase if the proposals were to come into effect. A common reason behind this was because the public would be unsure of where to visit (UCC or EC) therefore there would be a reliance on ambulance services to make the decision on what care was needed. 6. Respondents question whether enough ambulances would be available because of increased demand
Operational	Concerns with GP capacity	1. Responses relate to concerns with capacity of GPs to handle increased responsibilities and patient demands as a result of the proposal 2. Responses relate to difficulties in accessing care from a GP due to difficulties in securing appointments and limited availability (appointments and opening times). Waiting times are perceived to be high. 3. Comments relate to the funding for GP surgeries and how this would have a knock-on effect on service delivery 4. Respondents describe GPs as understaffed (linked to waiting times for appointment and access to GPs).

Operational	Lack of service integration	1. Responses relate to the lack of integration and co-ordination with community services 2. Responses relate to the need for improved communication and stronger links between the existing community services in order to benefit patient care. Particular references made to communication with GPs and the need for improvement for this. 3. Responses are interlinked with concern around the availability of wider services.
Operational	NHS 111 – concerns	1. Responses relate to the concerns with the NHS 111 service delivery which would ultimately affect service choice, access to services and the quality of care received 2. Responses express concerns around the level of training and knowledge of NHS 111 staff which reduced the level of confidence in those who are seeking care. Experiences with staff made the public feel that advice given was 'overly scripted' 3. Respondents recall negative experiences or comments they had heard about the services and the signposting to other services, which contribute to limited confidence in the advice provided 4. Responses demonstrate reluctance in accessing advice from NHS 111 because of this lack of trust and there is a belief that this could lead to patient conditions becoming worse
Operational	Service reduction	1. Comments relate to the reduction in the number of services available for the public 2. Responses interlink with concerns about privatisation and the proposal being a move towards fewer services 3. Responses include suggestions to close birthing centres 4. Respondents believe there has been a reduction in service provision in their area over recent years.
Operational	Effects on urgent/emergency care impacts	1. Responses express concern regarding what could occur if emergency care or urgent care was needed on a site where the facilities or staff were not present 2. Responses focus on the possibility of planned operations going wrong

		at Acre Mills and patients needing emergency or urgent care. Queries were made about what would be available on site to deal with this and also the transportation to CRH if needed 3. Responses specify there could be a need for intensive care following an operation.
Operational	Wider services – availability	1. Responses relate to the availability of wider services, in particular GP services 2. Respondents question where services such as mental health would be placed in order to understand how they can access or receive care 3. Respondents are concerned about the feasibility of what would be on offer and how the service offerings differ between sites (medical centres) 4. Responses raise concerns about opening times of sites such as GP surgeries and walk in centres.
Operational	Wider services – impact	1. Responses raise concern about the negative impact the proposal would have on wider services (including community services, wider services in other areas of Yorkshire) 2. Responses outline impacts on capacity of community services, which is interlinked with concerns with GP capacity as well as the availability to be seen be community services 3. Respondents query whether services could manage the impact, demand on services and staff.
Operational	Wider services – more support	1. Responses state there should be more support services for mothers after birth i.e. breastfeeding support, community support 2. Responses emphasise the importance of receiving the support from wider services and are in the form of the alternative suggestions and other statements.
Patient experience	Appointment – cancellations	1. Responses state that appointment cancellations could pose an issue for patients and delay planned operations 2. Responses mention that cancellations could be a result of lack of beds, limited staff and the need to accommodate other patients 3. Respondents feel that cancellations would have a knock-on effect on treatment and have limited confidence in the systems following

		cancellations (for example, rebooking).
Patient experience	Barnsley and other A&E	1. Responses express concern over the impact on other areas A&E or refer to previous closures 2. Responses indicate that there is likely to be an increase in demand on A&E services in areas such as Barnsley and wider Yorkshire 3. Respondents state that other neighbouring A&E departments would be quicker for them to access and closer for them to travel to, meaning that care and treatment could be received more promptly 4. Responses query whether other trusts had been informed of the proposal due to expected impacts.
Patient experience	Effects on patient recovery	1. Responses express concern that the proposal would have a negative effect on those who are ill or receiving treatment 2. Responses are interlinked with the importance of access to care/services as the proposal is seen as creating distance (waiting times and physical distance) between accessing treatments 3. Responses are interlinked with families having to travel further to visit relatives (which would also incur extra cost) which means that patients would be left feeling isolated, consequently affecting recovery 4. The above point was sometimes raised in particular regard to the elderly.
Patient experience	Inadequate care	1. Responses express concern that the proposal would result in a lower standard of care for patients 2. Responses link this to access to trained staff who can provide the care and treatment required, with staff being stretched seen as having an impact on the level of care 3. Respondents express concern that increased demand on services would mean that staff and the sites would not be able to meet care needs. This was also linked to waiting times 4. Responses state that the proposal undermines the principles and practices of NHS care.

Patient experience	Lack of improvement	1. Responses relate to the perception that maternity services have previously undergone changes, yet limited improvement has been experienced from a patient perspective 2. Responses state a desire to see improvement in services in order to meet care needs.
Patient experience	Midwife relationship	1. Responses express the importance of a midwife relationship throughout pregnancy 2. Responses convey concern around the number and turnover of midwives and how that affects the patient experience. 3. Responses expressing concern about inadequate care.
Putting lives at risk	Putting lives at risk	1. Responses express concern that the proposal will impact on mortality rates 2. Concerns are linked to the impact of increased travel times and distance to receive treatment, in particular emergency treatment 3. Respondents emphasise that due to the greater distance that Huddersfield residents would have to travel, there would be greater risk of patients dying before receiving treatment 4. Respondents state that patients would be at great risk, even in ambulances 5. Responses specify that the proposals overall put lives at risk for the sake of saving money 6. Responses express concern that if a planned operation was being undertaken and emergency treatment wasn't accessible, this could have severe consequences 7. Respondents express concern about being unable to see trained staff and also about staff being under extreme pressure and deem this a possible cause for mortality.
Service location	Birthing options	1. Responses express concern that the choice of where expectant mothers can give birth has been limited due to previous changes with maternity care and emergency care being located at one site 2. Responses relate to choice around birthing methods and location. Comments state that children should be born in the town that they are to

		be raised in.
Service location	Empire building	1. Responses relate to the concern that paediatric staff have motives that are money driven and aspire to establish a strong presence and team. 2. Responses criticise these perceived motives.
Service location	Paediatric care in Huddersfield	1. Responses express a desire for paediatric care to remain in Huddersfield 2. Responses relate to the need to access emergency paediatric care in Huddersfield as opposed to travelling to Calderdale for treatment 3. Responses emphasise how children are more likely to deteriorate, therefore travel times play an important role in accessing care and treatment.
Staff	Access to staff	1. Responses express concern about patients receiving poor quality care from staff who have limited skills and training 2. Responses state that confidence is low in staff for example with NHS 111. As a consequence, this could also affect service choice 3. Responses are interlinked with staff levels and having a correct number of well trained staff available at proposed sites, particularly those at emergency care centres 4. Some responses mention experience of poor treatment from staff 5. Comments relate to standard of English language and country of origin of staff (staff from countries outside of UK) 6. Responses express concern about waiting times affecting access to staff and this being a barrier to receiving the right care and treatment.

Staff	Staff – levels	1. Responses query whether staffing levels at all proposed sites (CRH, Acre Mills) are sufficient to meet demand from growing populations. 2. Respondents see lack of funding as a reason for limited number of staff and request more funding to secure qualified staff to ensure high levels of care are provided 3. Respondents consider that a low number of staff contributes to longer waiting times and affects access to receiving care.
Staff	Staff – pressures	1. Responses relate to staff pressures being linked to the current working conditions at existing sites. This was seen as having an effect on staff morale and productivity 2. Respondents describe GPs, in particular, as being overworked and stretched and consider this to have a negative effect on the level of care provided to patients 3. Respondents express concern that staff being under pressure to meet targets and demands contribute to inadequate care and errors in service delivery.
Support	Support for proposal	1. Responses express praise, confidence or agreement with the proposal 2. Positive comments could be a part of an overall response that shared feedback or criticism on what has been proposed 3. Comments refer to the proposals being well thought through or the respondent believing that plans will improve patient care or enhance service delivery (responses include support for the idea of having all services/expertise on one specialist site).
Travel	Shuttle services	1. Responses suggest improvements to existing shuttle services in terms of routes or shuttles buses to improve access to sites and ultimately care, particularly between Huddersfield and Calderdale 2. Responses suggest a new route or increase in the number of shuttle buses available in order to improve access between sites and ultimately care, particularly between Huddersfield and Calderdale.

Travel	Travel – access	1. Responses state that the population would face difficulty in accessing transport (public or private) in order to make longer journeys to receive care, in particular journeys from Huddersfield to Calderdale. This is a common response throughout all questions. 2. Responses express concern about location and ease of access to public transport and public transport routes for the local population, including the elderly. 3. Responses highlight access to roads and networks, particularly the Elland Bypass, as a problem when travelling 4. Responses link with those about travel times/distance 5. Responses express concern about access to transport for visitors who would be worried about visiting family or friends who could be based at either site 6. Responses link with those about the cost of public transport and taxis, with many explaining that having to use public transport would incur extra personal costs.
Travel	Travel – car parking at Calderdale	1. Responses express concern and dissatisfaction about the possibility of having to use the car parking facilities at CRH 2. Responses express concern about the current car parking capacity (limited space) and parking conditions 3. Respondents share feedback and experiences linked with limited access to car parking which has deterred them from using the site again 4. Respondents state that improvements to the car park are needed in order to cater for the increased number of visitors and patients to the site. Options for the development of a multi-storey car park have also been discussed 5. Responses express concern about the struggle that visitors and carers have when attending appointments or collecting patients in care 6. Responses interlink with those about the costs of car parking.

Travel	Travel – car parking at other sites	1. Responses express concern with the car parking available at other sites such as HRI and also more community focused sites (including GP surgeries) 2. Concerns relate to the number of spaces available for parking and sites struggle to meet demand 3. Responses interlink with those about the costs of car parking.
Travel	Travel – costs	1. Responses relate to the costs associated with travel on public transport (including taxis) in order to make appointments, receive care or visit family or friends 2. Responses relate to the costs or fees associated with parking on hospital sites or other estates 3. Respondents express concern about extra costs with some mentioning how low-income families will struggle to afford the extra costs for journeys.
Travel	Travel – evidence	1. Responses criticise the accuracy and reliability of travel evidence and analysis that was used within the consultation document 2. Respondents state that journey times provided within the document (by ambulance and private transport) are inaccurate. Journeys between Huddersfield and Calderdale are considered to take longer than the analysis indicated 3. Respondents request a more “honest” analysis 4. Responses interlink with those about there not being enough information on proposals and concerns with how decisions are made.
Travel	Travel – times	1. Responses state that the proposal would greatly affect the length of journeys the public take to receive care, particularly emergency care 2. Comments relate to either the length of time taken to reach CRH or another proposed site, or relate to the distance to travel 3. Respondents express concern over how long it would take for Huddersfield residents to reach CRH in the case of an emergency and state that travel times are an important factor in patient wellbeing and mortality rates 4. Respondents state that people could die during travelling to CRH because of the length of time taken to reach the emergency centre

		5. Responses link travel times with putting lives at risk and also with a proposal for services to remain as they are (especially A&E in Huddersfield) 6. Respondents link travel times with access and express concern for visitors who would be travelling to see patients 7. Respondents express concern over the extra ambulance travel time and response times 8. Responses state that traffic congestion would have an effect on the length of journeys.
Travel	Travel – visitors	1. Responses express concern for visitors travelling to see patients in care and the challenges they would face as a result of the proposal 2. Respondents state that if a family member is in hospital for a length of time, the cost of travelling to visit them (in parking, fuel or public transport) would be much higher if they were visiting sites outside of their usual area 3. Respondents state that travel and access to allow visits is important because they play a vital part in the recovery process 4. Responses relating to visitor journeys link with those referring to travel times and access.
See previous	See previous	1. Responses state that previous answers to the survey questions should be referred to 2. Respondents feel as though questions were repeated therefore requested that previous answers are reviewed.

Appendix 5 – data from consultation – different organisations represented within Have Your Say survey and question 10 matched against different groups including those with Protected Characteristics

The following data tables provide a summary of responses to the Have Your Say survey. Where possible summary narratives are included.

Supplementary Information about people taking part:
People representing organisations:
110 people told the survey they represented their organisation:
These organisations included:

- G.P's
- Churches
- Organisation working with Stroke Patients
- Calderdale Council
- Disability Partnership – Calderdale
- Huddersfield Over Fifties group
- Ambulance personnel
- St Augustine's Community Centre – Halifax
- CCG staff
- Staff working at Calderdale and Huddersfield Foundation Trust (CHFT)
- Pharmacist
- Bus company - Bus Driver
- Public Partners LIP Group – University of Huddersfield
- Health Watch – Calderdale
- Age Concern – ex chairman
- Care Home Manager
- Volunteer Service

Appendix 6
Question 10: Will you be negatively affected by the proposed changes?
The following data tables are derived from consultation data. Both number are percentages are provided. Interpretation of data in regards to percentage calculations need to be read in context of the actual number of responses, this is due to certain groups of people having a low response rate.
Data from consultation

Everyone :

Response	Number	%
I don't know	976	13.7%
No	1489	20.8%
Yes	4687	65.5%
Grand Total	**7152**	**100%**

65.5% of all responses feel the proposal will affect them negatively.

Representatives from organisations:

Response	Number	%
I don't know	10	9.0%
No	15	13.7%
Yes	80	72.8%
(blank)	5	4.5%
Grand Total	**110**	**100%**

Majority of responses (72.8%) from representatives from organisations feel the proposal will negatively affect.

Sex:

Response	Female	Male	Prefer not to say	Grand Total
I don't	617 (15.3%)	265 (10.6%)	23 (8.5%)	905 (13.3%)

know				
No	938 (23.3%)	501 (19.9%)	15 (5.6%)	1454 (21.4%)
Yes	2475 (61.4%)	1744 (69.5%)	230 (85.9%)	4449 (65.3%)
Grand Total	**4030 (100%)**	**2510 (100%)**	**268 (100%)**	**6808 (100%)**

Age:

	I don't know	% I don't know	No	% No	Yes	% Yes	Grand Total	% Total
0-14 yrs	6	100%					6	100%
15-24	51	23.0%	53	24.0%	118	53.0%	222	100%
25-44	174	11.1%	404	25.9%	984	63.0%	1562	100%
45-64	334	12.5%	581	21.7	1767	65.8%	2682	100%
65 +	303	17.7%	361	21.0%	1055	61.4%	1719	100%
(blank)	102	10.8%	85	8.9%	763	80.3%	950	100%
Grand Total	970		1484		4687		7141	

Proportionally more people aged 45-64 gave a response. 65.8% of this age group feel the proposal will have a negative effect. People aged 25-44 gave lowest percentage (25.8%) for no negative affect.

Disability (including long term conditions):

	I don't know	**% I don't know**	**No**	**% No**	**Yes**	**% Yes**	**Grand Total**	**% Total**
Prefer not to say	73	15.0%	28	5.8%	383	79.2%	484	100%
With a	238	20.0%	213	17.9%	741	62.1%	1192	100%

disability								
Grand Total	**311**		**241**		**1124**		**1676**	

Carers:

Response	**Number**	**%**
I don't know	138	10.0%
No	272	20.0%
Yes	984	70.0%
Grand Total	**1394**	**100%**

A total of 1192 disabled people provided a response, 62.1% felt the proposal would have a negative effect on them compared to 17.9% didn't think it will have a negative affect and 20.0% who are undecided.
Majority of carers (70%) feel they will be negatively affected by the proposal.

Ethnic groups:

Ethnic groups	**I don't know**	**% don't know**	**No**	**% No**	**Yes**	**% Yes**	**Grand Total**	**% Total**
African					10	100%	10	100%
Any other Asian background	6	25%	18	75%			24	100%
Any other Mixed/Multiple ethnic background	6	54.5%			5	45.5%	11	100%
Any other White background			18	23.4%	59	76.6%	77	100%

Bangladeshi					10	100%	10	100%
Caribbean	11	25.6%	11	25.6%	21	48.8%	43	100%
Chinese					15		15	
English, Welsh, Scottish, Northern Irish, British	779	13.8%	1140	20.2%	3734	66.0%	5653	100%
Indian	16	21.3%	43	57.4%	16	21.3%	75	100%
Irish	5	6.6%	18	23.7%	53	69.7%	76	100%
Other ethnic background, please describe	12	16.4%			61	83.6%	73	100%
Pakistani	60	19.9%	151	50.2%	90	29.9%	301	100%
Prefer not to say	44	9.1%	38	7.9%	400	83.0%	482	100%
White and Asian	11	23.9%	18	39.1%	17	67.0%	46	100%
White and Black Caribbean			12	19.7%	49	80.3%	61	100%
(blank)	26	13.3%	22	11.3%	147	75.4%	195	100%
Grand Total	**976**		**1489**		**4687**		**7152**	

There are some mixed responses across different ethnic backgrounds feeling that the proposal will have a negative effect. These vary from 100% Black African heritage, to 21.3% Indian heritage. However whilst 100% appears significant percentage in terms of the survey response it only represents 10 people.
White British (English, Welsh, Scottish, Northern Irish, and British) group is the largest group. 66% feel the proposal will have a negative effect.

Religion:

	Buddhism	Christianity	Hinduism	Islam	Judaism	No religion	Other	Prefer not to say	Sikhism	(blank)	Grand Total
I don't know Number	11	439	17	67		231	49	70	5	87	976
I don't know %	29.7%	13.2%%	30.9%	17.7%		11.1%	23.0%	10.6%	19.25%	24.7%	13.6%
No Number	0	660	27	180	6	449	35	77	16	39	1489
No %		19.8%	49.0%	47.3%	100%	21.5%	16.4%	11.6%	61.5%	11.1%	20.8%
Yes Number	26	2232	11	133		1409	129	516	5	226	4687
Yes %	70.3%	67.0%	20.0%	35.0%		67.4%	60.6%	77.8%	19.25%	64.2%	65.6%
Grand Total	**37**	**3331**	**55**	**380**	**6**	**2089**	**213**	**663**	**26**	**352**	**7152**
Total %	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

The highest responses for negative effect are from the group preferring not to disclose their religion (77.8%). Most religious groups answered over 60% for negative effect with the exceptions of Hindus (20.0%), Muslims (35.0%) and Sikhs(19.25%).
People with range of different religions and beliefs have taken part in this question.

Sexual Orientation:

Sexual Orientation	I don't know	Don't know %	No	No %	Yes	Yes %	Grand Total	Total %
Bisexual (both sexes)	33	30.3%	11	10.1%	65	59.6%	109	100%

Gay (same sex)	11	11.2%	21	21.4%	66	67.4%	98	100%
Lesbian (same sex)	11	22.9%	5	10.4%	32	66.7%	48	100%
Heterosexual/straight (opposite sex)	701	12.7%	1328	24.3%	3458	63.0%	5487	100%

There is no significant variation for LGB responses.

Pregnancy and Maternity:

	No	No %	Yes	Yes %	Grand Total	Total %
Pregnant	11	18.6%	48	81.4%	59	100%

No one answered don't know for this question.

	I don't know	%	No	%	Yes	%	Grand Total	Total %
Had baby last 6 months	6	10.5%	11	19.3%	40	70.2%	57	100%

Majority of people that are pregnant (81.4%) and have had a baby in last 6 months (70.2%) feel the proposal will have a negative effect on them.

Transgender –Gender identity different to the Gender you were assigned at birth.

	I don't know	Don't know %	No	No %	Yes	Yes %	Grand Total	Total %
Transgender	5	19.2%	0	0%	21	80.8%	26	100%

The majority (80.8%) of people within this group feel the proposal will have a negative affect.
In line with overall responses to the consultation there is no significant variation in their responses.

Appendix 7: What people said about improving travel, transport and parking

The following tables provide the 5 top themes for responses to how the proposal can improve travel, transport and parking. (Question 11 on survey) matched against Protected Characteristics:
Question 11 was an open question. All responses were coded with themes. A summary explanation is provided below.

Explanation of main themes:
Travel –car parking at Calderdale: responses linked to the current parking at Calderdale Royal Hospital
Travel – access: responses that relate to how changes will effect access, transport to travel (including public transport) to ultimately access services
Travel – alternative suggestion: responses that suggest a modification to travel routes
Travel – costs: responses that express concerns over the cost of travel including parking costs
Travel – car parking at other sites: responses that express concern over the car parking (spaces and access) at the other sites
Proposal for services to remain: responses that convey the desire to keep services at both CRH and HFI. Also expresses that this should be another option that is considered as part of the consultation
Wider services – availability: responses that question the availability of other services (including G.P) to manage any effects

Due to large amount of data generated by the consultation, the top responses were identified. Data tables reflect the responses for travel views for all responses, Calderdale residents, and Huddersfield residents and then further into the groups with protected characteristics.

Table 1.1 showing themes across question 11 for everyone taking part (2542 responses):

Rank	Top themes	Number of people responding
1	Travel –car parking at Calderdale	1829
2	Travel – access	1563
3	Travel – alternative suggestion	1165
4	Travel – costs	1012
5	Travel – car parking at other sites	794

Table 1.2 showing themes across question 11for residents living in Calderdale area (2542 responses)

Rank	Top themes	Number of people responding
1	Travel –car parking at Calderdale	616

2	Travel – costs	408
3	Travel – access	367
4	Travel – alternative suggestion	359
5	Travel – car parking at other sites	345

Table 1.3 showing themes across question 11 for residents living in Huddersfield area (6874 responses)

Rank	**Top themes**	**Number of people responding**
1	Travel –car parking at Calderdale	1213
2	Travel – access	1196
3	Travel – alternative suggestion	806
4	Proposal for services to remain	685
5	Travel – costs	604

Table 2.1 showing themes across Age Group 0-20 from 369 responses:

Rank	**Top themes**	**Number of people responding**
1	Travel – alternative suggestion	66
2	Travel – access	59
3	Travel – car parking at Calderdale	51
4	Travel – costs	48
5	Travel – parking at other sites	34

Table 2.2 showing overall themes across Age group 21-30 from 604 responses:

Rank	**Top themes**	**Number of people responding**
1	Travel – car parking at Calderdale	112
2	Travel – costs	93
3	Travel – access	82
4	Travel – alternative suggestion	66
5	Travel –car parking at Calderdale	41

Table 2.3 showing themes across Age group 31-40 from 1063 responses:

Rank	**Top themes**	**Number of people responding**

1	Travel – car parking at Calderdale	216
2	Travel – access	169
3	Travel – alternative suggestion	135
4	Travel – costs	130
5	Travel – parking at other sites	91

Table 2.4 showing themes across Age group 41-50 from 1604 responses:

Rank	**Top themes**	**Number of people responding**
1	Travel – car parking at Calderdale	309
2	Travel – access	246
3	Travel – alternative suggestion	189
4	Travel – costs	182
5	Proposal for services to remain	125

Table 2.5 showing themes across Age group 51-60 from 1747 responses:

Rank	**Top themes**	**Number of people responding**
1	Travel – car parking at Calderdale	340
2	Travel – access	279
3	Travel – alternative suggestion	198
4	Travel – costs	162
5	Travel – parking at other sites	154

Table 2.6 showing themes across Age group 61-70 from 2118 responses

Rank	**Top themes**	**Number of people responding**
1	Travel – car parking at Calderdale	405
2	Travel – access	349
3	Travel – alternative suggestion	250
4	Travel – parking at other sites	180
5	Travel- costs	177

Table 2.7 showing themes across Age group 71 + from 1070 responses:

Rank	Top themes	Number of people responding
1	Travel – car parking at Calderdale	218
2	Travel – access	172
3	Travel – alternative suggestion	125
4	Travel – parking at other sites	98
5	Travel – costs	86

Table 3 showing themes for Disabled people from 1360 responses:

Rank	Top themes	Number of people responding
1	Travel – car parking at Calderdale	236
2	Travel – access	213
3	Travel – alternative suggestion	203
4	Travel – costs	152
5	Travel – parking at other sites	125

Table 4 showing themes for Carers from 1813 responses:

Rank	Top themes	Number of people responding
1	Travel – car parking at Calderdale	326
2	Travel – access	293
3	Travel – alternative suggestion	231
4	Travel – costs	159
5	Travel – parking at other sites	132

Table 5.1 showing overall themes for sex – Males from 3303 responses:

Rank	Top themes	Number of people responding
1	Travel – car parking at Calderdale	584
2	Travel – access	523
3	Travel – alternative suggestion	397

4	Travel – costs	321
5	Proposal for services to remain	277

Table 5.2 showing overall themes for sex – Females from 5690 responses:

Rank	**Top themes**	**Number of people responding**
1	Travel – car parking at Calderdale	1110
2	Travel – access	942
3	Travel – alternative suggestion	678
4	Travel – costs	559
5	Travel – car parking at other sites	467

Table 5.3 showing overall themes for sex - Prefer not to say from 481 responses:

Rank	**Top themes**	**Number of people responding**
1	Travel – car parking at Calderdale	71
2	Travel – access	62
3	Travel – alternative suggestion	60
4	Travel – costs	59
5	Proposal for services to remain	47

Table 6.1 showing themes for Ethnic Groups - White British from 7736 responses:

Rank	**Top themes**	**Number of people responding**
1	Travel – car parking at Calderdale	1519
2	Travel – access	1246
3	Travel – alternative suggestion	920
4	Travel – costs	694
5	Travel – car parking at other sites	627

Table 6.2 showing themes for Ethnic Groups – Asian/ Asian British from 692 responses:

Rank	**Top themes**	**Number of people responding**
1	Travel - costs	124

2	Travel – car parking at Calderdale	113
3	Travel - access	102
4	Travel – alternative suggestion	100
5	Travel – car parking at other sites	76

Table 6.3 showing themes for Ethnic Groups – Black British / African / Caribbean from 93 responses:

Rank	**Top themes**	**Number of people responding**
1	Travel - costs	23
2	Travel – car parking at Calderdale	17
3	Travel - access	14
4	Travel – car parking at other sites	10
5	Travel – alternative suggestion	6

Table 6.4 showing themes for Ethnic Groups – Other White Background from 198 responses

Rank	**Top themes**	**Number of people responding**
1	Travel – access	42
2	Travel – car parking at Calderdale	27
3	Travel – costs	25
4	Travel – alternative suggestion	22
5	Travel – car parking at other sites	15

Table 6.5 showing themes for Ethnic Groups – Mixed / Multiple Ethnic from 250 responses:

Rank	**Top themes**	**Number of people responding**
1	Travel – access	45
2	Travel – costs	44
3	Travel – alternative suggestion	31
4	Travel – car parking at Calderdale	30
5	Feasibility of proposal	18

Table 7.1 showing themes for Buddhists from 45 responses:

Rank	Top themes	Number of people responding
1	Travel – access	11
2	Travel – costs	9
3	Travel – car parking at Calderdale	8
4	Travel – alternative suggestion	5
5	Shuttle service / car parking at other sites	3

Table 7.2 showing themes for Christians from 4466 responses:

Rank	Top themes	Number of people responding
1	Travel – car parking at Calderdale	871
2	Travel – access	765
3	Travel – alternative suggestion	537
4	Travel – costs	390
5	Proposal for services to remain	335

Table 7.3 showing themes for Hindus from 53 responses:

Rank	Top themes	Number of people responding
1	Travel – access	13
2	Travel – alternative suggestion	10
3	Travel – costs	8
4	Travel – car parking at Calderdale	7
5	Travel – car parking at other sites	5

Table 7.4 showing themes for Muslims from 633 responses:

Rank	Top themes	Number of people responding
1	Travel – costs	124
2	Travel – car parking at Calderdale	104
3	Travel – access	93
4	Travel – alternative suggestion	90
5	Travel – car parking at other sites	68

Table 7.5 showing themes for Jewish people from 10 responses:

Rank	Top themes	Number of people responding
1	Not enough open ended responses to show themes.	
2		
3		
4		
5		

Table 7.6 showing themes for Sikhs from 43 responses:

Rank	Top themes	Number of people responding
1	Travel – car parking at Calderdale	8
2	Travel – alternative suggestion	8
3	Travel – access	5
4	Travel – costs	4
5	Wider services – availability	4

Table 7.6 showing themes for Religion / Belief for No religion for 2569 responses:

Rank	Top themes	Number of people responding
1	Travel – car parking at Calderdale	441
2	Travel – access	417
3	Travel – alternative suggestion	329
4	Travel – costs	234
5	Proposal for services to remain	212

Table 7.7 showing themes for Religion / Belief for Other from 254 responses:

Rank	Top themes	Number of people responding
1	Travel – car parking at Calderdale	46
2	Travel – access	31

3	Travel – alternative suggestion	29
4	Proposal for services to remain	22
5	Travel – costs	22

Table 8 showing themes for Sexual Orientation – LGB (Lesbian, Gay and Bisexual) from 338 responses:

Rank	**Top themes**	**Number of people responding**
1	Travel – access	50
2	Travel – alternative suggestion	49
3	Travel – car parking at Calderdale	48
4	Travel – costs	45
5	Proposal for services to remain	26

Table 9.1showing themes for Pregnancy from 102 responses:

Rank	**Top themes**	**Number of people responding**
1	Travel – car parking at Calderdale	25
2	Travel – costs	23
3	Travel – alternative suggestion	13
4	Travel – access	9
5	Travel – car parking at other sites	9

Table 9.2 showing themes for Maternity (had a baby in last 6 months) from 110 responses:

Rank	**Top themes**	**Number of people responding**
1	Travel – car parking at Calderdale	26
2	Travel – access	17
3	Travel – alternative suggestion	16
4	Travel – costs	15
5	Travel – car parking at other sites	11

Table 10 showing themes for Transgender from 34 responses:

Rank	**Top themes**	**Number of people responding**

1	Travel – car parking at Calderdale	8
2	Travel – access	7
3	Proposal for services to remain	4
4	Feasibility of proposal	3
5	Travel – alternative suggestion	3

Narrative on responses about improving travel, transport and parking:

Appendix 8
Question 12: Do you agree or disagree with the proposal?

Data from Have Your Say survey:

This table is extracted from the Independent Report Findings providing all responses with breakdown of Calderdale and Greater Huddersfield residents:

Question 12 – Overall after reading the document do you agree or disagree with our proposed changes								
	Total respondents		**Resident of Calderdale**		**Resident of Greater Huddersfield**		**Other**	
	No.	%	No.	%	No.	%	No.	%
Agree	1414	18.6	996	47.2	361	6.9	57	24.2
Disagree	4882	64.4	598	28.4	4158	79.4	126	53.4
Neither agree nor disagree	1077	14.2	460	21.8	576	11.0	41	17.4
I don't understand your proposed changes	134	1.8	27	1.3	99	1.9	8	3.4

Total number of respondents answering this question	7582		2109		5237		236	

Responses show that 64.4% of all responses disagree with the proposed changes. There is some variation in people living in Greater Huddersfield who have responded more negatively to this question compared to people living in Calderdale.

The following tables with protected characteristics contain data for combined residents within Calderdale and Huddersfield.

Representatives from organisations:

	Number of representative of an organisation	**%**
Agree	20	18.3%
Disagree	47	42.7%
I don't understand your proposed changes	12	10.9%
Neither agree nor disagree	26	23.6%
(blank)	5	4.5%
Grand Total	**110**	**100%**

42.7% of people representing organisations disagree with the proposal compared to 18.3% agreeing and 23.6% undecided.

Sex:

Response	Female	Male	Prefer not to say	Grand Total

Agree	1071 (26.6%)	523 (20.8%)	21 (7.8%)	1615 (23.7%)
Disagree	2326 (57.7%)	1603 (63.9%)	214 (79.9%)	4143 (60.9%)
I don't understand your proposed changes	68 (1.7%)	27 (1.15%)	16 (6.0%)	111 (1.6%)
Neither agree nor disagree	565 (14.0%)	357 (14.2%)	17 (6.3%)	939 (13.8%)
Grand Total	4030 (100%)	2510 (100%)	268 (100%)	6808 (100%)

There is very little variation between sex between females and males.

Age:

	Agree Number	**Agree %**	**Disagree Number**	**Disagree %**	**I don't understand your proposed changes Number**	**Don't understand %**	**Neither agree nor disagree Number**	**Neither agree / disagree %**	**Grand Total**	**Total %**
0-14 yrs							6	100%	6	100%
15-24	57	25.7%	96	43.2%	0	0	69	31.1%	222	100%
25-44	410	26.2%	878	56.2%	23	1.6%	251	16.0%	1562	100%
45-64	666	24.8%	1672	62.4%	32	1.2%	312	11.6%	2682	100%
65+	414	24.1%	1010	58.8%	35	2.0%	260	15.1%	1719	100%
(blank)	108	11.4%	703	74.0%	21	2.2%	118	12.4%	950	100%
Grand Total	1655	23.1%	4359	61.0%	111	1.6%	1016	14.3%	7141	100%

The highest percentages of age group disagreeing with the proposal are aged 45-64. (62.4%)

The highest percentage of age group being undecided is aged 0-14 yrs (100%) and 15-24 (31.1%).

Ethnic group:

Ethnic group	Agree Number	Agree %	Disagree	Disagree %	I don't understand your proposed changes	Don't understand %	Neither agree nor disagree	Neither agree / disagree %	Grand Total	Total %
African	5	50%	5	50%					10	100%
Any other Asian background	18	75.0%					6	25.0%	24	100%
Any other Mixed/Multiple ethnic background			5	45.5%			6	54.5%	11	100%
Any other White background	18	23.4%	53	68.8%	6	7.8%			77	100%
Bangladeshi			5	50%			5	50%	10	100%
Caribbean	11	25.6%	21	48.8%			11	25.6%	43	100%
Chinese	5	33.3%					10	66.7%	15	100%
English, Welsh, Scottish, Northern Irish, British	1324	23.4%	3512	62.1%	95	1.7%	722	12.8%	5653	100%
Indian	43	57.3%	11	14.7%			21	58.0%	75	100%
Irish	18	23.7%	53	69.7%			5	6.6%	76	100%

Other ethnic background			55	75.3%	6	8.2%	12	16.5%	73	100%
Pakistani	147	48.8%	59	19.6%			95	31.6%	301	100%
Prefer not to say	38	7.9%	378	78.4%	10	2.1%	56	11.6%	482	100%
White and Asian	6	13.0%	17	37.0%			23	50.0%	46	100%
White and Black Caribbean			49	80.3%			12	19.7%	61	100%
(blank)	22	11.3%	141	72.3%			32	16.5%	195	100%
Grand Total	**1655**	**23.1%**	**4364**	**61.0%**	**117**	**1.6%**	**1016**	**14.3%**	**7152**	**100%**

The highest percentages of groups which agree with the proposal are from Asian heritage (75.0%) Indian heritage (57.3%) and Pakistani heritage (48.8%).

The highest percentages disagreeing with the proposal are within White / Black Caribbean heritage, White British and Other White heritage. Caution is needed when interpreting these data sets due to low numbers of respondents within some of the groups.

Religion:

	Buddhism	**Christianity**	**Hinduism**	**Islam**	**Judaism**	**No religion**	**Other**	**Prefer not to say**	**Sikhism**	**(blank)**	**Grand Total**
Agree Number	11	745	27	159		534	46	73	16	44	1655
Agree %	29.7%	22.4%	49.1%	41.8%		25.6%	21.6%	11.0%	61.5%	12.5%	23.1%
Disagree Number	16	2126	6	80	6	1312	107	494	5	212	4364
Disagree %	43.2%	63.8%	10.9%	21.1%	100%	62.8%	50.3%	74.5%	19.25%	60.2%	61.0%

I don't understand your proposed changes Number		44		6		23	22	16		6	117
Don't understand %		1.3%		1.6%		1.1%	10.3%	2.4%		1.7%	1.6%
Neither agree nor disagree	10	416	22	135		220	38	80	5	90	1016
Neither agree/disagree %	27.1%	12.5%	40.0%	35.5%		10.5%	17.8%	12.1%	19.25	25.6%	14.3%
Grand Total	**37**	**3331**	**55**	**380**	**6**	**2089**	**213**	**663**	**26**	**352**	**7152**
Total %	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

The responses indicate a high level (over 60%) disagreeing with the proposal for most of the groups.

Sexual Orientation:

	Agree Number	**Agree %**	**Disagree Number**	**Disagree %**	**I don't understand your proposed changes Number**	**Don't understand %**	**Neither agree nor disagree**	**Neither agree / disagree %**	**Grand Total**	**Total %**
Bisexual (both sexes)	18		59				32		109	

		16.5%		54.1%				29.4%		100%
Gay (same sex)	32	32.7%	60	61.2%			6	6.1%	98	100%
Lesbian (same sex)	10	20.8%	26	54.2%	12	25.0%			48	100%
Heterosexual	1434	26.1%	3199	58.2%	77	1.4%	777	14.0%	5487	100%

There is some variance across responses for people with differing sexual orientation for LGB. The table shows similar pattern of responses with more people disagreeing compared to agreeing with the proposal. Percentages from responses vary between the groups however caution should be applied when interpreting this due to the relative low number responding within some groups compared to Heterosexual group.

Pregnancy / Maternity:

	Number	**%**
Pregnant	**59**	
Agree	11	18.6%
Disagree	48	81.4%
Grand Total	**59**	**100%**

For people who had a baby in last 6 months:	**Number**	**%**
Agree	11	19.3%
Disagree	40	70.2%
Neither agree nor disagree	6	10.5%
Grand Total	**57**	**100%**

For pregnancy responses, the majority (81.4%) disagree with the proposal. For people that have had a baby in last 6 months, 70.2% disagree with the proposal.

Transgender –gender identity different to the Gender you were assigned at birth.

	Number	**%**
Agree	5	19.3%
Disagree	16	61.5%
I don't understand your proposed changes	0	0%
Neither agree nor disagree	5	19.2%
Grand Total	**26**	

61.5% (16 responses) people within this group disagree with the proposal.

Appendix 9: Themed areas for protected characteristics

These data tables are derived from data compiled from the Have Your Say Survey (June 2016). The top prevalent themes have been identified based on the number of people responding to open ended questions in a certain way and then ranked 1 to 5. Rank 1 is the highest number of responses. Please note that not all people gave open ended responses.
The Independent Report of Findings Right Care, Right Time, Right Place alongside section 7.1 of this report provides contextual information on themes.

Data for this section has been ranked into top 5 themes.

Appendix 9.1:

The following tables provide the 5 top themes for how people feel they will be negatively affected by the proposal (question 10 on survey) matched against Protected Characteristics:

Table 1 showing themes across the consultation for everyone taking part:

Rank	Top themes	Number of people responding
1	Travel times	1983
2	Putting lives at risk	1092
3	Feasibility of proposal	982
4	Meeting population needs	708
5	Concerns on how decisions were made	530

Table 2.1 showing themes across Age Group 0-20:

Rank	Top themes	Number of people responding
1	Travel times	81
2	Feasibility of proposal	38
3	Travel – access	34
4	Putting lives at risk	31
5	Waiting times	13

Table 2.2 showing overall themes across Age group 21-30:

Rank	Top themes	Number of people responding
1	Travel times	109
2	Putting lives at risk	86
3	Feasibility of proposal	66
4	Meeting population needs	48
5	Travel – access	34

Table 2.3 showing themes across Age group 31-40:

Rank	Top themes	Number of people responding
1	Travel times	221
2	Putting lives at risk	138
3	Feasibility of proposal	120
4	Meeting population need	90

5	Concern with how decisions are made	68

Table 2.4 showing themes across Age group 41-50:

Rank	**Top themes**	**Number of people responding**
1	Travel times	357
2	Putting lives at risk	224
3	Feasibility of proposal	132
4	Meeting population needs	131
5	Concern with how decisions are made	93

Table 2.5 showing themes across Age group 51-60:

Rank	**Top themes**	**Number of people responding**
1	Travel times	332
2	Putting lives at risk	183
3	Feasibility of proposal	160
4	Meeting population needs	126
5	Concern with how decisions are made	101

Table 2.6 showing themes across Age group 61-70:

Rank	**Top themes**	**Number of people responding**
1	Travel times	402
2	Feasibility of proposal	212
3	Putting lives at risk	194
4	Meeting population needs	145
5	Travel - access	113

Table 2.7 showing themes across Age group 71 +:

Rank	**Top themes**	**Number of people responding**
1	Travel times	195
2	Travel – access	74

3	Feasibility of proposal	68
4	Putting lives at risk	59
5	Meeting population needs	47

Table 3 showing themes for Disabled people:

Rank	**Top themes**	**Number of people responding**
1	Travel times	233
2	Putting lives at risk	116
3	Travel – access	99
4	Feasibility of proposal	97
5	Meeting population needs	69

Table 4 showing themes for Carers:

Rank	**Top themes**	**Number of people responding**
1	Travel times	353
2	Putting lives at risk	185
3	Feasibility of proposal	137
4	Meeting population needs	117
5	Concern with how decisions are made	94

Table 5.1 showing overall themes for sex - Males:

Rank	**Top themes**	**Number of people responding**
1	Travel times	728
2	Putting lives at risk	386
3	Feasibility of proposal	331
4	Meeting population needs	237
5	Concern with how decisions are made	192

Table 5.2 showing overall themes for sex - Females:

Rank	Top themes	Number of people responding
1	Travel times	1109
2	Putting lives at risk	618
3	Feasibility of proposal	527
4	Meeting population needs	416
5	Travel - access	294

Table 5.3 showing overall themes for sex - Prefer not to say:

Rank	Top themes	Number of people responding
1	Travel times	85
2	Feasibility of proposal	62
3	Putting lives at risk	56
4	Concern with how decisions are made	37
5	Meeting population needs	32

Table 6.1 showing themes for Ethnic Groups - White British:

Rank	Top themes	Number of people responding
1	Travel times	1624
2	Putting lives at risk	892
3	Feasibility of proposal	748
4	Meeting population needs	593
5	Concern with how decisions are made	422

Table 6.2 showing themes for Ethnic Groups – Asian/ Asian British:

Rank	Top themes	Number of people responding
1	Travel times	55
2	Feasibility of proposal	45
3	Travel – access	31
4	Putting lives at risk	30
5	Proposal for services to remain	19

Table 6.3 showing themes for Ethnic Groups – Black/Black British / African / Caribbean:

Rank	Top themes	Number of people responding
1	Travel times	11
2	Feasibility of proposal	9
3	Putting lives at risk	6
4	Concern on how decisions are made	4
5	Importance of access to care / services	4

Table 6.4 showing themes for Ethnic Groups – Other White Background

Rank	Top themes	Number of people responding
1	Travel times	46
2	Putting lives at risk	23
3	Feasibility of proposal	22
4	Meeting population needs	14
5	Travel - access	12

Table 6.5 showing themes for Ethnic Groups – Mixed / Multiple Ethnic Background

Rank	Top themes	Number of people responding
1	Travel times	28
2	Feasibility of proposal	13
3	Putting lives at risk	8
4	Travel - access	6
5	Waiting times	6

Table 7.1 showing themes Buddhists:

Rank	Top themes	Number of people responding
1	Feasibility of proposal	9
2	Travel times	6

3	Putting lives at risk	5
4	Travel - access	3
5	Meeting population needs	3

Table 7.2 showing themes for Christians:

Rank	**Top themes**	**Number of people responding**
1	Travel - access	958
2	Putting lives at risk	472
3	Feasibility of proposal	401
4	Meeting population needs	317
5	Travel - access	226

Table 7.3 showing themes for Religion / Belief for Hindus:

Rank	**Top themes**	**Number of people responding**
1	Travel times	6
2	Importance of access to care / services	3
3	Feasibility of proposal	3
4	Meeting population needs	2
5	Proposal for services to remain	2

Table 7.4 showing themes for Religion / Belief for Muslims :

Rank	**Top themes**	**Number of people responding**
1	Travel times	40
2	Feasibility of proposal	31
3	Travel - access	21
4	Putting lives at risk	21
5	Concern with how decisions are made	21

Table 7.5 showing themes for Jewish people:

Rank	**Top themes**	**Number of people responding**

1	Not enough open ended responses to show themes.	
2		
3		
4		
5		

Table 7.6 showing themes for Sikhs:

Rank	Top themes	Number of people responding
1	Travel times	10
2	Feasibility of proposal	6
3	Travel - access	5
4	Putting lives at risk	4
5	Importance of access to care / services	4

Table 7.6 showing themes for Religion / Belief for No religion:

Rank	Top themes	Number of people responding
1	Travel times	599
2	Putting lives at risk	357
3	Feasibility of proposal	270
4	Meeting population needs	227
5	Concern with how decisions are made	175

Table 7.7 showing themes for Religion / Belief for Other:

Rank	Top themes	Number of people responding
1	Travel times	46
2	Putting lives at risk	32
3	Feasibility of proposal	27
4	Importance of access to care / services	19
5	Concern with how decisions are made	18

Table 8 showing themes for Sexual Orientation – LGB (Lesbian, Gay and Bisexual):

Rank	Top themes	Number of people responding
1	Travel times	30
2	Putting lives at risk	18
3	Feasibility of proposal	15
4	Meeting population needs	9
5	Importance of access to care / services	7

Table 9.1 showing themes for Pregnancy:

Rank	Top themes	Number of people responding
1	Travel times	15
2	Putting lives at risk	9
3	Feasibility of proposal	8
4	Proposed site capacity – meeting demand	7
5	Meeting population needs	7

Table 9.2 showing themes for Maternity (had a baby in last 6 months):

Rank	Top themes	Number of people responding
1	Travel times	20
2	Putting lives at risk	8
3	Meeting population needs	7
4	Feasibility of proposal	7
5	Travel - access	5

Table 10 showing themes for Transgender:

Rank	Top themes	Number of people responding
1	Feasibility of proposal	6
2	Meeting population needs	5
3	Putting lives at risk	3
4	Effects on patient recovery	3

5	Concern with how decisions are made	3

Narrative on why people feel the proposal will affect them negatively:
People provided a range of open-ended responses to how they feel they will be negatively affected by the proposal.

The top themes from all responses show that people are most concerned with travel times, putting lives at risk, feasibility of proposal, meeting population needs and concern over decision making.

Through ranking themes for each of the protected groups the exceptions to general responses are:

Travel access was a concern to;

- People aged 0-30 and 61 and above
- Disabled people
- Women
- Christians and Buddhists
- 'Other White' and people from Mixed/Multiple ethnic heritage
- Women who have had a baby in the last 6 months

Other themes raised were more mixed:

- People aged 0-20 are concerned with waiting times
- Asian/Asian British and Hindu people want services to remain the same
- Sikhs are concerned with access to other services
- Pregnant women and LGBT people are concerned with proposed site capacity
- Transgender people are concerned with the effects on patient recovery.

Appendix 9.2

The following tables provide the 5 top themes for Emergency and Acute Care matched against Protected Characteristics:
Table 1 showing across the Emergency and Acute Care for everyone taking part:

Rank	**Top themes**	**Number of people responding**

1	Travel times	1727
2	Feasibility of proposal	1310
3	Putting lives at risk	1044
4	Proposal for services to remain	920
5	Travel access	783

Table 2.1 showing across Age Group 0-20:

Rank	**Top themes**	**Number of people responding**
1	Travel times	54
2	Putting lives at risk	31
3	Feasibility of proposal	31
4	Proposal for services to remain	28
5	Irrelevance	17

Table 2.2 showing themes across Age group 21-30:

Rank	**Top themes**	**Number of people responding**
1	Travel times	106
2	Putting lives at risk	83
3	Proposal for services to remain	80
4	Feasibility of proposal	74
5	Travel – access	44

Table 2.3 showing themes across Age group 31-40:

Rank	**Top themes**	**Number of people responding**
1	Travel times	175
2	Feasibility of proposal	141
3	Lives at risk	108
4	Proposal for services to remain	95
5	Travel access	64

Table 2.4 showing themes across Age group 41-50:

Rank	Top themes	Number of people responding
1	Travel times	280
2	Feasibility of proposal	214
3	Lives at risk	188
4	Travel access	132
5	Ambulance concerns	63

Table 2.5 showing themes across Age group 51-60:

Rank	Top themes	Number of people responding
1	Travel times	291
2	Feasibility of proposal	226
3	Lives at risk	178
4	Proposal for services to remain	131
5	Travel access	130

Table 2.6 showing themes across Age group 61-70:

Rank	Top themes	Number of people responding
1	Travel times	373
2	Feasibility of proposal	270
3	Lives at risk	197
4	Travel access	189
5	Proposal for services to remain	189

Table 2.7 showing themes across Age group 71 +:

Rank	Top themes	Number of people responding
1	Travel times	273
2	Proposal for services to remain	248
3	Lives at risk	185
4	Travel access	164
5	Concern how decisions made	92

Table 3 showing themes for Disabled people:

Rank	Top themes	Number of people responding
1	Travel times	238
2	Feasibility of proposal	145
3	Travel access	126
4	Putting lives at risk	116
5	Proposal for services to remain	108

Table 4 showing themes for Carers:

Rank	Top themes	Number of people responding
1	Travel times	303
2	Feasibility of proposal	223
3	Putting lives at risk	180
4	Travel access	153
5	Proposal for services to remain	146

Table 5.1 showing themes for sex - Males:

Rank	Top themes	Number of people responding
1	Travel times	994
2	Feasibility of proposal	714
3	Putting lives at risk	617
4	Proposal for services to remain	501
5	Travel access	463

Table 5.2 showing themes for sex - Females:

Rank	Top themes	Number of people responding
1	Travel times	994
2	Feasibility of proposal	714
3	Putting lives at risk	617

4	Proposal for services to remain	501
5	Travel - access	463

Table 5.3 showing themes for sex - Prefer not to say:

Rank	Top themes	Number of people responding
1	Travel times	994
2	Feasibility of proposal	714
3	Putting lives at risk	617
4	Proposal for services to remain	501
5	Concern for how decisions are made	249

Table 6.1 showing themes for Ethnic Groups - White British:

Rank	Top themes	Number of people responding
1	Travel times	1337
2	Feasibility of proposal	988
3	Putting lives at risk	835
4	Proposal for services to remain	688
5	Travel access	651

Table 6.2 showing overall themes for Ethnic Groups – Asian/ Asian British:

Rank	Top themes	Number of people responding
1	Support for proposal	102
2	Travel times	78
3	Feasibility of proposal	60
4	Proposal for services to remain	51
5	Putting lives at risk	40

Table 6.3 showing themes for Ethnic Groups – Black /Black British/ African / Caribbean:

Rank	Top themes	Number of people responding
1	Proposal for services to remain	17
2	Feasibility of proposal	9

3	Travel times	9
4	Putting lives at risk	7
5	Travel access	5

Table 6.4 showing overall themes for Ethnic Groups – Other White Background

Rank	**Top themes**	**Number of people responding**
1	Travel times	33
2	Feasibility of proposal	29
3	Proposal for services to remain	16
4	Support for proposal	16
5	Travel access	13

Table 6.5 showing overall themes for Ethnic Groups – Mixed /Multiple Ethnic Background

Rank	**Top themes**	**Number of people responding**
1	Travel times	25
2	Feasibility of proposal	16
3	Proposal for services to remain	15
4	Putting lives at risk	14
5	Travel access	8

Table 7.1 showing overall themes for Buddhists:

Rank	**Top themes**	**Number of people responding**
1	Travel times	10
2	Putting lives at risk	9
3	Feasibility of proposal	8
4	Travel access	5
5	Wider services available	5

Table 7.2 showing overall themes for Christians:

Rank	**Top themes**	**Number of people responding**
1	Travel times	789

2	Feasibility of proposal	535
3	Putting lives at risk	440
4	Proposal for services to remain	409
5	Travel access	369

Table 7.3 showing overall themes for Hindus:

Rank	Top themes	Number of people responding
1	Proposal for services to remain	8
2	Use of technology	6
3	Putting lives at risk	6
4	Feasibility of proposal	5
5	Support for proposal	4

Table 7.4 showing overall themes for Muslims:

Rank	**Top themes**	**Number of people responding**
1	Support for proposal	93
2	Travel times	52
3	Feasibility of proposal	49
4	Proposal for services to remain	39
5	Waiting times	33

Table 7.5 showing overall themes for Jewish people:

Rank	**Top themes**	**Number of people responding**
1	Access to staff	3
2	Feasibility of proposal	2
3	Travel times	1
4	Proposal for services to remain	1
5	Staff pressures	1

Table 7.6 showing overall themes for Sikhs:

Rank	**Top themes**	**Number of people responding**

1	Travel times	14
2	Proposal for services to remain	6
3	Travel – access	5
4	Support for proposal	4
5	Feasibility of proposal	3

Table 7.6 showing overall themes for No religion:

Rank	Top themes	Number of people responding
1	Travel times	485
2	Feasibility of proposal	366
3	Putting lives at risk	307
4	Proposal for services to remain	221
5	Travel - access	215

Table 8 showing overall themes for Sexual Orientation – LGB (Lesbian, Gay and Bisexual):

Rank	**Top themes**	**Number of people responding**
1	Travel time	60
2	Feasibility of proposal	38
3	Putting lives at risk	30
4	Proposal for services to remain	25
5	Travel - access	23

Table 9.1 showing themes for Pregnancy:

Rank	**Top themes**	**Number of people responding**
1	Feasibility of proposal	11
2	Travel times	11
3	Access to staff	6
4	Travel access	7
5	Support proposal	5

Table 9.2 showing themes for Maternity (given birth in last 6 months):

Rank	Top themes	Number of people responding
1	Feasibility of proposal	16
2	Travel times	13
3	Access to staff	11
4	Travel access	8
5	Capacity of site	7

Table 10 showing overall themes for Transgender:

Rank	Top themes	Number of people responding
1	Putting lives at risk	5
2	Travel times	6
3	Population needs	5
4	Feasibility of proposal	4
5	Barnsley A&E	3

Appendix 9.3

The following tables provide the 5 top themes for Urgent Care matched against Protected Characteristics:

Table 1 showing themes across the consultation for everyone taking part:

Rank	Top themes	Number of people responding
1	Feasibility of proposal	1094
2	Access to staff	493
3	Concern with GP capacity	464
4	NHS 111 concern	333
5	Proposal that services remain	282

Table 2.1 showing themes across Age Group 0-20:

Rank	Top themes	Number of people responding
1	Feasibility of proposal	26
2	Travel – access	15
3	Irrelevance	14

4	Support for proposal	14
5	Meeting population needs	13

Table 2.2 showing themes across Age group 21-30:

Rank	**Top themes**	**Number of people responding**
1	Feasibility of proposal	72
2	Support for proposal	37
3	Concern with GP capacity	28
4	Irrelevance	23
5	Proposal that services remain	18

Table 2.3 showing themes across Age group 31-40:

Rank	**Top themes**	**Number of people responding**
1	Feasibility of proposal	108
2	Concern with GP capacity	59
3	Support for proposal	49
4	Access to staff	45
5	Proposal that services remain	31

Table 2.4 showing themes across Age group 41-50:

Rank	**Top themes**	**Number of people responding**
1	Feasibility of proposal	149
2	Concern with GP capacity	68
3	Access to staff	67
4	Importance of access to care	53
5	Support proposal	52

Table 2.5 showing themes across Age group 51-60:

Rank	**Top themes**	**Number of people responding**
1	Feasibility of proposal	174
2	Access to staff	75

3	NHS 111 concern	53
4	Importance of access to care	51
5	Communication and education	47

Table 2.6 showing themes across Age group 61-70:

Rank	**Top themes**	**Number of people responding**
1	Feasibility of proposal	250
2	G.P capacity concern	105
3	Access to staff	99
4	NHS 111 concern	68
5	Importance of access to care / services	59

Table 2.7 showing themes across Age group 70+:

Rank	**Top themes**	**Number of people responding**
1	Feasibility of proposal	107
2	Access to staff	58
3	NHS 111 concern	43
4	Support for proposal	39
5	Staff levels	37

Table 3 showing themes for Disabled people:

Rank	**Top themes**	**Number of people responding**
1	Feasibility of proposal	118
2	Support for proposal	67
3	Access to staff	49
4	Travel – access	44
5	G.P capacity – concern	40

Table 4 showing themes for Carers:

Rank	**Top themes**	**Number of people responding**
1	Feasibility of proposal	178

2	Access to staff	94
3	G.P capacity – concern	83
4	NHS 111 concern	69
5	Support for proposal	52

Table 5.1 showing overall themes for sex - Males:

Rank	**Top themes**	**Number of people responding**
1	Feasibility of proposal	347
2	G.P capacity – concern	140
3	Access to staff	133
4	Irrelevance	100
5	NHS 111 concern	97

Table 5.2 showing overall themes for sex (Sex) Females:

Rank	**Top themes**	**Number of people responding**
1	Feasibility of proposal	678
2	Access to staff	324
3	G.P capacity – concern	305
4	NHS 111 concern	216
5	Access to care services	196

Table 5.3 showing themes for sex (Sex) Prefer not to say:

Rank	**Top themes**	**Number of people responding**
1	Feasibility of proposal	82
2	Access to staff	30
3	G.P capacity – concern	30
4	NHS 111 concern	21
5	Proposal for services to remain	19

Table 6.1 showing themes for Ethnic Groups - White British:

Rank	Top themes	Number of people responding
1	Access to staff	827
2	G.P capacity – concern	379
3	Feasibility of proposal	359
4	NHS 111 concern	246
5	Proposal for services to remain	224

Table 6.2 showing themes for Ethnic Groups – Asian/ Asian British:

Rank	Top themes	Number of people responding
1	Support proposal	108
2	Feasibility of proposal	48
3	Waiting times	35
4	Travel – access	35
5	Irrelevance	30

Table 6.3 showing themes for Ethnic Groups – Black/ Black British/ African / Caribbean:

Rank	Top themes	Number of people responding
1	Support proposal	9
2	Feasibility of proposal	7
3	Irrelevance	6
4	Staff level	5
5	NHS 111 concern	5

Table 6.4 showing themes for Ethnic Groups – Other White Background

Rank	Top themes	Number of people responding
1	Feasibility of proposal	13
2	Staff level	8
3	Importance of access to care / services	6
4	Support for proposal	5
5	Not enough information	4

Table 6.5 showing themes for Ethnic Groups – Mixed Multiple Ethnic background

Rank	Top themes	Number of people responding
1	Not enough open ended responses to show themes.	
2		
3		
4		
5		

Table 7.1 showing themes for Buddhists:

Rank	**Top themes**	**Number of people responding**
1	Access to staff	5
2	NHS 111 concerns	5
3	Putting lives at risk	4
4	Travel – access	4
5	Feasibility of proposal	3

Table 7.2 showing themes for Christians:

Rank	**Top themes**	**Number of people responding**
1	Feasibility of proposal	461
2	Access to staff	199
3	G.P capacity – concern	197
4	NHS 111 concerns	135
5	Importance of access to care / services	127

Table 7.3 showing themes for Hindus:

Rank	**Top themes**	**Number of people responding**
1	Support for proposal	9
2	Access to staff	6
3	Feasibility of proposal	5
4	Importance of access to care / services	3

5	(Various others themes)	2

Table 7.4 showing themes for Muslims:

Rank	Top themes	Number of people responding
1	Support for proposal	100
2	Feasibility of proposal	38
3	Waiting times	34
4	Travel – access	30
5	Irrelevant	23

Table 7.5 showing themes for Jewish people:

Rank	Top themes	Number of people responding
1	Access to staff	3
2	NHS 111 concerns	2
3	Not enough information	1
4	Feasibility of proposal	1
5	Travel - access	1

Table 7.6 showing themes for Sikhs:

Rank	Top themes	Number of people responding
1	Feasibility of proposal	4
2	Support for proposal	4
3	Travel – access	3
4	Putting lives at risk	2
5	Proposal for services to remain	2

Table 7.6 showing themes for No religion:

Rank	Top themes	Number of people responding
1	Feasibility of proposal	301
2	Concern with G.P capacity	152
3	Access to staff	126

4	NHS 111 concerns	88
5	Importance of access to care / services	74

Table 7.7 showing themes for Religion / Belief for Other:

Rank	Top themes	Number of people responding
1	Feasibility of proposal	25
2	Access to staff	15
3	NHS 111 concerns	13
4	Concern with G.P capacity	12
5	Irrelevant	11

Table 8 showing themes for Sexual Orientation – LGB (Lesbian, Gay and Bisexual):

Rank	Top themes	Number of people responding
1	Feasibility of proposal	29
2	Access to staff	22
3	NHS 111 concerns	14
4	Waiting times	14
5	Inadequate care and staffing levels	14

Table 9.1 showing themes for Pregnancy:

Rank	Top themes	Number of people responding
1	Support for proposal	13
2	Access to staff	10
3	Feasibility of proposal	8
4	NHS 111 concerns	6
5	Inadequate care	5

Table 9.2 showing themes for Maternity (given birth in last 6 months):

Rank	Top themes	Number of people responding
1	Access to staff	12
2	Feasibility of proposal	10

3	NHS 111 concerns	9
4	Staff levels	5
5	Concern with G.P capacity	4

Table 10 showing themes for Transgender:

Rank	Top themes	Number of people responding
1	Feasibility of proposal	7
2	Access to staff	6
3	Concern with GP capacity	4
4	NHS 111 concerns	3
5	Travel – access and Importance of access to care / services	2

Appendix 9.4:

The following tables provide the 5 top themes for Planned Care matched against Protected Characteristics:

Table 1 showing themes across the consultation for everyone taking part:

Rank	Top themes	Number of people responding
1	Feasibility of proposal	974
2	Travel – access	832
3	Urgent / emergency care impacts	694
4	Travel times	579
5	Funding concerns	519

Table 2.1 showing themes across Age Group 0-24:

Rank	Top themes	Number of people responding
1	Feasibility of proposal	15
2	Support for proposal	15
3	Travel - access	14
4	Irrelevant	13
5	Travel times and Waiting times	11

Table 2.2 showing themes across Age group 21-30:

Rank	Top themes	Number of people responding
1	Travel access	71
2	Feasibility of proposal	71
3	Urgent / emergency care impacts	53
4	Waiting times	43
5	Travel times	40

Table 2.3 showing themes across Age group 31-40:

Rank	Top themes	Number of people responding
1	Travel - access	100
2	Feasibility of proposal	99
3	Urgent / emergency care impacts	69
4	Travel times	57
5	Funding concerns	55

Table 2.4 showing themes across Age group 41-50:

Rank	Top themes	Number of people responding
1	Feasibility of proposal	135
2	Travel – access	121
3	Urgent / emergency care impacts	108
4	Funding concerns	85
5	Travel times	84

Table 3 showing themes for Disabled people:

Rank	Top themes	Number of people responding
1	Travel - access	117
2	Travel time	72
3	Support for proposal	61
4	Funding concerns	58
5	Urgent / emergency care impacts	58

Table 4 showing themes for Carers:

Rank	Top themes	Number of people responding
1	Feasibility of proposal	165
2	Travel - access	162
3	Urgent / emergency care impacts	112
4	Travel times	106
5	Funding concerns	86

Table 5.1 showing themes for sex - Males:

Rank	Top themes	Number of people responding
1	Feasibility of proposal	303
2	Travel - access	246
3	Urgent / emergency care impacts	201
4	Travel times	175
5	Funding concerns	170

Table 5.2 showing themes for sex - Females:

Rank	Top themes	Number of people responding
1	Feasibility of proposal	523
2	Travel - access	494
3	Urgent / emergency care impacts	409
4	Travel times	345
5	Funding concerns	304

Table 5.3 showing themes for sex - Prefer not to say:

Rank	Top themes	Number of people responding
1	Feasibility of proposal	81
2	Urgent / emergency care impacts	45
3	Travel - access	43
4	Funding concerns	32

5	Travel times	28

Table 6.1 showing themes for Ethnic Groups - White British:

Rank	**Top themes**	**Number of people responding**
1	Feasibility of proposal	715
2	Travel – access	609
3	Urgent / emergency care impacts	548
4	Travel times	440
5	Funding concerns	416

Table 6.2 showing themes for Ethnic Groups – Asian/ Asian British:

Rank	**Top themes**	**Number of people responding**
1	Support for proposal	118
2	Travel - access	92
3	Feasibility for proposal	50
4	Waiting times	45
5	Travel times	34

Table 6.3 showing themes for Ethnic Groups – Black/ Black British / African / Caribbean:

Rank	**Top themes**	**Number of people responding**
1	Feasibility for proposal	9
2	Support for proposal	8
3	Waiting times	8
4	Proposed site capacity	6
5	Travel - access	5

Table 6.4 showing themes for Ethnic Groups – Other White Background

Rank	**Top themes**	**Number of people responding**
1	Travel - access	21
2	Travel times	17
3	Feasibility for proposal	14

4	Support for proposal	13
5	Urgent / emergency care impacts	12

Table 6.5 showing themes for Ethnic Groups – Mixed Multiple Ethnic background

Rank	**Top themes**	**Number of people responding**
1	Feasibility for proposal	13
2	Support for proposal	12
3	Travel – access	11
4	Alternative suggestion	8
5	Proposed site capacity	8

Table 7.1 showing themes for Buddhists:

Rank	**Top themes**	**Number of people responding**
1	Travel – access	10
2	Feasibility of proposal	8
3	Travel times	6
4	Travel costs	4
5	Travel – visitors and Funding concerns	3

Table 7.2 showing themes for Christians:

Rank	**Top themes**	**Number of people responding**
1	Feasibility of proposal	396
2	Travel – access	342
3	Urgent / emergency care impacts	280
4	Travel times	241
5	Funding concerns	219

Table 7.3 showing themes for Hindus:

Rank	**Top themes**	**Number of people responding**
1	Support for proposal	10
2	Travel – access	7

3	Feasibility of proposal	5
4	Travel times	4
5	Not enough information and Waiting times	3

Table 7.4 showing themes for Muslims:

Rank	**Top themes**	**Number of people responding**
1	Support for proposal	103
2	Travel – access	76
3	Waiting times	40
4	Feasibility of proposal	40
5	Travel times	28

Table 7.5 showing themes for Jewish people:

Rank	**Top themes**	**Number of people responding**
1	Feasibility of proposal	2
2	Waiting times	1
3	Alternative suggestion	1
4	Site capacity	1
5	Importance of access to care / services	1

Table 7.6 showing themes for Sikhs:

Rank	**Top themes**	**Number of people responding**
1	Travel – access	7
2	Support for proposal	7
3	Travel – visitors	4
4	Feasibility of proposal	3
5	Alternative suggestion	3

Table 7.6 showing themes for Religion / Belief for No religion:

Rank	**Top themes**	**Number of people responding**
1	Feasibility of proposal	254

2	Travel – access	215
3	Urgent / emergency care impacts	212
4	Travel times	164
5	Funding concerns	141

Table 7.7 showing themes for Religion / Belief for Other:

Rank	**Top themes**	**Number of people responding**
1	Feasibility of proposal	32
2	Travel – access	24
3	Funding concerns	21
4	Travel times	20
5	Urgent / emergency care impacts	17

Table 8 showing themes for Sexual Orientation – LGB (Lesbian, Gay and Bisexual):

Rank	**Top themes**	**Number of people responding**
1	Travel - access	22
2	Travel times	21
3	Urgent / emergency care impacts	21
4	Capacity for beds	18
5	Waiting times	13

Table 9.1 showing themes for Pregnancy:

Rank	**Top themes**	**Number of people responding**
1	Waiting times	12
2	Support for proposal	12
3	Feasibility of proposal	7
4	Capacity for beds	6
5	Access to staff	5

Table 9.2 showing themes for Maternity (given birth in last 6 months):

Rank	**Top themes**	**Number of people responding**

1	Travel- access	11
2	Waiting times	10
3	Travel times	6
4	Alternative suggestion	6
5	Urgent / emergency care impacts	6

Table 10 showing themes for Transgender:

Rank	Top themes	Number of people responding
1	Feasibility of proposal	5
2	Travel – access	4
3	Capacity of beds	3
4	Travel times	3
5	Urgent / emergency care impacts	3

Appendix 9.5

The following tables provide the 5 top themes for Maternity Services matched against Protected Characteristics:
Table 1 showing themes across the consultation for everyone taking part:

Rank	Top themes	Number of people responding
1	Feasibility of proposal	565
2	Service reduction	373
3	Personal care budgets	359
4	Travel times	347
5	Irrelevant	340

Table 2.1 showing themes across Age Group 0-24:

Rank	Top themes	Number of people responding
1	Proposal for services to remain	22
2	Irrelevant	22
3	Support for proposal	11
4	Feasibility for proposal	9
5	Importance of access to care / services	8

Table 2.2 showing overall themes across Age group 21-30:

Rank	Top themes	Number of people responding
1	Feasibility for proposal	44
2	Proposal for services to remain	35
3	Service reduction	32
4	Personal care budgets	30
5	Inadequate care	27

Table 2.3 showing themes across Age group 31-40:

Rank	Top themes	Number of people responding
1	Feasibility for proposal	66
2	Travel times	56
3	Service reduction	48
4	Personal care budgets	48
5	Inadequate care	44

Table 2.4 showing themes across Age group 41-50:

Rank	Top themes	Number of people responding
1	Feasibility for proposal	79
2	Travel times	65
3	Proposal for services to remain the same	65
4	Service reduction	59
5	Personal care budgets	48

People of child bearing ages have been included in this part of themed data.

Table 3 showing themes for Disabled people:

Rank	Top themes	Number of people responding
1	Irrelevant	81
2	Feasibility for proposal	59
3	Travel times	40
4	Service reduction	35
5	Putting lives at risk / support for proposal	29

Table 4 showing themes for Carers:

Rank	Top themes	Number of people responding
1	Feasibility for proposal	88
2	Service reduction	63
3	Personal care budgets	62
4	Concerns with privatising the NHS	55
5	Inadequate care	56

Table 5.1 showing themes for sex - Males:

Rank	Top themes	Number of people responding
1	Feasibility for proposal	187
2	Irrelevant	145
3	Service reduction	115
4	Inadequate care	110
5	Personal care budgets	109

Table 5.2 showing themes for sex - Females:

Rank	Top themes	Number of people responding
1	Feasibility of proposal	296
2	Travel times	230
3	Service reduction	217

4	Personal care budgets	214
5	Inadequate care	187

Table 5.3 showing themes for sex - Prefer not to say:

Rank	**Top themes**	**Number of people responding**
1	Feasibility of proposal	49
2	Service reduction	30
3	Proposal for services to remain	26
4	Personal care budgets	25
5	Not enough information on proposals	23

Table 6.1 showing themes for Ethnic Groups - White British:

Rank	**Top themes**	**Number of people responding**
1	Feasibility of proposal	432
2	Personal care budgets	293
3	Service reduction	283
4	Inadequate care	269
5	Travel times	260

Table 6.2 showing themes for Ethnic Groups – Asian/ Asian British

Rank	**Top themes**	**Number of people responding**
1	Support for proposal	63
2	Irrelevant	56
3	Proposal for services to remain	33
4	Travel times	20
5	Importance of access to care / services	18

Table 6.3 showing themes for Ethnic Groups – Black/ Black British / African / Caribbean:

Rank	**Top themes**	**Number of people responding**
1	Proposal for services to remain	10
2	Irrelevant	7

3	Support for proposal	6
4	Travel times	5
5	Alternative suggestion – one site	4

Table 6.4 showing themes for Ethnic Groups – Other White Background

Rank	**Top themes**	**Number of people responding**
1	Not enough information on proposals	6
2	Irrelevant	5
3	Importance of access to care / services	4
4	Funding concerns	3
5	Service reduction	3

Table 6.5 showing themes for Ethnic Groups – Mixed Multiple Ethnic backgrounds

Rank	Top themes	Number of people responding
1	Too low numbers giving open comments for analysis.	
2		
3		
4		
5		

Table 7.1 showing themes for Religion / Belief for Buddhism:

Rank	**Top themes**	**Number of people responding**
1	Too low numbers giving open comments for analysis.	3
2		
3		
4		
5		

Table 7.2 showing themes for Christians:

Rank	**Top themes**	**Number of people responding**
1	Feasibility of proposal	224

2	Service reduction	152
3	Irrelevant	150
4	Travel times	148
5	Personal care budgets	141

Table 7.3 showing themes for Religion / Belief for Hinduism:

Rank	**Top themes**	**Number of people responding**
1	Support for proposal	6
2	Proposal for service to remain same	5
3	Travel times	4
4	Service reduction	3
5	Wider services – more support and Travel access	3

Table 7.4 showing themes for Muslims:

Rank	**Top themes**	**Number of people responding**
1	Support for proposal	67
2	Irrelevant	57
3	Proposal for service to remain same	33
4	Travel times	22
5	Importance of access to care / services	19

Table 7.5 showing themes for Jewish people:

Rank	**Top themes**	**Number of people responding**
1	Too low numbers giving open comments for analysis.	
2		
3		
4		
5		

Table 7.6 showing themes for Sikhs:

Rank	**Top themes**	**Number of people responding**
1	Too low numbers giving open comments for analysis.	

2		
3		
4		
5		

Table 7.6 showing themes for Religion / Belief for No religion:

Rank	Top themes	Number of people responding
1	Feasibility of proposal	161
2	Personal care budgets	110
3	Travel times	105
4	Service reduction	103
5	Inadequate care	101

Table 7.7 showing themes for Religion / Belief for Other:

Rank	Top themes	Number of people responding
1	Feasibility of proposal	18
2	Inadequate care	13
3	Personal care budgets	13
4	Concerns with privatising the NHS	12
5	Service reduction	12

Table 8 showing themes for Sexual Orientation – LGB (Lesbian, Gay and Bisexual):

Rank	Top themes	Number of people responding
1	Feasibility of proposal	17
2	Service reduction	12
3	Proposal for service to remain	12
4	Personal care budgets	10
5	Irrelevant	10

Table 9.1 showing themes for Pregnancy:

Rank	Top themes	Number of people responding
1	Proposal for services to remain	10
2	Importance of access to care / services	8
3	Support for proposal	6
4	Irrelevant	5
5	Travel times	5

Table 9.2 showing themes for Maternity (had a baby in last 6 months):

Rank	Top themes	Number of people responding
1	Travel times	11
2	Service reduction	8
3	Proposal for service to remain	6
4	Importance of access to care / services	6
5	Travel – access	6

Table 10 showing overall themes for Transgender:

Rank	Top themes	Number of people responding
1	Too low numbers giving open comments for analysis.	
2		
3		
4		
5		

Appendix 9.6

The following tables provide the 5 top themes for Paediatric Care matched against Protected Characteristics:

Table 1 showing themes across the consultation for everyone taking part:

Rank	Top themes	Number of people responding

1	Travel times	874
2	Wider services – impact	361
3	Support for proposal	254
4	Travel costs	152
5	Travel - visitors	118

Table 2.1 showing themes across Age Group 0-20:

Rank	**Top themes**	**Number of people responding**
1	Irrelevant	22
2	Travel times	19
3	Feasibility of proposal	17
4	Travel - access	14
5	Access to staff	10

Table 2.2 showing themes across Age group 21-30:

Rank	**Top themes**	**Number of people responding**
1	Travel times	76
2	Travel – access	55
3	GP capacity – concern	32
4	Support for proposal	31
5	Access to staff	31

Table 2.3 showing themes across Age group 31- 40:

Rank	**Top themes**	**Number of people responding**
1	Travel times	118
2	Travel – access	72
3	Access to staff	61
4	Support for proposal	55
5	NHS 111 concerns	54

Table 2.4 showing themes across Age group 41-50:

Rank	Top themes	Number of people responding
1	Travel times	159
2	Travel – access	93
3	NHS 111 concerns	69
4	Feasibility of proposal	69
5	Access to staff	69

Table 2.5 showing themes across Age group 51-60:

Rank	Top themes	Number of people responding
1	Travel times	142
2	Travel – access	103
3	Access to staff	88
4	GP capacity - concern	84
5	NHS 111 concerns	80

Table 2.6 showing themes across Age group 61-70:

Rank	Top themes	Number of people responding
1	Travel times	157
2	Travel – access	130
3	Access to staff	103
4	GP capacity - concern	98
5	NHS 111 concerns	98

Table 2.7 showing themes across Age group 71 +:

Rank	Top themes	Number of people responding
1	Travel times	57
2	Travel – access	45
3	Irrelevant	40
4	Access to staff	33
5	GP capacity - concern	30

Table 3 showing themes for Disabled people:

Rank	Top themes	Number of people responding
1	Travel times	83
2	Support for proposal	61
3	Travel – access	60
4	Irrelevant	45
5	Feasibility of proposal	43

Table 4 showing themes for Carers:

Rank	Top themes	Number of people responding
1	Travel times	150
2	Travel – access	118
3	Access to staff	93
4	NHS 111 concerns	88
5	Feasibility of proposal	80

Table 5.1 showing overall themes for sex - Males:

Rank	Top themes	Number of people responding
1	Travel times	228
2	Travel - access	175
3	Access to staff	147
4	GP capacity – concern	135
5	Feasibility of proposal	129

Table 5.2 showing overall themes for sex - Females:

Rank	Top themes	Number of people responding
1	Travel times	537
2	Travel - access	373
3	Access to staff	293
4	NHS 111 concerns	276

5	Feasibility of proposal	262

Table 5.3 showing overall themes for sex - Prefer not to say:

Rank	**Top themes**	**Number of people responding**
1	Travel times	50
2	Feasibility of proposal	44
3	Travel - access	31
4	Access to staff	28
5	Putting lives at risk	23

Table 6.1 showing overall themes for Ethnic Groups - White British:

Rank	**Top themes**	**Number of people responding**
1	Travel times	691
2	Travel - access	475
3	Access to staff	395
4	NHS 111 concerns	366
5	GP capacity - concern	363

Table 6.2 showing themes for Ethnic Groups – Asian/ Asian British

Rank	**Top themes**	**Number of people responding**
1	Support for proposal	118
2	Travel - access	35
3	Travel times	33
4	Feasibility of proposal	30
5	Alternative suggestion	22

Table 6.3 showing themes for Ethnic Groups – Black/ Black British/ African / Caribbean:

Rank	**Top themes**	**Number of people responding**
1	Travel times	12
2	Proposal for services to remain	8
3	Travel - access	7

4	Importance of access to care / services	4
5	Feasibility of proposal and Support of proposal	4

Table 6.4 showing themes for Ethnic Groups – Other White Background

Rank	**Top themes**	**Number of people responding**
1	Travel times	15
2	Support for proposal	13
3	Travel – access	9
4	Feasibility of proposal	9
5	Access to staff	9

Table 6.5 showing themes for Ethnic Groups – Mixed Multiple Ethnic Backgrounds

Rank	**Top themes**	**Number of people responding**
1	Travel – access	14
2	Travel times	10
3	Feasibility of proposal	8
4	Alternative suggestion	5
5	Support for proposal	5

Table 7.1 showing themes for Religion / Belief for Buddhism:

Rank	**Top themes**	**Number of people responding**
1	Too low numbers giving open comments for analysis.	
2		
3		
4		
5		

Table 7.2 showing themes for Christians

Rank	**Top themes**	**Number of people responding**
1	Travel times	376
2	Travel - access	260

3	Access to staff	201
4	GP capacity - concerns	191
5	NHS 111 concerns	186

Table 7.3 showing themes for Hindus:

Rank	**Top themes**	**Number of people responding**
1	Too low numbers giving open comments for analysis.	
2		
3		
4		
5		

Table 7.4 showing themes for Muslims:

Rank	**Top themes**	**Number of people responding**
1	Support for proposal	110
2	Travel – access	26
3	Feasibility of proposal	25
4	Irrelevant	24
5	Travel times	22

Table 7.5 showing themes for Jewish people:

Rank	**Top themes**	**Number of people responding**
1	Too low numbers giving open comments for analysis	
2		
3		
4		
5		

Table 7.6 showing themes for Sikhs:

Rank	**Top themes**	**Number of people responding**
1	Travel times	7

2	Travel – access	4
3	Feasibility of proposal	3
4	Alternative suggestion	3
5	Support for proposal	3

Table 7.7 showing themes for Religion / Belief for No religion:

Rank	**Top themes**	**Number of people responding**
1	Travel times	263
2	Travel – access	178
3	Access to staff	153
4	NHS 111 concerns	144
5	GP capacity - concern	130

Table 7.8 showing themes for Religion / Belief for Other:

Rank	**Top themes**	**Number of people responding**
1	Travel times	21
2	Travel – access	16
3	Access to staff	16
4	NHS 111 concerns	15
5	Feasibility of proposal	15

Table 8 showing themes for Sexual Orientation – LGB (Lesbian, Gay and Bisexual):

Rank	**Top themes**	**Number of people responding**
1	Travel times	25
2	Travel – access	19
3	Access to staff	17
4	NHS 111 concerns	13
5	Feasibility of proposal	12

Table 9.1 showing themes for Pregnancy:

Rank	**Top themes**	**Number of people responding**

1	Travel times	16
2	Support for proposal	10
3	Travel – access	9
4	Putting lives at risk	6
5	Alternative suggestion	6

Table 9.1 showing themes for Maternity (had a baby in last 6 months):

Rank	**Top themes**	**Number of people responding**
1	Travel times	18
2	Putting lives at risk	8
3	Travel - access	6
4	Support for proposal	5
5	Wider services – more support	5

Table 10 showing themes for Transgender:

Rank	**Top themes**	**Number of people responding**
1	Too low numbers giving open comments for analysis	
2		
3		
4		
5		

Appendix 9.7

The following tables provide the 5 top themes for Community Services matched against Protected Characteristics:

Table 1 showing themes across the consultation for everyone taking part:

Rank	**Top themes**	**Number of people responding**
1	GP capacity – concern	825
2	Feasibility of proposal	765
3	Funding concerns	755
4	Staff levels	672

5	Not enough information on proposal	566

Table 2.1 showing themes across Age Group 0-20:

Rank	**Top themes**	**Number of people responding**
1	Support for proposal	21
2	Staff levels	20
3	Feasibility of proposal	18
4	Not enough information on proposal	14
5	GP capacity - concern	12

Table 2.2 showing themes across Age group 21-30:

Rank	**Top themes**	**Number of people responding**
1	Staff levels	61
2	Feasibility of proposal	59
3	GP capacity - concern	53
4	Funding concerns	50
5	Not enough information on proposal	49

Table 2.3 showing themes across Age group 31-40:

Rank	**Top themes**	**Number of people responding**
1	GP capacity - concern	89
2	Feasibility of proposal	76
3	Funding concerns	75
4	Staff levels	74
5	Not enough information on proposal	70

Table 2.4 showing themes across Age group 41-50:

Rank	**Top themes**	**Number of people responding**
1	GP capacity - concern	126
2	Funding concerns	99
3	Waiting times	99

4	Staff levels	88
5	Not enough information on proposal	86

Table 2.5 showing themes across Age group 51-60:

Rank	**Top themes**	**Number of people responding**
1	GP capacity - concern	150
2	Feasibility of proposal	135
3	Funding concerns	131
4	Staffing levels	113
5	Not enough information on proposal	110

Table 2.6 showing themes across Age group 61-70:

Rank	**Top themes**	**Number of people responding**
1	GP capacity - concern	190
2	Staff levels	173
3	Feasibility of proposal	153
4	Staffing levels	129
5	Waiting times	123

Table 2.7 showing themes across Age group 71+:

Rank	**Top themes**	**Number of people responding**
1	GP capacity - concern	72
2	Staffing levels	72
3	Funding concerns	66
4	Feasibility of proposal	65
5	Support for the proposal	57

Table 3 showing themes for Disabled people:

Rank	**Top themes**	**Number of people responding**
1	GP capacity - concern	98
2	Staff levels	86

3	Feasibility of proposal	80
4	Waiting times	79
5	Funding concerns	73

Table 4 showing themes for Carers:

Rank	**Top themes**	**Number of people responding**
1	GP capacity - concern	146
2	Funding concerns	138
3	Feasibility of proposal	129
4	Staff levels	115
5	Waiting times	106

Table 5.1 showing themes for sex - Males:

Rank	**Top themes**	**Number of people responding**
1	GP capacity - concern	263
2	Feasibility of proposal	245
3	Funding concerns	234
4	Staff levels	205
5	Not enough information on proposal	186

Table 5.2 showing themes for sex - Females:

Rank	**Top themes**	**Number of people responding**
1	GP capacity - concern	488
2	Funding concerns	440
3	Feasibility of proposal	393
4	Waiting times	322
5	Not enough information on proposal	318

Table 5.3 showing themes for sex (Sex) Prefer not to say:

Rank	**Top themes**	**Number of people responding**
1	Feasibility of proposal	67

2	Funding concerns	44
3	GP capacity - concern	43
4	Staff levels	42
5	Not enough information on proposal	30

Table 6.1 showing themes for Ethnic Groups - White British:

Rank	**Top themes**	**Number of people responding**
1	GP capacity - concern	681
2	Funding concerns	595
3	Feasibility of proposal	564
4	Staff levels	496
5	Waiting times	453

Table 6.2 showing themes for Ethnic Groups – Asian/ Asian British

Rank	**Top themes**	**Number of people responding**
1	Support for proposal	96
2	Staff levels	52
3	Not enough information on proposal	45
4	Feasibility of proposal	34
5	Alternative suggestion	25

Table 6.3 showing themes for Ethnic Groups – Black British / African / Caribbean:

Rank	**Top themes**	**Number of people responding**
1	Feasibility of proposal	10
2	Staff levels	10
3	Inadequate care	8
4	Staff levels	8
5	GP capacity - concern	6

Table 6.4 showing overall themes for Ethnic Groups – Other White Background

Rank	**Top themes**	**Number of people responding**

1	Support for proposal	16
2	Funding concerns	14
3	Feasibility of proposal	14
4	Not enough information on proposal	14
5	GP capacity - concern	12

Table 6.5 showing themes for Ethnic Groups – Mixed Multiple Ethnic Backgrounds

Rank	**Top themes**	**Number of people responding**
1	Feasibility of proposal	11
2	Support for proposal	9
3	Staff levels	8
4	Funding concerns	7
5	GP capacity - concern	7

Table 7.1 showing themes for Buddhists:

Rank	**Top themes**	**Number of people responding**
1	Too low numbers giving open comments for analysis	
2		
3		
4		
5		

Table 7.2 showing themes for Christians:

Rank	**Top themes**	**Number of people responding**
1	GP capacity - concern	386
2	Funding concerns	312
3	Feasibility of proposal	299
4	Staff levels	286
5	Waiting times	252

Table 7.3 showing themes for Hindus:

Rank	Top themes	Number of people responding
1	Support for proposal	13
2	Staff levels	8
3	Not enough information on proposals	5
4	Waiting times	3
5	Feasibility of proposal	3

Table 7.4 showing themes for Muslims:

Rank	Top themes	Number of people responding
1	Support for proposal	81
2	Staff levels	40
3	Not enough information on proposals	38
4	Feasibility of proposal	31
5	Alternative suggestion	22

Table 7.5 showing themes for Jewish people:

Rank	Top themes	Number of people responding
1	Too low numbers giving open comments for analysis	
2		
3		
4		
5		

Table 7.6 showing themes for Sikhs:

Rank	Top themes	Number of people responding
1	Too low numbers giving open comments for analysis	
2		
3		
4		
5		

Table 7.6 showing themes for Religion / Belief for No religion:

Rank	Top themes	Number of people responding
1	GP capacity - concern	231
2	Funding concern	228
3	Feasibility of proposal	206
4	Not enough information on proposals	173
5	Waiting times	163

Table 7.7 showing overall themes for Religion / Belief for Other:

Rank	Top themes	Number of people responding
1	Feasibility of proposal	24
2	GP capacity - concern	23
3	Funding concern	19
4	Waiting times	16
5	Staff levels	16

Table 8 showing overall themes for Sexual Orientation – LGB (Lesbian, Gay and Bisexual):

Rank	Top themes	Number of people responding
1	GP capacity - concern	24
2	Funding concerns	23
3	Not enough information on proposals	22
4	Staff levels	19
5	Feasibility of proposal	19

Table 9.1 showing themes for Pregnancy:

Rank	Top themes	Number of people responding
1	Staff levels	7
2	Alternative suggestion	6
3	Funding concerns	5
4	Support for proposal	5
5	GP capacity - concern	5

Table 9.2 showing themes for Maternity (had a baby in last 6 months):

Rank	Top themes	Number of people responding
1	Staff levels	10
2	Feasibility of proposal	9
3	Not enough information on proposals	6
4	GP capacity - concern	6
5	Inadequate care and Funding concerns	5

Table 10 showing overall themes for Transgender:

Rank	Top themes	Number of people responding
1	Funding concerns	6
2	Staff levels	6
3	Inadequate care	6
4	Not enough information on proposal	5
5	GP capacity – concern and Waiting times	5

Appendix 10: Closed questions

Appendix 10.1: Emergency and Acute Care (section 2 from Have Your Say)

Question 4a: Views about what worries / do you not like about the proposed change to emergency and acute care
Question 4b: Views about what you like about the proposed change to emergency and acute care
Data from consultation

Sex:

Sex	Number and % of I will not receive the right care	Number and & of I will not be seen by the right staff	Number and % of I will not be seen and treated quickly	Number and % of I will not receive the treatment I need	Number and % of I will not be able to travel to get the care I

					need
Female	1044 (15.0%)	761 (10.9%)	2154 (31.0%)	918 (13.2%)	2078 (29.9%)
Male	779 (16.5%)	529 (11.2%)	1429 (30.2%)	673 (14.2%)	1321 (27.9%)
Prefer not to say	115 (17.6%)	95 (14.5%)	182 (27.8%)	92 (14.1%)	170 (26.0%)
Grand Total	**1938 (15.4%)**	**1385 (11.0%)**	**3956 (31.4%)**	**1764 (14.0%)**	**3569 (28.3%)**

Row Labels	Number and % of I will receive the right care	Number and % of I will see the right staff	Number and % of I will be seen and treated quickly	Number and % of I will receive the treatment I need	Number and % of I will be able to travel to get the care I need
Female	1083 (22.5%)	1172 (24.3%)	870 (18.1%)	1073 (22.3%)	621 (12.9%)
Male	628 (25.2%)	517 (20.8%)	481 (19.3%)	543 (21.8%)	319 (12.8%)
Prefer not to say	32 (26.9%)	22 (18.5%)	26 (21.8%)	22 (18.5%)	17 (14.3%)
Grand Total	**1743 (23.5%)**	**1711 (23.0%)**	**1377 (18.5%)**	**1638 (22.1%)**	**957 (12.9%)**

From 4030 female and 2510 males that gave responses to this question, there is very little variation in their responses.

Age:

	Number and % of I will not be seen by the right staff	Number and % of I will not receive the treatment I need	Number and % of I will not receive the right care	Number and % of I will not be seen and treated quickly	Number and % of I will not be able to travel to get the care I need
0-14 yrs	6 (50%)			6 (50%)	
15-24 yrs	57 (11.7%)	90 (18.5%)	94 (19.3%)	131 (26.9%)	115 (23.6%)
25-44 yrs	334 (11.2%)	454 (15.2%)	498 (16.7%)	907 (30.4%)	792 (26.5%)

45-64 yrs	490 (10.7%)	606 (13.2%)	772 (16.8%)	1413 (30.7%)	1315 (28.6%)
65 yrs +	317 (11.2%)	336 (11.8%)	359 (12.7%)	893 (31.5%)	932 (32.8%)
(blank)	236 (12.0%)	268 (13.6%)	303 (15.4%)	596 (30.3%)	564 (28.7%)
Grand Total	1440	1754	2026	3946	3718

	Number and % of I will receive the right care	**Number and % of I will see the right staff**	**Number and % of I will be seen and treated quickly**	**Number and % of I will receive the treatment I need**	**Number and % of I will be able to travel to get the care I need**
0-14 yrs	6 (100%)				
15-24 yrs	73 (26.8%)	51 (18.8%)	51 (18.8%)	52 (19.1%)	45 (16.5%)
25-44 yrs	441 (24.6%)	467 (26.0%)	297 (16.5%)	379 (21.1%)	212 (11.8%)
45-64 yrs	710 (23.1%)	696 (22.6%)	585 (19.1%)	710 (23.0%)	375 (12.2)
65 yrs +	445 (22.0%)	426 (21.1%)	412 (20.4%)	440 (21.8%)	298 (14.7%)
(blank)	125 (23.2%)	134 (24.9%)	83 (15.4%)	130 (24.2%)	66 (12.3%)
Grand Total	**1800**	**1774**	**1428**	**1711**	**996**

There are no significant differences between the responses based on age groups.

Overall responses show:

- Percentages indicate there are no significant variation in responses from different age groups
- People responded more positively for seeing the right staff.
- There was a fairly even split for people feeling they would not receive the treatment they need.

- There were a slightly more people feeling that they would not receive the right care.
- A significant number felt they would not receive the treatment they needed.
- A significant number felt they would not be able to travel to get to care they needed.

Disability (including long term conditions):

	Number and % of I will not be seen and treated quickly	Number and % of I will not receive the treatment I need	Number and % of I will not be able to travel to get the care I need	Number and % of I will not be seen by the right staff	Number and % of I will not receive the right care
Disability	633 (26.3%)	338 (14.0%)	706 (29.4%)	319 (13.3%)	410 (17.0%)
Grand Total	**633**	**338**	**706**	**319**	**410**

	Number and % of I will receive the right care	Number and % of I will see the right staff	Number and % of I will be seen and treated quickly	Number and % of I will receive the treatment I need	Number and % of I will be able to travel to get the care I need
Disability	309 (22.6%)	268 (19.6%)	272 (19.9%)	303 (22.1%)	217 (15.8%)
Grand Total	**309**	**268**	**272**	**303**	**217**

Carers:

	Number and % of I will receive the right care	Number and % of I will see the right staff	Number and % of I will be seen and treated quickly	Number and % of I will receive the treatment I need	Number and % of I will be able to travel to get the care I need

Carer	288 (22.3%)	296 (22.9%)	208 (16.1%)	305 (23.7%)	194 (15.0%)
Grand Total	**288**	**296**	**208**	**305**	**194**

	Number and % of I will not be seen and treated quickly	**Number and % of I will not receive the treatment I need**	**Number and % of I will not be able to travel to get the care I need**	**Number and % of I will not be seen by the right staff**	**Number and % of I will not receive the right care**
Carers	820 (27.7%)	457 (15.5%)	822 (27.8%)	340 (11.4%)	520 (17.6%)
Grand Total	**820**	**457**	**822**	**340**	**520**

From a total of 1051 Disabled people a significant number (706 disabled people) were worried that they will not be able to travel to get the care they need . The highest areas of concern were about travel to get the care needed (29.4% of all responses) alongside not being seen and treated quickly.
Lower numbers gave responses to positive views about the proposal.
Carer's responses mirrored the above.

Ethnic groups:

Ethnic group	Number and % of I will not be seen by the right staff	Number and % of I will not be seen and treated quickly	Number and % of I will not receive the treatment I need	Number and % of I will not be able to travel to get the care I need	Number and % of I will not receive the right care
African	5 (50%)				5 (50%)
Any other Asian background	6 (16.7%)	12 (33.3%)	12 (33.3%)	0	6 (16.7%)
Any other Mixed/Multiple ethnic background		5 (33.3%)	5 (33.3%)	5 (33.3%)	0
Any other White background	27 (13.8%)	54 (27.6%)	33 (16.8%)	55 (28.1%)	27 (13.7%)
Bangladeshi	5 (20%)	5 (20%)	5 (20%)	5 (20%)	5 (20%)
Caribbean	16 (16.8%)	26 (27.4%)	11 (11.6%)	26 (27.4%)	16 (16.8%)
Chinese	5 (14.3%)	10 (28.6%)	5 (14.3%)	5 (14.3%)	10 (28.6%)
English, Welsh, Scottish, Northern Irish, British	1102 (10.9%)	3166 (31.2%)	1355 (13.4%)	2945 (29.0%)	1577 (15.5%)
Indian	5 (7.4%)	21 (30.9%)	10 (14.7%)	16 (23.5%)	16 (23.5%)
Irish	10 (8.4%)	42 (35.3%)	21 (17.6%)	31 (26.0%)	15 (12.6%)
Other ethnic background	12 (11.1%)	28 (25.9%)	12 (11.1%)	39 (36.2%)	17 (15.7%)
Pakistani	61 (13.3%)	107 (23.4%)	81 (17.7%)	120 (26.3%)	88 (19.3%)
Prefer not to say	122 (11.8%)	312 (30.3%)	135 (13.1%)	312 (30.3%)	149 (14.5%)
White and Asian	29 (20.3%)	28 (19.6%)	35 (24.5%)	22 (15.4%)	29 (20.3%)
White and Black Caribbean	12 (9.7%)	45 (36.3%)	6 (4.8%)	38 (30.6%)	23 (18.6%)
(blank)	28 (8.7%)	95 (29.4%	38 (11.8%)	109 (33.7%)	53 (16.4%)
Grand Total 12929	**1445 (11.1%)**	**3956 (30.7%)**	**1764 (13.6%)**	**3728 (28.8%)**	**2036 (15.8%)**

A significant number of people from Pakistani backgrounds (181 people from total of 593 who took part in survey) felt they would receive the right care and be seen quickly.

Ethnic group	Number and % of I will receive the right care	Number and % of I will see the right staff	Number and % of I will be seen and treated quickly	Number and % of I will receive the treatment I need	Number and % of I will be able to travel to get the care I need
African			5 (50%)		5 (50%)
Any other Asian background	18 (30.0%)	18 (30.0%)	12(20.0%	12 (20.0%)	
Any other Mixed/Multiple ethnic background					
Any other White background	17(24.3%)	12 (17.1%)	12 (17.1%)	11 (15.7%)	18 (25.7%)
Bangladeshi	5 (25%)	5 (25%)	5 (25%)		5 (25%)
Caribbean	16 (29.0%)	11 (20.0%)	6 (11.0%)	11 (20.0%)	11 (20.0%)
Chinese	10 (50%)		5 (25%)		5 (25%)
English, Welsh, Scottish, Northern Irish, British	1372 (22.9%)	1453 (24.2%)	1054 (17.6%)	1385 (23.1%)	729 (12.2%)
Indian	44 (22.3%)	39 (19.8%)	49 (24.9%)	39 (19.8%)	26 (13.2%)
Irish	18 (17.8%)	18 (17.8%)	30 (29.8%)	18 (17.8%)	17 (16.8%)
Other ethnic background	11 (64.7%)				6 (35.3%)
Pakistani	181 (26.0%)	119 (17.0%)	171 (24.6%)	119 (17.0%)	107 (15.4%)
Prefer not to say	68 (24.3%)	60 (21.4%)	50 (17.9%)	67 (23.9%)	35 (12.5%)
White and Asian	17 (27.0%)	17 (27.0%)	12 (19.0%)	11 (17.5%)	6 (9.5%)
White and Black Caribbean				11 (68.8%)	5 (31.2%)
(blank)	28 (20.7%)	27 (20%)	22 (16.3%)	32 (23.7%)	26 (19.3%)
Grand Total	**1805 (23.3%)**	**1779 (23.0%)**	**1433 (18.5%)**	**1716 (22.2%)**	**1001 (55.5%)**

Percentages indicate there is no significant variation for responses from differing ethnic groups. There is some higher % which reflects a low number of respondents such as African heritage in which there were only 10 people responding.

A significant number of people from Pakistani heritage (181 people from total of 593 who took part in survey) felt they would receive the right care and be seen quickly.

The only variation is a proportionally high number of people from Non-British heritage were worried that they would not be seen by the right staff.

Religion and Belief:

Belief	Number of I will not receive the right care	Number of I will not be seen by the right staff	Number of I will not be seen and treated quickly	Number of I will not receive the treatment I need	Number of I will not be able to travel to get the care I need
Buddhism	16 (17.8%)	10 (11.1%)	21 (23.3%)	16 (17.8%)	27 (30%)
Christianity	936 (15.4%)	659 (10.9%)	1859 (30.7%)	794 (13.1%)	1811 (29.9%)
Hinduism	17 (21.5%)	11 (13.9%)	23 (29.1%)	17 (21.6%)	11 (13.9%)
Islam	128 (20.4%)	89 (14.2%)	141 (22.5%)	115 (18.3%)	154 (24.6%)
Judaism			6 (100%)		
No religion	588 (15.9%)	391 (10.6%)	1183 (32.0%)	495 (13.4%)	1040 (28.1%)
Other	29 (10.6%)	24 (8.8%)	119 (43.4%)	22 (8.0%)	80 (29.2%)
Prefer not to say	232 (16.1%)	186 (12.9%)	404 (28.1%)	210 (14.6%)	405 (28.3%)
Sikhism			10 (50%)	5 (25%)	5 (25%)
(blank)	90 (14.0%)	75 (11.7%)	190 (29.7%)	90 (14.0%)	195 (30.6%)
Grand Total	**2036**	**1445**	**3956**	**1764**	**3728**

Belief	Number and % of I will receive the right care	Number and % of I will see the right staff	Number and % of I will be seen and treated quickly	Number and % of I will receive the treatment I need	Number and % of I will be able to travel to get the care I need
Buddhism	11 (25.0%)	6 (13.6%)	16 (36.4%)	6 (13.6%)	5 (11.4%)
Christianity	809 (22.6%)	841 (23.5%)	670 (18.7%)	784 (21.9%)	477 (13.3%)
Hinduism	33 (26.4%)	28 (22.4%)	27 (21.6%)	22 (17.6%)	15 (12.0%)
Islam	210 (25.8%)	148 (70.5%)	200 (24.6%)	136 (16.7%)	119 (14.6%)
Judaism				6 (100%)	
No religion	527 (23.0%)	561 (24.5%)	375 (16.3%)	561 (24.4%)	270 (11.8%)
Other	40 (24.2%)	34 (20.6%)	34 (20.6%)	40 (24.2%)	17 (10.3%)
Prefer not to say	108 (27.9%)	100 (25.8%)	56 (14.5%)	89 (23.0%)	34 (8.8%)
Sikhism	11 (18.3%)	11(18.3%)	16 (26.8%)	11 (18.3%)	11 (18.3%)
(blank)	56 (21.6%)	50 (19.3%)	39 (15.1%)	61 (23.6%)	53 (20.4%)
Grand Total	**1805 (23.3%)**	**1779 (23.0%)**	**1433 (18.6%)**	**1716 (22.2%)**	**1001 (12.9%)**

There is no significant variation across people with differing religions.
The only variation is Muslim people who have responded positively that they will see the right staff (70.5%).

Sexual Orientation:

Sexual Orientation	Number and % of I will not be seen and treated quickly	Number and % of I will not receive the treatment I need	Number and % of I will not be able to travel to get the care I need	Number and % of I will not be seen by the right staff	Number and % of I will not receive the right care
Bisexual (both sexes)	71(35.1%)	22 (10.9%)	59 (29.2%)	17 (8.4%)	33 (16.4%)
Gay (same sex)	61 (24.6%)	39 (15.7%)	61 (24.6%)	28 (11.3%)	59 (23.8%)
Lesbian (same sex)	21 (23.3%)	16 (17.8%)	26 (28.9%)	11 (12.2%)	16 (17.8%
Heterosexual/straight (opposite sex)	3005 (31.0%)	1323 (13.7%)	2804 (28.9%)	1070 (11.0%)	1489 (15.4%)
Grand Total	**153 (28.3%)**	**77 (14.3%)**	**146 (27.0%)**	**56 (10.4%)**	**108 (20.0%)**

Sexual Orientation	Number and % of I will receive the right care	Number and % of I will see the right staff	Number and % of I will be seen and treated quickly	Number and % of I will receive the treatment I need	Number and % of I will be able to travel to get the care I need
Bisexual (both sexes)	33 (36.3%)	22 (24.2%)	12 (13.2%)	12 (13.2%)	12 (13.2%)
Gay (same sex)	22 (32.4%)	16 (23.5%)	10 (14.7%)	15 (22.1%)	5 (7.3%)
Lesbian (same	5 (13.5%)	11 (29.7%)	5 (13.5%)	16 (43.3%)	

sex)					
Heterosexual/straight (opposite sex)	1548 (23.2%)	1511 (22.7%)	1271 (19.1%)	1464 (22.0%)	886 (13.0%)
Grand Total for LGB	**60 (30.6%)**	**49 (25.0%)**	**27 (13.8%)**	**43 (22.0%)**	**17 (8.6%)**

There is no significant variation in the responses from people within this protected group.
From total of 258 LGB people that took part in the survey, the highest area of concern is about not being seen and treated quickly.
From positive views, the highest response area is in relation to receiving the right care – 25%.

Pregnancy and Maternity:

	Number and % of I will not receive the right care	**Number and % of I will not be seen by the right staff**	**Number and % of I will not be seen and treated quickly**	**Number and % of I will not receive the treatment I need**	**Number and % of I will not be able to travel to get the care I need**
Pregnant	21(16.7%)	5 (4.0%)	48 (38.1%)	21 (16.7%)	31 (24.5%)
Had baby last 6 months	24 (25.5%)	6 (6.4%)	35 (37.2%)	6 (6.4%)	23 (24.5%)

	Number and % of I will receive the right care	**Number and % of I will see the right staff**	**Number and % of I will be seen and treated quickly**	**Number and % of I will receive the treatment I need**	**Number and % of I will be able to travel to get the care**

					I need
Pregnant	11 (52.4%)		5 (23.8%)		5 (23.8%)
Had baby last 6 months 45	11 (24.4%)	12 (26.8%)	5 (11.1%)	6 (13.3%)	11 (24.4%)

91 women told the survey they were pregnant
Also 91 women told the survey they had given birth in last 6 months.

A significant percentage of pregnant women felt worried they would not be seen and treated quickly (38.1% of all responses made from 48 people). This was mirrored by women that had a baby in the last 6 months (37.2%).
For all responses from pregnancy group the highest % response concern was for not being seen quickly.
There were low numbers of positive responses about the proposal.

Transgender – gender identity different to the gender you were assigned at birth:

	Number and % of I will not receive the right care	**Number and % of I will not be seen by the right staff**	**Number and % of I will not be seen and treated quickly**	**Number and % of I will not receive the treatment I need**	**Number and % of I will not be able to travel to get the care I need**
Transgender	5 (14.3%)	5 (14.3%)	10 (28.6%)	5 (14.3%)	10 (28.6%)

	Number and % of I will receive the right care	**Number and % of I will see the right staff**	**Number and % of I will be seen and treated quickly**	**Number and % of I will receive the treatment I need**	**Number and % of I will be able to travel to get the care I need**
Transgender	5 (25%)	5 (25%)	5 (25%)	0	5 (25%)

There is no significant variation in responses from people within this protected group. 31 people told the survey they were transgender. The highest response was in relation to not being seen and treated quickly (28.6%).

Appendix 10.2

Urgent Care (section 2 from Have Your Say)
Question 5a: Views about what worry worries / do you not like about the proposed change to Urgent Care
Question 5b: Views about what you like about the proposed change to Urgent Care

Data from consultation

Sex:

Sex	Number and % of I will not receive the right care	Number and % of I will not be seen by the right staff	Number and % of I will not be seen and treated quickly	Number and % of I will not receive the treatment I need	Number and % of I will not be able to travel to get the care I need
Female	1148 (18.6%)	1072 (17.3%)	1509 (24.4%)	1147(18.6%)	1307 (21.1%)
Male	701 (17.8%)	586 (14.9%)	1024 (26.0%)	709 (18.0%)	921(23.4%)
Prefer not to say	108 (18.6%)	109 (20.0%)	120 (22.0%)	110 (20.1%)	99 (18.1%)
Grand Total	**1957 (18.6%)**	**1767 (16.6%)**	**2653 (24.9%)**	**1966 (18.4%)**	**2327 (21.8%)**

Sex	Number and % of I will receive the right care	Number and % of I will be seen and treated quickly	Number and % of I will see the right staff	Number and % of I will receive the treatment I need2	Number and % of I will be able to travel to get the care I need
Female	1168 (20.2%)	1135 (19.7%)	1074 (18.6%)	1277 (22.1%)	1116 (19.3%)
Male	692 (23.0%)	599 (19.9%)	592 (19.7%)	652 (21.7%)	476 (15.8%)
Prefer not to say	56 (19.4%)	55 (19.1%)	57 (19.8%)	57 (19.8%)	63 (21.9%)

Grand Total	**1916 (21.1%)**	**1789 (19.7%)**	**1723 (19.0%)**	**1986 (21.9%)**	**1655 (18.2%)**

There is no variation between the responses between female and males and those preferring not to disclose their sex.

Age:

	Number and % of I will not receive the right care	**Number and % of I will not be seen by the right staff**	**Number and % of I will not be seen and treated quickly**	**Number and % of I will not receive the treatment I need**	**Number and % of I will not be able to travel to get the care I need**
0-14 yrs			6 (100%)		
15-24	55 (17.5%)	45 (14.3%)	77 (24.4%)	67 (21.3%)	71 (22.5%)
25-44	466 (19.2%)	425 (17.5%)	615 (25.3%)	458 (18.8%)	469 (19.2%)
45-64	853 (20.1%)	694 (16.3%)	1063 (25.0%)	728 (17.1%)	911 (21.4%
65+	360 (15.2%)	371 (15.7%)	603 (25.4%)	422 (17.8%)	614 (25.9%)
(blank)	318 (17.9%)	289 (16.2%)	443 (24.9%)	353 (19.8%)	378 (21.2%)
Grand Total	2052 (18.4%)	1824 (16.4%)	2807 (25.2%)	2028 (18.2%)	2443 (22.0%)

	Number of I will receive the right care	**Number of I will see the right staff**	**Number of I will be seen and treated quickly**	**Number of I will receive the treatment I need**	**Number of I will be able to travel to get the care I need**
0-14 yrs					6 (100%)
15-24	95 (19.9%)	94 (19.7%)	90 (18.8%)	123 (25.7%)	76 (15.9%)
25-44	517 (21.3%)	473 (19.5%)	472 (19.5%)	529 (21.8%)	433 (17.9%)
45-64	743 (21.1%)	666 (18.9%)	681 (19.4%)	745 (21.2%)	679 (19.3%)
65+	497 (21.3%)	437 (18.8%)	484 (20.8%)	509 (21.8%)	402 (17.3%)
(blank)	137 (21.0%)	110 (16.9%)	130 (20.0%)	141 (21.6%)	133 (20.4%)

Grand Total	**1989 (21.1%)**	**1780 (18.9%)**	**1857 (19.8%)**	**2047 (21.8%)**	**1729 (18.4%)**

Across the general responses the highest numbers of concerns were about not being seen and treated quickly. There was no variance in the pattern of responses from people of differing ages.
Very few young people aged 0-14years old were engaged with so it is difficult to comment about their views due to the low number taking part in this section.
The most positive area of the proposal is people feeling they will get the treatment they need. The only variation in responses for different age groups was for younger people (15-24 age group) who felt they wouldn't be seen and treated quickly within urgent care. People aged 65 and above responded slightly higher to not being able to travel to get the care needed (25.9%).

Disability (including long term conditions)

	Number of I will not receive the right care	**Number of I will not be seen by the right staff**	**Number of I will not be seen and treated quickly**	**Number of I will not receive the treatment I need**	**Number of I will not be able to travel to get the care I need**
With a disability	341 (17.6%)	317 (16.3%)	434 (22.4%)	348 (17.9%)	499 (25.7%)

	Number of I will receive the right care	**Number of I will see the right staff**	**Number of I will be seen and treated quickly**	**Number of I will receive the treatment I need**	**Number of I will be able to travel to get the care I need**
With a disability	371 (23.6%)	282 (17.9%)	311 (19.8%)	309 (19.7%)	298 (19.0%)

Carers:

	Number and % of I will not receive the right care	Number and % of I will not be seen by the right staff	Number and % of I will not be seen and treated quickly	Number and % of I will not receive the treatment I need	Number and % of I will not be able to travel to get the care I need
Carer	494 (19.3%)	426 (16.7%)	628 (24.6%)	459 (18.0%)	548 (21.4%)

	Number and % of I will receive the right care	Number and % of I will see the right staff	Number and % of I will be seen and treated quickly	Number and % of I will receive the treatment I need	Number and % of I will be able to travel to get the care I need
Carer	345 (19.6%)	341 (19.4%)	307 (17.4%)	416 (23.7%)	351 (19.9%)

The highest area of concern for this group is around travel to get the care needed (25.7%). Carers are most concerned over not been seen and treated quickly.
The highest positive area for disabled people is feeling they will receive the right care. However this is only slightly higher than the number giving a negative response to right care.
Overall there were more negative responses from disabled people and carers.

Ethnic groups:

Ethnic group	Number and % of I will not receive the right care	Number and % of I will not be seen by the right staff	Number and % of I will not be seen and treated quickly	Number and % of I will not receive the treatment I need	Number and % of I will not be able to travel to get the care I need
African	5 (50%)		5(50%)		
Any other Asian background	6 (25%)	6 (25%)	6 (25%)	6 (25%)	

Any other Mixed/Multiple ethnic background	5 (18.5%)	6 (22.2%)		5 (18.5%)	11 (40.8%)
Any other White background	27 (17.1%)	16 (10.1%)	49 (31.1%)	22 (13.9%)	44 (27.8%)
Bangladeshi	5 (20%)	5 (20%)	5 (20%)	5 (20%)	5 (20%)
Caribbean	10 (14.1%)	15 (21.1%)	21 (29.6%)	10 (14.1%)	15 (21.1%)
Chinese	5 (33.3%)		5(33.3%)	5 (33.3%)	
English, Welsh, Scottish, Northern Irish, British	1604 (18.1%)	1448 (16.4%)	2243 (25.3%)	1620 (18.3%)	1939 (21.9%)
Indian	11 (22.0%)	6 (12.0%)	11(22.0%)	11 (22.0%)	11 (22.0%)
Irish	15 (14.7%)	10 (9.8%)	30 (29.4%)	16 (15.7%)	31 (30.4%)
Other ethnic background,	17 (18.0%)	12 (12.8%)	23 (24.5%)	12 (12.8%)	30 (31.9%)
Pakistani	51 (20.9%)	29 (11.9%)	55 (22.5%)	44 (18.0%)	65(26.6%)
Prefer not to say	206 (20.6%)	186 (18.6%)	233 (23.3%)	197 (19.7%)	177 (17.7%)
White and Asian	23 (20.2%)	23 (20.2%)	28 (24.6%)	23 (20.2%)	17 (14.8%)
White and Black Caribbean	12 (12.5%)	17 (17.7%)	28 (29.2%)	12 (12.5%)	27 (28.1%)
(blank)	60 (19.0%)	50 (15.8%)	75 (23.7%)	50 (15.8%)	81 (25.6%)
Grand Total	**2062 (18.4%)**	**1829 (16.3%)**	**2817 (25.2%)**	**2038 (18.2%)**	**2453 (21.9%)**

Ethnic group	**Number and % of I will receive the right care**	**Number and % of I will see the right staff**	**Number and % of I will be seen and treated quickly**	**Number and % of I will receive the treatment I**	**Number and % of I will be able to travel to get the**

				need	care I need
African			5 (50%)		5 (50%)
Any other Asian background	12 (20%)	12 (20%)	12 (20%)	12 (20%)	12 (20%)
Any other Mixed/Multiple ethnic background				6 (100%)	
Any other White background	23 (28.0%)	18 (22.0%)	12 (14.6%)	17 (20.7%)	12 (14.6%)
Bangladeshi	5 (25%)	5 (25%)	5 (25%)		5 (25%)
Caribbean	11 (18.3%)	11 (18.3%)	16 (26.8%)	11 (18.3%)	11 (18.3%)
Chinese	15 (27.3%)	5 (9.0%)	15 (27.3%)	15 (27.3%)	5 (9.0%)
English, Welsh, Scottish, Northern Irish, British	1540 (21.3%)	1390 (19.2%)	1348 (18.6%)	1591 (22.0%)	1369 (18.9%)
Indian	59 (28.0%)	44 (20.9%)	54 (25.6%)	39 (18.5%)	15 (7.1%)
Irish	18 (14.9%)	18 (14.9%)	29 (24.0%)	23 (19.0%)	33 (27.2%)
Other ethnic background, please describe	5 (15.1%)	5 (15.1%)	6 (18.2%)	5 (15.1%)	12 (36.5%)
Pakistani	185 (20.4%)	171 (18.8%)	224 (24.7%)	217 (23.9%)	111 (12.2%)
Prefer not to say	71 (20.3%)	56 (16.0%)	68 (19.4%)	71 (20.3%)	84 (24.0%)
White and Asian	23 (22.1%)	23 (22.1%)	23 (22.1%)	18 (17.3%)	17 (16.3%)
White and Black Caribbean	5 (23.8%)	5 (23.8%)	6 (28.6%)		5 (23.8%)
(blank)	22 (14.9%)	22 (14.9%)	39 (26.4%)	27 (17.9%)	38 (25.2%)
Grand Total	**1994 (21.2%)**	**1785 (18.9%)**	**1862 (19.8%)**	**2052 (21.8%)**	**1734 (18.3%)**

For positive responses there is some variation in responses. Caution should be applied when looking at the percentages of responses across the responses as some groups only have a small number of respondents – such as African backgrounds. There is no significant variation in the negative responses for urgent care for people within different ethnic groups.

Religion and Belief:

Belief	Number and % of I will not receive the right care	Number and % of I will not be seen by the right staff	Number and % of I will not be seen and treated quickly	Number and % of I will not receive the treatment I need	Number and % of I will not be able to travel to get the care I need
Buddhism	11 (20.4%)	5 (9.3%)	11 (20.4%)	11 (20.4%)	16 (29.6%)
Christianity	944 (18.2%)	847 (16.4%)	1281 (24.7%)	944 (18.2%)	1163 (22.5%)
Hinduism	6 (16.7%)	6 (16.7%)	6 (16.7%)	6 (16.7%)	12 (33.3%)
Islam	79 (21.5%)	57 (15.5%)	77 (21.0%)	66 (18.0%)	88 (24.0%)
Judaism				6 (100%)	
No religion	610 (18.5%)	547 (16.5%)	893 (27.0%)	599 (18.1%)	657 (19.9%)
Other	51 (15.5%)	52 (15.8%)	86 (26.0%)	62 (18.8%)	79 (23.9%)
Prefer not to say	252 (19.5%)	217 (16.8%)	298 (23.0%)	246 (19.0%)	282 (21.7%)
Sikhism	5 (20%)	5 (20%)	5 (20%)	5 (20%)	5 (20%)
(blank)	104 (17.3%)	93 (15.5%)	160 (26.6%)	93 (15.5%)	151 (25.1%)
Grand Total	**2062 (18.4%)**	**1829 (16.3%)**	**2817 (25.2%)**	**2038 (18.2%)**	**2453 (21.9%)**

Belief	Number and % of I will receive the right care	Number and % of I will see the right staff	Number and % of I will be seen and treated quickly	Number and % of I will receive the treatment I need	Number and % of I will be able to travel to get the care I need
Buddhism	10 (17.5%)	5 (8.8%)	21 (36.8%)	10 (17.5%)	11 (19.3%)
Christianity	905 (21.1%)	808 (18.8%)	827 (19.3%)	912 (21.3%)	836 (19.5%)
Hinduism	44 (28.8%)	34 (22.2%)	38 (24.8%)	22 (14.4%)	15 (9.8%)
Islam	208 (19.9%)	194 (18.5%)	259 (24.7%)	247 (23.6%)	139 (13.3%)
Judaism			6 (100%)		
No religion	594 (21.2%)	542 (19.4%)	492 (17.6%)	644 (23.0%)	529 (18.8%)
Other	68 (25.7%)	47 (17.7%)	53 (20.0%)	52 (19.6%)	45 (17.0%)
Prefer not to say	100 (19.7%)	95 (18.7%)	110 (21.7%)	99 (19.5%)	103 (20.3%)
Sikhism	21 (32.8%)	16 (25.0%)	16 (25.0%)	11 (17.1%)	
(blank)	44 (18.4%)	44 (18.4%)	40 (16.7%)	55 (23.0%)	56 (23.4%)
Grand Total	**1994 (21.2%)**	**1785 (18.9%)**	**1862 (19.8%)**	**2052 (21.8%)**	**1734 (18.4%)**

There is no significant variation from people with differing beliefs/ religions. There are some small fluctuations from the general responses for Muslim people. They are most worried about travel followed by not receiving the right care. Caution should be applied to some of the percentages as there are a small number of responses from certain religions, such as only 6 Jewish people responding.

Sexual Orientation:

Sexual Orientation	Number and % of I will not receive the right care	Number and % of I will not be seen by the right staff	Number and % of I will not be seen and treated quickly	Number and % of I will not receive the treatment I need	Number and % of I will not be able to travel to get the care I need
Bisexual (both sexes)	27 (15.8%)	27 (15.8%)	37 (21.6%)	38 (22.2%)	42 (24.6%)
Gay (same sex)	42 (16.8%)	55 (22.0%)	55 (22.0%)	55 (22.0%)	43 (17.2%)
Lesbian (same sex)	21 (19.8%)	16 (15.1%)	21 (19.8%)	21 (19.8%)	27 (25.5%)
Heterosexual	1463 (18.2%)	1257 (15.6%)	2081 (25.9%)	1440 (17.9%)	1800 (22.4%)

Sexual Orientation	Number and % of I will receive the right care	Number and % of I will see the right staff	Number and % of I will be seen and treated quickly	Number and % of I will receive the treatment I need	Number and % of I will be able to travel to get the care I need
Bisexual (both sexes)	39 (21.7%)	33 (18.3%)	40 (22.2%)	34 (18.9%)	34 (18.9%)
Gay (same sex)	27 (28.0%)	16 (16.7%)	21 (21.9%)	16 (16.7%)	16 (16.7%)
Lesbian (same sex)	11 (20%)	11 (20%)	11 (20%)	11 (20%)	11 (20%)
Heterosexual/straight (opposite sex)	1675 (21.0%)	1529 (19.1%)	1594 (20.0%)	1740 (21.8%)	1450 (18.2%)

There is no significant variation in responses from LGB people
They are most worried about not receiving the treatment needed, with higher responses from 22.2% Bisexual, Gay 22%. For positive responses, they are most positive about feeling they will receive the right - 21.7% Bisexual, 28% Gay and 20% Lesbian care.

Pregnancy and Maternity:

	Number and % of I will not receive the right care	Number and % of I will not be seen by the right staff	Number and % of I will not be seen and treated quickly	Number and % of I will not receive the treatment I need	Number and % of I will not be able to travel to get the care I need
Pregnant	16 (15.2%)	21 (20.0%)	31 (29.6%)	16 (15.2%)	21 (20.0%)
Had baby last 6 months	6 (10.2%)	11 (18.6%)	12 (20.3%)	6 (10.2%)	24 (40.7%)

	Number and % of I will receive the right care	Number and % of I will see the right staff	Number and % of I will be seen and treated quickly	Number and % of I will receive the treatment I need	Number and % of I will be able to travel to get the care I need
Pregnant	5 (15.2%)	5 15.2%)	12 (36.3%)		11 (33.3%)
Had baby last 6 months	12 (13.3%)	22 (24.4%)	22 (24.4%)	22 (24.4%)	12 (13.3%)
Grand Total	**17**	**27**	**34**	**22**	**23**

Data from positive responses show the highest area of response (34 people) feel they will be seen quickly. The highest area of concern is around travel to access (45 people) urgent care followed by not being seen quickly (43 people).

Transgender – Gender identity different to the gender you were assigned at birth:

	Number and % of I will not receive the right care	Number and % of I will not be seen by the right staff	Number and % of I will not be seen and treated quickly	Number and % of I will not receive the treatment I need	Number and % of I will not be able to travel to get the care I need
Transgender	10 (16.4%)	15 (24.6%)	10 (16.4%)	10 (16.4%)	16 (26.2%)

	Number and % of I will receive the right care	Number and % of I will see the right staff	Number and % of I will be seen and treated quickly	Number and % of I will receive the treatment I need	Number and % of I will be able to travel to get the care I need
Transgender	10 (20%)	10 (20%)	10 (20%)	10 (20%)	10 (20%)

Responses from transgender group show highest area of concern relating to travel (26.2% (16 people). For positive responses there are even responses across the positive responses.

Appendix 10.3

Planned Care (section 2 from Have Your Say)
Question 6a: Views about what worries / do you not like about the proposed change to Planned Care
Question 6b: Views about what you like about the proposed change to Planned Care
Data from consultation

Sex:

Sex	Number and % of I will not receive the right care	Number and % of I will not be seen by the right staff	Number and % of I will not be seen and treated quickly	Number and % of I will not receive the treatment I need	Number and % of I will not be able to travel to get the care I need
Female	644	566	1029	676	1136
%	16.0%	14.0%	25.4%	16.7%	28.1%
Male	486	369	782	439	721
%	17.4%	13.2%	28.0%	15.7%	25.8%
Prefer not to say	60	54	94	66	87
%	22.4%	20.1%	35.1%	24.6%	32.5%
Grand Total	**1190**	**989**	**1905**	**1181**	**1944**
	17.5%	14.5%	28.0%	17.3%	28.6%

Sex	Number and % of I will receive the right care	Number and % of I will be seen by the right staff	Number and % of I will be seen and treated quickly	Number and % of I will receive the treatment I need	Number and % of I will be able to travel to get the care I need
Female	1356	1254	1017	1392	1004
%	22.5%	20.8%	16.9%	23.1%	16.7%
Male	786	681	613	686	538
%	23.79%	20.61%	18.55%	20.76%	16.28%

Prefer not to say	44	45	27	33	39
%	23.40%	23.94%	14.36%	17.55%	20.74%
Grand Total	**2186**	**1980**	**1657**	**2111**	**1581**
	22.97%	20.81%	17.41%	22.19%	16.62%

For planned care there are similar responses between females and males for negative responses however for positive responses a higher percentage of female feel they will receive the treatment they need for this part of the proposal.

Age:

	Number and % of I will not receive the right care	**Number and % of I will not be seen by the right staff**	**Number and % of I will not be seen and treated quickly**	**Number and % of I will not receive the treatment I need**	**Number and % of I will not be able to travel to get the care I need**
0-14 yrs					
15-24	44 (17.8%)	47 (19.0%)	77 (31.0%)	32 (12.8%)	48 (19.4%)
24-44	277 (17.0%)	228 (14.0%)	411 (25.2%)	257 (15.8%)	458 (28.1%)
45-64	507 (17.4%)	422 (14.5%)	782 (26.9%)	502 (17.3%)	693 (23.9%)
65+	224 (14.3%)	185 (11.8%)	425 (27.1%)	246 (15.7%)	486 (31.0%)
(blank)	185(16.6%)	139 (12.5%)	296 (26.6%)	171(15.4%)	322 (28.9%)
Grand Total	**1237 (16.6%)**	**1021 (13.7%)**	**1991 (26.7%)**	**1208 (16.2%)**	**2007 (26.8%)**

	Number and % of I will receive the right care	Number and % of I will see the right staff	Number and % of I will be seen and treated quickly	Number and % of I will receive the treatment I need	Number and % of I will be able to travel to get the care I need
0-14 yrs				6 (100%)	
15-24	108 (25.3%)	85 (20.0%)	68 (16.0%)	81 (19.0%)	84 (19.7%)
25-44	554 (22.5%)	528 (21.5%)	413 (16.8%)	550 (22.4%)	412 (16.8%)
45-64	866 (23.2%)	784 (21.0%)	663 (17.8%)	788 (21.1%)	625 (16.8%)
65+	592 (23.2%)	494 (19.3%)	492 (19.3%)	578 (22.6%)	398 (15.6%)
(blank)	151 (21.3%)	157 (22.1%)	95 (13.4%)	176 (24.8%)	130 (18.3%)
Grand Total	**2271 (23.0%)**	**2048 (20.7%)**	**1731 (17.5%)**	**2179 (22.1%)**	**1649 (16.7%)**

There were 7464 negative responses and 9878 positive responses to this area of the proposal.

The highest area of concern generally was travel. There was no significant variation between people of different ages however it is noted that the response was lower from 15-24 yrs olds compared to people aged 65 and above.
The highest area from positive responses was receiving the right care.
There is no significant difference between people across different age groups

Disability (including long term conditions)

	Number and % of I will not receive the right care	Number and % of I will not be seen by the right staff	Number and % of I will not be seen and treated quickly	Number and % of I will not receive the treatment I need	Number and %of I will not be able to travel to get the care I need
Disability	226 (16.2%)	179 (12.8%)	340 (24.4%)	220 (15.8%)	431 (30.8%)

	Number and % of I will receive the right care	Number and % of I will see the right staff	Number and % of I will be seen and treated quickly	Number and % of I will receive the treatment I need	Number and % of I will be able to travel to get the care I need
Disability	445 (24.6%)	346 (19.1%)	323 (17.9%)	377 (20.9%)	316 (17.5%)

Carers:

	Number and % of I will not receive the right care	Number and % of I will not be seen by the right staff	Number and % of I will not be seen and treated quickly	Number and % of I will not receive the treatment I need	Number and % of I will not be able to travel to get the care I need
Carer	326 (16.9%)	258 (13.4%)	506 (26.2%)	338 (17.5%)	502 (26.0%)

	Number and % of I will receive the right care	Number and % of I will see the right staff	Number and % of I will be seen and treated quickly	Number and % of I will receive the treatment I need	Number and % of I will be able to travel to get the care I need
Carer	392 (21.8%)	372 (20.7%)	309 (17.2%)	40822.7%)	319 (17.7%)

In line with general responses, there were1396 negative responses compared to 1807 positive responses.
The highest area of concern is travel. The most positive area of the proposal was people feeling they would receive the right care.
For carers there was a different response. Overall there were more negative responses (1930 negative compared to 1800 positive).
The highest area of concern for carers is travel, followed by not being seen quickly.
For positive views, a significant number of carers felt they would receive the right care.

Ethnic group	Number and % of I will not receive the right care	Number and % of I will not be seen by the right staff	Number and % of I will not be seen and treated quickly	Number and % of I will not receive the treatment I need	Number and 5 of I will not be able to travel to get the care I need
African				5(50%)	5 (50%)
Any other Asian background			6 (100%)		
Any other Mixed/Multiple ethnic background		6 (37.5%)		5 (31.25%)	5 (31.25%)
Any other White background	11 (17.7%)	11 (17.7%)	11 (17.7%)	11 (17.7%)	18 (29.2%)
Bangladeshi	5 (20%)	5 (20%)	5 (20%)	5 (20%)	5 (20%)
Caribbean	5 (16.1%)		16 (51.6%)		10 (32.3%)
Chinese	5 (25%)		5 (25%)	5 (25%)	5 (25%)
English, Welsh, Scottish, Northern Irish, British	1003 (16.5%)	845 (13.9%)	1653 (27.1%)	989 (16.2%)	1604 (26.3%)
Indian	5 (25%)		5 (25%)	5 (25%)	5 (25%)
Irish	10 (19.6%)		26 (51.0%)		15 (29.4%)

Ethnic groups:

Other ethnic background,	17 (26.6%)	6 (9.4%)	12 (18.7%)	12 (18.7%)	17 (26.6%)
Pakistani	17 (9.2%)	17 (9.2%)	38 (20.7%)	26 (14.1%)	86 (46.7%)
Prefer not to say	115 (17.8%)	93 (14.4%)	150 (23.3%)	117 (18.2%)	169 (26.2%)
White and Asian	11 (25.6%)	11(25.6%)	11 (25.6%)	5 (11.6%)	5 (11.6%)
White and Black Caribbean	12 (17.6%)	6 (8.8%)	17 (25.0%)	12 (17.6%)	21 (30.9%)
(blank)	31 (18.1%)	26 (15.2%)	46 (26.9%)	21 (12.3%)	47 (27.5%)
Grand Total	**1247 (16.6%)**	**1026 (13.7%)**	**2001 (26.6%)**	**1218 (16.2%)**	**2017 (26.9%)**

Ethnic group	**Number and % of I will receive the right care**	**Number and % of I will see the right staff**	**Number and % of I will be seen and treated quickly**	**Number and % of I will receive the treatment I need**	**Number and % of I will be able to travel to get the care I need**
African					
Any other Asian background	24 (25.0%)	24 (25.0%)	12 (12.5%)	18 (18.8%)	18 (18.8%)
Any other Mixed/Multiple ethnic background				6 (100%)	
Any other White background	16 (18.8%)	22 (25.9%)	16 (18.8%)	16 (18.8%)	15 (17.6%)
Bangladeshi	5 (25%)	5 (25%)	5 (25%)		5 (25%)
Caribbean	11 (18.3%)	11 (18.3%)	11 (18.3%)	11 (18.3%)	16 (26.7%)
Chinese	10 (25.0%)	5 (12.5%)	10 (25.0%)	10 (25.0%)	5 (12.5%)
English, Welsh, Scottish, Northern Irish, British	1824 (23.0%)	1638 (20.7%)	1341 (17.0%)	1781 (22.5%)	1316 (16.7%)

Indian	60 (26.1%)	55 (23.9%)	49 (21.3%)	49 (21.3%)	17 (7.4%)
Irish	24 (19.4%)	24 (19.4%)	18 (14.5%)	35 (28.2%)	23 (18.5%)
Other ethnic background	6 (27.2%)	6 (27.2%)		5 (22.7%)	5 (22.7%)
Pakistani	187 (23.8%)	153 (19.5%)	183 (23.3%)	144 (18.3%)	119 (15.1%)
Prefer not to say	48 (18.5%)	65 (25.1%)	39 (15.1%)	53 (20.5%)	54 (20.8%)
White and Asian	29 (26.4%)	17 (15.5%)	24 (21.8%)	23 (20.9%)	17 (15.5%)
White and Black Caribbean		6 (20.7%)	6 (20.7%)	6 (20.7%)	11 (37.9%)
(blank)	32 (23.5%)	22 (16.2%)	22 (16.2%)	27 (19.9%)	33 (24.3%)
Grand Total	**2276 (23.0%)**	**2053 (20.7%)**	**1736 (17.5%)**	**2184 (22.1%)**	**1654 (16.7%)**

There is no significant variation in the responses across different ethnic groups.
There are some noticeable numbers around some groups feeling concerned about travel – these are people with Pakistani and Caribbean heritage.

Some higher percentages within religion groups are due to small cohort numbers of responses. For example – low numbers giving responses from Other Asian heritage.

Religion and Belief:

Belief	Number and % of I will not receive the right care	Number and % of I will not be seen by the right staff	Number and % of I will not be seen and treated quickly	Number and % of I will not receive the treatment I need	Number and % of I will not be able to travel to get the care I need
Buddhism	10 (14.5%)	5 (7.2%)	16 (23.2%)	11 (15.9%)	27 (39.1%)
Christianity	537 (15.6%)	458 (13.3%)	971 (28.3%)	558 (16.2%)	910 (26.5%)
Hinduism					6 (100%)
Islam	33 9 (13.0%)	32 (12.6%)	55 (21.7%)	48 (19.0%)	85 (33.6%)

Judaism				6 (100%)	
No religion	410 (18.0%)	320 (14.1%)	581 (25.5%)	360 (15.8%)	605 (26.6%)
Other	27 (16.4%)	22 (13.3%)	33 (20.0%)	27 9 (16.4%)	56 (33.9%)
Prefer not to say	145 (16.8%)	130 (15.1%)	223 (25.9%)	148 (17.2%)	215 (25.0%)
Sikhism	5 (20%)	5 (20%)	5 (20%)	5 (20%)	5 (20%)
(blank)	80 (19.3%)	54 (13.0%)	117 (28.3%)	55 (13.3%)	108 (26.1%)
Grand Total	**1247 (16.6%)**	**1026 (13.7%)**	**2001 (26.6%)**	**1218 (16.2%)**	**2017 (26.9%)**

Belief	**Number and % of I will receive the right care**	**Number and % of I will see the right staff**	**Number and % of I will be seen and treated quickly**	**Number and % of I will receive the treatment I need**	**Number and % of I will be able to travel to get the care I need**
Buddhism	16 (33.3%)	11(22.9%)	5 (10.4%)	11(22.9%)	5 (10.4%)
Christianity	1102 (23.2%)	964 (20.3%)	820 (17.2%)	1056 (22.2%)	813 (17.1%)
Hinduism	50 (30.0%)	44 (26.0%)	38 (22.4%)	32 (18.8%)	5 (3.0%)
Islam	228 (23.5%)	188 (19.4%)	218 (22.5%)	180 (18.6%)	154 (15.9%)
Judaism				6 (100%)	
No religion	632 (22.1%)	609 (21.3%)	478 (16.7%)	667 (23.3%)	472 (16.5%)
Other	67 (22.9%)	61 (20.8%)	54 (18.4%)	62 (21.2%)	49 (16.7%)
Prefer not to say	115 (22.9%)	115 (22.9%)	73 (14.5%)	108 (21.5%)	91 (18.1%)
Sikhism	16 (29.1%)	11 (20.0%)	11 (20.0%)	11 (20.0%)	6 (10.9%)
(blank)	50 (20.1%)	50 (20.1%)	39 (15.7%)	51 (20.5%)	59 (23.6%
Grand Total	**2276 (23.0%)**	**2053 (20.7%)**	**1736 (17.5%)**	**2184 (22.1%)**	**1654 (16.7%)**

There was no significant variation in the responses from people with different religion or belief.
Areas of high percentage responses from some groups such as Judaism are due to very low cohort of responses.

Sexual Orientation:

Sexual Orientation	Number of I will not receive the right care	Number of I will not be seen by the right staff	Number of I will not be seen and treated quickly	Number of I will not receive the treatment I need	Number of I will not be able to travel to get the care I need
Bisexual (both sexes)	16 (18.0%)	10 (11.2%)	27 (30.3%)	10 (11.2%)	26 (29.2%)
Gay (same sex)	36 (21.8%)	27 (16.4%)	50 (30.3%)	21 (12.7%)	31 (18.8%)
Lesbian (same sex)	16 (19.8%)	21 (25.9%)	16 (19.8%)	11 (13.5%)	17 (21.0%)
Heterosexual/straight (opposite sex)	893 (16.1%)	719 (13.0%)	1483 (26.8%)	916 (16.6%)	1515 (27.4%)

Sexual Orientation	Number and % of I will receive the right care	Number and % of I will see the right staff	Number and % of I will be seen and treated quickly	Number and % of I will receive the treatment I need	Number and % of I will be able to travel to get the care I need
Bisexual (both sexes)	46 (22.8%)	52 (25.7%)	34 (16.8%)	40 (19.8%)	30 (14.9%)
Gay (same sex)	33 (30.8%)	22 (20.6%)	26 (24.3%)	21 (19.6%)	5 (4.7%)
Lesbian (same sex)	16 (26.7%)	11 (18.3%)	6 (10.0%)	11 (18.3%)	16
Heterosexual/straight (opposite sex)	1907 (22.7%)	1711 (20.3%)	1512 (18.0%)	1838 (21.9%)	1442 (17.1%)

There is no significant variation for LGB groups across responses.
Highest concern for LGB were not being seen and treated quickly accounting for 33.03% of responses from Bisexual and Gay groups.
There is a higher response of people who are Lesbians who said they were concerned about being seen by the right staff (21 people)

Pregnancy and Maternity:

	Number and % of I will not receive the right care	**Number and % of I will not be seen by the right staff**	**Number and % of I will not be seen and treated quickly**	**Number and % of I will not receive the treatment I need**	**Number and % of I will not be able to travel to get the care I need**
Pregnant	16 (25.0%)	11 (17.2%)	16 (25.0%)	16 (25.0%)	5 (7.8%)
Had baby last 6 months		6 (20.7%)	12 (41.4%)		11 (37.9%)

	Number and % of I will receive the right care	**Number and % of I will see the right staff**	**Number and % of I will be seen and treated quickly**	**Number and % of I will receive the treatment I need**	**Number and % of I will be able to travel to get the care I need**
Pregnant	15 (15.2%)	21 (21.2%)	21 (21.2%)	21 (21.2%)	21 (21.2%)
Had baby last 6 months	17 (16.2%)	24 (22.9%)	17 (16.2%)	18 (17.1%)	29 (27.6%)

For planned care, people within this group did not respond in significant numbers. The highest area of concern was being seen quickly.
In line with general responses to this part of the proposal there were more positive responses.

Transgender – gender identity different to the gender you were assigned at birth:

	Number and % of I will not receive the right care	Number and % of I will not be seen by the right staff	Number and % of I will not be seen and treated quickly	Number and % of I will not receive the treatment I need	Number and % of I will not be able to travel to get the care I need
Transgender	5 (33.3%)		5 (33.3%)		5 (33.3%)

	Number of I will receive the right care	Number of I will see the right staff	Number of I will be seen and treated quickly	Number of I will receive the treatment I need	Number of I will be able to travel to get the care I need
Transgender	5 (20%)	5 (20%)	5 (20%)	5 (20%)	5 (20%)

There was very low number of negative and positive responses to this section from this group.

Appendix 10.4:

Maternity Services in the Community (section 2 from Have Your Say)
Question 7a: Views about what would improve the proposed change to maternity services
Data from consultation (selected protected groups reported)
Data includes from all sexes (male, female and other)

Ethnic group:

Ethnic group	Number of Receiving the right care	Number of Seeing the right staff	Number of Being seen and treated quickly	Number of Receiving the treatment I need	Number of Being able to travel to get the care I need
African	5 (25%)	5 (25%)		5 (25%)	5 (25%)
Any other Asian background	24 (22.2%)	24 (22.2%)	18 (16.7%)	24 (22.2%)	18 (16.7%)
Any other Mixed/Multiple ethnic background	6 (25%)	6 (25%)	6 (25%)		6 (25%)
Any other White background		12 (26.1%)	6 (13.0%)		28 (60.9%)
Bangladeshi	5 (20%)	5 (20%)	5 (20%)	5 (20%)	5 (20%)
Caribbean	10 (13.7%)	10 (13.7%)	16 (21.9%)	16 (21.9%)	21 (28.8%)
Chinese	10 (33.3%)	5 (16.7%	5 (16.7%)	10 (33.3%)	
English, Welsh, Scottish, Northern Irish, British	1274 (19.7%)	1249 (19.4%)	1569 (24.3%)	1124 (17.4%)	1237 (19.2%)
Indian	38 (21.8%)	33 (19.0%)	43 (24.7%)	38 (21.8%)	22 (12.6%)
Irish	22 (22.9%)	22 (22.9%)	17 (17.7%)	17 (17.7%)	18 (18.8%)
Other ethnic background	5 (13.9%)	5 (13.9%)	5 (13.9%)	5 (13.9%)	16 (44.4%)
Pakistani	138 (25.7%)	123 (22.9%)	115 (21.4%)	101 (18.8%)	60 (11.1%)
Prefer not to say	100 (18.5%)	115 (21.3%)	104 (19.3%)	80 (14.8%)	141 (26.1%)
White and Asian	28 (24.1%)	28 (24.1%)	28 (24.1%)	22 (19.0%)	10 (8.6%)
White and Black Caribbean	12 (25.0%)	6 (12.5%)	18 (37.5%)	6 (12.5%)	6 (12.5%)
(blank)	38 (22.1%)	33 (19.2%)	32 (18.6%)	38 (22.1%)	31 (18.0%)

Grand Total	**1715 (20.2%)**	**1681 (19.8%)**	**1987 (23.4%)**	**1491 (17.5%)**	**1624 (19.1%)**

Generally people gave highest number of responses to feeling they would be seen and treated quickly. This may link to the proposal that Maternity Services will be enhanced by improving community based services with no change to hospital based services.
There are some variations on how people from different ethnic groups have responded to questions relating to this part of the proposal. For example Caribbean heritage (13.7%) responded lower to receiving the right care compared to other groups. In terms of travel there is a higher response from Other White heritage group (60.9%)

Religion / Belief:

Belief	**Number and % of Receiving the right care**	**Number and % of Seeing the right staff**	**Number and % of Being seen and treated quickly**	**Number and % of Receiving the treatment I need**	**Number and % of Being able to travel to get the care I need**
Buddhism	5 (25%)		5 (25%)	10 (50%)	
Christianity	737 (19.1%)	735 (19.0%)	930 (24.1%)	679 (17.6%)	778 (20.2%)
Hinduism	34 (23.1%)	34 (23.1%)	28 (19.0%)	34 (23.1%)	17 (11.6%)
Islam	179 (24.4%)	164 (22.3%)	156 (21.2%)	141 (19.2%0	95 (12.9%)
Judaism	6 (100%)				
No religion	517 (21.0%)	505 (20.5%)	548 (22.3%)	406 (16.5%)	482 (19.6%)
Other	35 (20.1%)	35 (20.1%)	52 (29.9%)	23 (13.2%)	29 (16.7%)
Prefer not to say	131 (17.9%)	136 (18.6%)	181 (24.7%)	126 (17.2%)	158 (21.6%)
Sikhism	10 (20.0%)	10 (20.0%)	15 (30.0%)	10 (20.0%)	5 (10.0%)
(blank)	61 (19.2%)	62 (19.6%)	72 (22.7%)	62 (19.6%)	60 (18.9%)
Grand Total	**1715 (20.2%)**	**1681 (19.8%)**	**1987 (23.4%)**	**1491 (17.5%)**	**1624 (19.1%)**

All main belief groups took part in this question. There is no significant variation of responses between different belief groups.

Higher percentage of responses from some groups is due to a low cohort number of responses – such as Jewish people and Buddhists**.**

Disability (including long term conditions)

Disability	Number and % of Receiving the right care	Number and % of Seeing the right staff	Number and % of Being seen and treated quickly	Number and % of Receiving the treatment I need	Number and % of Being able to travel to get the care I need
Disability	271 (20.3%)	265 (19.9%)	336 (25.2%)	224 (16.8%)	238 (17.8%)

In line with general responses, disabled people feel that for maternity services people would be seen and treated quickly.

Pregnancy and Maternity:

	Number and % of Receiving the right care	Number and % of Seeing the right staff	Number and % of Being seen and treated quickly	Number and % of Receiving the treatment I need	Number and % of Being able to travel to get the care I need
Pregnant	27 (22.9%)	27 (22.9%)	27 (22.9%)	21 (17.8%)	16 (13.6%)
Had a baby in last 6 months	11 (14.3%)	11 (14.3%)	22 (28.6%)	16 (20.8%)	17 (22.1%)

For this group, this part of the proposal will directly relate to their current situation. In line with general responses people feel they will be seen and treated quickly.

Appendix 10.5

Paediatric Care (section 2 from Have Your Say)

Question 8a: Views about what worries / do you not like about the proposed change to Paediatric Care

Question 8b: Views about what you like about the proposed change to Paediatric Care

Data from the consultation

Sex:

Sex	Number and % of I will/my child will not receive the right care	Number and % of I will/my child will not see the right staff	Number and % of I will/my child will not be seen and treated quickly	Number and % of I will/my child will not receive the treatment I/they need	Number and % of I will/my child will not be able to travel to get the care I/they need
Female	752	660	1424	768	1348
%	15.2%	13.3%	28.8%	15.5%	27.2%
Male	459	397	723	463	804
%	16.1%	13.9%	25.4%	16.3%	28.3%
Prefer not to say	69	75	119	80	130
	14.6%	15.9%	25.2%	16.9%	27.5%
Grand Total	**1280**	**1132**	**2266**	**1311**	**2282**
	15.5%	13.7%	27.4%	15.9%	27.6%

Sex	Number and % of I will/my child will receive the right care	Number and % of I will/my child will see the right staff	Number and % of I will/my child will be seen and treated quickly	Number and % of I will/my child will receive the treatment I/they need	Number and % of I will/my child will be able to travel to get the care I/they need
Female	859	831	653	790	535
%	23.4%	22.7%	17.8%	21.5%	14.6%
Male	478	388	361	337	310
%	25.5%	20.7%	19.3%	18.0%	16.5%
Prefer not to say	10	15	10	16	10
	16.4%	24.6%	16.4%	26.2%	16.4%
Grand Total	**1347**	**1234**	**1024**	**1143**	**855**
	24.0%	22.0%	18.3%	20.4%	15.3%

For negative responses there is a difference between females and males. Female have a higher response to feeling that their child will not be seen and treated quickly (35.3% compared to 28.8% respectively). All other responses have a similar response pattern.

Age:

	Number and % of I will/my child will not receive the right care	Number and % of I will/my child will not see the right staff	Number and % of I will/my child will not be seen and treated quickly	Number and % of I will/my child will not receive the treatment I/they need	Number and % of I will/my child will not be able to travel to get the care I/they need
0-14 yrs			6 (100%)		
15-24	50 (13.5%)	62 (16.7%)	88 (23.7%)	60 (16.2%)	111 (29.9%)

25-44	448 (17.1%)	339 (13.0%)	715 (27.3%)	473 (18.1%)	642 (24.5%)
45-64	456 (14.9%)	400 (13.1%)	891 (29.1%)	448 (14.7%)	860 (28.2%)
65+	187 (15.3%)	172 (14.1%)	299 (24.5%)	172 (14.1%)	389 (31.9%)
(blank)	216 (15.8%)	213 (15.6%)	351 (25.7%)	213 (15.6%)	372 (27.3%)
Grand Total	**1357 (15.7%)**	**1186 (13.7%)**	**2350 (27.2%)**	**1366 (15.8%0**	**2374 (27.4%)**

	Number and % of I will/my child will receive the right care	**Number and % of I will/my child will see the right staff**	**Number and % of I will/my child will be seen and treated quickly**	**Number and % of I will/my child will receive the treatment I/they need**	**Number and % of I will/my child will be able to travel to get the care I/they need**
0-14 yrs	6 (100%)				
15-24	88 (26.3%)	82 (24.5%)	64 (19.1%)	62 (18.5%)	39 (11.6%)
25-44	409 (25.4%)	394 (24.4%)	276 (17.1%)	321 (19.9%)	213 (13.2%)
45-64	551 (23.3%)	516 (21.8%)	443 (18.7%)	506 (21.4%)	351 (14.8%)
65+	247 (23.5%)	197 (18.8%)	206 (19.6%)	197 (18.8%)	203 (19.3%)
(blank)	85 (21.5%)	79 (20.0%)	74 (18.7%)	91 (23.0%)	67 (16.8%)
Grand Total	**1386 (24.0%)**	**1268 (22.0%)**	**1063 (18.4%)**	**1177 (20.4%)**	**873 (15.1%)**

Generally people responded more negatively to this area of the proposal. (8673 negative responses compared to 5767 positive). There were generally more positive responses to children receiving the right care by the right staff within the proposal. The highest area of negative responses were for travel, and been seen and treated quickly.

Across the different age groups there is no significant variation for responses. Higher percentages can be seen for certain responses from particular groups such as 0-14 yrs. This is due to a very low number responding within this cohort.

Disability (including long term conditions)

	Number and % of I will/my child will not receive the right care	Number and % of I will/my child will not see the right staff	Number and % of I will/my child will not be seen and treated quickly	Number and % of I will/my child will not receive the treatment I/they need	Number and % of I will/my child will not be able to travel to get the care I/they need
Disability	201 (15.4%)	191 (14.6%)	331 (25.3%)	222 (17.0%)	361 (27.6%)

	Number and % of I will/my child will receive the right care	Number and % of I will/my child will see the right staff	Number and % of I will/my child will be seen and treated quickly	Number and % of I will/my child will receive the treatment I/they need	Number and % of I will/my child will be able to travel to get the care I/they need
Disability	214 (23.3%)	161 (17.5%)	197 (21.4%)	183 (19.9%)	165 (17.9%)

Carers:

	Number and % of I will/my child will not receive the right care	Number and % of I will/my child will not see the right staff	Number and % of I will/my child will not be seen and treated quickly	Number and % of I will/my child will not receive the treatment I/they need	Number and % of I will/my child will not be able to travel to get the care I/they need
Carer	340 (16.4%)	271 (13.0%)	547 (26.3%)	346 (16.7%)	572 (27.6%)

	Number and % of I will/my child will receive the right care	Number and % of I will/my child will see the right staff	Number and % of I will/my child will be seen and treated quickly	Number and % of I will/my child will receive the treatment I/they need	Number and % of I will/my child will be able to travel to get the care I/they need
Carer	269 (24.7%)	254 (23.2%)	188 (17.2%)	218 (20.0%)	162 (14.9%)

Responses for disabled people and carers follow the general trend for this area of the proposal.
The highest area for concern is travel and not been seen or treated quickly. 27.6% of responses from disabled people raised travel concerns alongside 25.3% of responses about being treated quickly.

Ethnic groups:

Ethnic group	Number and % of I will/my child will not receive the right care	Number and % of I will/my child will not see the right staff	Number and % of I will/my child will not be seen and treated quickly	Number and % of I will/my child will not receive the treatment I/they need	Number and % of I will/my child will not be able to travel to get the care I/they need
African	5 (50%)	5 (50%)			
Any other Asian background		6 (33.3%)		6 (33.3%)	6 (33.3%)
Any other Mixed/Multiple ethnic background	5 (17.9%)	6 (21.4%)		11 (39.3%)	6 (21.4%)
Any other White background	11 (14.9%)	11 (14.9%)	21 (28.4%)	11 (14.9%)	20 (27.0%)
Bangladeshi		5 (33.3%)	5 (33.3%)		5 (33.3%)

Caribbean	10 (12.0%)	10 (12.0%)	21(25.3%)	21 (25.3%)	21 (25.3%)
Chinese			5 (100%)		
English, Welsh, Scottish, Northern Irish, British	1016 (15.2%)	858 (12.9%)	1870 (28.0%)	1036 (15.5%)	1895 (28.4%)
Indian	27 (20.8%)	22 (16.9%)	32 (24.6%)	27 (20.8%)	22 (16.9%)
Irish	11 (20.4%)	5 (9.3%)	11 (20.4%)	5 (9.3%)	22 (40.7%)
Other ethnic background	11 (10.7%)	16 (15.5%)	28 (27.2%)	22 (21.4%)	26 (25.2%)
Pakistani	73 (19.7%)	61 (16.5%)	92 (24.9%)	61 (16.5%)	83 (22.4%)
Prefer not to say	121 (16.6%)	130 (17.8%)	180 (24.6%)	120 (16.4%)	180 (24.6%)
White and Asian	17 (18.9%)	17 (18.9%)	17 (18.9%)	17 (18.9%)	22 (24.4%)
White and Black Caribbean	17 (16.7%)	12 (11.8%)	34 (33.3%)	12 (11.8%)	27 (26.8%)
(blank)	43 (22.6%)	27 (14.2%)	44 (23.2%)	27 (14.2%)	49 (25.8%)
Grand Total	**1367 (15.8%)**	**1191 (13.7%)**	**2360 (27.2%)**	**1376 (15.9%)**	**2384 (27.5%)**

Ethnic group	**Number and % of I will/my child will receive the right care**	**Number and % of I will/my child will see the right staff**	**Number and % of I will/my child will be seen and treated quickly**	**Number and % of I will/my child will receive the treatment I/they need**	**Number and % of I will/my child will be able to travel to get the care I/they need**
African	5 (20.0%)	5 (20.0%)	5 (20.0%)	5 (20.0%)	5 (20.0%)

Any other Asian background	24 (30.8%)	18 (23.1%)	12 (15.4%)	12 (15.4%)	12 (15.4%)
Any other Mixed/Multiple ethnic background	6 (50%)		6 (50%)		
Any other White background	10 (21.7%)	10 (21.7%)	5 (10.9%)	5 (10.9%)	16 (34.8%)
Bangladeshi	5 (20.0%)	5 (20.0%)	5 (20.0%)	10 (40.0%)	
Caribbean	6 (20.0%)	6 (20.0%)	6 (20.0%)	6 (20.0%)	6 (20.0%)
Chinese	5 (25.0%)	5 (25.0%)	5 (25.0%)		5 (25.0%)
English, Welsh, Scottish, Northern Irish, British	969 (24.1%)	921 (22.9%)	706 (17.6%)	827 (20.6%)	595 (14.8%)
Indian	49 (22.1%)	54 (24.3%)	43 (19.4%)	54 (24.3%)	22 (9.9%)
Irish	23 (20.0%)	23 (20.0%)	29 (25.2%)	17 (14.8%)	23 (20.0%)
Other ethnic background					12 (100%)
Pakistani	210 (25.3%)	158 (19.0%)	187 (22.5%)	150 (18.1%)	125 (15.1%)
Prefer not to say	33 (20.4%)	33 (20.4%)	18 (11.1%)	50 (30.9%)	28 (17.3%)
White and Asian	24 (22.2%)	24 (22.2%)	24 (22.2%)	24 (22.2%	12 (11.2%)
White and Black Caribbean	6 (50.0%)			6 (50.0%)	
(blank)	16 (20.8%)	11 (14.3%)	17 (22.0%)	16 (20.8%)	17 (22.0%)

Grand Total	**1391 (24.0%)**	**1273 (22.0%)**	**1068 (18.4%)**	**1182 (20.4%)**	**878 (15.2%)**

Responses from people across different ethnic groups follow the general trend. There are no significant variations in the responses from people belonging to different ethnic backgrounds.
There are higher percentages for responses from particular groups where there are a low number of responses within the cohort. This is the example with Chinese group.

Religion / Belief:

Belief	Number of I will/my child will not receive the right care	Number of I will/my child will not see the right staff	Number of I will/my child will not be seen and treated quickly	Number of I will/my child will not receive the treatment I/they need	Number of I will/my child will not be able to travel to get the care I/they need
Buddhism	16 (17.6%)	16 (17.6%)	21 (23.1%)	16 (17.6%)	22 (24.2%)
Christianity	593 (15.2%)	490 (12.6%)	1103 (28.3%)	575 (14.8%)	1134 (29.1%)
Hinduism	28 (21.7%)	28 (21.7%)	28 (21.7%)	22 (17.0%)	23 (17.8%)
Islam	84 (17.9%)	77 (16.5%)	114 (24.3%)	83 (17.7%)	110 (23.5%)
Judaism			6 (100%)		
No religion	375 (15.0%)	331 (13.2%)	687 (27.5%)	405 (16.2%)	704 (28.1%)
Other	29 (15.8%)	22 (12.0%)	67 (36.6%)	27 (14.8%)	38 (20.7%)
Prefer not to say	177 (16.7%)	172 (16.2%)	246 (23.2%)	182 (17.2%)	284 (26.8%)
Sikhism	5 (16.7%)	5 (16.6%)	10 (33.3%)	5 (16.6%)	5 (16.6%)
(blank)	60 (19.2%)	50 (16.0%)	78 (24.9%)	61 (19.5%)	64 (20.4%)
Grand Total	**1367 (15.8%)**	**1191 (13.7%)**	**2360 (27.2%)**	**1376 (15.9%)**	**2384 (27.5%)**

Belief	Number and % of I will/my child will receive the right care	Number and % of I will/my child will see the right staff	Number and % of I will/my child will be seen and treated quickly	Number and % of I will/my child will receive the treatment I/they need	Number and % of I will/my child will be able to travel to get the care I/they need
Buddhism	16 (32.7%)	11 (22.4%)	11(22.4%)	6 (12.2%)	5 (10.2%)
Christianity	583 (24.0%)	528 (21.8%)	445(18.3%)	492 (20.3%)	378 (15.6%)
Hinduism	44 (25.3%)	44 (25.3%)	32 (18.4%)	38 (21.8%)	16 (9.1%)
Islam	239 (24.4%)	187 (19.1%)	216 (22.3%)	189 (19.3%)	149 (15.2%)
Judaism				6 (100%)	
No religion	378 (24.9%)	378 (24.9%)	248 (16.3%)	315 (20.7%)	202 (13.3%)
Other	36 (21.4%)	36 (21.4%)	36 (21.4%)	36 (21.4%)	24 (14.3%)
Prefer not to say	50 (19.8%)	44 (17.5%)	40 (15.9%)	55 (21.8%)	63 (25.0%)
Sikhism	11 (18.3%)	16 (26.7%)	11 (18.3%)	16 (26.7%)	6 (10.0%)
(blank)	34 (21.8%)	29 (18.6%)	29 (18.6%)	29 (18.6%)	35 (22.4%)
Grand Total	**1391 (24.0%)**	**1273 (22.0%)**	**1068 (18.4%)**	**1182 (20.4%)**	**878 (15.2%)**

The responses from people with different religions / beliefs do not significantly vary from general responses.
There are no significant variations for responses for people belonging to different beliefs.
Some caution should be applied when looking at the percentage of responses from certain groups as some contain only a small number of responses – such as 6 responses from Jewish people.

Sexual Orientation:

Sexual Orientation	Number and % of I will/my child will not receive the right care	Number and % of I will/my child will not see the right staff	Number and % of I will/my child will not be seen and treated quickly	Number and % of I will/my child will not receive the treatment I/they need	Number and % of I will/my child will not be able to travel to get the care I/they need
Bisexual (both sexes)	38 (20.8%)	32 (17.5%)	33 (18.0%)	26 (14.2%)	54 (29.5%)
Gay (same sex)	31 (17.2%)	37 (20.5%)	48 (26.7%)	26 (14.4%)	38 (21.1%)
Lesbian (same sex)	10 (16.7%)	10 (16.7%)	15 (25.0%)	15 (25.0%)	10 (16.7%)
Heterosexual/straight (opposite sex)	981 (15.0%)	831 (12.7%)	1847 (28.3%)	1033 (15.8%)	1838 (28.1%)

Sexual Orientation	Number and % of I will/my child will receive the right care	Number and % of I will/my child will see the right staff	Number and % of I will/my child will be seen and treated quickly	Number and % of I will/my child will receive the treatment I/they need	Number and % of I will/my child will be able to travel to get the care I/they need
Bisexual (both sexes)	18 (23.1%)	24 (30.8%)	12 (15.4%)	12 (15.4%)	12 (15.4%)
Gay (same sex)	5 (25.0%)	5 (25.0%)	5 (25.0%)	5 (25.0%)	
Lesbian (same sex)	10 (40.0%)	5 (20.0%)		10 (40.0%)	
Heterosexual/straight (opposite sex)	1197 (24.1%)	1095 (22.0%)	941 (18.9%)	1000 (20.1%)	739 (14.9%)

Responses from LGB groups do not vary from general responses.

Pregnancy and Maternity:

	Number of I will/my child will not receive the right care	Number of I will/my child will not see the right staff	Number of I will/my child will not be seen and treated quickly	Number of I will/my child will not receive the treatment I/they need	Number of I will/my child will not be able to travel to get the care I/they need
Pregnant	21 (14.9%)	26 (18.4%)	32 (22.7%)	21 (14.9%)	41 (29.0%)
Had a baby last 6 months	12(16.2%)	6 (8.1%)	34 (45.9%)	6 (8.1%)	16 (21.6%)

	Number and % of I will/my child will receive the right care	Number and % of I will/my child will see the right staff	Number and % of I will/my child will be seen and treated quickly	Number and % of I will/my child will receive the treatment I/they need	Number and % of I will/my child will be able to travel to get the care I/they need
Pregnant	16 (51.6%)	5 (16.1%)	5 (16.1%)	5 (16.1%)	
Had baby last 6 months	11(18.0%)	23 (37.7%)	5 (8.2%)	11 (18.0%)	11 (18.0%)

Responses from people within this protected group are in line with general responses.

Transgender: Gender identify different to the gender you were assigned at birth:

	Number and % of I will/my child will not receive the right care	Number and % of I will/my child will not see the right staff	Number and % of I will/my child will not be seen and treated quickly	Number and % of I will/my child will not receive the treatment I/they need	Number and % of I will/my child will not be able to travel to get the care I/they need
Transgender	5 (20.0%)	5 (20.0%)	5 (20.0%)	5 (20.0%)	5 (20.0%)

	Number and % of I will/my child will receive the right care	Number and % of I will/my child will see the right staff	Number and % of I will/my child will be seen and treated quickly	Number and % of I will/my child will receive the treatment I/they need	Number and % of I will/my child will be able to travel to get the care I/they need
Transgender	29 (21.3%)	29 (21.3%)	12 (8.8%)	34 (25.0%)	32 (23.5%)

There are only a small number of responses made to this part of the proposal by this protected group.

Appendix 10.6

Community Services (section 2 from Have Your Say)

Question 9a: Views about what worries / do you not like about the proposed change to Community Services
Question 9b: Views about what you like about the proposed change to Community Services

Data from consultation

Sex:

Sex	Number and % of I will not receive the right care	Number and % of I will not be seen by the right staff	Number and % of I will not be seen and treated quickly	Number and % of I will not receive the treatment I need	Number and % of I will not be able to travel to get the care I need
Female	1100	1011	1236	1024	704
%	21.7%	19.9%	24.4%	20.2%	13.9%
Male	686	700	843	652	535
%	20.1%	20.5%	24.7%	19.1%	15.7%
Prefer not to say	93	99	98	92	75
%	20.4%	21.7%	21.4%	20.1%	16.4%
Grand Total	**1879**	**1810**	**2177**	**1768**	**1314**
	21.0%	20.2%	24.3%	19.8%	14.7%

Sex	Number and % of I will receive the right care	Number and % of I will be seen by the right staff	Number and % of I will be seen and treated quickly	Number and % of I will receive the treatment I need	Number and % of I will be able to travel to get the care I need
Female	1173	1039	1394	1255	1430
%	18.6%	16.5%	22.2%	19.9%	22.7%
Male	590	482	643	563	650
%	20.2%	16.5%	22.0%	19.2%	22.2%
Prefer not to say	34	34	45	40	65
%	15.6%	15.6%	20.6%	18.3%	29.8%
Grand Total	**1797**	**1555**	**2082**	**1858**	**2145**
	19.0%	16.5%	22.1%	19.7%	22.7%

There is little variation between female and male responses to negative and positive responses.

Age:

	Number and % of I will not receive the right care	Number and % of I will not be seen by the right staff	Number and % of I will not be seen and treated quickly	Number and % of I will not receive the treatment I need	Number and % of I will not be able to travel to get the care I need

0-14 yrs			6 (50%)		6 (50%)
15-24	50 (18.1%)	55 (19.9%)	78 (28.3%)	50 (18.1%)	43 (15.6%)
25-44	442 (21.4%)	442 (21.4%)	487 (23.6%)	415 (20.1%)	279 (13.5%)
45-64	846 (22.5%)	734 (19.6%)	893 (23.8%)	766 (20.4%)	513 (13.7%)
65+	352 (19.7%)	357 (20.0%)	465 (26.1%)	328 (18.4%)	281 (15.8%)
(blank)	263 (18.4%)	291 (20.4%)	357 (25.0%)	279 (19.6%)	236 (16.6%)
Grand Total	**1953 (21.0%)**	**1879 (20.2%)**	**2286 (24.5%)**	**1838 (19.7%)**	**1358 (14.6%)**

	Number and % of I will receive the right care	**Number and % of I will see the right staff**	**Number and % of I will be seen and treated quickly**	**Number and % of I will receive the treatment I need**	**Number and % of I will be able to travel to get the care I need**
0-14 yrs				6 (100%)	
15-24	90 (19.4%)	86 (18.5%)	90 (19.4%)	94 (20.3%)	104 (22.4%)
25-44	439 (18.0%)	378 (15.5%)	576 (23.7%)	481 (19.8%)	559 (23.0%)
45-64	729 (19.4%)	650 (17.2%)	816 (21.6%)	760 (20.2%)	816 (21.6%)
65+	489 (20.5%)	379 (15.9%)	511 (21.4%)	442 (18.5%)	564 (23.6%)
(blank)	118 (16.7%)	124 (17.6%)	156 (22.2%)	126 (17.9%)	181 (25.7%)
Grand Total	**1865 (19.1%)**	**1617 (16.6%)**	**2149 (22.0%)**	**1909 (19.6%)**	**2224 (22.7%)**

General data shows that slightly more people gave a positive response to this part of the proposal. The higher area of concern is not being able to be seen and treated quickly. This is followed by not being seen by the right staff.
For positive views, the highest response was for travel. This may be due to people being able to access services within health centres that may be closed to home.
Responses from people of different age groups do not vary significantly from the general responses. There are not any significant differences between different age groups.

Disability (including long term conditions)

	Number and % of I will not receive the right care	Number and % of I will not be seen by the right staff	Number and % of I will not be seen and treated quickly	Number and % of I will not receive the treatment I need	Number and % of I will not be able to travel to get the care I need
Disability	337 (20.5%)	334 (20.4%)	370 (22.6%)	326 (19.9%)	273 (16.6%)

	Number and % of I will receive the right care	Number and % of I will see the right staff	Number and % of I will be seen and treated quickly	Number and % of I will receive the treatment I need	Number and % of I will be able to travel to get the care I need
Disability	401 (21.2%)	293 (15.5%)	406 (21.5%)	353 (18.6%)	438 (23.2%)

Carers:

	Number and % of I will not receive the right care	Number and % of I will not be seen by the right staff	Number and % of I will not be seen and treated quickly	Number and % of I will not receive the treatment I need	Number and % of I will not be able to travel to get the care I need
Carer	507 (20.7%)	512 (20.9%)	576 (23.5%)	504 (20.7%)	348 (14.2%)

	Number of I will receive the right care4	Number of I will see the right staff	Number of I will be seen and treated quickly	Number of I will receive the treatment I need	Number of I will be able to travel to get the care I need
Carer	325 (18.7%)	273 (15.7%)	367 (21.2%)	337 (19.5%)	432 (24.9%)

Disabled people indicate that they are most concerned about being treated quickly. There is little difference between their responses to negative responses for right care, right staff and receiving the treatment needed.
The highest responses for positive views are for travel.
For Carer responses the top concern is being seen quickly 23.5%.
For positive views there were similar numbers of carers responding positively to travel. This suggests that personal circumstances that may affect travel may differ.

Ethnic groups:

Ethnic group	Number and % of I will not receive the right care	Number and % of I will not be seen by the right staff	Number and % of I will not be seen and treated quickly	Number and % of I will not receive the treatment I need	Number and % of I will not be able to travel to get the care I need
African	5 (33.3%)		5 (33.3%)		5 (33.3%)
Any other Asian background	12 (22.2%)	12 (22.2%)	12 (22.2%)	12 (22.2%)	6 (11.1%)
Any other Mixed/Multiple ethnic background			5 (31.3%)	6 (37.4%)	5 (31.3%)

Any other White background	5 (9.4%)	21 (39.6%)	5 (9.4%)	16 (30.2%)	6 (11.3%)
Bangladeshi		5 (50%)	5 (50%)		
Caribbean	10 (16.4%)	5 (8.2%)	21 (34.4%)	10 (16.4%)	15 (24.6%)
Chinese	5 (33.3%)		5 (33.3%)	5 (33.3%)	
English, Welsh, Scottish, Northern Irish, British	1588 (21.2%)	1513 (20.2%)	1866 (24.9%)	1480 (19.7%)	1050 (14.0%)
Indian	11 (22.0%)	6 (12.0%)	11 (22.0%)	11 (22.0%)	11 (22.0%)
Irish	16 (28.1%)	10 (17.5%)	15 (26.3%)	11 (19.3%)	5 (8.8%)
Other ethnic background	11 (15.5%)	11 (15.5%)	17 (23.9%)	11 (15.5%)	21 (29.6%)
Pakistani	64 (19.3%)	76 (23.0%)	72 (21.8%)	66 (19.9%)	53 (16.0%)
Prefer not to say	161 (21.7%)	161 (21.7%)	154 (20.9%)	150 (20.2%)	115 (15.5%)
White and Asian	17 (23.3%)	17 (23.3%)	22 (30.1%)	11 (15.1%)	6 (8.2%)
White and Black Caribbean	22 (24.7%)	16 (18.0%)	17 (19.1%)	23 (25.8%)	11 (12.4%)
(blank)	36 (16.3%)	31 (14.0%)	64 (29.0%)	36 (16.3%)	54 (24.4%)
Grand Total	**1963 (21.0%)**	**1884 (20.1%)**	**2296 (24.5%)**	**1848 (19.8%)**	**1363 (14.6%)**

Ethnic group	**Number of I will receive the right care**	**Number of I will see the right staff**	**Number of I will be seen and treated quickly**	**Number of I will receive the treatment I need**	**Number of I will be able to travel to get the care I need**

African					
Any other Asian background	12 (22.2%)	12 (22.2%)	12 (22.2%)	12 (22.2%)	6 (11.2%)
Any other Mixed/Multiple ethnic background		6 (100%)			
Any other White background	29 (19.7%)	17 (11.6%)	39 (26.6%)	28 (19.0%)	34 (23.1%)
Bangladeshi	5 (25.0%)		5 (25.0%)	5 (25.0%)	5 (25.0%)
Caribbean	11 (18.3%)	11 (18.3%)	11 (18.3%)	11 (18.3%)	16 (26.8%)
Chinese	15 (30.0%)	5 (10.0%)	15 (30.0%)	15 (30.0%)	
English, Welsh, Scottish, Northern Irish, British	1412 (18.5%)	1262 (16.5%)	1653 (21.7%)	1474 (19.3%)	1831 (24.0%)
Indian	53 (29.3%)	32 (17.7%)	43 (23.8%)	38 (21.0%)	15 (8.4%)
Irish	17 (17.5%)	18 (18.6%)	17 (17.5%)	28 (28.9%)	17 (17.5%)
Other ethnic background	6 (50.0%)			6 (50.0%)	
Pakistani	177 (21.2%)	143 (17.0%)	205 (24.4%)	164 (19.5%)	150 (17.9%)
Prefer not to say	72 (17.8%)	56 (13.9%)	104 (25.7%)	73 (18.1%)	99 (24.5%
White and Asian	23 (23.2%)	23 (23.2%)	18 (18.2%)	17 (17.2%)	18 (18.2%)

White and Black Caribbean	6 (27.3%)		10 (45.6%)	6 (27.3%)	
(blank)	32 (19.3%)	37 (22.3%)	22 (13.3%)	37 (22.3%)	38 (22.8%)
Grand Total	**1870 (19.1%)**	**1622 (16.6%)**	**2154 (22.0%)**	**1914 (19.6%)**	**2229 (22.7%)**

For the majority of responses there is no significant variation for people within different ethnic groups. For people with Pakistani heritage they were most worried (only by a small number) about being seen by the right staff.
For positive responses there is not any significant variance from general responses. There is a slight difference in the responses from Pakistani people who responded more positively to being seen more quickly then followed by travel.

Religion and Belief:

Belief	Number and % of I will not receive the right care	Number and % of I will not be seen by the right staff	Number and % of I will not be seen and treated quickly	Number and % of I will not receive the treatment I need	Number and % of I will not be able to travel to get the care I need
Buddhism	16 (21.6%)	16 (21.6%)	16 (21.6%)	16 (21.6%)	10 (13.6%)
Christianity	996 (21.2%)	925 (19.7%)	1167 (24.8%)	937 (19.9%)	682 (14.4%)
Hinduism	6 (20.0%)	6 (20.0%)	6 (20.0%)	6 (20.0%)	6 (20.0%)
Islam	93 (19.7%)	104 (22.0%)	112 (23.7%)	89 (18.8%)	75 (15.8%)
Judaism				6 (100%)	
No religion	505 (21.5%)	472 (20.1%)	603 (25.6%)	465 (19.8%)	309 (13.0%)
Other	45 (26.0%)	40 (23.1%)	33 (19.1%)	27 (15.6%)	28 (16.2%)
Prefer not to say	212 (20.1%)	223 (21.1%)	239 (22.6%)	216 (20.4%)	167 (15.8%)
Sikhism	5 (20.0%)	5 (20.0%)	5 (20.0%)	5 (20.0%)	5 (20.0%)
(blank)	85 (18.7%)	93 (20.4%)	115 (25.3%)	81 (17.8%)	81 (17.8%)
Grand	**1963 (21.0%)**	**1884 (20.1%)**	**2296 (24.5%)**	**1848 (19.8%)**	**1363 (14.6%)**

Total					

Belief	**Number and % of I will receive the right care**	**Number and % of I will see the right staff**	**Number and % of I will be seen and treated quickly**	**Number and % of I will receive the treatment I need**	**Number and % of I will be able to travel to get the care I need**
Buddhism	16 (27.6%)	5 (8.6%)	16 (27.6%)	10 (17.2%)	11 (19.0%)
Christianity	851 (18.9%)	747 (16.6%)	969 (21.4%)	860 (19.1%)	1083 (24.0%)
Hinduism	44 (28.9%)	33 (21.7%)	38 (25.0%)	27 (17.8%)	10 (6.6%)
Islam	195 (20.1%)	155 (16.0%)	234 (24.2%)	210 (21.7%)	174 (18.0%)
Judaism				6 (100%)	
No religion	561 (18.2%)	517 (16.8%)	675 (21.9%)	608 (19.7%)	721 (23.4%)
Other	61 (21.1%)	50 (17.3%)	61 (21.1%)	56 19.4%)	61 (21.1%)
Prefer not to say	65 (16.6%)	49 (12.5%)	110 (28.1%)	82 (21.0%)	85 (21.8%)
Sikhism	21 (44.7%)	11 (23.5%)	5 (10.6%)	5 (10.6%)	5 (10.6%)
(blank)	56 (19.6%)	55 (19.2%)	46 (16.1%)	50 (17.5%)	79 (27.6%)
Grand Total	**1870 (19.1%)**	**1622 (16.6%)**	**2154 (22.0%)**	**1914 (19.6%)**	**2229 (22.7%)**

There is no significant variation of responses from people with differing beliefs compared to general responses.

Sexual Orientation:

Sexual Orientation	Number and % of I will not receive the right care	Number and % of I will not be seen by the right staff	Number and % of I will not be seen and treated quickly	Number and % of I will not receive the treatment I need	Number and % of I will not be able to travel to get the care I need
Bisexual (both sexes)	34 (20.5%)	39 (23.5%)	45 (27.1%)	33 (19.9%)	15 (9.0%)
Gay (same sex)	54 (27.1%)	43 (21.6%)	43 (21.6%)	38 (19.1%)	21 (10.6%)
Lesbian (same sex)	15 (16.0%)	21 (22.4%)	16 (17.0%)	21 (22.3%)	21 (22.3%)
Heterosexual/straight (opposite sex)	1417 (20.8%)	1356 (19.9%)	1700 (24.9%)	1346 (19.7%)	1005 (14.7%)

Sexual Orientation	Number and % of I will receive the right care	Number and % of I will see the right staff	Number and % of I will be seen and treated quickly	Number and % of I will receive the treatment I need	Number and % of I will be able to travel to get the care I need
Bisexual (both sexes)	23 (20.4%)	17 (15.0%)	22 (19.5%)	22 (19.5%)	29 (25.6%)
Gay (same sex)	10 (16.1%)	10 (16.1%)	15 (24.2%)	10 (16.1%)	17 (27.5%)
Lesbian (same sex)	11 (22.0%)	11 (22.0%)	6 (12.0%)	11(22.0%)	11 (22.0%)
Heterosexual/straight (opposite sex)	1626 (19.2%)	1411 (16.7%)	1860 (22.0%)	1647 (19.5%)	1911 (22.6%)

There are some small variations in responses from people within LGB groups.

Bisexual and Gay people noted higher levels of concern for not being seen and treated quickly. Lesbian people (22.0% of responses) noted higher levels of concern for being seen by the right staff.
There was very little variation in responses to positive views compared to general response.

Pregnancy and Maternity:

	Number and % of I will not receive the right care	Number and % of I will not be seen by the right staff	Number and % of I will not be seen and treated quickly	Number and % of I will not receive the treatment I need	Number and % of I will not be able to travel to get the care I need
Pregnant	5 (13.5%)	17 (46.0%)	5 (13.5%)	5 (13.5%)	5 (13.5%)
Had baby in last 6 months	17 (23.3%)	11 (15.1%)	17 (23.3%)	17 (23.3%)	11 (15.1%)

	Number and % of I will receive the right care	Number and % of I will see the right staff	Number and % of I will be seen and treated quickly	Number and % of I will receive the treatment I need	Number and % of I will be able to travel to get the care I need
Pregnant	10 (14.5%)	10 (14.5%)	22 (31.9%)	5 (7.2%)	22 (31.9%)
Had baby in last 6 months	28 (20.6%)	17 (12.5%)	34 (25.0%)	29 (21.3%)	28 (20.6%)

Responses from women that are pregnant differ from general responses. They are most worried about being seen by the right staff (accounting for 46.0% of responses). Women that had a baby in previous 6 months responded fairly evenly across different concerns.
Women that were pregnant and had recently given birth, felt Community based services would let them be seen quickly.

Transgender – gender identity different to the gender you were assigned at birth:

	Number and % of I will not receive the right care	Number and % of I will not be seen by the right staff	Number and % of I will not be seen and treated quickly	Number and % of I will not receive the treatment I need	Number and % of I will not be able to travel to get the care I need
Transgender	5 (20.0%)	5 (20.0%)	5 (20.0%)	5 (20.0%)	5 (20.0%)

	Number and % of I will receive the right care	Number and % of I will see the right staff	Number and % of I will be seen and treated quickly	Number and % of I will receive the treatment I need	Number and % of I will be able to travel to get the care I need
Transgender	5 (20.0%)	5 (20.0%)	5 (20.0%)	5 (20.0%)	5 (20.0%)

Only a small number (5) of people gave a response to this part of the proposal.

Appendix 11: Deprivation information from Have Your Say Survey

The following data sets are based on the first part of the postcodes provided by people taking part in the survey. A mapping tool was used to match part of the postcode to an area of deprivation. This matching exercise was not possible for all the postcodes provided and not everyone gave a postcode. Due to this, the following analysis provides an **approximate** picture of people living in areas of high deprivation.

For the purpose of this analysis, high deprivation areas include 0 to 30% most deprived areas based on Index of Multiple Deprivation (IMD). More information on this can be found at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/464430/English_Index_of_Multiple_Deprivation_2015_-_Guidance.pdf

Source: http://dclgapps.communities.gov.uk/imd/idmap.html

Number of people taking part in survey who live in an area of deprivation:

All	Greater Huddersfield	Calderdale
1057	732	325

From the total of 7582 responses, 13.9% were living in areas of high deprivation.

Number of people in high deprivation areas giving views about proposal:

1057 responses	Do you think you will be negatively affected by the proposed changes?
Yes	689 (65%)
No	238 (23%)
I don't know	130 (12%)

1057 responses	Do you agree or disagree with the proposal
Agree	244 (23%)
Disagree	630 (60%)
Neither agree or disagree	169 (16%)

I don't understand proposal	14 (1%)

Summary of key themes raised:

- Travel times for people needing emergency care
- Disadvantage people in Huddersfield due to travel
- Huddersfield has larger population and needs emergency services
- No ideas presented on how to deal with travel impact
- It's based on financial problems with the PFI deal at Calderdale
- Having all the staff together will be better for patients
- Poor access from Greater Huddersfield residents for emergency care due to roads

Appendix 12: Staff information from Have Your Say

Data on staff taking part in Have Your Say Survey:

Number of staff taking part in the survey: 753

Sex	**Number of staff**	**%**
Female	540	72%
Male	158	21%
Prefer not to say / not disclosed	55	7%
Grand Total	**753**	**100%**

With a disability: 29 (1%)

Ethnic group	**Number of**	**%**

	staff	
African		
Any other Asian background	6	0.8
Any other Mixed/Multiple ethnic background		
Any other White background		
Bangladeshi	5	0.7
Caribbean	12	1.5
Chinese		
English, Welsh, Scottish, Northern Irish, British	622	82.5
Indian	17	2.3
Irish	6	0.8
Other ethnic background, please describe		
Pakistani	17	2.3
Prefer not to say	45	6.0
White and Asian	6	0.8
White and Black Caribbean		
(blank)	17	2.3
Grand Total	**753**	**100%**

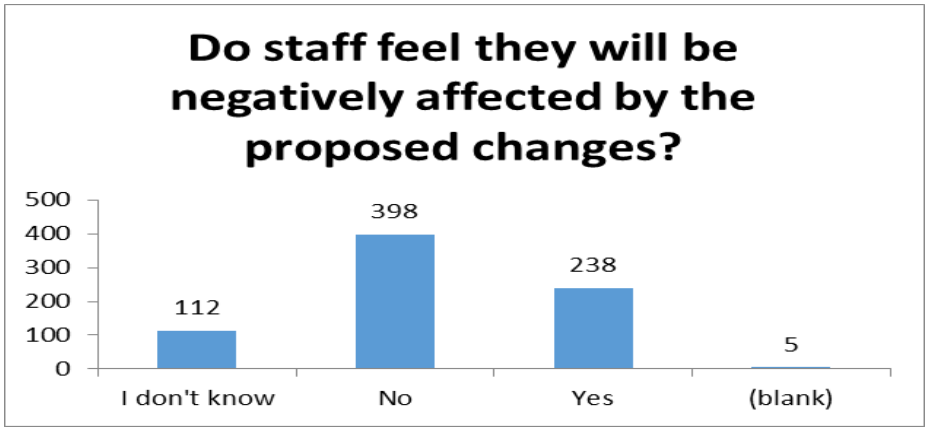
Religion	Number of staff	%
Buddhism	6	0.8
Christianity	343	45.5
Hinduism	17	2.3
Islam	33	4.4
Judaism		

No religion	213	28.3
Other (Please specify in the box below)	28	3.7
Prefer not to say	85	11.3
Sikhism		
(blank)	28	3.7
Grand Total	**753**	**100%**

Sexual Orientation	**Number of staff**	**%**
Bisexual (both sexes)	18	2.4
Gay (same sex)	22	2.9
Heterosexual/straight (opposite sex)	560	74.4
Lesbian (same sex)	5	0.7
Other	6	0.8
Prefer not to say	114	15.1
(blank)	28	3.7
Grand Total	**753**	**100%**

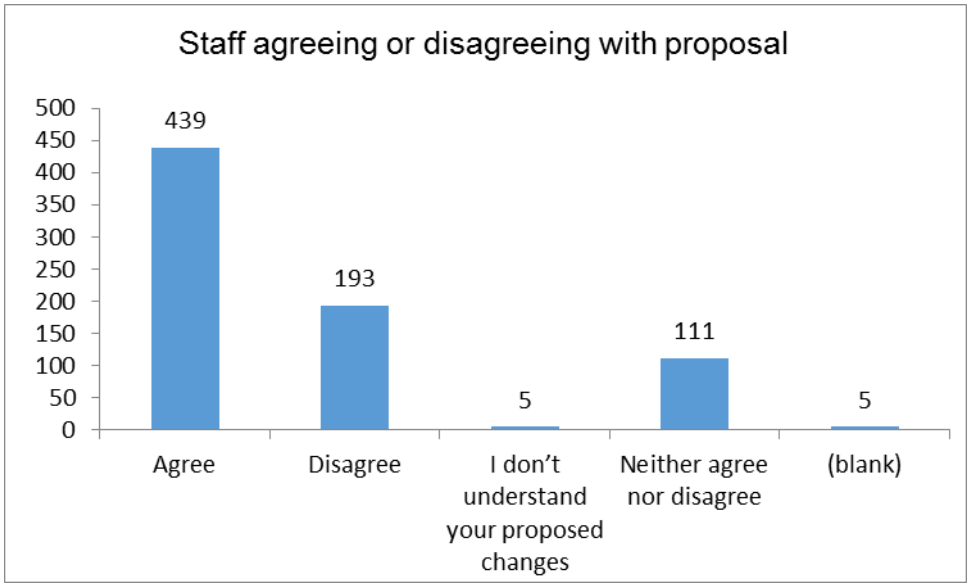
Responses to question: do you think you will be negatively affected by proposed changes?

	Responses	**Number of staff**	**%**
	I don't know	112	14.9
	No	398	52.8
	Yes	238	31.6
	(blank)	5	0.7
	Grand Total	**753**	**100%**



Responses to agreeing or disagreeing with proposed changes:

Do you agree or disagree?	Number of staff	%
Agree	439	58.3
Disagree	193	25.6
I don't understand your proposed changes	5	0.7
Neither agree nor disagree	111	14.7
(blank)	5	0.7
Grand Total	**753**	**100%**



Highlights of issues raised by staff:

- Travel time on route for Huddersfield residents for Acute Care
- Travel time for staff having to relocate
- Shuttle bus services for staff and patients – free to alleviate costs
- Concern over infrastructure – roads, affordable car parking
- Concern over Calderdale Royal Hospital coping
- A&E should be placed in area of highest population
- Travel analysis inadequate and contradictory
- Proposal based on financial position and PFI arrangement
- Will ambulance service cope
- Poor consultation process carried out with the public
- Inadequate consultation with neighbourhood trusts – as many will present to Barnsley
- More information needed on how additional travel time will affect patients needing emergency care
- Not enough beds at Calderdale Royal Hospital
- Local media not presented a balance view of the changes – concentrated on public opposition

- Mental health services not addressed fully
- Separate planned care and emergency provision will provide better care
- One site for A&E – more efficient use of resources
- Care closer to home through Community Services will improve patient care
- Huddersfield Hospital – not currently fit for purpose. Proposed service will address this
- Urgent care centres will work if patients know how to navigate the care they need
- More understanding needed by the public that the ambulance service are the first part of the care (rather than just transport into hospital)
- Third sector providers – need greater coordination for community services to work
- Plans need to address the health and welfare needs of staff (staff rooms, offices, chaplaincy)

Appendix 13: List of referenced documents

1. Calderdale CCG – Public Sector Equality Report 2016
2. Calderdale CCG Equality Objectives 2013-17
3. Calderdale & Huddersfield NHS Trust – Journey Time Assessment Study
4. Calderdale and Greater Huddersfield Hospital & Care Closer to Home – Summary of Findings from Engagement and Pre-engagement – Jan 2013 – Aug 2015
5. Calderdale JSNA –(health profiles 2015)
6. Calderdale and Greater Huddersfield "Right Care, Right Time, Right Place" and "Care Closer to Home", Report of Findings Maternity & Paediatrics, Jan 2016 – Calderdale CCG and Greater Huddersfield CCG
7. CMBC electronic Health Needs Assessment
8. "Have Your Say" Calderdale and Greater Huddersfield Public Consultation on Proposed future arrangements for hospital and community health services (ran 15.03.16 – 30.06.16)
9. CQC – Building Bridges Breaking Barriers, July 2016
10. Equality & Human Rights Commission - Health & Social Care
11. Greater Huddersfield JSNA
12. Greater Huddersfield CCG, PSED Annual Equality & Diversity Report Jan 2016
13. Greater Huddersfield CCG. Patient and Public Engagement Annual Statement of Involvement April 2015 – March 2016, published June 2016

14. https://data.gov.uk/dataset/index-of-multiple-deprivation
15. Kings Fund (2012): 'Emergency hospital admissions for ambulatory care-sensitive conditions: identifying the potential for reductions'
16. Kirklees Your Place, Your Say Survey 2011
17. Kirklees wide – Community Support for Older People – www.kirklees.gov
18. Kirklees Healthwatch – www.kirklees.gov/healthwatch
19. Kirklees Joint Health and Wellbeing Strategy 2016
20. Kirklees JSNA 2016
21. Leeds North CCG in partnership with Leeds Beckett University Institute for Health and Well-being Survey of Urgent Care in Leeds – Inspiring Change. User experiences
22. Moray.gov,uk – Browns Principles
23. NHS England Inequalities and health inequalities monitoring - https://www.england.nhs.uk/wp-content/uploads/2015/03/monitrg-ehi-pos-paper.pdf
24. NHS England – Transferring Urgent & Emergency Care Services in England – A Guide for local health & social care communities
25. North Kirklees one year Operational Plan 2016/2017
26. ONS (Office for National Statistics) – Census, population estimates
27. Public Health England, Health Profile 2015 Calderdale
28. Public Health England, Health Profile 2015 Kirklees
29. Stonewall – "Acceptance without exception" – Unhealthy Attitudes (July 2015)
30. SUS Data, Calderdale
31. SUS data Greater Huddersfield
32. Independent Report of Findings Right Care, Right Time, Right Place (August 2016)

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