

NELCCG Engagement Equality Monitoring Report 2017-18

Introduction

North East Lincolnshire CCG is committed to ensuring equality and diversity is a priority when planning and commissioning health and social care services in our region.

Equality and Diversity is about making sure where necessary we have measures in place to support the nine protected groups to meet their individual needs

The protected characteristics covered by the Equality Duty are:

- Age
- Disability
- Gender Reassignment
- Marriage & Civil partnerships (but only in respect of eliminating unlawful discrimination)
- Pregnancy & Maternity
- Race
- Religion & Beliefs (this includes ethnic or national origins, colour or nationality)
- Sex
- Sexual Orientation

Consideration is also given to other groups who could be described as 'hard to reach' when planning and delivering services, such as, carers, working people,

North East Lincolnshire CCG is working hard to ensure not only that its services are appropriate and accessible for all members of our community but that no one is disadvantaged or discriminated against by the services we put in place.

Data collection process

How the data is gathered:

- Surveys - 'About you' section
- Equality monitoring forms from events, workshops, focus groups
- Accord membership equality searches

The data collected is used to monitor the diversity of the people we engage with and compare it with National data. Quantitative data is gathered from general equality questions, and qualitative data from the free text sections where people can leave comments in response to the following questions:

Do you have any examples of where you feel that your access to and/or communication with local health services has been AFFECTED by your equality characteristic (e.g. your race, disability, sexual orientation, etc.)?

Do you have any examples of where you feel that your equality characteristic (e.g. your race, disability, sexual orientation, etc.) has been CONSIDERED AND/OR IMPROVED your access to and/or communication with local health services?

Purpose

The CCG aims to engage residents who are representative of the diverse NEL population and the data collected helps to identify where we need to focus in future engagement.

2017-18 data collection

At events

- Annual Members' Meeting September 2017 - daytime
- Members' Twilight session September 2017 - evening
- Way Forward March 2018-daytime
- Way Forward Twilight March 2018-evening

In surveys

- Perinatal Mental Health Services Review
- Caring About Quality-The Quality Framework (QF) and Long Term Care (LTC) Providers Specification
- Ophthalmology (North & North East Lincolnshire)

Overview of the statistical data collected

North East Lincolnshire CCG collects statistical data on the people it engages with through public meetings, surveys and via its membership scheme – Accord. This data is then compared with publicly available information, using the 2011 Census as a baseline figure in order to assess whether we are engaging with a wide spectrum of the community in North East Lincolnshire.

According to the most recently available information; the 2011 Census, the population of North East Lincolnshire is split relatively evenly in terms of gender, however there is a slightly greater proportion of people (51%) identifying as female. The data collected by NELCCG further supports the fact that there are a greater proportion of females to males, however in many cases; the gap between females & males who engage with the CCG is shown to be greater. For example, as of 31st March 2018, 68.2% of Accord members identified as 'female', 31.3% as 'male', 0.5% as 'prefer not to say'; 96% & 92% of respondents to the Perinatal Mental Health Review survey & Caring About Quality survey respectively were female.

When looking at age, the Accord membership covers a wide spectrum of ages and compares favourably with the Census. However, when we look at the ages of the people who attend CCG engagement events (Way Forward & Accord Annual Members Meeting) and who take part in consultations etc, it is often the case that we receive limited responses/attendance from people of college & working age. The table below shows the age breakdown for the 2017 Accord Annual Members Meetings:

| 2017-18 | Under 18 | 18-24 | 25-44 | 45-64 | 65-74 | 75-84 | 85 + | PNS |
|---|----------|-------|-------|-------|-------|-------|-------|-------|
| Local date - Census 2011 | 21.6% | 9.2% | 25.0% | 26.6% | 9.2% | 6.1% | 2.3% | |
| Annual Members' event (32 forms completed) | | | 10.0% | 31.0% | 44.0% | 3.0% | | 12.0% |
| Twilight Members' meeting (8 forms completed) | | | 12.5% | 25.0% | 50.0% | | 12.5% | |

However, there are often cases whereby limited engagement with certain age groups would be expected – for example, the Ophthalmology engagement in North & North East Lincolnshire in the autumn of 2017. Eye conditions are often degenerative and age related such as Macular Degeneration, and therefore the fact that only 8% of people who engaged with the CCG's were below the age of 45, would not necessarily come as a surprise and reflects the make-up of the patient group which accesses those services.

Themes highlighted from the surveys

Total 37

- Respect 16% (6)
- Communications 22% (8)
- General 22% (8)
- Building Access & suitability 11% (4)
- Local Needs 5% (2)
- Appointments 8% (3)
- Access to services 3% (1)
- Training for staff (3%) 1
- Transport 5% (2)
- Religion 5% (2)

Communications 22%

Language barriers -

Consider patients with vision problems may need large print or other methods of communications such as a phone call to follow up a letter if sight is very impaired.

One respondent suggested the use of translators in clinics

Translation services for those who don't speak English

Sight impairments -

Consider patients with vision problems may need large print or other methods of communications such as a phone call to follow up a letter if sight is very impaired.

People with visual issues - ease of public transport, clear signs.

Building access / suitability 11%

A number of comments (3) from the Ophthalmology and 'Caring About Quality' surveys highlighted building access for people with a disability as an issue

Better accessibility to doctors surgery

Further to this, one comment as part of the Ophthalmology engagement identified the difficulties that crowded clinics pose for people with conditions such as Autism.

People with autism and behavioural issues find attendance at crowded clinics extremely difficult.

Appointments – 8%

Access to appointments was highlighted by 3 people, 2 of which identified that appointment times and arrangements needed to be suitable, especially for disabled people. It was also noted that once arrangements have been made, they should be adhered to where at all possible.

accessibility to services at a suitable venue and at a suitable time

Sticking to the agreed arrangements is particularly important for Disabled people and Carers.

One comment highlighted a particular need for weekend appointments for elderly and disabled patients accessing Ophthalmology services

For the elderly & disabled it would be better to have more Sunday appointments

Respect and dignity – 14%

Each patient is an individual who deserves to be treated with dignity, respect and consideration....this cannot be taken to extreme lengths of course however, it is possible to review options which might more relevant than others

Services provided should take into account people's disabilities/language etc. and all of the above.

"Everyone to be given the same care and understanding".

Local Needs

Two comments related to the need to take into account the specific needs of/issued faced by local people.

A high proportion of people in the area are older or live in a deprived area which impacts on services in different ways

High number low income families.

Access to services

One respondent to the Ophthalmology survey felt that all patients should have access to the same quality of service, regardless of whether or not they have a protected characteristic.

High quality treatment should be available to all.

Transport

The ophthalmology engagement exercise received two comments which related to the impact of transport on specific sections of society, with one comment stating that when faced with the choice of purchasing food or covering the cost of transport to a hospital appointment, people are likely to not attend their appointment.

Deprivation is not fully taken into account- its fine saying you can claim back this claim back that- but if you have to choose between a meal and a fare to an eye test or warmth and an eye test or treatment I know which one I will take because when you struggle a short term fix is all you can do-

Patients often are not able to drive so transport is a problem. Patients often needed support of family or friend to get to appointment so if using patient transport this has to be considered.

Miscellaneous Comments

- Take into account all aspects of people's needs
- Making people feel equal whatever
- Race: some ethnic groups are more prone to eye problems than others, I believe and so this may need to be prioritised. I don't see why gender, sexual orientation and religion should be factors in your provision of eye care. If someone needs their eyes looking at, they should be able to receive the care without consideration of that list 'conditions.'
- WE NEED TO LISTEN TO PATIENTS TO HELP TO DEFINE MORE ACCURATELY THEIR NEEDS AND NOT ON THE RESULTS OF A SURVEY WHICH COULD BE WIDE OF THE MARK.
- N.B. Disability, age mental, awareness. Limited attention time. Medication which have adverse side effects. Drugs – alcohol

Summary

The data and comments NELCCG has received this year in relation to Equality and Diversity show some definite themes and areas that can be improved in the future. From the equality data we have collected from both the Accord membership database and at engagement events, there is a need to look at how we can potentially improve our engagement with people of working age and those who are still in education. Comments in relation to Equality & Diversity are collected at all of the CCG's public engagement/consultation events & surveys, however no comments were received at either the Accord Annual Members Meeting or Way Forward events, and therefore there are not a significant number of comments to look at for clear themes. The majority of the comments came from the Ophthalmology engagement activity. However, the

comments that we have collected are valuable and show some areas of interest with 22% of comments relating to communication issues & 11% to building issues such as accessibility & suitability.