



# **The Single Equality Scheme**

## **Report of Public Engagement**

### **May 2009**

<b>Author(s)</b>	<b>Sara Price, Communications &amp; Engagement Project Coordinator</b>
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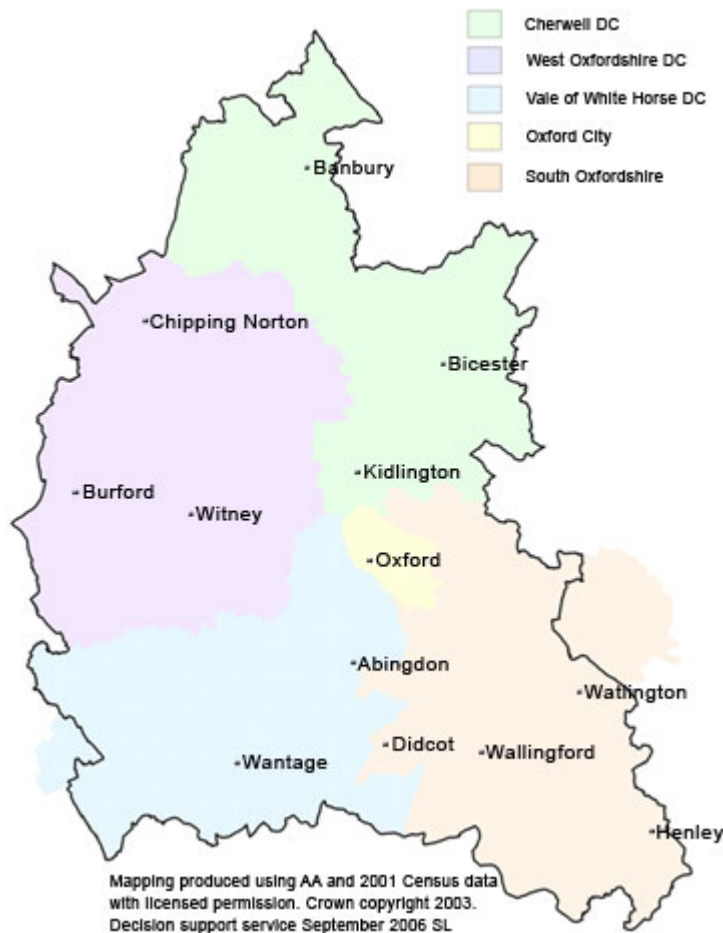
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## 1. About Oxfordshire PCT

Oxfordshire Primary Care Trust (PCT) was formed on 1<sup>st</sup> October 2006 and is responsible for investing approximately £760m of public money each year in services that will improve the health and well-being of around 630,000 local people.

Oxfordshire PCT is responsible for purchasing health services for the population, for managing the performance of healthcare providers such as hospitals, mental health services, GPs, other primary care contractors and voluntary organisations. It is responsible for improving local health services such as dentists, GPs and pharmacists and for delivering faster and better access to health care for everybody. It is also a major provider of health services to the public, employing over 2,000 community health professionals across the county through its community services directorate – Community Health Oxfordshire.



### Area covered by Oxfordshire PCT

Oxfordshire PCT serves a population of approximately 630,000 and covers the areas of Cherwell Vale District Council, Oxford City, South Oxfordshire, Vale of White Horse District Council and West Oxfordshire District Council.

## 2. Executive summary

### 2.1 Background

All public sector bodies are currently required to produce individual race, disability and gender schemes. However, there is now a move away from single-strand issues that have been seen as potentially isolating and limiting in the past and a move towards a more integrated and combined approach.

In May 2008 the government announced its intention of introducing an Equality Bill which will – inter alia – require all public sector bodies to prepare a Single Equality Scheme (S.E.S.) to replace the existing array of policies. (Queen’s Speech May 18<sup>th</sup> 2008). Current legislation comprises:

- Equal Pay Act (as amended) 1970
- Sex Discrimination Act (as amended) 1975
- Race Relations Act 1976 (amended 2000)
- Human Rights Act 1998
- Employment Equality (sexual orientation) regulations 2003
- Employment Equality (religion or belief) regulations 2003
- Gender Recognition Act 2004
- Civil Partnership Act 2004
- Disability Discrimination Act 2005
- Employment Equality (age) regulations 2006

Public sector equality duties are central to new and existing legislation on race, disability and gender. Organisations are increasingly required to demonstrate how outcomes will be measured and inequalities removed. In particular, how they will assess the impact of policies, strategies and action plans on the local population or workforce.

### 2.2 Purpose of the public engagement report

The Communications and Public Involvement team at Oxfordshire Primary Care Trust (PCT) embarked on a 3 month period of public engagement activity from January – March 2009 inclusive, to help engage and involve Oxfordshire’s residents in the development of a Single Equality Scheme (S.E.S.). This report will inform and shape the actions contained in the S.E.S. and be the first step in the development of the new Scheme,

### 2.3 Purpose of engagement

Oxfordshire Primary Care Trust recognises the importance of involvement and engagement in all aspects of the development and implementation of its responsibilities for equality. Involvement and engagement will give minority groups a meaningful stake in the provision of their care, ensure higher satisfaction with service levels and help make the best use of resources.

## 2.4 Process & Methodology

A Single Equality Scheme strategy group was established with staff from various different departments across the PCT. A questionnaire was developed and distributed to members of the public, PCT staff, charities, community and voluntary organisations, and a number of consultation events were held to gather the views of key stakeholders.

## 2.5 Key Findings

113 responses were received to the survey. Of these, 41% were hard copy and 59% were submitted online. In addition, approximately 160 people from charities, voluntary and community organisations were involved in consultation events and meetings at their own organisation or at a location that was convenient to them. Feedback was also received by general email from a few respondents.

Overall, the key issues and themes that were raised were:

- **Quality of service** - Many of the respondents felt that in general the level and quality of local health services currently available in Oxfordshire, is good.
- **Understanding needs** – This was a major theme of many respondents from both the survey and the consultation events. It was felt that greater understanding of needs was needed across different areas of diversity and particularly for those in areas of deprivation.
- **Attitudes** – Respondents highlighted that lack of understanding/poor attitudes from PCT staff was the greatest barrier to accessing services. In addition, although attitudes were often well-meaning, they were also sometimes misinformed about certain areas of diversity – this tied in again with the issue of understanding needs.
- **Access** – Access to services/buildings was not seen as a major issue for respondents to the survey. However the face-to-face consultation events did raise the issue of access and highlighted problems for people in rural areas, for older/younger people and also for the visually impaired.
- **Communication** – It was felt that listening skills were the main aspect of communication that needed to be improved as some health professionals and front line healthcare staff did not know how to listen effectively in some areas of diversity. It was also recommended that more relevant communication to the public was needed, in plain English and with no jargon or acronyms
- **Training** – Training emerged as the biggest theme for suggestions and improvements in equality – particularly to help with understanding needs and to improve attitudes. It was also suggested on a number of occasions that individuals/organisations in certain areas of diversity would like to be involved in the delivery of this training to reinforce the equality issues.

## 2.6 Conclusion

The report recommends that the participants' concerns are fully considered and as many of their suggestions regarding equality and diversity incorporated wherever possible into the Scheme's action plan.

In addition it was identified that in order to be inclusive, issues relating to equality and diversity should be carefully considered and included in all PCT strategies and plans and not solely in the Single Equality Scheme.

### 3. Background

#### 3.1 The wider context

##### Defining equality and diversity

Oxfordshire PCT intends to make sure that equality and diversity values are at the core of everything that we do.

- **Equality** is not about treating everyone the same, it is about ensuring that access to opportunities is available to all by taking account of peoples' differing needs and capabilities.
- **Diversity** is about recognising and valuing differences through Inclusion, which can be based on age, disability, gender, racial origin, religion, belief, sexual orientation, commitments outside work, part time or shift work, language, union activity, HIV status, perspectives, opinions and personal values etc.

##### What is a Single Equality Scheme?

A Single Equality Scheme is a working document that says how equality is important to us as an employer, a provider of services and a commissioner (buyer of services). We are required by law to produce an equality scheme for gender, race and disability, but we want to include other areas of equality in our scheme, including faith, age and sexual orientation.

#### 3.2 The local context

Our main equality priorities are:

- **As an employer:**
  - To recruit, develop and retain a workforce that reflects the local population of Oxfordshire and to promote equality of opportunity for all our staff and make sure that we carry on working to remove any unintended barriers for all staff and potential staff.
- **As a provider of services:**
  - To make sure that the services we provide are equally accessible to everyone and meet the needs of the people of Oxfordshire.
- **As a commissioner (buyer) of services:**
  - To make sure we understand the needs of all the people of Oxfordshire and buy services that increase choice, without leaving anyone behind.



**Ethnicity**

	Oxfordshire		South East	
	Number	%	Number	%
All people	605,371	-	8,000,250	-
White British	544,572	89.9%	7,304,678	91.3%
Other white	31,419	5.2%	304,301	3.8%
Non-white	29,380	4.9%	391,271	4.9%

Source: OCSI (2006), from Census 2001, ONS Settlement Definitions (2005)

'White British' is the most common ethnic group in Oxfordshire with 89.9% of the county's population falling into this category. However the county also has a strong 'other white' and 'non-white' population which needs to be considered in the Single Equality Scheme.

**Religion**

	Oxfordshire		South East	
	Number	%	Number	%
All people	561,279	-	7,403,976	-
Christianity	439,123	78.2%	5,823,025	78.6%
Buddhist	1,980	0.4%	22,119	0.3%
Hindu	1,854	0.3%	44,508	0.6%
Jewish	1,995	0.4%	19,183	0.3%
Muslim	7,956	1.4%	108,695	1.5%
Sikhism	810	0.1%	37,624	0.5%
Other religion	1,865	0.3%	28,844	0.4%
No religion	105,696	18.8%	1,319,978	17.8%

Source: OCSI (2006), from Census 2001, ONS Settlement Definitions (2005)

Christianity is the most common faith for residents in Oxfordshire (78.2%). However there is also a significant proportion of the population in the county that have no religion (18.8% or 105,596 people) and nearly 8000 people in Oxfordshire that are Muslim. Sikhism is the least common faith with only 0.1% of the county's population.

**Population Projections for Older People in Oxfordshire 2004-2029**

Geographical Area	AGE 65+			AGE 80+			AGE 85+		
	Pop in 2004 (1,000s)	Pop in 2029 (1,000s)	% age Increase 2004 to 2029	Pop in 2004 (1,000s)	Pop in 2029 (1,000s)	% age Increase 2004 to 2029	Pop in 2004 (1,000s)	Pop in 2029 (1,000s)	% age Increase 2004 to 2029
Cherwell	18.8	34.9	85.6%	5.1	11.1	117.6%	2.2	5.5	150.0%
Oxford City	17.2	23.0	33.7%	5.4	7.5	38.9%	2.3	3.9	69.6%
South Oxfordshire	20.5	32.5	58.5%	5.8	11.5	98.3%	2.6	5.8	123.1%
Vale of White Horse	18.8	29.4	56.4%	5.2	10.6	103.8%	2.2	5.4	145.5%
West Oxfordshire	16.2	28.0	72.8%	4.7	10.1	114.9%	2.1	5.2	147.6%
<b>Oxfordshire</b>	<b>91.5</b>	<b>147.8</b>	<b>61.5%</b>	<b>26.2</b>	<b>50.8</b>	<b>93.9%</b>	<b>11.4</b>	<b>25.8</b>	<b>126.3%</b>

The table above illustrates the rapidly aging population in Oxfordshire which can be seen across all wards in the county. The needs of older people will therefore increasingly be highlighted and will need to be taken into account in the Single Equality Scheme.

## **4. Why are we doing this?**

### **4.1 The importance of equality in healthcare**

The Single Equality Scheme places greater responsibility with Oxfordshire PCT to think strategically and place equality, diversity and human rights at the heart of our organisational culture.

### **4.2 Why are we doing this consultation?**

***“Inequalities are rarely experienced in isolation but are often interdependent... (Hence the need for) a holistic approach to service planning and delivery rather than uncoordinated activities; a determination to see patients and service users as real people, rather than as ‘cases’, and a commitment to maximising the impact of resources and investment”.***

(Dept of Health: Single Equality Scheme 2007)

An approach based on this understanding can make a culture of equalities all-pervasive in the PCT both for staff and patients across Oxfordshire.

### **4.3 Targets for consultation**

#### **The Six Diversity Strands**

The main target groups for this consultation included existing, established stakeholder groups and local members of the public in Oxfordshire across the six diversity strands:

1. Race
2. Disability
3. Gender
4. Religion and belief
5. Sexual orientation
6. Age

Many people are in one or more of the diversity strands that are covered by statutory duties.

#### **Staff**

The Scheme will set out how the PCT is meeting its obligations towards its own staff, both in terms of how they are treated as employees and how they are enabled to contribute to the PCT's equality objectives. The consultation process was therefore organised in order to facilitate this.

#### **Areas of deprivation**

In addition, the consultation activity for Oxfordshire PCT's Scheme extended further to look at deprivation and how this affects each of the six diversity strands. This will support one of the key strategic goals for Oxfordshire PCT which is to improve health outcomes and promote independence for children and families living in areas of deprivation.

## 5. Engagement process

### 5.1 Single Equality Scheme Strategy Group

A project group was formed to guide the development of the Single Equality Scheme. This consists of staff from the various areas of the PCT including:

- Mary Hardwick - Health Improvement Principal, Equality & Diversity Specialist
- Sara Price – Communications & Engagement Projects Coordinator
- Eileen Geekie – Human Resources
- Jackie Adams – Head of Adult Services
- Sarah Young - WCC Programme Manager
- Ian Bottomley – Service Development Manager
- Dawn Beechey - Senior Information Analyst
- Judy McCulloch – Public Involvement Manager
- Amy Hewitt - Clinical Standards and Standards Facilitator
- Clair Shaw - Head of Learning and Organisational Development
- Carolyne Newall - Public Health Coordinator (Vulnerable Groups)

### 5.2 ‘Are we being Fair’ questionnaire



A questionnaire (Appendix 3) was designed to ask respondents what they thought were the most important issues about equality across different areas of diversity for people in Oxfordshire. The questions in this survey were designed based on feedback that has already been received through recent consultations with stakeholder groups and the general public (e.g. for the disability and race equality schemes and feedback from events such as Oxford Pride).

The PCT distributed the questionnaire across Oxfordshire in both hard copy (1500 copies) and electronically via a number of different networks and routes (Appendix 2).

### 5.3 Survey – Other formats

The Single Equality Scheme survey was also produced in a number of other formats. This included:

- ‘Easy Read’ version – uses simple to understand words, big writing and appropriate pictures to deliver the message
- Bengali
- Chinese
- Hindi
- Punjabi
- Polish
- Portuguese
- Urdu

## 5.4 Single Equality Scheme consultations

A number of consultations took place from January to March 2009 where the PCT actively sought to meet and engage face-to-face with small groups of individuals about equality in different areas of diversity. These groups included:

- Oxford Humanists
- Oxford Friend
- Oxfordshire Association for the Blind
- Oxford International Women's Festival
- Embrace BME event
- Age Concern
- Banbury Well-being event
- Terence Higgins Trust
- Becoming Ordinary conference
- BME Oxfordshire Community Champions launch
- Cultural Advisory Group



## 5.5 Other methods of engagement

Oxfordshire PCT also sought to engage the public and gather feedback using other communication methods:



**Facebook** - A Facebook group was established online in order to engage with young people through a communication route with which they are familiar. Facebook is a social networking website where individuals can connect with and interact with other individuals.

**PALS and complaints** - Analysis of the existing Patient Advice and Liaison Service (PALS) and complaints procedures was undertaken to identify trends, gaps and areas for improvement.



**Intranet** – Oxfordshire PCT's new intranet was used to communicate the online survey to all PCT staff across the county, with new items and links on the site regarding the Single Equality Scheme.

**Staff Bulletin** – In addition to the intranet the scheme was communicated to all staff in the regular staff bulletin.

**Publications** – Articles were published in a number of internal and external publications to target local people across the 6 areas of diversity. These included:

- Health News – external PCT magazine
- InTouch – internal PCT magazine
- Women’s Institute newsletter
- In Partnership - Parent Partnership Oxfordshire magazine
- Community Health Oxfordshire (CHO) newsletter

**Websites** – In addition to Oxfordshire PCT’s own website, the Single Equality Scheme consultation was communicated to all local parish councils in Oxfordshire. Of those that were contacted, the following parish councils engaged with the PCT and communicated the Scheme through their website:

- Enstone village
- Woodstock

**Email** – An email campaign promoting the Single Equality Scheme and inviting feedback via hard copy or online survey, email response or telephone was communicated to a large target audience of nearly 200 community and voluntary groups across the county. (see Appendix 4 for full list). This email campaign was run once at the start of the campaign and then again half way through to have maximum impact.

The email was then cascaded by some organisations to all of their members/staff. The organisations that did this included:

- Oxfordshire Women’s Institute
- Unipart – communicated to all Unipart staff in Oxfordshire
- Oxfordshire Youth Members of Parliament
- Mencap

## 5.6 Engagement findings from previous consultations

Oxfordshire PCT currently has three individual equality schemes for race, gender and disability. The engagement and consultation exercise for the Single Equality Scheme (which will encompass all of these areas of diversity and more) has been shaped by the key findings from the consultation activity that took place for these previous schemes. The key themes identified for those schemes were:

1. Access to Services
2. Access to Premises
3. Appointments
4. Communication/Attitude
5. Transport

## 6. Engagement Findings - Survey

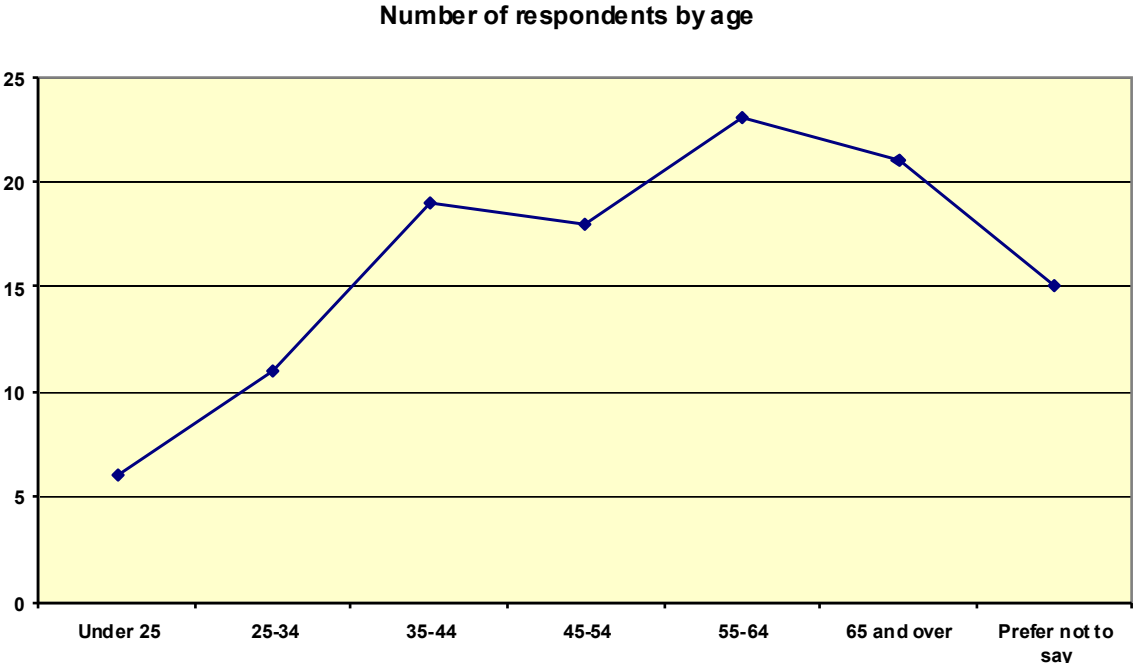
In total, 113 surveys were returned. Of that total, the majority were completed online and the remainder received by post or by hand at a variety of public events.

Respondents were asked a range of questions about equality. Demographic details were collected to help us to understand the range of respondents.

### 6.1 Demographic information

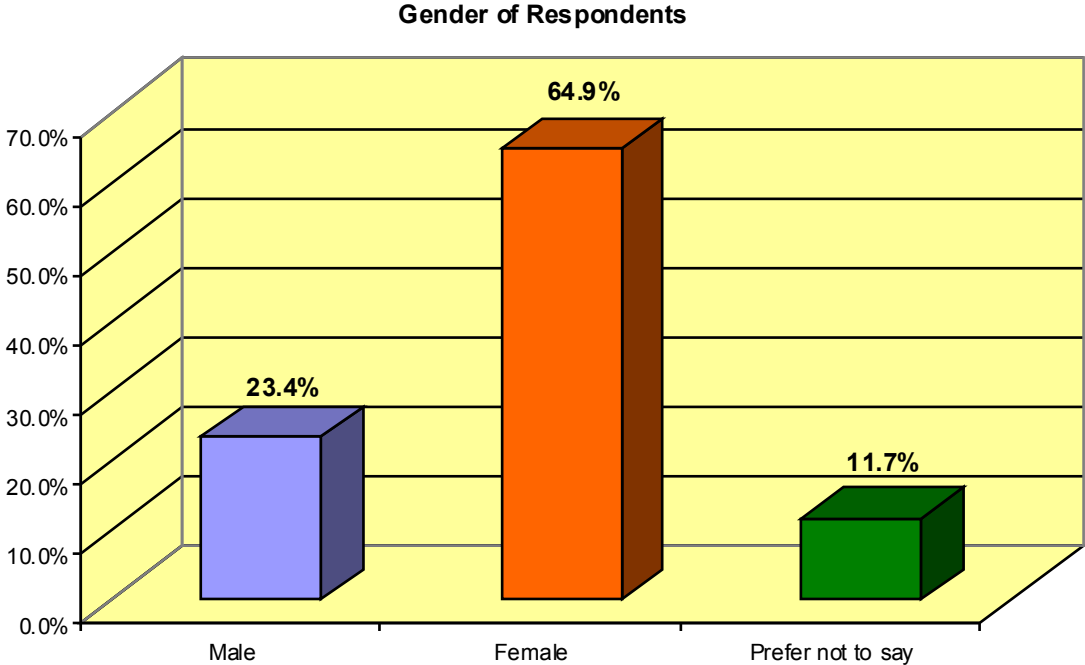
#### Age

Responses to the Single Equality Scheme survey came from a good age range with a slight bias for respondents aged 55 and over (39% of total responses).



Gender

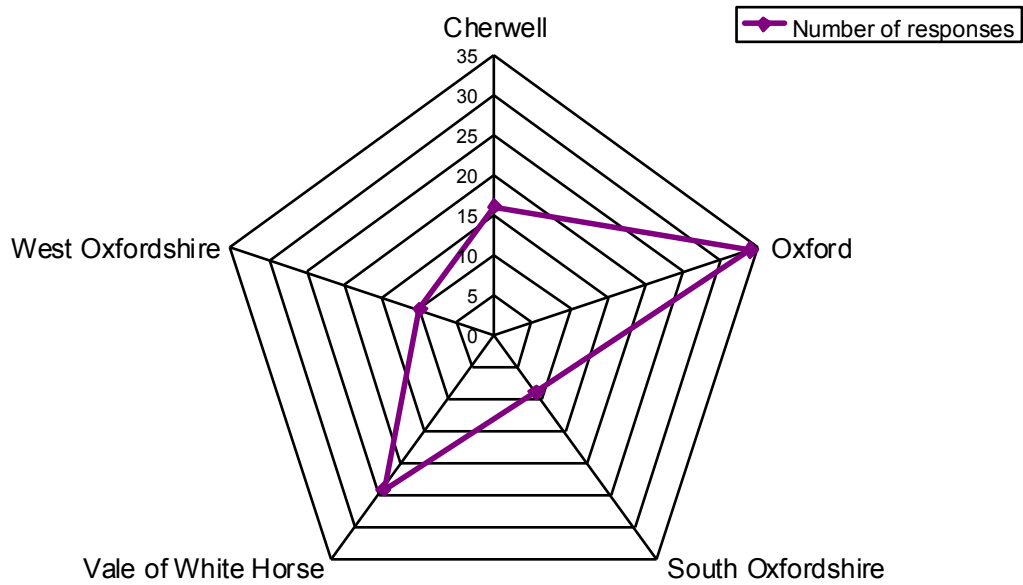
Significantly more women than men responded to this survey (64.9%). This may be due to a number of factors such as the large proportion of female staff at the PCT and the active involvement of the Women's Institute and International women's festival in the consultation.



Location

Responses to the survey came from a good spread across all five District Council areas as shown on the map in section 1 of this report. The greatest number of responses came from the Oxford district (30%) and the least number of responses came from South Oxfordshire district (8%).

**Location of Responses across Oxfordshire Districts**



**Districts:**

Cherwell	16
Oxford	34
South Oxfordshire	9
Vale of White Horse	24
West Oxfordshire	10
Postcode not given	20



## 6.2 Questionnaire responses

### Overall results

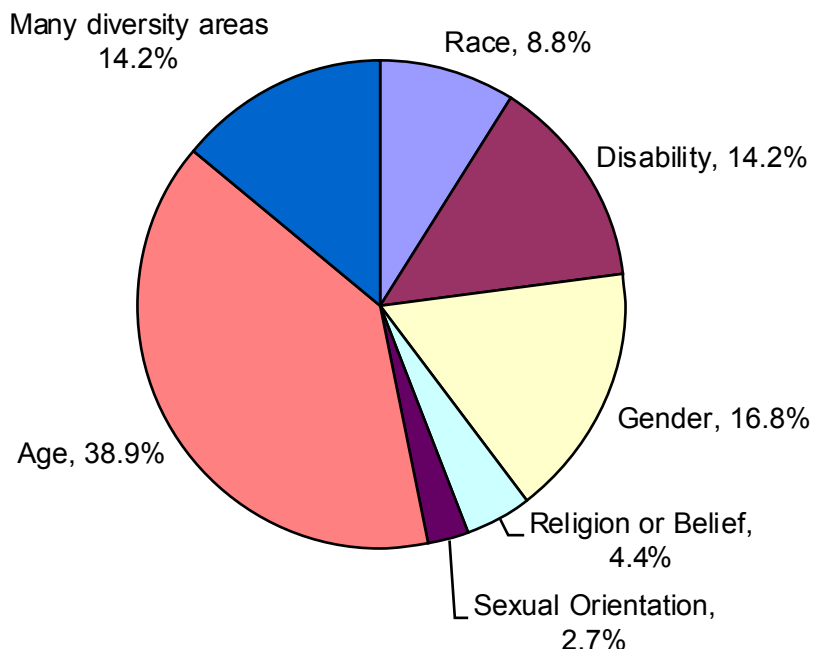
#### Question 1: Areas of Diversity

Responses were collected across all areas of diversity. Age was the diversity area that respondents commented on the most, accounting for over a third of the total number of responses. This may be because age is a common issue for everyone in society and also may reflect the issues faced by the growth in the aging population in Oxfordshire.

Disability, gender, race and 'many diversity areas' took up over half of the total responses received with a fairly even distribution across each diversity strand. A previous consultation to inform Oxfordshire PCT's Race Equality Scheme took place 2007-08 and a consultation for our current Disability Equality Scheme took place in 2006. The responses to this Single Equality Scheme survey show a continued involvement and interest in these areas of diversity.

Religion/ belief and sexual orientation were the diversity areas that we received the least comments about.

#### Percentage of responses by diversity strand

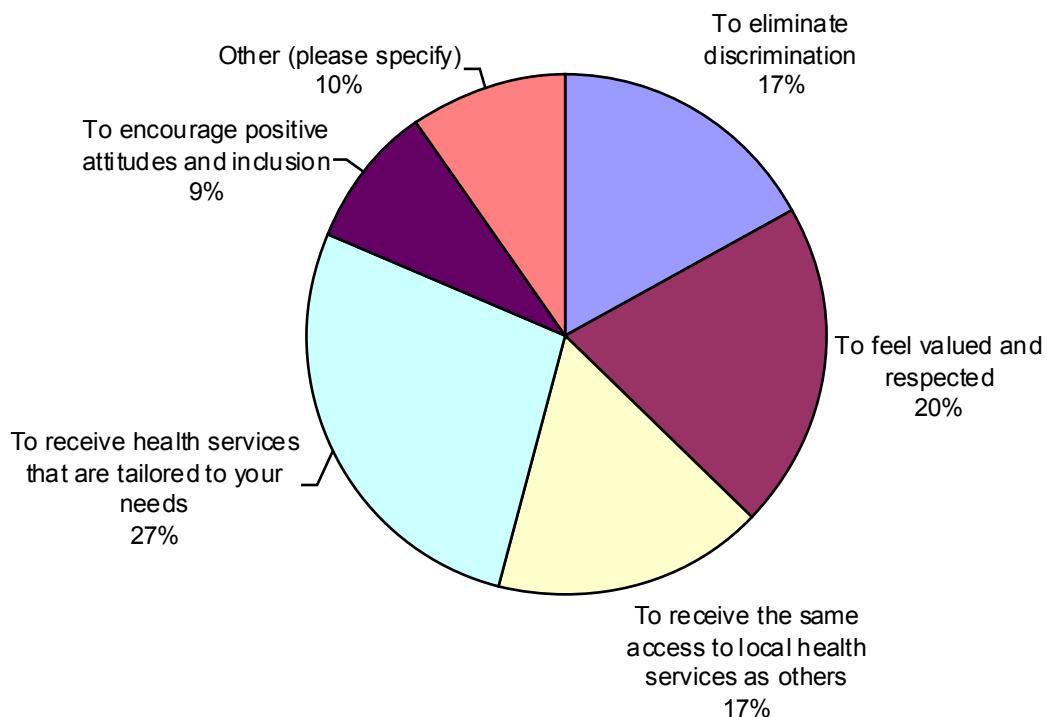


Question 8 also identified that including "other" as an option in question 1 would have been useful here so that individuals could identify what they would describe as their own area of diversity if not included in the categories above.

Question 2: Why is equality important to you as an individual in this area of diversity?

The response to this question was mixed and fairly evenly distributed across the options available. “Receiving health services that are tailored to your needs” was seen to be the top reason that equality was important to individuals (27% of responses) and “To encourage positive attitudes and inclusion” was seen to be the least important (9% of responses).

**Why equality is important to you?**



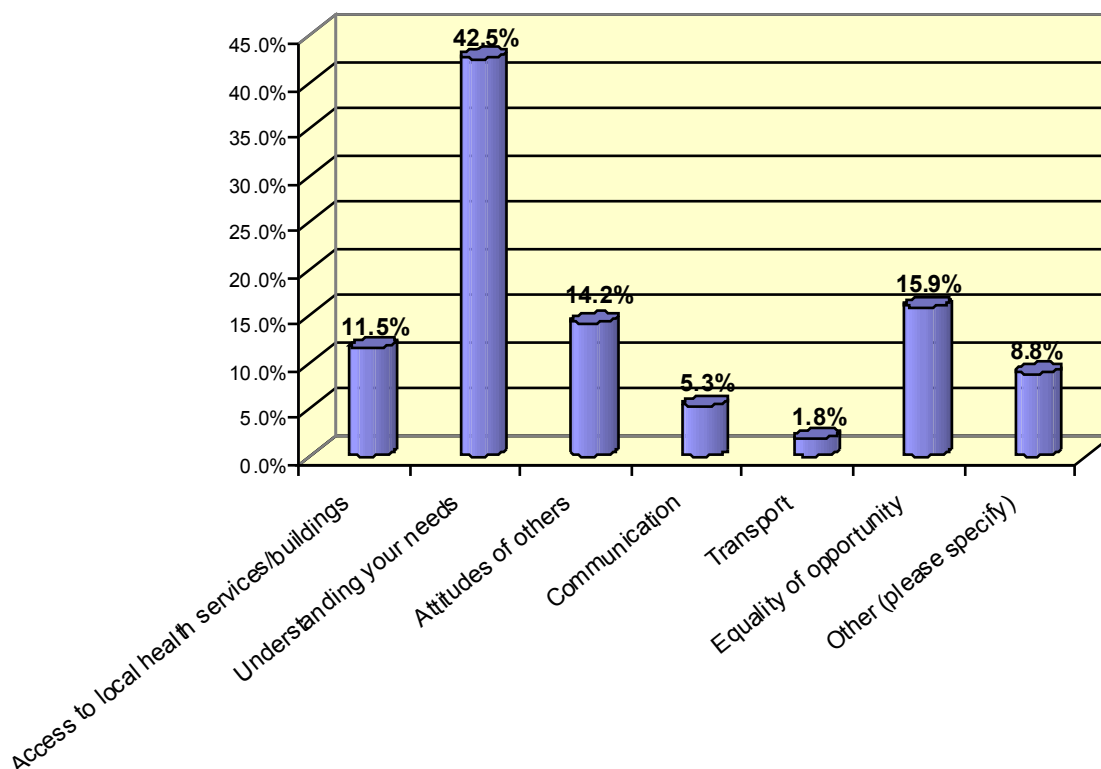
**‘Other’ includes :**

- To encourage positive attitudes and inclusion AND eliminate discrimination
- To receive the same access to local health services as others, and using normal language in communication
- To be treated as a person in my own right not as a box to be ticked. to reach a target
- To BE valued and respected - please note important change of wording in this sections choice
- To keep chaplains and religions, which I think are divisive nonsense, out of the NHS budget

Question 3: What do you believe is the most important issue in this area of diversity regarding healthcare services?

The most important issue regarding diversity and healthcare services was clearly “Understanding your needs” with 42.5% of responses. Transport was seen to be the least important issue with only 1.8% of responses.

**The most important issue regarding diversity and healthcare services**



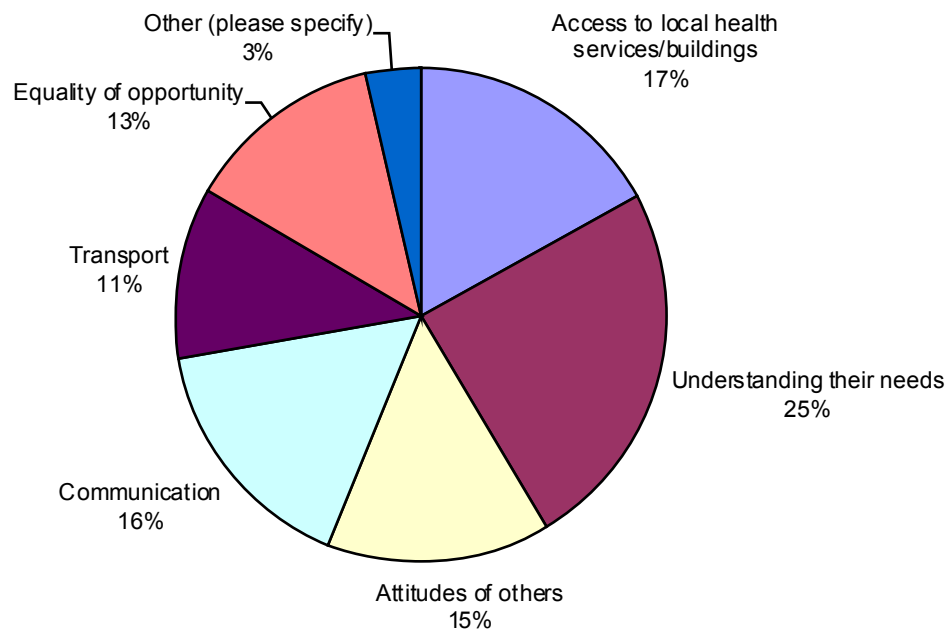
**‘Other’ includes :**

- Communication within healthcare services (I.e. Between mental health practitioners within CMHTs and GP surgeries with regards to Mental Health patients: That is, the way they describe patients, their issues and how they intend to deal with them. The general attitude as: Why are they ill again? What a waste of my time. Put them on meds.)
- Communication, and how do we find out if people in our area need help e.g. isolation
- Quality services for the 70+ population - esp. ee casing etc.
- Understanding your needs - and adequately meeting them
- To designate any quiet room as such instead of as prayer room
- Staff should not bring their personal prejudices to work

Question 4: In “areas of deprivation” what improvements need to be made for your diversity group?

For areas of diversity in Oxfordshire, a quarter of respondents felt that again, “understanding needs” was the most important factor and needed improving. This was the only question in the survey in which access was highlighted by respondents as a significant issue taking up 17% of responses. Other responses were fairly equally split across the options available.

**Improvement that need to be made regarding equality and diversity in areas of deprivation**



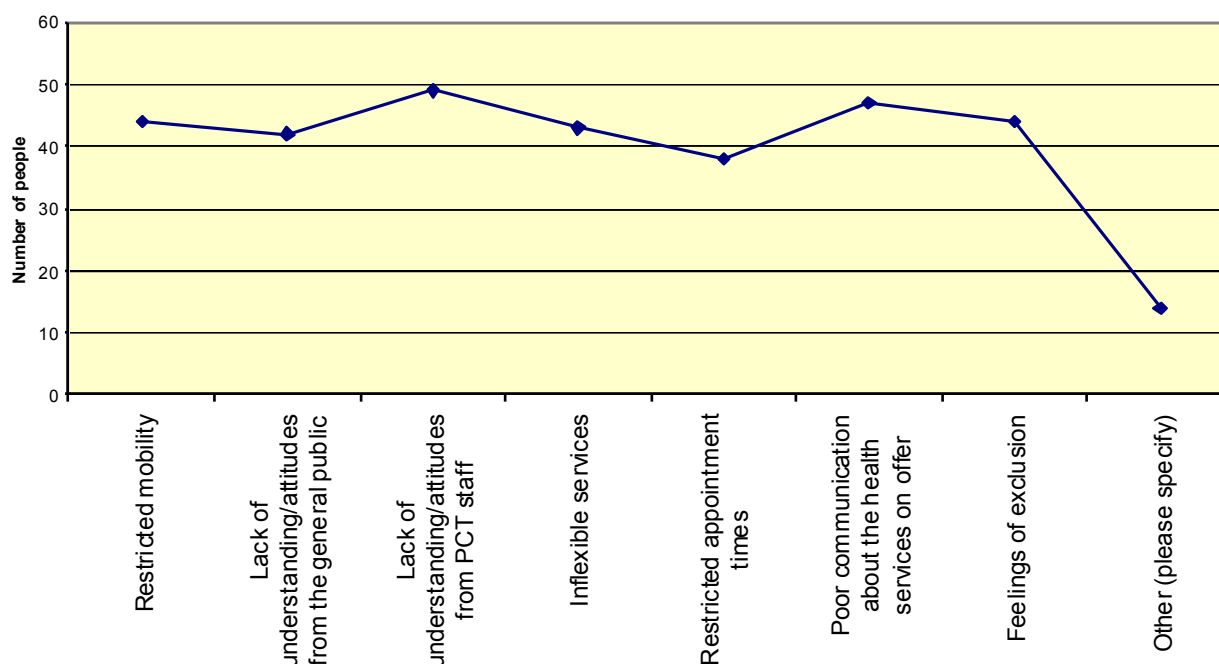
**‘Other’ includes :**

- Rural areas. Don't put all people in the same kind of areas, mix them up e.g. Blackbird Leys
- M.E sufferers have the need for special care. NOT CBT orientated and OCCMET should take young and old alike
- Any NHS counselling to be secular rather than religious
- Focus on buliding relationships
- I'm not deprived, however my daughter is. Support should be given to move her to the parent who can support her best.

Question 5: What are the main social or physical barriers which may prevent individuals from accessing the full range of health services available?

Responses were fairly evenly mixed as to the main social/physical barriers to accessing health services with a difference of just 11 between the most popular and least popular response (excluding “other”). The barrier that had the greatest number of responses however was “Lack of understanding/attitudes from PCT staff”. This is an area of concern for Oxfordshire PCT and it is recommended that actions are put in place to address this in the Single Equality Scheme.

**The main social/physical barriers to access**



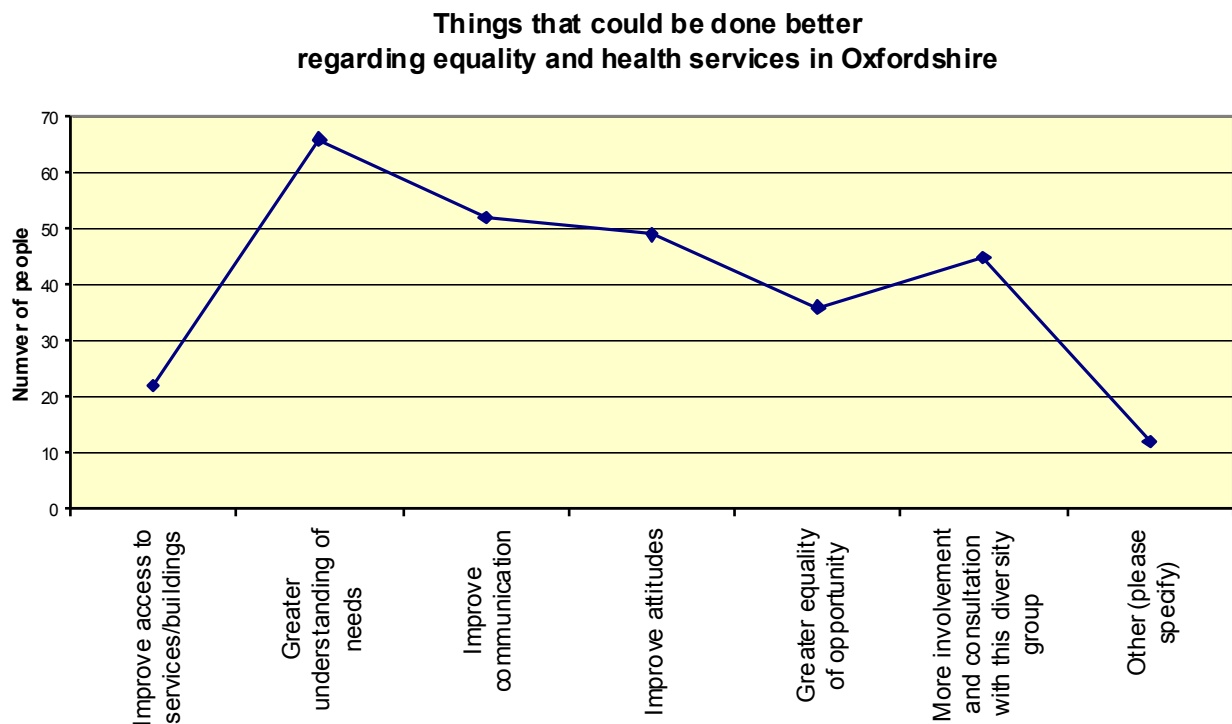
**‘Other’ includes :**

- Fear of involvement with 'authority'
- Where they live
- Lack of consultation
- Lack of understanding and knowledge by most non-executive directors
- OCCMET (CFS/ME service) does not cater for children under 14
- Long waits for clinics when feeling too ill
- No Community Hospital for Oxford City
- Distance of Faringdon from main health services
- Money spent unnecessarily on religion in the NHS
- Apathy of patients
- Feelings of intimidation from the health service - needs to use more 'friendly' terminology and not big medical terms that can scare and intimidate
- Religious belief
- No recourse to public funds policy (especially relating to secondary healthcare)
- Inappropriate and irrational funding policies

### Question 6: What could be done better?

The area that respondents felt could be done better regarding equality and health services in Oxfordshire was again “greater understanding of “needs”. This ties in with the responses to questions 3 and 4.

The area that respondents were least concerned about (excluding “other”) was to “improve access to services/buildings”.



#### **‘Other’ includes :**

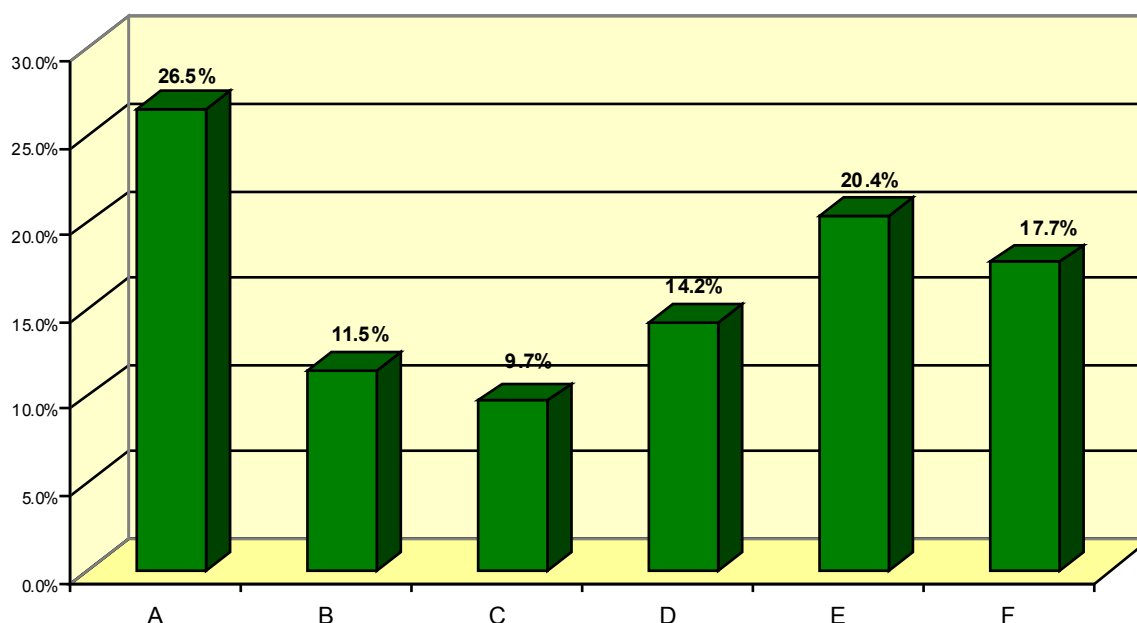
- Greater understanding of needs for the people that actually need it.
- Children under 14 years with ME/CFS should get a service.
- Learn to know HOW to LISTEN to the older members of the population
- Training in visual impairment awareness
- Involvement needed with REAL sufferers of ME not with people who like to say its all in the head etc. thats not the case.
- Extend service to children
- Have somewhere in emergency and other departments where people can lie down if they need to due to current or chronic illness. This should be obviously available.
- Everything could be done better. The key is the priorities.
- Secular rather than religious counselling on NHS budget
- More "gender only" services/clinics
- When dealing with someone with a long term condition, do not make assumptions. I was told very little about my condition and from varying sources so being given clear advice from the beginning would have helped me deal with it much better.
- Greater willingness to follow specialist advice

Question 7: What do you think is the most effective way in which Oxfordshire Primary Care Trust (PCT) can support this area of diversity?

This question examined what respondents believe is the most effective way in which the PCT could support equality and diversity. The most popular option with over a quarter of responses (26.5%) was to “promote positive attitudes and greater awareness e.g. through training”. This was followed by the option to “communicate more effectively” (20.4% of responses).

The least popular way in which respondents believe the PCT should support equality and diversity is by increasing access to local health services/buildings“. This supports the responses to question 6 in the survey where respondents were least concerned about access.

**The most effective way Oxfordshire PCT can support these area(s) of diversity**



**Key:**

A	Promote positive attitudes and greater awareness e.g. through training
B	Actively encourage equality of opportunity and inclusion
C	Increase accessibility to local health services/buildings
D	Provide greater choice of services
E	Communicate more effectively
F	Other (please specify)

**'Other' includes :**

- Enforce existing published commitments, policies, statements and values so that they are implemented comprehensively instead of stated and then regularly contradicted by custom and practice or over-ridden by other considerations such as organisational convenience or value for money.
- ME/CFS Children under 14 years could be treated as an extension to OCMET. The service for ME/CFS in Oxfordshire.
- Communicate more effectively, and use T.V Oxford Stroke unit campaign a good example. Leaflets in local papers.
- Communicate more effectively - I feel there is a lack of communication between the PCT and the public.
- Permanent patient and public membership of involvement group, not just when occasion demands.
- Extend OCCMET CFS/ME community service to children
- Not only promote awareness, but actually change the way departments are structured to meet people's needs
- Ask older people what they want via local groups such as age concern and other groups
- Save taxpayers money by making sure the PCT takes a realistic view of the prospective effectiveness of any investment it makes on "communications", "choice" etc compared with more direct investment in "making people better" in the front lines of healthcare.
- Keep religion out of NHS budgets, hospitals, surgeries, doctors' decisions and quiet rooms
- Ask us what we want and need more and then act on what we tell you.
- Campaign for equality regardless of immigration status
- By working to develop and implement policies that draw on a modern clinical understanding of particular conditions and treatments.



Question 8: Comments and suggestions about equality and diversity in Oxfordshire

37 people responded to this “open” style question in the survey which gave respondents the opportunity to add any feedback they had about specific equality issues, or to tell us about any personal experiences.

**Issues**

- Too much emphasis on medication and compliance for mental health issues and not enough emphasis on alternative methods and support
- Those on sickness benefits are expected to pay for some basic dental treatment. This is costly and if not paid can result in treatment being withdrawn
- Hard to book appointments with local GPs in advance
- Closing surgery phone services over lunch when working people need to access them
- The appointment times at some clinics are not easy for working women to attend
- Too many assumptions made without asking first
- Children under 14 years with ME/CFS cannot access the OCCMET service – children are being excluded from the service
- Mixed sex wards
- Towns and villages on Oxfordshire boundaries need clarification on what services are available from Oxfordshire and what are from outside the county borders
- Amount of money spent on chaplains and prayer rooms that could be better spent on health care
- Lack of knowledge about health entitlements for migrants and asylum seekers
- Lack of confidentiality or creating an appropriate environment for confidentiality at GP surgeries

Quotes from some responses are included below:

*“GPs and hospitals (most I have encountered) assume everybody is heterosexual”*

*“All wards should be single sex only to maintain dignity for patients”*

*“It is wrong to spend money on divisive religious chaplains and exclusive prayer rooms that could be better spent on medical health care”*

*“Demonstrate RESPECT for the past 70s by asking them and listening to them BEFORE making decisions”*

*“As a town on Oxfordshire boundary we need to be clear what services are available from Wiltshire (Swindon is closer than Oxford)”*

## Suggestions

Respondents contributed a lot of suggestions in this section about what, when, and how information/ health services should be provided to patients. The responses are summarised below:

- Equality and diversity should be 'mainstreamed' into the day-to-day job of everyone at the PCT
- Equality champions for each diversity area to promote understanding
- Don't assume that everyone is heterosexual
- Listen before making decisions
- Give consideration regarding access to services to the rural community in Oxfordshire
- More communication about services/entitlements for asylum seekers and migrants
- Do not use acronyms or PCT language
- Keep updating the info on equality and diversity on the website
- Need to see visible outcomes that show that the needs of the community are being addressed
- Improve attitudes of PCT staff regarding equality and diversity
- If closing/relocating services then adequate public transport must be provided to enable continued care
- Be more pro-active and ask questions rather than make assumptions
- Include "other" as a potential area of diversity in the survey, enabling respondents to identify their own area of diversity

Quotes from some responses are included below:

*"The info on the web site about equality and diversity is good - be great to keep it updated"*

*"Please look into attitudes of CMHT staff to their 'service users' as I often feel dismayed, working in the service and hearing how staff look upon them."*

*"Why not have equality champions for each strand within the PCT"*

*"Professionals should proactively and assertively seek out information on relationships to avoid assumptions / confusion and mis-communication. This will also make gay people feel more engaged in health services."*

*"Rural areas need special consideration, and to include transport."*

*"Areas of asylum seekers/other migrants' services needs to be clear to practitioners and the wider community."*

## 7. Engagement Findings – Consultations

### 7.1 Consultation Process

In addition to the survey, Oxfordshire PCT sought the views of a range of stakeholders through consultation with relevant charities, community and voluntary organisations. It was recognised that in order to meet timescales and effectively engage with individuals that there should be constraints on the number of participants at each group meeting, however at local events/exhibitions it was recognised that engagement could take place with more individual on a 1:1 basis throughout the course of the day.

Presentation slides were developed explaining what the PCT does and showing what the Single Equality Scheme is and why it is being developed and the intended benefits of a scheme such as this. (see Appendix 1)

All consultation participants were shown the presentation, which was given by Sara Price, Communications & Engagement Projects Co-ordinator, and had the opportunity to ask questions to clarify their understanding of the Scheme before discussion commenced.

At the start of the discussion participants were asked for:

- (1) their views on what is currently working well regarding local health services and equality;
- (2) their views on what is not working well or is missing regarding local health services and equality;
- (3) their suggestions as to how they would like local health services/information change and be improved to fairly address the needs of different areas of diversity.

**Table of Patient and Public Involvement Activity for Single Equality Scheme and Numbers Participating**

Method	Group	Diversity area discussed	Date	Number of Participants Engaged with
Group meeting	Oxford Humanists, Oxford	Faith, age	1 March	12
Discussion	Oxford Friend, Oxford	Sexual orientation, gender	4 March	1 rep
Group meeting	Oxfordshire Association for the Blind, Oxford	Disability	16 March	7
Local event/exhibition	Oxford International Women's Festival, Oxford	Gender, age, faith	10 March	25 approx

Local event/ exhibition	Embrace BME event, Abingdon	Race, age, faith	16 March	15 approx
Group meeting	Age Concern, Kidlington	Age, gender	17 March	12
Local event/ exhibition	Banbury Well-being event	All	18 February	20 approx
Group meeting	Terence Higgins Trust	Sexual orientation, age	29 January	7
Discussion group	Becoming Ordinary conference	Disability, gender, age	30 March	25 approx
Local event/ exhibition	BME Oxfordshire Community Champions launch	Race, Faith	5 April	10 approx
Group meeting	Cultural Advisory Group	All	3 March	25
<b>Total number of participants</b>				<b>160 approx</b>

## 7.2 Findings - what's working

In general, respondents from each of the consultation groups felt that the overall quality of local health services in Oxfordshire was 'good', however that the understanding of people's individual needs in particular areas of diversity was poor and mis-informed which in some cases then resulted in poor communication, poor attitudes and a feeling of discrimination. Respondents also found it harder to pinpoint what is working well regarding equality and found it easier to identify what is not working or is missing in Oxfordshire's local health services.

Key areas that are working well:

- Support for different languages
- Quality of health services
- Multiple religions well accounted for
- Good commissioning of local health services
- Well meaning attitudes of staff
- The general direction of the PCT's strategy is good
- Positive age discrimination
- GPs knowledge of sexual orientation issues is good

### 7.3 Findings - what's not working/ missing

A wide range of issues were identified regarding equality and local health services that participants felt that needed either changing, improving or adding. These are summarised below:

Key issues included:

- Access to NHS dentistry – particularly for those unable to travel
- Mixed wards and washing facilities
- Lack of information about the NHS services that are available
- Rural/urban geography leads to some discrimination
- The voice of older people is often not heard
- Gerontology training of GPs is lacking/poor
- Availability of different types of screening – e.g. breast cancer, cervical cancer
- Continuity of care – particularly for older people with more complex health needs
- Lack of patient groups in surgeries
- The assumption that most people use/have access to computers
- Access to health services in areas of deprivation
- Highest rates of delayed transfers in the South Central area
- Concerns over confidentiality issues at GP surgeries
- Transport to health services can be an issue for both the young and the elderly – public transport network is poor
- Class and wealth affect equality
- Support is needed for non-orthodox beliefs
- Building design – internal and external including signage
- Cultural ignorance regarding sexual orientation and the elderly
- Communication formats do not take account of differing needs of the visually impaired e.g. audio, Braille, colour of text, colour of background, size of text etc.
- Well-meaning but misinformed understanding of visually impaired in both the general public and PCT staff
- Lack of funding assistance for visually impaired – equipment is expensive
- Lack of funding for transgender operations
- Support for mental health problems has not had enough attention
- Too much public money being spent on religious services

### 7.4 Findings – suggestions

The PCT was pleased to receive so many suggestions for improvements regarding equality and diversity. In many cases when an area of concern/what's not working well was highlighted, participants would quickly follow this up with positive suggestions for improvements which were welcomed.

Suggestions and priorities of respondents included:

- Disability awareness training for staff
- Disability awareness training in schools – e.g. visually impaired and the meaning of the white stick
- Involve disabled people in training delivery – they are the experts
- Spiritual guidance/support for the non-religious
- Professionals need to give patients more time to talk and need to ask more what people's individual needs and wants are – don't assume
- Re-phrase or omit the 'What is your religion' box as some find this offensive
- Improved signage in both surgeries and hospitals e.g. East Oxford Medical Centre has a lift. But, there are no signs for this lift and it is very difficult to find so no-one knows where it is.
- Give more consideration to the internal and external design of a surgery/health building at the planning stage – not as an afterthought.
- Need to communicate better to patients about the PCT's complaints process – who to contact and how.
- More proactive and better leaflets/communication about the local health services that are available – e.g. more radio and newspaper campaigns, regularly change leaflet covers so they are eye-catching
- Be aware that people's beliefs don't fit into neat boxes
- Educate/inform GPs regularly on the range of support services available for intermediate care
- Design a booklet to train and inform employees on how to be sensitive to patient's needs when visiting them at home
- Homophobia awareness training is needed – for PCT staff and in schools
- Better co-ordination of public transport routes and location of health services

## 7.5 Further considerations

Further considerations and concerns that were highlighted by participants included:

- Will the Single Equality Scheme actually change anything?
- Losing momentum
- Unhelpful name for the Scheme (see section 8.2)
- Awareness and inclusion for different areas of diversity is needed across all of the PCT's strategies
- Concerns over the Darzi clinic in Banbury
- Participants were very keen to maintain their engagement with the PCT in monitoring the ongoing development of the Single Equality Scheme.

## 8. Limitations

### 8.1 Question design: closed and open questions

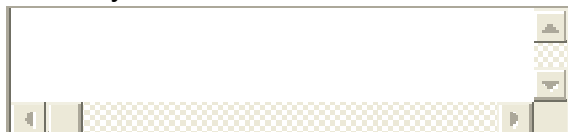
The questionnaire asked both closed questions and open questions

**Closed:** e.g. What do you believe is the most important issue in this area of diversity regarding healthcare services?

(Tick one box only)

- Access to local health services/buildings
- Understanding your needs
- Attitudes of others
- Communication
- Transport
- Equality of opportunity
- Other (please specify)

**Open:** e.g. If you have any other comments/suggestions about equality and diversity in relation to the NHS in Oxfordshire please make them here:



In the closed questions respondents were limited in the options they could tick. The options chosen were based on feedback that has been received through recent consultations with stakeholder groups and the general public (e.g. for the disability and race equality schemes and feedback from events such as Oxford Pride). These questions were chosen to ensure collection of quantitative data.

In the open questions respondents could freely discuss issues and experiences surrounding equality and diversity. These questions were chosen to gather rich qualitative data. They provide a truer representation of respondents' feelings which support the quantitative data.

As the closed and open questions provide different types of data the results were not compared.

### 8.2 The Single Equality Scheme – general feedback

During the consultation, a lot of feedback was received regarding the name of the Scheme. Some people felt that it gave the impression it was for single people only and many were confused as to why the words 'Single' and 'Equality' should go

together. The naming of the Scheme was explained to respondents in every case, but in general it was felt that the name should be changed, dropping the word 'Single' from the title. This recommendation will be fed back to the Single Equality Scheme Strategy Group.

A few of the participants in the consultation groups also fed back that they believed the survey would benefit from more involvement in the design phase to ensure that jargon was kept to a minimum and that it is readily understood by all members of the public. This recommendation will be shared with the Communications and Public Involvement team for the development of all future consultations.

The consultation presentation contained a simple introduction describing who the PCT is and what we do. Many participants fed back that this was very useful in clarifying their knowledge and understanding of the organisation and some were surprised that they previously had an incorrect understanding of the PCT. An introduction, describing the PCT will be included as an essential part of all future consultations.



## 9. Analysis of Complaints

The screenshot shows the 'New Complainant for Complaint - COULON' form in the DATIX Risk Management software. The form is divided into several sections:

- Personal Information:** Name, Organisation, Address, Postcode, Gender, DOB, Date received (15-Jan-2009).
- Contact Information:** Tel 1, Tel 2, Email, PAS No, Ethnicity.
- Timeline:** Acknowledged (19-Jan-2009), Actioned (19-Jan-2009), Response (4-Feb-2009), Holding (11-Feb-2009), Replied (19-Feb-2009).
- Additional Fields:** Done, Re-opened, Notes, Patient?, Relationship, Status, Age, Dear, Your ref.
- Summary:** No. of links and open links for Claims, Complaints, Incidents, and PALS.

### Complaints for the period 1 January 2009 - 31 March 2009

#### Complaints by Patient Ethnicity

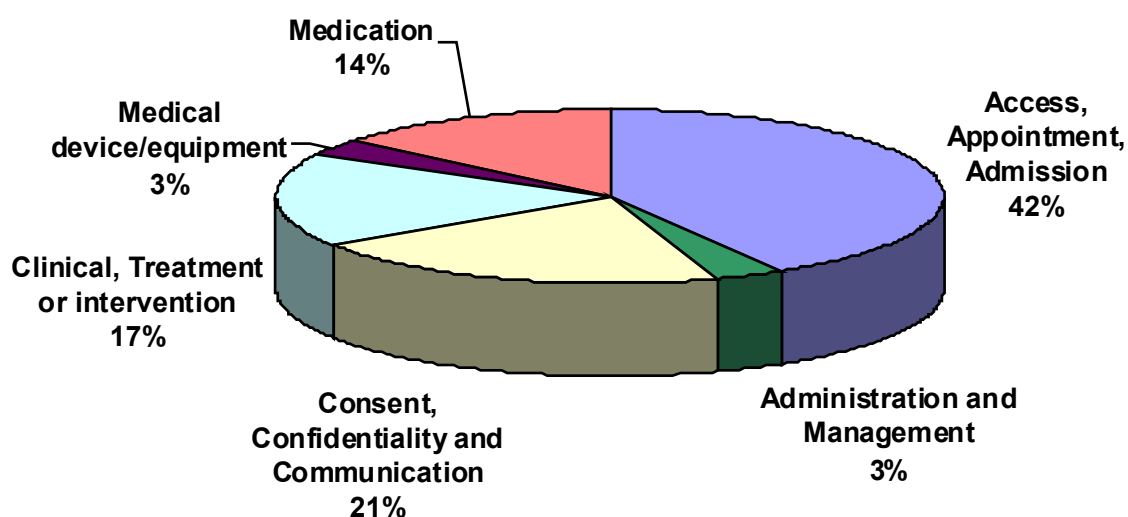
White British	5
White- other white	2
Not stated	22
<b>Totals:</b>	<b>29</b>

#### Complaints by Age (Age of patient)

40	1
47	1
50	1
7	1
75	1
83	1
94	1
95	1
<b>Totals:</b>	<b>8</b>

Complaints by Gender

Female	15
Male	14
<b>Totals:</b>	<b>29</b>

Complaints by category**Complaints by subject area Jan-Mar 2009**Further Breakdown of above complaints categories per specific subject

Access to services	4
Admission	1
Appointment	6
Communication	6
Discharge	1
Management	1
Medication	4
Medical Device/Equipment	1
Treatment	5
<b>Total:</b>	<b>29</b>

During this period there were a total of 29 complaints.

The information recorded in the PCT's Datix system (which records information regarding complaints) was analysed from January – March 2009 inclusive to see if this raised any particular issues regarding equality and diversity. A meeting with the Quality & Clinical Standards team that manage the system was also held to understand the issues in more depth.

The Datix system can record information on gender, age and ethnicity. However due to the very nature of complaints this information is not always asked for/not given as it may be inappropriate to do so or the patient/complainant may not wish to disclose it.

- 76% of complainants in the period Jan-March 2009 did not want to disclose ethnicity
- 27% (only 8 people) of complainants were happy to disclose their age
- The gender of complainants was split roughly 50:50. This differed greatly to the gender split of respondents to the survey which was heavily dominated by women.

Appointments and Communication were the two subject areas with the most complaints (6 complaints for each), followed by treatment (5 complaints).

Information on sexual orientation, disability and religion or belief are not recorded in the complaints Datix system so it was not possible to see if any of the complaints related to these areas of diversity. This issue should be looked at further to see if it is appropriate to record any further details on diversity and if it will bring any benefits.

## 10. Key recommendations

### 1. Awareness building

The key findings of this work should be disseminated to all staff.

### 2. Awareness training

There should be training and development for PCT staff in awareness, attitudes and understanding of difference - particularly for staff in public facing roles, but also rolled out to the whole organisation. This should be incorporated into all equality and diversity training for PCT staff.

### 3. Recording information

The complaints and PALS recording systems should be reviewed to ensure that equality issues can be identified.

### 4. Survey preparation and design

The communications and public involvement team should look into methods to ensure that surveys are developed taking into account the public viewpoint in the planning stages wherever possible.

### 5. Communication

Consideration should be given to development of more user friendly information using simple and easy to understand language and appropriate formats.

### 6. Consultation

The PCT should be ensuring that all consultations include a wide range of diversity groups and that these points of view are taken into account.

## 11. Next steps

The results from this survey will shape the action plan in the Single Equality Scheme. A summary and full version of the Scheme will be available on the equality and diversity pages on the PCT website at

<http://www.oxfordshirepct.nhs.uk/patient-matters/equality-and-diversity/default.aspx>

## 12. Thanks

Thanks to all those who responded so thoughtfully to the Single Equality Scheme survey and particularly to the members of charities, voluntary and community groups and events that engaged with us to share their feedback and suggestions on equality.

## 13. Supporting information

### Definitions

#### Stakeholders

- A person or group with a direct interest, involvement, or investment in something.
- Stakeholders are individuals or organisations that have a direct interest in a service being provided.

### Glossary




NHS	National Health Service
PCT	Primary Care Trust
SES	Single Equality Scheme
Facebook	Social networking website
OCCMET	A multi-professional specialist service for adults and young people with Chronic Fatigue Syndrome /ME









## 14. Appendices


### Appendix 1: Presentation on Single Equality Scheme

The following presentation was given to groups at the consultation events.

 <p style="text-align: center;">  </p> <h2 style="text-align: center;">Developing the Single Equality Scheme</h2> <p style="text-align: center;"><i>'Are you being treated fairly and equally by us?'</i></p> <p style="text-align: center;">Sara Price Communications &amp; Engagement Project Co-ordinator</p> 	 <p style="text-align: center;">  </p> <h3>Oxfordshire Primary Care Trust (PCT) – What do we do?</h3> <ul style="list-style-type: none"> <li>• We provide many of the local health services across Oxfordshire. This includes:             <ul style="list-style-type: none"> <li>• GP practices</li> <li>• Dentists</li> <li>• Pharmacists</li> <li>• Opticians</li> <li>• District nursing and health visitors</li> <li>• School nursing</li> </ul> </li> </ul>
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 <p style="text-align: center;">  </p> <h3>What do we mean by Equality &amp; Diversity?</h3> <ul style="list-style-type: none"> <li>• <b>Equality</b> is about ensuring that access to opportunities is available to all by taking account of peoples' differing needs and capabilities</li> <li>• <b>Diversity</b> is about recognising, valuing and respecting individuals' differences through inclusion</li> </ul>	 <p style="text-align: center;">  </p> <h3>What is a Single Equality Scheme?</h3>  <ul style="list-style-type: none"> <li>• A live, ongoing document and <b>action plan</b></li> <li>• It identifies clear <b>priorities</b> and <b>actions</b> for the PCT on the equality of health services that we provide</li> <li>• Inclusive - covering 6 different areas of diversity</li> </ul>
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 <p style="text-align: center;">  </p> <h3>The 6 areas of Diversity</h3> <ol style="list-style-type: none"> <li>1. Race</li> <li>2. Disability</li> <li>3. Gender</li> <li>4. Religion and belief</li> <li>5. Sexual orientation</li> <li>6. Age</li> </ol>  	 <p style="text-align: center;">  </p> <h3>Consultation and Engagement</h3>  <ul style="list-style-type: none"> <li>• Views and opinions of those people who live and work locally in our communities             <ul style="list-style-type: none"> <li>– Meetings with charities, community and voluntary groups</li> <li>– Surveys for individuals – online and hard copy</li> </ul> </li> </ul> 
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**Examples of actions**


Previous consultations have resulted in:

- Interpretation services
- Equality & diversity training for all PCT staff
- A new staff post to support the needs of EU migrants to the area



**Thank you for listening  
Now... we want to listen to you!**



**Tell us what you think about...**

Access    Information    Understanding

Appointments    Staff    Communication    Transport

Listening    Awareness    Training

Services    Language



## Appendix 2: Single Equality Scheme Supporting Info



### Oxfordshire Primary Care Trust (PCT) Single Equality Scheme



#### What does Oxfordshire Primary Care Trust (PCT) do?

Oxfordshire Primary Care Trust (PCT) provides many of the local health services across Oxfordshire. This includes GP practices, dentists, pharmacists and opticians as well as services such as district nursing, health visiting, school nursing and a range of specialist and therapy services.

#### What do we mean by Equality and Diversity?



- **Equality** is not about treating everyone the same, it is about ensuring that access to opportunities is available to all by taking account of peoples' differing needs and capabilities
- **Diversity** is about recognising, valuing and respecting individuals' differences through inclusion. In the Single Equality Scheme we will be looking at six different areas of diversity:
  1. Race
  2. Disability
  3. Gender
  4. Religion or belief
  5. Sexual orientation
  6. Age

#### What is the Single Equality Scheme?

The Single Equality Scheme will be an inclusive and comprehensive strategy document that sets out our statutory obligations and builds upon the PCT's existing work and activities to ensure that equality and diversity values are at the core of everything that we do.

It will cover our responsibilities in relation to local healthcare services and the general public and as an employer in our own right. It is also a 'live' and ongoing strategy document that includes actions to ensure the PCT is meeting our ongoing commitments in relation to Equality and Diversity.

#### Consultation and Engagement

In order that we produce the most successful Scheme possible, we need the **views and opinions** of those people who live and work locally in our communities – particularly about these areas of diversity. With your involvement, we will be able to produce a Single Equality Scheme for Oxfordshire PCT that accurately and fairly reflects what you want and need.







## Oxfordshire Primary Care Trust (PCT) Single Equality Scheme



### Why are we doing this?

- To shape and inform the strategy and actions within the Single Equality Scheme
- To promote partnership working with both internal and external stakeholders
- To prevent duplication and encourage thinking across all diversity strands
- To identify clear priorities for the organisation on equality
- To maximise resources (time and money)
- To provide an opportunity to address multiple discrimination

### How will the information be used?



- To ensure the new Single Equality Scheme reflects both the strategic objectives of the PCT and the needs of the people of Oxfordshire
- To identify actions the PCT intends to take in relation to equality for health services across Oxfordshire

### What sort of things have been done already?

Previous consultations, for example for the current Race Equality Scheme, have resulted in the following actions:

- Interpretation services available in all GPs, pharmacies and dentists across Oxfordshire
- Equality and diversity training for all PCT staff to increase understanding and improve awareness
- A new post to support the healthcare needs of EU migrants to the area



### How can you help?



Tell us personally what you think about a specific area of diversity that is important to you by using the general public feedback form online at <http://www.oxfordshirepct.nhs.uk/news/2009/single-equality-scheme.aspx>

Hard copies can also be requested by contacting Sara Price on 01865 336790 or email [public.involvement@oxfordshirepct.nhs.uk](mailto:public.involvement@oxfordshirepct.nhs.uk)

**Comments and responses are invited by 31<sup>st</sup> March 2009.**

**Thank you!**

## Appendix 3: Single Equality Scheme survey

8) If you have any other comments about equality and diversity in relation to your local healthcare services, please make them here:

### Consultation results

Would you like to receive...?

A copy of the consultation report

Yes

No

A summary version of the Single Equality Scheme?

Yes

No

If you wish to receive the above in another format (e.g. audio, Braille, another language) please let us know:

### Contact details

If you have requested information please let us have your contact information below.

Name:

Address:

Email:

Or, I wish to remain anonymous

### More information about you

Are you:

Male

Female

Prefer not to say

How old are you?

Under 25

25-34

35-44

45-54

55-64

65 and over

Prefer not to say

Please give your full postcode below (if not given under 'contact details'). This will be used to assess where we are receiving responses from across Oxfordshire.

### Returning this form

Please return this form by **Tuesday 31 March 2009** to the freepost address below. No stamp is needed.

Sara Price, Single Equality Scheme,  
Communications and Public Involvement  
Freepost RRRK-BZBT-ASXU  
2nd Floor Jubilee House  
5510 John Smith Drive  
Oxford Business Park South  
OXFORD OX4 2LH

You can also complete the feedback form online by visiting our website at:  
[www.tinyurl.com/oxnhs-equality](http://www.tinyurl.com/oxnhs-equality)





# Are we being FAIR?



## Survey on our Single Equality Scheme

Please fill in and return

**What do we do?**

Oxfordshire Primary Care Trust (PCT) provides many of the health services across Oxfordshire. This includes GP practices, dentists, pharmacists and opticians as well as services such as district nursing, health visiting, community hospitals and a range of specialist and therapy services.

**Are you treated fairly and equally by us?**

We want to hear what you think about whether we treat you fairly and equally. It is important that Oxfordshire PCT provides fair and equal access to the information and healthcare services we provide, and that our services are responsive to the wide and diverse range of needs of the people of Oxfordshire.

In order to do this we will be looking at particular areas of diversity in the community. Diversity is about recognising, valuing and respecting individuals' differences. In this feedback form we look at six different areas of diversity – race, disability, gender, religion or belief, sexual orientation and age.

You are the expert about your area of diversity and you can help inform us by filling in this feedback form and sending it back by **Tuesday 31 March 2009**. You can also complete it online at: [www.tinyurl.com/oxnhs-equality](http://www.tinyurl.com/oxnhs-equality)

If you would like this feedback form in another format (eg audio, Braille, another language), please let us know by contacting 01865 336790.

You can also email us at: [public.involvement@oxfordshirepct.nhs.uk](mailto:public.involvement@oxfordshirepct.nhs.uk)

*Thank you for your help – all your answers will be treated in the strictest confidence.*

**About you**

**1) I am responding for the following area(s) of diversity...**

- Race
- Disability
- Gender
- Religion or belief
- Sexual orientation
- Age

**Questions about equality and diversity**

**2) Why is equality important to you in this area of diversity?** (please tick the most important only)

- To eliminate discrimination
- To feel valued and respected
- To receive the same access to local health services as others
- To receive health services that are tailored to your needs
- To encourage positive attitudes and inclusion
- Other (please specify):

**3) What do you believe is the most important issue for people in Oxfordshire in this area of diversity?** (tick one box only)

- Access to local health services/buildings
- Understanding your needs
- Attitudes of others
- Communication
- Transport
- Equality of opportunity
- Other (please specify):

**4) We want to find out whether we treat people from all walks of life fairly. We know that some people live in places where services are not as good and they are more likely to suffer from ill health/social problems. We call these places – 'areas of deprivation'. In 'areas of deprivation' what improvements need to be made for this diversity group?** (tick all that apply)

- Access to local health services/buildings
- Understanding their needs
- Attitudes of others
- Communication
- Transport
- Equality of opportunity
- Other (please specify):

**5) What are the main social or physical barriers which may prevent people from accessing the full range of services available?** (tick all that apply)

- Restricted mobility
- Lack of understanding/attitudes from the general public
- Lack of understanding/attitudes from PCT staff
- Inflexible services
- Restricted appointment times
- Poor communication about the health service(s) on offer
- Feelings of exclusion
- Other (please specify):

**6) What could be done better?**

- Improve access to services/buildings
- Greater understanding of needs
- Improve communication
- Improve attitudes
- Greater equality of opportunity
- More involvement and consultation with this diversity group
- Other (please specify):

**7) What do you think is the most effective way in which Oxfordshire PCT can support this area of diversity?** (tick one box only)

- Promote positive attitudes and greater awareness eg through training
- Actively encourage equality of opportunity and inclusion
- Increase accessibility to local health services/buildings
- Provide greater choice of services
- Communicate more effectively
- Other (please specify):

*please turn over*

## **Appendix 4: Distribution**

PCT

Health Advocates

Race and Mental Health Partnership Action Group (RAMPAG)

Community Development Workers - BME

Community Development Worker - Indian, Pakistani and Bangladeshi  
Communities

Oxfordshire Chinese Community & Advice Surgery

West Indian Day Centre

African Caribbean Community Action Network (ACCAN)

Happy Place & Evergreen Group (Chinese, Oxford & Banbury)

Open Door & Asylum Welcome

Gulab group (Bangladeshi women)

Polish Association

Americans in Oxford

English Trust for European Education

Oxfordshire Bangladeshi Association

Ash-Shifa Banbury

Oxfordshire Racial Equality Council

Ethnic Minds

EMBRACE newsletter (Ethnic Minority & Black Race Action Committee for  
Enterprise)

Banbury Evergreen Chinese Community centre

Ethnic Minority Advisory Service

Black & Minority Ethnic Elders Forum

Pakistan Welfare Association

Disability Now (newsletter)

Carers Centres

Mencap

MIND

MS Society

Alzheimer's Society Kidlington

British Heart Foundation

Brainwave South East

Cancer Research UK

Child Brain Injury Trust

Crossroads Care Attendant Scheme

Oxford Deaf and Hard of Hearing Centre

Diabetes UK

Dialability

Down's Syndrome Oxford

Headway Oxford

Huntington's Disease Association

Mental Health Matters

Motor Neurone Disease Association

Multiple Sclerosis Society

Muscular Dystrophy Group

Oxford ME Group for Action (OMEGA)

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Oxfordshire Council of Disabled People  
Epilepsy Support Group  
Parkinson's Disease Society  
Rethink Oxford  
Shire Spectrum Support Group  
Oxford Stroke Association  
ACE Centre Advisory Trust  
Anchor Staying Put  
Sports Association for the Disabled  
Oxfordshire Dyslexia Association

Carousel  
Oxfordshire Association for the Blind  
Chiltem Centre for Disabled Children  
Flexicare  
Home Fam Trust  
Inclusion, Training, Health, Access, Creativity, Arts (ITHACA)  
OASIS (Oxon Autistic Support and Information Service)  
October Club  
Open Access  
National Rheumatoid Arthritis Society  
Volunteer Link Up  
Friends of the Blind  
Visually Impaired Groups  
Oxfordshire Learning Disability Football Club (OXSRAD)  
Vision Aid  
Peapods  
Oxfordshire Parents with Disabilities Network

Oxfordshire WI  
The Oxfordshire Women's Forum  
Oxfordshire PCT staff (via Intranet)  
Probus Clubs  
Oxondads  
Dadtalk  
National Women's Register  
Royal British Legion  
YWCA  
Townswomen's Guild

Central Oxford Mosque Society  
Oxford Islamic Society  
The Islamic Foundation  
Green Hill Outreach Trust  
The Oxford Chinese Christian Church  
Oxfordshire Community Churches  
Muslim Educational Centre of Oxford  
Churches together in Oxfordshire  
The Oxford Churches information service  
Oxford Community of Interbeing

Oxford Zen Group  
 The Salvation Army  
 The Oxford Quakers  
 Oxford Humanists  
 Golden Dawn (pagan group)  
 Oxford Synagogue & Jewish Centre  
 Bangladesh Islamic Education Centre and Mosque  
 Thrangu House Bhuddist Centre  
 Jesus Army  
 International Interfaith Centre  
 Hindu Mandal  
 Oxford Sri Guru Singh Sabha  
 Oxford Diocesan Board for Social Responsibility  
 The Asian Bible Goup

Oxford Brookes LGBT Society  
 WayOut  
 Gay Oxford  
 Rainbow Counselling Service  
 Oxford Friend  
 First Sunday  
 Homophobia Awareness Liaison Team (HALT)  
 Terrence Higgins Trust  
 DIVA magazine  
 Gay Times  
 Oxford Pride  
 The Pink Paper  
 Queer Oxford  
 Stonewall - campaigning and lobbying group on gay rights  
 Gay and Lesbian Humanist Association  
 Age Concern  
 Banbury Older People's Club  
 The Vibe (13+ youth group)  
 Help the Aged  
 Age Positive  
 WRVS Cornhill Centre  
 West Oxfordshire Pensioners Action Group  
 Day Centres  
 British Red Cross  
 Radley Retirement Group  
 Oxford 18 Plus Group  
 British Pensioners Club  
 Youth Centres  
 Fusion Youth & Community UK  
 The Net Youth Centre, Abingdon  
 Henley Youth Centre  
 Oxford Rotaract Club  
 Oxfordshire Youth Parliament  
 Oxfordshire Children's and Young People's Trust  
 Oxfordshire Children's Information Service

Young Voices  
Oxfordshire Association of Young People  
Oxfordshire PCT Staff  
LINKs  
Citizen Panel