

Appendix 3

Health Inequalities Impact Assessment

Proposal to relocate the Urgent Treatment Centre Peterborough to the Peterborough City Hospital site.

Name of people completing this analysis:
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Name of Sponsor Director:
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Date last completed:
16 June 2020

Stage 1 questions – Service description	Date completed:16/6/20
<p>The service change is associated with the relocation of the Peterborough Urgent Treatment Centre (UTC) from Thorpe Rd PE3 6DB to the Peterborough City Hospital Site PE3 9GZ, which is a distance of 2.4 miles between sites. The UTC is currently open from 0800 – 2000 daily 365 days a year for patients of all ages to access should they have an urgent care need.</p> <p>The UTC is a GP led service and will –</p> <ul style="list-style-type: none">○ provide assessments by a qualified and experienced specialist Emergency Nurse Practitioner or Medical practitioner using accepted techniques in history-taking and clinical examination.○ ensure provision of suitable staffing to enable the requesting, taking and interpretation of x-rays, or have in place suitable arrangements which deliver the equivalent radiological services.○ treat adults and children of all ages who present with urgent minor injuries or illnesses who do not need the facilities and resources of an Accident and Emergency department.○ use technical skills such as wound closure (including suturing), nail removal and incision and drainage of skin infections under local anaesthetic, limb plastering and splinting and other dressing, bandaging and other associated techniques.	

The Services will treat a wide variety of problems including, but not limited to –

- Cuts/grazes and lacerations
- Sprains and strains
- Minor dislocations (see note below on fracture pathway)
- Broken bones (fractures) (see note below on fracture pathway)
- Minor burns and scalds (see 'not appropriate' / referral criteria below)
- Bites and stings (including human/animal/insect bites)
- Minor head injuries (Glasgow Coma Scale 14-15 is the official definition of minor head injury. GCS 14 may require CT scan according to Nice Guidelines).
- All infections (whether bacterial, viral, or fungal) that are deemed minor and be able to be treated in a UTC setting including:
 - a). Minor eye infections, foreign bodies & scratches
 - b). Ear, nose, and throat infections
 - c). Suspected infections (e.g. URTIs, UTIs, conjunctivitis etc, list not exhaustive)
 - d). Skin conditions (including spreading cellulitis)
 - e). Wound infections
- Headaches (where the onset is not sudden – and see NICE guidance red flags)
- Abdominal pain / minor gastric complaint associated with indigestion, constipation, vomiting and diarrhoea
- Injuries to the back, shoulder, and chest without traumatic mode of injury
- Any exacerbation of chronic illnesses that the patient may have. (initial assessment, treatment, and education... FU with GP)
- Any acute illness that presents at the UTC should have senior clinical assessment before pathway determination.
- Any non-resolution of active treatment given via primary care, but patient concerned and for whatever reasons decides to consult UTC. (e.g. un-resolving chest infection, UTI, cellulitis).

National policy stated within the NHS Long Term Plan requires CCG and STPs to redesign services to reduce pressure on Emergency Hospital services. This along with the national principles and standards associated with UTCs state that to improve patient flow through the system UTCs will operate as part of a networked model of urgent care, with referral pathways into emergency departments and specialist services as required. All facilities must have the offer of booked urgent appointments, accessed through NHS111, General Practice and the ambulance service.

To do this effectively and remove any duplication or confusion to patients, and to provide a place where patients can access the full range of urgent and emergency care services requires services to be co-located into a single site.

In practice this will mean the colocation of the UTC and Out of Hours (OOHs) services onto the Peterborough City Hospital as part of an integrated A&E model. However, it is critical that the impacts of this are fully recognised and understood to avoid creating any health inequalities are disadvantaging patient's equality rights.

Stage 2 and 3 questions – Brainstorming and assessing the impact		Date Stage 2 completed:	Date Stage 3 completed:	
<p>Stage 2 questions - Please list all the possible positive and negative impacts on <i>access or health outcome</i> that your team can think of for the following groups. N.B. At this stage it is better to include as many as possible.</p> <p>Stage 3 questions – Please describe the evidence used to assess the likelihood of these impacts and the evidence used to make that judgement (this may include local data, national research, surveys, reports, discussions with patient representatives or third sector organisation, focus groups, pilot activity evaluations or other Equality Analyses).</p>				
Group	Stage 2		Stage 3	
	Negative impacts on access or health outcome	Positive impacts on access or health outcome	Likelihood (rare, unlikely, possible, likely, almost certain)	Evidence
1. Lower socio-economic groups (e.g. those on low incomes, unemployed, receiving means-tested benefits)	Potential risk of Increased waiting times in addition Referrals from UTC to A+E may lead to increased waits Bus routes Access to pharmacies	Quicker access May improve access if public transport better	Likely if demand & capacity are not aligned to new patient pathways.	Check demand v capacity modelling. Check interoperability of UTC and A+E clinical systems. Need to check bus route - bus from city centre to PCH every 30 mins... takes 15 mins... Check IMD scores around both areas Need to check
Disadvantaged groups				
2. People who are minority ethnic	Unsure of the mix of minority ethnic groups between areas People may be deterred because of the hospital		Unlikely but mitigated by multi language Communications/public consultation	Need to check BAME groups

People who are Lesbian, Gay, Bisexual and Transgender plus		More facilities at the hospital (e.g. PALS)		Need to check gender neutral facilities
3. Older adults, particularly those living in rural areas who rely on public transport		Better (more capacity) parking at the hospital site Good transport (Bus) links to the PCH site	Unlikely	Based on local UTC survey most people drive. Review bus timetables Check parking charges
4. Those with current or prior justice system involvement	No change	No change	Rare	
5. Those who spent time in care as a child or experienced multiple Adverse Childhood experiences**	Access to emergency contraception Hospital may be more intimidating	PCH "Jungle" more child friendly	Rare	Need to check UTC case mix Considering improving signage and welcoming approach to make it clear to patients
Inclusion health groups				
6. Those sleeping rough or housing insecure		More likely to use hospital services	Rare	Need to check
7. Those belonging to the Gypsy Roma and Traveller community		May benefit from more use of UTC	Rare	Need to check Could do some bespoke comms
8. People who are transgender	See above	See above	Rare	
8. Asylum seekers, refugees and undocumented migrants	Some people may think they have to pay at the hospital		Rare a same for both settings	NHS Emergency care is free to all.
10.Those who do not speak English	Confusion if unsure when one is opening and the other closing.	Single front door of UTC and hospital may simplify access	Unlikely	Need to ensure clear and concise site signage/clear that shows patients where to go

	Hospital bigger site and may be harder to navigate			Pre move multi language communications informing the public of what is happening
11. Street-based sex workers		May benefit from UTC services for minor injury related issues	Unlikely	NHS ICASH services are provided at Kings Chambers Address: 39 - 41 Priestgate, Peterborough, PE1 1JL
12. Those with a severe mental illness	No change	Psychiatric liaison services are available at PCH for severe MH	Unlikely	Both do not directly treat anxiety related mental illness. Pts are referred to NHS 111 option 2 to the C&P First response service (FRS)
13. Those with a learning difficulty	Hospital may be/feel more intimidating due to its size and how busy it is		Unlikely	Consider post move survey to ascertain what the patient's satisfaction is regarding the new location and how it is accessed
Equality				
14. Age		Better parking/access at the hospital More hotel services/seating on site including PaLS/volunteers	Unlikely	
15. Disability		More disabled parking spaces	Unlikely	Good access to hospital services
16. gender reassignment	See above	See above	Unlikely	Gender neutral/unisex toilets are available at the PCH site
17. marriage and civil partnership	No change	No change		
18. pregnancy and maternity	No change	No change		

19. race	See above	See above		
20. religion or belief		Prayer room	Rare	Both sites have prayer rooms. On site PALs/friends of Peterborough hospital available at the front of the PCH site, including dedicated security
21. sex				As above
22. sexual orientation				As above
23. Other		Possibilities to improve use of public transport from a sustainability perspective		Car parking E-charging point. Need to link in with LA sustainability plan

Please describe what mitigating steps have been taken to reduce the negative impacts or enhance the positive impacts. Please describe which risks have been included in the project risk register.

Lower socio-economic groups (e.g. those on low incomes, unemployed, receiving means-tested benefits).

Peterborough ranks as the most deprived local authority in the Cambridgeshire and Peterborough area and is ranked 51/317 of all local authorities nationally.

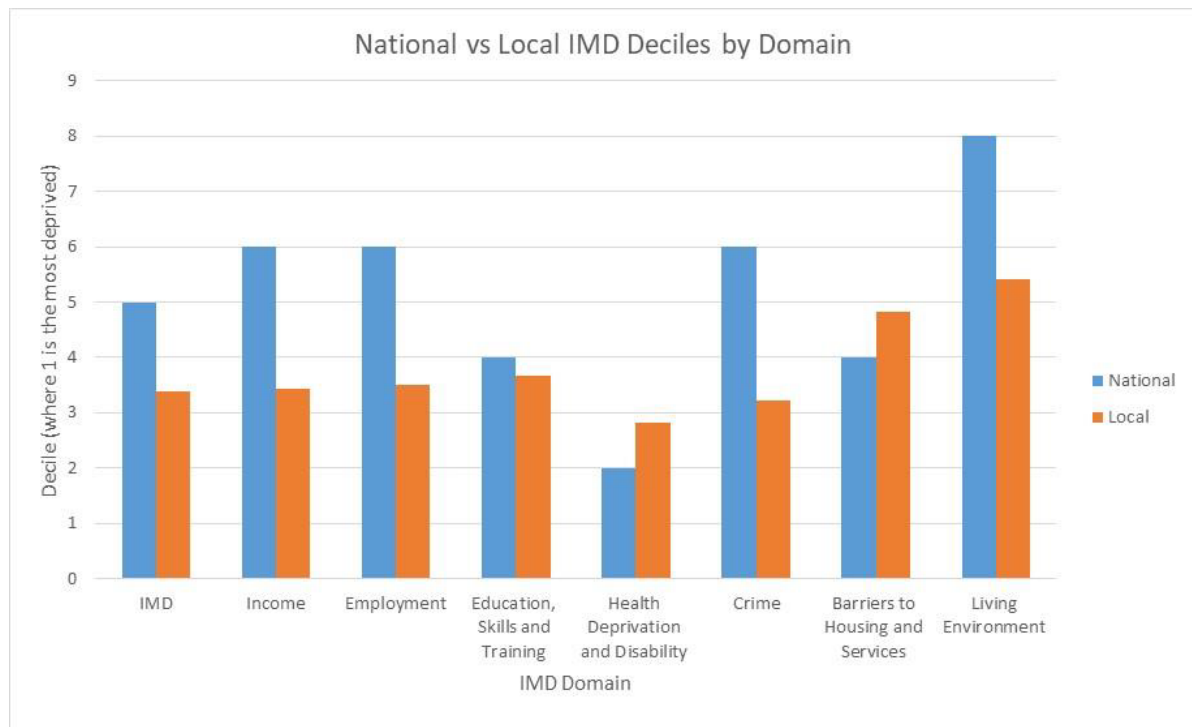


Figure 1: A breakdown of Peterborough average local and national decile rank by individual domain

The Peterborough UTC is located within the Central ward of Peterborough on Thorpe Rd. The Hospital is in the Bretton Ward on the Edith Cavell Campus. Interestingly both wards have similar deprivation indices (2&1) respectively.

Ward	National IMD (where 1 is the most deprived)	Local IMD (where 1 is the most deprived)
Barnack	8	8
Bretton (PCH Site)	2	2
Central (UTC Site)	2	1
Dogsthorpe	2	1
East	3	1
Eye, thorny & Newborough	5	4
Fletton & Stanground	4	3
Fletton & Woodston	5	5
Glington & Castor	8	8
Gunthorpe	6	5
Hampton Vale	6	4
Hargate & Hempsted	7	5
North	2	1
Orton Longueville	2	2
Orton Waterville	6	6

Park	4	3
Paston and Walton	3	2
Ravensthorpe	3	3
Stanground South	4	3
Werrington	7	5
West	6	5
Wittering	8	8

Table 1 of wards in Peterborough by Local and National IMD.

From a recent survey patients from across the city wards attend the UTC therefore there is no direct correlation with UTC utilisation and deprivation.

1. Potential risk of increased waiting times in addition, referrals from the UTC to A+E may lead to increased waits.

Currently waiting times at the PCH ED for minors are on average 200 minutes whereas waiting times at the UTC are 100 mins. This indicates that it is significantly quicker to be seen at the UTC as opposed to the hospital see fig 1. In addition, there are more like for like cases seen at the UTC. It is key to recognise that currently ED does not differentiate cases until they are seen by a clinician.

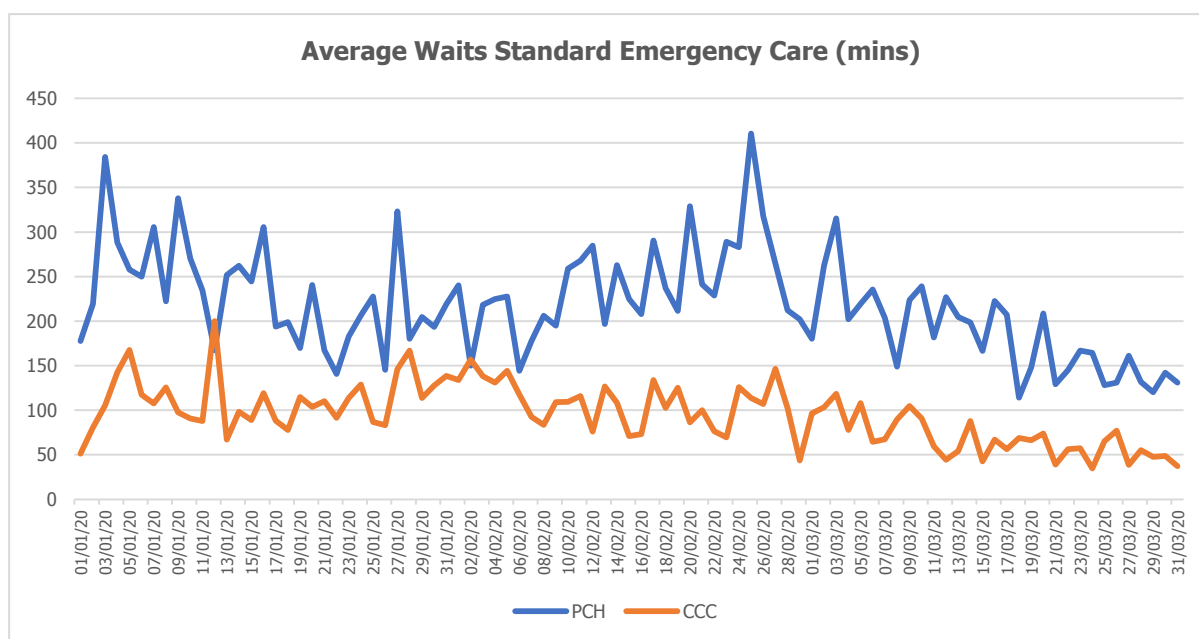


Fig 2 Average Wait times source C&P CCG SUS data

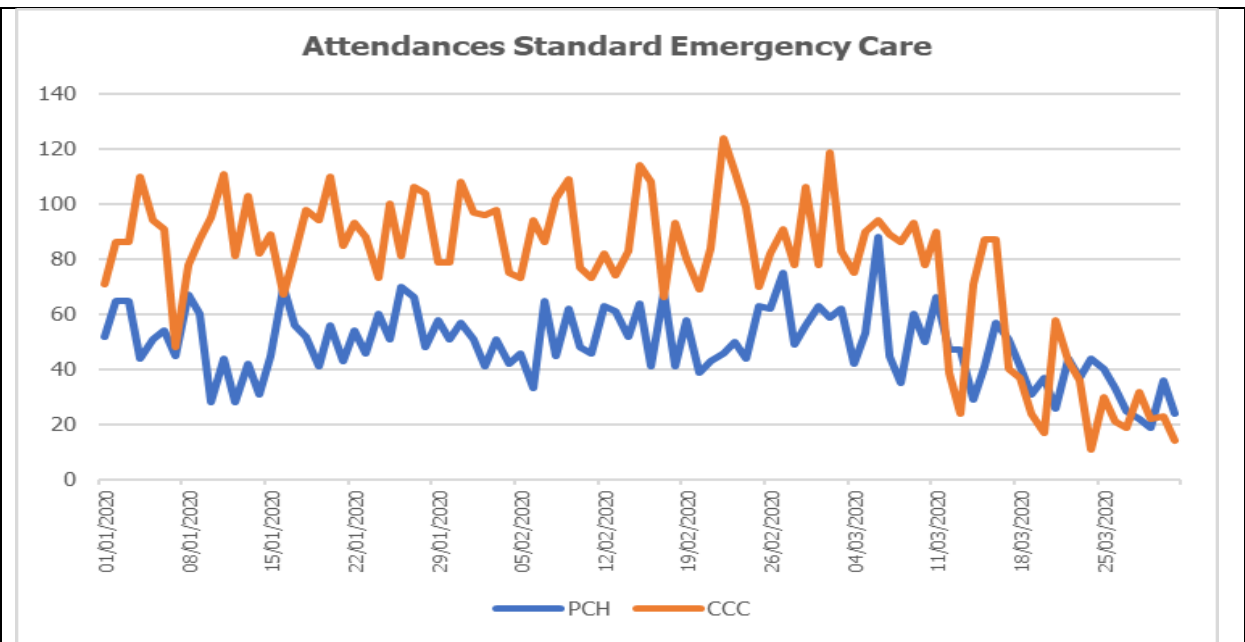
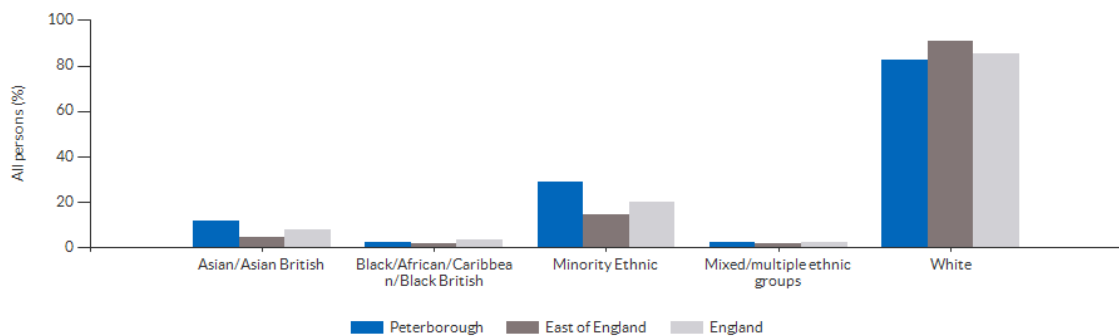


Figure 3 Comparative attendances source C&P CCG SUS data

In mitigation the proposed PCH single front door model will have a single triage function that will rapidly assess patients’ needs to determine which service they need. This initial triage will happen within 15 minutes of the patient arriving so that they are placed in the correct service appertaining to their specific needs. If patients are not suitable for UTC or ED services, then they will be booked into Primary care slot to be seen (virtually/F2F) by their own GP or given self-care advice and discharged with no further treatment.

The UTC will provide additional workforce capacity to the ED, 24/7 rotas are being designed to manage the demand through the UTC to ensure that the service is compliant with the national standards.

2. Unsure of the mix of minority ethnic groups between areas. People may be deterred because of the hospital size/facilities



Source: ONS Census 2011

Fig 4 Peterborough Population ethnic groups source ONS 2011

Fig 3 shows that Peterborough has a higher & population of BAME population than the both the EoE and England. This is significant and means that it is important to ensure that these groups are featured as part of the public consultation to gather views on how a potential relocation would impact on this demographic and whether this is material or not?

In terms of patients using the UTC service. The UTC demographic split does correlate with the overall Peterborough demographic illustrating approx 11% of all UTC attendances are from a BAME background see fig 4.

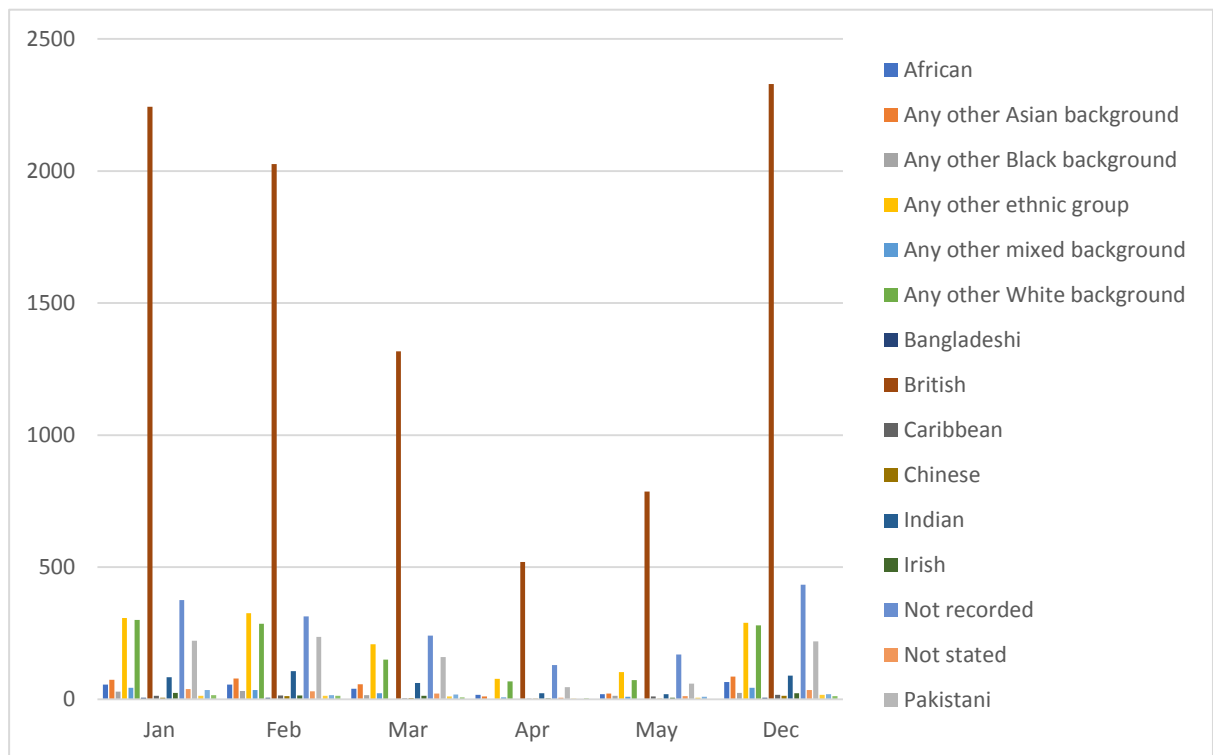


Fig 5 UTC attendances Ethnicity distribution source: System1

Understanding the demographic split of patients using the UTC will ensure that any communications regarding the relocation/public consultation are translated into the required languages. In addition, relocation plans need to cater for the needs of BAME backgrounds to ensure that facilities like prayer rooms/dress formalities are recognised and acted upon to avoid patients being treated indifferently.

3. Older adults, particularly those living in rural areas who rely on public transport

The UTC on Thorpe Rd is closer to the City Centre than the PCH site and is walkable from the bus station and takes approx. 15 mins. Interestingly a small survey conducted at the UTC indicated that most patients did access the site by car see table.

10-Mar	Location	Gender	Age Range							Method of Travel						Awareness		comments	
Practice	patients post code	Male	Female	Under 16	16-24	25-44	45-64	65-75	Over 75	walked	driven	driven by someone	taxi	Bus	Amb/PTS	Other	aware of alternative		tried alternative
Old Fletton	pe28hz		●				●				●						yes	no	didn't think GP would be able to see her
Central MC	n/a		●					●				●					yes	NHS 111/GP	GP Fully booked
Boroughby	n/a		●					●				●					yes	no	
Old Fletton	pe28dh	●		●													yes	GP	No appointments available
Hampton	pe78wa	●		●													yes	GP	fed up waiting to be called back
Bretton	pe38rg	●			●												yes	GP	No appointments available
Boroughby	pe27hx	●							●	●							yes	pharmacy	advised to go UTC/no GP appt for 3 weeks
Dundle	pe86yz		●								●						yes	no	
Thomas W	pe13af		●			●						●					yes	NHS 111	
Old Fletton	pe29ql		●			●						●					yes	NHS 111	used NHS 111 advised go to ED
Old Fletton	pe29ja	●				●						●					yes	GP	advised to go to UTC due to high temp
Park	pe13xx	●						●				●					yes	no	difficult to get parked
Hodgeson	pe45bp	●					●					●					no	no	didn't realise other services available
Old Fletton	pe28ht	●		●								●					yes	no	
Bretton	pe38eb	●							●					●			yes	no	no2 bus
Thorpe Rd	pe46es				●						●						yes	no	self diagnosed
Thorpe Rd	pe39mf		●				●				●						yes	yes	missed GP appointment
Boroughby	pe46if		●						●			●					yes	GP	No Appt until Friday
N/A	pe48rb		●						●			●					yes	yes	Pharmacist advised UTC
Nightingale	pe14sb		●				●					●					yes	GP	GP advised to go to UTC
Park	pe13sf	●			●							●					yes	NHS 111	used NHS 111 Online
Westwood	pe15yf	●		●								●					yes	GP	No appt available

Table 2 Local UTC access survey

The above analysis highlights a question around car park charges and whether there is a significant difference in cost between sites which would impact on patients attending the hospital site

PCH Site	City Care Centre
<ul style="list-style-type: none"> No Charge for up to 30 minutes £2.90 for up to 4 hours £4 for up to 8 hours £6 for up to 24 hours 	<ul style="list-style-type: none"> No charge for first 30 mins £2.00 for up to 2.5 hours £3.00 between 2.5 – 3.5 hours £4.00 between 3.5 – 4.5 hours £5.00 between 4.5 – 5.5 hours £6.00 between 5.5 – 6.5 hours £10.00 Over 6.5 hours

Table 3 Parking cost comparison between sites

The above table indicates no significant difference between site parking costs.

Whilst the primary mode of transport is car this does raise the issue of parking. On the City care centre site there is a limited number of spaces (82) of which 5 are for disabled patients. There is, however, significant additional car parking capacity at the PCH site including ?? disabled and ??mums and toddlers’ slots.

An analysis of bus routes/timetables bus from the City Centre to the PCH site are frequent and should not deter patients from attending should the relocation be approved see table 3.

Stagecoach No 4				
Day	Start	stop	interval	Journey time
Mon - Fri	0613	1953	Every 20 mins	15 mins
Saturdays	0623	2003	Every 20 mins	
Sundays	0936	1736	hourly	

Stagecoach 2 via South Bretton				
Day	Start	stop	interval	Journey time
Mon - Fri	0646	2307	Every 12 mins from 0958	21 mins
Saturdays	0700	2307	Every 12 mins from 0958	
Sundays	0944	2307	Every 30 mins	

Stagecoach 3 via North Bretton				
Day	Start	stop	interval	Journey time
Mon - Fri	0646	2307	Every 12 mins from 0958	21 mins
Saturdays	0700	2307	Every 12 mins from 0958	
Sundays	0944	2307	Every 30 mins	

Table 4 Bus routes from the City centre to PCH source: Stagecoach website

A standard one-way Taxi charge from Queensgate Bus station to the PCH site has also been reviewed

- Initial Charge: £3.30
- Distance costs: £2.19
- Traffic related costs: £0.55

Estimated price: £6.10

It is important when looking at transportation to consider the age distribution of patients attending the UTC to ensure that age is not a barrier to the way in which patients will access the new site.

Interestingly when looking at the age distribution of attendances the biggest patient cohort attending the UTC were in the 0-9years age bracket c20%. When you look at the older people's category >69 years the numbers of attendances are relatively small only 6.9% of the total attendances. This is 4% lower than the overall demographic split across the Peterborough unitary authority based on 2019 populations see fig 5.

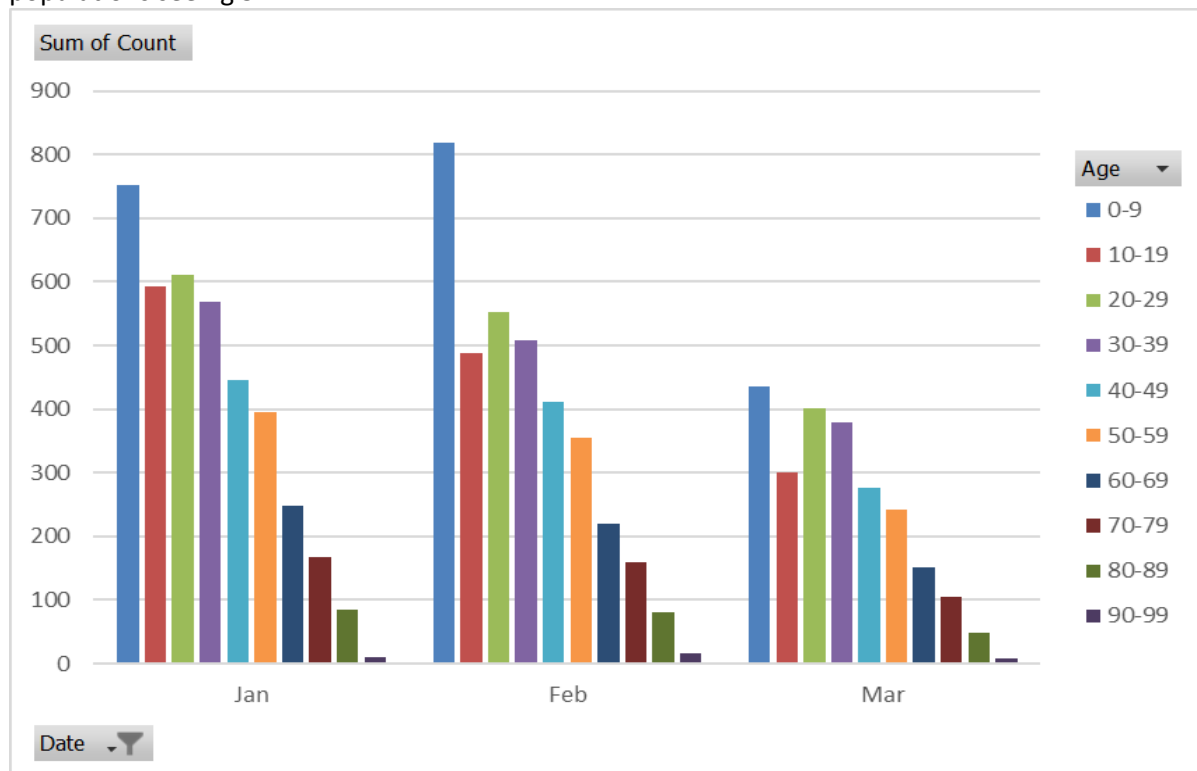


Fig 6 3 months of attendances in 2020 source: LCHS System1 analysis

In summary we know from the above analysis that the primary mode of transport is care, only an extremely small number of patients walked or used public transport including taxis. There are good public transport & road links to the PCH site. Parking is plentiful at PCH with abundant disabled and family parking in addition, there is little or no difference in parking charges.

5. Access to emergency contraception at Hospital may be more intimidating?

From the analysis of age and gender (see fig 6) we know that there are more younger females than men using the UTC service.

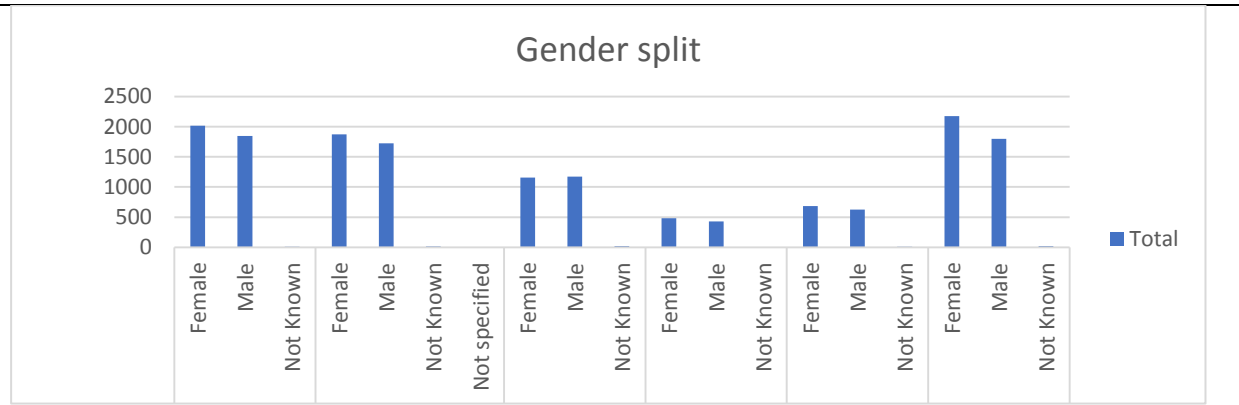


Figure 7 UTC attendances Gender Split source LCHS System1 analysis

When looking at the UTC most common presentations whilst there is a correlation on what patients attend for, nothing stands out that could be associated with the younger female groups. Emergency contraception is available at both Pharmacies and GP practices as well as the UTC.

May-19		% of Attends	Jun-19		% of Attends
No abnormality detected (finding)	435	12%	No abnormality detected (finding)	464	13%
Patient walked out (finding)	200	5%	Urinary tract infectious disease (disorder)	180	5%
Upper respiratory infection (disorder)	186	5%	Upper respiratory infection (disorder)	149	4%
Tonsillitis (disorder)	139	4%	Patient walked out (finding)	148	4%
Urinary tract infectious disease (disorder)	117	3%	Tonsillitis (disorder)	127	4%
NULL	106	3%	NULL	83	2%
Sprain of ankle (disorder)	98	3%	Attention to dressing of skin (procedure)	78	2%
Lower respiratory tract infection (disorder)	63	2%	Sprain of ankle (disorder)	71	2%
Otitis media (disorder)	56	2%	Sprain of ankle (disorder)	70	2%
Infectious gastroenteritis (disorder)	54	1%	Cellulitis (disorder)	66	2%

Aug-19		% of Attends	Sep-19		% of Attends
No abnormality detected (finding)	636	9%	No abnormality detected (finding)	640	9%
Urinary tract infectious disease (disorder)	196	3%	Urinary tract infectious disease (disorder)	180	3%
NULL	130	2%	Patient walked out (finding)	176	2%
Upper respiratory infection (disorder)	113	2%	Upper respiratory infection (disorder)	159	2%
Tonsillitis (disorder)	111	2%	Tonsillitis (disorder)	105	1%
Patient walked out (finding)	106	1%	Sprain of ankle (disorder)	91	1%
Allergic disposition (disorder)	103	1%	NULL	83	1%
Cellulitis (disorder)	99	1%	Sprain of knee (disorder)	61	1%
Lower respiratory tract infection (disorder)	81	1%	Abscess of skin AND/OR subcutaneous tissue (disorder)	59	1%
Sprain of ankle (disorder)	73	1%	Otitis externa (disorder)	58	1%

Nov-19		% of Attends	Dec-19		% of Attends
No abnormality detected (finding)	636	9%	Upper respiratory infection (disorder)	493	6%
Upper respiratory infection (disorder)	236	3%	No abnormality detected (finding)	477	6%
Urinary tract infectious disease (disorder)	194	3%	Patient walked out (finding)	320	4%
Patient walked out (finding)	185	3%	Urinary tract infectious disease (disorder)	158	2%
Tonsillitis (disorder)	138	2%	NULL	150	2%
NULL	110	2%	Patient walked out (finding)	148	2%
Lower respiratory tract infection (disorder)	86	1%	Tonsillitis (disorder)	141	2%
Cellulitis (disorder)	64	1%	Otitis media (disorder)	94	1%
Lower respiratory tract infection (disorder)	63	1%	Sprain of wrist (disorder)	60	1%
Sprain of knee (disorder)	61	1%	Abscess of skin AND/OR subcutaneous tissue (disorder)	59	1%

Table 5 10 Most frequent Diagnosis source LCHS System1

6. Those sleeping rough or housing insecure

According to an article in the Peterborough Telegraph, Peterborough has one of the highest rates of homelessness in the country. Whilst numbers are notoriously difficult to count in November 2018 there were in the region of 1100 homeless people with 31 sleeping rough on the streets.

By default, homeless people are likely to have multiple health problems, research indicates that although they might be registered with a GP due to their circumstances are unlikely to use Primary care. In many cases a substantial number of people use hospital services for treatment instead of going to see a GP.

As well as 24/7 treatment Hospitals also provide beds and hot food, which can bring welcome respite to those sleeping rough or homeless, whereas the UTC has no beds and no means of providing free food. Therefore, the relocation of the UTC to the PCH site is assessed as having no material impact on this group of people.

7.Those belonging to the Gypsy Roma and Traveller community

This group are notoriously difficult to engage with due to the nature of their lifestyle/culture. In many respects this demographic group are likely to use hospital services over that of a UTC as the hospital is open 24/7 and is well known publicly as providing emergency care via A&E as a strong brand.

Whilst data is extremely thin on traveller usage of NHS services, it is important the Public Consultation reaches out to this community to seek views where at all possible.

Stage 5 questions – Monitoring and Evaluation

Date completed:

Please describe how you will monitor and evaluate the impact that your decision has on inequalities.