Agenda item 9

DERBYSHIRE HEALTH AND WELLBEING BOARD

30 August 2017

Report of Karen Ritchie, Chief Executive, Healthwatch Derbyshire

HEALTHWATCH REPORTS – SUMMARY OF KEY FINDINGS

1. Purpose of the report

This report outlines the main findings and recommendations from three publications recently produced by Healthwatch Derbyshire and asks the Health and Wellbeing Board to consider and note the contents of the research.

2. Information and analysis

a. LGBT+ experiences of using health services

This report provides a valuable local insight of the LGBT + community experience of health services within Derbyshire. The research findings are informed by focus group activity with 25 participants and a further four detailed interviews with individuals who identified themselves as trans-gender. Key findings from the research include:

- A lack of LGBT+ magazines, information leaflets and rainbow signs in general practice
- Distrust over referral processes from general practice to gender identity clinics
- Professionals failing to use chosen name and referring to appropriate gender
- Frustration at the tendency for professionals to attribute mental health problems to sexuality
- Issues at London Road Sexual Health Clinic relating to access, long waiting times, delays in being seen, delays in obtaining results and some LGBT+ patients having to be seen by a doctor.
- Positive feedback regarding the sexual health clinic in Nottingham.

A fully copy of the report is attached as Annex 1 for information and reference.

b. Best practice guide to Public Consultation and consultation checklist

Healthwatch Derbyshire advocate the need for meaningful engagement prior to formal consultation to support decision making by health and social care partners in Derbyshire. The report emphasises the importance of putting local people at the heart of the decision making process with decision makers

demonstrating how they have used the feedback and intelligence to inform and influence the design and delivery of services.

The best practice guide sets out how to encourage organisations to view the public as a vital resource who can help them solve the significant financial and other resource issues they face It suggests practical approaches to improve the quality of engagement in developing ideas and options for service change and help organisations as well as members of the public understand current best practice and the legal requirements regarding consultations. In addition a Consultation Good Practice 'Checklist' has been developed to the best practice guidance and this alongside the main report is attached as an Annex 3 and 4 to this report.

3. Links to the Health and Wellbeing Strategy

The Health and Wellbeing Strategy outlines a number of principles and values which health and social care partners in Derbyshire will demonstrate, this includes ensuring that all services will be person centred and take into account all the circumstances around a person.

The Health and Wellbeing Board wants to develop approaches that enable effective conversations with service users, local communities and individual residents to take place so that there is a clear picture about the health needs of the population and how we can work more effectively to address these needs through the co-production of services. The consultation best practice guidance and checklist will support this approach.

RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

1. Note the findings and recommendations of the report LGBT+ experience of using health services
2. Note and where appropriate reflect the best practice guidance and checklist regarding consultations and engagement activity within organisationally led or partnership activity.

Karen Ritchie
Chief Executive
Healthwatch Derbyshire

healthwatch Derbyshire

LGBT+ experiences of using health services

Summary of comments collected between September – November 2016

Helen Henderson-Spoors (was Hart)

Insight & Intelligence Manager

First published June 2017

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1. Thank you

Healthwatch Derbyshire would like to thank Derbyshire LGBT+ who supported this engagement activity. We would also like to thank the participants who gave up their time to talk to us about their experiences.

2. Disclaimer

The comments outlined in this report should be taken in the context that they are not representative of the whole LGBT+ community, but nevertheless offer a useful insight. They are the genuine thoughts, feelings and issues that have been conveyed to Healthwatch Derbyshire. The data should be used in conjunction with, and to complement, other sources of data that are available.

3. About us

Healthwatch Derbyshire is an independent voice for the people of Derbyshire. We are here to listen to the experiences of Derbyshire residents and give them a stronger say in influencing how local health and social care services are provided.

We listen to what people have to say about their experiences of using health and social care services and feed this information through to those responsible for providing the services. We also ensure services are held to account for how they use this feedback to influence the way services are designed and run.

Healthwatch Derbyshire was set up in April 2013 as a result of the Health and Social Care Act 2012, and is part of a network of local Healthwatch organisations covering every local authority across England. The Healthwatch network is supported in its work by Healthwatch England who build a national picture of the issues that matter most to health and social care users and will ensure that this evidence is used to influence those who plan and run services at a national level.

4. Understanding the issue

Healthwatch Derbyshire aims to talk to a wide range of people about their experiences of using health and social care services. As a result, we received a number of comments from the LGBT+ community through our general engagement activity.

Due to some themes emerging in the information we received through this activity, we decided to approach the LGBT+ community in a more targeted way to find out a little more about the issues that were starting to emerge. This took place between September – November 2016.

5. What we did in brief

During these months, engagement officers arranged to attend specific groups run by Derbyshire LGBT+ to talk to the LGBT+ community about their recent experiences of using health services.

Participants were not asked specific questions, but instead were invited to talk more generally about their experiences of using these services. Engagement officers used an aide-memoire as a tool to help them cover a range of topics about a range of different services. Some of the services used are in Derby City, and some are in the county.

In addition to the focus groups, a representative of Derbyshire LGBT+ conducted four semi-structured interviews with individuals who identified themselves as trans*. The interviewer used the engagement officers' LGBT+ aide-memoire to gather the data.

A total of 25 participants are represented in this report.

(*For the purpose of this report, trans is an umbrella term that encompasses individuals that identify themselves as crossdressers, transvestites, transsexuals, gender nonconformity, gender binary, gender-neutral or genderqueer. This definition is not exhaustive).

6. Key findings

There are several themes that emerged from the engagement, which are as follows:

- Lack of LGBT+ magazines, information leaflets and rainbow signs in general practice
- Distrust over referral processes from general practice to gender identity clinics
- Professionals failing to use chosen name and referring to appropriate gender
- Frustration at tendency for professionals to attribute mental health problems to sexuality
- Issues at London Road Sexual Health Clinic, Derby, including access issues, long waiting times, delays in being seen, delays getting results and LGBT+ having to be seen by a doctor
- Positive feedback regarding the sexual health clinic in Nottingham.

7. What people told us

General practice

Participants were largely positive about their experience of general practice, but identified several opportunities for improvement. One such opportunity is that general practice could be more positive towards the LGBT+ community by displaying information and the rainbow sign.

Other feedback was about the need for:

- **A clearer referral process to the gender identity clinics**
- **Better links to mental health services**
- **Professionals using their preferred name and pronouns.**

Allestree Park Farm Medical Practice

The participant initially had trouble getting an appointment with the GP due to the fact they requested a double appointment so they could have time to talk about their gender identity issues, and didn't want to disclose the reason to the receptionist. But they went on to have a very positive experience with the GP, who had a high level of compassion and understanding of gender identity issues. The GP referred the participant to their preferred gender identity clinic and they felt like they had been treated with dignity and respect.

The participant explained that they had been with this practice for a while and had always been treated well by the staff, had regular check-ups and blood tests at the surgery and they were very proactive with it. A GP did a gender recognition certificate. "She looks after me and knows who I am, and a lot of doctors do not understand trans."

Alvaston Medical Practice

A participant had an appointment with a GP in early 2016 where they asked for a referral to a gender identity clinic. The GP agreed to make a referral. However, the participant later discovered that no referral had taken place.

The participant then had a new appointment with a different GP, who subsequently made the referral. The participant felt that the first GP had no understanding or compassion around gender identity, which led to them not making the referral, and the participant didn't feel like they had been treated with dignity and respect. But this was different with the second GP who had a greater sense of understanding and compassion.

Willington Surgery

"When I approached the GP about going on hormones, they said they could not prescribe them but volunteered to refer me to the gender clinic in Nottingham. I did not demand anything; they offered to do the referral as it was a place where I would be able to get the treatment I needed."

Lime Grove Medical Centre

The participant explained that when they were 15 (now 17) they went to their GP surgery about gender identity. They were aware of the clinic in Sheffield but were not old enough to access it at that time. "I don't think the doctor believed I was trans because back then I didn't understand what gender dysphoria was. It's a lot of pressure to prove."

Friar Gate Surgery

The participant explained that one of the main problems is delays in referral from GP to the gender clinic. However, when they went to their GP surgery about transitioning they said the GP recorded the letter on his Dictaphone while they were there, so they knew what would be included in the written letter and knew it would be sent.

The participant felt this gave some trust with their GP. The participant also mentioned that they find it very useful that his practice dispenses testosterone, so they can just go straight to the surgery, collect the prescription and have the injection.

They said the surgery has been really supportive throughout the whole journey. The participant did, however, explain that their injections have now moved from every 10 weeks to every 12 weeks. This means they can no longer book the next appointment and have to wait nearer the time as the surgery can only make appointments up to 10 weeks in advance.

Crags Healthcare

The participant was trans female to male and has a number of prescription medications and felt that when he went to visit his GP he was questioned and made to give reasoning for each drug. “The GP just grilled me for like 45 minutes and I had to try and justify it all.”

Village Medical Centre (Browning Street)

The participant explained that he was trans female to male and went to the doctors with his mum, “As I get really stressed.” He explained that he hadn't legally changed his birth name at the time, however it was in his notes with his preferred names and pronouns. However, the GP dismissed this and carried on calling him ‘her’ and when speaking to his mother the GP was referring to him as ‘your daughter’.

Chatsworth Road

“I asked the surgery if just initials could be shown on the electronic appointment display system, rather than full first name. This was for transgender people whose records may not have been updated and therefore may show a man's name but they are female (trans woman) or vice versa. The surgery had replied to say it may cause confusion if two family members had the same first initials.”

General GP comments

Several participants commented on the lack of LGBT+ magazines, promoting groups on the notice board, or an LGBT+ rainbow sign to show they are LGBT+ friendly. They felt that if this happened people may be more open about disclosing their sexuality.

A few participants were frustrated with the fact they could not be registered at two surgeries during treatment, i.e. when they are in London, without a GP, and have to wait until they travel home.

Communication between GPs and the gender clinics was not felt to be great. “There always seems to be delays in the referral from GP to gender clinic. You have to chase up your GP when they tell you they will make a referral.”

GPs need to link to mental health services fully, as people who identify as LGBT+ have a much higher rate of mental health issues, including a higher suicide rate.

Mental health

One participant spoke about difficulties with staff recognising the gender they identified with on admission to a mental health unit.

Others spoke about their objection to professionals attributing mental health problems to sexuality.

A participant was admitted to the Radbourne Unit in 2015 after undergoing an emergency assessment by the Derby City Mental Health Crisis Team. Upon being admitted to the female ward, despite the assessor being told the participant identified as male, the participant was told by ward staff that 'she' was in the right place. The participant raised the issue with the ward manager who then transferred the participant to a female dormitory on a mixed ward. The participant felt there was no understanding or compassion about gender identity, and felt disrespected and discriminated against by staff with no dignity given to gender status.

"The workers constantly tried to insinuate that my sexuality has a bearing on my mental health."

A participant, aged 17, (awaiting next birthday so they can start her transition) said they had used CAMHS through college which is open access. "It was positive and they were nice."

Nottingham Gender Identity Clinic (GIC)

Many participants gave positive experiences about the gender identity clinic in Nottingham, and understood and accepted the waiting times and delays involved.

One comment made was regarding the need for better understanding between the gender identity clinic and mental health teams, to be able to see and respond to the whole individual rather than just their gender, or mental health.

The participant explained that they did their research prior to visiting their GP and found that the clinic in Nottingham had the shortest waiting time of between six to eight months, so went with them. "They provide what I want in a short space of time."

The participant was referred to Nottingham GIC in early 2016. They were told that there would be a 24-month waiting period before an assessment, but after the assessment by Derby City Mental Health Team the participant was fast tracked into Nottingham GIC and began treatment in June 2016.

The participant felt that GIC has a fully comprehensive understanding of gender identity and feels that he is treated with dignity and respect.

The participant feels that there are serious issues around communication between Nottingham GIC and Derby Mental Health Team. "The clinic look at my gender and understand my gender. Derby Mental Health Team only see my bipolar and neither side look at me as a whole person."

"I was referred to the clinic and always found the treatment I received very professional. If there was a reason that they could not do something they would always tell you why. They gave honest answers and I respected this. I know there was a wait for treatment but I understood this." The participant felt that some people do not accept that they may have to wait to receive services. "Right from the start I was given the full and honest facts about the side effects of the hormone treatment, including mood swings and depression."

"I went for six free sessions of group speech therapy. It was very good and is based around breathing and projection. Unfortunately, because of my long term lung condition I am not able to put it fully into practice as I have difficulty breathing. I thought it was good that it was in groups as I got to meet other people who I still keep in touch with."

Becoming parents

Participants spoke about their experiences of receiving in vitro fertilisation (IVF) and difficulties with eligibility at some trusts.

Participants in a same-sex relationship with children also spoke about a tendency for professionals to assume that they are siblings, rather than a couple.

"We recently took our child for their two-year check. We would like staff not to assume that if two females attend the appointment they are sisters. We are a couple and have been together for 13 years. If this could be addressed within staff training so that they are aware that families can be of many and varied formats."

"I have had IVF for both of my children. I am in a same-sex relationship and seven years ago when we first looked into this we were not able to go to the Royal Derby as we could not prove our infertility and that we had been trying for a baby for two years. At Royal Derby we could not even access this service privately.

"We were able to use the service at the Queens Medical Centre and we initially tried intrauterine insemination. Unfortunately, this did not work and we were entitled to one free cycle of IVF. This worked and we had our son five years ago.

"The staff at the Queen's Medical Centre were wonderful. They were very supportive and we were never treated differently being a same-sex couple. I had my second child using one of the frozen embryos from the IVF cycle and we now have our second child who was born 10 months ago. This was also at Nottingham."

Sexual health (GUM) clinic - London Road, Derby

Comments about this service were predominantly negative with many issues raised, including concerns around the access to the clinic, long waits when people arrive and lengthy waits for appointments.

Several participants said that the GUM clinic changed their contact number without telling anyone.

"It used to be a separate entrance for men and women but now it is just one entrance."

The participant said, "If you are LGBT+ you are put on a different appointment system. I identified as gay by ticking the box and then they think you have to see a doctor if you are gay. I was given no explanation as to why I needed to see a doctor; I was only going for a blood test. You should only have to see a doctor if there is a specific issue."

"Why do gay men have to see a doctor, why can we not just leave a sample with a nurse? I went recently and had to wait over four hours to be seen and people were seen before me. I also saw five people leave the clinic as the wait was so long. People are potentially being put at risk if people carry out risky behaviour if they cannot get the test and results

quick enough. There needs to be clearer information on how the system works. The location is also not very nice or friendly and reception staff do not treat people very well."

On a visit, the participant noticed a piece of paper used by the clinician which said, 'Is gay - need to check HIV status'. The commentator was not happy with this regarding making assumptions that an HIV test would be needed.

The website states they have drop-in sessions. One man visited the clinic and when he arrived there was a huge queue as it was very busy. Everyone is now combined (not separated for men and women) and there is a lack of confidentiality as people can hear what you are there for. The man explained he was unable to see a nurse/doctor when he attended the drop-in clinic. He tried to make an appointment and was told this would be in three and a half weeks. He ended up going back the next day to get tested but then had to wait seven to 10 days for the results (which he explained it used to be within four days).

"The clinic does not do 'quick screening' when it is advertised that they do."

"I went to the drop-in clinic and they were too busy. They said I could sit and wait but I was able to make an appointment for 1pm the next day and I was seen within 10 minutes."

A number of participants explained that when they go to the clinic they have to see a doctor which they find frustrating as they either have to wait longer or come back another day. "It's a quicker service if you do not declare you are LGBT+."

"If you have to go to the clinic, some people would have to take a full day off work because you don't know how long you will be waiting."

"The results line is not on their website."

"I went in during the morning and the only time I could be seen was 6:30pm; it is ridiculous."

"Derby is advertised that it is open all day long."

Royal Derby Hospital

Participants were predominantly positive about the treatment they had received and the attitude of staff at Royal Derby, feeling that they had been treated with dignity and respect.

The exception to this was from one participant who felt that staff could be 'nosy' about being transgender, and this was an infringement on privacy.

The participant had a scan on their stomach, so went to the hospital as an outpatient. "It was great, they didn't call me he, she or it, and they just got on with it." The participant felt that they were treated with dignity and respect.

The participant explained that he went to Royal Derby to see a spinal consultant to have a discussion about surgery and said, "I told him I was gay and he automatically asked if I had HIV." The participant said although this was an assumption, he was not offended by the question and said, "At least I knew he was being thorough."
"I feel that when I go in to hospital for treatment which is not related to being transgender, I still get asked about being transgender. I do not understand why it is always relevant to the individuals. Are they just being nosy? They do not respect my privacy."

"The hormone treatment I take can have an adverse effect on my kidneys but the consultant said that this should not be changed as the impact on my life would be so detrimental if I no longer took this. I felt that the consultant had really understood and considered my wishes. The team looked at the other medications I am on that can be changed that also potentially make my kidneys vulnerable."

Trans specific issues

A number of trans specific issues are covered here, such as difficulties accessing contraceptives for a trans female to male, and referral/communication difficulties surrounding GICs.

The commentator explained that he is trans female to male and found it very difficult to access female contraception. He explained that he is on testosterone gel, however he still needs birth control. "Some professionals do not understand what they can do for me and then others want me to explain my life story which is often irrelevant as it seems it is personal curiosity."

Several participants felt there was poor communication between GPs, GICs and mental health services which has often left people without the support they need to stay well during transition.

"There is poor communication between my GP surgery and the gender clinic. The surgery has lost many of my notes, letters and test results from the clinic. It feels like I have to be in charge of my own care and chase up the surgery so the information is passed correctly between the surgery and the clinic. The administration and communication is very poor. The surgery should be making sure this is kept up to date so the clinic knows my blood test results, etc."

"Most GPs in Derbyshire seem to refer to the Nottingham clinic; a choice is not given for Sheffield or Manchester. The models and ethos in place at the two clinics are very different and this should be shared with people who are wanting a referral to help them make the best decision for them."

"As part of the transition and because I said I had some mental health issues, I had to go through a year of counselling before I could start transition as they had to see if I was just depressed rather than had dysphoria. I now tell other people who are starting the process not to say if they have mental issues as it will delay the process of accessing hormones and surgery."

Sexual health (GUM) clinic – Nottingham

Unanimously positive feedback was received about the sexual health clinic in Nottingham.

"It is a good service. I phoned up midday for an appointment and I was almost offered one straight away. I wish the service in Derby was better to save me going across to Nottingham."
"The way things are organised is excellent. I know that the staff are working under extreme pressures but they are all friendly. The staff are all amazing. It is a much better system than at Derby."

8. What should happen now?

- Health services to be LGBT+ friendly, considering steps such as having magazines, information leaflets and displaying rainbows
- Address the range of issues raised about the sexual health clinic at London Road, Derby
- Tackle reasons for distrust in referral processes
- Consider training/awareness raising for staff, covering topics such as:
  -Using chosen name and gender
  -Ensuring gender-appropriate accommodation
  -Increasing awareness of frustration caused if professionals attribute mental health problems to sexuality
  -Not assuming that same-sex parents are siblings
  -Not asking personal questions that are not relevant.

9. Service Provider Responses

Sexual health (GUM) clinic - London Road, Derby – Derbyshire Community Health Services NHS Foundation Trust (DCHS)

DCHS welcome the feedback provided from this Healthwatch report and are concerned that the experience of LGBT+ service users using the clinic has not always been positive. The Integrated Sexual Health Services listened to this feedback and also that of other clients and have undertaken the following improvements and changes as a result:

1. We have introduced an amended clinic schedule. This revision to the timing and provision of different clinic lists has introduced a greater number of walk-in appointments each day and reduced waiting times for clients attending booked appointments.
2. Additional call handling lines have been added to the central booking line. This has increased our ability to handle a greater volume of calls and be more responsive to client enquiries. We have moved from two to three lines operating between 8am and 8pm Monday to Friday, and 8am to 1pm on a Saturday.
3. We have upgraded our call handling system to enable us to understand whether calls are answered or missed. We now have a service standard to call back, on the same day, anyone who has left a message.
4. We have put up clear signs in the waiting room to enable people to see who is in charge of the clinic and the current waiting times for both walk-in appointments

and booked appointments. The signs explain that walk in clients may wait longer than people with a booked appointment time who arrive after them.

5. We have protected times for our clinical staff to ensure they are able to deal with test results within the national standards for notifying clients of their results.
6. To allow greater privacy to clients in the reception desk area, we have put up signs which tell people that they can ask to be seen in a separate area to discuss their individual requirements in privacy. We have also introduced a screen in front of the reception desk to improve privacy.
7. To support clients to tell us why they wish to be seen in the service, we now have charts which explain the range of services we offer. Clients can point to the service they need rather than having to explain their request in full. This is another way that we have improved client privacy at the front desk. The effectiveness of these interventions is being monitored. The early feedback suggests that these steps are improving the experience of our clients.
8. We have improved our website information to ensure it accurately reflects the service offered at all times.
9. Our reception staff and call handling staff have undergone customer care training to ensure that they are confidently delivering high quality care to all of our clients.

We are concerned to hear that some of our LGBT clients feel that they are not being treated equitably regarding the need to be seen by a doctor. The national guidance which the service operates to identify higher risk groups (for example men who have sex with men). The guidance requires that these clients should only be seen by appropriately qualified specialist professionals. For this reason some of our LGBT+ clients will be referred onto the clinical lists run by our specialist nursing or medical staff.

We understand that some of our LGBT clients would prefer a separate waiting area. Extensive refurbishment work was undertaken between May and August 2016 to improve both the clinical and waiting areas of the clinic. The provision of the shared waiting area was the response to the requests made by our commissioners to move from single sex waiting areas to shared facilities. The commissioners make recommendations to the providers on service content and requirements in accordance with national evidence or local service user feedback from consultations with this client group. This requirement to provide shared waiting areas was as a result of the consultation which the commissioners conducted with service users prior to the development of the current service specification. We have discussed this feedback with our commissioners and are currently exploring our ability to offer single sex clinic times in order to respond to this latest client feedback provided within the Healthwatch report.

We hope that the above explanation of the actions we have taken provides assurance to Healthwatch Derbyshire that we continually welcome feedback from our service users and act on it in order to improve service delivery. We are closely monitoring the impact of the recent actions and are confident that once the changes are fully embedded all our clients will have a better experience of using the sexual health services at the London Road site.

We continue to welcome feedback at any time as it improves our ability to ensure a positive experience for all clients using our services.

Carolyn White
Chief Nurse and Director of Quality
Derbyshire Community Health Services NHS Foundation Trust
25 May 2017

Southern Derbyshire CCG (on behalf of Derbyshire CCGs)

In terms of this report we found it to confirm some of the issues we have been aware of in terms of both local and national experiences of the LGB&T communities.

This report updates the previous work undertaken 2013 in relation to health inequalities for the LGB&T communities by NHS Arden & Greater East Midlands Commissioning Support Unit (Southern Derbyshire CCG (SDCCG) as a Local Service Agreement NHS Arden & Greater East Midlands Commissioning Support Unit (GEMCSU)).

Since reading this report:

We have liaised with the Equality and Human Rights Lead in GEMCSU, who has made a number of recommendations detailed below which the CCG will explore further.

- The CCG formally reviews the report and its recommendations specifically (but not exclusively) in terms of Primary Care
- Review its own links with the local LGB&T communities
- Consider how the CCG can address the concerns raised
- Develop an activity plan of what and when the CCG can do to ensure that services in Derbyshire are LGB&T inclusive where relevant.
- Look at whether Healthwatch are able to support the CCG to facilitate this work

Chatsworth Road Medical Centre

The practice is always open to any suggestions or comments from various sources which would ensure that our patients receive an excellent service. We always strive to meet the medical needs of all our patients with dignity and respect.

When the practice has been informed of any name change (due to gender transition) this is always dealt with swiftly and respectfully. Once the name change has been authorised by the Health Authority this is amended on the clinical system and from this point the patient will always be addressed as such. Unfortunately the calling system cannot call patients by a 'known as' name but only by the name that the patient is registered under.

After discussion with the GPs it was felt it would be unsafe to call a patient by their first initial followed by a surname as this would not be specific enough and could lead to clinical errors.

Derby Teaching Hospitals NHS Foundation Trust

Derby Teaching Hospitals NHS Foundation Trust would like to thank Healthwatch for their feedback, as it is essential to improve our services for our patients and staff. We are pleased at the overall positive responses and look to explore the negatives ones closer.

The Trust is committed to equality of opportunity, both in the provision of services and in its role as an employer. The Trust has an inclusive approach and a culture that values difference. All employees, patients and visitors have the right to be treated with fairness, dignity and respect. The Trust expects that individuals who are undergoing, or have undergone, gender reassignment will receive the same respect and fairness in treatment as any other person. To ensure that commitment to equality and equal opportunity is a main focus over the coming months, an inclusion committee has been set up. This comprises of senior staff in the Trust and the aim is to ensure that the Trust is taking all possible actions to ensure that this issue remains a priority.

We apologise that the patient who commented felt that staff were being nosy and did not respect the patient's privacy when asking about being transgender. We have confirmed with senior clinicians that clinically a doctor would need to ask specific questions about the gender reassignment, as they would need to full understand the full hormone medication history and any issues, to continue treatment that may be irrelevant to the gender reassignment. However, we are very keen to continue to learn and would be very happy to meet with this patient to establish any ways we can improve their experience in the future.

Jim Murray
Deputy Chief Nurse
Derby Teaching Hospitals NHS Foundation Trust

Nottingham University Hospitals NHS Foundation Trust (NUH)

Thank you to the patients and public who have provided feedback regarding their experiences at NUH. Thank you as well to Healthwatch Derbyshire for compiling this report.

We would like to address some of the issues raised in this report about various local Trusts by responding directly to specific comments made about our Trust and to outline how we at NUH approach LGBT awareness.

At NUH we provide diversity and equality training to our staff, including inclusive language and behaviour. In response to patient feedback we have aimed to increase LGBT awareness, including displaying Stonewall posters prominently in patient and staff areas to encourage staff to not make assumptions about our patients or their relationship status, and to use inclusive language, such as using 'partner' to be inclusive of everyone.

Although the comments made about NUH in this report are positive, we know LGBT experiences can still be an issue and that there is more work to be done. We are looking at issuing further communications to staff about inclusivity to promote 'different families, same love'. NUH have also partnered with South Nottinghamshire Clinical Commissioning Groups and Nottinghamshire Healthcare NHS Trust to produce a document called 'In the Pink – providing excellent care for LGBT people in Nottingham City and County', which is a practical guide for GPs and other health practitioners.

Services which have been mentioned specifically have provided their own responses to the feedback in this report, which are included below.

Thank you once again to everyone who took part in this report for highlighting these important issues.

Kind regards,
Giles Matsell
Head of Equality and Diversity
Nottingham University Hospitals NHS Trust

In response to comments about fertility treatment at Nottingham University Hospitals:

I would like to thank the patients who have provided this feedback regarding LGBT experiences within our fertility department based at Queen's Medical Centre, Nottingham. It's heartening to hear that our patients have had such good experiences within our service.

While we strive to provide the best service we can and to understand individual couple's and patient's needs, there is always more to be done to change cultural awareness and availability of treatments. That being said, it is good to get such great feedback and to know that patients have been able to access treatment successfully at NUH, and are happy with the service provided. It is also imperative that we at NUH are able to maintain this unbiased approach to our patients and continue to provide high quality care enabling diagnostic and therapeutic facilities.

IVF providers such as NURTURE and CARE are independent organisations in Nottingham that undertake IVF fertility treatment on couples referred from NUH when other fertility treatments have been unsuccessful. As NUH doesn't directly offer IVF treatment it is likely that some of this feedback will relate to these organisations. We have let them know about the positive comments which have been made in this report, for which they are thankful. They did acknowledge that there are barriers to providing an equal service to LGBT patients when it comes to fertility, largely due to funding and cultural awareness of the specific issues that affect LGBT couples, and that these need to be addressed to ensure we are doing the best we can for our patients.

While I acknowledge that the comments in the report about our service are positive, if any of our patients have any feedback they wish to discuss, or any suggestions to improve our service, we would welcome the chance to have a discussion. The best way to do this would be to contact our Patient Experience Team in the first instance on 0115 924 9924 ext. 66623 or QMCPET@nuh.nhs.uk.

With Kind regards,
Dr Shilpa Deb. Gynaecology Consultant and NUH Fertility Lead

In response to comments about experiences of our Sexual Health Service:

Comment	Response
"It is a good service. I phoned up midday for an appointment and I was almost offered one straight away. I wish the service in Derby was better to save me going across to Nottingham."	Thank you for these positive comments. We have a mixture of booked appointments and appointments bookable on the day to allow for ease of access to the service.
"The way things are organised is excellent. I know that the staff are working under extreme pressures but they are all friendly. The staff are all amazing. It is a much better system than at Derby."	Thank you for the positive comments in relation to organisation. We have worked hard to make the service accessible and efficient and are always striving to improve

Integrated Sexual Health Services within Nottingham have:

- Worked closely with some of the LGBT community groups in Nottingham and have a proactive health promotion team who signpost into appropriate services
- A non-judgemental approach to all service users and treat everyone with respect
- Counsellor support for patients in relation to sexuality/relationships / HIV diagnosis and support
- Developed service information leaflets in relation to MSM and WSW where staff have had the opportunity to have input into these leaflets
- An IT system that allows for chosen name and gender to be recorded
- Gender specific areas or mixed areas dependent on patient choice.

Regards
Susan Griffiths, Matron, Sexual Health Services.

Alvaston Medical Centre

This report was a useful insight into patient feedback on our services and other practices. We discussed the report at a clinical meeting, and those present agreed that all patients are treated equally regardless of gender. Report to be circulated to receptionists and discussed at a meeting to raise awareness.

We will display information and the rainbow sign as suggested in the report.

Lime Grove Medical Centre

The report was welcomed in the practice. It is difficult to comment on individual cases, without the full details, but understand it can be a difficult time for young people to discuss issues with anyone. Local services for young people in this area have improved slightly over the past few year, but with the pressures of budgetary cuts across the NHS, we can only hope this trend continues.

As far as the general comment about information is concerned, we do have notices with helpline numbers posted in our patient toilets. We have found that patients can be reticent to picking up leaflets relating to more sensitive issues from an open waiting room, but when we put them in the patient toilets, they were frequently accessed.

Derbyshire Healthcare NHS Foundation Trust

Derbyshire Healthcare set out actions as follows:

1. The Trust has recently ratified a new policy to further support and guide our staff to ensure that everyone is treated in accordance with the Equality Act 2010. The Trust will ensure communication of the policy through our policy bulletin update
2. We will ensure that the negative experience in the report is shared with the clinical teams on the Radbourne Unit
3. We will ensure that the teams are appraised of the new policy
4. We will gauge whether there is a requirement for further training and incorporate this learning into integrated Quality Leadership team meetings to ensure Trust wide learning.

Your Feedback

LGBT Experiences of using Health Services

Healthwatch Derbyshire is keen to find out how useful this report has been to you, and/or your organisation, in further developing your service. Please provide feedback as below, or via email.

1) I/we found this report to be: Useful / Not Useful

2) Why do you think this?

.....

.....

.....

3) Since reading this report:

a) We have already made the following changes: .....

.....

.....

.....

b) We will be making the following changes: .....

.....

.....

.....

Your name: .....

Organisation: .....

Email: .....

Tel No: .....

Please email to: karen@healthwatchderbyshire.co.uk or post to FREEPOST RTEE-RGYU-EUCK, Healthwatch Derbyshire, Suite 14 Riverside Business Centre, Foundry Lane, Milford, Belper, Derbyshire DE56 0RN.

Healthwatch Derbyshire
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Best Practice Guidance to Public Consultation

Introduction

The purpose of consultation is to ensure that there is meaningful public engagement in decision making in Derbyshire. Putting local people at the heart of the decision making process is key, with decision makers demonstrating how they have used this intelligence to inform and influence the design and delivery of services.

The purpose of this document is to:

- Encourage organisations to view the public as a vital resource who can help them solve the significant financial and other resource issues they face
- To improve the quality of engagement in developing ideas and options for service change
- To help organisations and members of the public understand best practice and the legal requirements around consultations, and promote genuine and meaningful public consultation that is not just a box ticking exercise.

What is Engagement?

Engagement is about having an open conversation with the public which allows them to input their views and ideas in the planning, design and development of options for change. It is about establishing the issues, e.g. the impact of change, and possible scenarios for change.

What is Consultation?

Formal consultation is governed by law, and seeks the views of the public on proposals put forward.

There must be a reasonable length of time allocated to consultation, and consultations must be open and accessible.

A formal consultation must give people the opportunity to influence the outcome of a decision. There must be appropriate access to information, and clear options for consideration.

Healthwatch Derbyshire advocate the need for more meaningful 'Engagement' prior to 'Formal Consultation'.

All public sector organisations should adhere to the following Best Practice Principles, developed by The Consultation Institute which apply to engagement, consultation and equalities analysis.

- **Integrity** - be honest and truthful about what can and cannot be influenced
- **Visibility** – so people know about it
- **Accessibility** - to all stakeholders affected by the change
- **Transparency** – always be clear about the purpose for engaging
- **Disclosure** - all information needs to be provided
- **Fair interpretation** - how the outputs of the consultation are converted to feedback and used to influence decisions
- **Publication** – to explain what is happening and why

All public sector organisations must adhere to the **Gunning Principles** which are a legal requirement, and which are reviewed in any legal challenge.

1. A consultation must be at a time when proposals are still at a **FORMATIVE** stage.

This is to avoid the charge of pre-determination. If there is only one option in a consultation, there needs to be robust justification for this. An organisation can state a preferred option.

2. Sufficient reasons must be put forward for the proposal to allow for **INTELLIGENT CONSIDERATION AND RESPONSE**.

This means that there needs to be enough information to inform someone how the organisation arrived at the option(s) they did, so that they can provide a meaningful response or alternative ideas. So sufficient information for an intelligent response could involve a lot of information for some people. This does not have to be provided in the consultation document, but the document needs to tell someone where the additional information can be found, e.g. the website, or how it can be requested.

3. **ADEQUATE TIME** must be given for consideration and response.

An organisation needs to consider how much time it will take to reach everyone who needs to have the opportunity to have a say during the consultation, including those with protected characteristics. Twelve weeks is often cited as the advisory standard period for consultation but there may be some cases where a shorter period is adequate. There is no minimum time, but less than four weeks could be challenged. Consultations should consider the impact of key holiday periods, such as Christmas, and summer holidays.

4. The product of consultation must be **CONSCIENTIOUSLY** taken into account.

Organisations need to show how consultation responses have impacted on the decision they make at the end. They are required to publish a report to evidence this.

Although not part of the Gunning Principles, Healthwatch Derbyshire would also expect to see evidence of engagement and consultation with the **RIGHT PEOPLE**. We would want to see how organisations have arrived at the list of stakeholders they intended to involve.

In addition to these principles, health organisations i.e. those receiving funding from the Department of Health need to meet four further requirements known as the Lansley Tests:

Firstly: There must be clarity about the clinical evidence base underpinning the proposals

Secondly: They must have the support of the GP commissioners involved

Thirdly: They must genuinely promote choice for their patients

Fourthly: The process must have genuinely engaged the public, patients and local authorities.

The process of consultation that constitutes good practice is best divided into FIVE stages.

Our recommendations for each of these five stages are as follows:

1. Establishing the Case for Change

- The focus at this stage should be on enabling people, including members of the public, to gain an understanding of the evidence that creates the 'need for change', and what the financial or other resource restrictions are, so they can help develop the best options for change
- An initial impact screening should be conducted to help identify those who may be affected by the changes that are being considered.

2. Pre-consultation

- This stage is about testing the 'case for change' determined in stage 1
- This should occur over an appropriate length of time, with timescales that allow for public engagements activities that support meaningful engagement
- The aim is to test the early development of scenarios and their likely impact, to feed into the options development (stage 3 below). Involving the public at this stage means issues related to service delivery can be discussed, e.g. access to services
- Engagement should encourage dialogue and debate, explore the impacts of different scenarios, and how negative impact could be mitigated against
- A full impact assessment should be undertaken to identify the sections of the community that will be most affected. This information should then be used to identify sections of the community that should be prioritised for engagement
- A clear audit trail of engagement activities should be created and maintained.

3. Options Development

- At this stage information from the pre-consultation stage is used as the starting point for developing 'options for change'
- All options must be viable, i.e. there cannot be an option to do nothing if this is not sustainable, as this would not be deemed a legitimate option
- Healthwatch Derbyshire advise using co-production to decide on options, using a variety of stakeholders, including members of the public
- By the end of this process organisations must be able to present a clear rationale for why they have decided on the options they will consult on, either through a record of the debate that has taken place, or through the scoring system they have applied
- This analysis should be published, and it should be clear why options were chosen, and why others were discarded
- The impact assessment should be updated with regards to the options that have been chosen.

4. Consultation

- The options developed in stage 3 above should now be presented to the wider population for their views, to help make better informed decisions. This information should include the reasons why the options are being proposed
- Consultation should be undertaken for an appropriate and proportionate length of time, taking into account the time of year and the extent of the changes being proposed

- Public consultation should be as accessible as possible to include anyone directly affected by the proposed change, as well as the wider public who may access the new service now or in the future. This includes providing multiple methods for accessing the information, providing interpretation and translation services, if required
- It should be clear how people can respond to and give their views on the proposals
- An impact assessment should be available and updated based on findings
- A variety of opportunities should be available for the public to discuss the options. Genuine open dialogue and discussion is key, and should not be seen as less important than questionnaires
- If there are any changes to the proposal or related information this should be made available to the public
- People should be told how they can be kept informed and involved in future developments.

5. Post-consultation

- Adequate time needs to be set aside for this stage, which is to consider the findings of the consultation and use these to inform any decisions. The process for doing this should be communicated to stakeholders
- Once the final decision has been made, it should be communicated, alongside how the feedback from the public has informed that final decision
- Where the decision is different from the majority of public opinion, this should be explained, and a rationale given
- The findings of the consultation should be easily accessible to the public
- Following the decision, next steps need to be fully explained.

In addition to these five stages, all public sector organisations must also have 'Due Regard' to the Equalities Act 2010. Section 149 contains the Public Sector Duty, with regards to consultation this means that:

- During any consultation process, and at all stages, there must be a commitment to eliminate discrimination, and advance equality of opportunity. Organisations need to be working towards a less unequal society, planning future investments to be inclusive, and managing change to avoid discrimination/disadvantage
- Equalities analysis should be recorded, and published
- Engagement with stakeholders and members of the public needs to take into account the protected characteristics, and organisations should be actively seeking their views
- Claims made regarding impact that might cause discrimination must be investigated
- The 'Brown Principles' - Brown v Secretary of State for Work and Pensions (2008) should be followed.

For more information about any aspects of this Best Practice Guide, please contact Karen Ritchie at Healthwatch Derbyshire on **01773 880786** or **karen@healthwatchderbyshire.co.uk**.

If you require this document in an alternative format please contact us

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This information was correct on going to print in February 2017. It should be viewed in conjunction with current legal requirements and statutory guidance relevant to the organisation. Healthwatch Derbyshire does not provide legal advice on carrying out consultations.

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Healthwatch Derbyshire Consultation Good Practice Checklist

This Consultation Good Practice 'Checklist' has been written to accompany Healthwatch Derbyshire's 'Best Practice Guidance to Public Consultation'.

Date:

Consultation:

1. Establishing the case for change

The focus at this stage should be on enabling people, including members of the public, to gain an understanding of the evidence that creates the 'need for change', and what the financial or other resource restrictions are, so they can help develop the best options for change.

Checklist	√
Is there clear evidence for the case for change? I.e. what is the reason for changing from the existing situation to a new one? E.g. cut in funding, inability to recruit qualified staff. What is the evidence behind it? It's about getting the views from experts on what needs to be done, but then also asking the question more widely to look for other possibilities. (NHS organisations must produce a case for change).	
Has the initial impact assessment been carried out? This includes Equalities Impacts which are governed by law, but also Health Inequalities which are stipulated by guidance. It should also address cumulative impacts, i.e. some research should be done into what other public bodies are doing at the same time, in case this could worsen the impact, e.g. cuts to transport happening at time when services are being moved to one location.	
Has the public been involved in developing the case for change? It's important to involve the key influencers (who will affect the development), and the key stakeholders who will be affected by the development) from the beginning. Full public involvement is not needed at this stage, It needs to be proportionate.	
Is there a written plan for the pre-consultation stage?	
Has information been circulated to patients/public/stakeholders about the need for change and how they can be involved?	

Healthwatch Derbyshire Consultation Good Practice Checklist

Notes

2. Pre-consultation

This stage is about testing the 'case for change' determined in stage 1, and developing a plan to solve the issues.

An issues paper can be produced at this stage that clearly states the problem with the aim of kick starting conversations. It should:

- Outline the wider context/tell the wider story
- Invite early participation
- Be open to ideas, and not curtail the debate to choices already made
- Promote transparency.

This stage will help to determine how to pitch the formal public consultation later on, test the early development of scenarios and their likely impact, and feed into and provide the rationale for the options development in stage 3. It is important that it is documented how this stage has influenced the options development.

Don't use 'consultation' terminology at this stage. Use the terms below.

Consultation Terminology	Pre-Consultation Terminology
Consultation	Engagement
Consultee	Participant
Consulting	Listening and Learning
Consultation Document	Issues Paper
Options	Scenarios or potential solutions

There are no strict rules for this stage, it's about listening, fact finding and meaningful dialogue. The emphasis should be on the quality of engagement, not quantity. Involving the public at this stage is to improve understanding of the issues and potential solutions, e.g. access issues. Engagement should encourage dialogue and debate, explore the impacts of different scenarios, and how negative impact could be mitigated against.

It is preferable to talk to people who have something worthwhile to contribute at this stage, but should include those most likely to be impacted according to the impact assessment, and be representative of protected characteristics.

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Healthwatch Derbyshire Consultation Good Practice Checklist

A consultation strategy can be written at this stage, but it will need to be updated once the 'options' are agreed as the options will dictate the needs of the consultation. The strategy may include the following:

- Clarification of the scope of the engagement, who, where, what, how
- Who will be leading on it?
- Stakeholder identification – includes GPs, staff, and clinicians in addition to members of the public
- The engagement plan
- Equalities engagement plan
- The communications and promotional plan
- What documents, audio, video need creating
- Development of a website for frequently asked questions (FAQs)
- Documents for the public, to share via the website
- How you will collect the responses
- How outputs will be converted to feedback
- How you will review the consultation and processes.

Checklist	√
Has an issues paper been produced to outline the issues and start dialogue with participants?	
Has a full impact assessment been undertaken to identify sections of the community that will be most affected (including health inequalities)? This information should then be used to identify sections of the community that should be prioritised for engagement, i.e. stakeholder mapping.	
Have appropriate methods of engagement been used for each group?	
How much time has been given to the pre-consultation stage? Has this been sufficient to develop a robust set of options?	
Has the engagement resulted in the identification of options to be considered at option development/appraisal and/or useful information to be considered at option development?	
Has a clear audit trail of engagement activities been created and maintained?	
Has relevant information been put in the public domain? The more information that is published and the more transparent the process is the better. This should include the outputs and feedback from pre-consultation engagement.	
Has the impact assessment been updated with new information accumulated during engagements at this stage?	
Notes	

Healthwatch Derbyshire Consultation Good Practice Checklist

3. Option development

This is where information from the pre-consultation stage is used as the starting point for developing 'options for change'.

The option development and appraisal stages are heavily scrutinised in court.

Healthwatch Derbyshire advises using co-production to decide on options, using a variety of stakeholders, including members of the public, and recent patients, as this process should be open and transparent.

Checklist	√
Has option development included public, patient and stakeholder representation? If yes, to what extent and what involvement did they have?	
Have they created and documented a 'long list' of options for appraisal?	
Were 'impacts' considered in development of each option?	
Does what is included in the option ensure that the service being redesigned still meets patients' needs and in the interest of patients?	
To what extent has each option been costed to ensure it is viable?	
Notes	

4. Option appraisal

This is where the 'long list' of options are appraised to decide which should be taken forward to consultation.

Healthwatch Derbyshire advices using co-production to help set the 'criteria' and 'weightings' for evaluation and to 'appraise' the options. Ideally, different groups of public, patients and stakeholders should be involved in criteria setting and appraising. This process should be open and transparent.

Checklist	√
Who was involved in setting the criteria and weighting for appraisal? To what extent and how were they involved?	
What method is being used for appraisal? Does it seem robust, fair,	

unbiased and able to withstand scrutiny?	
Is there more than one option being appraised? If not, what is the rationale? How did they arrive at the one option?	
Is there a 'do nothing' option? If so, is there evidence of viability?	
Is cost being applied to the options being appraised? Is it a criteria or applied after criteria and weighting is applied, to help ascertain a value measure for each option?	
Notes	

5. Consultation

This is where the options decided from stage 4 above are presented to the wider population for their views to help make better informed decisions. The information should include the reasons why the options are being proposed.

The public should be able to influence the decisions at this point and decision makers must be prepared to change their opinion.

Public consultation is a self-correcting process so if it comes to light that something is incorrect, it's ok to be transparent about it by making sure people are informed, and carry on with the new information.

This stage is legally binding and needs to be formal. It is governed by:

- Common Law – rules of behaviour accepted by society on the basis of established 'custom and practice' as evidenced by decisions in court
- Statute Law – legislation contained in precise written statements of requirements emanating from parliament, e.g. equalities analysis.

Public consultation is required for substantial changes, or where a small profile are highly impacted:

- When there is a statutory requirement, e.g.S14Z2 Health and Social Care Act 2012
- When there is a precedent – others are consulting on it
- When there is a legitimate expectation – the NHS has said they will – must follow relevant guidance that has been produced
- To ensure fairness – i.e. because there is a significant impact on the community, or people have been accustomed to it as 'normal' or 'their right'.

Consultation can also be important to secure greater commitment

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It's important that in multiple service closures, each service is looked at separately in terms of the impact it will have, and who needs to be consulted.

There must be an appropriate 'Consultation Document', supported by an easy read version, possibly in other appropriate formats for equality characteristics and more detailed documents online. See Appendix 1 for more information on what this should contain.

Checklist	√
Is the timescale for the consultation proportionate to the impact, and realistic, to allow a considered response from all stakeholders? Has it taken into account the time of year, etc.? There is no set timescale, but 6-12 weeks is considered good practice. Four weeks and under could be challenged. Bigger the impact, and the more controversial it is, the longer the timescale should be.	
Is clear information available on the case for change and information about the pre-consultation phase?	
Is the public consultation accessible, including anyone who is directly affected by the proposed change, as well as the wider public who may access the service now or in the future? This stage should be open to a wide public audience. There is no guidance on the number of people that should be involved, but should be proportionate to the decision being made. Average figure for involvement 0.89% of the population. But every attempt must be made to involve the people who need to be involved, i.e. people must have had a reasonable opportunity.	
Are the options presented in a way that can be easily understood?	
Are there multiple methods for accessing the information? i.e. can't just be online, need hard copies too.	
Can the information be provided in different languages and format if required?	
Is it clear how people can respond to and give their views on the proposals?	
Has the impact assessment been updated and is it available for people to view?	
Has the target audience for the consultation been agreed through stakeholder mapping? Has advice been sought on protected characteristics and how they will be impacted?	
Are there a variety of opportunities available for the public to discuss the options? Genuine open dialogue and discussion is key, and should not be seen as less important than questionnaires.	
Have the effective and appropriate methods of consultation been designed to reach all groups?	
If there have been any changes to the proposal or related information, has this been made available to the public?	
Is it clear how people will be kept informed and involved in future	

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developments?	
Is there any evidence of pre-determination or bias? This could be found in meeting minutes, tender documents, planning decisions, media interviews, Facebook postings etc.	
Do the questions asked allow people to influence thinking, share their views, i.e. not just yes/no? New information should be able to be learned from this process.	
Does the consultation document meet the requirements in appendix one?	
Notes	

6. Post consultation

Adequate time needs to be set aside for this stage, which is to consider the findings of the consultation and use them to inform any decisions. The process for doing this should be communicated to stakeholders.

Because of the Four Tests, NHS Act 2006 S242 B b-c and Health & Social Care Act 2012 S14Z2 b-c, Healthwatch would prefer to see public, patient and stakeholder involvement in decision making. This might be by reviewing and debating the outputs and feedback of the consultation with decision makers, prior to decision makers making decisions (a last opportunity to influence). Or it might be that public, patient and stakeholder representation is given a seat with decision makers.

Checklist	√
Has the process for considering the findings been clearly communicated to the public?	
Has there been public, patient and stakeholder involvement in decision making? If so, how?	
Has the final decision been clearly communicated to the public, alongside how the feedback from the public has informed the final decision?	
If the decision is different from the majority of public opinion, has this been explained and a rationale given?	
Are the findings of the consultation easily accessible to the public?	
Is it clear what is going to happen next?	
Was the decision very fast following the closure of the consultation?	

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Fast decisions do not show consideration for the feedback.	
Notes	

7. Due regard (considerations) to the Equalities Act 2010 – S.149 Public Sector Equalities Duty (PSED)

In addition to these five stages, organisations must also have 'due regard' to the Equalities Act 2010. Section 149 contains the Public Sector Equality Duty, with regards to consultation which should take place at **all stages**, not just the consultation stage (marriage and civil partnership is not included in the PSED).

During any consultation process and at all stages, there must be commitment to eliminate discrimination and advance equality of opportunity. Organisations need to be working towards a less unequal society, planning future investments to be inclusive, and managing change to avoid discrimination and disadvantage.

Engagement of stakeholders and members of the public needs to take into account the protected characteristics, and organisations should be actively seeking their views. Although there shouldn't be a bias towards those with protected characteristics at the expense of others.

Although an 'Equalities Impact Assessment' is not required 'equalities analysis' is, which should be recorded and published. It's about more than just giving consideration, it's about rigorous analysis. It needs to take into account wider considerations such as transport cuts. Equalities analysis should be recorded and published.

Equalities characteristic	Claims	Rational	Research/evidence to support

Claims made regarding impact that might cause discrimination must be investigated, although don't have to take steps currently to prevent the impact.

The 'Brown Principles' - Brown v Secretary of State for Work and Pensions (2008) should be followed.

- Decision makers must be aware of their equality duties
- The due regard duty must be fulfilled before and at the time of decisions – i.e. it must be continuous process
- There must be a rigorous analysis

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- The duty to have due regard, cannot be delegated, i.e. the commissioner is still responsible if they have delegated to a private body.

Engagement needs to be taking into account equalities characteristics and actively seek the views of people. Can use spokes people and community leaders for advice.

The focus again is on the quality of engagement, not quantity.

It's important to collect diversity information on questionnaires and at engagement activities.

This duty is a continuing one, continues over and beyond decision making, to implementing the decision.

Judicial reviews (JR)

- Can be funded by legal aid or crowd funding – for public sector this means that whether they win or lose, they will have to pay
- Applications for JRs need to be made as soon as possible, or within three months of the decision. Can only be made after the decision, and cannot be used to challenge the process before then
- A JR will look at the processes that have taken place with regards to legal obligations, and will not be influenced by emotions. So there needs to be a challenge to the process taken, not the decision made
- The court will look at fairness and impact – Gunning Principles
- A big part of the scrutiny will be around options development and how these were agreed upon
- Equalities analysis is also heavily scrutinised
- Single option consultations are at high risk of challenge, as if it's just a single option, what are you consulting on, i.e. what can be influenced?

Potential timescales

Case for change – 10-12 months
Pre-consultation – 8 months
Option Development – 3 months
Consultation - 12 weeks
Consider information and implementation – allow time to fully consider the information gathered during the consultation, before making a decision.

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Appendix One

What should be in a consultation document?

This document must be objective, not a sales document trying to lead someone into picking a particular option.

If the information is not contained in the consultation document itself, it should be clear where the information can be found, i.e. a link to the website (although hard copies must be provided if requested).

The consultation document should be seen as just the tip of the iceberg, with further information being available elsewhere. Consultees must be able to access all the information they need in order to make an informed decision and propose a different option if they wish.

This document needs to be aimed at majority population. But there should be an easy read document too.

Ensure there is:
- Fair access to the document
- It's transparent, i.e. the whole truth and nothing but the truth
- There is a clear rationale behind the proposals
- The options are clearly communicated
- Impact of the proposals is communicated, negative as well as positive.

Checklist	√
The story so far	
Explanation of why change is necessary and clear evidence to support it, i.e. the issues. Have a clear rationale.	
Explanation of external drivers of change.	
Information of what has been learned in earlier engagement, such as the pre-consultation stage, i.e. this is what you have told us.	
What has been considered at different stages, i.e. the scenarios, options? What's been included, what's been discarded and why?	
What are the pro's and con's for each option proposed, give clear evidence for these.	
If there is a preferred option, clearly state why.	
A clear vision of future services.	
Explanation of the consequences of change 'v' maintaining the status quo on quality, safety, accessibility and proximity of services.	
In the case of hospitals, explanation of how services will in future be provided within an integrated service model.	
Evidence to support any proposal to concentrate services on a single site.	

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Evidence of support from clinicians (professionals) and GPs for any proposed change.	
How sustainable staffing levels are to be achieved.	
In the case of changes promoted by clinical governance issues, an explanation of how these have been tested (through independent review). Research and technical information.	
Any risks and how they will be managed.	
A clear picture of the financial implications of the different proposals.	
Who will be affected by the proposals and how their interests will be protected.	
An explanation of how any change and benefit will be evaluated after implementation.	
Initiation to propose alternative solutions.	
Where additional and more detailed information can be found.	
How to participate in the consultation.	
Notice of availability of appropriate formats – easy read, large print, braille, BSL, audio etc.	
The information should be understandable, and accessible.	