



**Proud to be part of West Yorkshire  
Health and Care Partnership**

# **Henry Moore Clinic**

## **Involvement and equality report**

June 2023

## Contents

1. Executive summary .....	3
2. Introduction and background .....	6
3. Our responsibilities, including legal requirements .....	6
a. Public involvement legal duties .....	6
b. The triple aim duty .....	7
c. Involvement duties on commissioners and providers .....	8
d. The Gunning Principles .....	8
e. The Equality Act 2010 .....	9
4. Who did we involve and how did we involve them?.....	10
5. What did people tell us? .....	11
6. Equality representation and analysis.....	17
a. Representation .....	17
b. Analysis of views .....	19
7. How will the findings be used? .....	22
Appendix A – Letter to patients and survey .....	23
Appendix B – Equality monitoring data from survey .....	32

## 1. Executive summary

The practice wanted to let patients know about a plan to build a new health hub in Castleford and what this meant to its patients. Under the plans, a new health hub would be built in the centre of Castleford, in place of the current health centre which is located on Welbeck Street.

The engagement took place from 16 March until 28 April 2023. Throughout the preparations, the practice worked with their PPG to ensure the group was able to contribute to engagement plans.

We used a survey to gather the views of registered patients, which was included in a letter to patients giving more information about the proposal and plans. Surveys were made available within the practice both as handouts as well as given out by staff. They were also sent to registered patients by text and in post. The practice used clinics running during the engagement period to share with patients and information was made available on the website. The Integrated Care Board shared with their contact lists to ensure wider awareness of this work.

We received 334 completed surveys, of these the majority (74.9%, 250) stated that they used Henry Moore Clinic the most. When asked whether the move would have an impact on them, 44% (147) didn't think it would have any impact, and if it did have an impact, 32.6% (109) felt that this would be a positive impact.

When people were asked for their views on the changes the main themes raised were:

### Impact

Many felt that there wouldn't be any impact on them, particularly for those people that currently drive to their appointments or for those that currently access services at Fryston Road.

Many people felt that the Castleford Health Hub would be a significant improvement as it would be easier to park, people would be able to access a wider range of services, it

would be a nicer environment with improved facilities, and some felt that being part of a larger practice would mean there would be more staff and as such would make it easier to access appointments.

For those people that currently access most of their services at the Henry Moore Clinic, most were positive about the changes and felt that Castleford Health Hub would be a significant improvement for wheelchair users and those with mobility impairments. However, for some it would mean they would have to walk further or incur additional costs by using a taxi or bus.

### Appointments

Whilst people were happy with the proposal, they felt that unless it was easier to access appointments, they would struggle to see any benefit of making the changes. They want to be able to book same day appointments, appointments in advance and appointments to be available evenings and weekends, and for these to be bookable over the phone, and online via an app / website. Also to be able to book face to face appointments.

Some concerns were raised that moving to larger practice would make it even more difficult to access appointments as there would be a greater demand on services, especially face to face. People want reassurance that the health hub, Henry Moore Clinic, and Fryston Road would be staffed to ensure that access to appointments would be improved.

### Range of services

People were keen that they would be able to continue to access the services that are currently provided but would also like to be able to access a wider range of services at the health hub. We received suggestions to provide 28 different services, including minor surgery, mental health services, sexual health, physiotherapy, and access to secondary care appointments to save people having to travel to Pinderfields.

### Environment

In terms of the environment people want it to:

- Provide free parking including disabled spaces
- Be easy to access for people with wheelchairs and pushchairs, with no steps and a lift
- Have a large waiting area that includes a children's play area
- For the reception area to be soundproofed to ensure confidentiality
- Have clear signposting
- Provide good toilet facilities
- Have examination rooms that can accommodate an examination couch
- For all services to be accessible for people with visual impairments, and hard of hearing

### Communication

People want to be kept updated on the changes and receive information on how and where to access services both before and after the health hub is open. Particular mention was made with regards to supporting vulnerable patients through this transition.

### Reassurance

Some people were more cautious and were looking for reassurance with regards to:

- What services would continue to be provided at their practice, and which services would be provided at the Castleford Health Hub.
- People wanted reassurance with regards to the availability of parking spaces and whether there would be a cost for this, and if there would be a sufficient number of disabled parking spaces.
- How they would access appointments, would they access them via a 'call centre' hosted in the hub, would they have to ring at 8.00am, and would there be more appointments available, particular mention was made with regards to face to face appointments. And would they be able to continue accessing appointments with their current GP.
- The impact on Henry Moore Clinic and Fyston Road and whether this will result in a reduced service and, in the long-term, closure of the practices.
- Will there be a pharmacy co-located at the new practice, as people value the convenience of being able to access the pharmacy at Henry Moore Clinic.
- Being a patient of a larger practice may feel less personal.

## **2. Introduction and background**

The practice wanted to let patients know about a plan to build a new health hub in Castleford and what this meant to its patients. Under the plans, a new health hub would be built in the centre of Castleford, in place of the current health centre which is located on Welbeck Street.

The plan is for the current Castleford Health Centre to be demolished and a new health hub built on the public car park next to it. The car park would be created on the old health centre site.

The current Castleford Health centre has two GP practices, they would move into the new building, together with more health and Council services. Henry Moore GPs have been working with other practices in the area, the NHS and Wakefield Council. The Council have approved the plans. Building work on the new health hub is expected to be completed by early 2025.

## **3. Our responsibilities, including legal requirements**

The legislation we must work to when delivering any involvement is set out below. Involving people is not just about fulfilling a statutory duty or ticking boxes, it is about understanding and valuing the benefits of listening to patients and the public in the commissioning process.

There are a number of requirements that must be met when decisions are being made about the development of services, particularly if any of these will impact on the way these services can be accessed by patients.

### **a. Public involvement legal duties**

The legal duties on public involvement require organisations to make arrangements to secure that people are appropriately 'involved' in planning, proposals and decisions regarding NHS services.

NHS England's new [statutory guidance](#) provides the detail on these legal duties, when they are likely to apply and how they can be met. Key requirements of Integrated Care Boards (ICBs), trusts and NHS England include that they:

- assess the need for public involvement and plan and carry out involvement activity
- clearly document at all stages how involvement activity has informed decision-making and the rationale for decisions
- have systems to assure themselves that they are meeting their legal duty to involve and report on how they meet it in their annual reports.

Integrated Care Partnerships (ICPs), place-based partnerships and provider collaboratives also have specific responsibilities towards participation. There are statutory requirements for ICBs and ICPs to produce strategies and plans for health and social care, each with minimum requirements for how people and communities should be involved.

A significant change introduced by the Health and Care Act 2022 is that, in respect of NHS England and ICBs, the description of people we must make arrangements to involve has been extended from 'individuals to whom the services are being or may be provided' to also include 'their carers and representatives (if any)'.

### **b. The triple aim duty**

NHS England, ICBs, NHS trusts and NHS foundation trusts are subject to the new 'triple aim' duty in the Health and Care Act 2022 (sections 13NA, 14Z43, 26A and 63A respectively). This requires these bodies to have regard to 'all likely effects' of their decisions in relation to three areas:

1. health and wellbeing for people, including its effects in relation to inequalities
2. quality of health services for all individuals, including the effects of inequalities in relation to the benefits that people can obtain from those services
3. the sustainable use of NHS resources.

Effective working with people and communities is essential to deliver the triple aim.

### **c. Involvement duties on commissioners and providers**

To reinforce the importance and positive impact of working with people and communities, NHS England, ICBs and trusts all have legal duties to make arrangements to involve the public in their decision-making about NHS services.

The main duties on NHS bodies to make arrangements to involve the public are all set out in the National Health Services Act 2006, as amended by the Health and Care Act 2022:

- [section 13Q](#) for NHS England
- [section 14Z45](#) for ICBs
- [section 242\(1B\)](#) for NHS trusts and NHS foundation trusts.

A requirement to involve the public is also included as a service condition in the [NHS Standard Contract](#) for providers.

Each of the organisations listed above is accountable and liable for compliance with their public involvement obligations. However, that does not mean that each organisation should carry out its public involvement activities in isolation from others within the ICS and beyond. Plans, proposals or decisions will often involve more than one organisation, particularly in respect of integration and service reconfiguration, in which case it is usually desirable to carry this out in an joined up and co-ordinated way, reducing the burden on both the public and the organisations themselves.

The legal duties require arrangements to secure that people are 'involved'. This can be achieved by consulting people, providing people with information, or in other ways. This gives organisations a considerable degree of discretion as to how people are involved, subject to the below requirements.

### **d. The Gunning Principles**

Commissioners and trusts must ensure that their arrangements to involve people are fair. The courts have established guiding principles for what constitutes a fair consultation exercise, known as the Gunning principles. These four principles relate to public



consultation processes and do not create a binding legal precedent for how other ways of involving the public should be carried out. However, they will still be informative when making arrangements to involve the public, whatever the form of those arrangements.

1. Consultation must take place when the proposal is still at a formative stage.
2. Sufficient information and reasons must be put forward for the proposal to allow for intelligent consideration and response.
3. Adequate time must be given for consideration and response.
4. The product of consultation must be conscientiously taken into account.

### **e. The Equality Act 2010**

The Equality Act 2010 prohibits unlawful discrimination in the provision of services on the grounds of protected characteristics. These are: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex and sexual orientation.

As well as these prohibitions against unlawful discrimination the Equality Act 2010 requires public sector organisations to have 'due regard' to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- advance equality of opportunity between people who share a protected characteristic and those who do not
- and foster good relations between people who share a protected characteristic and those who do not.

This is known as the 'public sector equality duty' (section 149 of the Equality Act 2010).

Working with people with characteristics protected under the Act means understanding how decisions or policies can affect them and whether they will be disproportionately affected.

An Equality Impact Assessment (EIA) will need to be undertaken on any proposals for changes to services that are developed, in order to understand any potential impact on protected groups and ensure equality of opportunity. Involvement and consultation must span all protected groups and other groups, and care should be taken to ensure that 'seldom-heard' interests are engaged with and supported to participate, where necessary.

#### **4. Who did we involve and how did we involve them?**

The engagement took place from 16 March until 28 April 2023. Throughout the preparations, the practice worked with their PPG to ensure the group was able to contribute to engagement plans.

We used a survey to gather the views of registered patients, which was included in a letter giving more information about the proposal and plans. Surveys were made available within the practice both as handouts as well as given out by staff. They were also sent to registered patients by text and in letters. The practice used clinics running during the engagement period to share with patients and information was made available on the website. The Integrated Care Board shared with their contact lists to ensure wider awareness of this work.

## 5. What did people tell us?

We received 334 completed surveys. The findings from the survey are set out below.

### Q1. Which practice do you use most?

The majority of respondents (74.9%, 250) stated that they used Henry Moore Clinic the most.

	Response Percent	Response Total
Henry Moore Clinic, Smawthorne Lane	74.9%	250
Fryston Road	22.2%	74
N/A	0.6%	2
Other (please tell us):	2.4%	8
	<b>answered</b>	<b>334</b>
	<b>skipped</b>	<b>0</b>

For those that selected other, they made the following comments:

- Both
- When you can get an appointment
- None cause can never get appointment
- Make appointments via Henry Moore but they often take place at Fryston Road.  
Location not an issue as long as I am able to be seen
- I live nearer to Smawthorne but always seem to have to travel to Fryston Road Surgery
- Unable to access either now
- I live closer to. But depending which can see me first
- None cause can never get appointment

### Q2. Would the move have an impact on you and your family?

When asked whether the move would have an impact on them, 44% (147) didn't think it would have any impact, and if it did have an impact, 32.6% (109) felt that this would be a positive impact. With just 7.5% (25) feeling that it would have a negative impact on them or their family.

	<b>Response Percent</b>	<b>Response Total</b>
Yes – positive	32.6%	109
Yes – negative	7.5%	25
No	44.0%	147
Don't know	15.9%	53
	<b>answered</b>	<b>334</b>
	<b>skipped</b>	<b>0</b>

The results were reviewed to establish if there was any variation in views depending on which practice people used the most. As can be seen from the tables below there was a slight variation in views between those that mostly attended Henry Moore Clinic and those that attend Fryston Road, with people at Fryston Road less likely to feel that the move would have a negative impact on them.

#### **Henry Moore Clinic**

	<b>Response Percent</b>	<b>Response Total</b>
Yes – positive	36%	90
Yes – negative	8.4%	21
No	42%	105
Don't know	13.6%	34
	<b>answered</b>	<b>250</b>
	<b>skipped</b>	<b>0</b>

#### **Fryston Road**

	<b>Response Percent</b>	<b>Response Total</b>
Yes – positive	24.3%	18
Yes – negative	4%	3
No	54%	40
Don't know	17.6%	13
	<b>answered</b>	<b>74</b>
	<b>skipped</b>	<b>0</b>

People were asked to explain how the move would impact them. 160 (47.9%) people provided a response. The main themes raised were:

Many felt that there wouldn't be any impact on them, particularly for those people that currently drive to their appointments or for those that currently access services at Fryston Road.

Many people felt that the Castleford Health Hub would be a significant improvement as it would be easier to park, people would be able to access a wider range of services, it would be a nicer environment with improved facilities, and some felt that being part of a larger practice would mean there would be more staff and as such would make it easier to access appointments.

For those people that currently access most of their services at the Henry Moore Clinic, most were positive about the changes and felt that Castleford Health Hub would be a significant improvement for wheelchair users and those with mobility impairments. However for some it would mean they would have to walk further or incur additional costs by using a taxi or bus.

Some concerns were raised that moving to larger practice would make it even more difficult to access appointments as there would be a greater demand on services, especially face to face. And a larger practice would lose the friendly feel of a smaller practice.

Some people were more cautious and were looking for reassurance with regards to:

- What services would continue to be provided at their practice, and which services would be provided at the Castleford Health Hub. People were interested to know if they would be able to access blood tests, diagnostics, and secondary care.
- People wanted reassurance with regards to the availability of parking spaces and whether there would be a cost for this, and if there would be a sufficient number of disabled parking spaces.

- How they would access appointments, would they access them via a 'call centre' hosted in the hub, would they have to ring at 8.00am, and would there be more appointments available, particular mention was made with regards to face to face appointments. And would they be able to continue accessing appointments with their current GP.
- Concern that in the long-term services at Fryston Road will be moved to Castleford Health Hub.
- Will there be a pharmacy co-located at the new practice, as people value the convenience of being able access the pharmacy at Henry Moore Clinic.

**Q3. What do we need to think about when we plan our move to the health hub? For example, the services that are available at each site.**

231 (69.2%) people provided a response to the question. The main themes raised were:

#### Appointments

Whilst people were happy with the proposal, they felt that unless it was easier to access appointments, they would struggle to see any benefit of making the changes. They want to be able to book same day appointments, appointments in advance and appointments to be available evenings and weekends, and for these to be bookable over the phone, and online via an app / website. And to be able to book face to face appointments.

People also want reassurance that the health hub, Henry Moore Clinic, and Fryston Road would be staffed to ensure that access to appointments would be improved.

#### Range of services

People were keen that they would be able to continue to access the services that are currently provided but would also like to be able to access a wider range of services at the health hub, suggestions made were:

- Mental health services – counselling, CBT
- Drug and alcohol dependency service
- Dietitian – to provide diet advice and support
- Provide space for community groups to run support groups

- Physiotherapy
- Eye clinics
- Diabetic eye screening
- Ultrasound
- Secondary care appointments to save people having to travel to Pinderfields
- Blood tests
- X-rays
- Walk-in centre to deal with minor cuts, injuries, sprains
- Women's health services incl menopause clinics
- Neurodivergent services
- Children's vaccinations
- Contraceptive services
- Pharmacy which is located on site
- Annual health checks – asthma reviews, vaccinations
- Dental practice
- Minor surgery
- Podiatry
- Chiropractor
- MSK clinics
- Sexual health drop-in service
- Free to use self-assessment equipment: weighing scales, fat/BMI calculators, BP monitors
- Ensure services available meet the needs of the population that it serves, for example if high incidence of diabetes, then provide diabetes clinics
- First Contact Practitioners such as Physiotherapists for MSK assessment and treatment and Occupational Therapists to address mental health and vocational/return to work interventions thereby freeing up GPs and making best use of specialist practitioners who can deliver specific interventions that are much needed and not routinely available, but will reduce GP pressures and optimise the offer to patients
- Integration with social care and schools

Some people mentioned that they would like to see more services available at Fryston Road

## Environment

In terms of the environment people want it to:

- Provide free parking including disabled spaces
- Be easy to access for people with wheelchairs and pushchairs, with no steps and a lift
- Have a large waiting area that includes a children's play area
- For the reception area to be soundproofed to ensure confidentiality
- Have clear signposting
- Provide good toilet facilities
- Have examination rooms that can accommodate an examination couch
- For all services to be accessible for people with visual impairments, and hard of hearing

## Communication

People want to be kept updated on the changes and receive information on how and where to access services both before and after the health hub is open. Particular mention was made with regards to supporting vulnerable patients through this transition.

### **Q4. Do you have any worries about our plans?**

249 (74.5%) people provided a response to the question, with 160 (64.3%) stating that they had nothing more to add. Of those that did provide a comment (89, 35.7%) the main themes raised were:

- That people will be charged to use the car park and the car park will not be large enough to accommodate the wide range of services being provided at the health hub meaning people will have to park further away.
- That the appointment system will not be improved, and people will still not be able to book appointments in advance and will have to ring at 8.00am to book an appointment.
- That the change will lead to a reduction in staff and or an increase in patient numbers making it even more difficult to get an appointment.



- The impact on Henry Moore Clinic and Fryston Road and whether this will result in a reduced service and in the long-term the closure of the practices.
- For those that use the bus to attend appointments there were some concerns regarding the reliability of the bus service.
- A few people mentioned that the move would mean that they would have to walk further and were concerned about the impact this would have on their health.
- Being a patient of a larger practice may feel less personal.

## 6. Equality representation and analysis

The patient survey data was analysed to establish whether the respondent sample was representative of the communities served and if any protected groups had responded significantly differently to the survey questions. Where significant differences have emerged, they are detailed. The findings were as follows:

### a. Representation

The data on the survey respondents was reviewed to understand if there was a representative sample of the local community, a direct comparison wasn't available for the practice population but data on Castleford Central and Glasshoughton was considered.

Of the people completing the equality monitoring form 99% were completing it about themselves.

**Postcodes** - Postcodes were provided by 303 respondents, the majority were living in WF10 (Castleford)

Postcode	%
WF10	90.8%
WF1	5.0%
WF8	2.3%
WF6	0.7%
WF11	0.3%
WF2	0.3%

Postcode	%
WF20	0.3%
WF7	0.3%

**Age** - The ages ranged from 21 to 100.

Age range	%
21-30	6.6%
31-40	13.5%
41-50	17.8%
51-60	21.5%
61-70	19.8%
71-80	17.2%
81-90	3.3%
91-100	0.3%

There were fewer respondents from younger people.

- **Gender** - Of the respondents that provided their gender, 72% were female and 27% male. Clearly more women responded to the survey, we often find this. The 27% of men responding should adequately reflect the attitudes of men.
- **Country of birth** - When asked about country of birth 95.5% were born in the UK, 3.6% elsewhere (although this included 3 born in England) the rest were from Poland (3), Germany (2) and one each from Canada, Zimbabwe and Moldova.
- **Religion** - The majority recorded a Christian faith (59%), with 36% having no religion.
- **Ethnic background** - 94.1% were from White British backgrounds, 2% from other White backgrounds. There was one respondent from Asian or Asian British, Black or Black British and mixed or multiple backgrounds.

The data from Castleford and Glasshoughten would suggest a greater response from people from different ethnic backgrounds, with a range from 0.1% to 4.1% for people from Asian and Asian British backgrounds, 0.0% to 1% from Black and Black British backgrounds and 0.3% and 2.6% for mixed and multiple backgrounds. The practice profile suggests 2.3% of patients from ethnic minority backgrounds.

- **Disability** - 13.2% of the respondents said they were disabled. 225 respondents described a long-term condition, impairment or illness. Of these 27.6% had a physical or mobility impairment, 27% had a long-term condition, 26.4% had a mental health condition, 10.9% a hearing impairment, 2.9% were neurodivergent and 2.3% were sight impaired. 48 respondents describe other conditions.
- **Carers** - 11.9% are providing care for someone who is older, disabled or has a long-term condition.
- **Sexual orientation** - 4.7% were lesbian, gay, bi or pansexual, no respondents were trans.
- **Financial situation** - When asked to describe their current financial situation, 51.2% were quite comfortable, 27.8% just getting by, 6.8% very comfortable and 2.7% really struggling.
- **Pregnancy** - 2% were pregnant or had given birth in the last 6 months.
- **Children** - 79 respondents were parents or primary carers for children.

## **b. Analysis of views**

As the survey asked qualitative questions about people's views their comments were reviewed for equality relevant content to be able to understand the most significant issues for those who completed the survey.

### **Would the move have an impact on you and your family?**

Comments included feedback about travel and parking with age and disability, accessible features of the new build, concerns about service and change and increased costs if parking was not free.

- "I struggle to get into town with disability so if Henry Moore closes I probably won't go to the drs anymore"
- "Assume facilities will be more modern, more accessible in wheelchair, more space. Possibly more joined up with other health and community services - this is all really positive"
- "More walking. Bad for my legs"

- “I have autistic children with anxiety and feel that a larger setting would just put them off going all together”
- “As someone who does not drive and has mobility issues which mean walking any distance is difficult I rely heavily on how close the practice is to be seen and a move in location would drastically impact my ability to use the services”
- “Parking and access for my mother is not good at current location - Additional Disabled car parking and ground floor Dr rooms would be better”
- “However if you then charge for parking or allow shoppers to use then it will have a financial impact”
- “Smawthorne lane is conveniently located for me and I struggle with my mobility, moving it into the town centre will mean I will need to pay for taxis which I do not have the extra funds to pay for”
- “We sometimes have appointments at Henry Moore Clinic and parking is difficult. My partner's mother is 90 and sometimes needs support with he mobility so better parking and accessible services will be great”
- “Husband disabled and unable to walk. Access to both surgeries is a problem and parking very difficult. Need more disabled spaces”
- “Hopefully disabled parking and easy wheelchair access”

### **What do we need to think about when we plan our move to the health hub?**

- "My daughter struggles with her menstrual cycle and her mental health. I would like to see a clinic for both of these”
- “Wheelchair access, parking, lifts. It would be beneficial if all services are available on one site”
- “Would like to see more hubs for the disabled the elderly people suffering from mental health issues well men/women, new mum's group”
- “Accessible services, walk in options, minimise waiting for appointments”
- “I guess you should really think about the older generation that live close to the Smawthorne Lane surgery”
- “I just think elderly and vulnerable need to be considered in terms of locational or age based service access changes”

- “Disabled access and Parking. Is the waiting area big enough to accommodate three practices?”
- “Appropriate women's health and mental health services & Neurodivergence”
- “Access – stairs”
- “Disability parking spaces. Easy access for those with mobility issues. Waiting area where you are not too close to other people. Not overloaded with notices stuck on the walls. A TV screen with all notices is preferable”
- “How the move is managed for vulnerable patients”
- “There needs to be more care for the elderly, could any injections be given in the elderly persons home? ”
- “Accessible services for the hard of hearing, those with reduced mobility and vision problems”
- “Consider having helpers at the entrance for the first few weeks (or longer) to help direct people. New buildings are often disorientating for people especially when visiting for a medical problem and for those with children.”
- “That there are hearing services”
- “Parking. Services that fit the low income, working class demographics, i.e. diabetes”

### **Do you have any worries about our plans?**

- “I’m rarely poorly but when I am and queue in winter in poor weather to get an appointment it saddens me that elderly/ frail are there as they have paid stamp all their life and this is where we are at, prioritizing access to appointments, even positive discrimination to vulnerable i wouldn’t mind as a community priority.”
- “No if access is addressed. Plenty of outside lights if dark as can be some dodgy people around that area.”
- “No transport and elderly”
- “Not been able to access services without going into town this will be a problem for people with mobility issues.”

## **7. How will the findings be used?**

Findings of this engagement will be presented to both the practice to inform their plans as part of the preparations for the new built health hub, and the Integrated Care Board to inform the wider discussions around the development of the health hub in Castleford.

## **Appendix A – Letter to patients and survey**

Dear Patient

We are writing to you to let you know about the plan to build a new health hub in Castleford and what this means to our patients. A health hub is where different services come together in one building.

### **What is the plan?**

To build a new health hub in the centre of Castleford, in place of the current health centre which is located on Welbeck Street.

The plan is for the current Castleford Health Centre to be demolished and a new health hub built on the public car park next to it. The car park would be created on the old health centre site.

The current Castleford Health centre has two GP practices, they would move into the new building, together with more health and Council services.

Henry Moore GPs have been working with other practices in the area, the NHS and Wakefield Council. The Council have approved the plans. Building work on the new health hub is expected to start in summer 2023 and be completed by early 2025.

### **What does this mean for Henry Moore patients?**

As a practice, we offer services at the Henry Moore Clinic, Smawthorne Lane in Castleford and at Fryston Road Surgery.

When the new Castleford Health Hub is built we would like this to become our main practice site. This is about half a mile from our Henry Moore Clinic. We would keep some services at Smawthorne Lane. This would not affect services provided at Fryston Road.

We believe this plan is a positive move for the practice and patients. We would move to a purpose-built health centre which would provide better access for our patients, including a larger waiting area, car parking and more space.

### **What are we planning to do?**

The new health hub should be open in 2025. Once open most of our services including GP and nurse appointments would be at the new health hub. We would have some GP and nurse appointments at the Henry Moore Clinic, although the number would reduce. Fryston Road services would remain the same.

The location of the new health hub can be seen below:



Map with location of old and new health centres on Welbeck Street



Picture from P+HS Architects

### What do you think about our plans?

We think this is a great opportunity for our patients and staff. The new health hub will provide services to local people with better facilities and access for those using and working in the building. This will include more accessible parking.

As the hub will not be ready until 2025, we want to know what you think about our plans to help us get it right for our patients.

Please can you tell us by filling out the survey attached to this letter or doing it online at <https://www.smartsurvey.co.uk/s/HenryMoore/>. You can hand the form in to our receptions or post it free of charge to FREEPOST Wakefield District Health & Care Partnership. Let us have your views by 28 April 2023.



If you have any questions, please contact the Practice Manager at 01977 552007.

**1. Which practice do you use most? [tick one]**

- Henry Moore Clinic, Smawthorne Lane
- Fryston
- N/A
- Other (please tell us) .....

**2. Would the move have an impact on you and your family?**

- Yes – positive
- Yes – negative
- No
- Don't know

**Tell us more**

**3. What do we need to think about when we plan our move to the health hub?**

**For example, the services that are available at each site.**

**4. Do you have any worries about our plans?**

Please answer the questions below, some questions may feel personal, you do not have to answer them. If you would like help to complete this form or would like it in a different format (such as large print) call 01924 213050 or email [wycib-wak.engagement@nhs.net](mailto:wycib-wak.engagement@nhs.net).

## Equality Monitoring Form

It is important to us that all communities across **(insert place/s)** have their say in shaping local services. Equality monitoring collects data about people, it is important for us to collect and analyse this data to make sure we provide the right services. This information helps us understand which communities' views are being heard and which are not.

Your information will be protected and stored securely in line with data protection rules and no personal information will be shared. If you would like to know how we use this information, please visit our privacy **notice/s – add place/s hyperlink**. **Who is this form about?**

(Please tick one option)

- Me
- Someone else - using their information

### 1. What is the first part of your postcode?

**Example WF13:**

- Prefer not to say

### 2. What is your gender?

(Please tick one option)

- Male
- Female
- Non-Binary
- Prefer Not to say
- I describe my gender in another way.

**(Please tell us)**

### 3. How old are you?

**Example 42:**

- Prefer not to say

**4. What country were you born in?**

**(Please tick one option)**

United Kingdom

Prefer not to say

Other country: **(Please tell us):**

**5. What is your religion?**

**(Please tick one option)**

No religion

Christian (including Church of England, Catholic, Protestant and all other denominations)

Muslim

Buddhist

Hindu

Jewish

Sikh

Prefer not to say

Other religion **(please tell us):**

**6. What is your ethnic group?**

**(Please tick one option)**

Prefer not to say

**Asian or Asian British**

Pakistani

Bangladeshi

British Indian

Chinese

Any other Asian background

**(Please tell us):**

**Black, Black British, Caribbean, or African:**

Caribbean

African

Any other Black background

**(Please tell us):**

**Mixed or multiple ethnic groups**

White and Black Caribbean

White and Black African

White and Asian

Other Mixed background **(please tell us):**

**White**

English, Welsh, Scottish, Northern Irish or British

Irish

Gypsy or Irish Traveller

Roma

Other White background **(please tell us):**

**Other ethnic groups**

Arab

Any other ethnic background **(please tell us)**

**7. Are you disabled?**

Yes

No

Prefer not to say

**8. Do you have any long-term conditions, impairments or illness?**

(Please tick all that apply)

- Prefer not to say
- Physical or mobility impairment:** (such as using a wheelchair, difficulty walking or using your hands)
- Hearing impairment:** (such as being D/deaf or hard of hearing)
- Sight impairment:** (such as being blind or partially sighted)
- Mental health condition:** (such as having depression, schizophrenia, bipolar disorder)
- Learning, understanding, concentrating or memory:** (such as Down's Syndrome, stroke or head injury)
- Neurodivergent conditions:** (such as autism, ADHD and / or dyslexia)
- Long term conditions:** (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)
- Other: (please write in):

**9. Are you a carer? (Do you provide unpaid care or support to someone who is older, disabled or has a long-term condition)**

- Yes
- No
- Prefer not to say

**10. What is your sexual orientation?**

- Bi / Pansexual
- Gay
- Lesbian
- Heterosexual / Straight
- Asexual
- Prefer not to say
- I prefer to use another term (**please tell us**):

**11. Are you Trans?**

(Trans is a term used to describe people whose gender identity is not the same as the sex registered at birth.)

- Yes
- No
- Prefer not to say

**12. The cost of living can impact experiences of health and outcomes can you tell us about your current financial situation?**

(Please tick one option)

- Very comfortable** (I have more than enough money for food and bills and a **lot** left over)
- Quite comfortable** (I have enough money for food and bills, and **some** left over)
- Just getting by** (I have just enough money for food and bills and a **nothing** left over)
- Really struggling** (I don't have enough money for food and bills and sometimes **run out** of money)
- I don't know**
- Prefer not to say**

(We ask this question to help us understand the impact of income on experiences of services or health)

**13. Are you pregnant or have you given birth in the last 6 months?**

- Yes
- No
- Prefer not to say

**14. Are you a parent / primary carer of a child or children, if yes, how old are they?**

(Please tick any that apply)

- No
- 0 to 4

- 5 to 9
- 10 to14
- 15 to19
- Prefer not to say

**Thank you for taking the time to complete this form.**

**Please hand this form to the reception or post free of charge to:**

**Freepost Wakefield District Health & Care Partnership**

## Appendix B – Equality monitoring data from survey

### Q1. Who is this form about?

	%	Number
Me	98.71	307
Someone else - using their information	1.29	4
	<b>answered</b>	<b>311</b>
	<b>skipped</b>	<b>23</b>

### Q2. What is the first part of your postcode? (E.g. WF11)

	%	Number
WF10	90.8	276
WF1	5.0	16
WF8	2.3	7
WF6	0.7	2
WF11	0.3	1
WF7	0.3	1
WF2	0.6	2
	<b>answered</b>	<b>305</b>
	<b>skipped</b>	<b>29</b>

### Q3. What is your gender?

	%	Number
Male	27.60	85
Female	71.43	220
Prefer not to say	0.97	3
I describe my gender in another way (please tell us)		
	<b>answered</b>	<b>308</b>
	<b>skipped</b>	<b>26</b>

### Q4. How old are you? (E.g. 42)

Age range	%
21-30	6.6%



Age range	%
31-40	13.5%
41-50	17.8%
51-60	21.5%
61-70	19.8%
71-80	17.2%
81-90	3.3%
91-100	0.3%

#### Q5. Which country were you born in?

When asked about country of birth 95.5% were born in the UK, 3.6% elsewhere (although this included 3 born in England) the rest were from Poland (3), Germany (2) and one each from Canada, Zimbabwe and Moldova.

#### Q6. Do you belong to any religion?

	%	Number
Buddhism	0.65	2
Christianity (all denominations)	58.9	182
No religion	36.57	113
Prefer not to say	2.27	7
Other (please tell us):	1.62	5
	<b>answered</b>	<b>309</b>
	<b>skipped</b>	<b>25</b>

#### Q7. What is your ethnic group?

94.2% were from White British backgrounds, 2% form other White backgrounds. There was one respondent from Asian or Asian British, Black or Black British and mixed or multiple backgrounds.

#### Q8. Are you disabled?

	%	Number
Yes	13.18	39
No	82.77	245

	%	Number
Prefer not to say	4.05	12
	<b>answered</b>	
	<b>skipped</b>	

**Q9. Do you have any long-term conditions, impairments or illness? (If yes please tick any that apply)**

	%	Number
Physical or mobility impairment: (such as using a wheelchair, difficulty walking or using your hands)	27.43%	48
Hearing impairment: (such as being D/deaf or hard of hearing)	10.86%	19
Sight impairment: (such as being blind or partially sighted)	2.29%	4
Mental health condition: (such as having depression, schizophrenia, bipolar disorder)	26.86%	47
Learning, understanding, concentrating or memory: (such as Down's Syndrome, stroke or head injury)	1.71%	3
Neurodivergent conditions: (such as autism, ADHD and / or dyslexia)	2.86%	5
Long term conditions: (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)	26.86%	47
Other (please tell us):	30.29%	53
Prefer not to say	14.86	26
	<b>answered</b>	<b>175</b>
	<b>skipped</b>	<b>159</b>

**Q10. Are you a carer? (Do you provide unpaid care to someone who is older, has a long-term condition, is disabled, or has other support needs?)**

	%	Number
Yes	11.84	36
No	86.84	264
Prefer not to say	1.32	4
	<b>answered</b>	<b>304</b>
	<b>skipped</b>	<b>30</b>

**Q11. Which of the following best describes your sexual orientation?**

	%	Number
Bi / Pansexual	1.01%	3
Gay	1.35%	4
Lesbian	1.35%	4
Heterosexual / Straight	90.88%	269
Asexual	0.00%	0
Prefer not to say	4.39%	13
I prefer to use another term (please tell us):	1.01%	3
	<b>answered</b>	<b>296</b>
	<b>skipped</b>	<b>38</b>

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

**Q12. Do you consider yourself to be a Trans\* person? \*Trans is an umbrella term used to describe people whose gender is not the same as the sex they were assigned at birth.**

In terms of sexual orientation 3.9% of respondents identified as bisexual, lesbian, gay or other. No comparative local data exists for these populations, however the ONS published data for lesbian, bisexual and gay populations, estimating 1.1% for West Yorkshire (2013-15). 0.5% identified as trans.

	%	Number
Yes	0	
No	97.97	290
Prefer not to say		
	<b>answered</b>	<b>296</b>
	<b>skipped</b>	<b>38</b>

Transgender and Trans are an umbrella term for people whose gender identity and/or gender expression differs from the sex they were assigned at birth. One study suggested

that the number of Trans people in the UK could be around 65,000 (Johnson, 2001, p. 7), while another notes that the number of gender variant people could be around 300,000 (GIRES, 2008b).

**Q13. Do you/or anyone you live with get any of these benefits? \*\***

The cost of living can impact experiences of health and outcomes can you tell us about your current financial situation? (We ask this question to help us understand the impact of income on experiences of services or health).

	<b>%</b>	<b>Number</b>
Very comfortable (I have more than enough money for food and bills and a lot left over)	6.76%	20
Quite comfortable (I have enough money for food and bills, and some left over)	51.01%	151
Just getting by (I have just enough money for food and bills and a nothing left over)	27.70%	82
Really struggling (I don't have enough money for food and bills and sometimes run out of money)	3.04%	9
I don't know	0.68%	2
Prefer not to say	10.81%	32
	<b>answered</b>	<b>296</b>
	<b>skipped</b>	<b>38</b>

**Q14. Are you pregnant or have you given birth in the last 6 months?**

	<b>%</b>	<b>Number</b>
Yes	2.02	6
No	96.97	288
Prefer not to say	1.01	3
	<b>answered</b>	<b>297</b>
	<b>skipped</b>	<b>37</b>

**Q15. Are you a parent/primary carer of a child or children who live with you, if yes, how old are they? (Tick any that apply)**

	<b>%</b>	<b>Number</b>
No	72.66%	210
0 to 4	7.96%	23
5 to 9	5.88%	17
10 to14	10.38%	30
15 to 19	11.42%	33
Prefer not to say	3.11%	9
	<b>answered</b>	<b>289</b>
	<b>skipped</b>	<b>45</b>