Oxfordshire Primary Care Trust (PCT) plans and provides local healthcare services in the community, and funds hospital treatment for the people of Oxfordshire.

- We work with a range of people and organisations to provide healthcare, including hospitals, 82 GP practices, 113 dental practices, 97 pharmacies and 67 opticians.

- We provide a range of health services ourselves. These include eight community hospitals, of which three have a Minor Injury Unit and three have a First Aid Unit. Other services are shown in the box to the right.

- We work to reduce healthcare-associated infections and other communicable diseases, improve immunisation coverage, and maintain robust emergency plans and responses. This includes planning for a pandemic flu outbreak.

- We work to improve the health of the population by offering screening programmes, smoking cessation advice, tackling obesity, promoting mental wellbeing and promoting healthy lifestyles.

**Who we are**

**What we provide for patients**

The main services provided by the PCT include:

- Adult & children’s nursing
- Podiatry
- Speech & language therapy
- Physiotherapy services
- Dietetics
- Community dental services
- Services for vulnerable people
- Services to offenders in Bullingdon Prison and Huntercombe Young Offenders Institution
- Health advocacy services
- Health trainer services
- Health visiting
- Contraceptive & sexual health services
- Out-of-hours urgent care
Who was involved in drawing up the scheme?

The Equality and Diversity Steering Group at the PCT agreed that we should have a scheme.

The Public Involvement team then went out and talked to many groups and individuals, to find out what they thought should be included.

Staff were also encouraged to contribute ideas to the scheme.

A small group representing all parts of the PCT then pulled everything together.

After approval by the Equality and Diversity Steering Group, the final version was agreed by the PCT Board in July 2009.

This is a summary version of the scheme. The full scheme is available on our website: www.oxfordshirepct.nhs.uk

There are many reasons why some people have poorer health than others and cannot always access the healthcare they need; this is known as health inequality. Poverty is one of the main reasons for health inequality, but others include ethnicity, disability and gender.

We are required by law to have a scheme laying out how we are working to improve race equality, disability equality and gender equality but we are committed to a single scheme approach to tackling all inequalities. This scheme therefore also covers issues associated with age, religion and belief, and sexual orientation. These six possible reasons for health inequality are referred to as the six ‘equality strands’.

What is equality and diversity?

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

Equality is not about treating everyone the same, it is about ensuring that access to opportunities is available to all by taking account of people’s differing needs and capabilities.

Diversity is about recognising and valuing differences through inclusion.

Why do we need a single Equalities Scheme?

Oxfordshire PCT has a legal duty to ensure that, wherever possible, all people can use or receive our services to the same standards, regardless of their race, disability, gender (including gender identity), age, religion or belief, or sexual orientation.

As an employer we have a legal duty to ensure that all people have equal opportunity to be considered for employment, training and promotion. We must demonstrate how we will promote equality and human rights, and address the inequalities, disadvantages and discrimination that people may face during their lives.

The six ‘equality strands’

The six equality strands included in this scheme are:

- Race
- Disability
- Gender (including gender identity)
- Age
- Religion and belief
- Sexual orientation
1 Race

Why is race equality important?
We know that there are inequalities related to race both in access to health services and in health outcomes, while different black and minority ethnic (BME) communities experience higher prevalence of some conditions and diseases.

We also know the advantages of having a workforce which is representative, at all levels, of the population it serves.

How can race equality make a difference?
Through addressing the issues identified by local people, we can develop services that are more responsive and real choice for service users, because they are aware of services and how to access them.

Addressing race equality for staff would ensure a more-diverse workforce throughout the organisation that reflects the local population and therefore feels more welcoming to them.

BME staff can also help the organisation to better understand the needs of people from BME communities and to develop appropriate services.

“ We know the advantages of a workforce which is representative of the population it serves ”
What you have told us:

- Some health professionals do not understand the needs of some BME communities; more cultural awareness is needed.
- All frontline staff should use the interpretation service when necessary.
- BME communities want more targeted health promotion events.
- There should be more BME health professionals employed to reflect the populations they serve.

What are some of the things that we are currently doing to promote race equality?

- We have a team of health advocates working with different BME communities to support access to information and services.
- We offer an interpretation service in all languages, providing both telephone and face-to-face support 24 hours a day, seven days a week.
- We have a team of health trainers working with BME communities to support them in their healthy lifestyle choices.
- We are putting into practice the Delivering Race Equality framework for mental health, which is designed to redress imbalances in service access, quality and experience for people from BME communities.
- We are funding work with new EU migrant communities to help them access health services.

What are some of the things that we are planning to do to promote race equality?

- Ensure that the health advocacy service is available to all BME communities.
- Launch a training and awareness-raising campaign to ensure that the interpretation service is used effectively.
- Run a series of health promotion events in suitable BME community settings.
- Offer more training to frontline staff in cultural awareness.
- Support the relaunch of the BME staff network.
2 Disability

Why is disability equality important?
It has been estimated that one in seven of the population are disabled.

We need to take action to identify and address the attitudinal, institutional and physical barriers that disadvantage disabled people in getting access to our employment and our services.

There is a requirement to make ‘reasonable adjustments’ to the provision and delivery of services for vulnerable groups, including people with learning disabilities.

People with learning disabilities and people with mental health problems are more likely than other people to experience major illness, to develop serious health conditions at an earlier age and to die of them sooner. Yet they are less likely to receive some important treatments and health checks than others with the same condition. They also face real barriers to accessing services.

How can disability equality make a difference?
It helps to promote equality of opportunity for disabled people and aims to break down barriers of discrimination and stigma.
What you have told us:

- Health professionals should see the disabled person as an expert in their own care
- Carers should have what they say taken seriously
- Whenever possible, doctors should ensure that they talk directly to a person with learning disabilities, rather than about them
- Involve disabled people in the delivery of training – they are the experts
- Communication formats do not take account of differing needs for the visually-impaired; for example, audio, Braille, colour of text, colour of background and size of text
- Less jargon and technical language should be used

What are some of the things that we are currently doing to promote disability equality?

- We provide an interpretation service for people who are deaf, 24 hours a day, seven days a week
- We are working with our partners to meet the recommendations made in Healthcare For All, to improve access to healthcare for people with learning disabilities
- We have made primary care services more accessible and integrated through the development of purpose-built health centres in Blackbird Leys and East Oxford that are compliant with the Disability Discrimination Act. These were built through the Government’s NHS LIFT (Local Improvement Finance Trust) initiative
- We have developed an End-of-life Strategy to increase the support available at home, on both a planned and an unplanned level, so patients can choose to die in familiar surroundings

What are some of the things that we are planning to do to promote disability equality?

- Work with GP practices to ensure they have access to training about working with people with learning disabilities, and help them offer annual health checks to people with learning disabilities
- Work with Oxfordshire Association for the Blind to ensure that we provide information in appropriate formats
- Complete an evaluation of our interpretation service for deaf people
3 Gender

**Why is gender equality important?**
Gender equality should mean that women, men and transgender people get services that meet their needs more closely.

They should have the same access to job opportunities at the same rate of pay (relative to experience and qualifications) and the same access to services. They should not be discriminated against because of their caring responsibilities, and have the same opportunities to develop careers and still have a family/home life.

It is important to:
- Recognise that men, women and transgender people all have different needs in healthcare
- Make flexible working real for all parents and carers

**How can gender equality make a difference?**
It can make a difference by:
- Achieving equal health outcomes for men, women and transgender people
- Targeting resources to meet the needs of men, women and transgender people, as identified by people in our local community

"It is important to recognise that men, women and transgender people all have different needs in healthcare"
What are some of the things that we are currently doing to promote Gender Equality?

- We have a flexible working policy to take account of people with childcare and other caring commitments
- We are running a series of men’s health events during Men’s Health Week

What are some of the things that we are planning to do to promote gender equality?

- We will review our funding policy for people with gender dysphoria following an update on the evidence
- We will run training around the different health needs of men, women and transgender people
- We will continue to run targeted Men’s Health events

What you have told us:

- There should be more awareness-raising and training around the issues impacting on men, women and transgender people – we can only achieve gender equality when we understand their different needs
- The PCT should fund surgery for people with gender dysphoria (when people feel they are trapped in a body of the wrong sex)
Why is age equality important?
Age equality is concerned with the differences between people that are linked to age, and with avoiding preventable inequalities between people of different age groups.

Ageism, the attitudes of others, and the assumptions they make, can have a dramatic effect on older people – on their quality of life, access to services and choices, employment, and other opportunities.

Older people are more likely to have a range of complex health conditions, and often have less access to informal social support. Young people can also come up against a range of barriers to health services.

How can age equality make a difference?
It can make a difference by:
- Making sure older people have choices
- Making sure services promote and encourage independence
- Combating ageism, which can act as a major barrier to wellbeing and participation, and can lead to stereotyping
- Ensuring that young people can get the help and support they need, and find accessing services easy and affordable
- Empowering young people to make choices and decisions about their health and wellbeing, by listening to them and treating them with respect and dignity
What you have told us:

- Take age equality seriously, as the impact of age discrimination and ageist practices on our older people is profound.
- Age equality needs to be embedded throughout all policies and processes, and staff at all levels need to be aware of its importance.
- Services need to be more welcoming and accessible for young people.
- Staff need to take young people seriously, listen to them, and not stereotype them.
- There need to be more places and websites where young people can get information anonymously and confidentially.

What are some of the things that we are currently doing to promote age equality?

- We work with the Citizens Advice Bureau to provide a Benefits in Practice scheme in 16 GP practices, specifically for older people.
- Our PCT strategy recognises the importance of ageing successfully and has made the development of services and care to achieve this a priority.
- We are investing in services and reviewing the quality of services that are predominantly used by those of retirement age; for example, stroke care, falls services and dementia care.
- The PCT and Oxfordshire County Council have a large pooled budget for adults with physical disabilities and for older people, to ensure the provision of integrated care to older people and support services such as intermediate care.
- We are supporting the formation of a local Youth Parliament and are hosting its meeting.
- We provide Bodyzone drop-in clinics for young people.

What are some of the things that we are planning to do to promote age equality?

- Put into practice A Better Deal for Older People, which is part of the PCT’s Operational Plan for 2009–2013.
- Implement the ‘You’re Welcome’ quality criteria, which aim to make sure services for young people are good, inclusive and considerate to their needs, by focusing on key areas such as accessibility and confidentiality. The participation of young people is essential to the process and audit of service change.
5 Religion and belief

Why is equality around religion and belief important?
The degree to which we respect religion and belief reflects our commitment to providing patient-centred care and how well we respond to our local communities.

Not everyone expresses their spirituality through a particular faith, however, so spiritual care is also for those who don’t follow a particular tradition. We want to celebrate the diversity of people who make up our population.

If we do not acknowledge a patient’s religion and belief, we cannot communicate with the ‘whole’ person, and they cannot participate in their recovery and make informed decisions about their treatment.

Different cultures and faiths have a variety of views on health, ill health, birth, dying and death, and we need to be aware of the diversity which will affect their path and outcome of treatment.

How can equality around religion and belief make a difference?
There is a growing body of knowledge that shows a positive link between spiritual and religious practices and wellbeing. Allowing patients to express or practise their religion or beliefs helps them to overcome what are sometimes multiple losses from illness, affecting mobility, role, status and self-image, for example, as well as health.
What you have told us:

- Don’t make assumptions – ask the individual about their faith and beliefs
- The importance of the social network of the local faith communities – we need to make more use of these links
- We need to rephrase the ‘What is your religion?’ question, as some people find it offensive – not everyone has a religion

What are some of the things that we are currently doing to promote equality around religion and faith?

- We include a religion/faith component in our training on equality and diversity
- We are funding a faith research project with a view to improving access to services for faith groups across Oxfordshire

What are some of the things that we are planning to do to promote equality around religion and faith?

- We will use the new PCT intranet site – our internal website – to provide information for staff about different faiths
- We will look for examples of good practice in collecting information about faith and religion
- We will ensure that faith and religion are adequately covered in our training on equality and diversity
- We will consult and liaise with local faith groups on service development issues
Why is equality around sexual orientation important?
A recent report by Stonewall and the Department of Health, ‘Being the Gay One’ (2007), shows that there is still homophobia and discrimination in parts of the NHS.

The National Audit Office and Stonewall estimate that around 6.5% of the national population is lesbian, gay or bisexual, which will be reflected in the local populations that we serve.

Every day at work and in their personal lives, lesbian, gay and bisexual people are forced to choose between being open and honest about their sexuality, avoiding the issue, or lying to their colleagues or friends. This can cause a huge amount of stress to the individual, both at work and in their personal lives.

This is shown by the health inequalities suffered by many lesbian gay and bisexual individuals. There is a lower uptake of some health services – gay and bisexual men are less likely to be registered with a GP, for example.

There is also a higher occurrence of certain health conditions – lesbian, gay and bisexual people show significantly higher levels of mental distress, self-harm and suicide than heterosexuals, for example.
How can equality around sexual orientation make a difference?
By addressing the issues identified locally, we can tackle these health inequalities, developing more responsive services that suit the needs of lesbian, gay and bisexual people.

What are some of the things that we are currently doing to promote equality around sexual orientation?
- Oxfordshire PCT helps to fund, and is a member of, the Homophobia Awareness Liaison Team (HALT) in Oxfordshire
- We had a health promotion stall at Oxford’s Gay Pride event
- We commission the Terrence Higgins Trust to provide services for gay men

What are some of the things that we are planning to do to promote equality around sexual orientation?
- We plan to identify a ‘champion’ for gay, lesbian and bisexual people within the PCT to help us promote good practice
- We plan to offer targeted training to staff about the needs of the lesbian, gay and bisexual communities

What you have told us:
- Everyone should feel comfortable using any health service, regardless of their sexual orientation, so staff should be trained on lesbian, gay and bisexual issues to be responsive to their needs
- We should value our lesbian gay and bisexual staff, and encourage a culture and environment where everyone feels able to be open about their sexuality
Who will make sure this happens?
Our Board has appointed a non-executive director and an executive
director to lead on equality and diversity issues. This work is
overseen by the Equality and Diversity Steering Group, which
includes senior people from all parts of the PCT. An equality and
diversity specialist has a coordinating role for this group, making
sure that the proposed action happens across the organisation and
that suitable training and support are available.

We will undertake an annual review of our action plan, as well as
quarterly monitoring of progress through the Equality & Diversity
Steering Group.

Equality impact assessments
Oxfordshire PCT, in accordance with equalities legislation, will carry
out equality impact assessments (EIAs) on all:
- Strategic plans
- Service development and redesign proposals
- Projects identified as part of the business planning process
- Proposed, revised or existing policies and protocols

EIAs enable us to identify the impact or effect, either negative or
positive, of our policies, procedures and functions on different
sections of the population. They pay particular regard to the needs
of different minority groups. Where negative impacts are identified,
we will take steps to deal with them.

“Where negative impacts are identified, we will take steps to deal
with them”
How will we involve people to make it work?

It is an important part of Oxfordshire PCT’s role to involve patients, staff, carers and the public in the continuous development of services of which the PCT can be proud and that people will be happy using.

Effective communication and public involvement must support equity and accessibility. A wide range of engagement and involvement methods are therefore used to ensure that we are being fair:

- Using opportunities for face-to-face discussions with staff, patients, carers and the public in settings which are familiar and accessible to them
- Producing appropriate, timely and focused briefings, newsletters and reports
- Using social marketing tools to improve health and to reduce inequalities
- Using technology, including web-based communication, to reach a wide audience, including those groups and communities whose voices have not always been heard in the past

Oxfordshire PCT will also continue to build on our existing partnership work with other local organisations, charities and community groups to ensure that we continue to promote equality.
Further information

The full scheme is available from our website:
www.oxfordshirepct.nhs.uk

If you would like a hard copy, please contact:
Mary Hardwick
Equality & Diversity Specialist
Tel: 01865 227146
Email: mary.hardwick@oxfordshirepct.nhs.uk
Are we speaking your language?

Alternative formats of this publication are available on request. These include other languages, large print, Braille or electronically via CD, email or audio.

If you would like information in an alternative format, please ask by calling 0800 052 6088.

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