

# **INTEGRATED IMPACT ASSESSMENT**

## **BASELINE REPORT**

**Fit for the Future Programme  
Date of Publication: December 2019**




## **CONTENTS**

<b>1</b>	<b>DOCUMENT PURPOSE &amp; SCOPE .....</b>	<b>4</b>
1.1	OVERVIEW.....	4
1.2	SCOPE.....	4
1.3	PURPOSE.....	5
<b>2</b>	<b>EXECUTIVE SUMMARY.....</b>	<b>6</b>
2.1	BACKGROUND .....	6
2.2	KEY MESSAGES FOR WORKSTREAMS AND DECISION-MAKERS.....	7
<b>3</b>	<b>POPULATION HEALTH NEEDS AND OUTCOMES .....</b>	<b>12</b>
<b>4</b>	<b>CURRENT PATIENT ACTIVITY .....</b>	<b>19</b>
4.1	ACTIVITY IN COMMUNITY URGENT CARE (MINOR INJURY AND ILLNESS) SERVICES .....	19
4.2	ACTIVITY IN ACUTE HOSPITAL SERVICES .....	24
<b>5</b>	<b>EQUALITIES BASELINE FOR CURRENT ACTIVITY.....</b>	<b>35</b>
5.1	AGE.....	36
5.2	DISABILITY .....	38
5.3	RACE.....	40
5.4	SEX.....	44
5.5	GENDER REASSIGNMENT .....	45
5.6	MARRIAGE AND CIVIL PARTNERSHIP .....	46
5.7	PREGNANCY AND MATERNITY.....	46
5.8	RELIGION OR BELIEF.....	47
5.9	SEXUAL ORIENTATION .....	47
5.10	DEPRIVATION.....	48
5.11	SUMMARY .....	50
<b>6</b>	<b>TRANSPORT CONTEXT FOR GLOUCESTERSHIRE RESIDENTS .....</b>	<b>52</b>
6.1	OVERVIEW.....	52
6.2	TRAVELLING BY CAR .....	52
6.3	HOUSEHOLDS WITHOUT A CAR/VAN.....	57
6.4	TRAVELLING BY PUBLIC TRANSPORT .....	61
6.5	COMMISSIONED TRANSPORT OVERVIEW .....	65
6.6	COMMUNITY TRANSPORT.....	66
6.7	TRANSPORT SUMMARY .....	67
<b>7</b>	<b>QUALITY BASELINE.....</b>	<b>68</b>
	<b>APPENDIX A: ASSUMPTIONS .....</b>	<b>69</b>
	<b>APPENDIX B: ABBREVIATIONS .....</b>	<b>70</b>

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# 1 DOCUMENT PURPOSE & SCOPE

## 1.1 Overview

A key commitment for the *Fit for the Future* programme is to deliver the requirements for Service Change as set out in *Delivering Service Change for Patients* (NHS England, 2018). An important component of this is delivery of an Integrated Impact Assessment on proposed solutions.

The key programme phases are shown below, alongside associated Integrated Assessment Reports and the level of analysis required.

This document is the **Baseline Report** – highlighted below.

No	Phase	Output/Document	Purpose
1	Solutions Development Oct – Dec 2019	Baseline Report	To ensure potential solutions to the case for change are developed with an understanding of current baseline impact, and potential estimated impact. No specific solutions are appraised in the Baseline Report.
2	Solutions Appraisal Jan 2020 – May 2020	Pre-Consultation Report	The Baseline Report updated with analysis of the potential impact of the preferred solution(s). This report will be prepared after initial Solutions Appraisal and will be used to support the Consultation Business Case.
3	Consultation Summer/ Autumn 2020	Post-consultation Report	To help further inform the development of the proposals and how the ICS might better respond to the consultation with the public.

## 1.2 Scope

The Integrated Impact Assessment should encompass the baseline data and anticipated impact of proposed solutions for the following services:

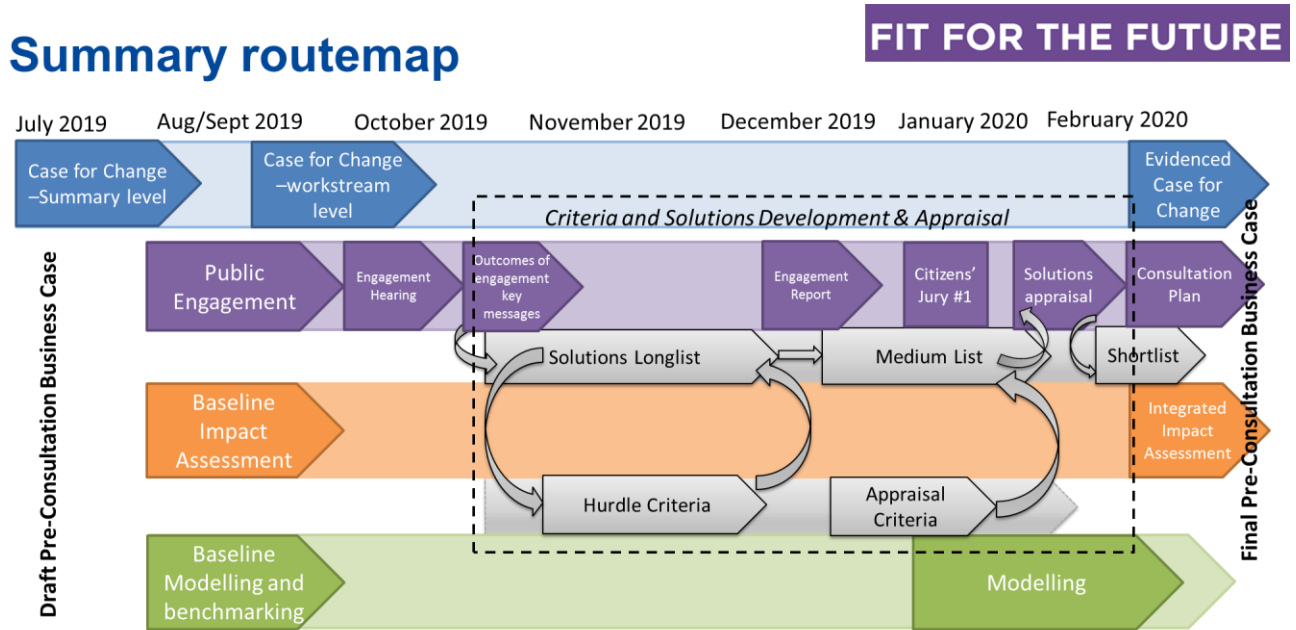
- Community-based urgent care (minor injury and illness) services
- *Centres of excellence* in the acute hospital as follows:
  - Adult emergency and planned general surgery
  - Adult image-guided interventional surgery
  - Adult emergency and acute medicine

Further details on the scope can be provided from the Programme Definition Documents.

### 1.3 Purpose

The purpose of this Baseline Report is to ensure that potential solutions to the case for change are developed with an understanding of current baseline impact, and potential estimated impact. No specific solutions are appraised in the Baseline Report.

The diagram below illustrates how the Baseline Report interacts with other elements of the programme to support development of a list of potential solutions to the *case for change*.



The Baseline Report should complement and support the development of a longlist of potential solutions. It may also be used to inform the gradual reduction of the longlist of solutions to a short list, based on a set of criteria.

Following definition of a short list, the Baseline Impact Assessment will be developed into a Pre-Consultation Report which will analyse the predicted impact of the proposed short list solutions.

## 2 EXECUTIVE SUMMARY

### 2.1 Background

In Gloucestershire we are aiming high. We want residents of Gloucestershire to have access to the very best healthcare and to be best placed to manage their own health in partnership with us. Our expectations of healthcare, the demands on health services, and the incredible progress made through science and technology have dramatically changed the environment that we are operating in; this means we need to respond differently.

Whilst these changes present some challenges, they present many more opportunities to improve the ways in which we deliver healthcare.

Our *Fit for the Future* public engagement, launched in August 2019, set out two main areas in which we think there are opportunities to improve:

#### 1. Improving urgent care services in local communities

Despite our best efforts, more and more of us are going to the two Emergency Departments with minor illnesses and injuries which could be dealt with just as well elsewhere; and often closer to home. We think there are ways to make it easier, faster, and more convenient for people to get urgent advice, support and services, 7 days a week, and to ensure care is co-ordinated from the moment someone first makes contact with the NHS.

#### 2. Improving specialist hospital services and developing *centres of excellence*

There are huge opportunities to develop services at the two large hospitals – Cheltenham General Hospital (CGH) and Gloucestershire Royal Hospital (GRH). Where we provide services on both sites, such as emergency general surgery, this duplication is leading to challenges, for example, it means we have to spread scarce staff and other specialist resources across two sites which can impact on the care and quality of treatment we provide. The public engagement described a future vision of a single ground-breaking specialist hospital for the county, operating out of two ‘campuses’ – one focusing more on emergency care, and one on planned care.

Further detail on these two ideas was provided in the *Fit for the Future* engagement booklet and supporting materials published on the One Gloucestershire website [www.onegloucestershire.net](http://www.onegloucestershire.net)

## 2.2 Key messages for workstreams and decision-makers

When developing and appraising potential solutions to the *case for change*, groups and individuals should take account of the following factors:

We are expecting a **growth in population**, particularly in the older age groups: the county's population is 623,100 and this is predicted to rise to 667,400 by 2026. Growth is driven by a sharp increase in population in the age group 65 or over.

Gloucestershire is **not a very deprived county** but 13 areas of Gloucestershire are in the **most 10% deprived** nationally.

**Life expectancy** in Gloucestershire is generally better than the England average but people living in more deprived areas are more likely to have a greater prevalence of severe and enduring mental and physical health problems and be more frequent users of urgent care services.

**Multi-morbidity** (the presence of multiple chronic (long-term) conditions in an individual (including physical and mental health comorbidity) **drives demand for healthcare** and is increasing, with 50% of adults aged 45 years or older and 95% of people aged 85 years or older having at least two long-term conditions recorded.

**Deprivation leads to greater demand for emergency care:** there is a consistently higher proportion of planned admission observed in more affluent populations, and a higher proportion of emergency admissions observed in more deprived populations.

### How many people could be impacted?

Based on the current scope of services:

- **Around 10%** of the population access community urgent care services per annum and would potentially be impacted by any proposed changes.
- **Less than 7%** of the population experience an emergency admission per annum and they could potentially be impacted by any proposed changes along with their carers, family and friends.
- **Less than 1%** of the population have a booked admission for surgery and they could potentially be impacted by any proposed changes along with their carers, family and friends

Factors preventing people from accessing any of these services at the moment should also be considered.

Key county-wide statistics on protected characteristics are provided in the table overleaf, and should be compared with any available data recorded on current service users:

Protected Characteristic	Gloucestershire Population
<b>Age</b>	<p><b>22.5%</b> aged 0-19 (lower than national figure)</p> <p><b>56.4%</b> aged 20-64 (lower than national figure)</p> <p><b>21.0%</b> aged 65 and over (higher than national figure)</p>
<b>Disability</b>	<p><b>16.7%</b> have a long-term limiting health problem ( Lower than national figure)</p> <p><b>24.2%</b> of households had at least one person with a long-term limiting health problem or disability</p> <p><b>2.3%</b> of the adult population have a learning disability (estimate 2019)</p> <p><b>0.5%</b> have moderate or severe learning disabilities (estimate 2019)</p>
<b>Race</b>	<p><b>8.4 %</b> BAME ( Lower than national figure)</p> <p><b>0.6%</b> of the population are not able to speak English</p>
<b>Sex</b>	<p><b>49.1%</b> Male and <b>50.9%</b> Female (same as national ratio)</p> <p><b>13.9%</b> of females and <b>15.1%</b> of men over 65 provide unpaid care (same as national figure)</p>
<b>Gender Reassignment</b>	<p><b>0.6%</b> people aged 16 and over (Estimate)</p>
<b>Marriage and Civil Partnership</b>	<p><b>50%</b> people aged 16+ are married ( higher than national figure)</p> <p><b>0.3%</b> are in a registered same-sex civil partnership (same as national figure)</p> <p><b>7.2%</b> are widowed or a surviving partner from a same sex civil partnership ( higher than national figure)</p>
<b>Pregnancy and Maternity</b>	<p><b>15.4%</b> of women who gave birth were aged 25 and under (2016- lower than national figure)</p> <p><b>33.3%</b> of women who gave birth were 30-34 (2016- higher than national figure)</p>
<b>Religion or Belief</b>	<p><b>63.5%</b> of residents in Gloucestershire were Christian (higher than national figure)</p> <p><b>26.7%</b> had no religion (higher than national figure)</p> <p><b>9.8%</b> were other religions (lower than national figure)</p>
<b>Sexual orientation</b>	<p><b>5-7%</b> are Gay, Lesbian or Bisexual ( Estimate)</p>



## Equality/Inequalities

### Deprivation

- 13 areas of Gloucestershire are in the most 10% deprived nationally.
- There are 9 areas of Gloucestershire in the most 10% deprived nationally for Employment Deprivation
- There are links between deprivation and increased access to urgent and emergency care and lower levels of access to planned care.
- People who are most likely to have never used the internet are mainly located in the Forest of Dean and Gloucester.

### Age

- Compared with the national picture Gloucestershire has a faster growing population of people aged 65 and over.
- 71% of single pensioner households are headed by women.

### Disability: physical and mental including learning disabilities and dementia)

- A quarter of the households in the county have at least one person with a long-term limiting health problem or disability.
- People with a learning disability have poorer health outcomes and are three times more likely to have a death classified as potentially avoidable through the provision of good quality healthcare than the general population.
- Incidents of Dementia increase with age. Given the county's aging population the number of dementia sufferers will increase in the future.
- There is low usage of the internet by disabled people over 75.

### Race/Ethnicity

- People from Black and Minority Ethnic (BAME) groups are more likely to experience inequalities in several areas including health, housing, access to a car and employment.
- A higher percentage of BAME people have a long term health problem/disability when compared with white British people.
- People of Gypsy or Traveller origin are more likely to be in poor health than other ethnic groups

### Gender and gender identity

- Transgender people are more likely to report mental health conditions and to attempt suicide than the general population.
- Transgender people encounter significant difficulties in accessing and using health and social services.
- Numbers of people identifying as transgender across the county is increasing.

## **Pregnancy**

- Gloucester and the Forest of Dean have a higher proportion of births to mothers aged under 20 than Gloucestershire and England.
- Cheltenham, Cotswold and Stroud have a higher proportion of births to mothers aged 35+ than Gloucestershire and England.

## **Sexual orientation**

- People who are lesbian, gay or bisexual (LGB) are more likely to have experienced depression or anxiety, attempted suicide or had suicidal thoughts and self-harmed than men and women in general.
- LGB people who are over 55 are more likely than heterosexual people over 55 to live alone and are more likely than heterosexual people to say that they expect to rely on health and social care providers as they get older.

## **Travel**

The vast majority of people accessing urgent, emergency care and MIIU's in Gloucestershire do so by their own means.

We know that 99% of people who attended MIIUs in 2017/18 did so by car

We do not have detailed information on how people travelled to their hospital attendance or admission if they were not conveyed by ambulance

Currently 3% of the county's population could not access an in-county MIIU by car in under 30 minutes (this is illustrative and not a minimum required journey time).

A person travelling to hospital by car could expect to add at most an extra 30 minutes to their travel time (peak) if they had to get to the hospital furthest from where they lived.

There are places in the county where at least 12% of the population does not have a car and will be reliant on NHS Commissioned transport (where eligible), voluntary community transport, or public transport services.

Where public transport is available, a person travelling to hospital by public transport could expect to add at most an extra 45 minutes (peak) to their journey time.

## **Travel/Transport and Inequalities**

People with a long-term limiting illness or disability are more likely to live in a household without access to a car or van.

40% of older people with a severe long-term illness or disability do not have access to a car

Women are more likely to be than men to be living in a household without access to a car.

People from Black and Minority Ethnic (BAME) groups are more likely to experience inequalities in several areas including access to a car.

### 3 POPULATION HEALTH NEEDS AND OUTCOMES

This section is based on a wider Population Health Needs assessment produced for the *Fit for the Future* Programme by the public health team in Gloucestershire County Council. It draws out factors that we should take into account when considering the configuration of services to better meet population health needs, and to reduce health inequalities.

#### Demographics

Assuming current population trends continue, the population in Gloucestershire will rise by 44,300 between 2016 and 2026, from 623,100 to 667,400 (an increase of 0.7% per annum). The dominating feature of the population projections is the sharp increase in population in the age group 65 or over. These changes mean that by 2041, the proportion of people in the county who are aged 65 or over will have risen from 20.8% to 28.9%, and the proportion of people aged 85 or over will have risen from 2.9% to 5.5%. Population projections in the older age categories far exceed national averages.

In general, Gloucestershire is not a very deprived county. An average IMD1 rank for each of the six districts in Gloucestershire shows that even the most deprived districts (Gloucester City, and Forest of Dean) fall in the middle quintile (middle 20%) for deprivation out of 326 English authorities. Tewkesbury, Cotswold, and Stroud districts are in the least deprived quintile, with Cheltenham in the second least deprived quintile. However there are pockets of deprivation and 13 areas of Gloucestershire are in the most 10% deprived nationally (an increase from 8 areas in 2010). These 13 areas account for 20,946 people (3.4% of the county's population).

#### Population Health

The health of people in Gloucestershire is generally better than the England average with life expectancy at birth being higher than the England averages for both genders. Life expectancy is 7.4 years lower for men and 5.2 years lower for women in the most deprived areas of Gloucestershire than in the least deprived areas. People living in more deprived areas are more likely to have a greater prevalence of severe and enduring mental and physical health problems and be more frequent users of urgent care services.

Addressing the causes of death ('excess deaths') driving the difference in life expectancy between our least and most deprived areas, and targeting those which contribute most to the gap would have the greatest impact on reducing inequalities. The top cause of excess deaths for both males and females was coronary heart disease; this was followed by other cancers for males and Chronic Obstructive Pulmonary Disease (COPD) for females.

Modelling disease prevalence rates against predicted changes in the Gloucestershire population shows the number of people living with conditions including diabetes and dementia is likely to increase over the next 10-20 years. It is estimated that by 2030 there will be; over 1,100 more people aged 18+ with longstanding health condition caused by a stroke; over 4,800 more people aged 65+ predicted to have dementia; and 9,400 more people aged 16+ estimated to have diabetes.

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<sup>1</sup> **Index of Multiple Deprivation (IMD, 2015):** The Index of Multiple Deprivation 2015 is the official measure of relative deprivation for small areas<sup>1</sup> (or neighbourhoods) in England. The Index of Multiple Deprivation ranks every small area in England from 1 (most deprived area) to 32,844 (least deprived area). The indicator is made up of 7 sub-indicators to calculate an overall indicator. National and local organisations use the IMD, often alongside other data, to develop strategies and target interventions.

Multi-morbidity (the presence of multiple chronic (long-term) conditions in an individual (including physical and mental health comorbidity) increases with age. Modelled data shows that 10% of people aged 45-64 are living with physical and mental health comorbidity. This increases to 30% for those aged 85 and over. In the 25-44 year-old age group physical and mental health co-morbidity is more common than 3 or more long term conditions.

Recent analysis of primary care data in Gloucestershire suggests that the prevalence of multi-morbidity is even higher than that modelled, with 50% of adults aged 45 years or older and 95% of people aged 85 years or older having at least two long-term conditions recorded. The management of multiple long-term physical and mental health conditions alongside an aging population is an increasing consideration for the health and social care system in Gloucestershire.

Certain vulnerable groups are more at risk of poor experience and worse health outcomes and should be considered specifically in development of potential solutions. These are:

### **Homelessness**

People sleeping rough have an average life expectancy of 44 years for men and 42 years for women, compared to 76 years for men and 81 years for women in the general population.

### **Mental health**

Estimated projections suggest that in 2019 there will be approximately 9,780 people aged 65+ living with dementia in Gloucestershire.

### **Learning Disabilities**

Estimated projections suggest that in 2019 there will be approximately 11,825 people aged 18+ living with a learning disability in Gloucestershire equating to 2.3% of the adult population. Of this group, about 2,400 are estimated to have moderate or severe learning disabilities, equating to 0.5% of the adult population.

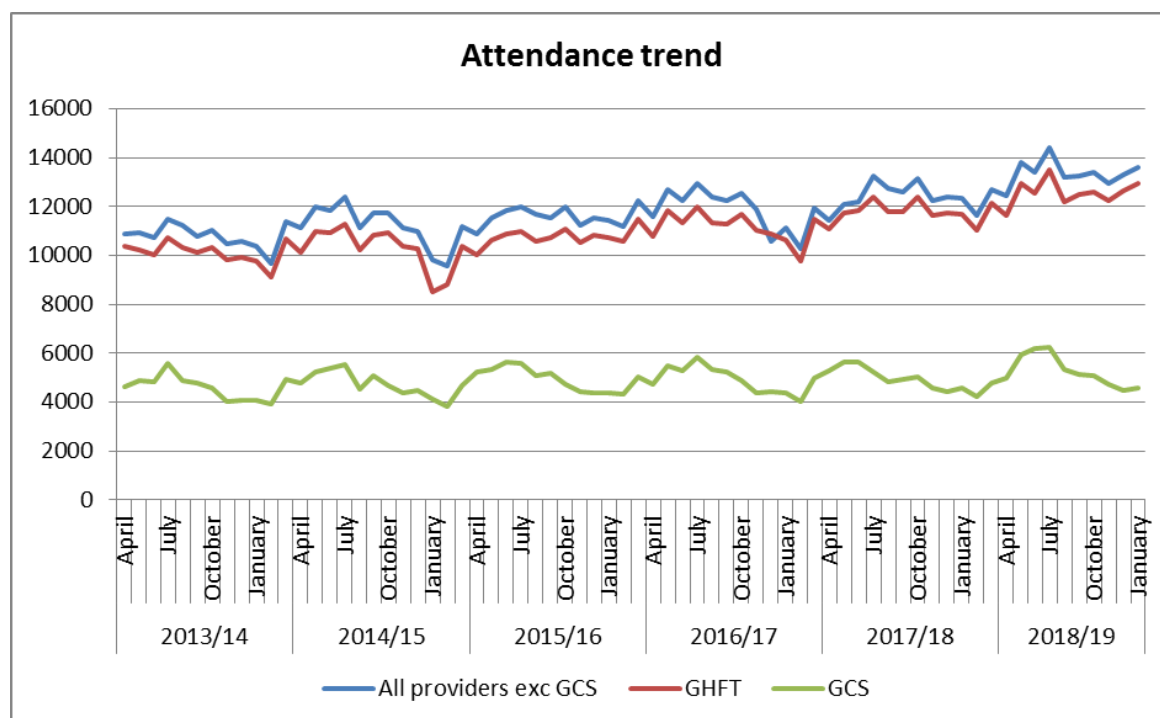
### **Disabilities**

According to the 2011 Census 16.7% of Gloucestershire residents reported having a long-term limiting health problem or disability. At a household level, 24.2% of households had at least one person with a long-term limiting health problem or disability.

## Urgent Care Demand

Data on attendances to Minor Injury and Illness Units (MIUs) provided by Gloucestershire Health and Care NHS Foundation Trust (GHC) show they have remained relatively stable when compared to the increase in Emergency Department attendances.

**Trend of attendance activity by urgent care provider, Gloucestershire CCG (April 2013-Jan 2019, CCG Provider Data Warehouse)**



**Key: GHC – Gloucestershire Health and Care NHS Foundation Trust (Minor Illness/Injury Unit provider; GHFT – Gloucester Hospitals NHS Foundation Trust (Emergency Department provider)**

The greatest increases in attendances at MIU's between 2017/18 and 2018/19 have been in the 70 – 84 age group. However, overall attendances at MIU's are highest in children and young adults aged up until 24 years.

Unsurprisingly MIU activity is higher in localities where there is a MIU located, with much higher ED activity from residents of Gloucester and Cheltenham (where the Emergency Departments and the greatest population density are located).

## Emergency Care Demand – Attendances

There are a greater proportion of attendances to Emergency Departments (EDs) from individuals living in more deprived areas of Gloucestershire than from more affluent areas, which mimics the relationship between deprivation and emergency care use seen nationally.

When attendances are explored by age bands local data shows that attendances to ED tend to peak for young children (aged 0-4), younger adults (between the ages of 15 and 34) and older adults (aged 85 years and older). More women than men attend ED at GRH with CGH seeing the opposite. 5.8% of patients attending CGH were from BAME groups compared to 15% at GRH.

Review of the combined activity by hour at both ED sites demonstrates that while activity from 9am-11pm has increased year on year since 2016, activity at night has remained broadly comparable. Between the hours of 8am and 8pm average activity ranges from 6-11

patients per hour in Cheltenham and 7-17 patients per hour at Gloucester. The vast majority (57%) of attendances to ED are self-referrals (walk-ins) followed by ambulance arrivals (17%).

Although 21% of admissions diagnostic data was blank, exploration of ED attendance diagnosis codes suggests there are a large amount of attendances for Ambulatory Care Sensitive (ACS) conditions such as soft-tissue inflammation, including cellulitis (10.5% of attendances per year) and urological conditions, including cystitis (2.4% of attendances per year). Approximately 2% of attendances are due to poisoning (including overdose), psychiatric conditions and/or social problems including chronic alcoholism and homelessness.

### **Emergency Care Demand – Admissions**

If someone needs to remain in hospital for at least one night they are referred to as an 'admission'. A person who attended an ED in an emergency and was admitted, or anyone who has to come straight into hospital unexpectedly, is referred to as an 'emergency admission'.

Emergency admission activity to our main hospitals has increased in recent years. Data suggests that there was an increase of 21% between 2016/17 and 2018/19, although it is likely this includes data capture changes. As highlighted above, the Gloucestershire population is growing and therefore this additional activity is also partly due to population increase, but in the large part is also due to an increase in demand for acute hospital care that remains poorly understood. The rate of admissions per 10,000 population from 2013-2019 shows that this is also increasing, which is in line with the increase in emergency admissions seen in England as a whole.

Although admission activity by volume is highest in the three most populated localities (Gloucester City, Cheltenham and Stroud & Berkeley Vale), the highest rates of admission per 1,000 population are observed in patients from Gloucester City and The Forest of Dean. Analysis of Standardised Admission Ratios (SARs) during 2018 also highlighted that admissions were higher than expected in Gloucester City, Forest of Dean and Tewkesbury localities.

The highest amount of emergency admissions are in the 65 year old age-group however the greatest increases in activity have been seen in the 18-64 year old age group. Analysis of SARs for 2018 shows that, for patients aged 15-44, there were multiple diagnosis chapters with higher than expected admission rates including endocrine, pregnancy conditions, skin, respiratory and nervous system.

Over the past three years, the top three diagnoses for emergency admissions by broad ICD-10 diagnostic chapter were consistently XVIII: Signs and symptoms and abnormal findings not elsewhere classified, X: Diseases of the respiratory system and XIX: Injury, poisoning and certain other consequences of external causes (which would include falls).

Local admissions data demonstrates a relationship between deprivation and emergency admissions with a higher proportion of admissions from more deprived areas of the county than from more affluent areas. NHS RightCare<sup>2</sup> identifies 17 Priority wards in Gloucestershire where there are the highest rates of excess unplanned hospitalisations, with the top five in Gloucester City:

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<sup>2</sup> NHS RightCare teams work with local systems to present a diagnosis of data and evidence across that population to identify opportunities and potential threats within healthcare systems. Within their diagnostic packs RightCare calculate opportunities at CCG level comparing a CCG either to its most similar 10 CCG's or the 5 best CCG's within that similar 10. The 10 CCG's are similar in terms of size, demography, deprivation, ethnicity and other variables that can impact population healthcare within an area.

- Matson and Robinswood
- Kingsholm and Wotton
- Moreland
- Westgate
- Barnwood

A potential 842 hospital admissions could be avoided if the admission rate for these wards moved to the expected admission rate for Gloucestershire based on median deprivation. RightCare has identified that the top conditions driving inequalities in unplanned admissions are abdominal and pelvic pain, pain in throat and chest, disorders of the urinary system and COPD.

When compared to the England average RightCare found that Gloucestershire has higher rates of unplanned admissions in black and ethnic minority groups compared to the white population. This may reflect opportunity for improvement, although it has to be noted that these rates are comparable to Clinical Commissioning Groups (CCGs) with similar socio-demographic characteristics.

When the proportion of emergency and planned admissions in each decile of deprivation is compared there is a consistently higher proportion of planned admission observed in more affluent quintiles, and a higher proportion of emergency admissions observed in more deprived quintiles. This replicates the pattern seen nationally. Variations in use of care have been explained in the literature by differences in need (e.g. prevalence of multi-morbidity), quality of care, barriers to access (both perceived and actual) and variation in individual help-seeking behaviours.

### **Planned Care Demand**

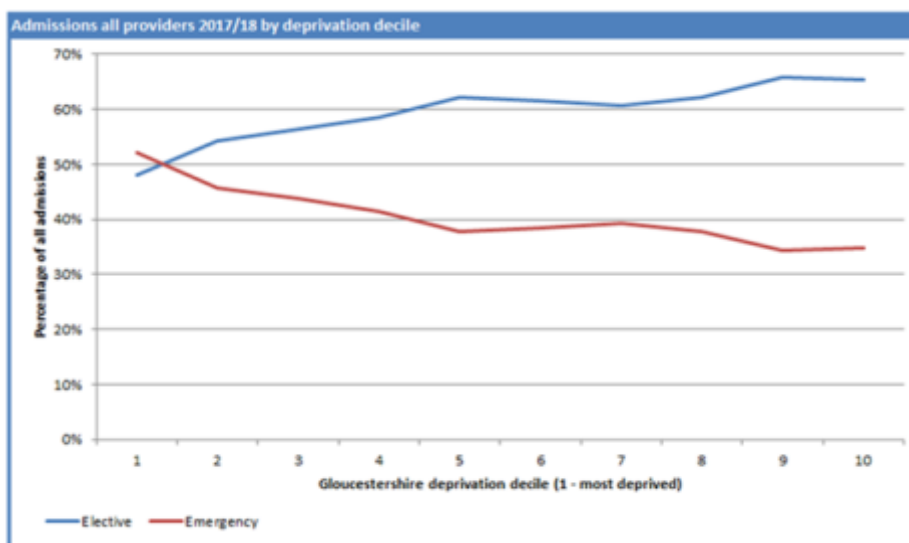
Planned care is care that is scheduled in advance – normally through your GP. This might include a routine operation such as a hip replacement or hernia repair, or anti-cancer treatment including surgery, chemotherapy or radiotherapy. If you do not need to remain in a hospital bed overnight, this is a planned *daycase*. If you do need to stay in hospital for one or more nights following your booked procedure then this is called a *planned admission*.

Gloucestershire has a lower rate of planned admissions than is seen nationally. Planned care activity across all age groups has remained broadly stable since 2016. Planned admissions for females are consistently slightly higher than for males at a ratio of 1.1 to 1, (52.6% of planned admissions are female). Where the treatment speciality is rheumatism, the ratio of females to males is 3 to 1 over the same period whereas for cardiology the ratio changes to 0.5 to 1.

There is a less pronounced relationship between deprivation and planned admissions than that observed in the use of urgent care, however the table overleaf demonstrates that the proportion of planned admissions increases with affluence and there are more people using urgent care services than planned services in the most deprived quintile.



**Comparison of the proportion of emergency and planned (elective) admissions during 2017/18 by deprivation quintile, 1= most deprived 10=least deprived (Gloucestershire CCG data warehouse, SEM)**



In Gloucestershire the programmes with the greatest planned care activity over the last 3 years are:

- General surgery** (decreasing trend in activity during period)
- Gastroenterology** (increasing trend in activity during period)
- Trauma** (decreasing trend in activity during period)
- Ophthalmology** (increasing trend in activity during period)
- Urology** (decreasing trend in activity during period)

Analysis of the Standardised Admissions Ratio (SAR) for all planned admissions (snapshot data, 2018) demonstrates that overall in Gloucestershire it was lower than expected during this period (SAR 92.44). One of the aims of the Centres of Excellence case is to increase our planned care provision to reduce waiting times, thus improving patient experience and health outcomes.

When explored by IMD diagnostic codes by Dr Foster the planned SAR was however higher than expected for injuries and poisonings<sup>3</sup> in Gloucestershire (SAR: 124.48). This higher ratio was observed across most localities other than Cheltenham and North Cotswolds.

SAR analysis by age band showed the following:

- For younger adults aged 15-44 years the SAR is significantly higher than expected SAR, and this higher SAR appears to be driven by higher than expected planned admissions relating to the following ICD-10 diagnostic classifications; nervous system, pregnancy, injury and poisonings, neoplasms, and digestive conditions.
- Overall the SAR for adults 44-64 years is lower than expected (SAR: 95.06) although the SAR is higher than expected for certain diagnostic codes (neoplasms, injuries and poisonings, nervous system and digestive conditions).
- The SAR for older adults aged over 65 years and over is lower than expected (SAR: 87.11) and this is the case across most diagnostic categories other than a slightly higher SAR for planned admissions related to neoplasm.

<sup>3</sup> Injuries and poisonings IMD classification include: injuries, fractures, adverse effects e.g. poisonings, toxic effects, burns and corrosions and would therefore include a broad range of causes including falls and overdose

According to RightCare, the specialties in Gloucestershire with the greatest combined opportunity for improved outcomes and reduced costs are; Circulation, Musculoskeletal, Gastro-intestinal, Trauma and injuries and Cancer. In terms of potential lives saved per year (outcomes), NHS RightCare identified the following best programme opportunities in Gloucestershire:

- **Gastrointestinal** - Potential to save 12 lives if outcomes were comparable to 10 most similar CCG's, potential to save 27 lives if outcomes comparable to best five in group
- **Circulation** - Potential to save 30 lives if outcomes were comparable to best five in group
- **Trauma and Injuries** - Potential to save 14 lives if outcomes were comparable to 10 most similar CCG's, potential to save 27 lives if outcomes comparable to best five in group
- **Respiratory** - Potential to save 19 lives if outcomes comparable to best five in group

## 4 CURRENT PATIENT ACTIVITY

This section shows the total number of patients recorded as using services during the 'baseline' year 2018/19 (unless otherwise stated).

The overall volumes are summarised in the table below:

Service Area	Annual Activity	Approximate % of the population affected <sup>4</sup>	Approximate people per day <sup>5</sup>
Minor injury and illness units (7 units in total)	62,410	10%	220
Emergency admissions <small>*This figure is all adult emergency admissions for Glos CCG residents, and includes the specialty-specific emergency admissions below.</small>	41,987	6.7%	126
Emergency general surgery admissions (included in 'emergency admissions')	5,427	0.87%	15
Emergency cardiology, vascular and interventional radiology activity – admissions (included in 'emergency admissions')	604	0.01%	1-2
Planned general surgery – admissions and day cases	2,482	0.4%	9-10
Planned cardiology, vascular and interventional radiology activity – admissions and day cases	2,724	0.4%	10

Minor Injury and Illness Units- Tewkesbury, Stroud, the Vale, Cirencester, North Cotswolds, Dilke, Lydney.

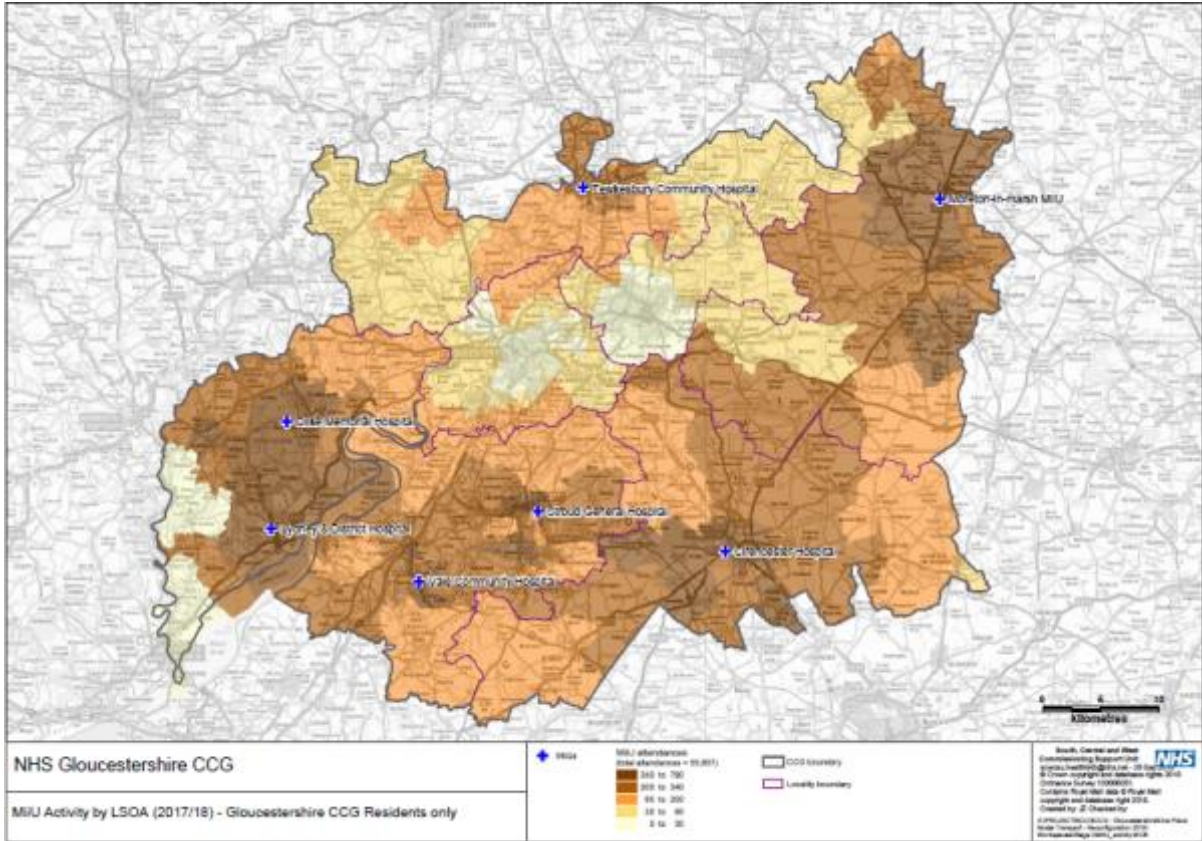
### 4.1 Activity in community urgent care (minor injury and illness) services<sup>6</sup>

The map overleaf shows the number of patients from each area of the county accessing MIUs. The darker shading indicates a larger number of patients accessing MIUs.

<sup>4</sup> NB. In some instances a single service user may account for multiple uses of a service – this number is therefore indicative and shows the maximum impacted population.

<sup>5</sup> MIU daily activity is provided by CCG, emergency admissions by GHFT, all other emergency care activity is divided by 365, planned care divided by 261 which is 365 less all weekends

<sup>6</sup> NB The 18/19 activity data does not include Winchcombe or Tetbury.



Map shows 17/18 not 18/19 activity data

The following tables show activity by MIU. Please note that the tables show activity from patients registered with a Gloucestershire GP. The out of county activity (i.e. patients registered with a GP outside of Gloucestershire) is shown below each table and together represent the total activity of the MIU.

**Tewkesbury MIU annual activity split by attendance type and patient origin**

Locality	GP Practice	In-Hours Illness	Out-of-Hours Illness	Total Illness Attendance	Injury Attendance	Dressing Attendance	Mental Health Attendance	Total
Tewkesbury Newent and Staunton	Church Street Practice	173	222	395	1,496	24	7	1,922
	Mythe Medical Practice	186	240	426	1,555	20	11	2,012
	Newent Doctors Practice	6	4	10	30	2		42
	Staunton & Corse Surgery	19	26	45	226	6		277
Tewkesbury Newent and Staunton Total	384	492	876	3,307	52	18	4,253	
Cheltenham		108	215	323	1,112	20	5	1,460
Gloucester City		41	52	93	445	4		542
North Cotswolds		1	2	3	11			14
South Cotswolds		2	1	3	8			11
Stroud and Berkeley Vale		5	1	6	36			42
The Forest of Dean		4	2	6	8			14
<b>Total</b>		<b>545</b>	<b>765</b>	<b>1,310</b>	<b>4,927</b>	<b>76</b>	<b>23</b>	<b>6,336</b>

There were 1456 patients who attended Tewkesbury MIU in 18/19 who were registered with an out of county GP.

### Stroud MIU annual activity split by attendance type and patient origin

Locality	GP Practice	In-Hours Illness	Out-of-Hours Illness	Total Illness Attendance	Injury Attendance	Dressing Attendance	Mental Health Attendance	Total
Stroud and Berkeley Vale	Acorn Practice	11	12	23	80	3		106
	Beeches Green Surgery	116	181	297	1,213	57	16	1,583
	Cam and Uley Family Practice	10	23	33	242	2	3	280
	Chipping Surgery	7	8	15	138	2	1	156
	Culverhay Surgery	3	14	17	94			111
	Frampton Surgery	16	28	44	202	5	2	253
	Frithwood Surgery	41	111	152	846	25	6	1,029
	High Street Medical Centre	57	88	145	731	13		889
	Locking Hill Surgery	111	256	367	1,544	64	14	1,989
	Marybrook Medical Centre	3	9	12	92	5	1	110
	Minchinhampton Surgery	47	120	167	864	31	8	1,070
	Painswick Surgery	25	40	65	492	16	5	578
	Prices Mill Surgery	75	161	236	1,108	55	13	1,412
	Regent Street Surgery	20	40	60	466	19	4	543
Rowcroft Medical Centre	135	258	393	1,624	57	15	2,089	
Stonehouse Health Clinic	35	32	67	329	5	3	404	
Stroud Valleys Family Practice	57	100	157	650	28	3	838	
Walnut Tree Practice	6	16	22	98	1	1	122	
<b>Stroud and Berkeley Vale Total</b>		<b>775</b>	<b>1,497</b>	<b>2,272</b>	<b>10,807</b>	<b>388</b>	<b>95</b>	<b>13,562</b>
The Forest of Dean		1	3	4	19			23
Cheltenham		9	18	27	109	2	1	139
Gloucester City		75	234	309	1,750	45	6	2,110
North Cotswolds					3	1		4
South Cotswolds		23	37	60	215	8	3	286
Tewkesbury Newent and Staunton		2	4	6	34			40
<b>Total</b>		<b>885</b>	<b>1,793</b>	<b>2,678</b>	<b>12,937</b>	<b>444</b>	<b>105</b>	<b>16,164</b>

There were 1242 patients who attended Stroud MIU in 18/19 who were registered with an out of county GP.

### The Vale MIU annual activity split by attendance type and patient origin

Locality	GP Practice	In-Hours Illness	Out-of-Hours Illness	Total Illness Attendance	Injury Attendance	Dressing Attendance	Mental Health Attendance	Total
Stroud and Berkeley Vale	Acorn Practice	107	101	208	592	40	3	843
	Beeches Green Surgery	3	3	6	21			27
	Cam and Uley Family Practice	173	245	418	1,529	168	2	2,117
	Chipping Surgery	41	78	119	494	135	1	753
	Culverhay Surgery	26	60	86	372	25	1	484
	Frampton Surgery	10	14	24	116	5		149
	Frithwood Surgery	4		4	7		1	12
	High Street Medical Centre	5	7	12	63	3		78
	Locking Hill Surgery		2	2	9			11
	Marybrook Medical Centre	72	91	163	545	62	1	771
	Minchinhampton Surgery	2	1	3	8	1		12
	Painswick Surgery		1	1	1			2
	Prices Mill Surgery	3	7	10	23	1		34
	Regent Street Surgery	8	8	16	53	4		73
Rowcroft Medical Centre	8	3	11	24	1		36	
Stonehouse Health Clinic	5	4	9	15	7		31	
Stroud Valleys Family Practice	2		2	9	1		12	
Walnut Tree Practice	102	126	228	759	28	10	1,025	
<b>Stroud and Berkeley Vale Total</b>		<b>571</b>	<b>751</b>	<b>1,322</b>	<b>4,640</b>	<b>489</b>	<b>19</b>	<b>6,470</b>
The Forest of Dean					3			3
Cheltenham		3	4	7	19	1		27
Gloucester City		17	16	33	144		1	178
North Cotswolds					1			1
South Cotswolds		6	10	16	23	2		41
Tewkesbury Newent and Staunton			1	1	15			16
<b>Total</b>		<b>597</b>	<b>787</b>	<b>1,379</b>	<b>4,845</b>	<b>492</b>	<b>20</b>	<b>6,736</b>

There were 739 patients who attended The Vale MIU in 18/19 who were registered with an out of county GP.

### Cirencester MIU annual activity split by attendance type and patient origin

Locality	GP Practice	In-Hours Illness	Out-of-Hours Illness	Total Illness Attendance	Injury Attendance	Dressing Attendance	Mental Health Attendance	Total
South Cotswolds	Cirencester Health Group	400	486	886	2,195	176	5	3,262
	Hilary Cottage Surgery	100	132	232	755	94	1	1,082
	Phoenix Health Group	370	517	887	2,536	316	16	3,755
	Rendcomb Surgery	60	71	131	441	39	3	614
	Upper Thames Medical Group	297	287	584	1,597	93	4	2,278
<b>South Cotswolds Total</b>		<b>1,227</b>	<b>1,493</b>	<b>2,720</b>	<b>7,524</b>	<b>718</b>	<b>29</b>	<b>10,991</b>
Cheltenham		21	20	41	133	8	1	181
Gloucester City		19	12	31	93	2		126
North Cotswolds		49	50	99	365	17	1	482
Stroud and Berkeley Vale		53	64	117	515	17	7	656
Tewkesbury Newent and Staunton		2	2	4	11	1		16
The Forest of Dean		2	2	4	13	1		18
<b>Total</b>		<b>1,373</b>	<b>1,643</b>	<b>3,016</b>	<b>8,654</b>	<b>764</b>	<b>38</b>	<b>12,472</b>

There were 4598 patients who attended Cirencester MIU in 18/19 who were registered with an out of county GP.

### North Cotswolds MIU annual activity split by attendance type and patient origin

Locality	GP Practice	In-Hours Illness	Out-of-Hours Illness	Total Illness Attendance	Injury Attendance	Dressing Attendance	Mental Health Attendance	Total
North Cotswolds	Chipping Campden Surgery	61	86	147	630	27	4	808
	Cotswold Medical Practice	139	145	284	963	84	1	1,332
	Mann Cottage Surgery	97	135	232	883	88	4	1,207
	Stow Surgery	103	154	257	886	133	2	1,278
	White House Surgery	200	153	353	976	92	7	1,428
<b>North Cotswolds Total</b>		<b>600</b>	<b>673</b>	<b>1,273</b>	<b>4,338</b>	<b>424</b>	<b>18</b>	<b>6,053</b>
Cheltenham		22	15	37	81	12	3	133
Gloucester City		3	1	4	27	1	1	33
South Cotswolds		4	3	7	22	5		34
Stroud and Berkeley Vale		1	1	2	13	4		19
Tewkesbury Newent and Staunton		1		1	6			7
The Forest of Dean		2		2	4			6
<b>Total</b>		<b>633</b>	<b>693</b>	<b>1,326</b>	<b>4,491</b>	<b>446</b>	<b>22</b>	<b>6,285</b>

There were 2704 patients who attended North Cotswolds MIU in 18/19 who were registered with an out of county GP.

### Dilke MIU annual activity split by attendance type and patient origin

Locality	GP Practice	In-Hours Illness	Out-of-Hours Illness	Total Illness Attendance	Injury Attendance	Dressing Attendance	Mental Health Attendance	Total
The Forest of Dean	Blakeney Surgery	18	40	58	172	4	1	235
	Brunston Practice	128	163	291	649	11	1	952
	Coleford Family Doctors	96	169	265	605	12	4	886
	Dockham Road Surgery	136	241	377	860	29	2	1,268
	Drybrook Surgery	62	130	192	465	11	2	670
	Forest Health Care	159	281	440	1,201	39	39	1,719
	Lydney Practice	22	33	55	136	2		193
	Mitcheldean Surgery	57	105	162	527	11	2	702
	Newnham Surgery	30	41	71	248	7		326
	Severnbank Surgery	9	25	34	61	1	1	97
Yorkley Health Centre	46	83	129	356	4		489	
<b>The Forest of Dean Total</b>		<b>763</b>	<b>1,311</b>	<b>2,074</b>	<b>5,280</b>	<b>131</b>	<b>52</b>	<b>7,517</b>
Cheltenham		4	11	15	16			31
Gloucester City		15	14	29	123			152
North Cotswolds					2			2
South Cotswolds		1		1				1
Stroud and Berkeley Vale		1	2	3	21			24
Tewkesbury Newent and Staunton		20	43	63	265	4		332
<b>Total</b>		<b>804</b>	<b>1,381</b>	<b>2,185</b>	<b>5,707</b>	<b>135</b>	<b>52</b>	<b>8,079</b>

There were 1420 patients who attended Dilke MIU in 18/19 who were registered with an out of county GP.

### Lydney MIU annual activity split by attendance type and patient origin

Locality	GP Practice	In-Hours Illness	Out-of-Hours Illness	Total Illness Attendance	Injury Attendance	Dressing Attendance	Mental Health Attendance	Total
The Forest of Dean	Blakeney Surgery	51	100	151	398	10		559
	Brunston Practice	50	51	101	276	9	2	388
	Coleford Family Doctors	40	71	111	385	6	2	504
	Dockham Road Surgery	10	21	31	80	2		113
	Drybrook Surgery	7	6	13	41			54
	Forest Health Care	7	9	16	144	2	3	165
	Lydney Practice	178	272	450	1,268	54	6	1,778
	Mitcheldean Surgery	2	3	5	52		1	58
	Newnham Surgery	7	6	13	76	1		90
	Severnbank Surgery	111	166	277	665	23	4	969
Yorkley Health Centre	168	245	413	1,068	48	8	1,537	
<b>The Forest of Dean Total</b>		<b>631</b>	<b>950</b>	<b>1,581</b>	<b>4,453</b>	<b>155</b>	<b>26</b>	<b>6,215</b>
Cheltenham		3	5	8	12			20
Gloucester City		3	9	12	34			46
North Cotswolds								0
South Cotswolds		1	1	2	1			3
Stroud and Berkeley Vale		3	1	4	14			18
Tewkesbury Newent and Staunton			1	1	35			36
<b>Total</b>		<b>641</b>	<b>967</b>	<b>1,608</b>	<b>4,549</b>	<b>155</b>	<b>26</b>	<b>6,338</b>

There were 3011 patients who attended Lydney MIU in 18/19 who were registered with an out of county GP.

## 4.2 Activity in acute hospital services

Activity figures for in-scope hospital services are provided below. The scope is as follows, with associated specialties listed in brackets:

- Adult general surgery (*colorectal surgery, general surgery, upper gastrointestinal*)
- Adult image-guided interventional surgery (*cardiology, cardiothoracic, vascular and interventional radiology*)
- Adult emergency and acute medicine (*emergency medical admissions*)

The programme does **not** cover:

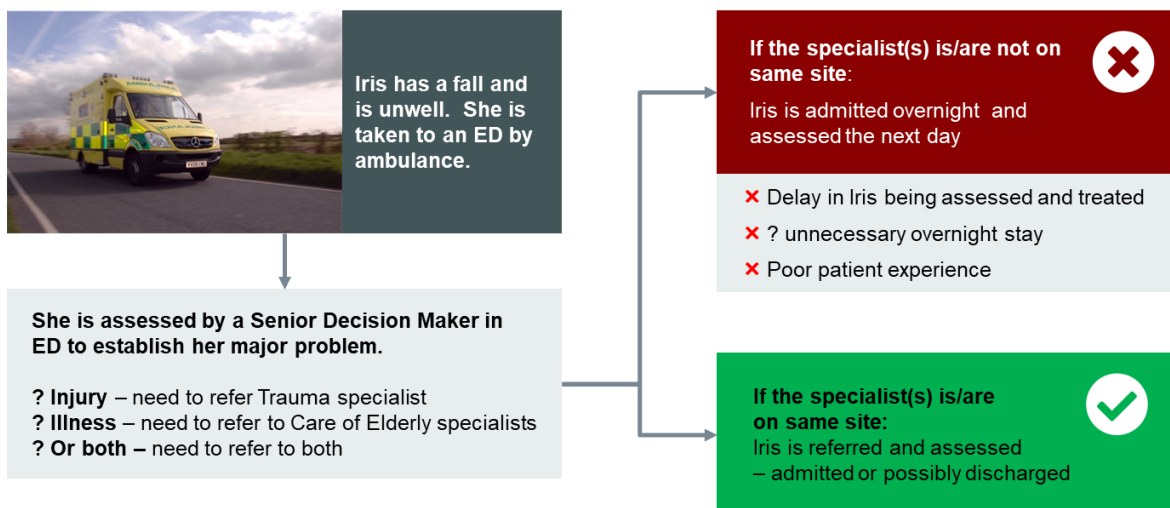
- Services for children, and maternity services
- Outpatient appointments, even for those specialty areas listed above

### 4.2.1 Inpatient admissions - emergencies

A person who attends an ED in an emergency and is admitted, or anyone who has to come straight into hospital unexpectedly, is referred to as an 'emergency admission'. Referring to someone as being 'admitted' means they stay in a hospital bed for at least one night.

Two patient stories are illustrated below. The first is from the Emergency & Acute Medicine Case for Change and shows the journey for Iris who is admitted to hospital via the Emergency Department (ED):

### Emergency admission: patient example





The second is from the General Surgery case for change and shows what happens to Aaleyah, who is suffering from abdominal pain caused by gallstones. Upper GI = upper gastrointestinal.



The table overleaf shows the total emergency admissions for all patients treated by the Trust. These figures are slightly higher than those shown in the summary table for this section, which only includes Gloucestershire residents.

The specialties currently in scope are highlighted in yellow.

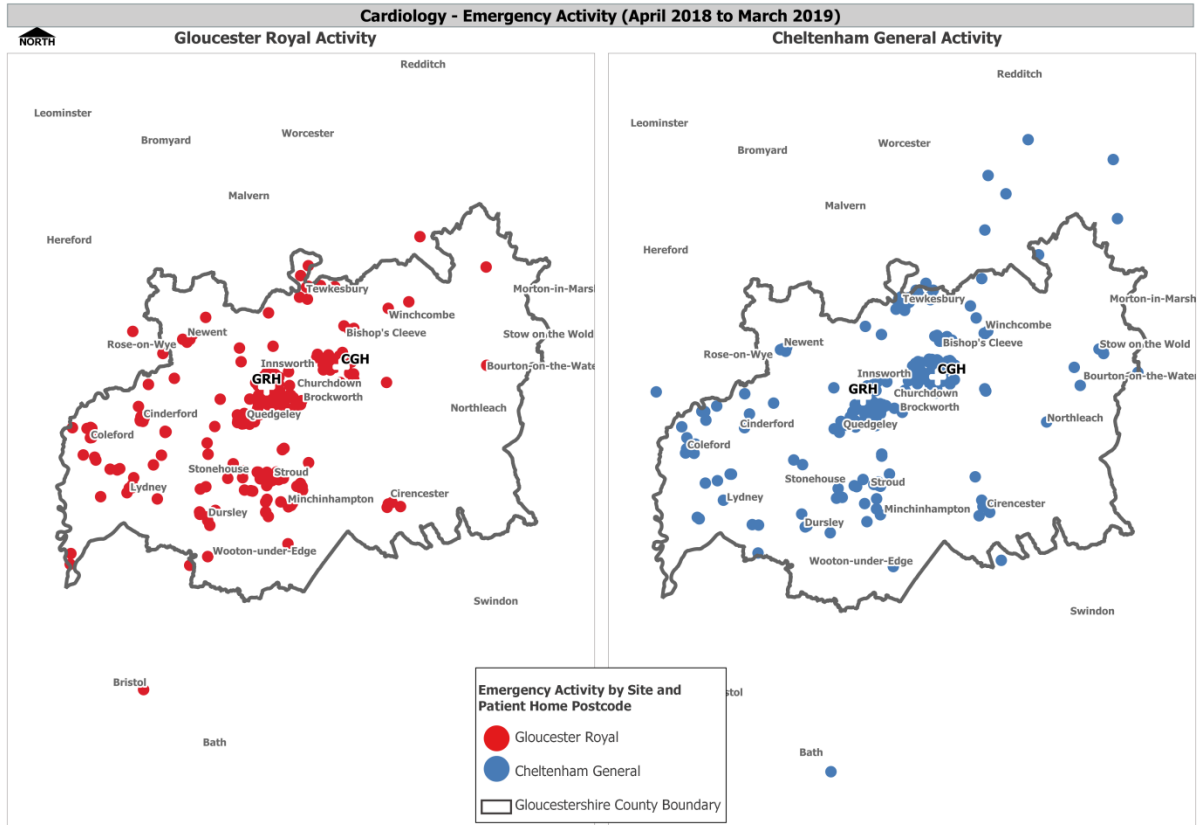
# Trust Wide

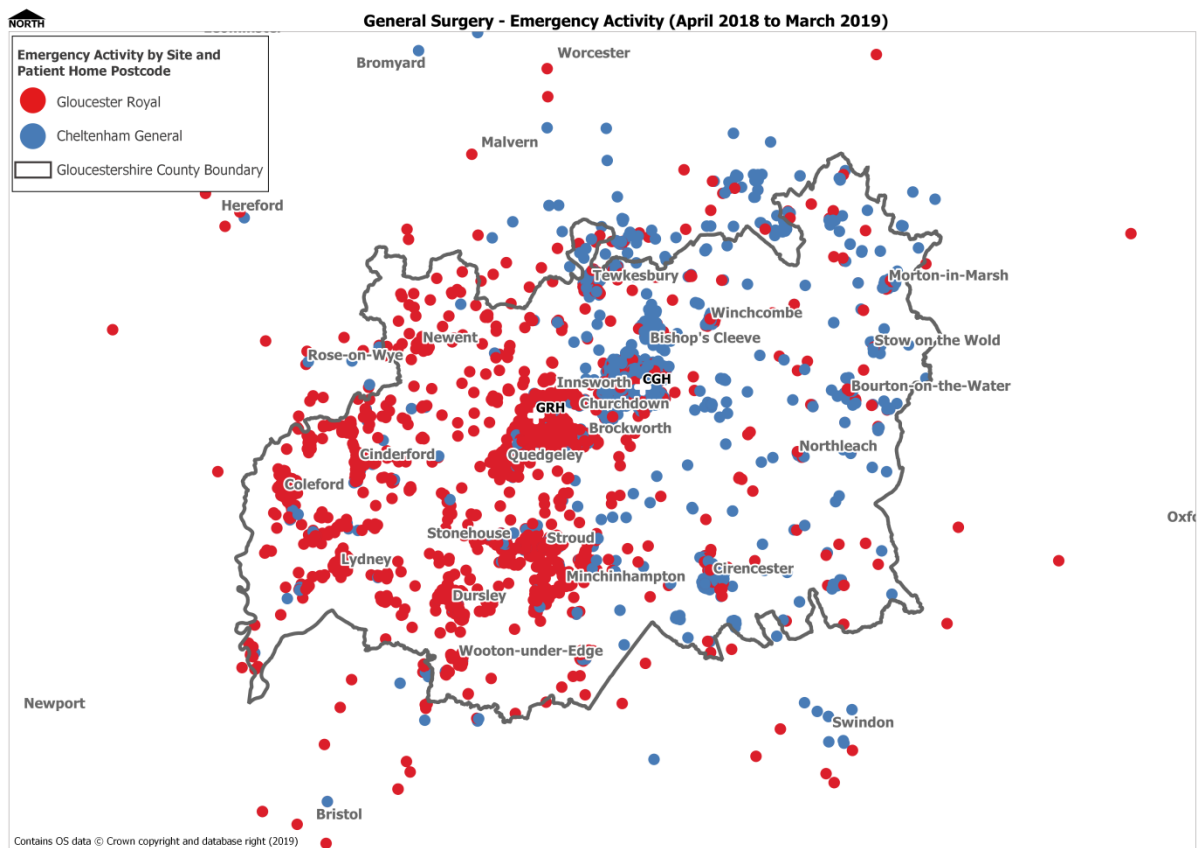
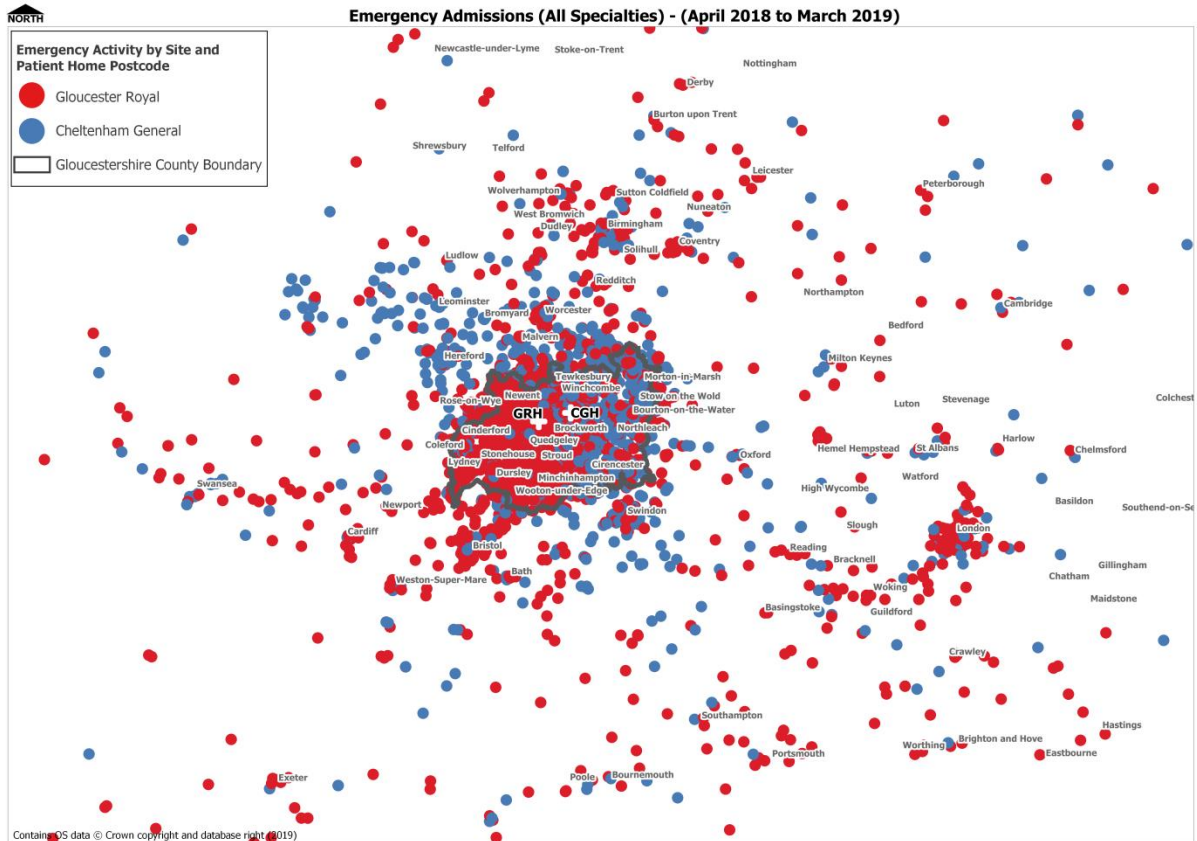
Admission Method:	<b>Emergency</b>
Commissioner:	<b>Total</b>

Division	Treatment Function Code	2018/19		
		Episodes	Los	Avg LoS (Days)
Medical	Accident and Emergency	238	1147.5	4.8
	Cardiology	501	2980.5	5.9
	General medicine	26681	142720.7	5.3
	Hepatology	0	0.0	-
	Medical Endoscopy	2	0.9	0.4
	Nephrology	337	2288.3	6.8
	Neurology	88	1241.0	14.1
	Respiratory	424	3236.1	7.6
	Rheumatology	0	0.0	-
	Stroke	946	17879.2	18.9
	<b>Total</b>	<b>30996</b>	<b>186795.5</b>	<b>6.0</b>
Surgical	Breast surgery	8	24.2	3.0
	Cardiothoracic surgery	2	90.5	45.2
	Colorectal surgery	85	444.0	5.2
	ENT	1066	1962.2	1.8
	General surgery	5808	20900.1	3.6
	Ophthalmology	26	150.3	5.8
	Optometry	0	0.0	-
	Oral surgery	239	390.6	1.6
	Orthoptics	0	0.0	-
	Orthotics	0	0.0	-
	Surgical Endoscopy	0	0.0	-
	Trauma and Orthopaedics	3492	25280.3	7.2
	Upper GI	14	66.3	4.7
	Urology	1237	4365.8	3.5
	Vascular surgery	452	3382.9	7.5
	<b>Total</b>	<b>12429</b>	<b>57057.3</b>	<b>4.6</b>
Gynaecology	Gynaecological oncology	11	115.1	10.5
	Gynaecology	1159	1477.7	1.3
	<b>Total</b>	<b>1170</b>	<b>1592.8</b>	<b>1.4</b>
Diagnostics	Clinical genetics	0	0.0	-
	Clinical haematology	298	2299.7	7.7
	Clinical immunology and allergy	0	0.0	-
	Interventional radiology	0	0.0	-
	<b>Total</b>	<b>1492</b>	<b>8984.6</b>	<b>6.0</b>
	<b>Total</b>	<b>46087</b>	<b>254430.1</b>	<b>5.5</b>

## 4.2.2 Where do patients travel from? Emergency admissions

In the activity distribution maps below, each dot represents an individual.





### 4.2.3 Inpatient admissions – planned

Planned care is care that is scheduled in advance – normally through your GP. This might include a routine operation such as a hip replacement or hernia repair, or anti-cancer treatment including surgery or radiotherapy. If you need to stay in hospital for one or more nights following your booked procedure then this is called a *planned admission*.

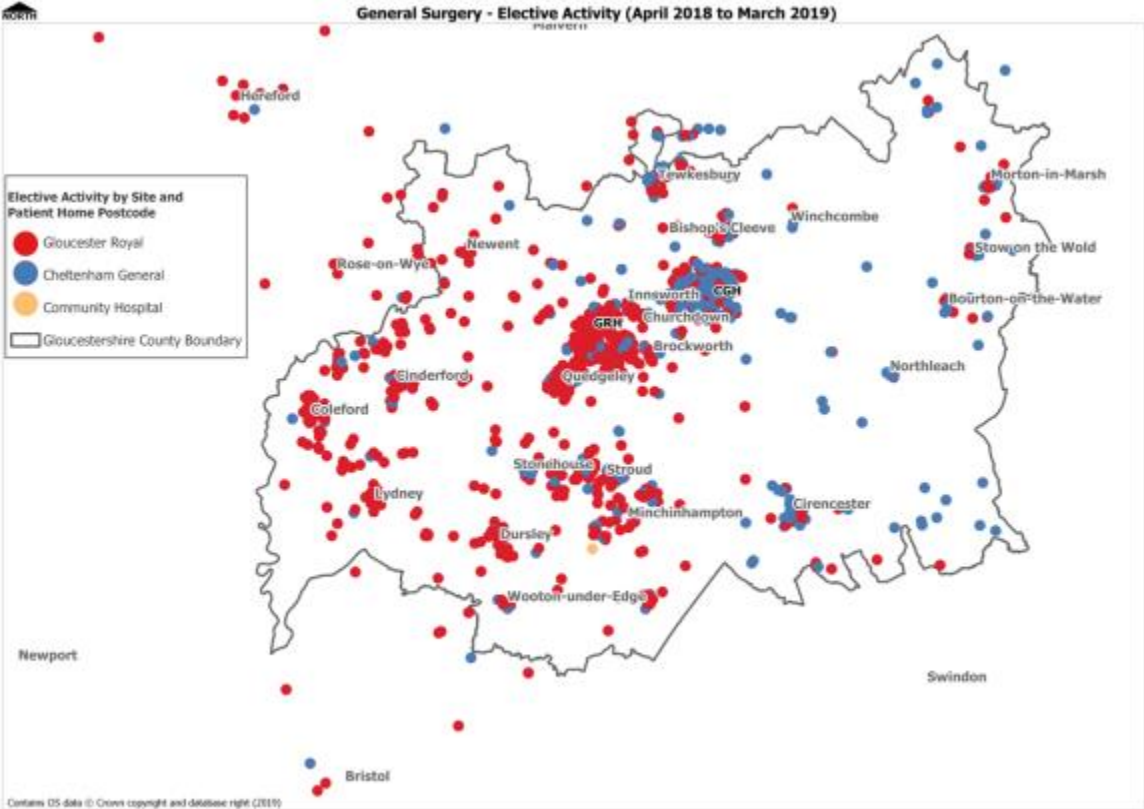
The table below shows the total Trust activity for planned admissions, with in-scope specialties highlighted in yellow. As before with emergency admissions, this table shows all admissions to the hospital, whereas the summary table at the start of this section refers to only patients from Gloucestershire which is why those figures are lower.

## Trust Wide

Admission Method:	<b>Elective</b>
Commissioner:	<b>Total</b>

Division	Treatment Function Code	2018/19		
		Episodes	LoS	Avg LoS (Days)
Medical	Accident and Emergency	0	0.0	-
	Cardiology	295	849.5	2.9
	General medicine	125	370.2	3.0
	Hepatology	9	5.6	0.6
	Medical Endoscopy	122	227.5	1.9
	Nephrology	23	65.3	2.8
	Neurology	149	431.6	2.9
	Respiratory	210	1089.2	5.2
	Rheumatology	20	3.8	0.2
	Stroke	8	52.1	6.5
	<b>Total</b>	<b>1272</b>	<b>3834.3</b>	<b>3.0</b>
Surgical	Breast surgery	282	382.6	1.4
	Cardiothoracic surgery	0	0.0	-
	Colorectal surgery	626	3807.7	6.1
	ENT	1010	1557.0	1.5
	General surgery	315	1027.3	3.3
	Ophthalmology	130	108.7	0.8
	Optometry	0	0.0	-
	Oral surgery	424	775.0	1.8
	Orthoptics	0	0.0	-
	Orthotics	0	0.0	-
	Surgical Endoscopy	181	331.6	1.8
	Trauma and Orthopaedics	4305	13717.5	3.2
	Upper GI	508	1676.8	3.3
	Urology	1466	4026.6	2.7
Vascular surgery	606	3134.0	5.2	
	<b>Total</b>	<b>9853</b>	<b>30545.0</b>	<b>3.1</b>
Gynaecology	Gynaecological oncology	394	1483.2	3.8
	Gynaecology	859	1440.0	1.7
	<b>Total</b>	<b>1253</b>	<b>2923.2</b>	<b>2.3</b>
Diagnostics	Clinical genetics	0	0.0	-
	Clinical haematology	341	2157.3	6.3
	Clinical immunology and allergy	8	21.5	2.7
	Interventional radiology	0	0.0	-
	<b>Total</b>	<b>761</b>	<b>3739.2</b>	<b>4.9</b>
	<b>Total</b>	<b>13139</b>	<b>41041.6</b>	<b>3.1</b>

### 4.2.4 Where do patients travel from? Planned admissions

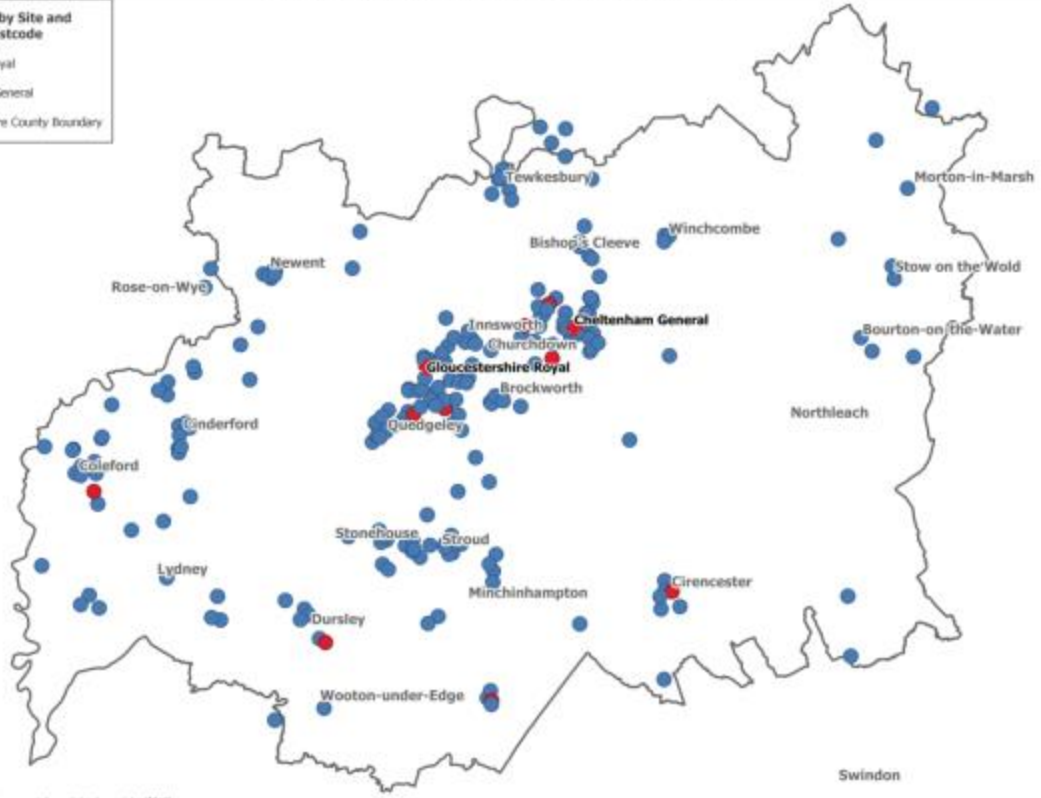




### Cardiology - Elective Activity (April 2018 to March 2019)

Elective Activity by Site and Patient Home Postcode

- Gloucester Royal
- Cheltenham General
- Gloucestershire County Boundary



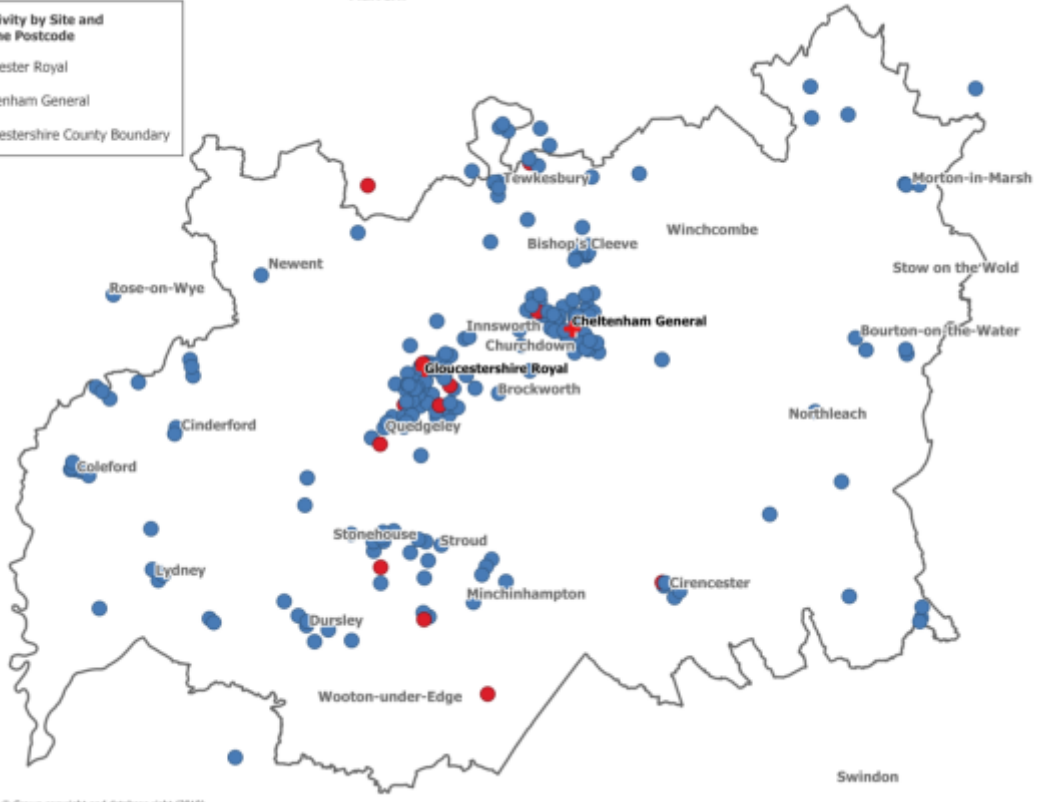
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### Vascular - Elective Activity (April 2018 to March 2019)

Elective Activity by Site and Patient Home Postcode

- Gloucester Royal
- Cheltenham General
- Gloucestershire County Boundary



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## 4.2.1 Daycase admissions

Planned care is care that is scheduled in advance – normally through your GP. This might include a routine operation such as a hip replacement or hernia repair, or anti-cancer treatment including surgery or radiotherapy. If you do not need to remain in a hospital bed overnight, this is a planned *daycase*.

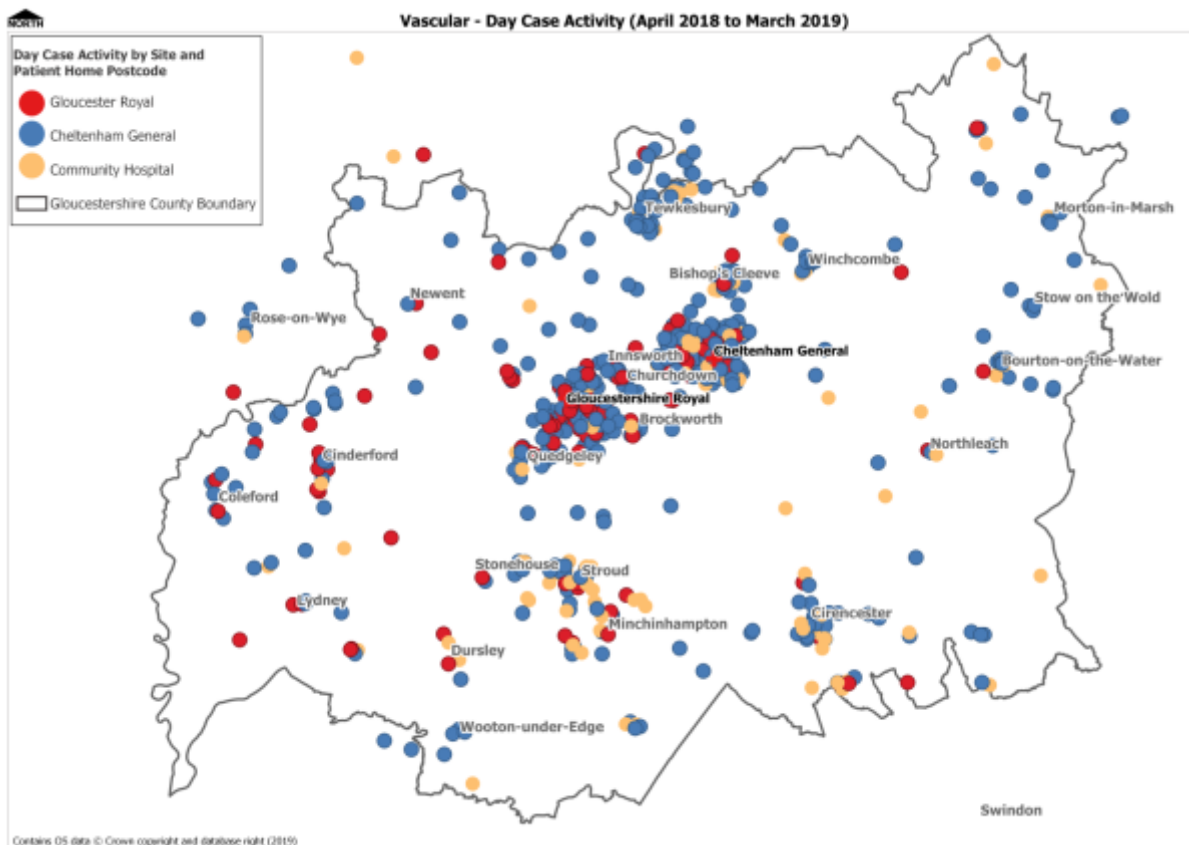
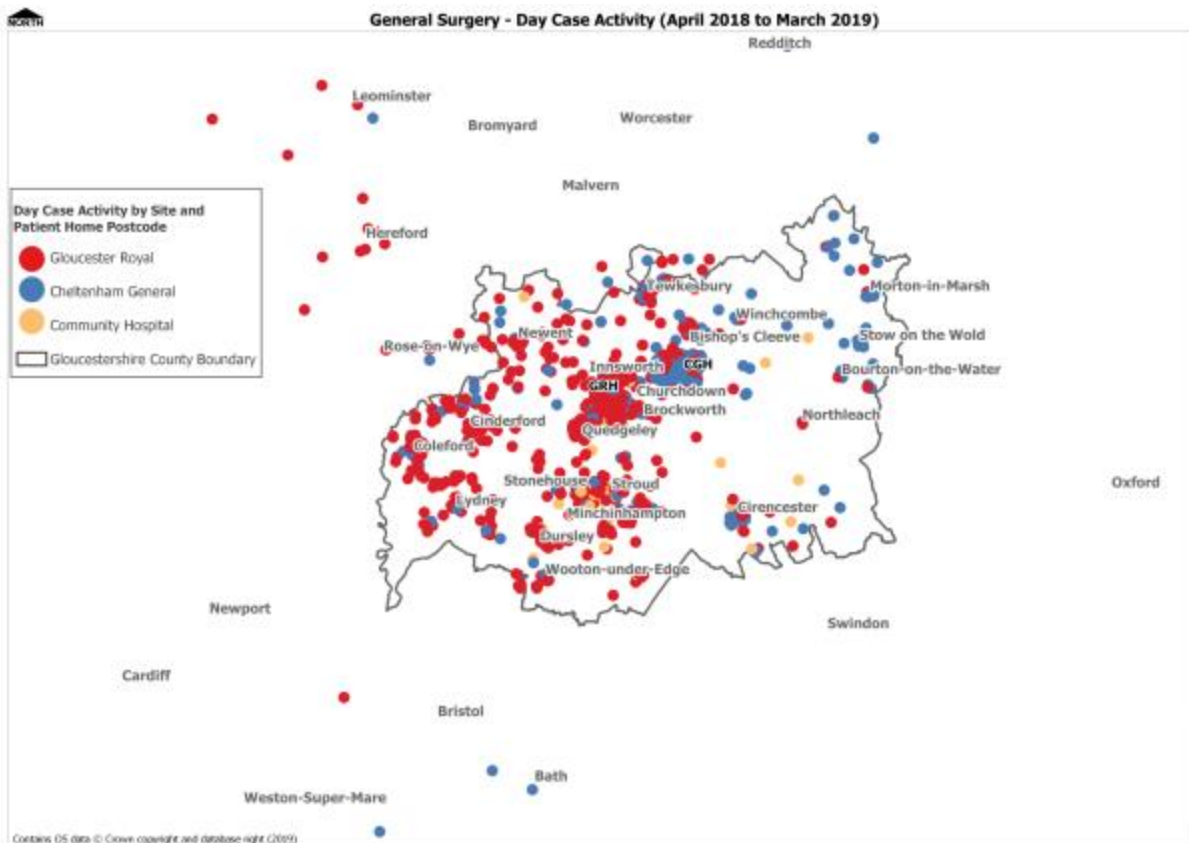
The table below shows the total Trust activity for planned daycase admissions, with in-scope specialties highlighted in yellow. As before with planned admissions, this table shows all hospital activity, whereas the summary table at the start of this section refers to only patients from Gloucestershire which is why those figures are lower.

### Trust Wide

Admission Method: <b>Day case</b>				
Commissioner: <b>11M</b>				
Division	Treatment Function Code	2018/19		
		Episodes	Los	Avg Los (Days)
Medical	Accident and Emergency	8	1.5	0.2
	<b>Cardiology</b>	<b>1570</b>	<b>475.0</b>	<b>0.3</b>
	Care of the Elderly	27	4.3	0.2
	Dermatology	149	18.8	0.1
	Diabetic medicine	5	0.6	0.1
	Endocrinology	65	7.0	0.1
	Gastroenterology	2641	358.8	0.1
	General medicine	355	53.3	0.2
	Hepatology	283	48.0	0.2
	Medical Endoscopy	5975	618.2	0.1
	Nephrology	120	21.8	0.2
	Neurology	841	115.3	0.1
	Respiratory	586	90.3	0.2
	Rheumatology	662	106.2	0.2
	Stroke	0	0.0	-
<b>Total</b>	<b>13287</b>	<b>1919.2</b>	<b>0.1</b>	
Surgical	Breast surgery	654	225.5	0.3
	Cardiothoracic surgery	0	0.0	-
	<b>Colorectal surgery</b>	<b>455</b>	<b>143.3</b>	<b>0.3</b>
	ENT	1078	346.8	0.3
	<b>General surgery</b>	<b>265</b>	<b>77.4</b>	<b>0.3</b>
	Ophthalmology	3289	696.2	0.2
	Optometry	1	0.0	0.0
	Oral surgery	0	0.0	-
	Orthoptics	0	0.0	-
	Orthotics	0	0.0	-
	Surgical Endoscopy	7610	886.6	0.1
	Trauma and Orthopaedics	2620	807.2	0.3
	<b>Upper GI</b>	<b>557</b>	<b>216.5</b>	<b>0.4</b>
	Urology	2543	354.5	0.1
<b>Vascular surgery</b>	<b>536</b>	<b>171.5</b>	<b>0.3</b>	
<b>Total</b>	<b>19608</b>	<b>3925.8</b>	<b>0.2</b>	
Gynaecology	Gynaecological oncology	91	31.6	0.3
	Gynaecology	1311	391.9	0.3
	<b>Total</b>	<b>1402</b>	<b>423.5</b>	<b>0.3</b>
Diagnostics	Clinical genetics	0	0.0	-
	Clinical haematology	2133	370.2	0.2
	Clinical immunology and allergy	752	51.5	0.1
	Interventional radiology	1	0.3	0.3
	Medical oncology	691	111.7	0.2
	Pain Management	1155	83.2	0.1
	Palliative medicine	4	0.4	0.1
<b>Total</b>	<b>4736</b>	<b>617.3</b>	<b>0.1</b>	
<b>Total</b>	<b>39033</b>	<b>6885.7</b>	<b>0.2</b>	



## 4.2.2 Where do patients travel from? Daycases

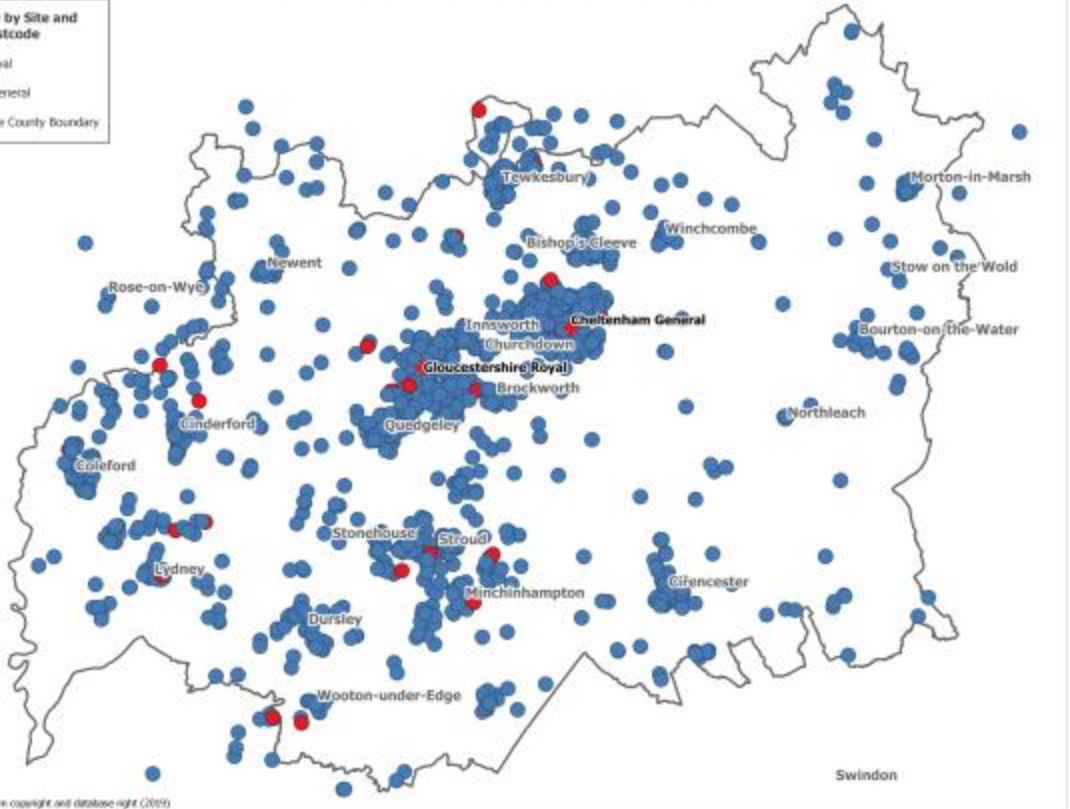




### Cardiology - Day Case Activity (April 2018 to March 2019)

Day Case Activity by Site and Patient Home Postcode

- Gloucester Royal
- Cheltenham General
- Gloucestershire County Boundary



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## 5 EQUALITIES BASELINE FOR CURRENT ACTIVITY

The Equality Act (2010) states that there are nine protected characteristics. These characteristics are protected by the Act and are there to ensure that people are not discriminated against. The nine protected characteristics are:

- Age
- Disability
- Race
- Sex
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Religion or belief
- Sexual orientation.

(These are not ranked in any particular order).

For some protected characteristics there is very little or no information available at a local level; this includes gender reassignment and sexual orientation. In these instances we take national estimates of prevalence and apply these to the local population to produce a best estimate.

The table below shows an overview of the population of Gloucestershire relating to Protected Characteristics. The majority of these figures were taken from the 2011 Census.

### Protected Characteristics of the population of Gloucestershire

Protected Characteristic	Gloucestershire Population
<b>Age</b>	<p><b>22.5%</b> aged 0-19 (lower than national figure)</p> <p><b>56.4%</b> aged 20-64 (lower than national figure)</p> <p><b>21.0%</b> aged 65 and over (higher than national figure)</p>
<b>Disability</b>	<p><b>16.7%</b> have a long-term limiting health problem ( Lower than national figure)</p> <p><b>24.2%</b> of households had at least one person with a long-term limiting health problem or disability</p> <p><b>2.3%</b> of the adult population have a learning disability (estimate 2019)</p> <p><b>0.5%</b> have moderate or severe learning disabilities (estimate 2019)</p>
<b>Race</b>	<p><b>8.4 %</b> BAME ( Lower than national figure)</p> <p><b>0.6%</b> of the population are not able to speak English</p>
<b>Sex</b>	<p><b>49.1%</b> Male and <b>50.9%</b> Female (same as national ratio)</p> <p><b>13.9%</b> of females and <b>15.1%</b> of men over 65 provide unpaid care (same</p>

Protected Gloucestershire Population	
Characteristic	
	as national figure)
<b>Gender Reassignment</b>	<b>0.6%</b> people aged 16 and over (Estimate)
<b>Marriage and Civil Partnership</b>	<b>50%</b> people aged 16+ are married ( higher than national figure) <b>0.3%</b> are in a registered same-sex civil partnership(same as national figure) <b>7.2%</b> are widowed or a surviving partner from a same sex civil partnership ( higher than national figure)
<b>Pregnancy and Maternity</b>	<b>15.4%</b> of women who gave birth were aged 25 and under (2016- lower than national figure) <b>33.3%</b> of women who gave birth were 30-34 (2016- higher than national figure)
<b>Religion or Belief</b>	<b>63.5%</b> of residents in Gloucestershire were Christian (higher than national figure) <b>26.7%</b> had no religion (higher than national figure) <b>9.8%</b> were other religions (lower than national figure)
<b>Sexual orientation</b>	<b>5-7%</b> are Gay, Lesbian or Bisexual ( Estimate)

The following sections give a more in-depth overview of the protected characteristics relating to the population of Gloucestershire.

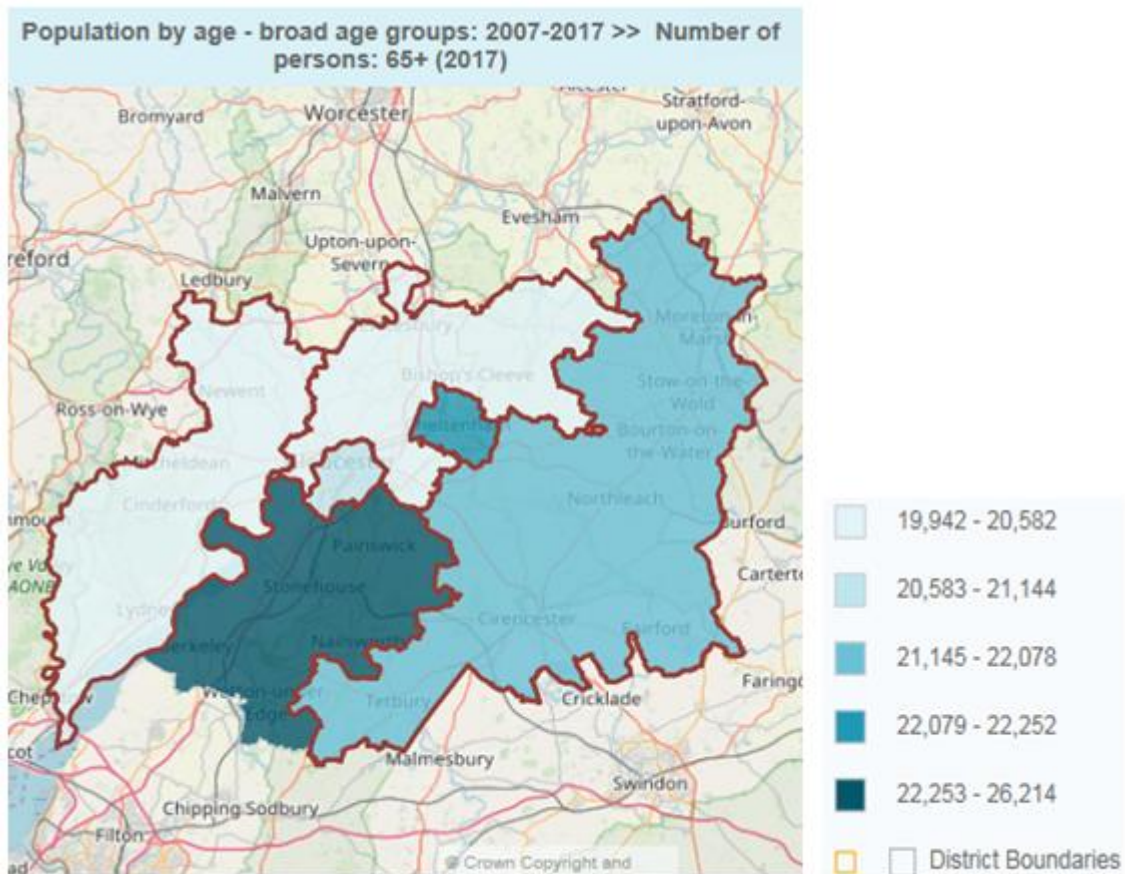
## 5.1 Age

The age of an individual, combined with additional factors including other 'protected characteristics' may affect their health and social care needs. Individuals may also experience discrimination and inequalities because of their age.

In 2017, the resident population of Gloucestershire was estimated to be 628,139 people of which:

- 22.5% were aged 0-19;
- 56.4% were aged 20-64;
- 21.0% were aged 65 and over.

Gloucestershire has a lower proportion of 0-19 year olds and 20-64 year olds and a higher proportion of people aged 65+ when compared to England. There is considerable variation at district level with Cotswold, the Forest of Dean, Stroud and Tewkesbury all having a higher proportion of people aged 65+ when compared to the county and national figures. At 25.2% Cotswold has the largest proportion of people aged 65 and over. The map below shows the numbers of people aged 65+ across the county.



Looking ahead, the number of people aged 65 and over in the County is set to continue to rise at a faster pace than nationally, rising from 126,800 in 2015 to reach 206,300 by 2039<sup>7</sup>. An estimated 25,400 older people currently had a long-term illness or disability that limits their day-to-day activities a lot, and this number is predicted to rise to 39,000 by 2030<sup>8</sup>.

40% of older people with a severe long-term illness or disability do not have access to cars<sup>9</sup>, presenting problems in areas where access by public transport to health care and community facilities is poor. The proportion of over-75s who have a disability using the internet is low (35.3%)<sup>10</sup>, meaning that a large number of older disabled people are not able to access information and services available online.

<sup>7</sup>2014-Based Sub-National Population Projections, Office for National Statistics <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/subnationalpopulationprojectionsforengland/2014basedprojections>

<sup>8</sup> Projecting Older People Population Information System (POPPI), <http://www.poppi.org.uk/>

<sup>9</sup> Census 2011, Office for National Statistics, <https://www.nomisweb.co.uk>

<sup>10</sup> Internet Users 2016, Office for National Statistics, <https://www.ons.gov.uk/releases/internetusersintheuk2016>

## 5.2 Disability

Under the Equality Act (2010) a person has a disability if he or she has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

According to the 2011 Census 16.7% of Gloucestershire residents reported having a long-term limiting health problem or disability. At a household level, 24.2% of households had at least one person with a long-term limiting health problem or disability. The Forest of Dean had the highest proportion of residents reporting a long term limiting health problem at 19.6% of the total population, and was the only district that exceeded the national figure. Cheltenham had the lowest proportion of residents reporting a long-term limiting health problem at 15.1%.

**Percentage of people with a long-term limiting health problem or disability, by broad age group, Gloucestershire, 2011**

	All ages	0-15	16-49	50-64	65+
Cheltenham	15.1	2.7	7.0	18.1	48.8
Cotswold	16.1	2.7	6.7	14.8	43.9
Forest of Dean	19.6	3.6	9.2	20.3	52.2
Gloucester	16.8	3.5	8.5	22.6	54.4
Stroud	16.7	3.3	7.9	16.8	47.6
Tewkesbury	16.5	2.9	7.1	16.9	47.6
<b>Gloucestershire</b>	<b>16.7</b>	<b>3.1</b>	<b>7.8</b>	<b>18.3</b>	<b>49.0</b>
England	17.6	3.7	8.7	23.8	53.6

Estimated projections suggest that in 2019 there will be approximately 11,825 people aged 18+ living with a learning disability in Gloucestershire (see Table ) equating to 2.3% of the adult population<sup>8</sup>. Of this group, about 2,400 are estimated to have moderate or severe learning disabilities, equating to 0.5% of the adult population<sup>9</sup>.

Evidence shows that people with learning disabilities have poorer health than the general population, much of which is avoidable, and that the impact of these health inequalities is serious; people with learning disabilities are three times as likely as people in the general population to have a death classified as potentially avoidable through the provision of good quality healthcare<sup>11</sup>. Men with learning disabilities die on average 13-20 years younger than men in the general population and women with learning disabilities die on average 20-26 years younger than women in the general population<sup>12</sup>. These inequalities result to an extent from the barriers which people with learning disabilities face in accessing healthcare<sup>13</sup>.

<sup>11</sup> The Lancet <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2813%2962026-7>

<sup>12</sup> Gov.uk "People with Learning Disabilities in England 2015" report [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/613182/PWLDIE\\_2015\\_main\\_report\\_NB090517.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/613182/PWLDIE_2015_main_report_NB090517.pdf)

<sup>13</sup> The Lancet <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2813%2962026-7>

**Predicted number of people with learning disabilities aged 18+, Gloucestershire, 2019/20**

	Total	18-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
<b>Cheltenham</b>	2,279	319	431	367	366	321	254	151	71
<b>Cotswold</b>	1,645	159	187	222	303	293	263	155	63
<b>Forest of Dean</b>	1,606	165	202	202	294	291	259	143	52
<b>Gloucester</b>	2,409	300	451	411	427	359	258	145	58
<b>Stroud</b>	2,201	186	289	335	427	391	326	181	65
<b>Tewkesbury</b>	1,686	146	251	266	305	279	239	143	56
<b>Gloucestershire</b>	<b>11,825</b>	<b>1,278</b>	<b>1,810</b>	<b>1,802</b>	<b>2,124</b>	<b>1,932</b>	<b>1,598</b>	<b>916</b>	<b>365</b>
<b>England</b>	1,046,221	127,955	193,319	175,554	177,960	153,813	121,365	68,672	27,585

Dementia is one of the major causes of disability in older people. Estimated projections suggest that in 2019 there will be approximately 9,780 people aged 65+ living with dementia in Gloucestershire. Incidents of dementia increase with age, people aged 65-69 account for 4.7% of dementia sufferers over 65, this increases to 24.4% for the 85-89 age group. Given the ageing population the number of dementia sufferers will increase in the future.

**Predicted number of people aged 65 and over with dementia, Gloucestershire, 2019**

	Total	65-69	70-74	75-79	80-84	85-89	90+
Cheltenham	1,790	73	161	253	396	461	447
Cotswold	1,663	73	167	257	379	400	388
Forest of Dean	1,454	76	164	244	332	339	299
Gloucester	1,531	76	158	252	356	361	329
Stroud	1,873	94	205	303	453	461	357
Tewkesbury	1,518	67	148	240	345	361	357
<b>Gloucestershire</b>	<b>9,778</b>	<b>458</b>	<b>1003</b>	<b>1,542</b>	<b>2,274</b>	<b>2,383</b>	<b>2,118</b>
England	738,456	34,771	76,103	114,330	174,086	180,368	158,798

The 2011 census found that people in Gloucestershire with a long-term limiting illness or disability were more likely to live in a household without access to a car or van.

### 5.3 Race

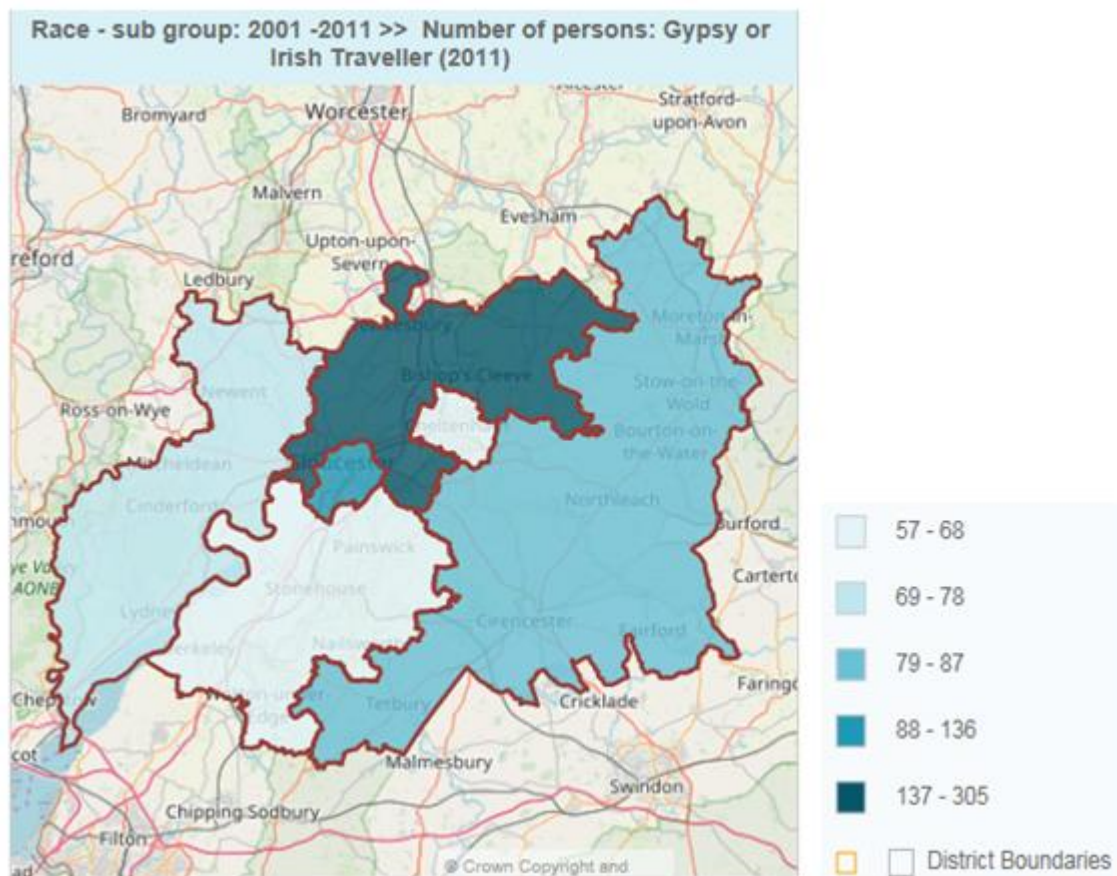
The Equality Act states that race includes colour, nationality, ethnic or national origins. The 2011 Census found that 7.7% of Gloucestershire residents (46,100 people) were born outside the UK compared with a national figure of 13.4%; just under half (22,301) were born in another European country and 22% in the Middle East and Asia. More recent estimates suggest that in 2015, 8.4% of Gloucestershire residents were born in another country.

With regards to ethnic groups, the 2011 Census found that,

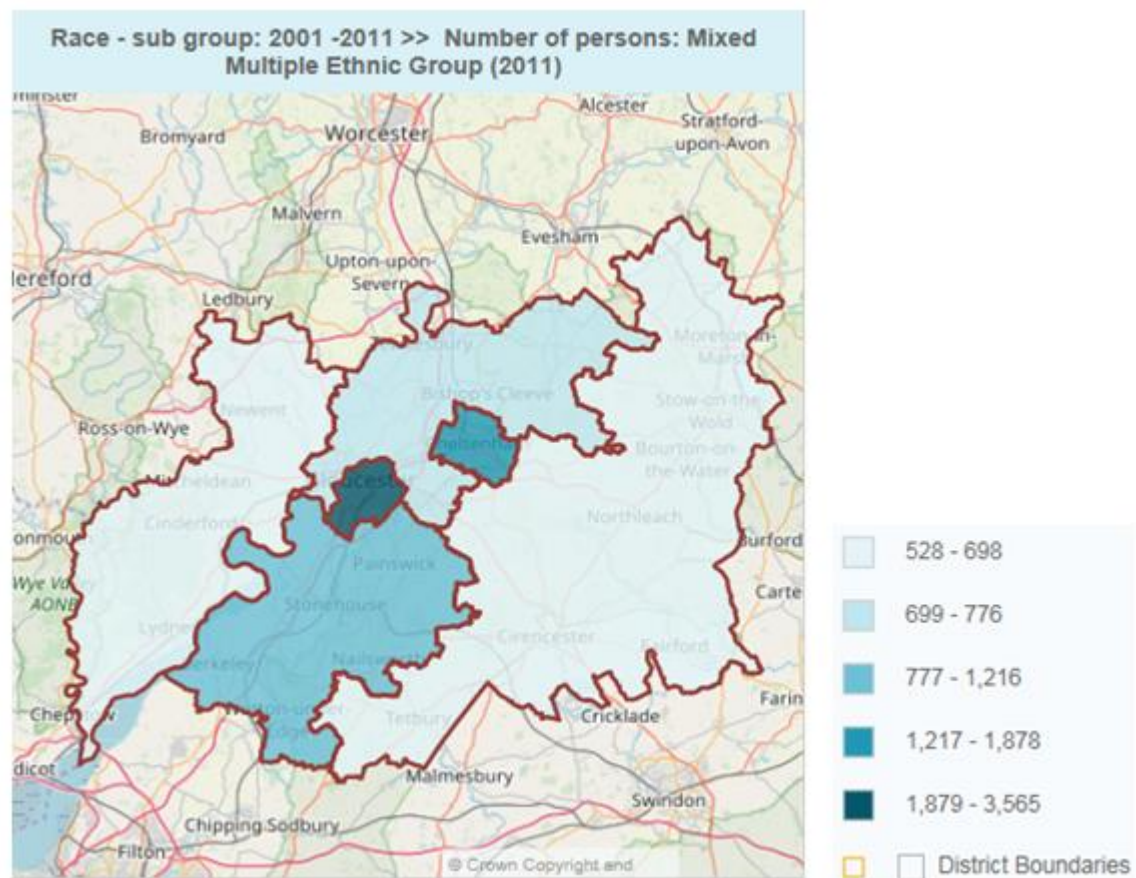
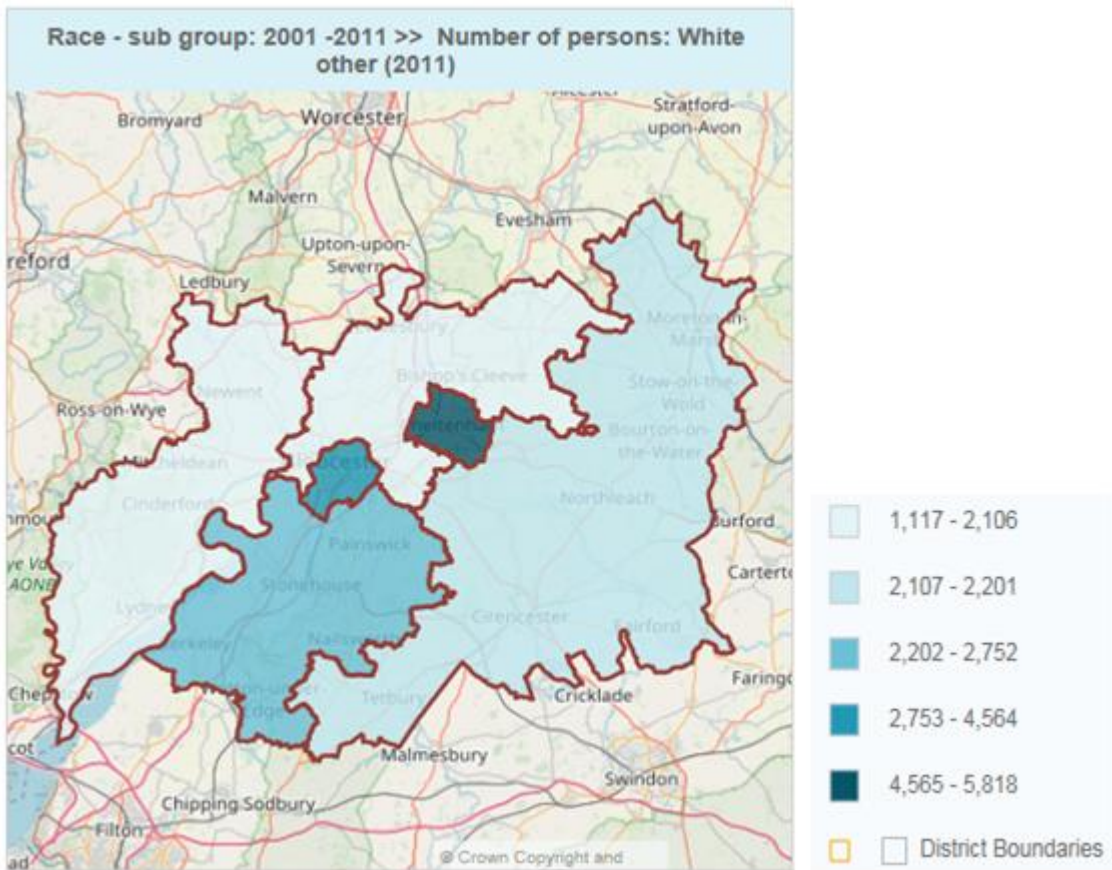
- 91.6% of Gloucestershire residents were White British,
- 2.1% were Asian/Asian British,
- 1.5% were from a Mixed Ethnic group,
- 0.9% were Black/Black British,
- 0.6% were White Irish,
- 0.1% were of Gypsy or Irish Traveller origin,
- 3.9% were in an 'other White' category.

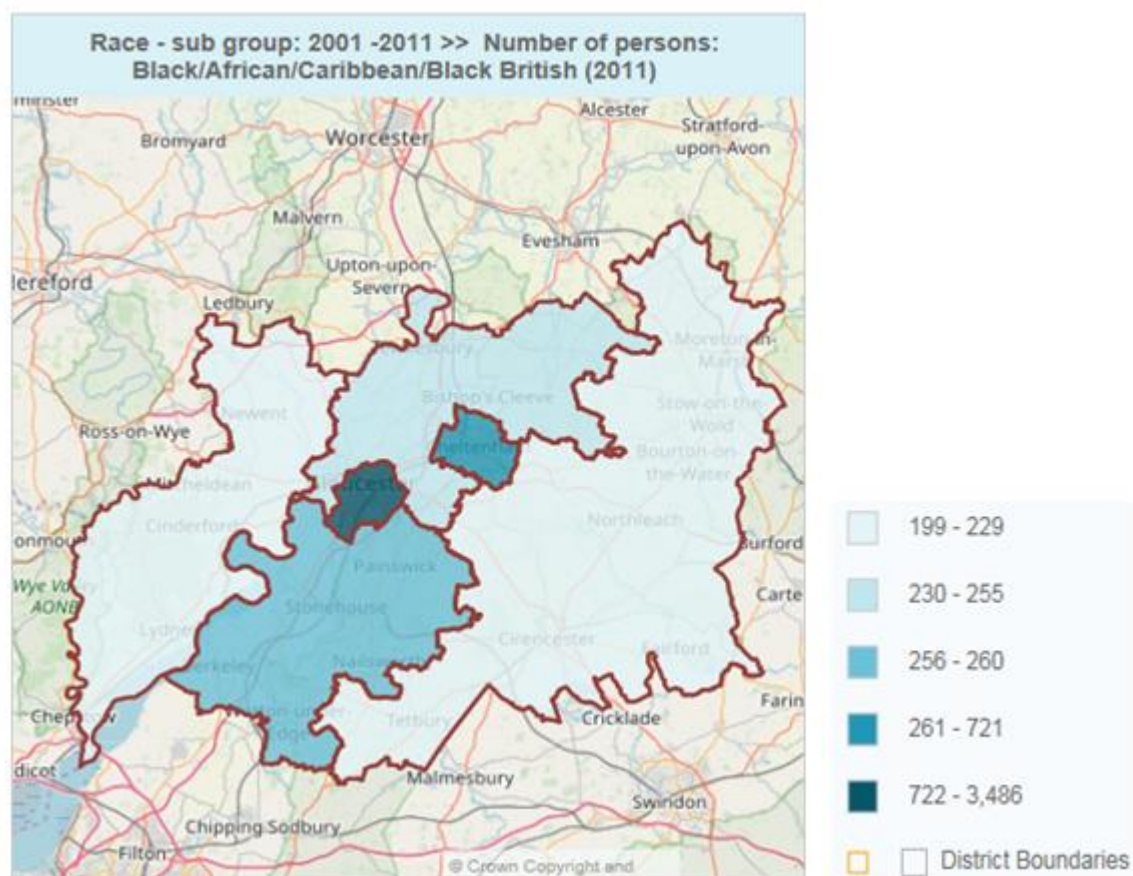
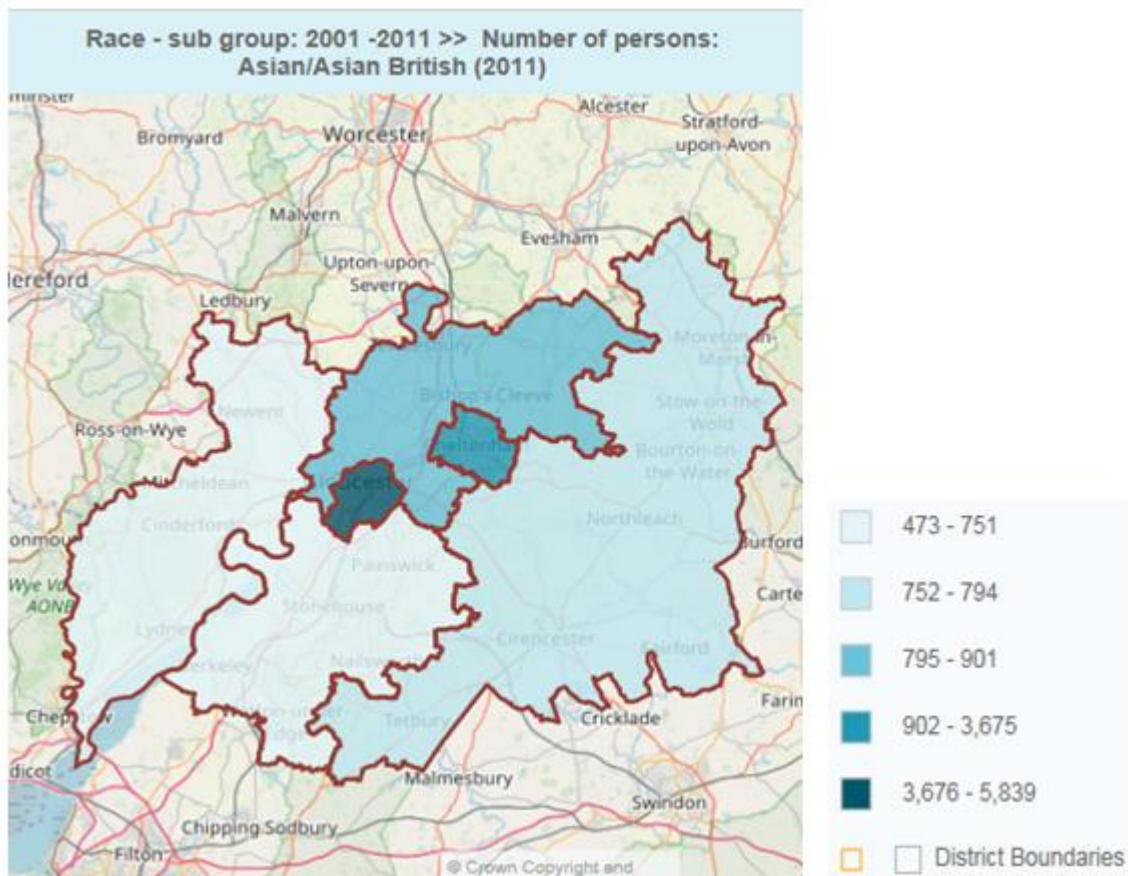
Overall, 4.6% of the population were from Black and Minority Ethnic (BME) backgrounds; this figure increased to 8.4% when the Irish, Gypsy or Irish Traveller and 'other White' categories were included. Some 36% of the people who were not White British were born in the UK.

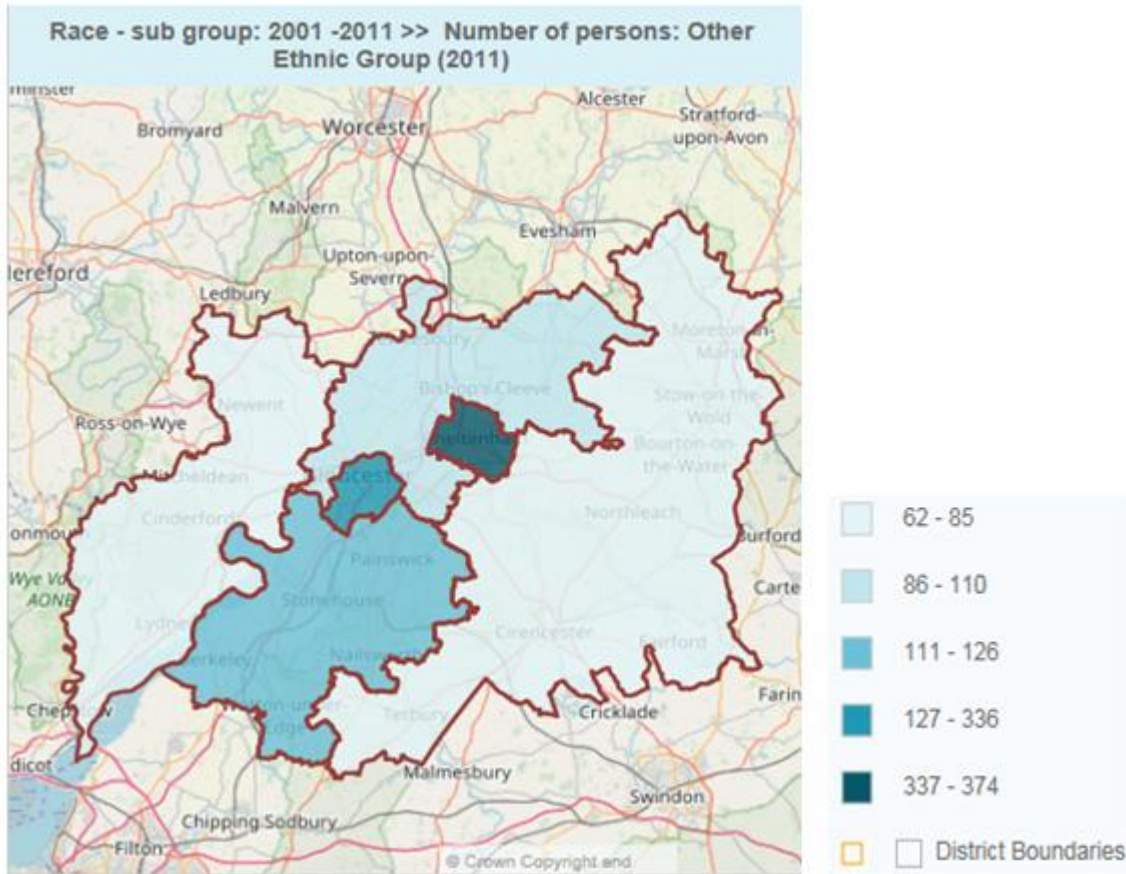
The maps below show the distribution of some of the ethnic groups across Gloucestershire.











A recent report by the Equality and Human Rights Commission shows that people from Black and Minority ethnic groups continue to experience discrimination and inequality in education, employment, housing, pay and living standards, health, and the criminal justice system<sup>14</sup>. In Gloucestershire, the 2011 Census showed inequalities in a number of areas, including health, housing, access to a car and employment.

In relation to health, amongst people aged 65 and over, 58.5% of Asian/Asian British people and 56.7% of Black African/Caribbean/Black British people had a long-term health problem/disability compared with 48.9% of White British people. These inequalities were not reflected at a national level where, in the same age group, 39.2% of Asian/Asian British people and 44.9% of Black African/Caribbean/Black British people had a long-term health problem/disability compared with 47.1% of White British people.

In relation to access to a car, 27.6% of Black African/Caribbean/Black British people, 21.6% of people of mixed/multiple ethnic origin, 18.8% of White Irish people, 16.7% of 'other White' people, 15.2% of Asian/Asian British people and 20.6% of people of 'other' ethnic origin were living in a household with no access to a car compared with 11.1% of White British people. These inequalities were smaller than those which existed at a national level.

Amongst the whole Gloucestershire population (i.e. not just people 65 or over), people of Gypsy or Irish Traveller origin were, in particular, more likely to be in poor health than other ethnic groups (15.9% of Gypsy/Irish Travellers compared with 4.6% of White British people); this reflected the national picture. National evidence also shows that asylum seekers have

<sup>14</sup> Equality and Human Rights Commission, 2016, Healing a Divided Britain: the Need for a Comprehensive Race Equality Strategy [www.equalityhumanrights.com/en/publication-download/healing-divided-britain-need-comprehensive-race-equality-strategy](http://www.equalityhumanrights.com/en/publication-download/healing-divided-britain-need-comprehensive-race-equality-strategy)

specific mental and physical health issues and that they can experience difficulties accessing healthcare in the UK<sup>15</sup>.

At the end of the first quarter of 2016, there were 124 asylum seekers and their dependents living in Gloucestershire, 119 in Gloucester and 5 in Tewkesbury<sup>16</sup>. This figure does not include asylum seekers who were unaccompanied children.

In relation to language, the 2011 Census found that 3.3% of the population in Gloucestershire who were aged 3 or over did not speak English as their main language. Amongst this group, Polish was the most common main language, followed by Gujarati and then a Chinese language. Some 82% of the people, whose main language was not English, could speak English well or very well. Older people were less likely than younger people to be proficient in English; 29% of people aged 50 and over who did not speak English as a main language were not proficient compared with 17% of people aged under 50 who did not have English as a main language. Language barriers can have implications on access to health care.

## 5.4 Sex

The sex of an individual, combined with additional factors such as living alone, may affect their health and social care needs. Individuals may also experience discrimination and inequalities because of their sex. A report by the European Social Survey found 24% of respondents had experienced prejudice based on their sex. Discrimination on the grounds of sex was reported by more respondents than discrimination based on ethnicity.

The overall population split by sex in Gloucestershire is slightly skewed towards females, with males making up 49.1% of the population and females accounting for 50.9%. In Gloucestershire in 2017, 52.9% of people aged 65-84 were female, whilst for people aged 85+ the difference was more marked with females accounting for 64.6% of the total population. This situation is also reflected at district, regional and national level. As a result of this, 71% of single pensioner households are shown to be headed by a woman. Women were more likely than men to be living in a household without access to a car,

**Population by sex, Gloucestershire 2017**

	% of population	
	male	female
Cheltenham	49.0	51.0
Cotswold	48.4	51.6
Forest of Dean	49.2	50.8
Gloucester	49.5	50.5
Stroud	49.2	50.8
Tewkesbury	48.8	51.2
<b>Gloucestershire</b>	<b>49.1</b>	<b>50.9</b>
England	49.4	50.6

<sup>15</sup> The Health Needs of Asylum Seekers, Faculty of Public Health, [www.fph.org.uk/uploads/bs\\_asylum\\_seeker\\_health.pdf](http://www.fph.org.uk/uploads/bs_asylum_seeker_health.pdf)

<sup>16</sup> Immigration Statistics, May 2016, Home Office [www.gov.uk/government/publications/immigration-statistics-january-to-march-2016/asylum#data-tables](http://www.gov.uk/government/publications/immigration-statistics-january-to-march-2016/asylum#data-tables)

## 5.5 Gender Reassignment

Gender reassignment is defined by the Equality Act 2010 as a person who is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning their sex by changing physiological or other attributes of sex. This means an individual does not need to have undergone any treatment or surgery to be protected by law.

Evidence shows that when transgender people reveal their gender variance, they are exposed to a risk of discrimination, bullying and hate crime<sup>17</sup>. Transgender people are more likely to report mental health conditions and to attempt suicide than the general population<sup>18</sup> one study found that 48% of 16-24 transgender people had attempted suicide<sup>19</sup>. Research has also found that transgender people encounter significant difficulties in accessing and using health and social care services due to staffs' lack of knowledge and understanding and sometimes prejudice<sup>20</sup>. Research carried out by Stonewall in 2015 found that a quarter of health and social care staff were not confident in their ability to respond to the specific care needs of transgender patients and service users<sup>21</sup>.

There are no official estimates of gender reassignment at either national or local level. However, in a study funded by the Home Office, the Gender Identity Research and Education Society (GIRES) estimate that there are between 300,000 and 500,000 people aged 16 or over in the UK are experiencing some degree of gender variance. These figures are equivalent to somewhere between 0.6% and 1% of the UK's adult population. By applying the same proportions to Gloucestershire's 16+ population, we can estimate that there may be somewhere between 3,092 and 5,154 adults in the county that are experiencing some degree of gender variance.

### Estimates of gender reassignment, 2017

	Lower Estimate		Upper Estimate	
	Number of people	% of 16+ population	Number of people	% of 16+ population
Cheltenham	579	0.6	965	1.0
Cotswold	440	0.6	733	1.0
Forest of Dean	431	0.6	718	1.0
Gloucester	618	0.6	1,031	1.0
Stroud	582	0.6	970	1.0
Tewkesbury	442	0.6	737	1.0
<b>Gloucestershire</b>	<b>3,092</b>	<b>0.6</b>	<b>5,154</b>	<b>1.0</b>
England	269,889	0.6	449,815	1.0

Note: Figures may not sum due to rounding

<sup>17</sup> Gender Identity Research and Education Society (2009) Gender Variance in the UK- Update 2011. <http://www.gires.org.uk/assets/Medpro-Assets/GenderVarianceUK-report.pdf>

<sup>18</sup> House of Commons Women and Equalities Committee, 2016, Transgender Equality [www.publications.parliament.uk/pa/cm201516/cmselect/cmwomeq/390/390.pdf](http://www.publications.parliament.uk/pa/cm201516/cmselect/cmwomeq/390/390.pdf)

<sup>19</sup> Nodin, N. et al, 2015, The Rare Research Report: LGB&T Mental Health – Risk and Resilience Explored. [www.queerfutures.co.uk/wp-content/uploads/2015/04/RARE\\_Research\\_Report\\_PACE\\_2015.pdf](http://www.queerfutures.co.uk/wp-content/uploads/2015/04/RARE_Research_Report_PACE_2015.pdf)

<sup>20</sup> Stonewall (2015) Unhealthy Attitudes [www.stonewall.org.uk/sites/default/files/unhealthy\\_attitudes.pdf](http://www.stonewall.org.uk/sites/default/files/unhealthy_attitudes.pdf)

<sup>21</sup> Ibid

Numbers of people identifying as transgender across the country appear to be increasing. According to the LGBT Foundation, “an increasing number of trans people are accessing Gender Identity Clinics; it is unclear if this represents an increase in the trans population or an increasing proportion of the trans population accessing Gender Identity Services”<sup>22</sup>

## 5.6 Marriage and Civil Partnership

Evidence suggests being married is associated with better mental health. There is less evidence on the benefits of being in a civil partnership; however, it is likely the benefits will also be experienced by people in similarly committed relationship such as civil partnerships<sup>23</sup>.

Among residents of Gloucestershire:

- 30.5% are single and have never married or registered a same-sex civil partnership
- 50.2% are married;
- 0.3% are in a registered same-sex civil partnership;
- 2.3% are separated but still legally married or still legally in a same sex civil partnership;
- 9.5% are divorced or formerly in a same sex civil partnership which is now legally dissolved;
- 7.2% are widowed or a surviving partner from a same sex civil partnership.

Gloucestershire has a lower proportion of people who are single or separated when compared to the national figure. In contrast the proportion of people who are married, divorced or widowed exceeds the national figures.

## 5.7 Pregnancy and Maternity

The Equality Act protects women who are pregnant, have given birth in the last 26 weeks (non-work context) or are on maternity leave (work context) against discrimination in relation to their pregnancy.

There were 6,739 live births in Gloucestershire in 2016. The highest proportion of deliveries were to women aged 30 to 34 continuing the trend of later motherhood. Births to mothers aged 25-29 and 30-34 account for a slightly higher proportion of total births in Gloucestershire than they do nationally, whilst those to mothers aged under 25 account for a slightly lower proportion.

At district level:

- Gloucester and the Forest of Dean have a higher proportion of births to mothers aged under 20 (4.0% and 3.6% respectively) than Gloucestershire and England.
- Cheltenham, Cotswold and Stroud have a higher proportion of births to mothers aged 35+ than Gloucestershire and England.

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<sup>22</sup> Gender Identity Research and Education Society (2011) The Number of Gender Variant People in the UK – Update 2011, <http://www.gires.org.uk/wp-content/uploads/2014/10/Prevalence2011.pdf>

<sup>23</sup> Department of Health (2011), No Health Without Mental Health: A cross-Government mental health outcomes strategy for people of all ages - Analysis of the Impact on Equality (AIE) [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213763/dh\\_123989.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213763/dh_123989.pdf)

## 5.8 Religion or Belief

According to the 2011 Census, 63.5% of residents in Gloucestershire were Christian, making it the most common religion. This was followed by no religion which accounts for 26.7% of the total population.

Gloucestershire has a higher proportion of people who are Christian, have no religion or have not stated a religion than the national figures. In contrast it has a lower proportion of people who follow a religion other than Christianity, which reflects the ethnic composition of the county.

At district level:

- Cheltenham had the lowest proportion of people who are Christian at 58.7% of the total population; this was lower than the county and marginally lower than the national figure.
- Cotswold had the highest proportion of people who follow Christianity.
- Cheltenham had the highest proportion of Buddhists, Hindus and people who have no religion.
- At 3.2% of the total population Gloucester had the highest proportion of Muslims.
- Stroud had the highest proportion of people who follow an "Other Religion" and of people who did not state their religion.

## 5.9 Sexual Orientation

The 'protected characteristic' of sexual orientation refers to those individuals who are attracted to those of the opposite sex, the same sex, or either sex. There is a substantial body of evidence demonstrating that lesbian, gay, bisexual and trans people experience discrimination and marginalisation in their daily lives including in health care, social care, housing, education, and at work, and in public.

Although attitudes towards gay people are improving, most lesbian, gay and bisexual people have experienced difficulties in their lives. Stonewall's Mental Health Briefing states "Being gay does not, in and of itself, cause mental health problems. Instead, homophobic bullying, rejection from family, harassment at work and poor responses from healthcare professionals are still commonplace for many lesbian, gay and bisexual people". As a consequence, people who are lesbian, gay or bisexual (LGB) are more likely to have experienced depression or anxiety, attempted suicide or had suicidal thoughts and self-harmed than men and women in general.

LGB people who are over 55 are more likely than heterosexual people over 55 to live alone and are more likely than heterosexual people to say that they expect to rely on health and social care providers as they get older<sup>24</sup>.

There are no definitive data on sexual orientation at a local or national level. Estimates used by the Department of Trade and Industry in 2003, and quoted by Stonewall, suggest around 5-7% of the population aged 16 and over are lesbian, gay or bisexual<sup>25</sup>. If this figure were applied to Gloucestershire it would mean somewhere between 25,800 and 36,000 people in

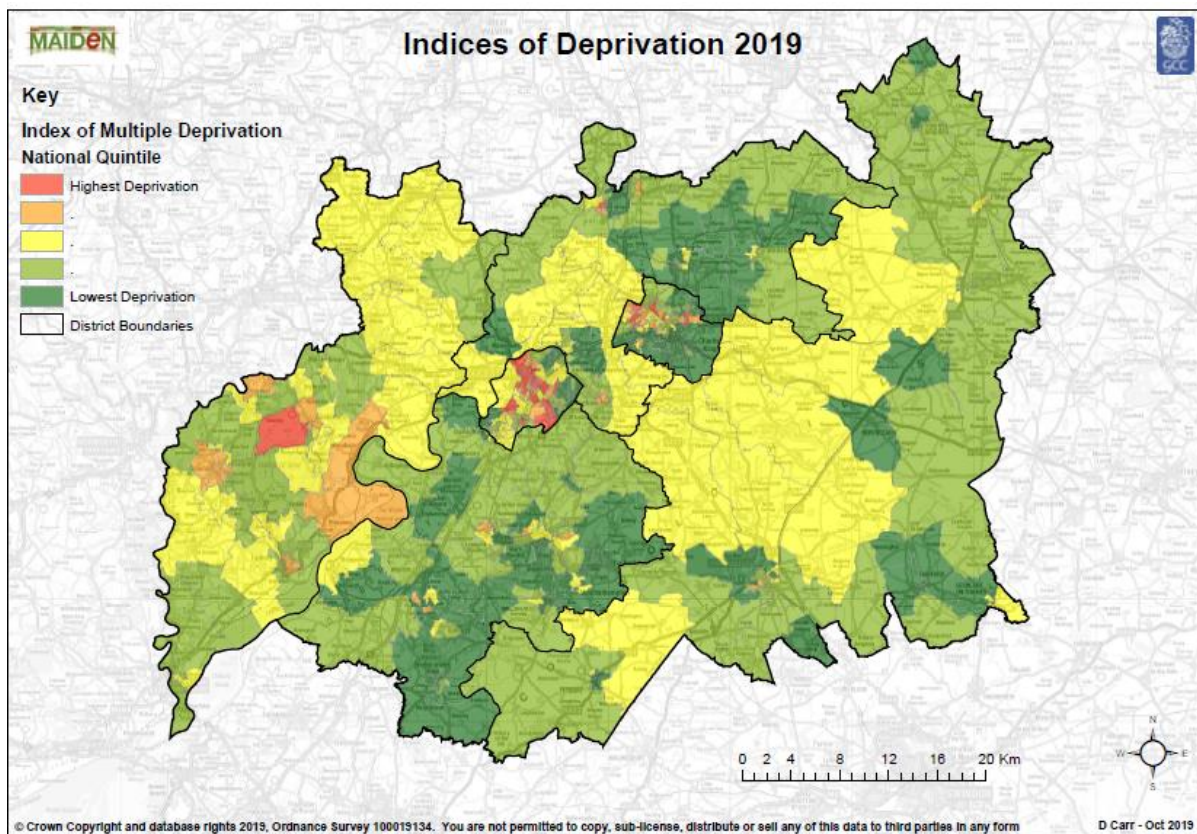
<sup>24</sup> Public Health England (2013) The Lesbian, Gay, Bisexual and Trans Public Health Outcomes Framework Companion Document; <https://nationalgbtpartnership.org/publications/ascof-companion>

<sup>25</sup> Stonewall, 2015, Mental Health, Stonewall health briefing  
[http://www.stonewall.org.uk/sites/default/files/Mental\\_Health\\_Stonewall\\_Health\\_Briefing\\_2012\\_.pdf](http://www.stonewall.org.uk/sites/default/files/Mental_Health_Stonewall_Health_Briefing_2012_.pdf)

the county are LGB. A more recent estimate from the 2017 ONS Annual Population Survey (APS) suggests that 2.1% of the England population aged 16 and over is LGB<sup>26</sup>: if this figure were applied to Gloucestershire it would mean that there are approximately 10,800 LGB people in the county.

## 5.10 Deprivation

In general, Gloucestershire is not a very deprived county. An average IMD rank for each of the six districts in Gloucestershire shows that even the most deprived districts (Gloucester City, and Forest of Dean) fall in the middle quintile (middle 20%) for deprivation out of 326 English authorities. Tewkesbury, Cotswold, and Stroud districts are in the least deprived quintile, with Cheltenham in the second least deprived quintile. However there are pockets of deprivation and 13 areas of Gloucestershire are in the most 10% deprived nationally (an increase in from 8 areas in 2010). These 13 areas account for 20,946 people (3.4% of the county population). Comparison of data between 2015 and 2019 indicates that there have been minimal changes to the increase/ decrease in levels of deprivation in the county.



Although Gloucestershire has low levels of deprivation, in the districts that are classified as deprived there are links between deprivation and increased access to urgent and emergency care and lower levels of access to planned care as outlined in Section 3 – Population Health Needs and Outcomes.

<sup>26</sup> ONS(2017), Sexual Orientation, UK:2017  
<https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2017>



### 5.10.1 Employment

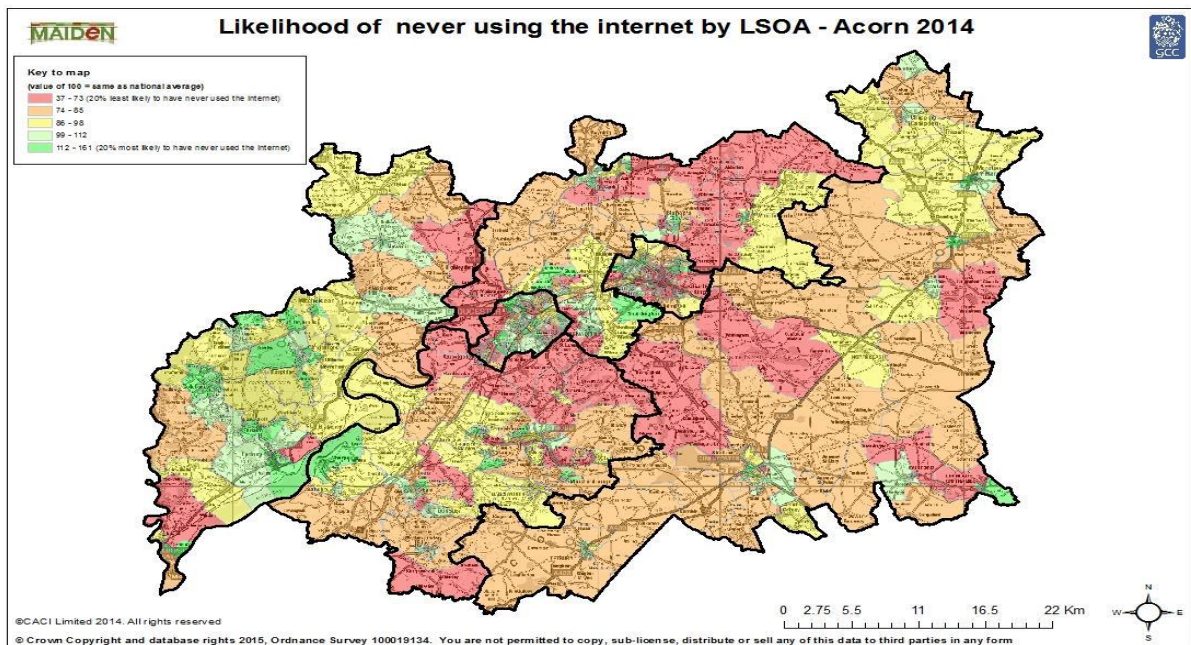
There are 9 areas of Gloucestershire in the most 10% deprived nationally for Employment Deprivation, an increase from 8 areas in 2010. These 9 areas account for 14,143 people (2.3% of the county population). 6 of these areas are in Gloucester, and the remaining 3 in Cheltenham.

The 2011 census showed that 7.3% of people aged 25 or over who had a long-term health problem/disability had never been in paid employment compared with 1.1% of people in this age group who did not have a long-term health problem/disability. However, the Census also showed that people with long-term health problems/disabilities contribute towards the unpaid economy by providing unpaid care: in Gloucestershire 16.2% of people with a long-term health problem/disability provided unpaid care compared with 9.6% of people without a long-term health problem/disability.

### 5.10.2 Internet Activity

Gloucestershire compares well to the South West region and U.K. in terms of internet access. According to a Survey from the Office of National Statistics, 7.9% of respondents in Gloucestershire are “lapsed internet users” (people who haven’t been online in over three months) or “internet non-users” (never been online) compared with 10.1% in the South West region and 12% in the U.K.

The following map illustrates the likelihood of never using the internet. The LSOAs where people are most likely to have never used the internet are mainly located in the Forest of Dean and Gloucester.



## 5.11 Summary

### Deprivation

- 13 areas of Gloucestershire are in the most 10% deprived nationally.
- There are 9 areas of Gloucestershire in the most 10% deprived nationally for Employment Deprivation
- There are links between deprivation and increased access to urgent and emergency care and lower levels of access to planned care.
- People who are most likely to have never used the internet are mainly located in the Forest of Dean and Gloucester.

### Age

- Compared with the national picture Gloucestershire has a faster growing population of people aged 65 and over.
- 71% of single pensioner households are headed by women.

### Disability (physical and mental including learning disabilities and dementia)

- A quarter of the households in the county have at least one person with a long-term limiting health problem or disability.
- People with a learning disability have poorer health outcomes and are three times more likely to have a death classified as potentially avoidable through the provision of good quality healthcare than the general population.
- Incidents of Dementia increase with age. Given the county's aging population the number of dementia sufferers will increase in the future.
- There is low usage of the internet by disabled people over 75.

### Race/Ethnicity

- People from Black and Minority Ethnic (BAME) groups are more likely to experience inequalities in several areas including health, housing, access to a car and employment.
- A higher percentage of BAME people have a long term health problem/disability when compared with white British people.
- People of Gypsy or Traveller origin are more likely to be in poor health than other ethnic groups

### Gender and gender identity

- Transgender people are more likely to report mental health conditions and to attempt suicide than the general population.
- Transgender people encounter significant difficulties in accessing and using health and social services.
- Numbers of people identifying as transgender across the county is increasing.

### Pregnancy

- Gloucester and the Forest of Dean have a higher proportion of births to mothers aged under 20 than Gloucestershire and England.
- Cheltenham, Cotswold and Stroud have a higher proportion of births to mothers aged 35+ than Gloucestershire and England.

### Sexual orientation

- People who are lesbian, gay or bisexual (LGB) are more likely to have experienced depression or anxiety, attempted suicide or had suicidal thoughts and self-harmed than men and women in general.

- LGB people who are over 55 are more likely than heterosexual people over 55 to live alone and are more likely than heterosexual people to say that they expect to rely on health and social care providers as they get older.

## 6 TRANSPORT CONTEXT FOR GLOUCESTERSHIRE RESIDENTS

### 6.1 Overview

Gloucestershire is a mainly rural county with two major urban centres in Gloucester and Cheltenham and some smaller market towns such as Stroud, Tewkesbury and Cirencester. There is a network of strategic routes including the M5, M50, A40, A38, A46 and A417 but much of the county is connected by minor roads and is poorly served by public transport.

The number of Gloucestershire households without a car is 17% compared to the figure for England of 26% (National Census, 2011). There are areas within Gloucestershire where the number of households without a car is significantly higher.

Currently, the vast majority of people accessing urgent and emergency care in Gloucestershire do so by their own means, e.g. of the 72,947 patients who attended MIUs in Gloucestershire in 2015/16, 99% (72,626) of them made their own way there.

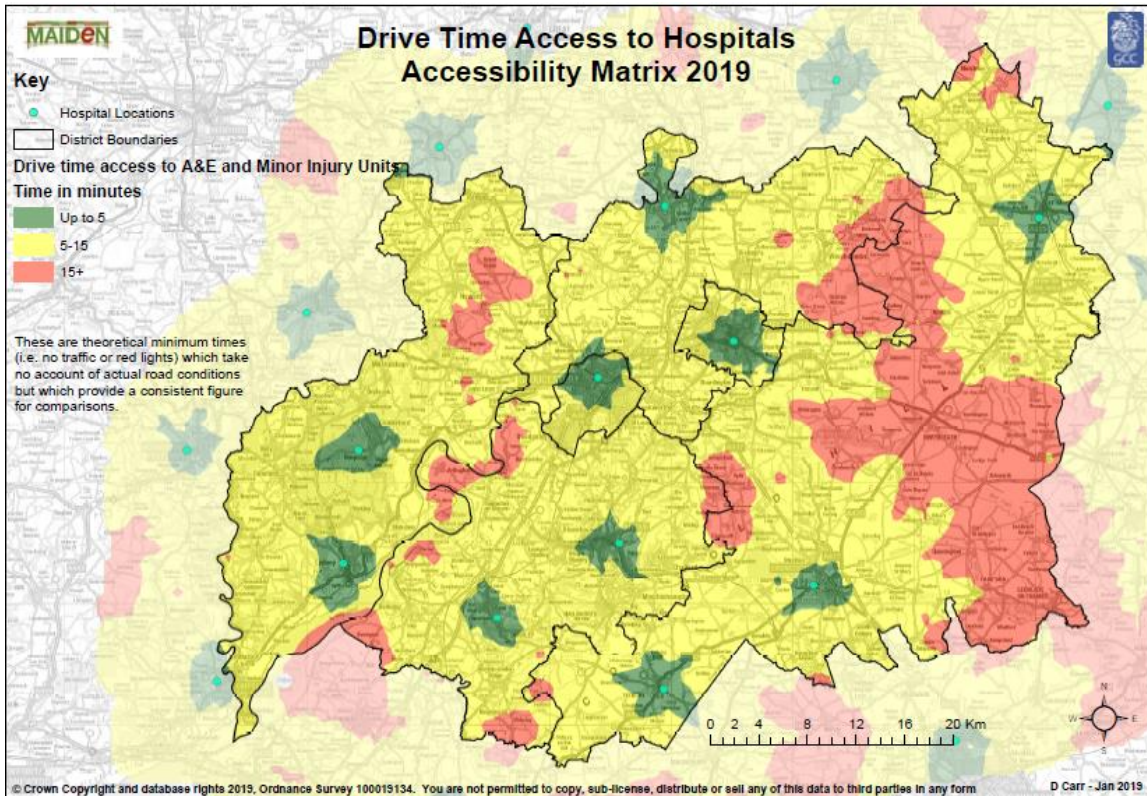
This section of the document provides data at a *general population* level, i.e. not related to any specific service.

### 6.2 Travelling by car

In general, over 80% of the population of Gloucestershire would be able to travel to an urgent care or hospital appointment by car. This section examines these journeys in more detail.

#### 6.2.1 Travelling to an MIU by car

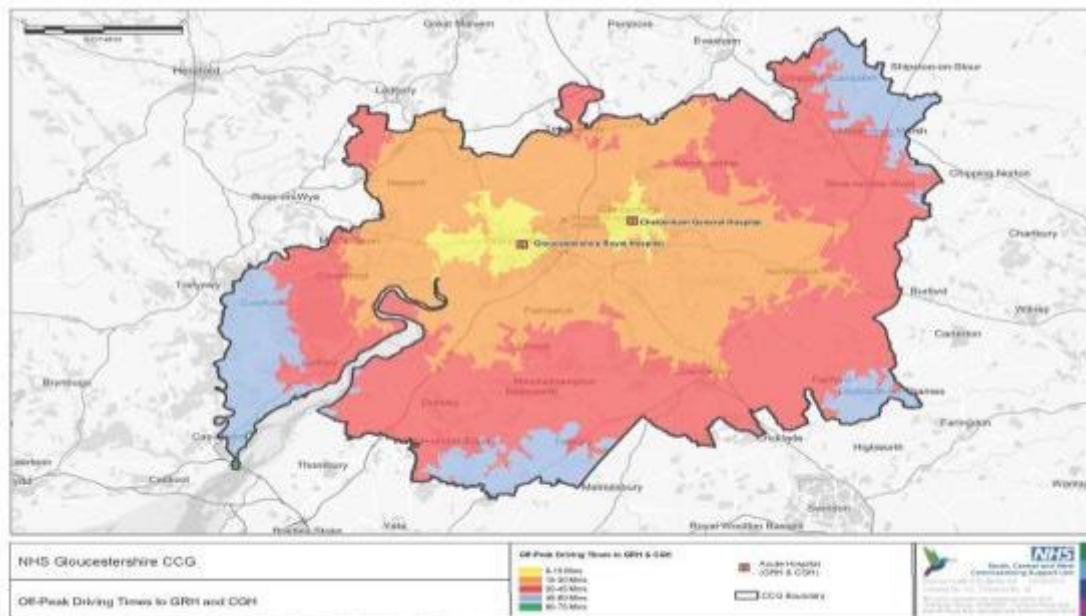
The map below shows combined travel analysis map of driving times to either an ED (Gloucester or Cheltenham) or an MIU, Gloucestershire residents driving at an off-peak time (Tuesday 10am – Noon) in a car January 2019.



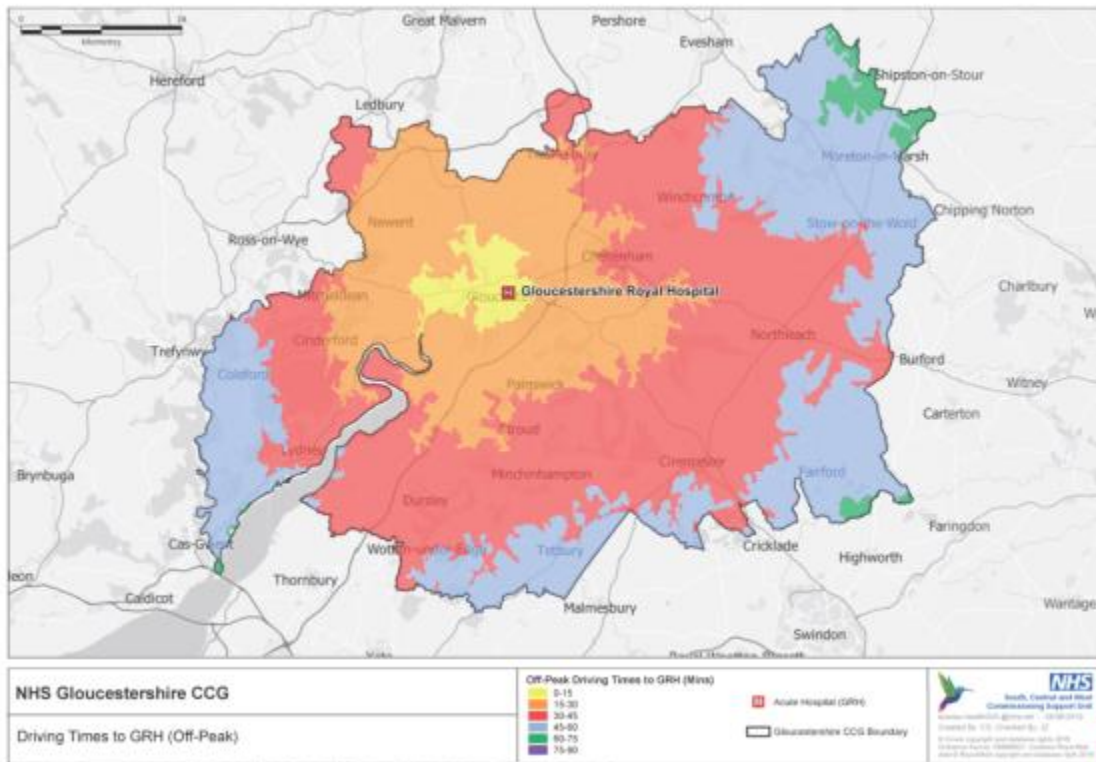
Currently, 19,956 people in Gloucestershire (3.04% of the population) could not access an Urgent Treatment Centre within 30 minutes of driving.

### 6.2.2 Travelling to Cheltenham General or Gloucestershire Royal Hospital by car

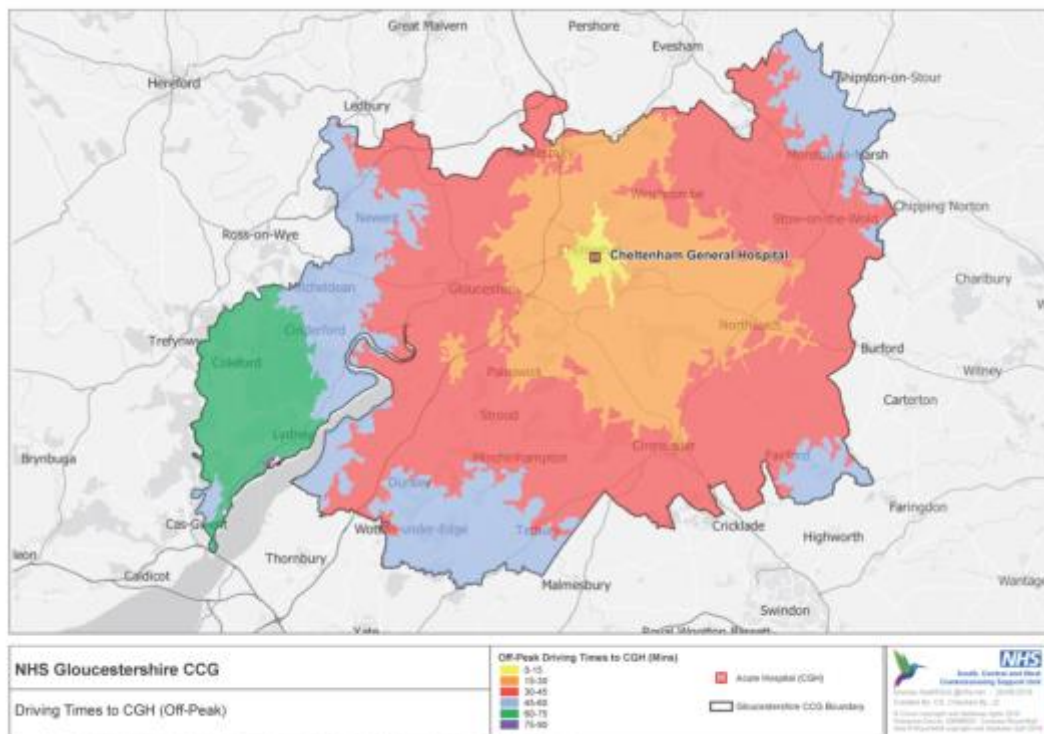
The map below, provided by SCWCSU shows travel analysis heat map of driving times to the nearest of GRH & CGH (Gloucestershire residents driving off-peak in a car 2017/18). The off peak driving time was taken as Tuesday 9pm.



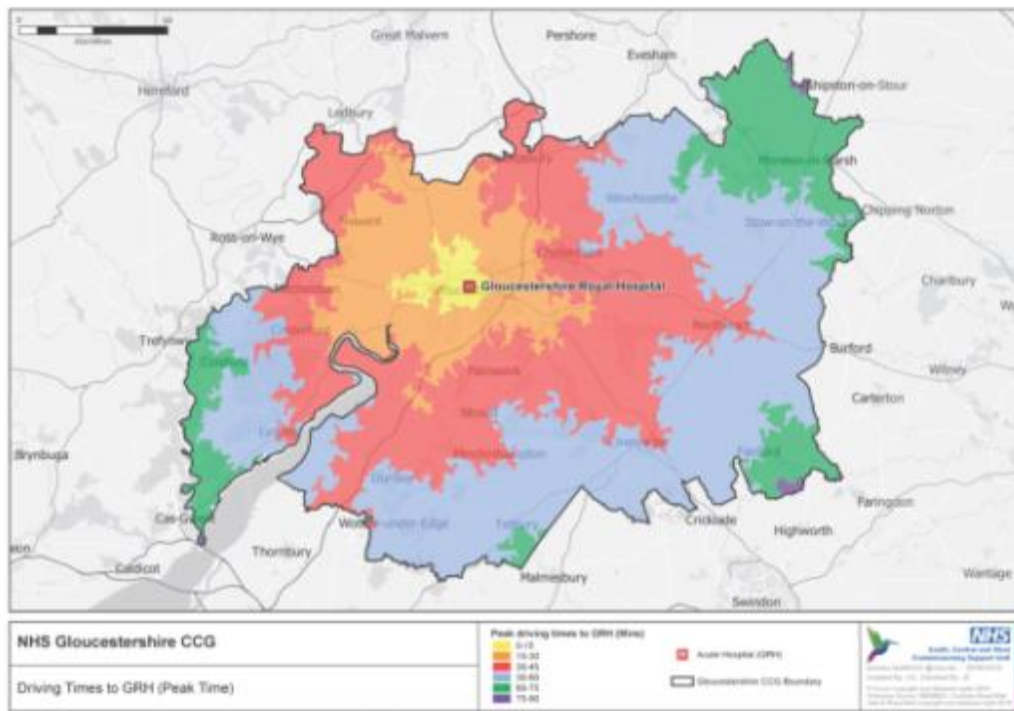
The map below shows travel analysis heat map of driving times to GRH (Gloucestershire residents driving off-peak in a car 2017/18).



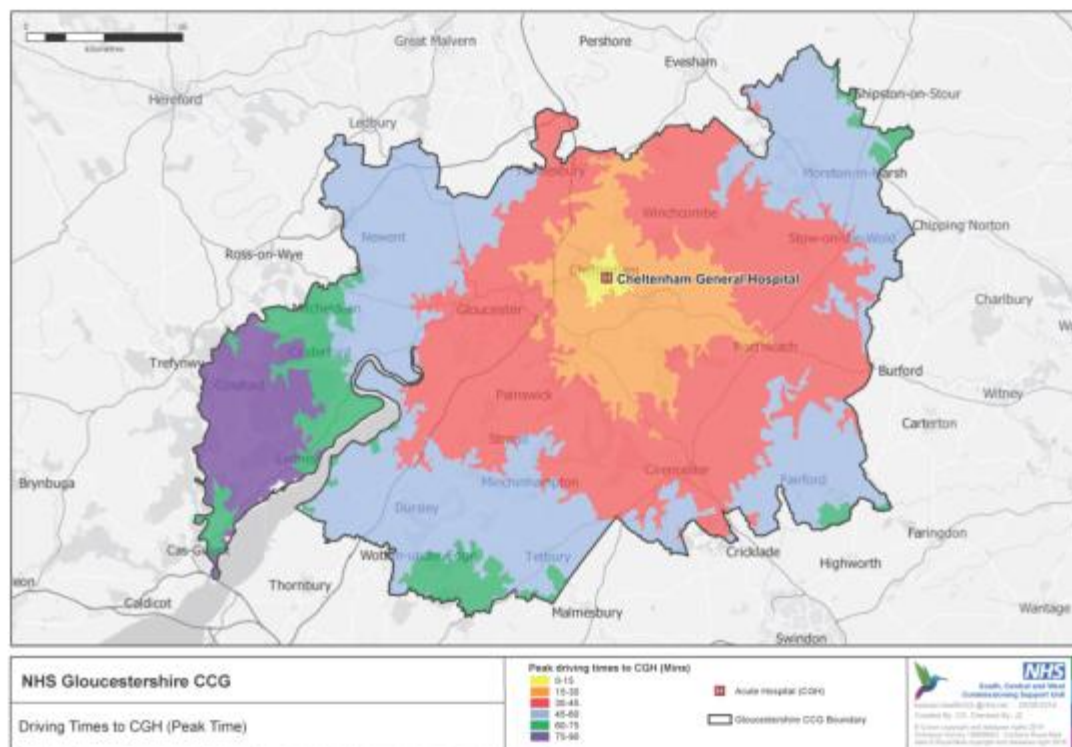
The map below shows driving times to CGH (Gloucestershire residents driving off-peak in a car 2017/18).



The map below shows travel analysis map of driving times to GRH (Gloucestershire residents driving at peak time in a car 2017/18)



The map below shows travel analysis map of driving times to CGH (Gloucestershire residents driving at peak time in a car 2017/18)



### 6.2.3 Impact Assessment – travelling to hospital by car

In October 2019, in preparation for the Citizens' Jury, we used Google Maps to test out how long it would take people from six locations in Gloucestershire to drive to their nearest major hospital, if they were to need to arrive by 9am (i.e. peak travel time). We then calculated how long it would take if they had to travel to the hospital furthest from where they lived, and the difference in travel time. The six places are marked by blue icons in the map below:



The results for travelling by car are summarised in the table below:

#### How long does it take to drive to the furthest hospital?

Source: Google maps, accessed December 2019



6 Places	Drive time to nearest hospital for 9am	Furthest hospital	Drive time to furthest hospital by 9am	Increased journey time
Cheltenham	6 minutes	Gloucester	40 minutes	34 minutes
Fairford (Cots)	40 minutes	Gloucester	55 minutes	15 minutes
Upper Slaughter (N. Cots)	33 minutes	Gloucester	1 hour	27 minutes
Gloucester	6 minutes	Cheltenham	55 minutes	49 minutes
Stroud	29 minutes	Cheltenham	40 minutes	11 minutes
Parkend (FoD)	49 minutes	Cheltenham	1h 25 minutes	36 minutes

The Forest of Dean resident has the longest journey in either scenario, but the Gloucester city resident has the greatest overall increased journey time of half an hour.

It is important to note that this analysis was indicative only and is not representative of any specific scenarios or real patients. The process once specific change proposals are available will be as follows:

1. Use a sample year (e.g. 2018/19) and identify **all patients** who would have been affected by the proposed changes
2. Model the actual impact for all patients affected, as if the change had been implemented at the time they used the service



3. Project the impact forward to account for variations in the sample year (e.g. more patients, new houses)
4. Publish the findings in the Pre-Consultation Integrated Impact Assessment Report

### 6.3 Households without a car/van

This section provides more information on the (average) 20% of households (depending on location) who do not have access to a car for travelling to healthcare settings.

The data in the table below is taken from Gloucestershire County Council website and, as such, is shown split by parishes and wards rather than health localities. It is important to note that both car ownership and the distance to the nearest GP practice is based on 2010 data and so may not accurately reflect the current situation.

The Gloucestershire data should be compared to data for the whole of England, which is as follows:

- England figure for households with no car: 26%. Source: Census 2011
- Average distance from GP in England: 1.2km. Source: Road distances - Commission for Rural Communities: Distance to Service dataset (2010)
- Average travel time by walking/public transport to nearest hospital in England: 37 minutes and in Gloucestershire: 38 minutes. Source: Department for Transport: Core Accessibility Indicators (2014).

It should also be noted that the car ownership data is recording the average across the population. There are some sections of the community where the percentage without a car may be higher, for example older people or those with lower household income. Gloucestershire has a higher proportion of people aged over 65, especially in the North Cotswolds, when compared to the average for England.

#### Car Ownership and Distance to Health Facilities in Gloucestershire

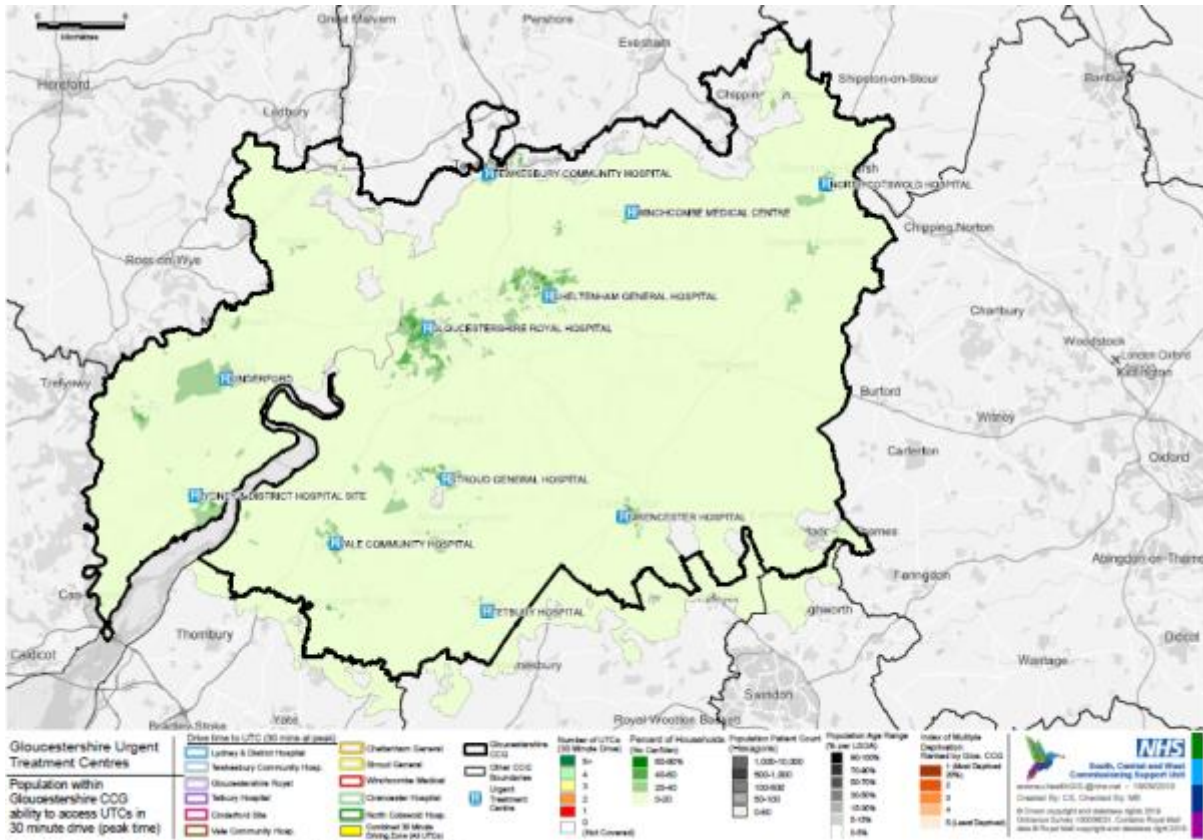
Parish	Households with no car (%)	Average distance from GP	Average travel time by walking/public transport to nearest hospital
<b>England Average</b>	26%	1.2km	37 minutes
<b>Cheltenham</b>			
All Saints and Oakley	31%	0.9km	20
St Mark's and St Peter's	29%	0.8km	31
St Paul's and Swindon	29%	1.1km	32
<b>Cotswolds</b>			
Bourton on the Water & Northleach	11%	3.4km	60
Campden Vale	9%	2.9km	79
Cirencester Beeches	11%	2.7km	30
Fairford and Lechlade on Thames	9%	2.4km	70

Parish	Households with no car (%)	Average distance from GP	Average travel time by walking/public transport to nearest hospital
<b>England Average</b>	26%	1.2km	37 minutes
South Cerney	8%	3.0km	39
Stow-on-the-Wold	12%	3.0km	91
Tetbury	11%	2.5km	26
<b>Forest of Dean</b>			
Coleford	17%	1.6km	41
Drybrook and Lydbrook	12%	1.5km	72
Mitcheldean	9%	3.3km	54
Newent	13%	2.9km	65
Sedbury	10%	7.8km	54
<b>Gloucester</b>			
Barton and Tredworth	40%	0.6km	24
Coney Hill and Matson	32%	0.9km	31
Grange and Kingsway	17%	0.8km	46
Hempsted and Westgate	36%	0.8km	28
Kingsholm and Wotton	28%	0.5km	14
Quedgeley	11%	1.2km	43
<b>Stroud</b>			
Bisley and Painswick	8%	2.5km	35
Cam Valley	15%	1.4km	67
Dursley	16%	1.6km	67
Hardwicke and Severn	8%	2.7km	54
Nailsworth	13%	1.8km	39
Rodborough	13%	1.8km	23
Stonehouse	18%	1.6km	37
Stroud Central	24%	1.4km	14
Wotton-under-Edge	11%	1.7km	73
<b>Tewkesbury</b>			
Brockworth	16%	1.5km	38
Highnam	9%	3.3km	33

Parish	Households with no car (%)	Average distance from GP	Average travel time by walking/public transport to nearest hospital
England Average	26%	1.2km	37 minutes
Tewkesbury East	10%	2.9km	21
Tewkesbury	25%	1.4km	14
Winchcombe and Woodmancote	9%	2.4km	48

Figures in red indicate a higher than England average

The map below shows which households in Gloucestershire do not have access to a car/van with the darker shading indicating a higher percentage of households without access to a car/van.



The percentage of households in Gloucestershire without a car is generally lower than the figure across England, which is 26% of households without a car.

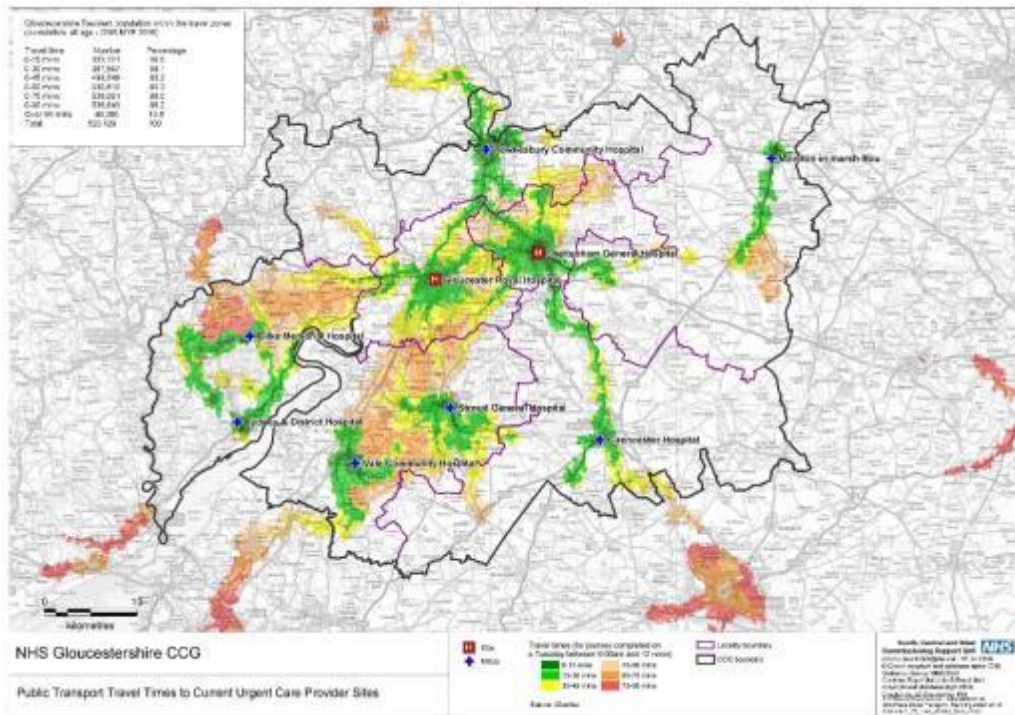
There are areas within Gloucestershire where the number of households without a car is significantly higher, such as All Saints and Oakley in Cheltenham where 31% of households do not have a car, or Barton and Tredworth in Gloucester where 40% of households do not have a car. However, patients in those areas are relatively close to health facilities such as GP practices and hospitals. (It is important to recognise that the nearest GP practice may not be the practice where the patient is registered, and so the actual distance to their GP may be greater).

In understanding the impact of any changes to health services, particular attention will need to be paid to the highlighted areas in the table above. These are places where at least 12% of the population does not have a car and it takes over an hour to reach the nearest hospital by public transport.

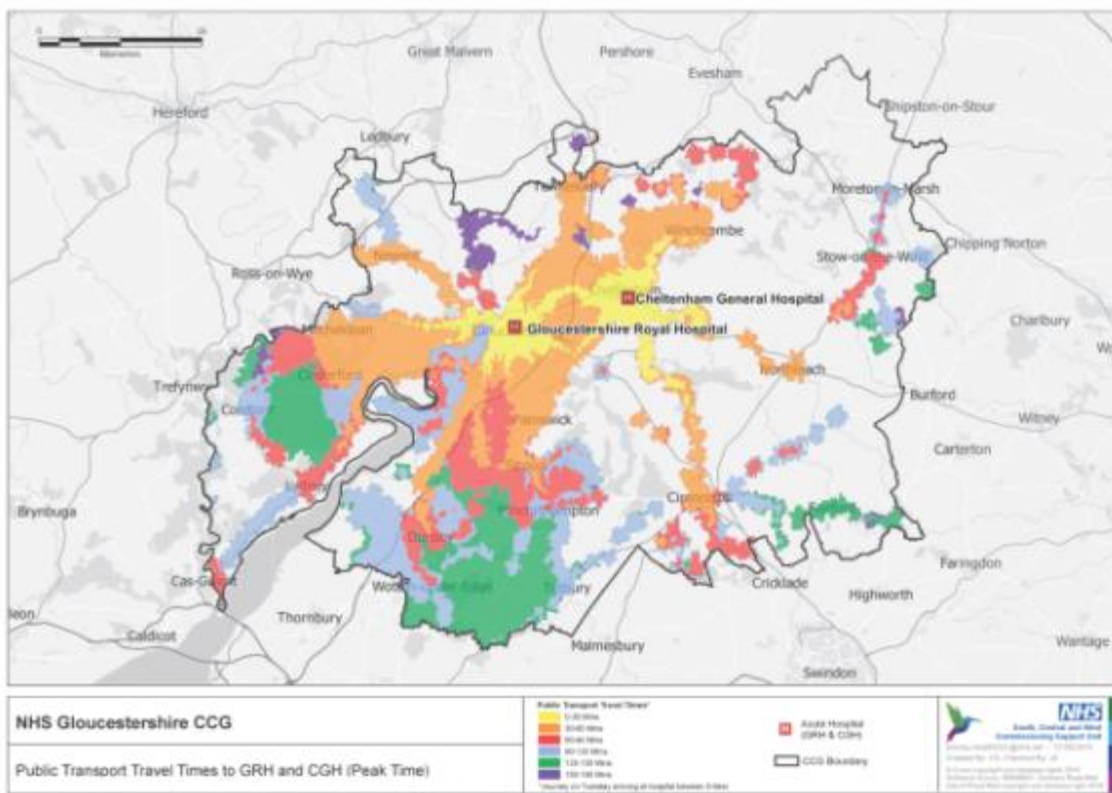
For people without a car, they can either use community transport or public transport to access healthcare. The following section examines the available public transport provision.

## 6.4 Travelling by public transport

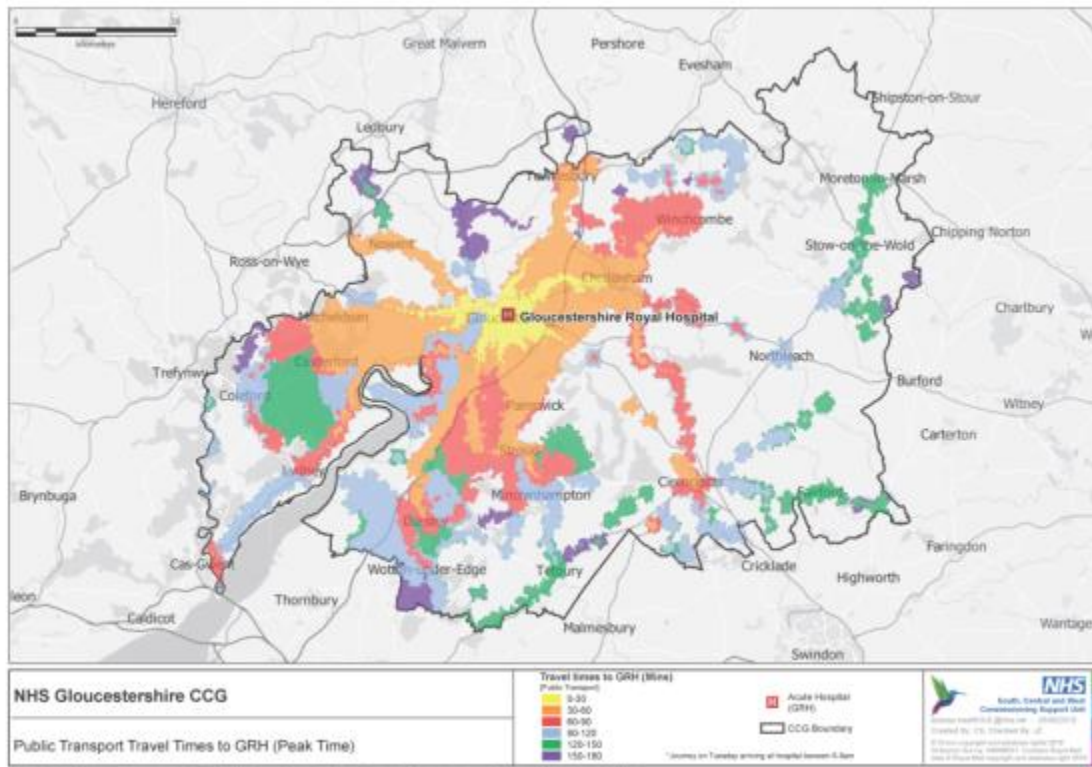
The map below shows public transport travel times to MIUs. This analysis was undertaken in 2017/18.



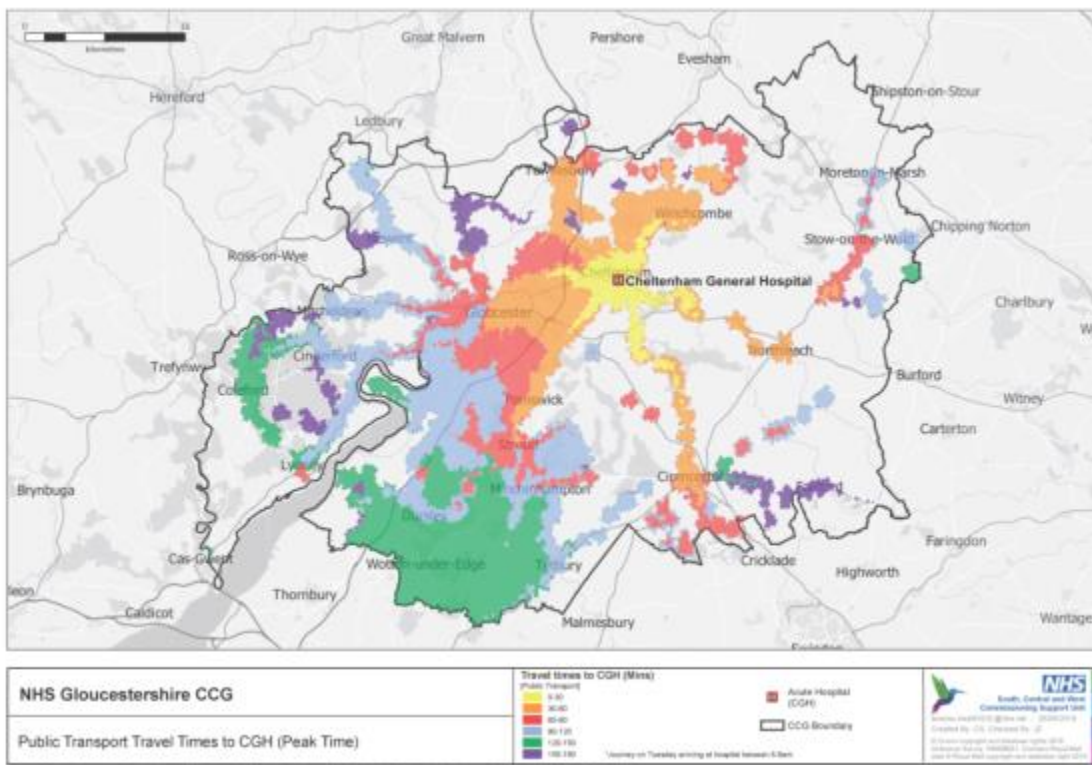
The map below shows travel times zones to both GRH & CGH [Public Transport]. Where there is no colour in the heat maps, either it takes longer than 3 hours or public transport is not accessible.



The map below shows peak travel times zones to GRH [Public Transport]



The map below shows travel times zones to CGH [Public Transport]



### 6.4.1 Impact Assessment – travelling by public transport

As set out in 6.2.3, in October and December 2019 we used Google Maps to test out how long it would take people from six locations in Gloucestershire to use public transport to reach their nearest major hospital, if they were to need to arrive by 9am (i.e. peak travel time) and also by midday. We then calculated how long it would take if they had to travel by public transport to the hospital furthest from where they lived, and the difference in travel time. This analysis is indicative only and is not representative of any specific scenarios or real patients, as outlined previously.

The results are summarised in the table below:

#### How long does it take to travel to the furthest hospital?

Source: Google maps, accessed December 2019



6 Places	Travel time to nearest hospital (9am)	Furthest hospital	Travel time to furthest hospital (9am)	Increased journey time
Cheltenham	16 minutes	Gloucester	44 minutes	28 minutes
Fairford (Cots)	1 hour 10 minutes	Gloucester	1h 39 mins	29 minutes
Upper Slaughter (N. Cots)	1 hour 43 minutes	Gloucester	2h 24 mins	41 minutes
Stroud	35 minutes	Cheltenham	56 minutes	21 minutes
Gloucester	10 minutes	Cheltenham	56 minutes	46 minutes
Parkend (FoD)	1 hour 18 minutes	Cheltenham	2h 1 min	43 minutes

## How long does it take to travel to the furthest hospital?

Source: Google maps, accessed December 2019



6 Places	Travel time to nearest hospital (12pm)	Furthest hospital	Travel time to furthest hospital (12pm)	Increased journey time
Cheltenham	16 minutes	Gloucester	37 minutes	21 minutes
Fairford (Cots)	1 hour 10 minutes	Gloucester	1 hour 35 mins	25 minutes
Upper Slaughter (N. Cots)	No buses	Gloucester	No buses	
Stroud	49 minutes (bus) 26 minutes (train)	Cheltenham	1 hour (train) 49 mins (bus)	0 mins (bus) 23 mins (train)
Gloucester	10 minutes	Cheltenham	43 mins	33 mins
Parkend (FoD)	1 hour 29 minutes	Cheltenham	2 hours 5 mins (Bus + Train)	36 mins

The North Cotswold resident has the greatest impact in either scenario, but residents of the Forest of Dean and Gloucester city all experience around 40 minutes additional journey time to their furthest hospital.

It should be noted that a Google Maps search would not include the 'Pulhams'99' service which shuttles between Cheltenham General and Gloucester Royal every week day. Although the public can use this service, it is not widely known about.

It operates Monday to Friday from 6.20am (first bus) to 7pm (last departure), every half an hour and takes just 30 minutes. Some of the public transport times above might be shorter if the person travelled to their nearest hospital then changed to the 99 service.



## 6.5 Commissioned Transport Overview

In addition to patients accessing services by private and public transport, the NHS also commissions the following services relevant to the *Fit for the Future* programme:

- **Emergency Ambulances**, provided by South Western Ambulance Service NHS Foundation Trust
- **Patient Transport**, provided by E-Zec from 1<sup>st</sup> June 2019<sup>27</sup>
- **Inter-hospital transport**, various providers including SWAST, dedicated vehicle for transfers to and from the Hartpury Suite in Cheltenham (cardiology investigations) and other ad-hoc provision.

PROVIDER	ESTIMATED JOURNEYS PER ANNUM	NOTES
SWAST – emergency ambulance	53,607	This is patients conveyed to a hospital in 18/19 – 55.9% of total 999 calls.
Patient Transport Services (E-zec)	971	Based on Arriva 17/18 but needs validating as low.

Both SWAST and E-Zec provide transport between the two hospital sites at GRH and CGH using a range of vehicles and escort options. SWAST only transports people between the two hospitals when their condition has deteriorated and they require the support of a paramedic crew during the journey to access specialist services provided at the other site.

The table below shows a snapshot of journeys in different time periods, but the data is not good enough to know how many journeys relate to the services in scope.

PROVIDER	TIME PERIOD	CGH TO GRH	GRH TO CGH	TOTAL
SWAST	01/08/17 to 31/10/17	676	604	1,280
Arriva (previous planned transport provider)	01/12/16 to 30/11/17	418	537	955
Hartpury – cardiology transport	Oct 16 to Sept 17			1,653
Various (on-day discharges/transfers)	Oct 16 to Sept 17			1,588
<b>Total</b>		<b>1,094</b>	<b>1,141</b>	<b>5,476</b>

<sup>27</sup> The previous patient transport contract with Arriva finished on 31 May 2019. This contract did not provide postcode data to allow a travel impact assessment. The new contract with E-Zec collects postcode level data to enable travel impact assessments in the future.

## 6.6 Community Transport

Community transport is one travel option for people who are unable to get to healthcare settings by car or public transport.

Only high level data is available for community transport showing where people are taken, but not by service. The table below shows all community transport to GRH and CGH. For clarity, the table below is not limited to the services in the scope of this baseline impact assessment.

Area	GRH	CGH	MIU
Southern half of the Forest of Dean from Lydney Dial a Ride (April 2018 to March 2019)	216	52	Data required
North Cotswolds <b>(01 Jan 2019 to 08 May 2019)</b> (Cotswold Friends)	61	127	
Glos, Chelt, Stroud, Tewkesbury and the South Cotswolds (April 2018 to March 2019, Community Connexions)	2,714 – to all hospitals		
North Forest area (dates not clear but think April 2018 to March 2019)	6	163	

The above data was provided by the Integrated Transport team within Gloucestershire County Council (GCC). There are other community transport providers within Gloucestershire. Every effort will be made to involve community transport providers in understanding any proposed service changes and the likely impact on their users and transport provision.

## 6.7 Transport Summary

### General overview:

- The vast majority of people accessing urgent, emergency care and MIIU's in Gloucestershire do so by their own means.
- We know that 99% of people who attended MIIUs in 2017/18 did so by car
- We do not have detailed information on how people travelled to their hospital attendance or admission if they were not conveyed by ambulance
- Currently 3% of the county's population could not access an in-county MIIU by car in under 30 minutes (this is illustrative and not a minimum required journey time).
- A person travelling to hospital by car could expect to add at most an extra 30 minutes to their travel time if they had to get to the hospital furthest from where they lived
- There are places in the county where at least 12% of the population does not have a car and will be reliant on NHS Commissioned transport (where eligible), voluntary community transport, or public transport services.
- Where public transport is available, a person travelling to hospital by public transport could expect to add at most an extra 45 minutes to their journey time
- Indicative analysis shows that residents of Gloucester City, the North Cotswolds and the Forest of Dean would be most impacted

### Equality/Inequality issues relating to transport:

- People with a long-term limiting illness or disability are more likely to live in a household without access to a car or van.
- 40% of older people with a severe long-term illness or disability do not have access to a car
- Women are more likely to be than men to be living in a household without access to a car.
- People from Black and Minority Ethnic (BAME) groups are more likely to experience inequalities in several areas including access to a car.

## **7      QUALITY BASELINE**

A quality impact assessment will be provided in the Pre-Consultation Report, once the scale and scope of specific service development proposals is known.

## APPENDIX A: ASSUMPTIONS

### Assumptions for travel maps provided by South, Central and West CSU:

- All travel analysis is based on computer models. The model used for the TIA is the Igeolise TravelTime platform. <https://www.traveltimeplatform.com/>
- Travel Analysis: Peak driving time – Friday 5pm
- Travel Analysis: Off Peak driving time – Tuesday 9pm
- Travel Analysis: Public Transport Peak time – Tue 8-9am. This includes a 15min walk time from either end of the journey
- Travel analysis for SWAST: Off Peak driving time – Tuesday 9pm
- Data provided to SCW CSU by GHFT is at Lower Super Output Area (LSOA) level. All travel analysis is based on the centroid point of the LSOA area.

	Data source and methods
Deprivation	<p>Based on Index of Multiple Deprivation (IMD) 2015 by LSOA</p> <p>The most deprived areas within Gloucestershire are based on identifying the LSOA that is the most deprived quintile based on IMD rank. [The highest quintile selected within Gloucestershire and not nationally]</p> <p>Data Source: Department for Communities and Local Government, Indices of Deprivation 2015</p>
Ethnicity	<p>The areas with highest percentage ethnic minorities* within LSOA areas [Highest quintile within Gloucestershire range are selected – not nationally]</p> <p>*Ethnic Minority include Asian or Asian British, Black or Black British, Mixed Ethnic Group and Other Ethnic Group</p> <p>Data Source: Census, 2011, published by ONS</p>
Car ownership	<p>LSOAs within Gloucestershire were ranked according to the percentage of households without access to car/van. He quintile of the LSOAs with highest percentage were identified [Highest quintile within Gloucestershire range are selected-not nationally]</p> <p>Data Source: Census, 2011, published by ONS</p>

Note: LSOAs = Lower Super Output Areas (ONS)

## APPENDIX B: ABBREVIATIONS

ACS	Ambulatory care sensitive conditions
BAME	Black and minority ethnic groups
CCG	Clinical Commissioning Group
CGH	Cheltenham General Hospital
COPD	Chronic obstructive pulmonary disease
ED	Emergency Department (A&E)
GHC	Gloucestershire Health and Care NHS Foundation Trust
GHFT	Gloucestershire Hospitals NHS Foundation Trust
GP	General Practitioner
GRH	Gloucestershire Royal Hospital
ICD-10	Index of classification of diseases issue 10
ICS	Integrated Care System
IIA	Integrated Impact Assessment
IMD	Index of multiple deprivation
LGBT	Lesbian, gay, bisexual, trans-sexual
LSOA	Lower super output area
MIIU	Minor injury and illness unit
MIU	Minor injury unit
SAR	Standardised admission ratio
SCW CSU	NHS South, Central and West Commissioning Support Unit
Upper GI	Upper gastrointestinal