



## The LGBT Health and Inclusion Project

### Urgent Care and LGBT People Results of an Online Survey



### The LGBT Health and Inclusion Project

Brighton and Hove NHS Clinical Commissioning Group (BH CCG) and Brighton and Hove City Council (BHCC) have commissioned the LGBT Health and Inclusion Project at Brighton and Hove LGBT Switchboard to conduct a series of consultation and engagement activities with local lesbian, gay, bisexual and trans people (LGBT) people. The aim is to use the information gathered to feed into local service commissioning, planning and delivery.

***Please note, the following report presents information about the consultation and engagement work conducted by LGBT HIP and should not be taken as a position statement of Brighton and Hove LGBT Switchboard.***

### Introduction

This report presents data from an online survey of perceptions and experience of NHS urgent care service use among LGBT people in Brighton and Hove. In this study, urgent care was defined as follows: "The range of responses that health and care services provide to people who require—or who perceive the need for—urgent advice, care, treatment or diagnosis."<sup>1</sup> It includes those occasions when a person believes they need medical advice or care that cannot wait until a scheduled routine appointment at the GP or other health service. B&H CCG requested that LGBT HIP undertake consultation activity with local LGBT people as part of a wider review of NHS urgent care being undertaken in Brighton and Hove.

### Aim of the Study

The aim of the study was to gather data from local LGBT people about their perceptions and experiences of NHS urgent care and to provide a research briefing to BH CCG based on research findings.

### Method

The questions were developed and then piloted with a small group of B&H LGBT-SB volunteers. It was publicised through the LGBT HIP mailing list of individuals who wish to be kept informed of LGBT HIP activities, through the contacts of LGBT HIP and using LGBT HIPs social networking facilities (Facebook and Twitter). The survey was available over a two week period in August/September 2013. The data were analysed using PSPP, a free statistics package. Qualitative responses were reviewed to identify key themes and extend quantitative findings. Quotes from these responses are used to provide illustrative examples throughout the report.

### Results

#### ***About the sample***

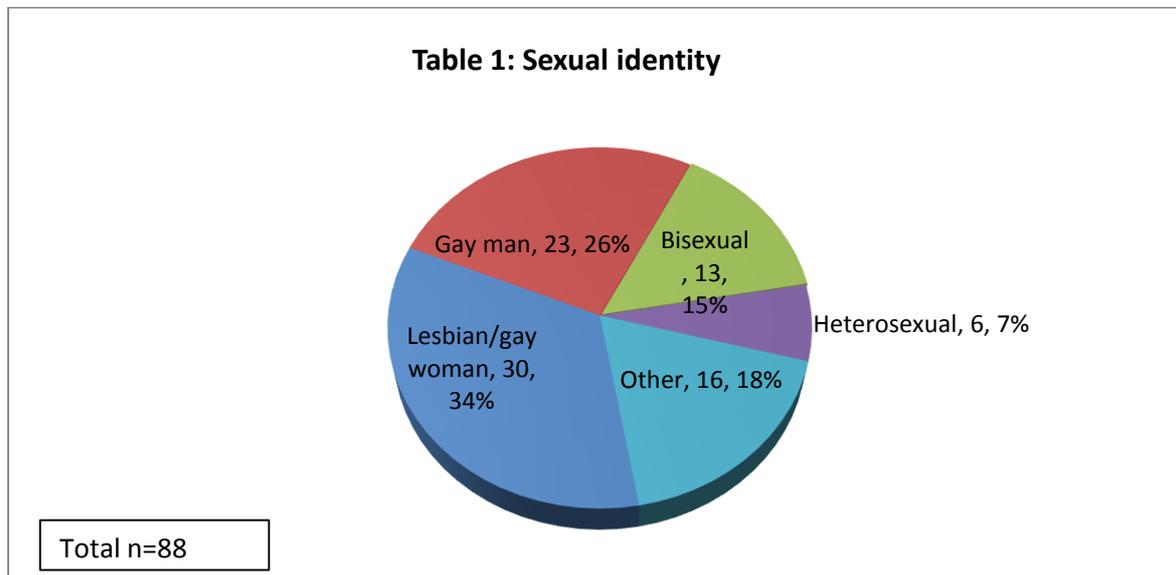
The questionnaire asked a screening question: "This survey is for lesbians, gay men, bisexual and trans people who live, work or socialise in Brighton and Hove. Does this describe you?" Those who answered affirmatively were included. Following exclusions for ineligibility or insufficient survey

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<sup>1</sup> Royal College of GPs (Undated) Urgent and emergency care clinical audit toolkit. <http://bit.ly/165bHf9>

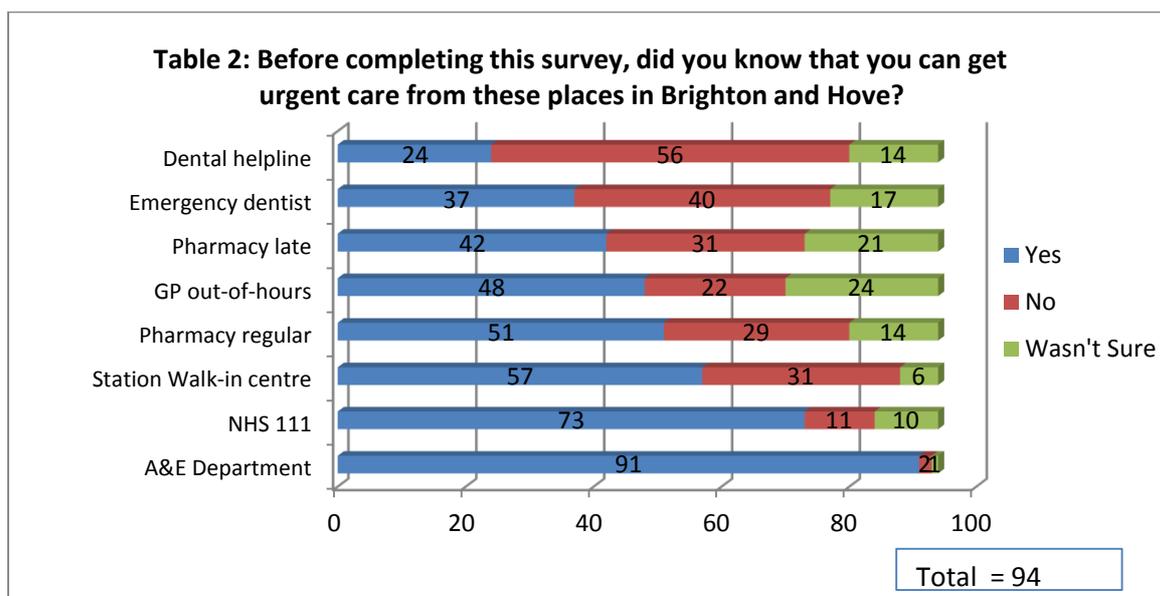
completion, the total number of respondents was 94. Not all respondents answered each question and response rates are indicated by total in the charts that follow.

Overall, 46 respondents were female, 39 were male and 4 indicated an 'other' gender identity. 21 currently (or had previously) identified as trans. The majority of respondents were White British (n=59); six of those who responded to the question on ethnicity were from BME or mixed/BME backgrounds. The sample ranged in age from 19 to 80 and the largest proportion was aged 36-45 (n=33). Lesbians (n=30) and gay men (n=23) made up the largest proportions by sexual identity. Fifteen respondents reported that they had a disability and 26 respondents said they were living with a long-term health condition.



### **Knowledge About Urgent Care Services**

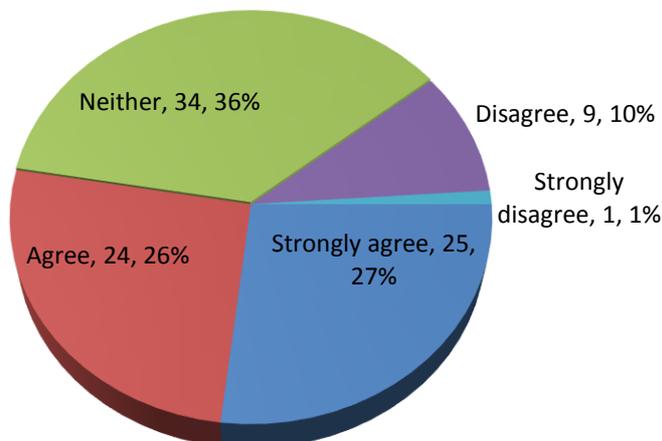
Respondents were asked about their perceptions of urgent care services. They were offered a list of the eight different urgent care services available in the city and asked whether they had known of their local availability prior to survey completion. The services with the highest levels of awareness were the hospital accident and emergency (A&E) department and the NHS 111 helpline. Those with lowest levels of awareness were the dental services (both helpline and emergency dental services).



Respondents were asked whether they agreed with the following statement: "The local NHS should try to reach LGBT people specifically with information about NHS urgent care services." Over half of respondents strongly agreed or agreed (n=49). However, there was as sizable

minority who neither agreed nor disagreed (n=34). Ten respondents disagreed or strongly disagreed.

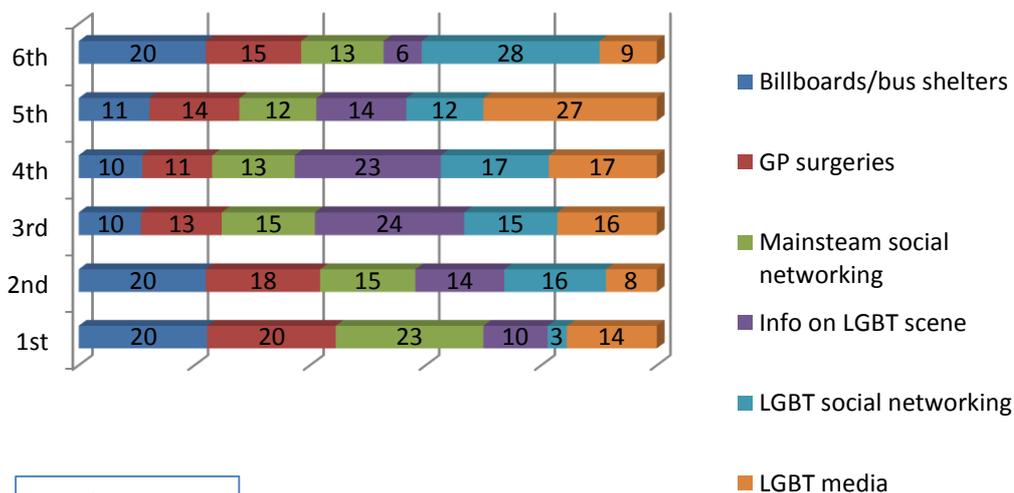
**Table 3 : Agreement with statement: "The local NHS should try to reach LGBT people specifically with information about NHS urgent care services."**



Total n=93

Respondents were also asked about the most effective ways to reach LGBT people with information about urgent care services. They were given six options and asked to rank them 1-6 in order of perceived effectiveness. Examining first choice responses, mainstream social networking was most favoured, closely followed by information in GP surgeries and on billboards and bus shelters. Specific LGBT mechanisms (LGBT media, LGBT scene and LGBT social networking) were less favoured.

**Table 4: Perceived effectiveness of methods to reach LGBT people with information about urgent care - by order of preference (1 = most effective, 6 = least effective)**



Total = 91

In an open comments question, some respondents outlined their view that no LGBT-specific initiatives were needed to reach LGBT people with information about urgent care services, either because they perceived that LGBT people could be reached through mainstream routes or because it might be seen as unhelpful favouritism.

*"Through mainstream media outlets and in schools – because not all LGBT people are using the gay media and scene; the people with greatest needs are often those with least connection to the gay scene/community."*

*"I don't think we should be treated any differently to any other people. We complain when others get special treatment."*

A further perception was that it may not be necessary or appropriate to specifically identify sexual/gender identity as a salient issue in publicising services such as urgent care, or there may be difficulties in doing so. However, it was also important to ensure that any publicity material that was generated was not actively exclusive.

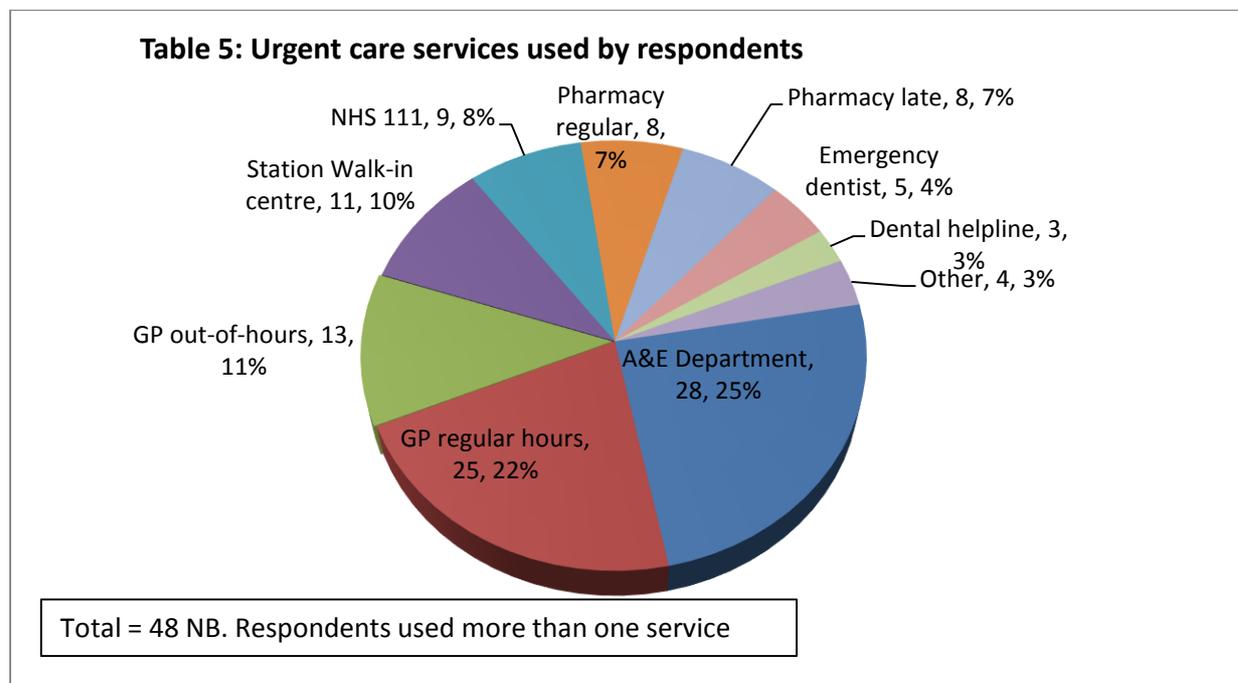
*"Reaching LGBT people through LGBT spaces is fine but I think the NHS should reach LGBT people through all its usual channels as well by ensuring they are not excluded. If I see a poster or leaflet with information that has a picture of a man on it, I don't worry about whether he is gay or trans or bi before deciding if that information is for me. If they have posters that have couples on them then make sure some of those couples are same sex. If the posters have just a bunch of people on them, some of those people should be trans. Some of those people should be lesbian, gay or bi of course, but I don't think you could represent that without showing a couple, and how would you show someone is bi? Not sure you can. So that kind of inclusion should be in the language if it's relevant."*

As noted above, further suggestions for ways to reach LGBT people with information about urgent care were through undifferentiated routes, as would be used when targeting the general population: pharmacies, places of education or employment, pubs, clubs and social venues for example. One respondent also suggested targeting support groups and services for people living with chronic conditions. The mainstream radio and press were also mentioned. Where LGBT specific routes were mentioned, this included the commercial gay scene and LGBT community and voluntary groups or those with a high number of LGBT clients.

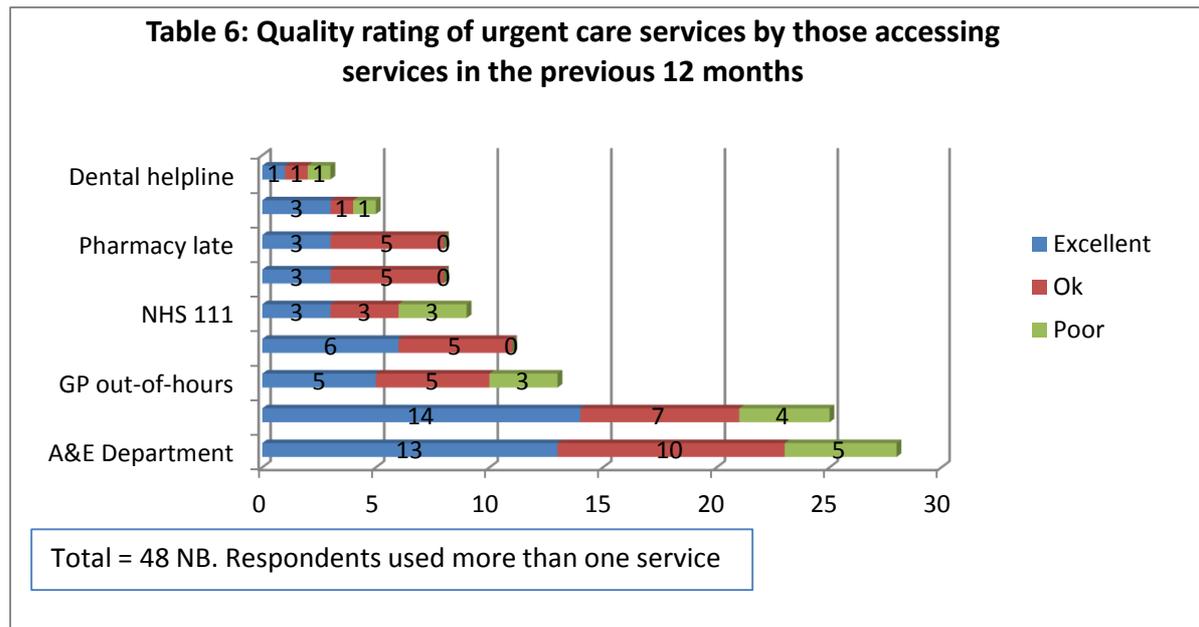
*"By informing all voluntary sector agencies who provide support and/or accommodation to LGBT people... By engaging with support organisations, they can cascade information."*

### **Using Urgent Care Services**

In total, 48 respondents reported that they had used NHS services to obtain urgent care in the previous 12 months. The services most commonly used were the hospital A&E department (n=28) and their local GP during regular opening hours (n=25). The most infrequently used services were the dental services (emergency dentist, n=5 and dental helpline, n=3). Other services used that were not listed were maternity services, mental health services and an NHS website.



Respondents who had used NHS services to obtain urgent care in the last 12 months were asked to rate the quality of the services. Due to low uptake for some services, it is difficult to comment meaningfully on their reported quality. However, in each case for the more commonly used services (>10 respondents), the majority of respondents reported them to be 'excellent' or 'ok'.



Respondents were also asked to describe in their own words their experience of using urgent care services in the previous twelve months. The reported responses were mixed.

### **Primary Care**

One respondent illustrated how shortcomings in access to non-urgent primary care led patients to delay obtaining treatment until the matter became urgent.

*“GPs are difficult to access. I have [children] and we both work. I can never seem to access an appointment when I need it so often wait to see if the problem goes away itself, use over counter remedies wherever possible, but this does mean that problems sometimes become more severe and urgent if they don't resolve, hence using urgent help.”*

Respondents also reported experiences of being deterred in coming forward for treatment by reception staff who were perceived to downplay or misjudge the urgency of their problems.

*“I called up my local GP to ask for an emergency appointment, and while he was really good, the receptionist who answered the phone tried to put me off coming in by suggesting that the issue wasn't serious enough. I suspect there are a lot of people who have urgent issues who end up not getting them seen to because they feel they're not serious enough; having the receptionist say the same thing when you call up can't help matters!”*

*“My GP surgery has a new male receptionist who blocks me from seeing my doctor out of hours. He frequently tells me that if I think it's urgent, to make my way to the local A&E. The last time this happened I was in severe pain with my back and he reprimanded me for being two minutes late, wouldn't offer me a seat, proceeded to tell me how their computer system works and criticised me for having been to work that day. I was absolutely furious.”*

There appeared to be a reported experience of the NHS 111 service whereby whatever the situation, callers were advised to go to A&E anyway, so that there was little advantage to using the service rather than going straight to A&E.

*“Phoning NHS Direct/111 always results in being told to go straight to A&E when I phone them. My experience is that the phone scripts of questions don't work.”*

*“Calling NHS Direct was a bit rubbish because I felt they just said 'go to A&E' without really exploring the level of urgency in my condition”.*

### **Accident and Emergency**

Problems were also reported regarding A&E services when these were accessed. In some cases, these were difficulties any patient might experience: extended waiting times, lack of information and lack of facilities for example.

*“A&E is short staffed. Took a friend there and was impressed by the hard work of the staff but horrified by the over-crowded conditions.”*

*“Attending A&E was awful - seven hours wait, no food or drink apart from vending machines and the change machine was out of order. No indication of how long to wait, so I couldn't risk leaving to get food/water in case I missed being called. So I sat there for seven hours without food, drinking warm water from the tap in the toilet while (it turns out) they waited for a doctor who could read the scans and x-rays!”*

However, there were also reports where respondents perceived that some aspect of their LGBT identity was a specific factor in the poor treatment they experienced.

*“The children's A&E was rude and dismissive. Seemed annoyed that I brought my female partner.”*

*“It was atrocious. Went to A&E because I had three fits and the minute I said I was trans they were not interested at all. Just looked blankly and basically told me I needed to see my doctor because he couldn't do anything. Also refused to call me male.”*

Respondents also commented on their experience of feeling unsafe while waiting at A&E services.

*“A&E isn't reported as being a good experience due to long waits and having to wait in a space that doesn't feel LGBT friendly.”*

*“A&E suffers from a lot of drunk people who can be both physically and emotionally abusive to LGBT people. Suggest putting all nasty drunk people in a separate room.”*

There were also references to problems for the gay and bisexual men in the survey in seeking to obtain PEP (post exposure prophylaxis) following potential exposure to HIV infection. Lack of timeliness and disrespectful treatment were reported.

*“Quite a long waiting time at A&E for PEP. Didn't feel that the time-sensitive nature of it was taken into consideration.”*

*“The experience I had was horrendous. I felt patronised and judged by the staff and they did not respect my dignity. They were unfriendly and made no effort to hide what they thought about my lifestyle. I was in need of PEP and because I was intoxicated I felt terribly ashamed.”*

## **Good Quality Care**

While there were reported shortcomings in aspects of the services used, there were also numerous accounts where the services received were very well regarded. In such cases, the key factors leading to a positive assessment appeared to be speedy, competent and sensitive treatment that met the respondent's healthcare needs in a professional manner.

*"Seen by a nurse in A&E at Brighton hospital within minutes and a doctor very shortly after. Had tests and minor operation same day. Excellent treatment and follow up rehab."*

*"Really great. I had an accident and an ambulance came immediately. They were extremely helpful. Amazing!!"*

*"Just what I would expect. Provided prompt and efficient no frills service, and was treated no differently than any other person."*

## **Services Under Pressure**

Whatever the reported shortcomings or recommendations for improvement, some respondents were also keen to express their support for NHS staff in general in a context of perceived underfunding and other pressures.

*"I think that they do a brilliant job considering how under resourced they are."*

*"They seem to do the best in the face of all kinds of pressures".*

*"I appreciate the fact of deliberate underfunding by central government, and the committed but overworked staff."*

## **LGBT Specific Needs**

Respondents were asked if they could identify any LGBT specific needs that should be taken into account to make it easier for LGBT people to access urgent care. In some cases, respondents could not, perceiving that LGBT people would simply want access to good quality care in the same manner as any other patient.

However, other respondents highlighted ways in which the specific needs of LGBT people needed to be taken into account. As noted, there appeared to be a specific issue in relation to the provision of PEP, which must be administered in a timely manner, often via A&E outside of the opening hours of sexual health clinics. This is likely to be a particular consideration in a location such as Brighton and Hove where there is a relatively elevated level of HIV prevalence.<sup>2</sup>

*"Specific training for PEP - nobody seemed to know that the quicker you take it, the better it is. They advised me to go to sexual health clinic on Monday and it was Saturday! I had to insist to get the medication."*

Many respondents commented in general terms that the major factor in increasing accessibility for LGBT people lay in the inter-personal encounter with staff. Specifically, that patients should be able to access services without fear of encountering anti-LGBT discrimination or assumptions being made about their sexuality, partnerships or gender identity.

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<sup>2</sup> Health Protection Agency (2012) HIV in the United Kingdom: 2012 Report. <http://bit.ly/1gulFpj>

*“Some health professionals will make assumptions about patients i.e. that they are heterosexual and ask inappropriate questions such as ‘could you be pregnant’ to a lesbian! ... LGBT families accessing urgent care - again - assumptions often made about the family make up, which can be very insensitive and hurtful, such as referring to the second mother as the child’s grandmother or asking where the father is.”*

*“It would help a lot if all NHS services were made more aware of trans people and treat them with respect and according to their own gender identity, irrespective of ‘appearances’ and stage of transition. All admission forms should include the question besides ‘male/female’, whether one identifies as trans and how they would like to be addressed in all NHS records and correspondence. Trans invisibility is a big deterrent for trans people in seeking treatment or using urgent care services.”*

Overwhelmingly, respondents advocated training and professional development for staff to promote LGBT-aware, respectful and appropriate treatment.

*“ALL public health employees MUST have excellent awareness of equalities issues; complete mandatory annual training/updates and be subject to serious reprimand if they are found to be failing in these regards.”*

*“Staff ought to be trained in understanding LGBT issues, to not make assumptions, and to sensitively enquire in a non-assuming way about sexuality and gender identity... There ought to be training for healthcare professionals to shift their mind-set from assuming everyone is heterosexual, has a binary gender identity and comes from a traditional family set up!”*

## **Conclusions**

In any study, it is important to highlight the limitations. This small-scale study, available online for a relatively short period cannot be said to be representative of the LGBT community as a whole. While the sample was relatively diverse on most demographic characteristics, it is possible that it over-represented the number of trans people and those with a disability or a long-term health condition. It does however offer a useful insight into the reported experiences of the sample in relation to NHS urgent care.

Knowledge about the range of different urgent care services was variable, with greater levels of knowledge reported regarding traditional forms of urgent care such as A&E. Levels of awareness of emergency dental services was especially low and worthy of further attention. There was some support for awareness-raising specifically among local LGBT people, which might usefully include better targeting of information through LGBT community and voluntary groups. However there was also support for the idea that LGBT people would also be reached through mainstream approaches to publicising urgent care services.

Around half of the sample had used one or more of the emergency care services listed in the previous 12 months, and this followed a pattern of greater usage of the traditional sources such as A&E. It is difficult to comment upon the reported quality of the services used due to small numbers and low uptake in some cases. However, for the more commonly used services, the trend appears to be for satisfactory rather than poor experiences.

However, the qualitative feedback illustrated the nature of the poor experiences reported by some respondents, which included inaccessible regular primary care services, over-zealous ‘gate-keeping’ by reception staff and poor case handling by the 111 service. Some respondents also reported problems with A&E services which might be experienced by any patient but situations were also described where respondents perceived their

LGBT status as a factor in the poor treatment experienced. Difficulties reported in accessing PEP from the A&E department warrant further examination.

However, poor experiences were not the entire story and some respondents also reported competent, respectful treatment that they rated highly. Some respondents were also mindful of the difficulties faced by NHS staff and the challenging contexts within which they worked.

Where respondents made suggestions for change, this was primarily in relation to the cultural competence of staff to enable them to work appropriately and respectfully with LGBT patients. LGBT awareness training was advocated to equip staff for this. The following recommendations can be made in light of the study findings.

### ***Recommendations***

1. Approaches to raising awareness about NHS urgent care services might be enhanced by targeting information at LGBT community and voluntary groups in the city. While publicity material need not specifically reference LGBT people as a target audience, care must be taken to ensure that it is not exclusive (featuring only male/female couples for example).
2. Further investigation is warranted regarding emergency access to PEP outside of the opening hours of the sexual health clinics. Further consultation to establish the perceptions and experiences of local people who may have need of this treatment should be undertaken.
3. BH CCG should commission a 'benchmarking' initiative to enable local NHS services to develop their accessibility to LGBT people and provide reassurance to local LGBT people about the 'LGBT-friendliness' of local services.
4. All urgent care staff should undergo mandatory LGBT awareness training.
5. There must be a zero tolerance approach to homophobic or transphobic abuse in every NHS facility, including the local A&E department. A policy must be implemented to prevent and deal with any incidents that occur. It must be transparent to all service users that homophobic or transphobic abuse will not be tolerated in any NHS facility and this must be rigorously enforced.

### **Acknowledgements**

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### **Key Contacts**

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