**LGBT Health and Inclusion Project**

***LGBTQ People's Views on Changes to Primary Care***

## About The LGBT Health and Inclusion Project (LGBT HIP)

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, trans and queer people (LGBTQ) 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 or of any participating organisation.***

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# 1 - Introduction

This report contains an analysis of LGBT HIP's community consultation into LGBTQ people's views on forthcoming changes to the provision of Primary Care. The consultation was conducted in two parts: a survey asking questions about people's experiences and concerns, as well as a focus group around similar topics

Both of these were designed to gather information on issues which may arise among lesbian, gay, bisexual, transgender and queer people who live, work or use services in Brighton & Hove as a result of these changes.

## 1.1 Background

Previous research into LGBTQ people's experiences in Primary Care settings suggest that LGBTQ people may face considerable barriers to access in accessing their services. In the Count Me in Too research project[1], it was found that LGBT people can face difficulties with GPs in relation to being LGBT, and often feel the need to seek out LGBT friendly GPs. The same research project also found that 45% of LGBT people would like a GP or clinic that is specifically for LGBT people, and 91% would like to see a healthy living centre offering a range of services providing for the wellbeing of LGBT people. This demand was greatest amongst individuals who are disabled, isolated or have mental health difficulties.

In previous LGBT HIP consultations we have also found that LGBTQ people will often have distinct health needs, but can face discrimination and barriers to access around their gender or sexual orientation where healthcare professionals may have a poor understanding and

[1] Browne, K. and Lim, J. (2008) Count Me In Too: LGBT Lives in Brighton & Hove – General Health Additional Findings Report

awareness of LGBTQ issues and health needs. This places considerable stress upon LGBTQ people around health management, specifically around issues of disclosure and information sharing between health professionals.

## 1.2 Method

### 1.2.1 Survey

The survey questions were designed in response to guidance from the Brighton & Hove Clinical Commissioning Group around the introduction of GP clusters, tailored by LGBT HIP to take into account the established needs of the LGBTQ community – as indicated in earlier LGBT HIP research.

The survey was hosted on Surveymonkey and promoted on Switchboard's facebook page, in the LGBT HIP newsletter and independently via email to the LGBT HIP Mailing list & Organisations mailing list.

### 1.2.2 Focus Group

Local LGBTQ people were invited to attend and the focus group was held at a Community Centre in Tarner. The venue was chosen to improve access for LGBTQ people in Tarner and people from council or social housing neighbourhoods were specifically welcome to attend.

The meeting was relaxed and informal, beginning with a brief presentation from the LGBT HIP Manager about the background to the project, its engagement work and reasons for carrying out the consultation. This was followed by small group discussions and a mapping activity. The LGBT HIP Support Officer took notes from the session.

### 1.2.3 Reporting

The data from the survey was collated, reviewed and analysed by the LGBT HIP Support Officer, while a report from the focus group was written up by the Project Manager from the Support Officer's notes. The Support Officer then collated the findings of both parts of the consultation and compiled this into a single report.

# 2 - Survey

## 2.0 Demographic

Participants were all first presented with an initial screening question, which limited the sample, by self-exclusion of participants who did not meet certain criteria. The screening question limited the sample to '*lesbians, gay men, bisexual, trans and queer people who live, work, study or socialise in Brighton and Hove'*. After this question there were a total of 28 eligible respondents.

At the end of the survey, data was collected on participants' age, sexual orientation, gender identity, ethnicity and disability.

### 2.0.1 Age

(Q 13: 21 respondents)

The majority of respondents to this survey were aged between 45-64 (57%), 19% were aged between 35-44, 14% were aged between 25-34, 5% were aged between 18-24 and 5% were aged between 65-74.

### 2.0.2 Sexual Orientation

(Q10: 21 respondents)

Respondents were asked to select the sexual orientation category they felt best applied to them from a list which included the options: Lesbian/gay woman, Gay man, Bisexual, Queer, Heterosexual, and Other.

Overall, 33% indicated that they identified as lesbian/gay woman, 29% identified as a gay man, 5% identified as bisexual, 19% identified as queer. One respondent identified as a bisexual lesbian and one respondent preferred not to say

### 2.0.3 Gender Identity

(Q11: 20 respondents)

35%(7) of respondents indicated that they identify as male, 55%(11) of respondents indicated that they identify as female, 5%(1) indicated that they identify as genderqueer and 10%(2) indicated that they identify as non-binary.

### 2.0.4 Transgender/Trans*

(Q12: 21 respondents)

19%(4) of all respondents indicated that they identified as transgender or trans*.

One of these identified as female, one as male, one identified as genderqueer and two identified as non-binary

### 2.0.5 Disability/Long Term Health Condition

(Q14: 21 respondents, Q15: 7 respondents)

33%(7) of respondents indicated that their day to day activities were limited due to a disability, 19%(4) indicated that their day to day activities were limited a little and 14%(3) indicated that their day to day activities were limited a lot.

Of those respondents who indicated that their day to day activities were limited due to a disability, 57% (4) indicated that they had a physical impairment, 14%(1) indicated that they had a sensory

impairment, 57% (4) indicated that they had a Mental Health impairment, 57% (4) indicated that they had a long-standing illness and 43% (3) indicated that they had a developmental condition.

### 2.0.6 Ethnicity

(Q16: 21 respondents)

Respondents were asked to select from a list of terms to describe their ethnic background. 71%(15) identified as being of White British heritage 19%(4) of respondents indicated that they were from another white background, 5% (1) of respondents indicated that they were from an Asian or British Asian Indian background and 5% (1) of respondents indicated that they were from a mixed background, but did not specify further

### 2.0.7 Neighbourhoods

(Q2: 27 respondents)

Respondents were asked to indicate the first 4 letters of their postcode. The geographic distribution of respondents is indicated in the chart below.

| Postcode | Number of Respondents |
|---|---|
| BN1 1 | 2 |
| BN1 2 | 2 |
| BN1 3 | 1 |
| BN1 4 | 2 |
| BN1 5 | 1 |
| BN1 6 | 2 |
| BN1 7 | 1 |
| BN2 0 | 2 |
| BN2 1 | 3 |
| BN2 7 | 1 |
| BN2 8 | 1 |
| BN3 1 | 4 |
| BN3 7 | 1 |
| Other (Not Brighton & Hove) | 4 |

## 2.1 Survey Responses

### 2.1.1 Visiting the GP

Respondents were asked: *How often do you visit a GP?*
***(q3: 26 respondents)***

- 12%(3) of respondents indicated that they visited a GP less than once a year.
- 23%(6) of respondents indicated that they visited a GP once or twice a year.
- 35%(9) of respondents indicated that they visited a GP three or four times a year.
- 23%(6) of respondents indicated that they visited a GP every other month.
- 8%(2) of respondents indicated that they visited a GP once a month.
- none of the respondents indicated that they visited a GP more than once a month.

### 2.1.2 Working together: what's important?

Respondents were informed that:

> *Brighton & Hove GP practices have started to work with each other in multi-disciplinary partnerships called "Clusters." The idea of GP Clusters is to make the best use of resources and increase GP capacity.*
>
> *Potential benefits to GPs working in clusters may include being able to access specialist services at a partner GP practice, extended opening hours and reduced waiting times.*

They were then presented with a list of potential priorities and were asked to rate them in order of importance as follows: *In light of these changes, which of the following are most important to you about the service you receive from your GP?*

These ratings were collected as weighted values awarded to each priority. Those which were rated as being the lowest priority were weighted as 0 and those which were rated as being the highest priority were weighted as 8. A mean weighted value was then calculated for each priority across respondents.

***(q4: 21 respondents)***

# Q4. In light of these changes, out of the following which are most important to you about the service you receive from your GP?

| | *Level of importance* | | | | | | | | | Total | Weighted Average |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | **8** | **7** | **6** | **5** | **4** | **3** | **2** | **1** | **0** | | |
| **Being able to make an appointment with a designated, named GP with whom you are familiar** | 38% (6) | 13% (2) | 25% (4) | 0% | 0% | 6% (1) | 13% (2) | 6% (1) | 0% | 16 | 5.88 |
| **That my medical and personal information is shared effectively between different professionals supporting me in my healthcare** | 6% (1) | 41% (7) | 6% (1) | 12% (2) | 24% (4) | 6% (1) | 0% | 6% (1) | 0% | 17 | 5.47 |
| **Reducing waiting times for GP appointments** | 24% (4) | 24% (4) | 18% (3) | 0% | 12% (2) | 18% (3) | 12% (2) | 12% (2) | 0% | 17 | 5.06 |
| **Having a certified standard of LGBTQ awareness in the services I use so that I know staff will have an understanding of LGBTQ issues.** | 16% (3) | 5% (1) | 21% (4) | 16% (3) | 5% (1) | 0% | 5% (1) | 16% (3) | 16% (3) | 19 | 4.16 |
| **Being able to attend another GP if my GP is busy** | 6% (1) | 18% (3) | 12% (2) | 12% (2) | 18% (3) | 6% (1) | 6% (1) | 6% (1) | 18% (3) | 17 | 4.06 |
| **That my medical and personal information is kept secure, and cannot be accessed by other professionals unnecessarily or without my consent** | 16% (3) | 11% (2) | 5% (1) | 16% (3) | 5% (1) | 16% (3) | 5% (1) | 11% (2) | 16% (3) | 19 | 4.00 |
| **Extended Opening Hours** | 6% (1) | 0% | 13% (2) | 19% (3) | 6% (1) | 6% (1) | 31% (5) | 13% (2) | 6% (1) | 16 | 3.38 |
| **Being able to have telephone consultations** | 0% | 0% | 6% (1) | 11% (2) | 17% (3) | 28% (5) | 6% (1) | 17% (3) | 17% (3) | 18 | 2.67 |
| **Being able to book appointments online** | 0% | 0% | 19% (3) | 0% | 13% (2) | 13% (2) | 19% (3) | 13% (2) | 25% (4) | 16 | 2.50 |

The thing that participants indicated as being of highest importance was being able to book an appointment with a **designated GP** with whom they were familiar. 38% of respondents indicated that this was the highest priority for them.

This reflected the feedback from our focus group where a number of participants fed back that their relationship with their GP is very important – that this relationship has often been developed over some time and represents some considerable personal investment (see section 3.1.5).

The second highest priority for respondents was that their medical and personal **information** would be **shared effectively** between different professionals supporting them in their healthcare. This corresponded with feedback from the focus group mapping exercise where participants stressed the need for better communication between services (section 3.2.7) Only one respondent indicated that this was their top priority, but a high percentage of respondents (41%) indicated that this was their second priority. This reflects similar concerns to those raised in the focus group - that healthcare professionals should have an awareness of a patients' individual needs and circumstances, which will include having an awareness of that patient's needs and circumstances as an LGBTQ person (See section 3.1.5). Consistency and awareness are key.

The third highest priority for respondents was **reducing waiting times** for GP appointments. This was not a theme that emerged in the focus group.

The fourth highest priority for respondents was having a **certified standard of LGBTQ awareness** in the services that they use. This reflected the feedback from our focus groups, where a number of respondents suggested that this was something they would like to see (See section 3.1.1). It also reflects an identified need for consistency in standards of LGBTQ awareness across services (see section 3.1.5).

The fifth highest priority for respondents was **being able to see another GP** if their GP was busy. The fact that this is ranked as a relatively low priority is significant in relation to our findings from the focus group which suggest that there is some frustration over the relative lack of access to available appointments, combined with some reluctance to engage with unknown GPs (see section 3.1.5)

The sixth highest priority for respondents was that their medical and personal **information should be kept secure** and could not be accessed by other professionals unnecessarily or without consent. Although this was ranked relatively low overall, this was top priority for 16% of respondents and second priority for 11% of respondents. This reflects the findings of our focus group, where a number of participants expressed concern around the lack of LGBTQ awareness in the use of triage assessments (see section 3.1.5); the necessitated disclosure of sensitive personal information these might demand, and the inadequate levels of staff understanding and awareness in handling these (see section 3.1.1).

By comparison, measures to improve levels of patient convenience such as extended opening hours, telephone consultations and being able to book appointments online were all rated as being of comparatively low priority, further emphasising the high level of importance placed upon those factors which can be seen to relate specifically to respondents experiences as LGBTQ people.

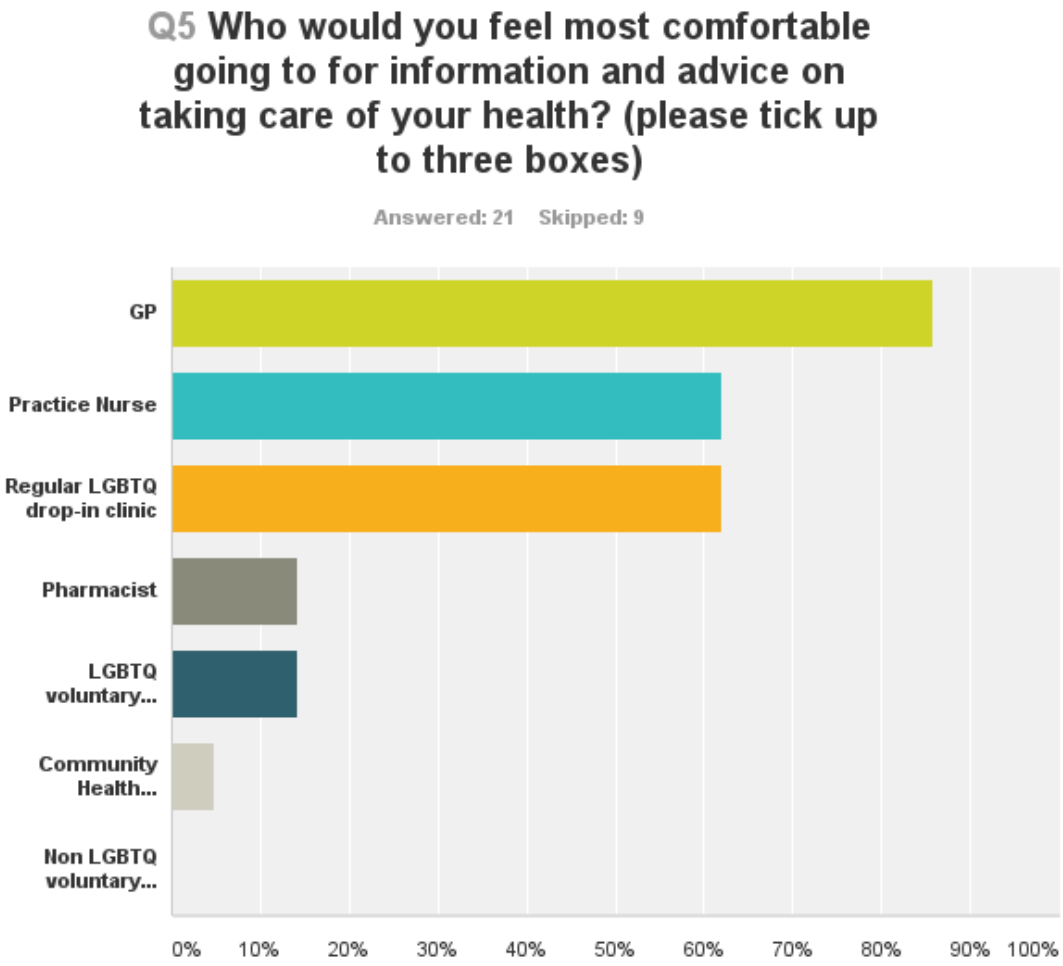
### 2.1.3 Health Promotion

Respondents were told:

> *GPs will be working in partnership with other organisations to provide information on how people can take care of their health, for example providing information on stopping smoking, drugs and alcohol, healthy eating, exercise, sexual health etc.*

They were then asked: *Who would you feel most comfortable going to for information and advice on taking care of your health?* They were presented with a list of different professionals and organisations from which they were asked to select up to three preferred options.

***(q5: 21 respondents)***




- 86% indicated that they would be most comfortable going to their GP
- 62% indicated that they would feel most comfortable going to their practice nurse
- 62% indicated that they would be most comfortable going to a regular LGBTQ drop-in clinic
- 14% indicated that they would be most comfortable going to their Pharmacist
- 5% indicated that they would be most comfortable going to a Community Health Navigator

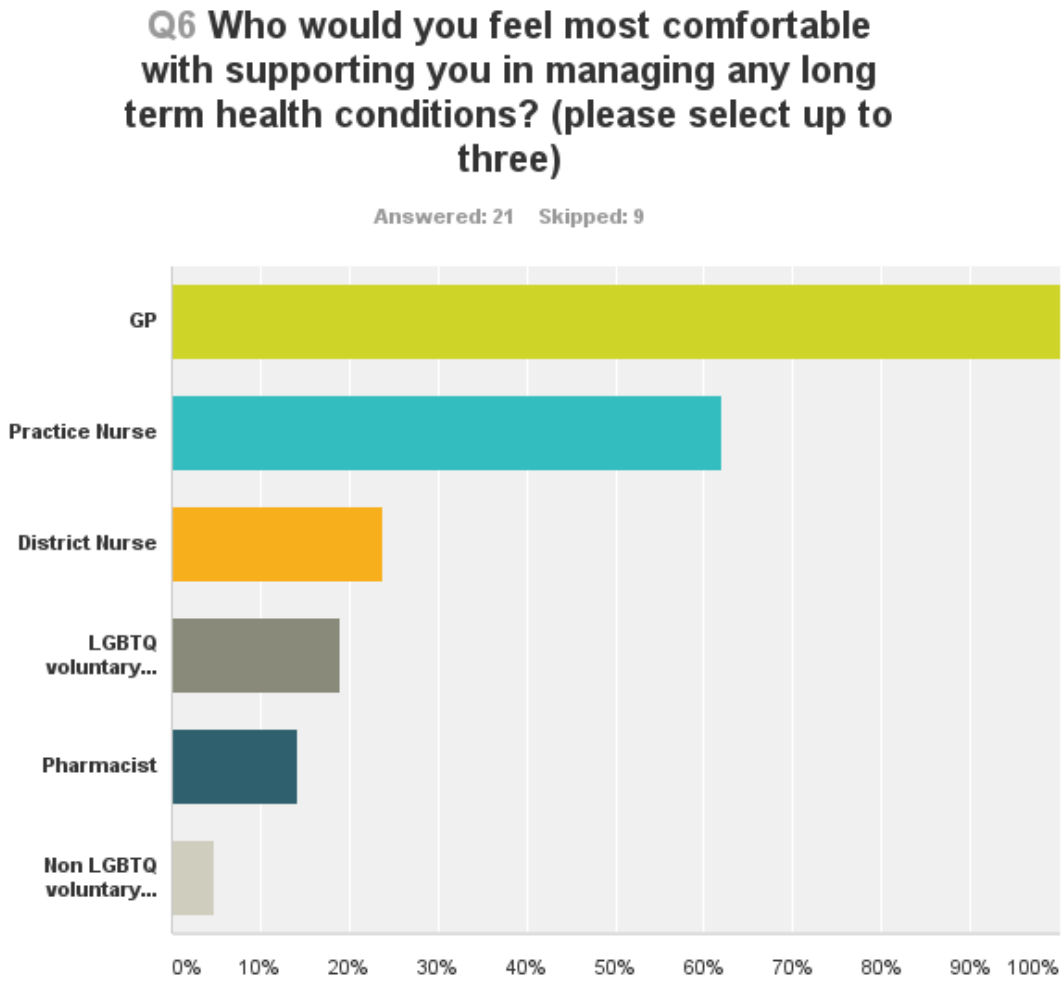
- none of the respondents indicated that they would be most comfortable going to a non LGBTQ voluntary sector organisation.

It is notable that respondents indicated the same level of comfort in going to a regular LGBTQ drop-in clinic as in going to a Practice Nurse. This is reflected in feedback from our focus group, where participants discussed the possibility of having designated LGBTQ services, such as a paid LGBTQ worker or Practice Nurse to be shared between surgeries in a cluster (see sections 3.1.1, 3.2.4) .

The poor level of confidence in community navigators could be seen to reflect that this is a relatively new scheme which is still in the process of becoming properly established. However, in combination with the fact that none of the respondents suggested that they would be comfortable going to a non-LGBTQ voluntary organisation, it also reflects feedback from our focus group which suggested that Community Navigators, and non-LGBTQ volunteers in general can often have poor levels of LGBTQ awareness, with inadequate levels of investment in addressing this (See sections 3.1.2 and 3.2.5).

### 2.1.4 Managing Long Term Health Conditions

Respondents were asked: *Who would you feel most comfortable with supporting you in managing any long term health conditions?* And presented with a list of different professionals and organisations from which they were asked to select up to three preferred options.
***(q6: 21 respondents)***




- 100% of respondents indicated that they would be most comfortable with their GP supporting them
- 62% of respondents indicated that they would be most comfortable with their Practice Nurse supporting them
- 24% of respondents indicated that they would be most comfortable with a District Nurse supporting them
- 19% of respondents indicated that they would be most comfortable with an LGBTQ voluntary organisation supporting them
- 14% of respondents indicated that they would be most comfortable with their Pharmacist supporting them
- 5% of respondents indicated that they would be most comfortable with a non-lgbtq voluntary organisation supporting them

100% of respondents indicated that they would be most comfortable with their GP supporting them, which reflects existing knowledge of LGBTQ people's needs in establishing a strong relationship with their General Practitioner (See section 3.1.5 and 3.2.1). This was also reiterated in the discussions of our Focus Group.

The next most popular option was support from a Practice Nurse – again, reflecting a need for rapport and consistency in long-term health management. All other options were

considerably less popular, with fewer than 25% of respondents indicating that they would be comfortable with getting support in managing long-term health conditions from any of these services. That District Nurses are so considerably less popular suggests that this preference is not simply based upon levels of medical knowledge and competency, but also familiarity – and in combination with the popularity of GP support – a sense of place, in which patients can build relationships and confidence with designated medical professionals.

Again, however, although relatively unpopular, LGBTQ voluntary organisations were ranked as being almost four times more popular than non-LGBTQ voluntary organisations, reflecting the same concerns around LGBTQ awareness and competency in volunteer workers (See also sections 3.1.2, 3.2.5, 3.2.6)

### 2.1.5 Confidence in GP Clusters

Respondents were asked: Do you feel more or less confident in your GP knowing that they will be linked to other GP practices?
***(q7: 20 respondents)***

- The majority of respondents (60%) indicated that it would not affect their level of confidence.
- 10% of respondents indicated that it would improve their levels of confidence
- 5% of respondents indicated that they would feel less confident.
- 25% of respondents indicated that their level of confidence would depend upon which GP practices theirs was linked to.

In the comments section, one respondent indicated that they 'hear bad things' about one surgery in particular, suggesting that their confidence could be negatively affected if their surgery was associated with another whose standards were perceived as being poor. This reflected feedback from the focus group where concerns over the variable standards of GP practices were raised, particularly in relation to standards of LGBTQ awareness – see sections 3.1.1 3.1.5, 3.2.1 and 3.2.5)

Another respondent indicated concerns that some practices which have better standards (specifically in relation to LGBTQ awareness and standards of care) might find these compromised where trying to negotiate shared standards across practices. This response suggests a concern that standards for LGBTQ people may be considered of low priority where limited resources are in increased demand.

### 2.1.6 Concerns about unknown services

Respondents were then asked: Do you have any concerns about visiting a GP surgery which is not your own? Are any of those concerns in relation to being LGBT or Q?
***(q8: 18 respondents)***

Many of the responses echoed with sentiments expressed in the discussions of our focus group (See section 3.1.5 and 3.2.1). 28%(5) of respondents indicated that they did not have any concerns about visiting a GP surgery which was not their own.

One respondent indicated that they would have concerns but that this was not related to being LGBT.

Several respondents indicated that they would have concerns, but did not stipulate if or how this related to being LGBT.

Several respondents indicated that they would have concerns around levels of familiarity, One respondent said:

> *I like going to my local surgery and sattelite surgery because they know us there.*

Another wrote:

> *I would rather wait to see someone I know particularly when discussing my long term condition*

A number of respondents indicated that they had concerns about differing attitudes and understandings of LGBTQ issues, and also around attitudes towards mental health – including concerns around disclosure. This reflected feedback from our focus group where issues around managing multiple needs was brought up a number of times. Two respondents directly cited personal experience of discrimination. One respondent directly stated that they would have concerns over unknown GP's competence, and another commented:

> *Even in my own surgery, when I have to visit a GP who is not my named GP I often find myself having to spend nearly the whole consultation disclosing and explaining my trans status, and how this relates to the rest of my medical history, which means that I'm not getting enough time to be provided with a decent consultation, and I'm never entirely sure if they actually understand what I'm talking about and what my needs are.*

This strongly echoed similar concerns voiced in the focus group (see sections 3.1.1, 3.1.5 and 3.2.1). On a similar note, a couple of respondents also mentioned information sharing, with one saying that they were concerned that this should be effective, and another suggesting that:

> *I would hope that all GPs within the cluster had access to my records and were LGBT aware, so that I could visit any of them.*

### 2.1.7 Potential benefits of GP Clusters

Respondents were asked: Can you see any particular benefits to being able to access specialist services through another GP? Can you see any particular benefits in relation to being LGBT or Q?

***(q9: 16 respondents)***

Two respondents indicated that they could not see any potential benefits to being able to access specialist services through another GP.

A couple of respondents indicated that they were satisfied with their existing provision from their GP's surgeries.

> *My surgery is highly specialised and has lots of other services.*

> *Not in my case as I have a great GP.*

A number of respondents indicated that they could see benefits to being able to access more services and indicated that they hoped this might improve access to specialist knowledge and services from other GPs in their cluster – something which also emerged in discussions in our focus group (See section 3.1.4). Some respondents suggested that they didn't perceive this to have any particular benefits in relation to being LGBTQ and some did not seem to suggest any relation to being LGBTQ, whilst others did seem to suggest both

implicitly and explicitly that they could perceive benefits in relation to being LGBTQ. These were principally based around awareness, but also around the provision of services specific to being LGBTQ – something also raised in the focus groups (see sections 3.0 and 3.1.1).

> *Ideally, every practice should have a high standard of LGBTQ awareness and should provide a decent service to LGBTQ people - maybe having services grouped together will help to put pressure on GPs to raise standards, but realistically I just can't imagine that happening in the foreseeable future. At the moment my experience is that a lot of professionals are just so clueless and unhelpful and that's not going to change overnight. In the meantime, I'm lucky to have a good GP, but I could still use a local Trans health clinic. A local one-stop shop for endocrine, psych, mental health etc, where I could feel 'at home' and develop better, more consistent relationships with the staff providing my care would make the world of difference.*

A number of respondents raised concerns around how these changes could potentially further complicate patients' access to health services. One respondent indicated that there would only be any benefit '*If another GP has particular specialism related to my health issue*', suggesting some concern that referrals to alternative providers could be based upon factors other than patient needs and wellbeing. Another respondent commented '*I think specialists would be helpful but I don't want another tier of healthcare*' – indicating concerns around heightened levels of beuraucracy and patient alienation which were also raised in the focus group (see section 3.1.2 and 3.1.5). One respondent related these concerns specifically to health professionals levels of LGBTQ awareness – again echoing sentiments expressed in the focus group (see sections 3.1.1 and 3.1.2)

> *All GPs should be LGBT aware. I don't want to see a situation where LGBTQ people have to go back and forth between practices because they feel they will / will not get good, inclusive service from a particular practice. This puts extra stress on the patient, which is not conducive to good health.*

# 3 – Focus Group

## 3.0 Participants

Six people attended the focus group and participants had a variety of reasons for attending the focus groups. These reasons included:

- Having negative previous experiences in the NHS
- Being a Council Tenant
- Experience of negative assumptions and stereotyping about health needs as a gay man
- Being concerned about collateral damage of cuts to service provision. NHS being stripped back when people in need of support.
- Having multiple needs
- Wanting to see development of a clinic for Trans people

Notably a number of these reasons for attending reflected key concerns raised by respondents in the survey (see sections 2.1.6 and 2.1.7).

## 3.1 What developments would LGBTQ people like to see in primary care?

Participants were divided into small discussion groups and the facilitator set two guide questions to lead discussion around developments in primary care:

I. **What support would you, as an LGBT person, need around health?**
II. **What areas do you think need to be developed to support health?**

The discussions have been allocated into themes and summarised below:

### 3.1.1 LGBTQ Health Care

A key theme throughout the focus group was the need for primary care services to pro-actively improve LGBTQ inclusion. Participants cited the need for all staff to be trained in **LGBTQ awareness**.

Participants also suggested the need for a **national standard of LGBTQ awareness** to promote good practice, and encourage trust and confidence in services. While this was not rated as being the highest priority in the development of GP clusters it was still ranked as being of relatively high importance (2.1.2) and standards of LGBTQ awareness generally were raised a number of times in open-ended questions around prospective areas of development (2.1.7) This standard could be visible through use of a standard symbol or charter mark for healthcare services.

**Patient Experience**

One participant shared an experience where he felt his GP assumed that he was heterosexual. After disclosing his sexual orientation, the GP immediately focussed on sexual health, giving the participant the impression that he assumed that a gay man's paramount health needs would be around sexual health. This had a negative impact on his level of trust and confidence in his GP.

Some participants also spoke about frustration at the need to educate health professionals around their health needs and identity. This was particular to trans* or gender variant people who disclose their gender identity to GPs. This was also raised in the survey (2.1.7)

They talked about the need for appropriate **referrals to LGBTQ Services** from healthcare practitioners and better knowledge of services and understanding of LGBTQ health needs on the part of sign posters. This was mentioned in relation to the perceived benefits of cluster working (2.1.7)

**Patient Experience**

One participant in a same-sex relationship was repeatedly referred to as a 'friend' during her partner's smear test, despite being corrected at the time.

Participants discussed the possibility of having **designated LGBTQ services** or clinics with medical professionals. GP Clusters could have a paid **LGBTQ worker** or practice nurse – this could be a shared service between practices. This professional could be an initial contact and could help to direct a patient on from an initial consultation.

Participants would like an accessible resource providing a **central directory** of LGBTQ services for LGBTQ people, and other LGBTQ appropriate services, this should include standards of LGBTQ awareness.

### 3.1.2 Community Support

Participants talked of the need for a buddy system or advocates with knowledge of healthcare provision and LGBTQ healthcare needs and issues.

There were concerns about community navigators knowledge and confidence around LGBTQ health issues, needs and barriers to access, and this was reflected in the low level of confidence indicated in these surveys in relation to support in managing health and long-term conditions (2.1.3 and 2.1.4). Participants shared anecdotal evidence of community navigators using inappropriate language, even where otherwise helpful. Participants felt quite strongly that community navigators should be trained in LGBTQ awareness and would like to explore the possibility of specialist LGBTQ Community Navigators.

Some noted concerns around 'offloading' patients into overstretched LGBTQ services inappropriately and/or with inadequate handover, because mainstream services feel unable to cater to LGBTQ needs. This highlights the need for LGBTQ awareness and inclusion in all services as well as specialist LGBTQ services.

### 3.1.3 Safety

Participants highlighted the need for safe spaces in which to manage health and exercise. One participant talked of historic experiences of homophobia in PE lessons and sports team, affecting LGBTQ adults' confidence and motivation to join sports teams or exercise classes.

There was also a discussion around safety for LGBTQ people in public spaces including swimming pools and public parks. Experiences of homo/ bi/ transphobia may limit access to exercise and activity in outdoor spaces.

Some participants said that initiatives such as BLAGSS and Trans Swimming were important in providing spaces for LGBTQ people to exercise, whilst others said they would like to feel safe exercising in mainstream venues and groups. Participants agreed that there is a need for LGBTQ-specific groups and spaces across sectors, as well as provision and safety for LGBTQ people in non-LGBTQ specific spaces.

### 3.1.4 Multiple Needs

Another key theme the participants focussed on was having multiple needs. In particular, participants discuss mental health provision and homelessness services for LGBTQ people. This may highlight the need for LGBTQ services to provide a broad range of services in partnership with other specialist organisations and health care providers. This was also a concern raised in the survey, with a number of respondents citing mental health needs in particular as being inadequately provided for within certain existing services (2.1.6)

### 3.1.5 Access to services

A number of participants noted concerns around confidentiality and lack of LGBTQ awareness in use of the new Triage system – confidentiality also being a concern of high priority for a relatively high proportion of survey respondents (see section 2.1.2) Some felt anxious about having to tell people who are not healthcare professionals and who may have poor standards of LGBTQ awareness about their health problems, which was something also raised in the survey (2.1.6)

Some participants felt that appointment times are too rigid and short for individuals with more than one healthcare issue or complex health needs. There was a lack of awareness around being able to book double slots.

Participants noted difficulties in seeing designated GPs, they felt that the relationship with GP is often vital to LGBT people and it can be challenging/time consuming to have to 'train' different GPs around individual needs and circumstances - a point also raised in the survey (see section 2.1.6). This places yet further pressure on an already stretched 10 minute session. Participants also raised the need for GPs to communicating about an individual's needs to outsourced services.

## 3.2 Mapping Health and Wellbeing Support

As a whole group, participants were invited to map their ideas around health and wellbeing support by arranging services on a flipchart and linking them as appropriate.

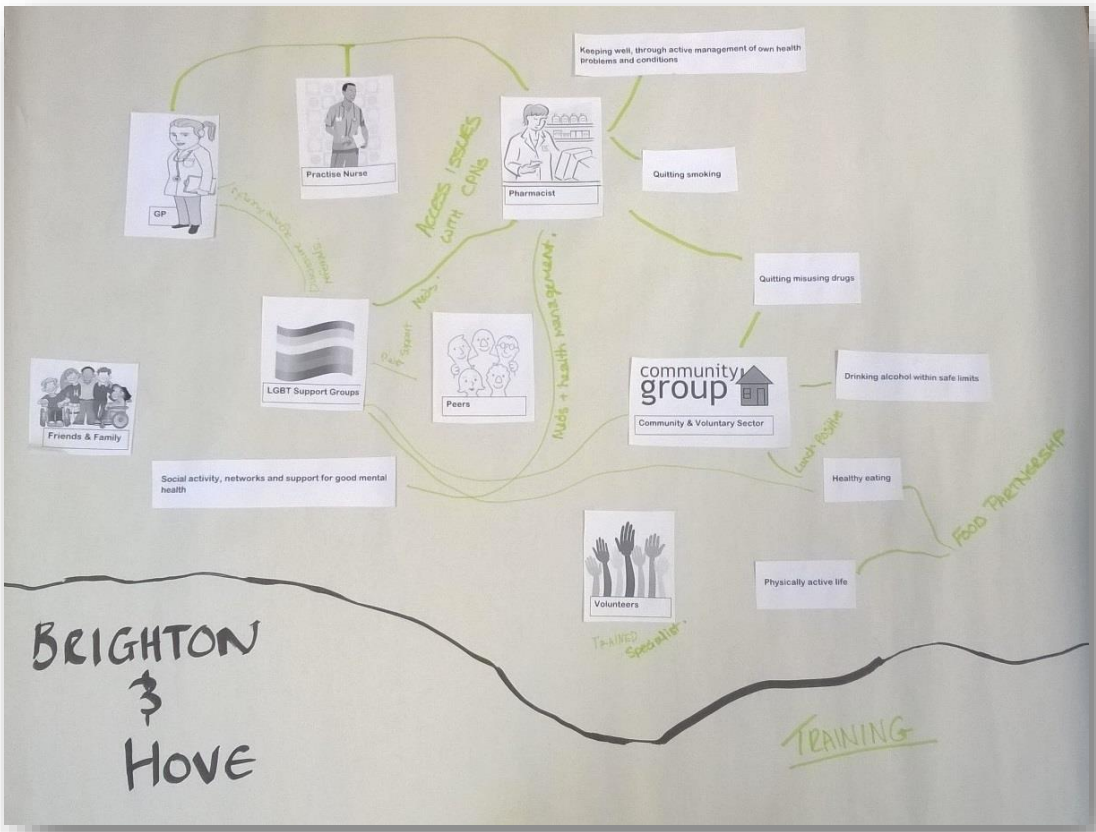
The facilitator used the following prompts to generate discussion:

I. **Who do you think is best placed to lead on support for you?**

II. **Who else do you think can offer support?**

III. **How can organisations work together for you?**

Summaries of themes and discussions are included below:



### 3.2.1 Standards

Participants said that GPs standards vary. Some participants highlighted good practice but agree that all GPs need meet the consistent high standards in order for people to have confidence and for there to be effective working relationships in healthcare.

### 3.2.2 Mental Health

Participants felt this was best led by MindOut and said it was well trusted in LGBTQ communities. Participants would like to see better and more coherent support form general services.

### 3.2.3 Medication and Health Management

Pharmacists can play a key role in the community – good awareness of medication management. Participants highlights LGBTQ charities roles in supporting medication and health management concerning HIV and mental health.

### 3.2.4 LGBTQ Workers

Participants highlighted the Pavilions LGBT Worker in the Drug & Alcohol Service and felt this was an area of good practice to learn from.

### 3.2.5 LGBTQ Awareness

Participants noted a need for improved awareness of LGBTQ issues around health management. This is important amongst paid workers and volunteers.

### 3.2.6 Community Sector

There is a need for recognition and better support of grassroots community assets such as BLAGSS, Clare Project, Lunch Positive, FTMB etc…

### 3.2.7 Communication

All participant stressed there needs to be better communication between services.

# 4 – Conclusions and Key Findings:

- Both the survey and the focus group indicated that there is a consistent need for universally high standards of LGBTQ awareness across services. A current lack of awareness can be seen to significantly compromise many LGBTQ people's access to vital care and support, both from healthcare services and in health management.

- There is a lack of confidence in voluntary workers in regards to levels of competence and standards of LGBTQ awareness. As cuts to services result in an increasing use of voluntary workers in the health service, this should not be seen to compromise critical professional standards and accountability – including an awareness and understanding of people's needs and circumstances as individuals and as LGBTQ people

- A consistent theme in this consultation is the overwhelming feedback from participants and respondents that their relationship with GPs and core practitioners is very important, even fundamental to their health and wellbeing. Some LGBTQ people have very good experiences with certain practitioners and these should be looked to for examples of best practice. These standards should be visibly celebrated and must not compromised.

- Patient information needs to be shared effectively and sensitively between practitioners – particularly where patients have diverse or multiple needs. As there is increasing demand for and pressure on appointment times it is vital that LGBTQ people are able to access the services they need in an environment where they feel safe, comfortable and understood, and that their access to these services is not compromised by a need to repeatedly educate different professionals on their personal circumstances, and even basic LGBTQ awareness.

- While there is a strong demand for improved standards of LGBTQ awareness across services, there is also a continued demand for LGBTQ specific services. Many respondents and participants have explicitly articulated that they feel safer and more confident accessing LGBTQ services, where they know their needs and circumstances as LGBTQ people are likely to be better understood and properly met. There is a strong feeling that community and voluntary organizations offering such services are important assets to the community, but that they should be better acknowledged, used and supported by the public sector. There is also some considerable demand for provision of LGBTQ specific services within the NHS – Local need is particularly marked in relation to Trans healthcare and pathway management, but there is also demand for specific LGBTQ healthcare provision, in the form of regular drop-in clinics or designated LGBTQ healthcare professionals working in the community across practices

- Many LGBTQ people see potential benefits in clusters being able to improve access to specialist knowledge and services, but potential access to a greater number of practitioners and wider range of expertise should be driven by patient need, and should not compromise or come at the expense of the patient's relationships with individual practitioners. Nor should it compromise their right to choose services where they feel confident they will be respected and understood as LGBTQ people.

Clusters should be used to strengthen relationships, competence and understanding, and should not undermine current points of confidence.

# 5 - Recommendations

These recommendations have been developed out of the findings of the online survey and the focus group. It is hoped that the following recommendations may act as a guide for changes to Primary Care Services:

**Training**

- The CCG should ensure that LGBT training for clinical and non-clinical staff is included in the planning for changes to primary care.

- Community Health Navigators, and other volunteers, should receive mandatory LGBT awareness training as part of their induction and ongoing development.

**LGBTQ Specialist Support**

- GP cluster groups should consider developing LGBTQ Specialist Roles such as an LGBTQ Practice Nurse, who can work across the clinics to support LGBTQ patients and support LGBTQ inclusion within the practice.

- The EPIC project should consider developing LGBTQ specialist Community Navigators or champions to offer support to LGBTQ patients.

- GP cluster groups should consider piloting a rotating LGBTQ clinic, to reduce barriers for LGBTQ people accessing primary care services.

- GP cluster groups should work closely with LGBTQ services to promote health and wellbeing, as well as having firm referral pathways in place.

- BHCC should consider developing a central directory of LGBTQ services and other LGBTQ appropriate services; this should include standards of LGBTQ awareness.

**Primary Care Services**

- Due consideration should be given to LGBTQ individuals who have a trusted relationship with their GP. Changes to Primary Care should not jeopardise this relationship and individuals should be given the opportunity to make an appointment with their designated GP.

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