

LGBT FOUNDATION

LGBTQ+ PATIENT EXPERIENCES IN PRIMARY CARE GP UPDATE





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INTRODUCTION

Since 2014, LGBT Foundation has carried out a series of surveys analysing the experiences of lesbian, gay, bisexual, and trans people (LGBTQ+) accessing primary healthcare.

Our most recent survey, launched in June 2022, received 335 valid responses from members of our communities, and has added an extra level of insight and detail to experiences collected in previous years. In this resource, we have chosen to spotlight experiences at GP practices, and have developed an asset that will raise up LGBTQ+ voices and support primary care stakeholders and services in developing inclusive practice.

“
**THINGS HAVE IMPROVED
ENORMOUSLY OVER THE YEARS
FOR MANY LGBTQ+ PEOPLE.**

**SOME PLACES CAN
ALWAYS IMPROVE THEIR
UNDERSTANDING OF OUR
COMMUNITY BUT MOST ARE
SUPPORTIVE.**

ABOUT PRIDE IN PRACTICE

Pride in Practice is a model for change that utilises strength-based approaches to develop services. This model harnesses the lived experience of individuals, best practice guidelines and community assets to initiate meaningful and sustainable change.

As part of this approach, we provide a quality assurance and social prescribing programme that strengthens and develops primary care services' relationships with their LGBTQ+ patients.

This programme provides services with training as well as an assessment of their current practices. Following an evidence collection and support process, registered practices are presented with an accredited Pride in Practice award in Gold, Silver and Bronze. The team continues working with services to ensure that best practice is embedded and ongoing development is supported.

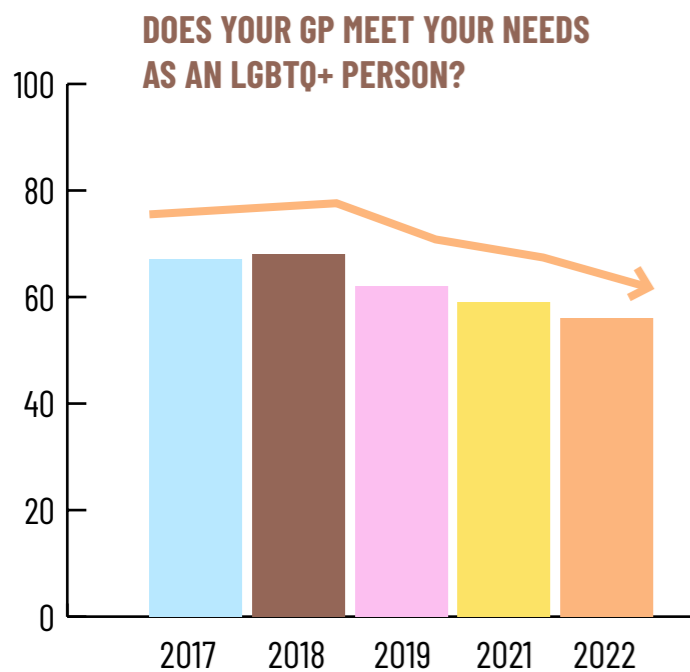
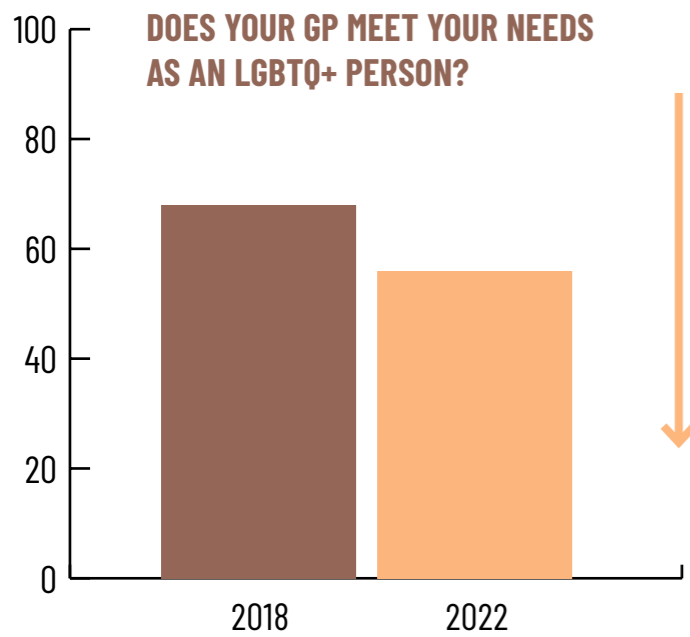


KEY FINDINGS

NEEDS MET

56% of LGBTQ+ people said that their GP met their needs as an LGBTQ+ person.

This is down from 68% in 2018.



DOES YOUR GP MEET YOUR NEEDS AS AN LGBTQ+ PERSON?

NEEDS MET

- 62% of men (including trans men)
- 56% of women (including trans women)
- 38% of non-binary people

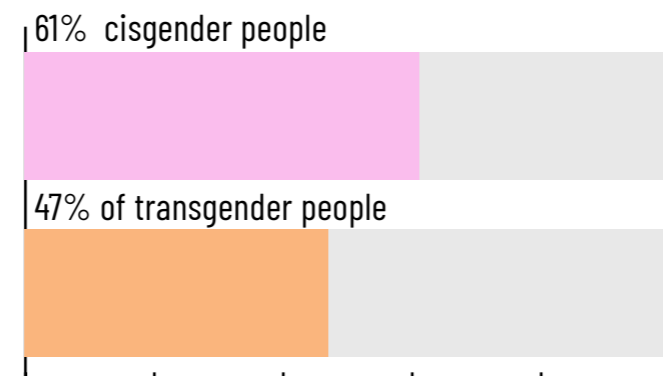
DOES YOUR GP MEET YOUR NEEDS AS AN LGBTQ+ PERSON?

NEEDS MET

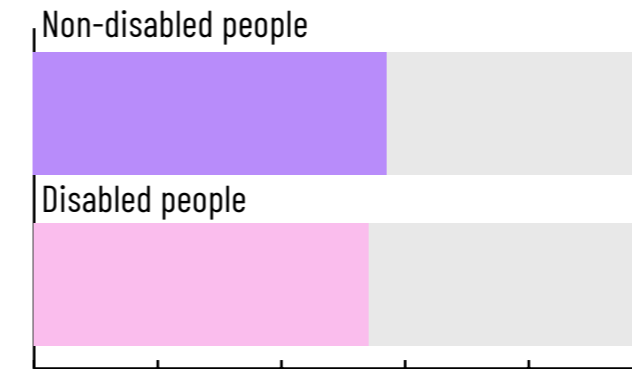
- 47% asexual
- 60% bisexual
- 62% gay
- 61% lesbian
- 39% of people who described themselves as queer or in another way

DOES YOUR GP MEET YOUR NEEDS AS AN LGBTQ+ PERSON?

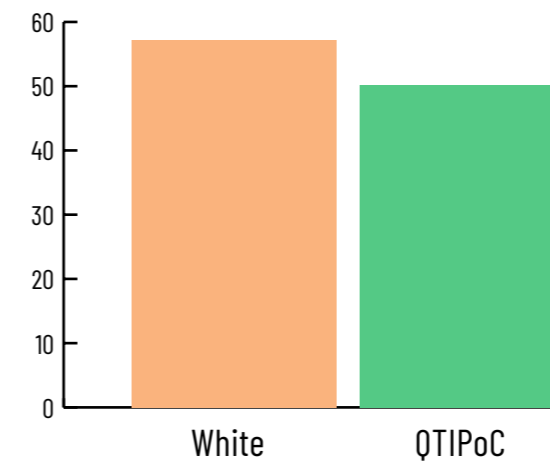
NEEDS MET



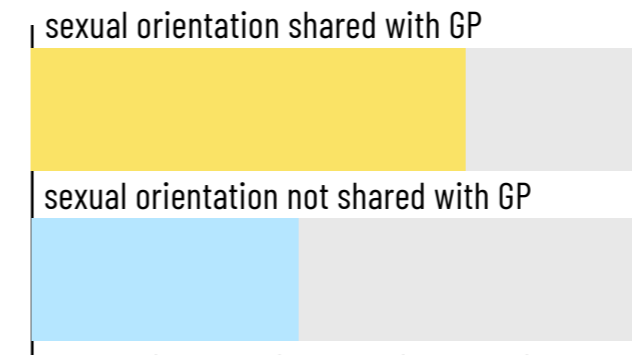
57% of non-disabled people felt their needs were being met compared to 54% of disabled people



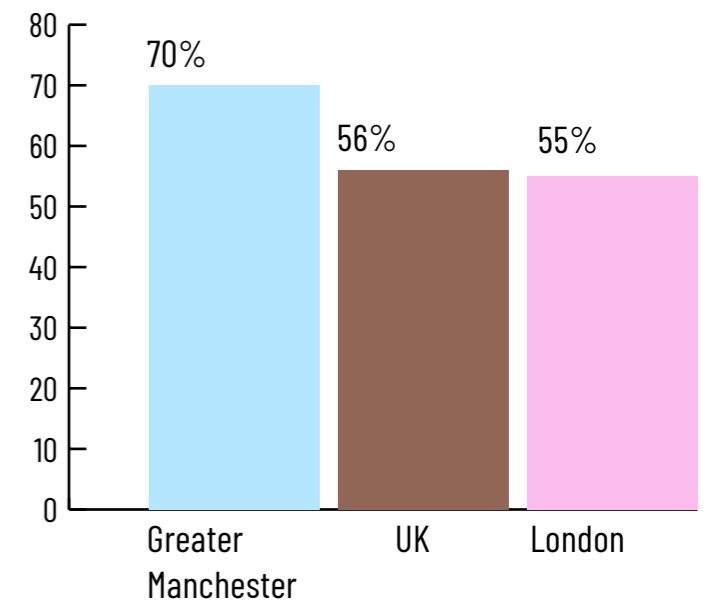
57% of white responders felt their needs were met compared to 50% of Queer, Trans, Intersex, People of Colour (QTIPoC) responses



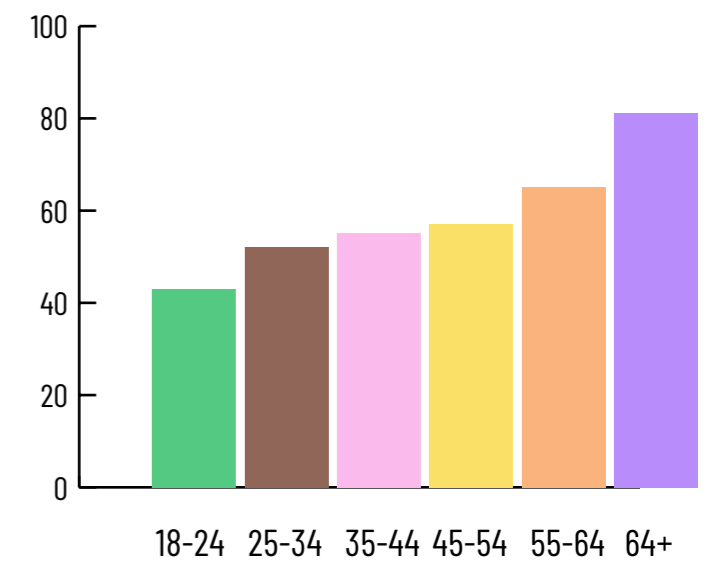
70% of people who shared their sexual orientation with their GP said that their needs were being met compared to 43% who had not shared their sexual orientation.



People in Greater Manchester are more likely to say their needs are being met than those in other parts of the UK



Younger people were less likely to say their needs were being met than older people

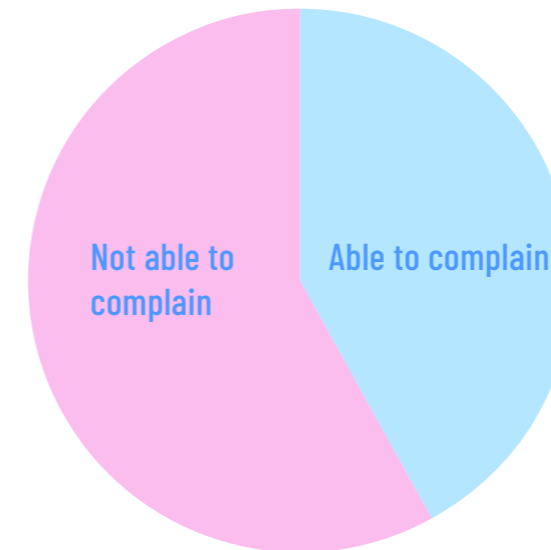




EXPERIENCE OF DISCRIMINATION OR UNFAIR TREATMENT

17% of LGBTQ+ people said that they had experienced some form of discrimination or unfair treatment at a GP practice

42% of people felt able to complain about discrimination, 58% did not



PERCENTAGE EXPERIENCED DISCRIMINATION OR UNFAIR TREATMENT AT A GP:

- 12% of men (including trans men)
- 24% of women (including trans women)
- 14% of non-binary people

PERCENTAGE EXPERIENCED DISCRIMINATION OR UNFAIR TREATMENT AT A GP:

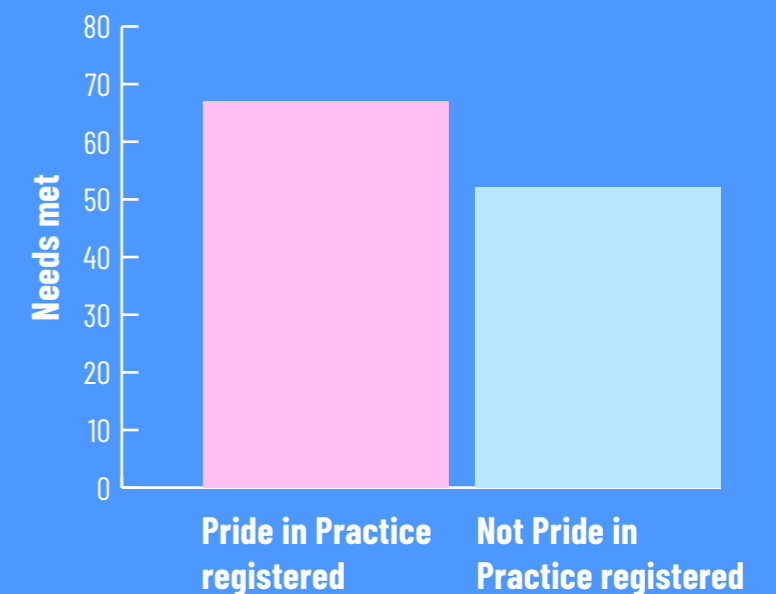
- 19% bisexual
- 9% gay
- 18% lesbian

- 23% described themselves as queer or in another way

PERCENTAGE EXPERIENCED DISCRIMINATION OR UNFAIR TREATMENT AT A GP:

- 25% of trans people experienced discrimination compared to 12% of cisgender people
- 20% of disabled people compared to 15% of non-disabled people experienced discrimination
- 17% of white respondents and 18% of QTIPoC
- 28% of people were patients at Pride in Practice registered GPs

67% of people at Pride in Practice registered practices felt their needs were met compared to 52% at non-registered practices



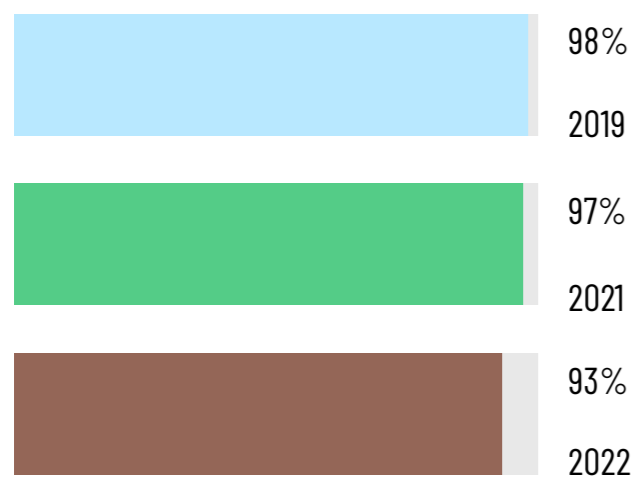
LGBTQ+ EXPERIENCES AT THE GP REGISTRATION

The number of LGBTQ+ people registered at a GP practice has decreased over the last three years. In 2019, 98% of responders were registered at GP practices compared to 93% in 2022.

Rates of registration were highest for people who described their sexual orientation as lesbian (98%) and lowest for bisexual people (89%) Transgender people (98%) were more likely to be registered at a GP practice than cisgender responders (89%)

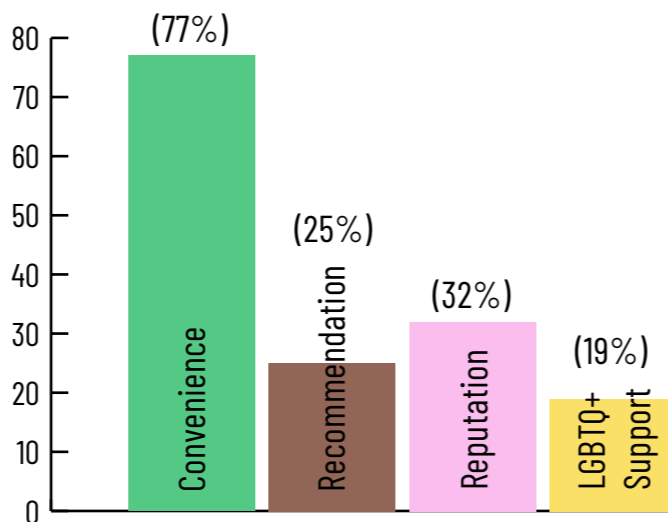
83% of respondents in the 25-34 age category were registered with a GP, meaning that 17% were not. All other age categories had registration rates over 97%

% of LGBTQ+ people registered at a GP practice



17% OF LGBTQ+ PEOPLE BETWEEN 25 AND 34 ARE NOT REGISTERED WITH A GP PRACTICE

'What factors did you consider when registering with a GP practice?'



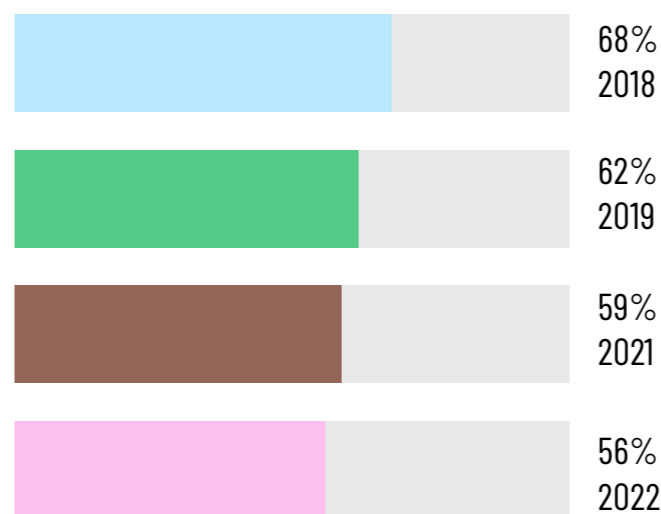
Most people chose which GP to register with based on convenience. A significant number of respondents chose their GP based on the level of support the practice gave to LGBTQ+ people. Anonymity was cited by 7% of people. This group chose a GP practice far from their home or because no one would know them.

I WOULD HAVE STRONGLY CONSIDERED THE SUPPORT THE PRACTICE GIVES TO ITS LGBTQ+ PATIENTS, IF I HAD KNOWN A WAY OF FINDING OUT.

MEETING PATIENTS' NEEDS

56% of LGBTQ+ people say their needs were met by their GP practice. This was down from 68% recorded in 2018 and is part of a trend recorded in previous surveys.

'Do you feel that your GP practice meets your needs as an LGBT person?'



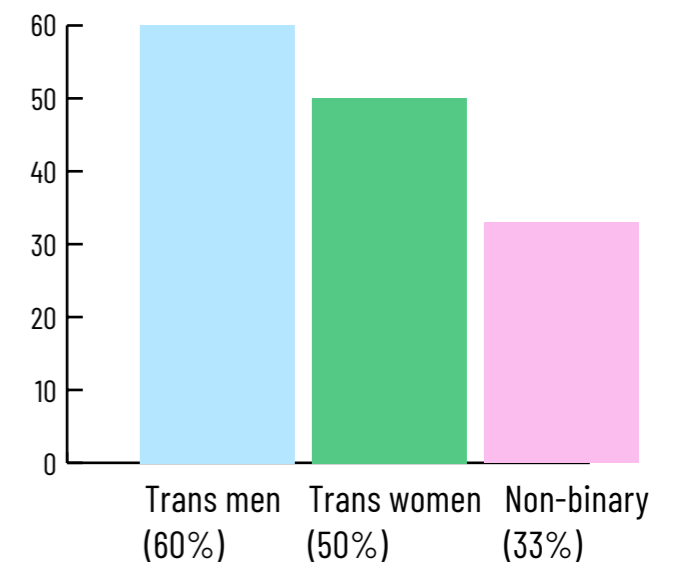
People who described their sexual orientation as bisexual, lesbian, or gay were most likely to say their needs were being met. While those who described their sexual orientation as asexual, queer or in another way were less likely to report the same.

- Lesbian 60%
- Gay 61%
- Bisexual 62%
- Asexual 48%
- Queer 40%
- In another way 33%

61% of cisgender people felt their needs were being met compared to 47% of transgender people

Trans men were more likely than trans women to say that their needs were being met by their GP. People who described their gender as non-binary or in another way were the category least likely to have their needs met.

Needs met



The younger a person was, the less likely they were to say that their GP met their needs.

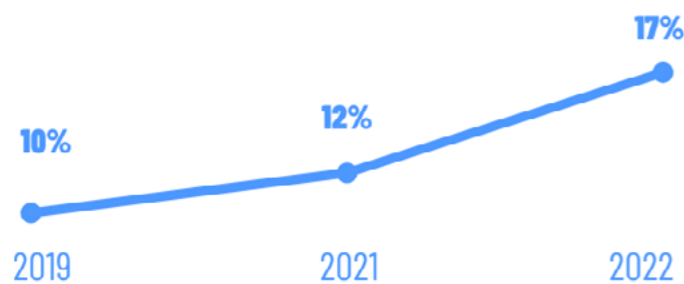
DISCRIMINATION AND UNFAIR TREATMENT

17% of LGBTQ+ people said that they have experienced marginalisation or discrimination at a GP practice as a result of their LGBTQ+ identity.

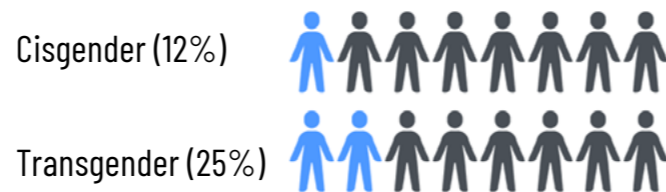
People who described their sexual orientation as lesbian or bisexual were more likely to report an experience of discrimination than those who identified as gay. One in four people who described themselves as queer reported experiencing discrimination as well as more than one in three people who described their sexual orientation in another way.

- Lesbian 18%
- Gay 9%
- Bisexual 19%
- Asexual 13%
- Queer 28%
- In another way 36%

'Have you experienced any form of discrimination or unfair treatment based on your sexual orientation, gender identity or trans status from your GP Practice in the last 12 months?'



Transgender people were more than twice as likely as cisgender people to experience discrimination. Around one in four trans men and trans women experience discrimination while over one in ten non-binary people reported the same.



A number of topics recurred within patient experiences. These included the need to navigate heteronormative or cisnormative environments and attitudes, lack of staff knowledge or training on LGBTQ+ health-related topics, as well as direct experiences of LGBTQ+ phobia

INCORRECT ASSUMPTIONS

Experiences of practices assuming that all patients are heterosexual or cisgender were common. Patients reported incorrect assumptions (microaggressions) regarding their partners or family, access to contraception or fertility services, as well as their sexual orientation, gender identity, or preferred pronouns.

MICROAGGRESSION

An indirect, subtle, or unintentional discrimination against members of a marginalised group. For LGBTQ+ people this may include assumptions about a person's sexual orientation or gender identity which they are forced to correct or ignore

The assumption that I'm straight and cis is awkward and uncomfortable. When I've stated that I'm both in a queer [women loving women] relationship and don't want to have children a doctor has said that well I might change my mind 'get with a man and have a baby in the future' and so therefore refused me treatment.

"Lack of understanding of what PrEP is, and arguing back about why I'm on it, that I shouldn't be taking it if I don't have HIV"

LACK OF KNOWLEDGE OR TRAINING

Many people reported that practices had a lack of knowledge regarding LGBTQ+ healthcare. This was especially true in regard to contraceptive and screening advice, discussing PrEP and PeP, and especially around trans and non-binary related healthcare. This lack of knowledge provided an additional barrier for many patients to accessing equitable healthcare.

"When attending my smear test, I ask for the smallest sized speculum to be used. This has then been played back to me as "we have a small, or a virgin, are you a virgin?" to which I point out I am not, but that is the correct size to use, which makes me uncomfortable and belittled."

HOMOPHOBIA, BIPHOBIA AND TRANSPHOBIA

"Terrible, treat you like you're a pariah and I avoid going there at all costs"

Hetero and cisnormative environment, microaggressions, and a lack of education, knowledge or training all have detrimental effects on LGBTQ+ health; however, experiences that rise to overt discrimination can be the most damaging and have a long-term impact. These can prevent LGBTQ+ from seeking help unless they have no other options.

These may be based on age-old tropes and misinformation regarding LGBTQ+ people, but they may equally be a result of more recent trends - especially in relation to trans and non-binary people.

"I was told by my GP that I could no longer work with food due to my HIV status - [which is] undetectable."

“The doctor now running the surgery who I’ve had to come out to as I want to start PReP was extremely dismissive telling me, that we all have choices and could change our lifestyles any time we wanted”

“I was told that my diagnosis of PCOS has less of an impact on me because I am a gay woman so my fertility isn’t as much of a concern to me as I won’t conceive naturally”

“[After I told her I was trans,] the “LGBT lead” at my practice... accused me of simply being a confused gay man, told me that being trans is just an internet fad and asked why I would want to do something (transition) that means everybody will see me as a risk to kids and women. She very reluctantly referred me to a GIC after much persuasion. But maintained that she doesn’t really think I’m trans and that she “strongly urges me to reconsider this choice”

Trans and non-binary respondents to the survey reported incidents where they had been denied referrals to specialist Gender Identity Clinics (GICs) and of cases where GP practices refused to follow a shared care agreement once one had been obtained. While this may be down to a lack of education, knowledge, or training there are also examples of where inaccurate and transphobic narratives have a detrimental impact on patient outcomes and access to care.



STEPS TO BEST PRACTICE

81% of people said that they felt GP practices could do more to improve their services for LGBTQ+ people. This was the same amount in 2022 as in 2021. Many of the recommendations fit into the themes below.

1. Create an inclusive environment

Our survey asked what impact seeing LGBTQ+ inclusive literature, lanyards or a Pride in Practice award had on patients accessing a GP practice. We had a range of positive responses with many people telling us that it made them feel safe, accepted and expected at the service. It also gave them confidence to be open with staff about their healthcare needs.

[Seeing inclusive imagery makes me feel] Confident that they are a safe space for LGBTQ+ people and that they're proactively supporting my needs

2. Develop education, knowledge, and training

Patients reported a lack of staff knowledge adding additional barriers to equitable healthcare.

Some respondents found themselves educating healthcare professionals on a range of topics including HIV awareness, access to fertility treatments, or gender-affirming treatments.

"The time I had a supportive GP was amazing, no issues at all, she did everything to help and was wonderful, took care of all my health checks and was a joy to see. Explained everything to me so I fully understood it, was super kind and caring, treated me like a human, a person, saw me for who I am and accepted it"

3. Implement demographic monitoring

As best practice, Pride in Practice advocates that all primary care services should give their patients the opportunity to share their sexual orientation, gender identity, and trans status as part of a complete demographic monitoring process. This reduced the need for patients to 'constantly come out' to healthcare professionals, and mean that practice staff have access to relevant information on their patient files

41% of people have shared their sexual orientation with their GP. 76% stated they would if they were offered the opportunity. 14% of survey respondents had been signposted to LGBTQ+ specific services by their GPs.

People who had shared their sexual orientation with a GP were much more likely to say that their needs were being met at the GP practice than those who had not shared this information.

34% of people were able to share their trans status. 55% of patients who had shared their trans status felt their needs were being met, compared to 53% of people who had not shared their trans status.

4. Continue professional development

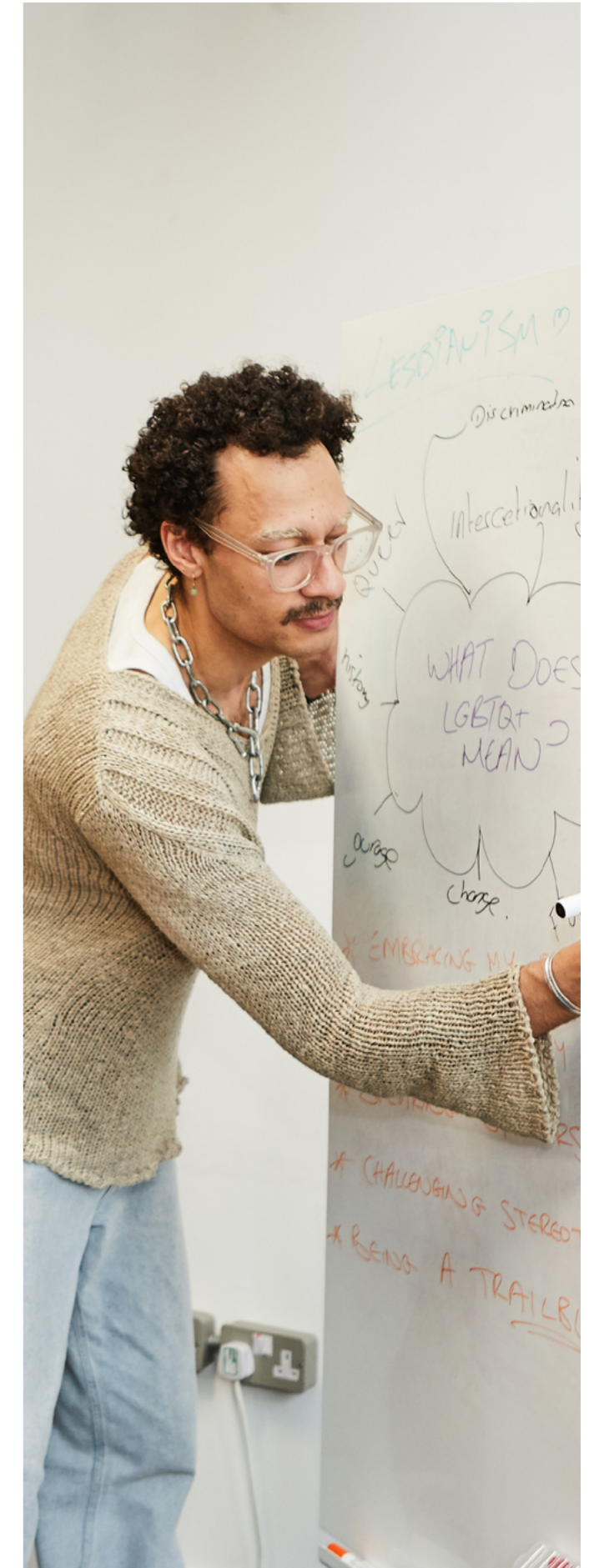
Survey respondents linked positive experiences to the level of knowledge and awareness at the GP practice. They did not always expect healthcare professionals to have all the information to hand, but appreciated when they knew where to signpost, or took steps to develop their own knowledge.

14% of survey respondents had been signposted to LGBTQ+ specific services by their GPs

Patients were signposted to a range of services, including (but not limited to) talk therapy and counselling, befriending services, domestic abuse and sexual assault services, sexual health, smoking cessation, fertility services, hate crime reporting, drug and alcohol support, as well as other services.

As best practice, GP staff should have an understanding of where to find further information and take steps to consider LGBTQ+ health at all opportunities, not seeing the topics as a discrete theme, but as something which is part of all aspects of patient care.

"Given the nature of a first port of call at any GP practice, it is vital to be inclusive, welcoming and supportive in their approach to the community and be willing to signpost where their knowledge is limited"



THE IMPACT OF PRIDE IN PRACTICE

“[Seeing a Pride in Practice award] makes me feel that I can be open and honest about my identity and experiences and that I will get the support I need. It increases my trust and confidence in the service and the quality of care.”

LGBT Foundation’s Pride in Practice programme supports GPs to embed the principles listed in the previous section within their service provision. The impact on patient outcomes can be tracked in the survey responses. As well as collecting a range of positive written responses from patients on their experiences of seeing a Pride in Practice award on display, data within the results also demonstrate the programme’s impact.

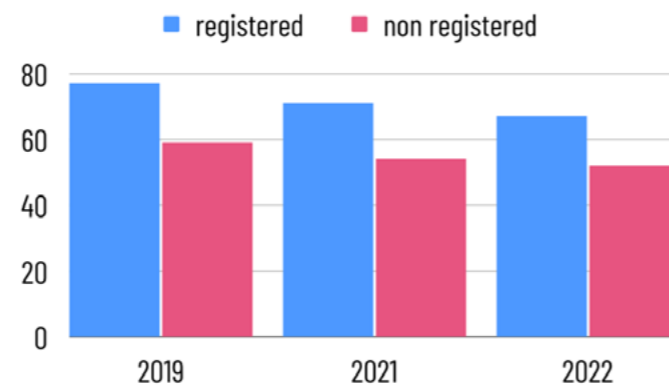
28% of respondents were from GP practices registered with Pride in Practice while 72% were not.

When we looked to see if patients at Pride in Practice registered practices felt that their GPs met their needs as an LGBTQ+ person we found a significant difference

- 67% of people at Pride in Practice registered practices felt their needs were met compared to 52% at non-registered practices

This follows a trend that we have been able to record over our previous surveys which show that patients at GP surgeries who have worked with Pride in Practice are consistently more likely to feel their needs are being met.

Needs met



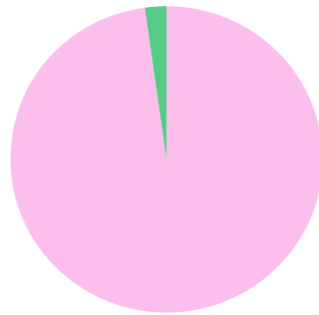
Patients at registered practices were also less likely to say they’d experienced discrimination at the GP. While those who had felt more able to complain.

Pride in Practice training and accreditation also has a significant impact on healthcare professionals. Nearly all of those who received training reported being satisfied with the training and feeling more informed, and more confident regarding LGBTQ+ health topics.

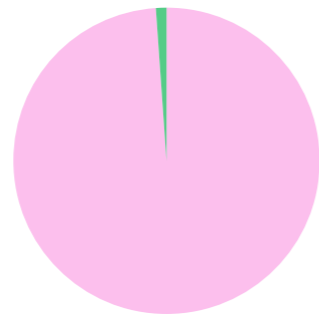


TRAINING FEEDBACK

"My knowledge has been improved extensively, I feel empowered to speak confidently. Inspired by the presentation!"



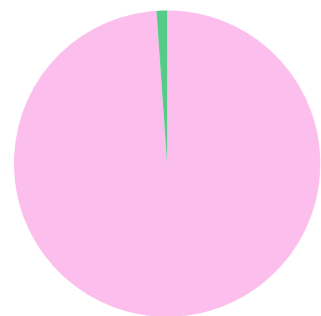
98% felt more informed on LGBTQ+ health topics



99% felt more confident supporting LGBTQ+ patients

'Really informative session, conducted in an accessible way, felt able to ask questions and engage in discussion'

"Absolutely brilliant training!! Very impressed. Excellent examples used, great humour, confidence in the LGBTQ+ message, and very easy to understand information"



99% would recommend the training

FINAL WORD

The findings in this report have been selected from the data collected as part of the LGBTQ+ Patient Experience Survey 2022 and is part of a suite of resources which relate to LGBTQ+ experiences across primary care. Other documents focusing on different aspects of primary care - or on communities within the wider LGBTQ+ umbrella, can be found at lgbt.foundation/publications. Finally, we would like to thank everyone who has given their time to share their experiences as part of this survey. If you have any additional questions about these topics, or want to know more about Pride in Practice, please contact us at pip@lgbt.foundation.



WE EMPOWER LGBTQ+ PEOPLE TO REALISE THEIR FULL POTENTIAL, EVERY DAY.

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