

# Primary Care Survey Report

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2017

**LGBT**  
foundation



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# INTRODUCTION

LGBT Foundation conducted research into lesbian, gay, bi and trans (LGBT) people's experiences of primary care services in order to further understand what access to general practice, dentistry, pharmacy and optometry looks like for this community of identity.

328 survey responses were valid, from respondents who identified as LGBT and were living in the UK. This report presents us with an opportunity to understand what getting it right means for LGBT people accessing healthcare in Greater Manchester (GM), how to provide appropriate care to LGBT communities, and how to improve access to services for communities of identity.

Ensuring primary care services are informed about LGBT health is essential to improving patient experiences and to enabling primary care providers

to offer the correct advice and treatment to all their patients. 33% of people reported that their GP did not meet their needs as an LGBT person and 72% said they thought GP practices could improve services they offer their LGBT patients.

If primary care providers are unaware of the specific health issues and needs of LGBT patients, then services cannot treat these specific health issues and needs for LGBT patients. Similarly, without knowing a patient's sexual orientation and trans status, primary care providers don't know when there is a need to offer LGBT specific advice or treatment to their patients, meaning the health needs of these patients go unmet.



Collage made by LGBT patients at our LGBT patient voice events.

## KEY FINDINGS

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LGBT people who disclosed their sexual orientation to their GP were 21.4% more likely to feel their GP met their health needs as an LGBT person than patients who did not disclose.

Trans men and trans women who disclosed their trans status to their GP were 62.1% more likely to feel their GP met their health needs as an LGBT person than trans men and trans women who didn't disclose.

None of the trans men or trans women who had not disclosed their trans status to their GP felt their GP met their needs as an LGBT person.

Non-binary people who disclosed their trans status to their GP were 5.7% more likely to feel their GP met their health needs as an LGBT person than non-binary people who didn't disclose.

Across all primary care services just over half (53.4%) of people had a positive or very positive response when they disclosed their sexual orientation and just under half (44.4%) had a positive or very positive response when they disclosed their trans status.

LGBT people often receive inappropriate treatment and advice from primary care services due to a lack of knowledge about the ways in which health needs of LGBT patients differ from the needs of heterosexual and cisgender patients.

LGBT people face many health inequities, causing a disparity between the health outcomes of LGBT communities and the general population. LGBT people are more likely to experience risk factors to their health, including problematic drug and alcohol use, poor diet and nutrition, and smoking. LGBT communities are more likely to experience mental health difficulties and less likely to access primary care.

62% of the suggestions made by LGBT people on how services could improve experiences for LGBT patients mentioned visibility; they wanted to see LGBT literature and posters, a Pride in Practice award, and acknowledgement of non-binary identities when registering and signing in for appointments.

## KEY RECOMMENDATIONS

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**INCLUSION** All services should undertake LGBT training to increase their knowledge about LGBT specific health issues.

Implement sexual orientation and trans status monitoring to ensure LGBT patients are included in health promotion activities and to identify differences in treatment outcomes.

**EXPANSION** Celebrate primary care services who are providing a high standard of care to LGBT communities, through Pride in Practice awards, newsletters and local and national press.

Ensure services are in line with the GM Healthy Living Frameworks by achieving a Bronze, Silver or Gold Pride in Practice award.

Engage with local LGBT communities by linking with dates of significance for LGBT people such as Lesbian, Bisexual and Trans Women's Health Week, Men's Health Week, National HIV Testing Week, and Pride.

**VOICE** Increase visibility of LGBT communities to enable LGBT patients to access primary care services, be open about their sexual orientation and trans status, and receive the appropriate care.

Empower LGBT patients to proactively look after their health and wellbeing by responding positively when patients disclose their sexual orientation and trans status.

Visibly represent LGBT communities in local campaigns and health initiatives.



# PRIDE IN PRACTICE

This research was undertaken as part of Pride in Practice, a quality assurance and social prescribing programme for primary care services and LGBT communities. Pride in Practice develops and strengthens relationships between clinicians and patients and enables primary care services to link with community assets and utilise strength based approaches to community healthcare delivery through a suite of resources including training, a dedicated account manager, and an accreditation award.

1.5 million patients across GM are registered at Pride in Practice registered GP practices. Since 2016 Pride in Practice has supported over 264 primary care services to be able to meet the needs of LGBT people in Greater Manchester as part of GM Health and Social Care Partnership's commitment to meeting the needs of GM's diverse communities of identity.

**100% of the 3,071 health professionals** we've reached so far can evidence changes made within their service to better meet the needs of LGBT people, **98.6% report feeling more informed** and **97.5% report feeling more confident** when working with LGBT communities.

This survey will be repeated in 2018 and 2019 so that the impact of Pride in Practice can continue to be measured and any changes in patient experience can be tracked.



### Race and Ethnicity

**14%**

of respondents were Black, Asian and Minority Ethnic (BAME) and 86% of the respondents were white.

**10%**

of the trans patients surveyed were BAME compared to 14.5% of cis people.

### Gender

♀ **52%** ♀

of respondents were women,

♂ **33%** ♂

were men,

\* **12%** \*

were non-binary, and

**3%**

described their gender identity in another way.

Gender identities described in another way included genderfluid, genderqueer, bi-gender, agender, and not labelling gender.



**28%**

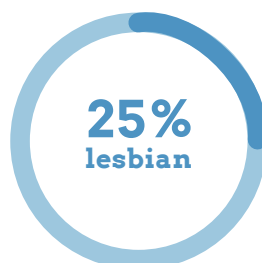
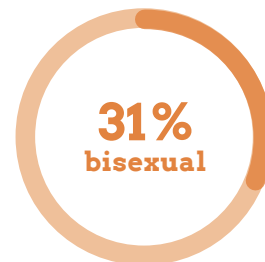
of respondents were trans, having a gender identity different to the one they were given at birth.

Fewer than 5% of trans respondents described themselves as heterosexual/straight.

### Sexual Orientation

**97.5%**

of people surveyed identified their sexual orientation as other than heterosexual/straight.



Sexual orientations described in another way included pansexual, queer, polysexual, asexual, unsure and preferring not to label sexual orientation.

### Disability

**25%**

of the respondents considered themselves to be a disabled person.



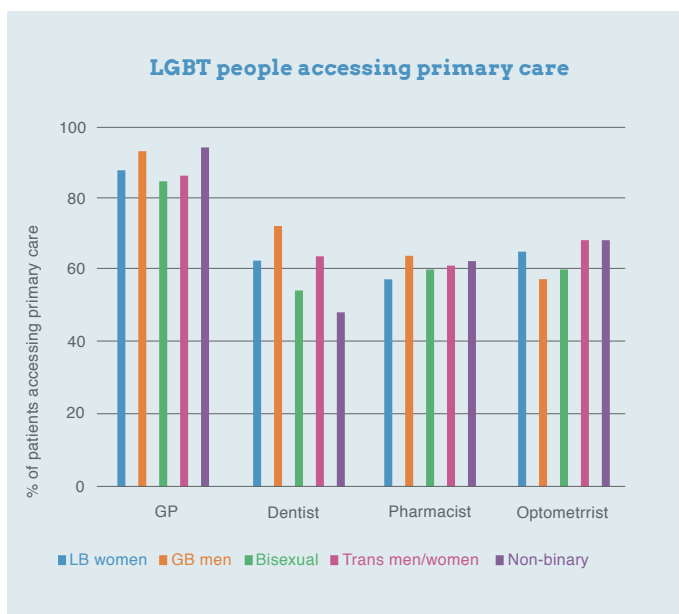
This figure includes those with long term conditions and those living with mental health conditions.

**42.2%**

of trans respondents were disabled compared to 16.6% of cis respondents.

# ACCESS TO PRIMARY CARE SERVICES

To reduce the disparity in health outcomes between LGBT communities and the general population, LGBT people must be able to access health and social care. According to NHS Digital, around 90% of patient interaction takes place in primary care services so it is crucial that these services are taking steps to provide equal access to all patient groups.



10% of LGBT people reported not being registered with a GP and almost 40% of LGBT people do not access dentistry, optometry or community pharmacy.

Bisexual people were less likely to access primary care than lesbian and gay people and significantly less likely (16%) to access dental care. Additionally, non-binary people were 17% less likely to access dental care compared to cis respondents. Bisexual and non-binary respondents reported they would feel more able to access dental care if dental practices displayed LGBT posters and leaflets and undertook inclusivity training.

## Improving access for LGBT communities

Many respondents identified having to justify their sexual orientation or gender to health professionals as a barrier which discourages them from accessing primary care altogether. Even after coming out to a health professional, patients continued to be treated as though they were straight and cisgender and found their specific health needs were ignored.

Trans people were 5 times more likely than cis people to consider anonymity when registering at their GP practice. GP practices displaying their confidentiality agreement in reception and on their website would encourage more trans patients to access the service.

All LGBT people felt improving visibility in waiting areas would encourage them to access services and disclose their LGBT identities during consultations.

“Make it far clearer that they are an LGBT friendly practice through displaying posters and making literature available. I feel that this would be very beneficial for the multi-cultural community that accesses the surgery as I am personally aware that it is difficult to be ‘out’ in some communities.”

***Gay man, Manchester***



# DISCLOSING SEXUAL ORIENTATION, GENDER IDENTITY AND TRANS STATUS

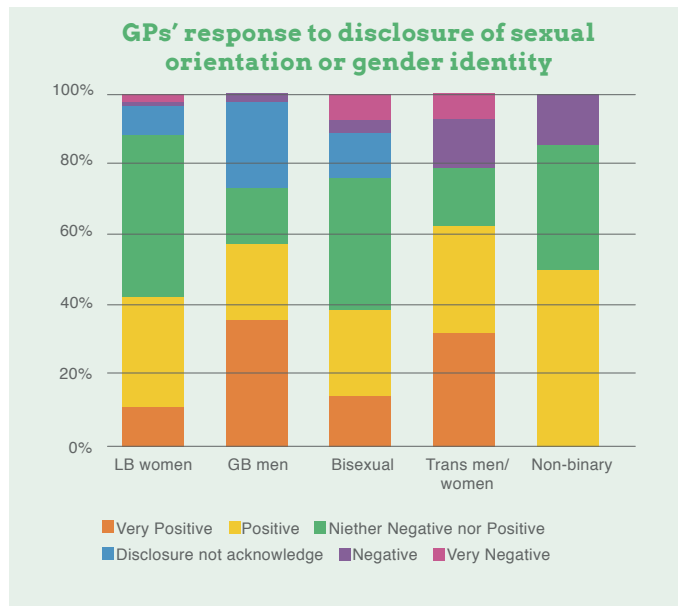
LGBT people linked being able to disclose their LGBT identity to fewer, better consultations and more appropriate treatment.

The survey identified that many health professionals lacked confidence in how, when or why to ask about sexual orientation, gender identity and trans status.

“The more I discuss issues re: sexual orientation the more I realise it is helpful not just to me but to the health professional and that by being open and having confidence to ask about my healthcare I think it gives them more confidence to ask me more important, personal and appropriate questions.”

**Gay man, Oldham**

## General Practice

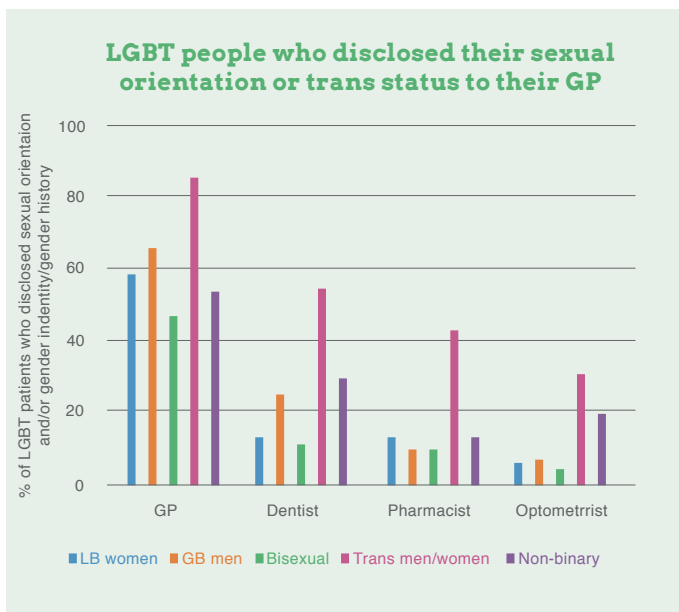


GB men are more likely to come out to their GP than LB women and more likely to get a positive or very positive response.

11.3% of bi people received negative reactions from their GP when coming out as bisexual.

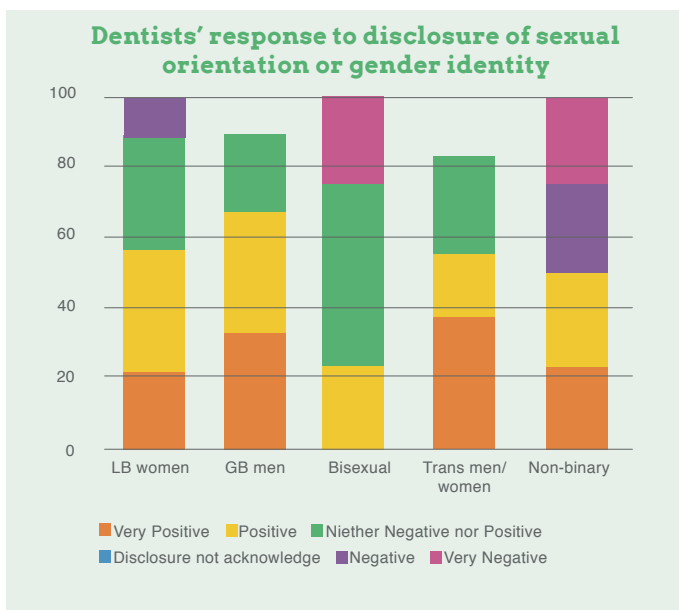
More trans men and trans women came out to their GP than any other group and trans men and trans women received the highest proportion of both negative and positive responses; over 20% of responses to disclosure were either negative or very negative while over 60% of responses to disclosure either positive or very positive.

Trans men and trans women are 30% more likely to disclose their trans status or gender history to their GP than non-binary people. Not one non-binary person who had disclosed their gender identity to a GP was met with a very positive response.



Across all primary care services, 53.4% of people had a positive or very positive response when they disclosed their sexual orientation and 44.4% had a positive or very positive response when they disclosed their trans status.

## Dentistry



GB men were more likely to disclose their sexual orientation than LB women to their dentist and more likely to receive a positive or very positive response.

Lesbian and gay people were almost twice as likely to have come out to their dentist compared to bi people.

Only 25% of bi patients had positive responses after coming out to a dentist, compared to 72% of positive reactions for lesbian and gay patients.

*“Went to the dentist about two years ago, and he gave me a stern talking to, it’s hard to say what he was talking about but I felt uncomfortable, he kept asking ‘Why are you so nervous?’ He didn’t undertake any treatment and I’ve not returned. I do now worry about my oral health as I didn’t state my true sexual orientation on the form I was provided that day.”*

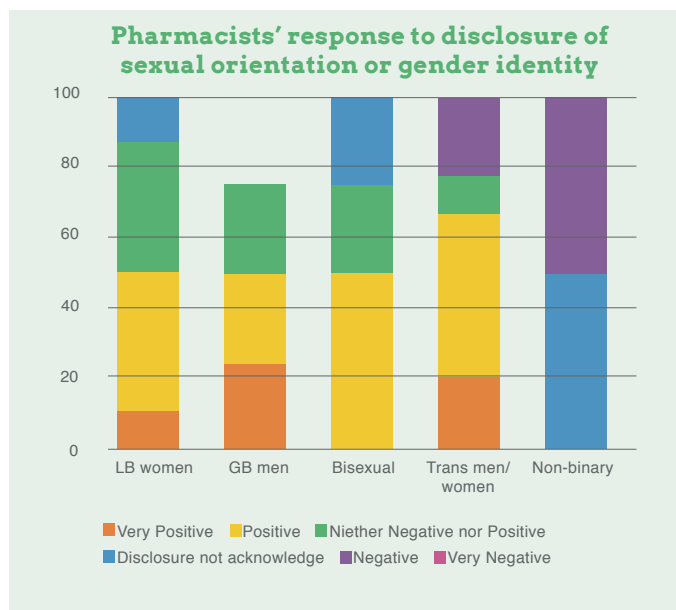
***Bisexual man, Chorley***

Non-binary people were 26% more likely to come out to their dentist than trans men and trans women.

No trans men or trans women received negative responses to the disclosure of their trans status from their dentist.

Half of non-binary people received negative responses to the disclosure of their trans status from their dentist.

## Pharmacy

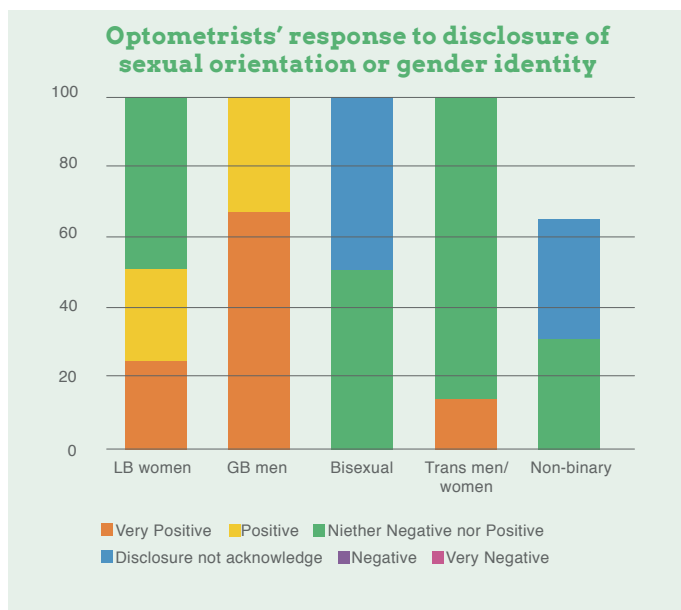


Those who had come out to pharmacists as LGB received positive or neutral responses.

Trans men and trans women were over 30% more likely to come out to their pharmacist than any other group.

None of the non-binary people who disclosed their gender identity to their pharmacist received a positive response. Over half of non-binary people received negative reactions from their pharmacist when they disclosed their trans status.

## Optometry



Lesbian and gay people were almost twice as likely to have come out to their optometrist as bi people.

Optometrists' responses to those coming out as bisexual and those coming out as non-binary were always neutral. Only 14% of responses from optometrists to trans men and trans women disclosing their trans status were positive.

For LGB people, no responses from optometrists to disclosure of their sexual orientation were negative, though many people described a neutral response.

### Responding Positively

LGBT people feel it is important that health professionals respond positively when a patient discloses they are LGBT.

*"The GPs in our practice are very used to dealing with the LGBT community, after all the surgery is in the heart of the Gay Village. So it is actually not an issue to discuss sexual orientation with the GPs and they just treat us as normal human beings, which of course we are!"*

**Gay man, Manchester**

Bisexual people described positive responses from a GP as being accepting and supportive, giving specific information relevant to their sexual orientation, and allowing open discussions when talking about their needs.

*"[My GP] just said it was fine and just to be careful of some of the things that happen in the community (chemsex, cruising etc) as I was presenting as male at the time prior to coming out as trans"*

**Bisexual trans woman, Manchester**

Many trans people who had positive experiences of dental care reported that practice staff were happy to change their name and title on the system and did so very easily.

*"I told them I had changed my name and title, they gave a friendly and cheerful reaction and congratulated me on my deed poll :D"*

**Gay trans man, Manchester**

LGBT people describing positive reactions from pharmacists said they were accepted for who they were and given LGBT specific and relevant information.

*"My pharmacist was very supportive and gave me information on the nearest groups"*

**Bisexual trans woman, Chester**

### Referrals to LGBT specific services

LGBT people shared positive experiences of using LGBT specific services, such as LGBT counselling or drug and alcohol services.

Very few patients reported being referred to LGBT specific services. 66% of trans patients and 48% of LGB patients discussed counselling with their GP and disclosed their LGBT identity but less than 5% of these patients had been referred to LGBT specific counselling services by their GP.

GPs can use this as an opportunity to refer people into LGBT specific social prescribing services to reduce loneliness and isolation and improve health and wellbeing in the long-term.

Some trans respondents reported that their GP had refused to refer them to a Gender Identity Clinic (GIC) because GPs didn't understand the need for the referral, while others had been told that being trans was a symptom of a mental illness.

## IMPROVING LGBT CARE

33% of people reported that their GP did not meet their needs as an LGBT person and 72% said they thought GP practices could improve services they offer their LGBT patients.

LGBT people wanted to see inclusive sexual health advice, improved access to health screenings, and more referrals to LGBT services.

“Sexual health discussions are often heteronormative from the outset, and therefore discourage me from being open about my sexuality.”

**Bisexual woman, Glossop**

Respondents wanted to see more targeted LGBT oral health information at their dentist.

A separate confidential room to discuss LGBT-specific needs would make the biggest difference for pharmacies, as a discussion could ‘out’ someone at the counter.

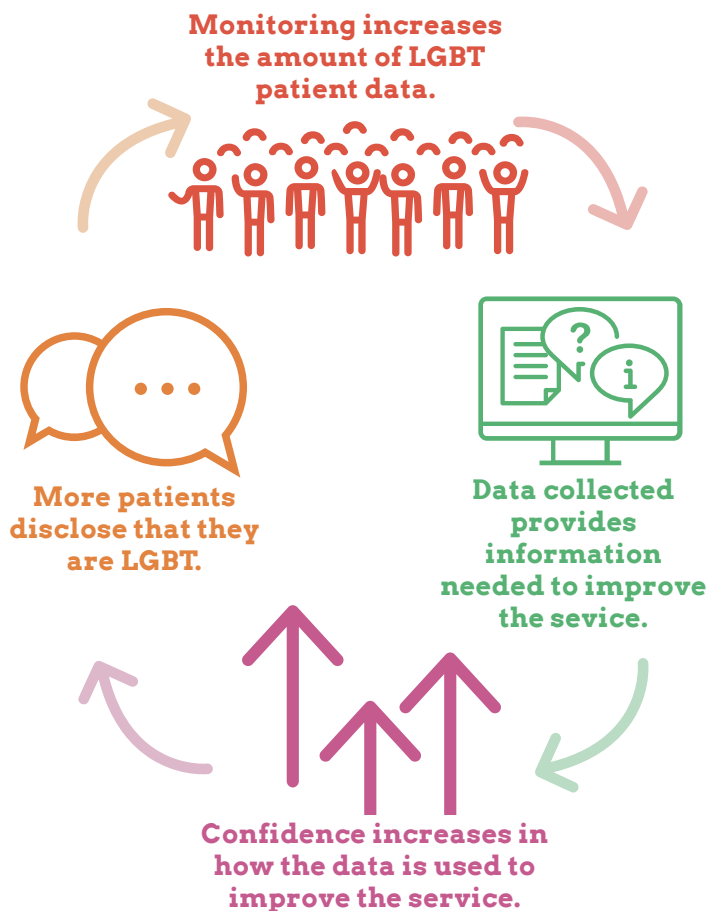
LGBT people identified the gendering of glasses frames in optical practices as a barrier, feeling this leads to assumptions about gender identity or being forced to comply with gender stereotypes.



# MONITORING SEXUAL ORIENTATION, GENDER IDENTITY AND TRANS STATUS

Currently there is limited data on the number of LGBT people accessing primary care services due to lack of system wide monitoring of sexual orientation and trans status.

Respondents said that understanding a service's confidentiality policy, having trust in a service, and seeing LGBT posters in waiting areas would encourage them to answer monitoring questions.



18% of LGB people and 21% of trans people said they would not disclose their sexual orientation or trans status to any primary care services on a monitoring form.

Around 80% of patients would disclose their sexual orientation and trans status at their GP. Fewer than 50% would disclose their sexual orientation and trans status at their dentist, pharmacy or optical practice.

78% of LGB people and 65% of trans people who would not currently disclose said they would be encouraged to do so if they saw monitoring being used to improve services.

**21.4%**  
more LGBT people

**62.1%**  
more trans men/trans women

**5.7%**  
more non-binary people

who disclosed their sexual orientation and trans status at their GP felt their GP met their needs as a LGBT person than people who didnt disclose their sexual orientaion and trans status.

None of the trans men or trans women who had not disclosed their trans status to their GP felt their GP met their needs as a LGBT person.





## PEOPLE LIVING WITH HIV

4.3% of respondents were living with HIV and 2.7% were unsure of their HIV status. A third of those who were unsure of their HIV status were non-binary, a third were LB women, and a third were GB men. Almost half of respondents who were unsure of their HIV status were trans.

Only one respondent living with HIV said their GP did not meet their needs; this was the one respondent living with HIV who had not disclosed their sexual orientation to their GP.

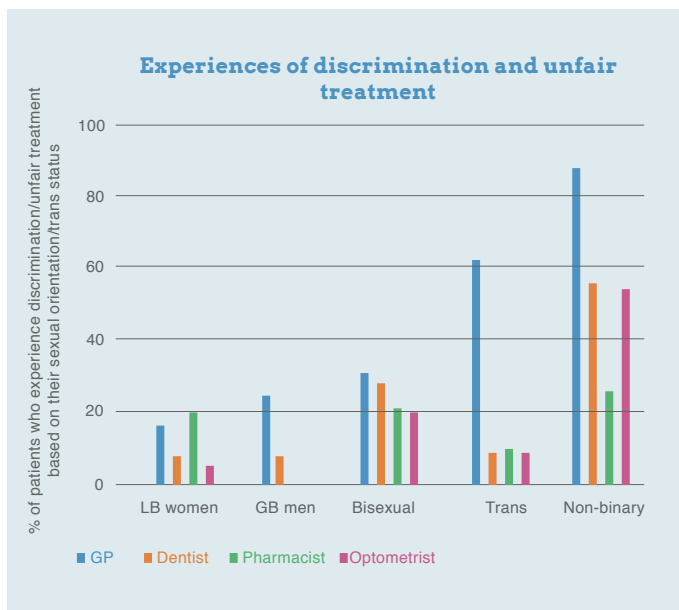
All respondents living with HIV felt pharmacies and optical practices met their needs. One HIV+ respondent felt their dental practice did not meet their needs as an LGBT person.

One person living with HIV reported that they were made to have the last dental appointment of the day as the dentist felt they posed a risk to other patients due to their HIV status



# HOMOPHOBIA, BIPHOBIA AND TRANSPHOBIA

21% of LGBT people had experienced homophobia, biphobia, transphobia, discrimination or unfair treatment based on their sexual orientation or gender identity from a primary care service.



Bisexual patients were three times more likely to experience discrimination or unfair treatment based on their sexual orientation.

One bisexual respondent reported their dentist was “horrible” about their mental health and weight as well as their sexual orientation, highlighting the importance of health professionals being accepting of all aspects of someone’s identity.

Trans patients were over 30% more likely to experience discrimination or unfair treatment at their GP. Fewer than 5% of trans patients experienced discrimination or unfair treatment at their dentist, pharmacy or optical practice. Some GPs were reluctant to treat LGB trans patients because they didn’t understand that people could be both trans and LGB.

Non-binary people experienced the highest prevalence of discrimination from all primary care services.

Trans patients felt unable to complain about discrimination they experienced because they did not expect to be taken seriously, did not know how to complain, and felt powerless.

Disabled LGBT people and BAME LGBT people were more likely to experience discrimination based on their sexual orientation or gender identity compared to the rest of the LGBT community. These respondents were also less likely to feel their GP met their needs. Primary care should consider the needs of their patient’s multiple protected characteristics as part of person-centred care.

**13%** of non-disabled LGBT people had experienced discrimination or unfair treatment based on their sexual orientation/gender identity at their GP.

**32%** of BAME LGBT people experienced discrimination or unfair treatment based on their sexual orientation/gender identity at their GP.

**16%** of white LGBT people experienced discrimination or unfair treatment based on their sexual orientation/gender identity at their GP.

**36%** of LGBT people experienced discrimination or unfair treatment based on their sexual orientation/gender identity at their GP.

# RECOMMENDATIONS

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## Inclusion

Primary care services should undertake LGBT training to increase their knowledge about LGBT specific health issues, ensuring LGBT patients are able to fully participate in health promotion activities, self-care, and wellbeing improvement strategies. Many trans people reported their GP was supportive but lacked knowledge about transition related healthcare. Pride in Practice enables GP practices to be able to support patients accessing gender identity services.

Monitoring is crucial for improving the health outcomes of LGBT communities. Knowing the sexual orientation and trans status of patients means primary care services are able to ensure equitable access to treatment and identify differences in treatment outcomes, as well as improving services offered to LGBT patients. Training and guidance on implementing sexual orientation and trans status monitoring is included as part of Pride in Practice.

## Expansion

Celebrate GP Practices, dental practices, optical practices and pharmacies who provide a high standard of care to LGBT communities through newsletters, on websites or with a bronze, silver, or gold Pride in Practice award.

Services can also demonstrate their commitment to equality through targeted campaigns and health promotion activities for LGBT communities, linking in with dates of significance for LGBT communities such as Lesbian, Bisexual and Trans Women's Health Week, Men's Health Week, and National HIV Testing Week, improving the relationship between primary care and LGBT communities throughout Greater Manchester.

## Voice

Empower LGBT people to be confident to take care of their health and wellbeing by always asking open questions rather than assuming sexual orientation or gender. A person-centered approach enables LGBT people to be active participants who make positive choices about their care.

Improving LGBT visibility by displaying LGBT posters and literature in waiting areas and wearing rainbow lanyards will show that all patients are welcome to be open about who they are. Make sure LGBT communities are visibly included in campaigns and health initiatives.

# GLOSSARY

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**Biphobia:** is the hatred, fear or lack of understanding of people who are bisexual.

**Bisexual:** someone who is attracted to people of the same gender and other genders.

**BAME:** abbreviation of the term Black, Asian and Minority Ethnic.

**Cis/Cisgender:** someone whose gender identity matches the gender they were given at birth.

**Cissexism/ Cis-normativity:** the assumption that everyone is cis. When a service or person does not consider the needs of people who are trans.

**Gay:** someone who is attracted to people of the same gender.

**Gender identity:** a way of describing the gender with which a person identifies.

**Gender incongruence:** describes the situation where a person's gender is different to the gender they were assigned at birth.

**Heterosexism/ Hetero-normativity:** the assumption that everyone is straight. When a service or person does not consider the needs of people who are LGB.

**Heterosexual:** someone who is exclusively attracted to people of a different gender from themselves.

**Homophobia:** is the hatred, fear or lack of understanding of people who are gay or lesbian, or those who are perceived to be.

**Lesbian:** a woman who is attracted to other women. Women who are attracted to other women may identify as lesbian or as gay women.

**LGB:** the abbreviation of lesbian, gay and bisexual.

**LGBT:** the abbreviation of lesbian, gay, bisexual and trans.

**Misgender:** using words, phrases or pronouns that don't match a person's gender identity, e.g. referring to a trans man as 'she' or referring to a butch woman as 'he'.

**MSM:** refers to men who have sex with men but do not necessarily identify as gay or bisexual.

**Non-binary:** Someone who does not identify as a man or a woman, or who identifies as both, or as something else completely.

**Sexual orientation:** a way of describing those you are emotionally and sexually attracted to.

**Trans:** an umbrella term to refer to anyone whose gender identity doesn't completely match the gender they were given at birth. This includes, but is not limited to, trans women, trans men, and non-binary people.

**Trans Woman:** A woman who is trans. Somebody whose gender identity is woman and who was assigned male at birth.

**Trans Man:** A man who is trans. Somebody whose gender identity is man and who was assigned female at birth.

**Transphobia:** is the hatred, fear or lack of understanding of trans people or people whose gender identity and/or gender expression differs from the gender they were assigned at birth.

**Transition:** Often used to describe the process a trans person goes through from being known as one gender to being known as another. This transition may be social, involving a change of name and presentation and it may involve medical intervention in the form of hormone replacement therapy and/or surgery. This term however can mean different things to different people. Some people prefer the term gender reassignment.

**WSW:** refers to women who have sex with women but do not necessarily identify as gay, lesbian or bisexual.

