**Appendix 5**

**Lesbian, Gay, Bisexual and Transgender (LGBT) Experiences of Primary Care in Hull**

EXECUTIVE SUMMARY

* This survey included an online questionnaire answered by 78 people, aged from 18-74 (with 12% being over 55) from across the LGBT spectrum in Hull and 3 qualitative focus groups with a total of 13 people from the local LGBT community. They were asked a broad range of questions about their experiences of Primary Care in the City.
* Survey respondents indicated a wide and frequent use of Primary Care services, ranging from GPs, Practice Nurses and Pharmacists to Community Nurses and Community Mental Health Professionals. Most respondents reported accessing services between 2-5 times a year with 26% indicating between 6 and 10 instances per year.
* Overall there were high levels of satisfaction with the care that LGBT people received from Primary Care services and professionals in Hull. The majority of survey respondents felt they always received ‘excellent care’ from Primary Care professionals and a clear majority felt comfortable in disclosing their LGBT status to a Primary Care professional.
* Of the 39 respondents who had accessed sexual health services in Hull almost 80% felt their sexual health needs had been fully met and the majority of respondents would recommend the service to their friends.
* The majority of the relatively small negative responses within both the survey and focus groups focussed on two issues – 1) Lesbians sometimes felt that they were treated as heterosexual – offered pregnancy test for instance – even after disclosing their sexuality and 2) amongst the small number not comfortable with disclosing their sexuality there was a belief that this could cause a negative reaction.
* Another less positive finding from the survey and focus groups was that transgendered respondents reported that Primary Care professionals often have poor levels of knowledge about transgender issues and the process of gender change.

RECOMMENDATIONS

* Adopting strategies to promote a non-heteronormative healthcare environment for patients may provide LCBT service users with some confidence that disclosure will not be met with judgement. For example, simple steps such as signalling that the organisation is LGBT friendly, providing gay friendly literature/magazines, displaying posters featuring same sex couples, and providing brochures for LGBT support groups may reassure some LGBT patients.
* Having knowledge of the sexual orientation/identity of a service user pre consultation may be a valuable component of the encounter, as it can guide the interactions during the consultation. If a patient has previously self-identified, data suggests it is frustrating to have this disclosure ignored.
* Every healthcare encounter is an opportunity to have a positive effect on the health of a service user. Health professionals, practitioners and all other staff working in primary care should maximise this potential by learning more about LGBT identities and needs and move towards greater LGBT cultural competency.