

## LGBTQ+ URGENT CARE

CCG ENGAGEMENT REPORT

SWITCHBOARD  
COMMUNITY BASE, 113 QUEENS ROAD, BRIGHTON, BN1 3XG

## THE LGBTQ HEALTH AND INCLUSION PROJECT (HIP)

Brighton and Hove NHS Clinical Commissioning Group (BHCCG) have commissioned the LGBTQ Health and Inclusion Project at Switchboard to engage with local lesbian, gay, bisexual and trans\* 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 LGBTQ HIP, and should not be taken as a position statement of Switchboard or of any participating organisation.***

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# Introduction

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*"When people are ill out of surgery hours, they need a responsive service that will establish a prompt and accurate diagnosis. The quality and safety of care out of hours is therefore very important." - Royal College of General Practitioners (RCGP 2019)*

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This report presents data from an online survey of perceptions and experience of NHS urgent care service use among LGBTQ+ people who live, work, study or socialise in Brighton and Hove. 84 valid responses were collected, and a number of trends were identified. The aim was to identify the needs of LGBTQ+ communities in accessing Urgent Care and to provide recommendations regarding steps that can be taken to meet these needs in service planning and delivery.

The engagement aimed to identify existing strengths to build upon, and areas of need in relation to ensuring full LGBTQ+ inclusion and accessibility in Urgent Care services. As the above quote from the RCGP attests, there are particular pressures on both patients and service providers in Urgent Care settings, and the quality and safety of care in this setting is therefore particularly important.

For the purpose of this engagement, Urgent Care is defined as care accessed when you need physical or mental health help the same day, but it is not a 999 or A&E emergency. It can help you when your regular GP practice is closed and you need same-day medical help.

The engagement indeed found both strengths and areas for improvement, as well as highlighting the additional stresses inherent to the Urgent Care setting.

## What is Urgent Care?

Urgent Care is "the range of responses that health and care services provide to people who require—or who perceive the need for—urgent advice, care, treatment or diagnosis." (RCGP 2019)

For the purpose of this engagement, Urgent Care is defined as care accessed when you need physical or mental health help the same day, but it is not a 999 or A&E emergency. It can help you when your regular GP practice is closed and you need same-day medical help.

In the survey, we define Urgent Care as any form of medical attention needed on the same day but that is not immediately life-threatening. This includes:

- Injuries
- Illnesses or other ailments
- Any other medical condition (including mental health) where the person seeks advice from a health

professional such as a GP, pharmacist, NHS 111 or a Walk-in-Centre

Urgent Care is different than Emergency Care. Emergency care is defined as being for 'immediate or life threatening conditions, or serious injuries or illnesses'. Emergency care services include: A&E and 999.

**NOTE ON PEP:** Sexual Health Clinics do not fall under the remit of the CCG's definition of 'Urgent Care', so we don't ask about them in this survey. We intend to carry out future engagement into sexual health, including PEP, in 2019/2020.

## Review of 2013 Urgent Care engagement

HIP also carried out engagement into Urgent Care in 2013. Key findings from this 2019 report will be compared with those found in the report produced six years ago to track any change, progress or challenges to this.

The 2013 engagement highlighted the need to investigate further procedures around administering PEP in urgent care contexts. The previous engagement found that some respondents reported that some staff seemed unaware of the time-sensitive nature of PEP effectiveness, including a report of a person being advised by A&E staff to wait several days for a sexual health appointment to receive this. For this reason, the current survey dedicates a section to questions about accessing PEP in urgent care, focusing on timeliness and quality of care. As noted in the introduction, this survey does not cover A&E and Sexual Health Clinic access for PEP, and will instead be addressed in a future engagement topic.

The 2013 report also found that there was not a significant demand for LGBTQ+ specific outreach and promotion regarding Urgent Care services per se, but that it would be more valuable for services and their promotional materials to integrate LGBTQ+ inclusion in their messaging and imagery in general and as standard. Training for staff was identified as a key way of achieving this. Furthermore, a question about the most effective methods for reaching LGBTQ+ people with these communications also yielded a lack of statistically significant results. In response to this, the current survey does not ask questions focusing on whether and how to target LGBTQ+ communities in urgent care promotion.

# Method: Online Survey

Engagement was carried out via online survey, using the SurveyMonkey online platform. The survey was publicised through the HIP mailing list of individuals who wish to be kept informed of HIP activities, through the contacts of LGBT HIP and using LGBT HIPs social networking facilities (Facebook and Twitter). The survey was available over a three week period in March/April 2019. Qualitative responses were reviewed to identify key themes and extend quantitative findings. Anonymous quotes from these responses are used to provide illustrative examples throughout the report.

The survey was split into two parts: an equalities monitoring section capturing respondent demographics, and the body of the survey with questions about experiences, awareness and attitudes regarding Urgent Care.

## Screening question

Prior to being able to access the survey, a screening question was asked to ensure all participants were eligible:

**This survey is for people who both:**

**Self-identify as LGBTQ+ (lesbian, gay, bisexual, trans\*, queer, questioning, and any other gender/sexual minority)**

**and**

**Who live, work, study or socialise in Brighton & Hove**

**Does this describe you?**

ANSWER CHOICES	RESPONSES	
Yes	97.67%	84
No	2.33%	2
TOTAL		86

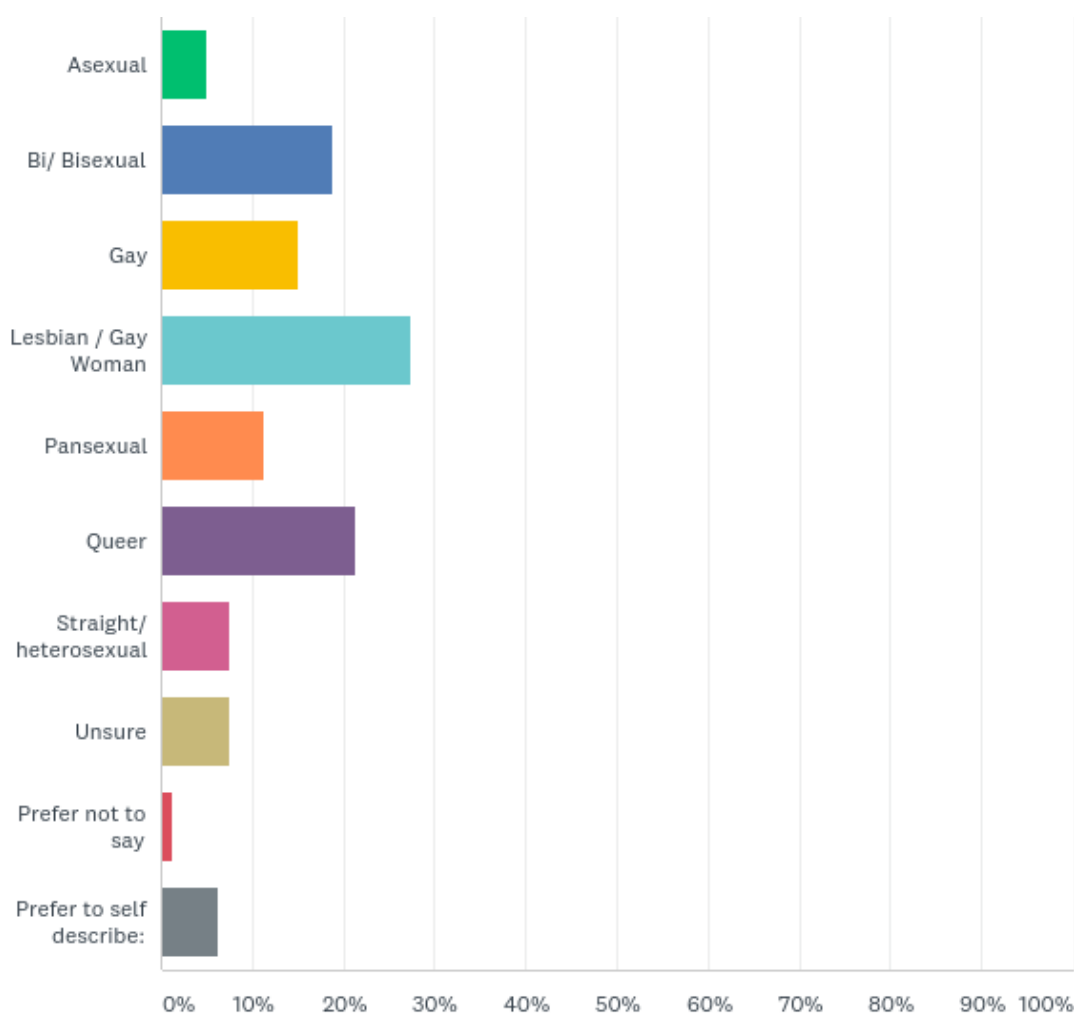
exclusions for ineligibility or insufficient survey completion, the total number of respondents was 84. Not all respondents answered each question and response rates are indicated question by question. Many questions offered an option of multiple responses.

# Respondent demographics

Equalities monitoring information captured data on sexual orientation, gender, trans status, intersex status, age, race and ethnicity, faith and belief, disability and neighbourhood. Where possible, options are provided in alphabetical order to avoid creating a hierarchy of legitimacy in options, and an option to 'prefer not to say' or to 'prefer to self-describe' was given where appropriate. These questions were optional, not mandatory, and information was provided about how the information would be used, stored securely and not used to identify individuals.

## 1. Sexual orientation

**How do you describe your sexual orientation?**

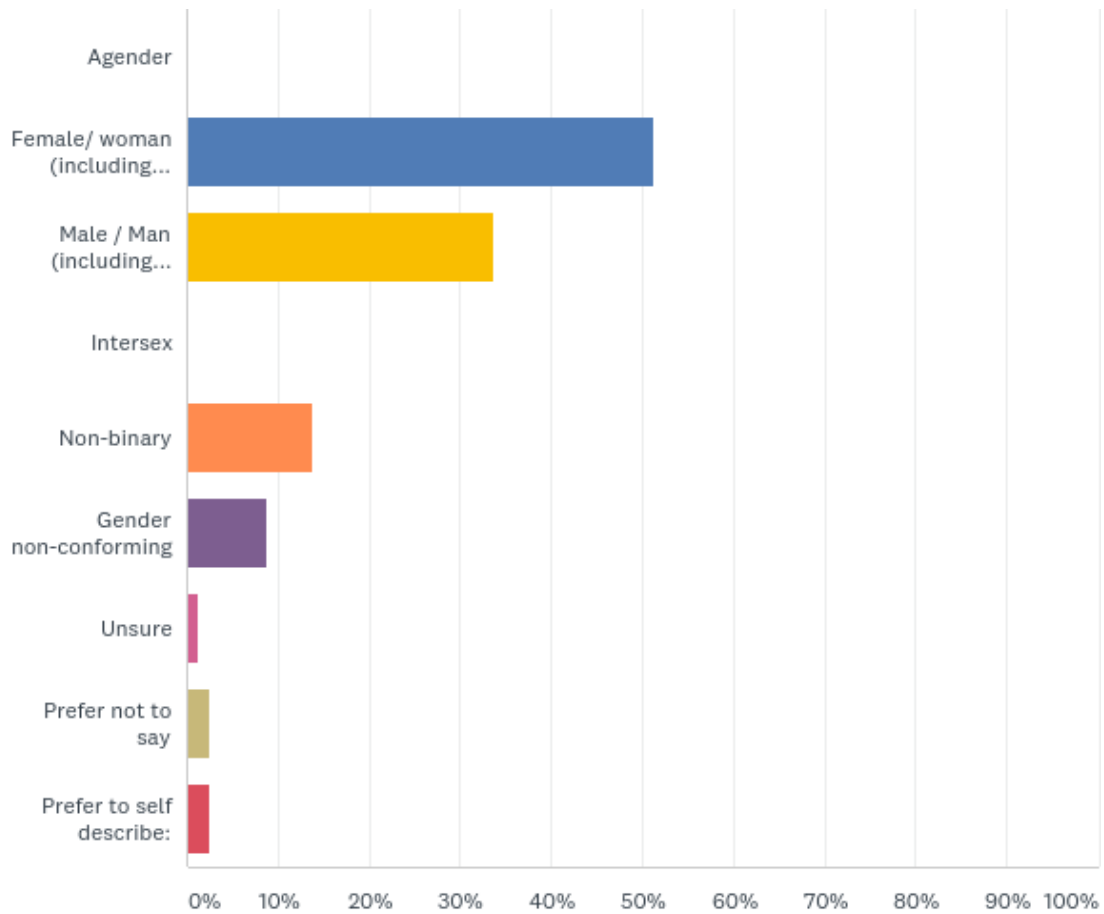


ANSWER CHOICES	RESPONSES	
Asexual	5.00%	4
Bi/ Bisexual	18.75%	15
Gay	15.00%	12
Lesbian / Gay Woman	27.50%	22
Pansexual	11.25%	9
Queer	21.25%	17
Straight/ heterosexual	7.50%	6
Unsure	7.50%	6
Prefer not to say	1.25%	1
Prefer to self describe:	6.25%	5
Total Respondents: 80		

#	PREFER TO SELF DESCRIBE:
1	Demisexual
2	Same sex relationship
3	Bisexual Lesbian
4	same sex attraction
5	do not use any description / definition

## 2. Gender

### How do you describe your gender?

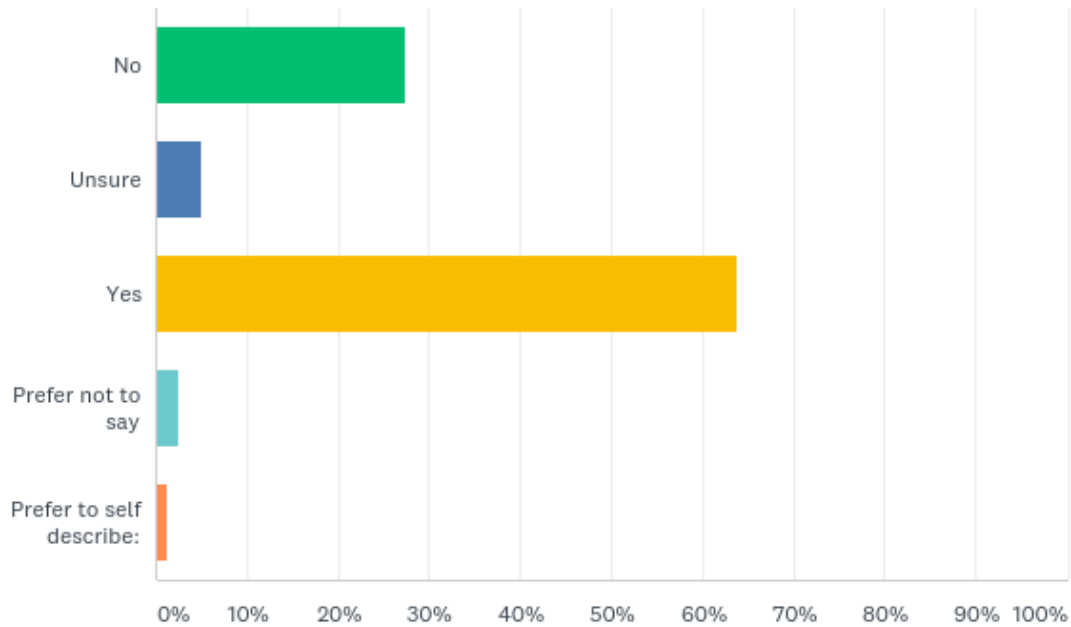


ANSWER CHOICES	RESPONSES	
Agender	0.00%	0
Female/ woman (including trans woman)	51.25%	41
Male / Man (including trans man)	33.75%	27
Intersex	0.00%	0
Non-binary	13.75%	11
Gender non-conforming	8.75%	7
Unsure	1.25%	1
Prefer not to say	2.50%	2
Prefer to self describe:	2.50%	2
Total Respondents: 80		

#	PREFER TO SELF DESCRIBE:
1	Androgynous Woman
2	Genderfluid

### 3. Trans status

**Is your gender the same as the gender you were assigned at birth?**

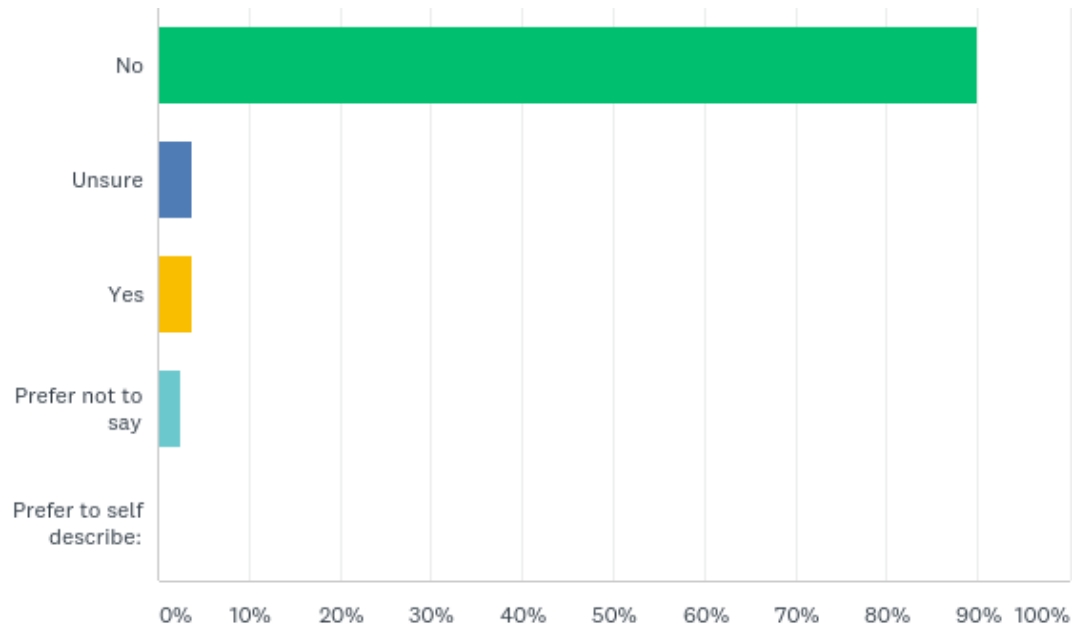


ANSWER CHOICES		RESPONSES	
No		27.50%	22
Unsure		5.00%	4
Yes		63.75%	51
Prefer not to say		2.50%	2
Prefer to self describe:		1.25%	1
TOTAL			80

#	PREFER TO SELF DESCRIBE:
1	Sometimes

#### 4. Intersex status

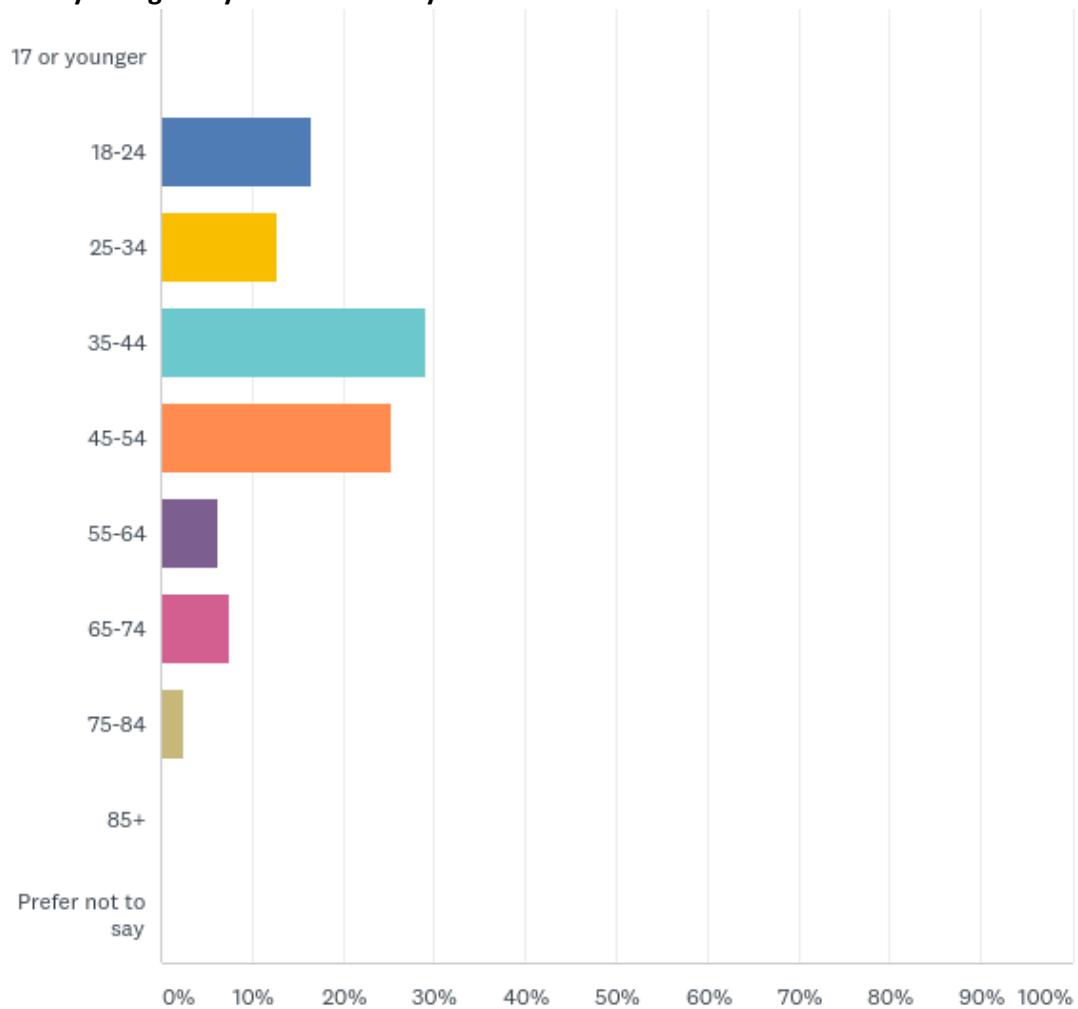
**Do you have an intersex variation? Intersex is a term for people born with atypical physical sex characteristics. There are many different intersex traits or variations.**



ANSWER CHOICES	RESPONSES	
No	90.00%	72
Unsure	3.75%	3
Yes	3.75%	3
Prefer not to say	2.50%	2
Prefer to self describe:	0.00%	0
TOTAL		80

## 5. Age

What was your age at your last birthday?



ANSWER CHOICES	RESPONSES	
17 or younger	0.00%	0
18-24	16.46%	13
25-34	12.66%	10
35-44	29.11%	23
45-54	25.32%	20
55-64	6.33%	5
65-74	7.59%	6
75-84	2.53%	2
85+	0.00%	0
Prefer not to say	0.00%	0
TOTAL		79

## 6. Race and ethnicity

### How do you describe your race/ethnic origin?

80 responses

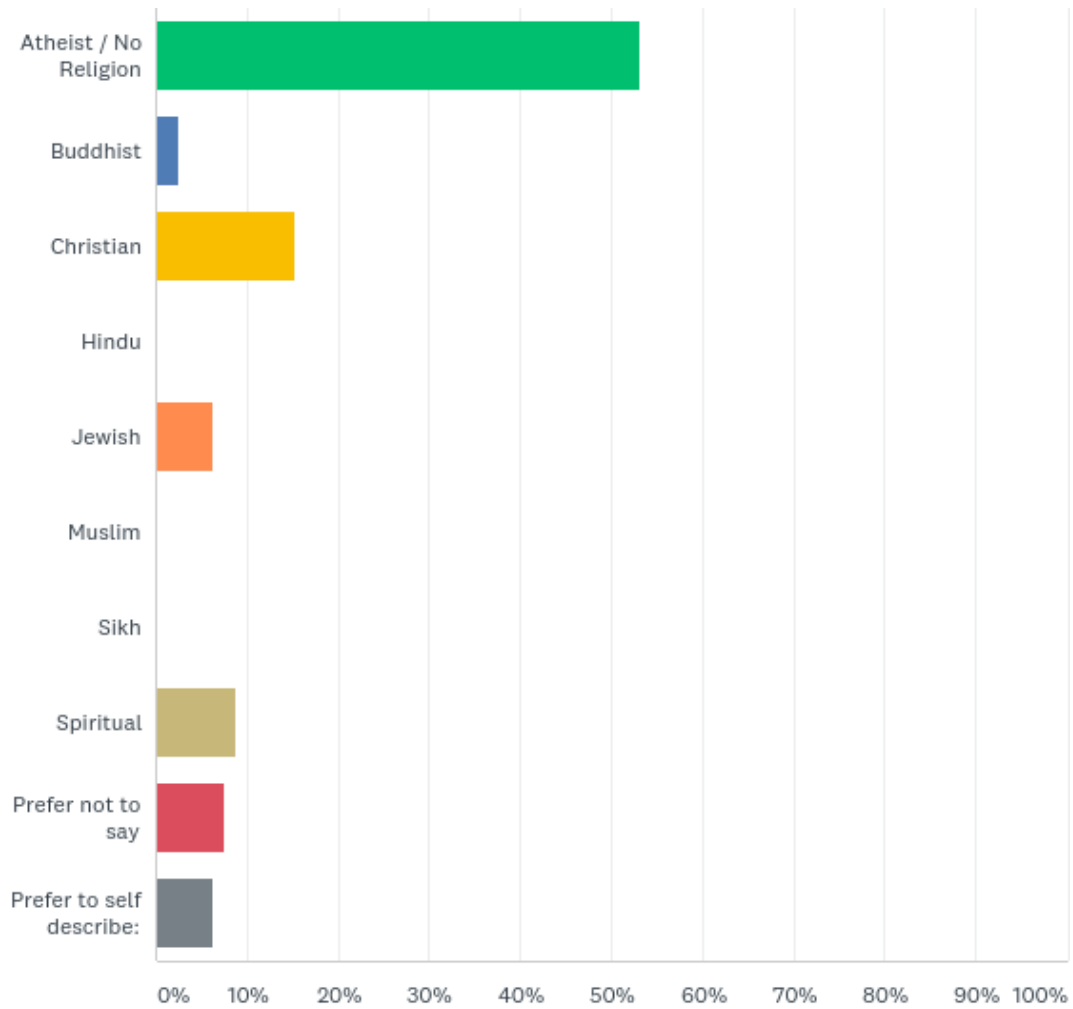
ANSWER CHOICES	RESPONSES	
Asian/ Asian British: Bangladeshi	0.00%	0
Asian/ Asian British: Chinese	1.25%	1
Asian/ Asian British: Indian	0.00%	0
Other Asian background: Pakistani	0.00%	0
Other Asian background: Thai	0.00%	0
Black/ Black British: African	0.00%	0
Black/ Black British: Caribbean	0.00%	0
Black/ Black British: Other black background	0.00%	0
Mixed: White and Asian	0.00%	0
Mixed: White and Black	0.00%	0
Mixed: African	0.00%	0
Mixed: Asian	0.00%	0
Other Mixed background	1.25%	1
Other Ethnic Group: Arab	0.00%	0
Other Ethnic Group: Not known	1.25%	1
Other Ethnic Group: Turkish	0.00%	0
White: British	72.50%	58
White: European	10.00%	8
White: Irish	3.75%	3
White: Gypsy/ Traveller	0.00%	0
Other white background	11.25%	9
Prefer not to say	0.00%	0
Prefer to self describe:	2.50%	2
Total Respondents: 80		

#	PREFER TO SELF DESCRIBE:
1	Asian: Burmese
2	Mixed race

White British: 58 ; White total: 78 ; BAME total: 4

## 7. Faith and belief

**If you have a religion, faith, or spirituality, how would you describe it?**

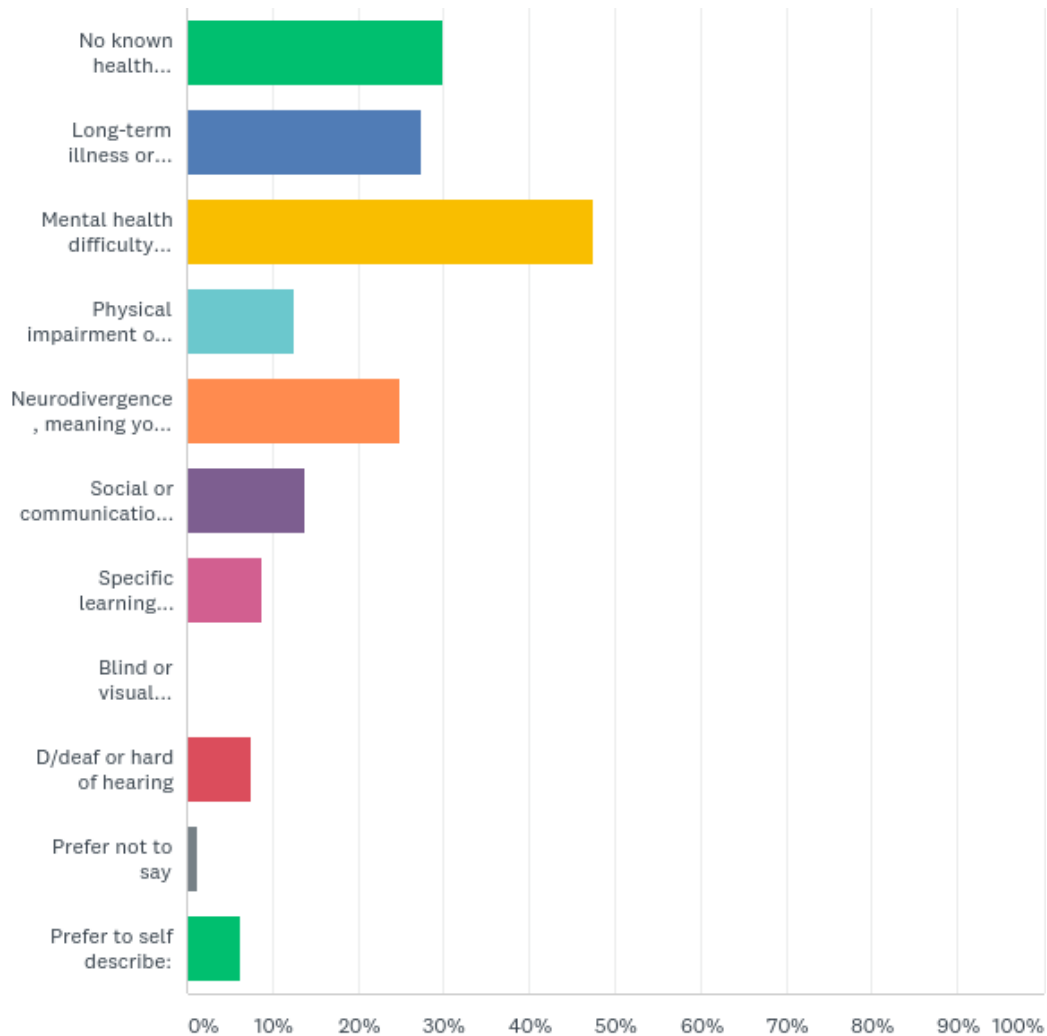


ANSWER CHOICES	RESPONSES	
Atheist / No Religion	53.16%	42
Buddhist	2.53%	2
Christian	15.19%	12
Hindu	0.00%	0
Jewish	6.33%	5
Muslim	0.00%	0
Sikh	0.00%	0
Spiritual	8.86%	7
Prefer not to say	7.59%	6
Prefer to self describe:	6.33%	5
TOTAL		79

#	PREFER TO SELF DESCRIBE:
1	Humanist
2	pagan
3	Agnostic
4	Unsure
5	Humanist

## 8. Disability

**Do you live with a health condition, impairment, learning difference, or neurodivergence that shapes your day to day activities?**

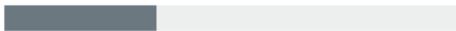




ANSWER CHOICES	RESPONSES	
No known health condition, impairment, learning difference, or neurodivergence	30.00%	24
Long-term illness or health condition (e.g. cancer, chronic heart disease, diabetes, epilepsy, HIV)	27.50%	22
Mental health difficulty (e.g. addiction, anxiety, depression, eating disorders)	47.50%	38
Physical impairment or mobility issues (e.g. difficulty using your arms, using a wheelchair)	12.50%	10
Neurodivergence, meaning your brain or mind works very differently from social views of what is 'normal' (e.g. AD(H)D, Asperger's syndrome/ other autistic spectrum condition, bipolar, dyscalculia, dyslexia, dyspraxia, Tourette syndrome)	25.00%	20
Social or communication condition (e.g. a speech and language impairment, Asperger's syndrome/ other autistic spectrum condition)	13.75%	11
Specific learning difficulty (SpLD) (e.g. AD(H)D, dyscalculia, dyslexia, dyspraxia)	8.75%	7
Blind or visual impairment that can't be fixed with glasses	0.00%	0
D/deaf or hard of hearing	7.50%	6
Prefer not to say	1.25%	1
Prefer to self describe:	6.25%	5
Total Respondents: 80		

#	PREFER TO SELF DESCRIBE:
1	Serious nut allergy
2	im shy
3	Gynocological condition with daily pain
4	Life-long asthmatic (managed/controlled - but on meds)
5	ME/CFS. Acute light and sound sensitivity. Need for lots of alone time

## 9. Neighbourhood

80 responses

▼ BN1		33.75%	27
▼ BN2		30%	24
▼ BN3		18.75%	15

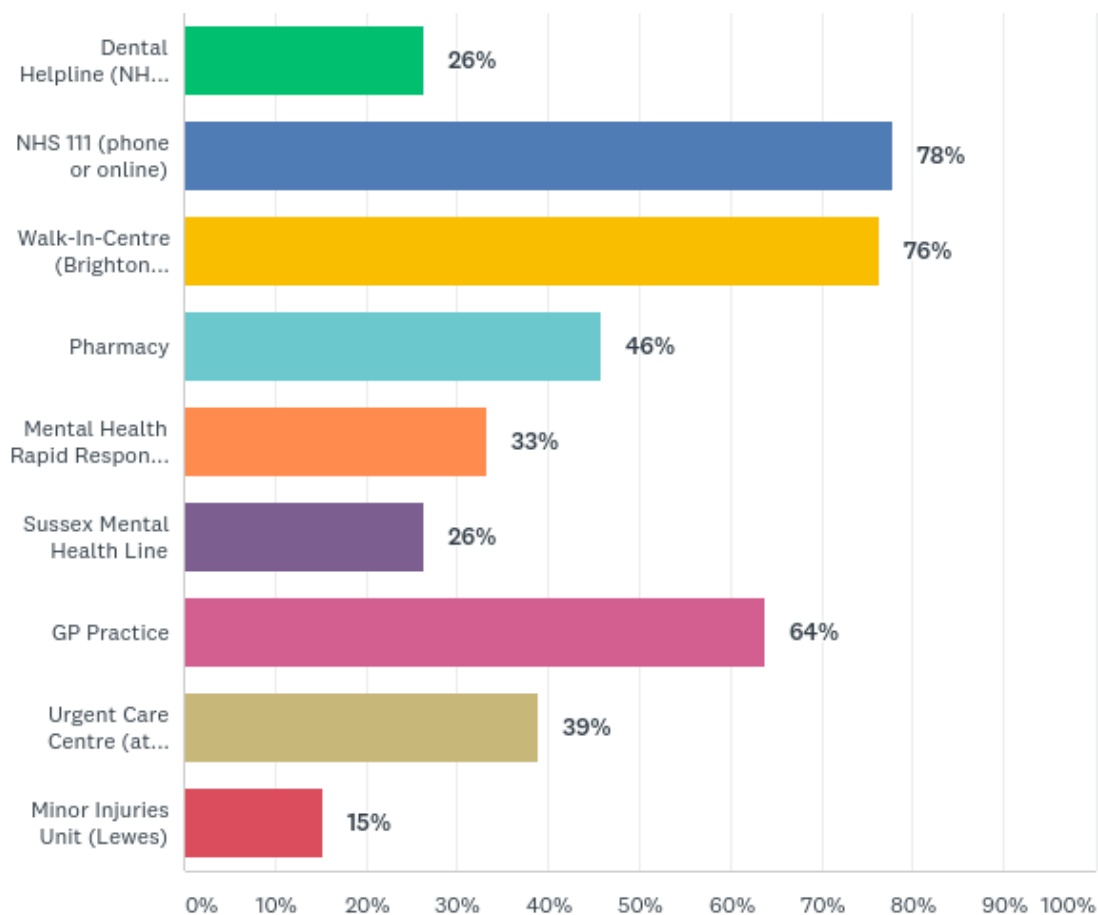
- BN25 (X2)
- BN26
- BN42
- BN9
- BN7
- RH15
- RG7
- CT7
- BN7
- BS3
- 5JJ
- BN21
- BN11

# Survey Findings

Findings of the survey are presented as a whole (i.e. all LGBTQ+ respondents) and in a specific breakdown of responses from TNBI respondents, to highlight the particular experiences of these communities.

## Awareness of Urgent Care

*Q1. Before completing this survey, did you know that you can access NHS Urgent Care at these places from Brighton and Hove? Please tick the options you were aware of.*

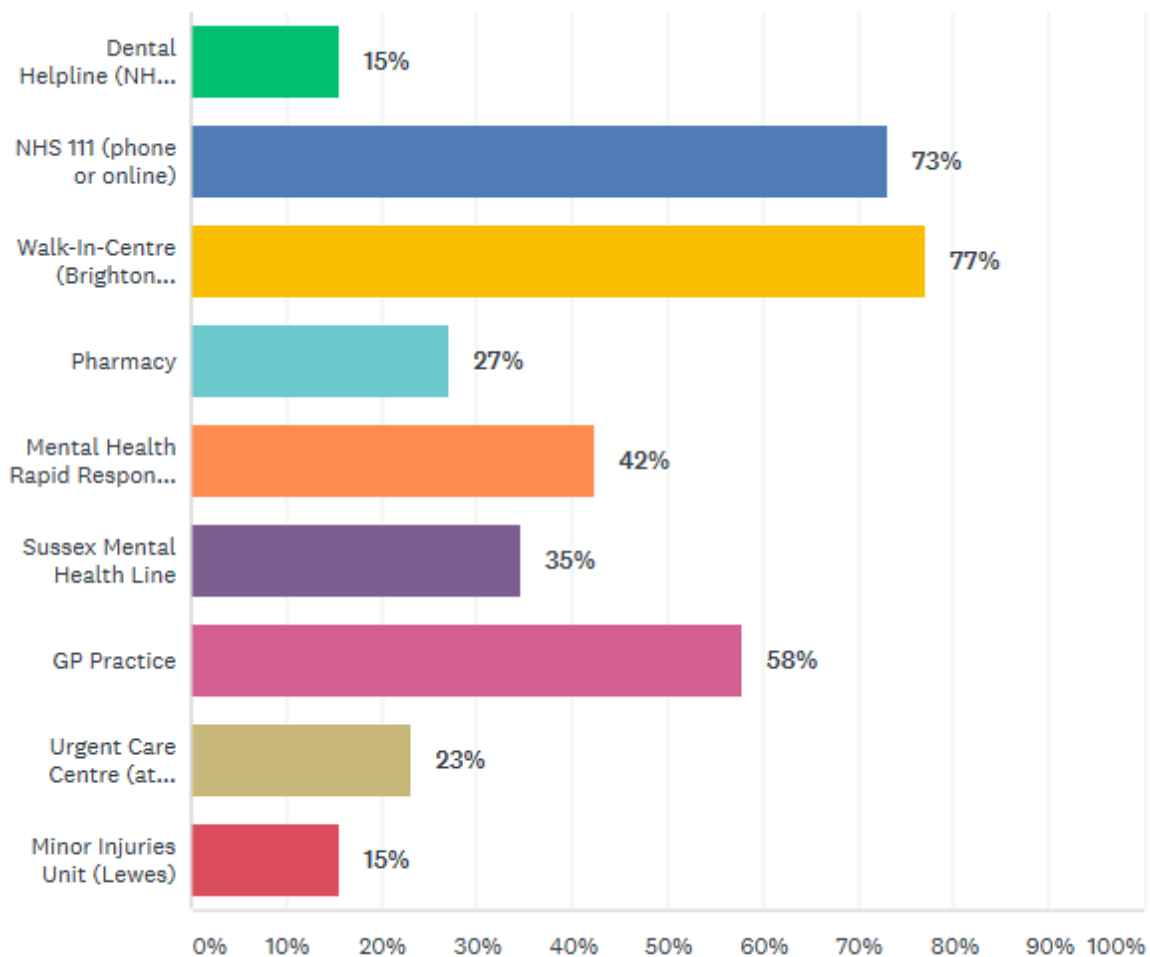


ANSWER CHOICES	RESPONSES	
Dental Helpline (NHS 111)	26%	19
NHS 111 (phone or online)	78%	56
Walk-In-Centre (Brighton Station)	76%	55
Pharmacy	46%	33
Mental Health Rapid Response Service (MHRRS)	33%	24
Sussex Mental Health Line	26%	19
GP Practice	64%	46
Urgent Care Centre (at Royal Sussex County Hospital)	39%	28
Minor Injuries Unit (Lewes)	15%	11
Total Respondents: 72		

- The services with the highest levels of awareness were NHS 111 and the Brighton Station Walk-In centre, at nearly 8 in 10
- 64% knew they could request urgent care from their GP, but then awareness dropped off to much lower rates for the remaining options:
- Just less than half were aware their Pharmacy could be a resource for urgent care needs
- 39% were aware of the Urgent Care Centre at RSCH
- A third were aware of the MHRRS
- Around a quarter were aware of the Dental helpline and Sussex Mental Health Line, suggesting that these are resources that would benefit from clearer promotion
- This is also true for
- Only 15% were aware of the Lewes minor injuries unit, however it is important to note that the vast majority of respondents are based in Brighton & Hove, so a significantly lower result is to be expected

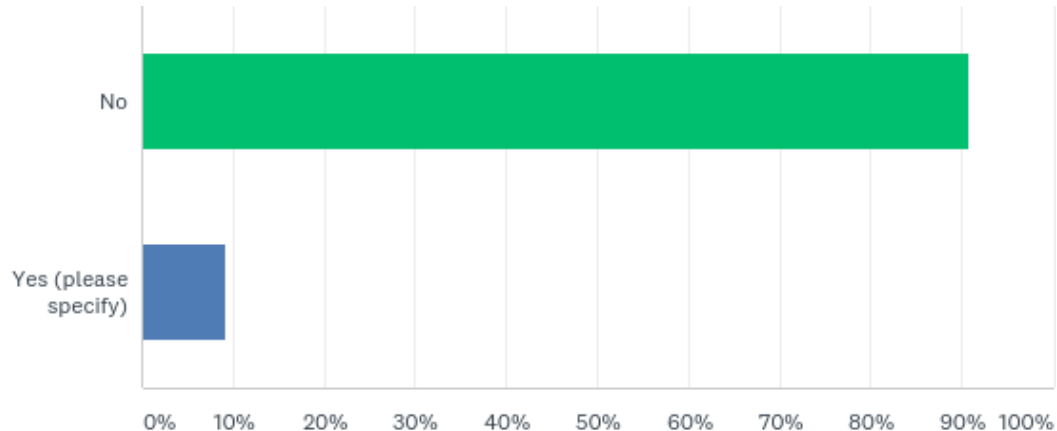
#### Trans\* specific break-down

The following chart shows a breakdown of results specifically for trans, non-binary and intersex respondents:



ANSWER CHOICES	RESPONSES	
▼ Dental Helpline (NHS 111)	15%	4
▼ NHS 111 (phone or online)	73%	19
▼ Walk-In-Centre (Brighton Station)	77%	20
▼ Pharmacy	27%	7
▼ Mental Health Rapid Response Service (MHRRS)	42%	11
▼ Sussex Mental Health Line	35%	9
▼ GP Practice	58%	15
▼ Urgent Care Centre (at Royal Sussex County Hospital)	23%	6
▼ Minor Injuries Unit (Lewes)	15%	4
Total Respondents: 26		

Q2: Have you seen any campaigns locally about Urgent Care services in the last 12 months? If yes, please tell us what in the comment box.



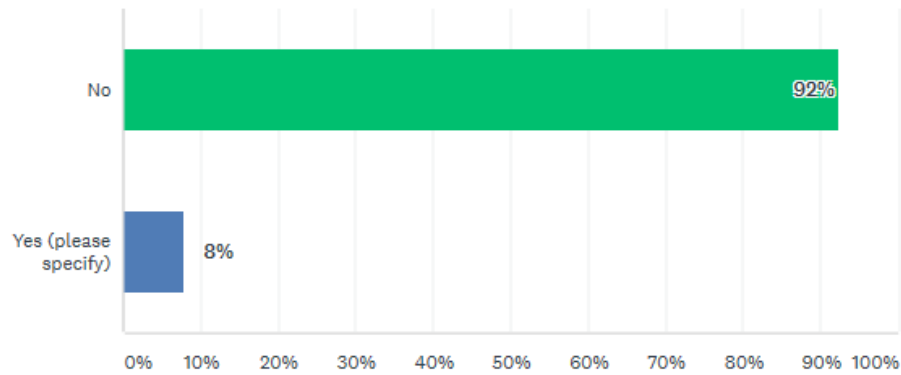
ANSWER CHOICES	RESPONSES
▼ No	91% 69
▼ Yes (please specify) <span>Responses</span>	9% 7
<b>TOTAL</b>	<b>76</b>

#	YES (PLEASE SPECIFY)
1	Choose the right service
2	Posters at GP surgery saying only one of these people needs to go to A&E
3	i have seen the posters making suggestions of where you go for what
4	Pain relief
5	Keep well in winter
6	Info on a tv screen in Gp surgery
7	don't remember what

- The vast majority of respondents, 9 in 10, had not seen a campaign locally regarding urgent care in the last 12 months

Trans\* specific break-down

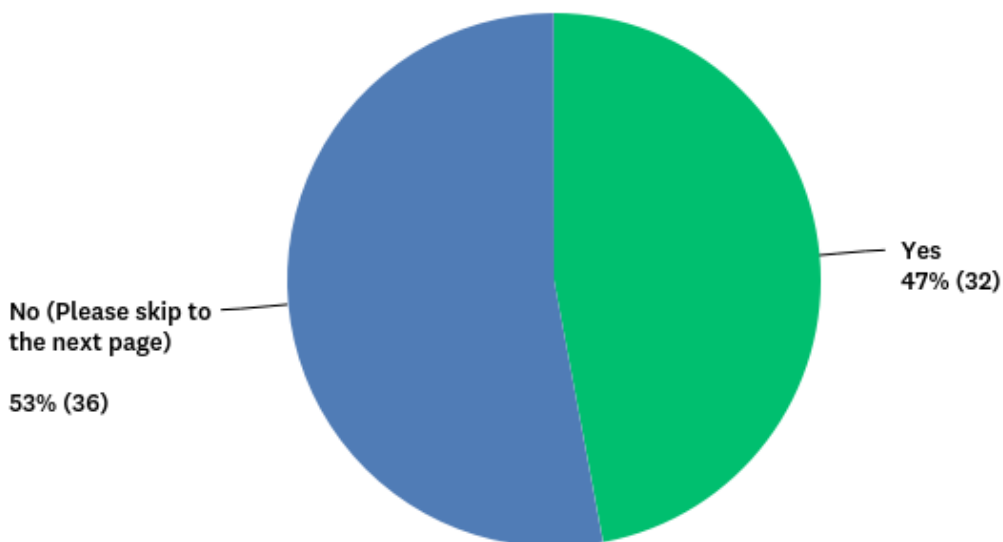
The following chart shows a breakdown of results specifically for trans, non-binary and intersex respondents:



ANSWER CHOICES	RESPONSES	
▼ No	92%	24
▼ Yes (please specify)	8%	2
TOTAL		26

## Experiences of Urgent Care

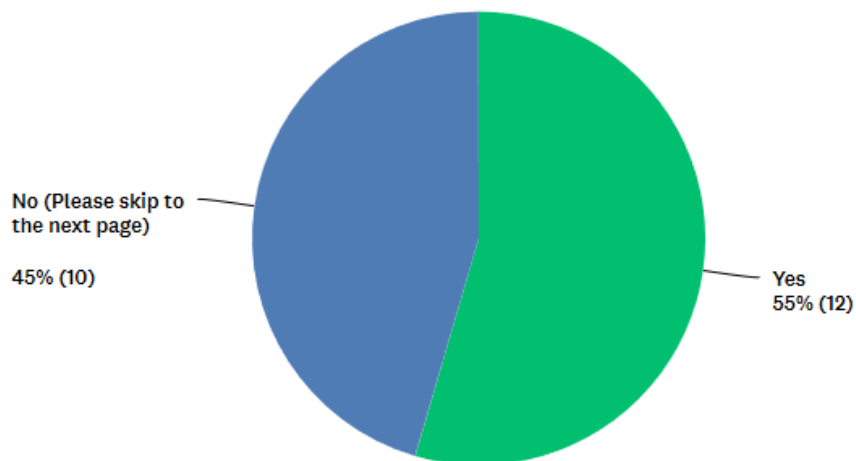
*Q3: Have you accessed any NHS Urgent Care services in the past 12 months? If 'no', please feel free to scroll down and skip to the next page.*



- A slight minority of LGBTQ+ respondents overall had accessed urgent care in the last 12 months, at 47%
- This section was intended only for those who had experience of urgent care in the last 12 months. Q3 served as a self-screening question, meaning that those who had not accessed care did not answer the following questions in this section.

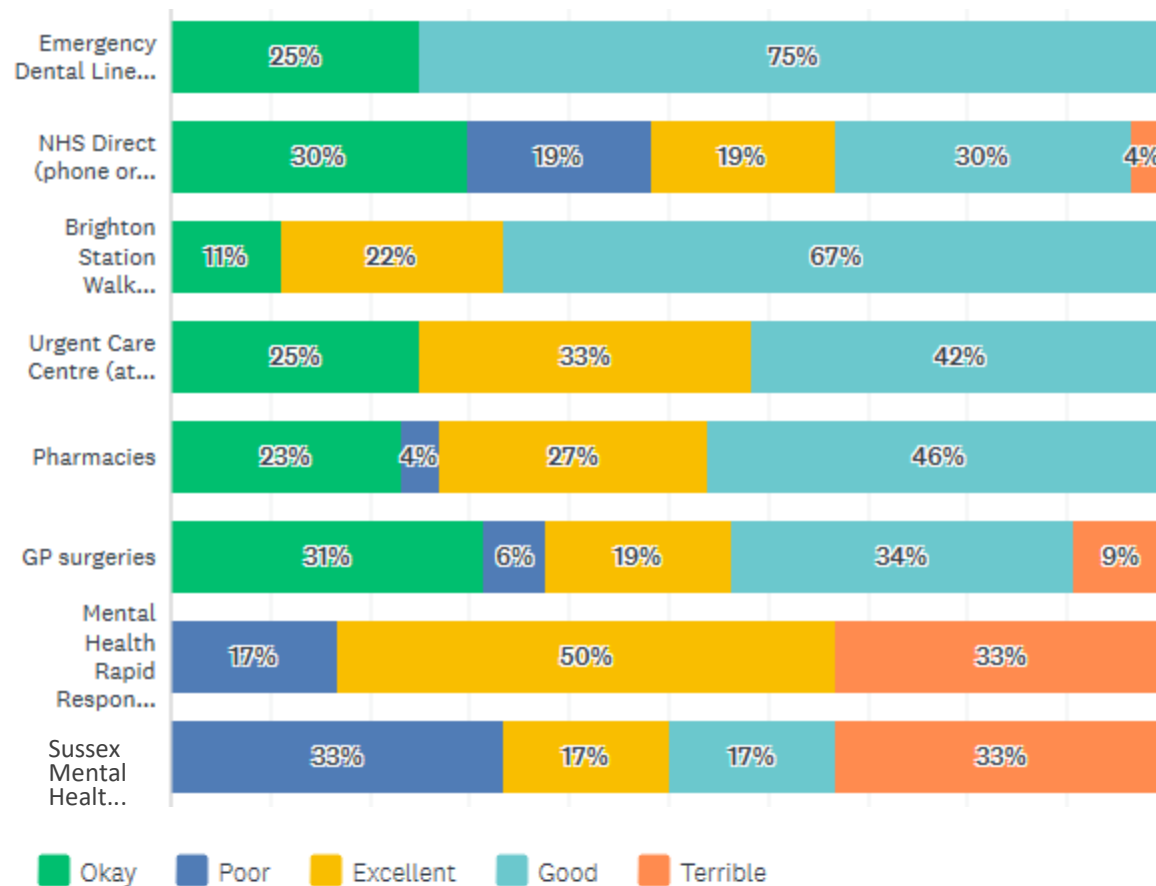
#### Trans\* specific break-down

For trans, non-binary and intersex respondents alone, the results were slightly higher:



ANSWER CHOICES	RESPONSES	
▼ Yes	55%	12
▼ No (Please skip to the next page)	45%	10
<b>TOTAL</b>	<b>22</b>	

*Q4: How would you rate your overall experience of the services you accessed in the last 12 months? Please feel free to tell us why these experiences were positive or negative in the comment box.*



Respondents were also given the option of stating that they had not used each service in the last 12 months. These results are hidden here (as they are indicated by Q3) allowing to see the percentage ratings of those who *did* access given services.

NB: It is important to note that some services are much more used than others, therefore percentages of use are also provided. For example, 75% of responses regarding the Emergency Dental Line were 'good', but this only represents 11% of overall survey respondents, a much small number than for GP surgeries, where 82% had accessed this in the last 12 months.

- Service use and rankings were:
  - GP Surgeries: 82% had accessed for urgent care in the last 12 months. Of these:
    - 53% said their experience was 'excellent' or 'good'
    - 31% said the experience was 'okay'
    - 15% said their experience had been 'poor' or 'terrible'
  - Pharmacies: 66% had accessed for urgent care in the last 12 months. Of these:
    - 73% said the experience was 'good' or 'excellent'
    - 23% said 'okay'
    - 4% said 'poor' and none said 'terrible'
  - NHS 11: 64% had accessed for urgent care in the last 12 months. Of these:
    - 49% said 'excellent' or 'good'
    - 30% said 'okay'

- 23% said 'poor' or 'terrible'
- Urgent Care Centre RSCH: 32% had accessed for urgent care in the last 12 months. Of these:
  - 75% said 'good' or 'excellent'
  - 25% said 'okay'
  - None said 'poor' or 'terrible'
- Brighton Station walk-in centre: 24% had accessed for urgent care in the last 12 months. Of these:
  - 89% said 'good' or 'excellent'
  - 11% said 'okay'
  - None said 'poor' or 'terrible'
- MHRRS: 18% had accessed for urgent care in the last 12 months. Of these:
  - 50% said 'excellent'
  - None said 'good' or 'okay'
  - 50% said 'poor' or 'terrible'
- Sussex Mental Health Line: 16% had accessed for urgent care in the last 12 months. Of these:
  - 34% said 'good' or 'excellent'
  - None said 'okay'
  - 66% said 'poor' or 'terrible'
- Dental line: 11% had accessed for urgent care in the last 12 months. Of these:
  - 75% said 'good'
  - 25% said 'okay'
  - None said 'excellent', 'poor' or 'terrible'

	OKAY	POOR	EXCELLENT	GOOD	TERRIBLE	TOTAL
Emergency Dental Line (111)	25% 1	0% 0	0% 0	75% 3	0% 0	4
NHS Direct (phone or online 111)	30% 8	19% 5	19% 5	30% 8	4% 1	27
Brighton Station Walk-in Centre	11% 1	0% 0	22% 2	67% 6	0% 0	9
Urgent Care Centre (at Royal Sussex County Hospital)	25% 3	0% 0	33% 4	42% 5	0% 0	12
Pharmacies	23% 6	4% 1	27% 7	46% 12	0% 0	26
GP surgeries	31% 10	6% 2	19% 6	34% 11	9% 3	32
Mental Health Rapid Response Service (MHRRS)	0% 0	17% 1	50% 3	0% 0	33% 2	6
Sussex Mental Health Helpline	0% 0	33% 2	17% 1	17% 1	33% 2	6

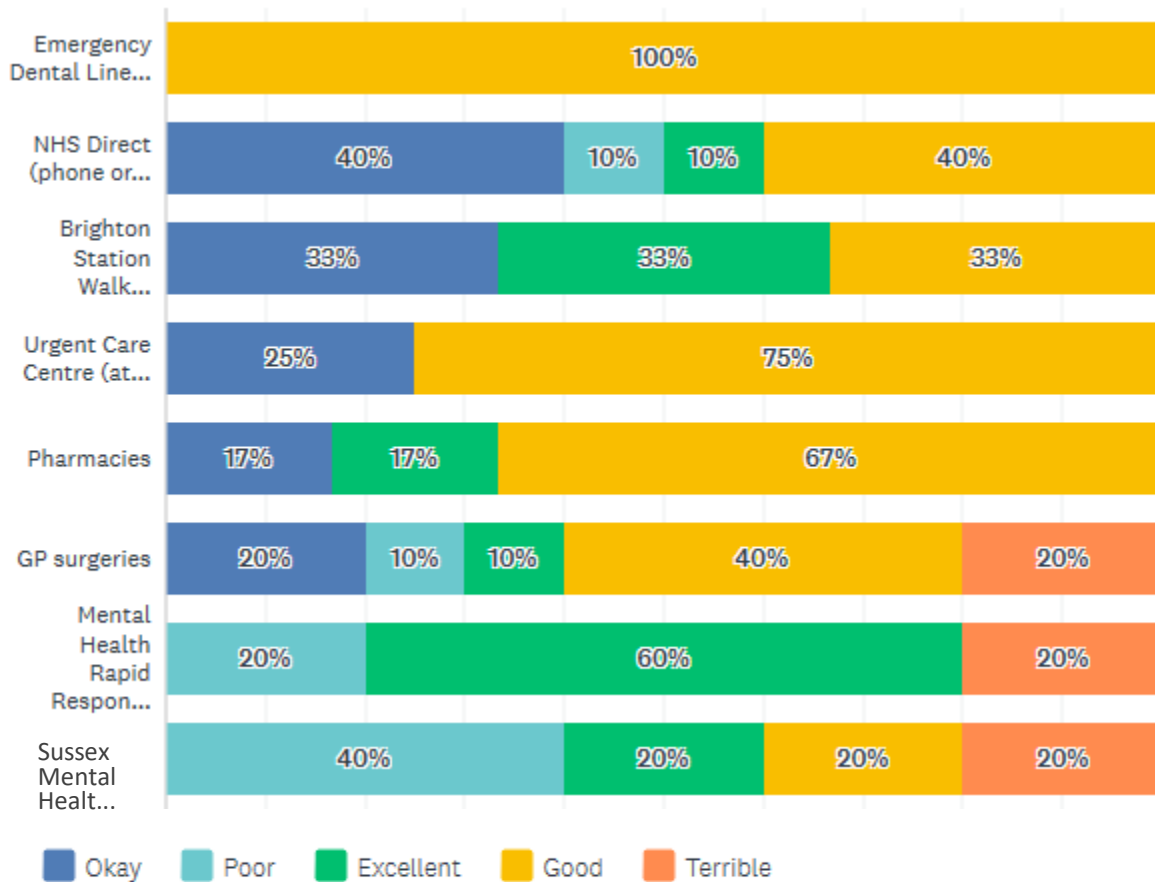
#### Additional comments included:

- 1 When I have tried to use the Sussex Mental health line, I have never been able to get through, even after waiting on hold for over 30 minutes.
- 2 You missed out Lewes - had excellent care here
- 3 I prefer to use GP but I am frustrated that I cannot always see a female doctor, which I prefer when discussing gynae issues.
- 4 My GP Surgery is the best i have ever had - Preston Park
- 5 Getting a GP appointment has been impossible for me as always being told there are none available to a point now that my medication will run out and can only get it reocribed when I have seen a doctor
- 6 I used the minor treatment centre in Lewes which was excellent
- 7 I am very satisfied with several gps in my local surgery and my local pharmacy is so helpful when I need to know how to take new medications prescribed to me.
- 8 I have used Lewes MIU a few times both for myself and for my children and on each and every occasion the nurses there were wonderful and the service excellent.

- NB: Lewes was accidentally missed from this question, but three respondents (comments 2,6 and 8) noted they had attended and had very positive experiences.
- Issues were noted with waiting times for the Mental Health Line (comment 1)
- The unmet need of option to see female doctor was mentioned (comment 3)
- Positive experiences with specific GP surgeries and pharmacies were noted (Preston Park, comments 4; 7)

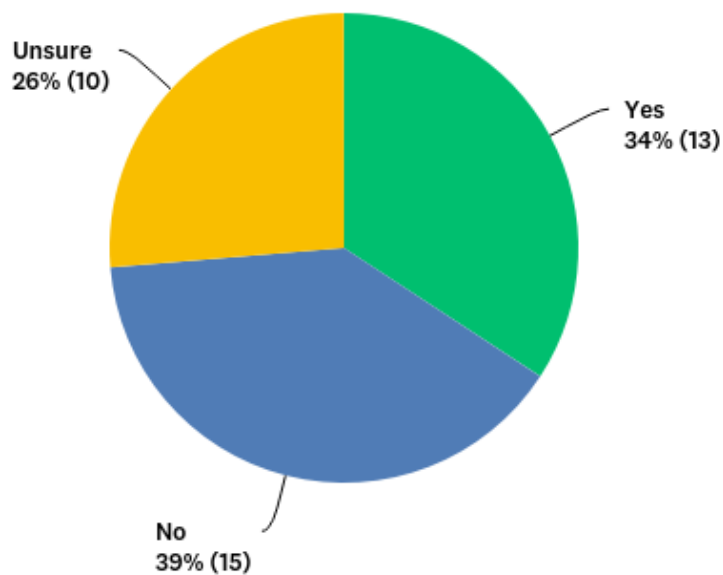
#### Trans\* specific break-down

The following chart shows a breakdown of results specifically for trans, non-binary and intersex respondents:



	OKAY	POOR	EXCELLENT	GOOD	TERRIBLE	TOTAL
Emergency Dental Line (111)	0% 0	0% 0	0% 0	100% 1	0% 0	1
NHS Direct (phone or online 111)	40% 4	10% 1	10% 1	40% 4	0% 0	10
Brighton Station Walk-in Centre	33% 1	0% 0	33% 1	33% 1	0% 0	3
Urgent Care Centre (at Royal Sussex County Hospital)	25% 1	0% 0	0% 0	75% 3	0% 0	4
Pharmacies	17% 1	0% 0	17% 1	67% 4	0% 0	6
GP surgeries	20% 2	10% 1	10% 1	40% 4	20% 2	10
Mental Health Rapid Response Service (MHRRS)	0% 0	20% 1	60% 3	0% 0	20% 1	5
Sussex Mental Health Helpline	0% 0	40% 2	20% 1	20% 1	20% 1	5

Q5: When accessing NHS Urgent Care in the last 12 months, can you recall any positive experiences of staff being inclusive/ welcoming/ affirming of your LGBTQ+ identity? Please feel free to expand on your answer in the comment box below.

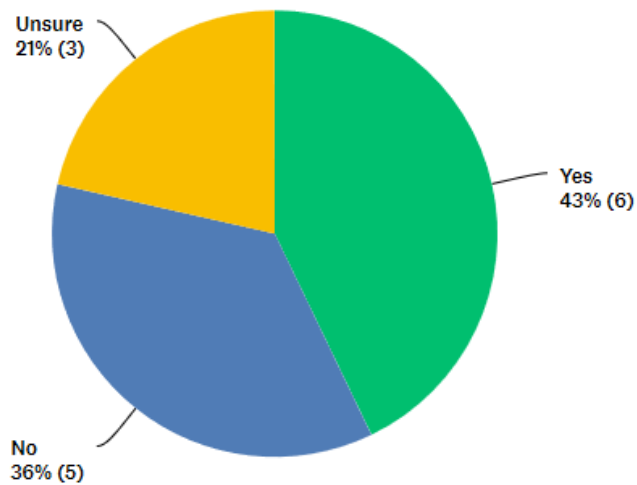


ANSWER CHOICES	RESPONSES	
Yes	34.21%	13
No	39.47%	15
Unsure	26.32%	10
TOTAL		38

- The largest proportion could not recall a specifically positive experience related to their LGBTQ+ identity, while just slightly less, just over a third, could.
- A quarter were 'unsure'. It should be noted that several commenters said they hadn't felt their identity had been relevant, below.

#### Trans\* specific break-down

The following chart shows a breakdown of results specifically for trans, non-binary and intersex respondents:



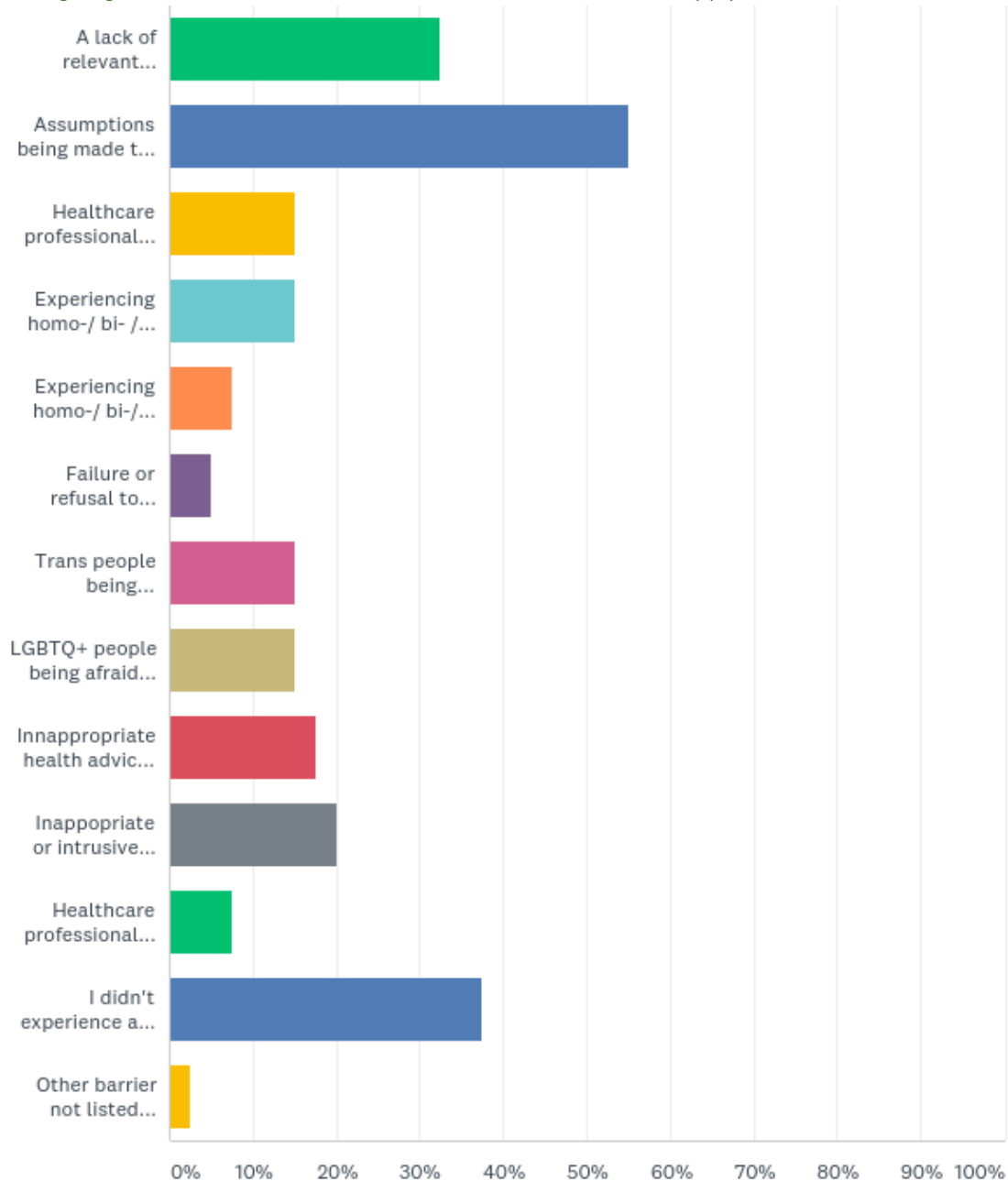
ANSWER CHOICES	RESPONSES
▼ Yes	43% 6
▼ No	36% 5
▼ Unsure	21% 3
<b>TOTAL</b>	<b>14</b>

#	COMMENTS WELCOME
1	Wasn't relevant.
2	Staff nurse wore a rainbow lanyard
3	understanding of added difficulties due to me wearing a binder etc
4	I have had to request a different gp before, since my usual one would do an 'ugh' whenever I mentioned anything to do with being trans/gender identity. I also had to do virtually all the research myself for the gender clinic referral since my gp was absolutely clueless (to the point of saying 'I don't know what I'm supposed to do about it')
5	Dr Sayers GP
6	Wasn't asked about my sexuality or gender identity. Assumed that I was heterosexual
7	Partner invited to come through with me
8	My answer is not a negative - my sexual identity didn't need to be part of the conversation.
9	I don't think my sexuality was relevant
10	I work there and every effort is made
11	Wasn't relevant to the issues

12	It wasn't necessary in the context. I needed the out of hours nurses to come out to me to assist me in toileting (sometimes it becomes a medical necessity overnight between carers) and no references were made to my sexuality or gender identity, more just kindness that made me feel comfortable.
13	it hasn't been relevant
14	My gp clinic - wellbeing centre in hove - is very inclusive
15	Did not access.
16	No assumptions made about my status as parent for my (adoptive) kids, and gender neutral pronouns used for my partner at Lewes MIU. Similarly positive at my local pharmacy, although the staff there know myself and my family very well. My GP conversely, the receptionist has on a few occasions made assumptions about the gender of my partner in the last 12 months, which in this day and age is not acceptable.
17	I "pass" as cis as a bi- person by having a boyfriend and as a trans woman by looking like a cis woman so I can omit any information about that and avoid any LGBTQ-related discrimination, luckily

- Examples of LGBTQ+ inclusion being displayed visually were noted as positive experiences (e.g. Rainbow Lanyard, comment 2)
- Several comments (1, 8, 9, 11, 12, 13) mentioned that their LGBTQ+ identity hadn't seemed relevant
- Experiences of staff understanding issues related to TNBI identities (comments 3)
- Heteronormativity – assumptions that everyone is heterosexual – was mentioned both in terms of negative experiences of it (comment 6), and the positive experience of when one's sexual orientation is asked and not assumed (comment 16).
- One person shared that they felt that they evaded negative experiences mainly because they can 'pass' as cis-gender and heterosexual
- A negative experience of staff being dismissive, uninformed and generally providing a poor level of care in relation to TNBI issues was disclosed, in this case regarding non-referral to a GIC. (Comment 4)

Q6: Can you recall experiencing any of the following barriers related to your LGBTQ+ identity when accessing Urgent Care in the last 12 months? Please select all that apply.



ANSWER CHOICES	RESPONSES	
A lack of relevant LGBTQ-specific information and resources (e.g. posters, leaflets)	32.50%	13
Assumptions being made that all patients are heterosexual/straight and cisgender (i.e. people whose self-identified gender matches the gender they were assigned at birth)	55.00%	22
Healthcare professionals not being LGBTQ-aware and inclusive	15.00%	6
Experiencing homo-/ bi- / transphobia from professionals (e.g. judgmental attitudes, diminished quality of care on learning about your identity)	15.00%	6
Experiencing homo-/ bi- / transphobia from other patients (e.g. in waiting areas)	7.50%	3
Failure or refusal to acknowledge LGBTQ+ partners or spouses	5.00%	2
Trans people being mis-gendered by professionals (i.e. being referred to by the wrong pronoun, name or form of address)	15.00%	6
LGBTQ+ people being afraid to disclose their sexual orientation or gender because of fears about homo-/ bi- / transphobia	15.00%	6
Inappropriate health advice that is only relevant to heterosexual and/or cisgender patients	17.50%	7
Inappropriate or intrusive questions or comments relating to LGBTQ+ identity, physicality or sexuality	20.00%	8
Healthcare professionals not being confident to discuss sexual health with LGBTQ+ people	7.50%	3
I didn't experience any LGBTQ+ related barriers	37.50%	15
Other barrier not listed (please specify)	2.50%	1
Total Respondents: 40		

- The majority, 63%, had experienced an LGBTQ+-related barrier to accessing Urgent Care in the last 12 months
- 37% had not experienced any LGBTQ+ related barriers
- The most common barriers were:
  - Heteronormativity and cis-normativity (Assumptions being made that patients are heterosexual or cisgender) – experienced by more than half, 55%
  - A lack of LGBTQ+ specific information or resources – experienced by a third, 33%
  - Inappropriate or intrusive comments relating to LGBTQ+ identity, physicality or sexuality – experienced by 1 in 5, 20%
- Slightly less common but still prevalent barriers included:
  - Inappropriate health advice only relevant for straight/ cis patients, 1 in 5 (18%)
  - All at 15% were:
    - Healthcare professionals not being LGBTQ+ aware and inclusive
    - Experiencing homo-, bi-, trans- phobia from professionals

- TNBI people being mis-gendered
- LGBTQ+ people being afraid to disclose their identity for fear of prejudice
- 8% each said
  - experienced prejudice from other patients in waiting areas
  - Healthcare professionals not being confident to discuss LGBTQ+ sexual health

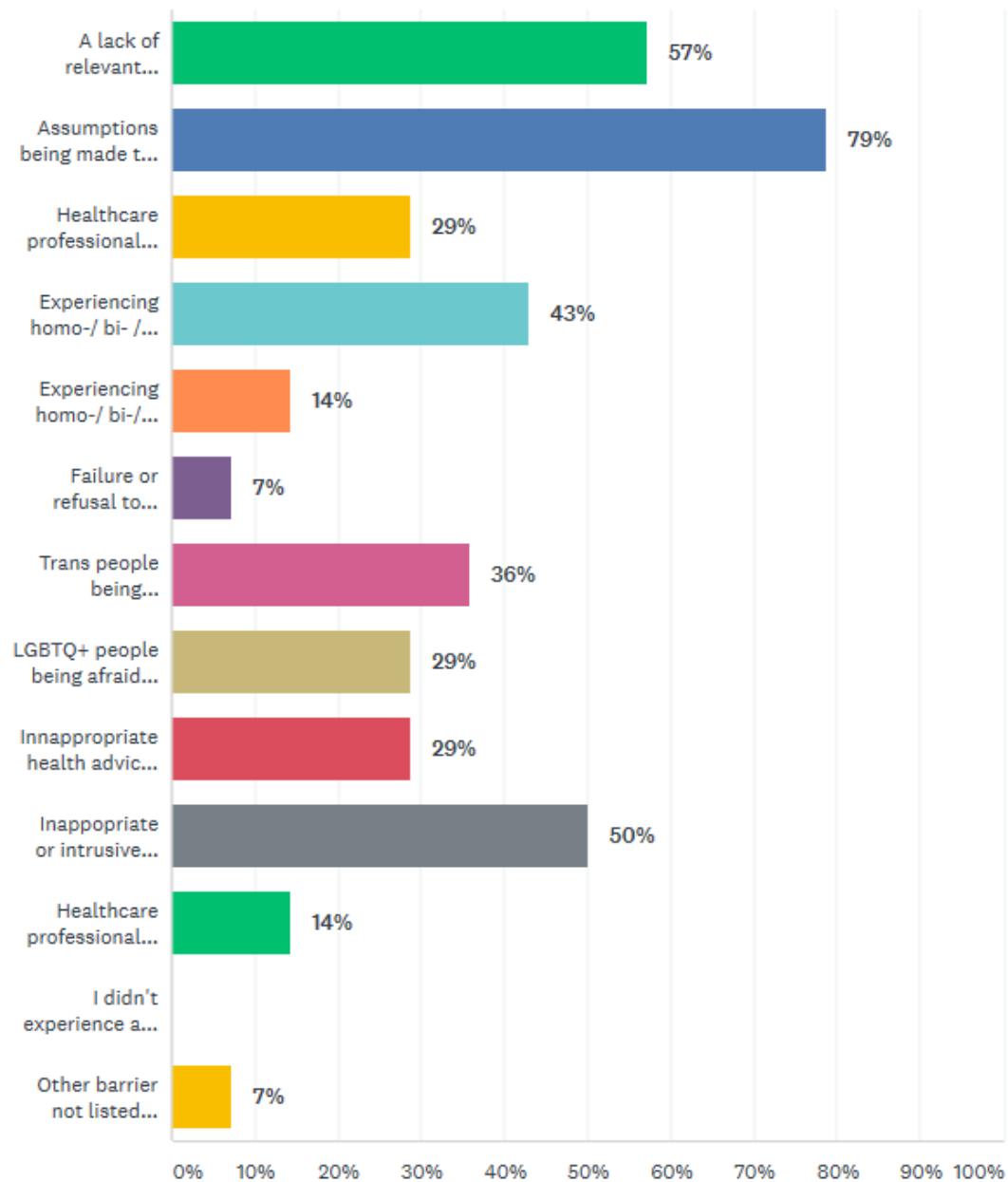
One person selected 'other', and said:

#	OTHER BARRIER NOT LISTED (PLEASE SPECIFY)
1	Huge Waiting Lists and lack of info

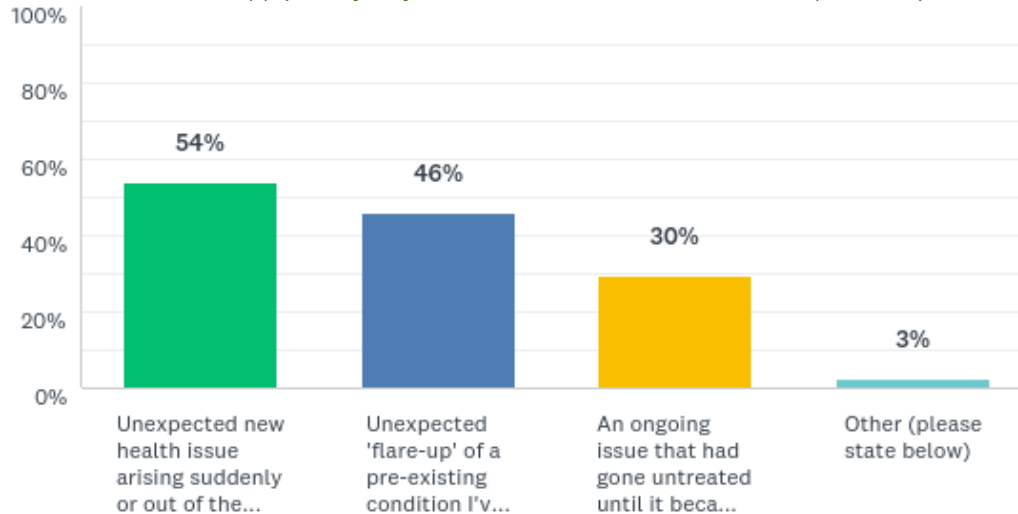
#### Trans\* specific break-down

The following chart shows a breakdown of results specifically for trans, non-binary and intersex respondents:

ANSWER CHOICES ▼	RESPONSES ▼	
▼ A lack of relevant LGBTQ-specific information and resources (e.g. posters, leaflets)	57%	8
▼ Assumptions being made that all patients are heterosexual/straight and cisgender (i.e. people whose self-identified gender matches the gender they were assigned at birth)	79%	11
▼ Healthcare professionals not being LGBTQ-aware and inclusive	29%	4
▼ Experiencing homo-/ bi- / transphobia from professionals (e.g. judgmental attitudes, diminished quality of care on learning about your identity)	43%	6
▼ Experiencing homo-/ bi-/ transphobia from other patients (e.g. in waiting areas)	14%	2
▼ Failure or refusal to acknowledge LGBTQ+ partners or spouses	7%	1
▼ Trans people being mis-gendered by professionals (i.e. being referred to by the wrong pronoun, name or form of address)	36%	5
▼ LGBTQ+ people being afraid to disclose their sexual orientation or gender because of fears about homo-/ bi- / transphobia	29%	4
▼ Inappropriate health advice that is only relevant to heterosexual and/or cisgender patients	29%	4
▼ Inappropriate or intrusive questions or comments relating to LGBTQ+ identity, physicality or sexuality	50%	7
▼ Healthcare professionals not being confident to discuss sexual health with LGBTQ+ people	14%	2
▼ I didn't experience any LGBTQ+ related barriers	0%	0
▼ Other barrier not listed (please specify) <span style="float: right;">Responses</span>	7%	1
Total Respondents: 14		



Q17: Thinking back to your experiences in the past 12 months, how did your need for urgent care come about? Please select all that apply and feel free to use the comments box to expand on your answers.



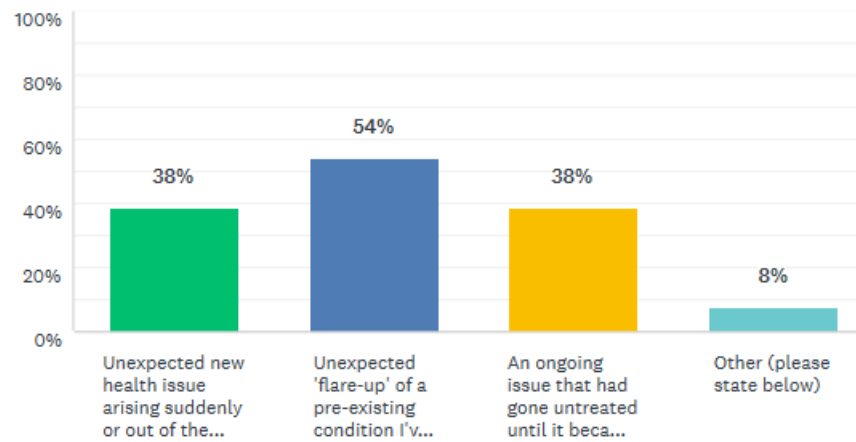
ANSWER CHOICES	RESPONSES	
Unexpected new health issue arising suddenly or out of the blue	54.05%	20
Unexpected 'flare-up' of a pre-existing condition I've had treatment for in the past	45.95%	17
An ongoing issue that had gone untreated until it became urgent	29.73%	11
Other (please state below)	2.70%	1
Total Respondents: 37		

- Just over half, 54%, said they accessed Urgent Care in the last 12 months because of an unexpected new health issue arising suddenly or out of the blue, while just under half, 46% did so for an unexpected flare-up of a pre-existing condition.
- Nearly a third, 30%, needed to access urgent care because of an ongoing issues that had gone untreated until in became urgent.
- 3% said 'other'.

#	COMMENTS WELCOME
1	Side effect of new medication
2	Numerous mental health crises as a carer.
3	Injury after running half marathon
4	Bike accident
5	Needing urgent care in the community to avoid needing a 999 emergency ambulance and injury from a long-standing medical condition/disability
6	I've been unwell for 16 months and still no clear diagnosis. GP investigation has focused on low level tests and anxiety. Attended a&e and referred for scans etc - now scheduled to see a surgeon

### Trans\* specific break-down

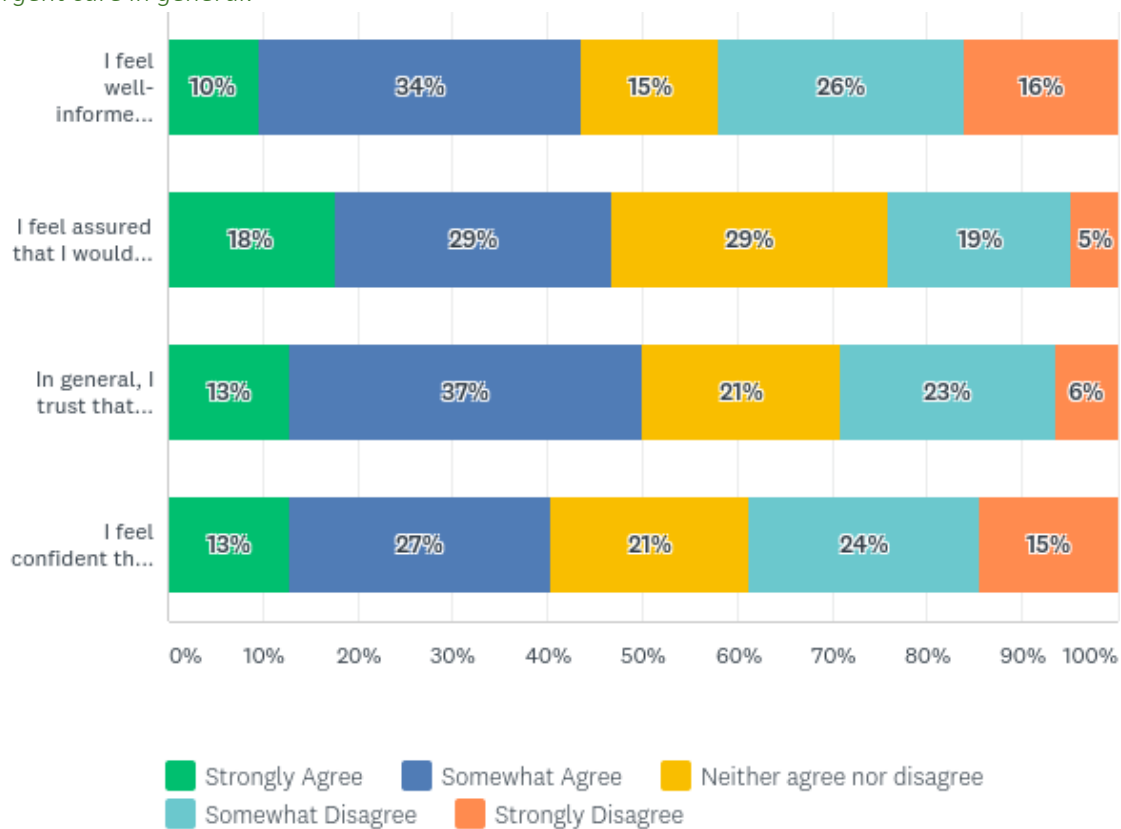
The following chart shows a breakdown of results specifically for trans, non-binary and intersex respondents:



ANSWER CHOICES	RESPONSES	
▼ Unexpected new health issue arising suddenly or out of the blue	38%	5
▼ Unexpected 'flare-up' of a pre-existing condition I've had treatment for in the past	54%	7
▼ An ongoing issue that had gone untreated until it became urgent	38%	5
▼ Other (please state below)	8%	1
Total Respondents: 13		

# Attitudes towards Urgent Care

Q22: Please rate your agreement with the following statements about how you currently feel about NHS urgent care in general:



	STRONGLY AGREE	SOMEWHAT AGREE	NEITHER AGREE NOR DISAGREE	SOMEWHAT DISAGREE	STRONGLY DISAGREE	TOTAL	WEIGHTED AVERAGE
I feel well-informed about the different urgent care options and how to access them	9.68% 6	33.87% 21	14.52% 9	25.81% 16	16.13% 10	62	3.05
I feel assured that I would receive a good standard of urgent care if I needed it	17.74% 11	29.03% 18	29.03% 18	19.35% 12	4.84% 3	62	2.65
In general, I trust that staff will be respectful of my LGBTQ+ identity and have a good level of awareness of LGBTQ+ issues	12.90% 8	37.10% 23	20.97% 13	22.58% 14	6.45% 4	62	2.73
I feel confident that I would receive treatment within a reasonable timeframe	12.90% 8	27.42% 17	20.97% 13	24.19% 15	14.52% 9	62	3.00

#### Awareness of urgent care

- Less than half, 44%, said they either 'strongly' (10%) or 'somewhat' (34%) agreed with the statement that they felt 'well-informed about the different urgent cares services and how to access them'

- 42% said they 'strongly' (16%) or 'somewhat' (26%) disagreed, indicating low levels of general awareness and information about the services. A further 15% neither agreed nor disagreed, meaning that more than half, 57% did not have a good level of awareness.

#### Trust in standard of care

- 47% said they 'strongly' (18%) or 'somewhat' (29%) agreed with the statement that they 'felt assured they would receive a good standard of urgent care if they needed it'
- 1 in 4, 24%, said they 'strongly' (5%) or 'somewhat' (19%) disagreed.
- A further 29% neither agreed nor disagreed.

#### Trust in LGBTQ+ inclusion

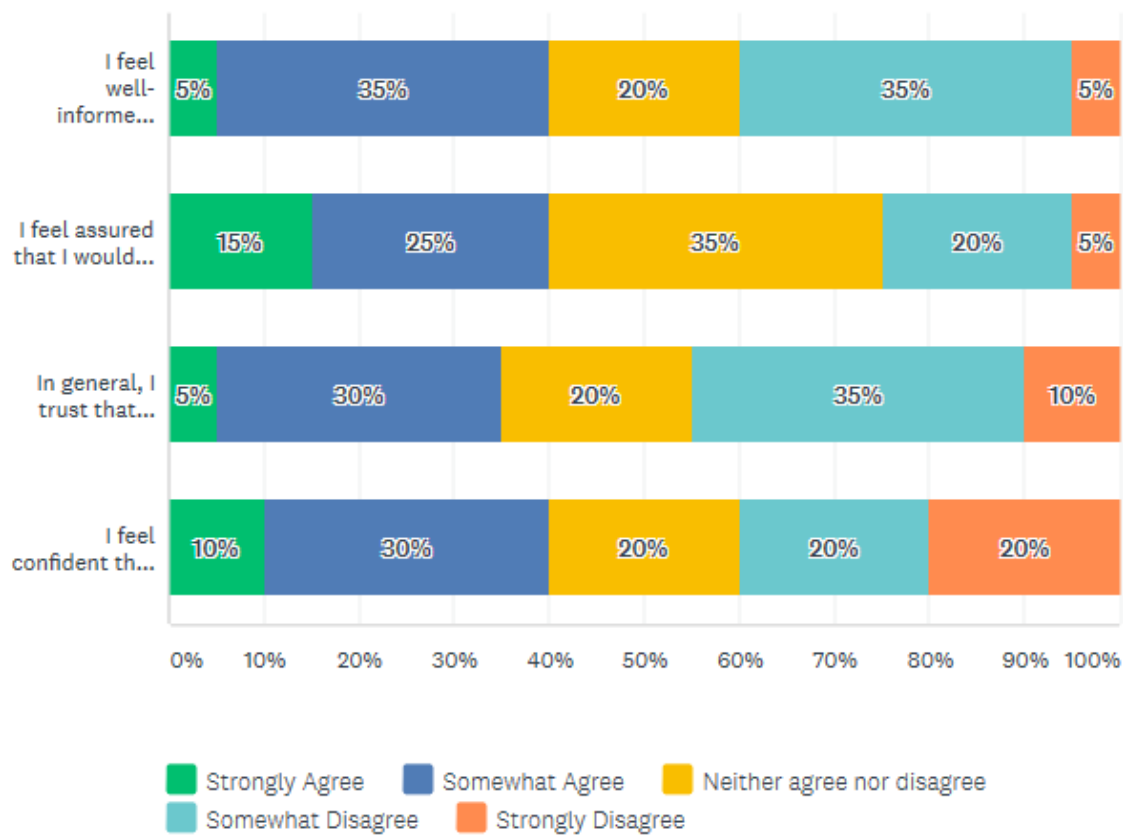
- Exactly half, 50%, said they 'strongly' (13%) or 'somewhat' (37%) agreed with the statement that they, 'in general, trust that staff will be respectful of their LGBTQ+ identity and have a good level of LGBTQ+ awareness'.
- 21% neither agreed nor disagreed
- 29% said they 'somewhat' (23%) or 'strongly' (6%) disagreed with this statement.

#### Expectations of timeframe of treatment

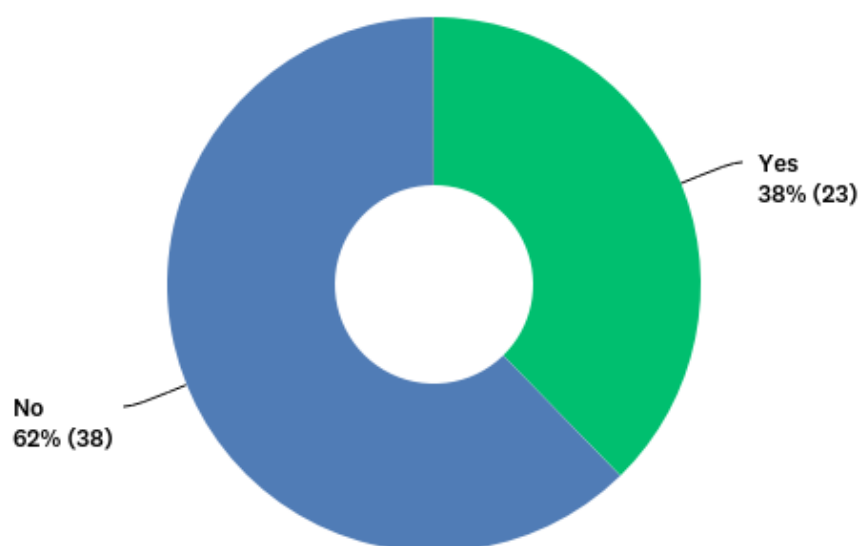
- 40% said they either 'strongly' (13%) or 'somewhat' (27%) agreed with the statement that they would 'feel confident that they would receive treatment within a reasonable timeframe'.
- 21% neither agreed nor disagreed
- 39% said they either 'strongly' (15%) or 'somewhat' (24%) disagreed with the statement.

#### Trans\* specific break-down

The following chart shows a breakdown of results specifically for trans, non-binary and intersex respondents:



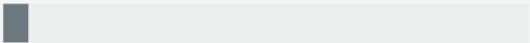



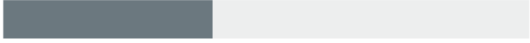
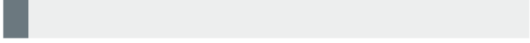
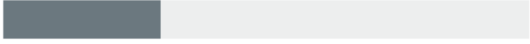
Q23: In the last 12 months, have you delayed or avoided accessing urgent care even though you felt you needed it? If 'yes' or 'unsure' please tell us why in the comment box.



ANSWER CHOICES	RESPONSES	
Yes	37.70%	23
No	62.30%	38
Unsure	0.00%	0
TOTAL		61

- 38% said they had put off accessing urgent care in the last 12 months even though they knew they needed it
- 62% had not put off accessing urgent care.
- 35% of trans people said they had avoided accessing urgent care in the last 12 months even though they knew they needed it, while 40% of cisgender LGBTQ+ patients had done so.

The comments revealed the reasons behind the decision to put off accessing care, which were clustered around the following themes:

Cost		5%	1
Don't want to burden		30%	6
LGBTQ+ exclusion		15%	3
Low confidence in service		60%	12
Not taken seriously		40%	8
Unaware of services		5%	1
Waiting times		30%	6

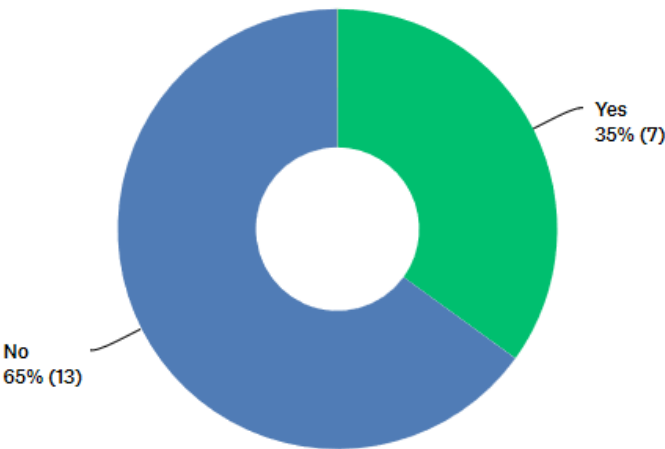
#	COMMENTS WELCOME
1	Unsure where to get help. Unable to find nhs dentist.
2	Could not get appointment with GP for 2 weeks.
3	waiting times are so long that the immense hassle of trying to convince both gp and urgent care staff to take me seriously isnt worth the help I MIGHT receive
4	Not sure I would get the help I needed. Used the Samaritans instead.
5	I couldn't face yet medics after what had been going on medically.
6	Massive delays and lack of interest. Everyone is treated like a number unfortunately
7	You are not listened to or believed.
8	The attitudes of the doctor make me avoid medical care entirely. I'd rather manage without
9	There are others more unwell than myself, so I don't want to waste GP time or take up an appointment that may be more helpful for someone else.
10	I didn't know whether I would be taken seriously or listened to properly
11	Because I felt it wasn't that important... then I ended up worse off and needing an emergency ambulance on high priority. (Not a highlight of the last few months!)
12	I haven't wanted to explain my situation to yet more people and know that as my health condition is quite unusual staff that don't know about it over react and call an ambulance/ send me to a&e when an out of hours Gp would be all I really need.
13	Cost of emergency dental care
14	Don't know how to go about it, feel under pressure to not use doctors cause NHS is so under resourced, feel like I might not be urgent enough, don't trust hospital because service is slow and doctors always rushed
15	I didn't want to bother staff with an injury that I perhaps should have had checked out
16	You sometimes are made to feel you are wasting their time
17	Because they don't take me seriously and they just say that I have to be on the waiting list. That is re: a long-term physical condition. With regard to my mental health, I am forever told that I do not meet the threshold for support or counselling due to my functioning level even when I am in crisis. So, my faith in health care is very low/lost after decades of bad experiences. I have had some excellent experiences too but these are in the minority. The issue is getting to see the practitioners in the first place as I see it.
18	A bit wary of reaching out due to campaigns to focus on self-care and not burden healthcare services. I think I felt a bit worried I would be seen as 'over-reacting'. Sometimes being queer contributes to this, as unfortunately the occasional 'old-school' doctor will have a pathologising view of LGBTQ identity and be more liable to provide an overall lower standard of care - less respectful, attentive, etc. Something about the care need being 'urgent' can make me feel more vulnerable than usual to this, too, as you don't really have a choice about who you see. You just have to trust they'll be one of the 'good' (LGBTQ affirming) ones!
19	Disrespect and uselessness from Doctors. Attitudes towards ME/CFS. Sexism. Gaslighting. Draining processes that do not help. Hard to get appointments.
20	NHS111 is a waste of time but feels like a gatekeeper to accessing other services. GP and A&E now stretched beyond capacity leaving nowhere to go to get good quality care

#### Trans\* specific break-down

The following chart shows a breakdown of results specifically for trans, non-binary and intersex respondents:

In the last 12 months, have you delayed or avoided accessing urgent care even though you felt you needed it? If 'yes' or 'unsure' please tell us why in the comment box.

Answered: 20   Skipped: 7



ANSWER CHOICES	RESPONSES	
Yes	35%	7
No	65%	13
Unsure	0%	0
TOTAL	20	

## Making Improvements

Q24 In your opinion, how could Urgent Care services be improved? This could be for LGBTQ+ people specifically, or in general.

This question invited comments, which were clustered around the following key themes:

Access Information		30.95%	13
Care and respect		21.43%	9
Female Staff		2.38%	1
Home visits		2.38%	1
Improve GP access		4.76%	2
Less target focus		2.38%	1
LGBTQ+ accreditation		4.76%	2
LGBTQ+ resources		11.90%	5
LGBTQ+ staff training		47.62%	20
Mental Health focus		7.14%	3
Recruit LGBTQ+		11.90%	5
Take patients seriously		9.52%	4
Trans dedicated service		2.38%	1
Waiting times		9.52%	4

- LGBTQ+ awareness staff training (48%)
- Better access to information (31%)
- More care and respect from staff (21%)
- LGBTQ+ inclusive resources (12%)
- Recruit more LGBTQ+ staff (12%)
- Take patients more seriously (10%)
- Shorter waiting times (10%)
- Invest more in mental health services (7%)
- LGBTQ+ affirmative accreditation (5%)
- Improve access to regular GP appointments (5%)
- Reduce focus on hitting 'targets' (2%)

- TNBI dedicated service (2%)
- Guarantee availability of female staff (2%)
- Offer urgent care home visits (2%)

# Key findings

## Attitudes and experiences regarding overall quality of Urgent Care are mixed

Overall, attitudes and experiences regarding urgent care varied a great deal, depending on the service. In general however, *experiences* of Urgent Care erred towards the positive, with the largest proportions of responses for those who *had* used the services tending towards 'good' or 'excellent' ratings. Some services were also much more widely used than others, therefore providing more reliable data on service user experience.

However, room for improvement was identified with some services attracting lower ratings. The poorest rated were GP surgeries (about 1 in 6 who had used this service rating as 'poor' or 'terrible'), NHS 111 (about a quarter of those who accessed it rating in this way) and Sussex Mental health Line (two thirds of those who had used this service said the experience was 'poor' or 'terrible').

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*1 in 6 who had accessed urgent care at a GP surgery in the last 12 months rated the experience as 'poor' or 'terrible'*

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*Attitudes* towards urgent care (whether respondents had accessed Urgent Care in the last 12 months or not) reflected this trend, with 47% saying they 'strongly' (18%) or 'somewhat' (29%) agreed with the statement that they 'felt assured they would receive a good standard of urgent care if they needed it'. Rates of disapproval were higher in attitudes than in experience, however, with 1 in 4, 24%, saying they 'strongly' (5%) or 'somewhat' (19%) disagreed with the above statement, while a further 29% neither agreed nor disagreed.

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*"The attitudes of the doctor make me avoid medical care entirely. I'd rather manage without"*

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TNBI people have greater need and worse experiences and access to urgent care than cis-gender LGBQ+ people

TNBI people are more likely to access Urgent Care than cis-gender LGBTQ+ people: 55% of TNBI people had accessed Urgent Care in the last 12 months, compared with 45% of cisgender LGBTQ+ people.

TNBI people also experience more barriers and lower quality experiences than cis-gender LGBTQ+ people:

- 30% of TNBI people who had accessed GP surgeries for Urgent Care in the last 12 months had found the experience to be 'terrible' or 'poor'. This is three times as many as for cisgender LGBTQ+ people, 10% of whom rated in this way.
  - The most common barrier, experienced by 79%, were hetero- and cis-sexism: 'Assumptions being made that all patients are heterosexual/straight and cisgender'

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*8 in 10 of TNBI people had experiences assumptions about their gender or sexual orientation as a barrier. Half had experienced inappropriate or intrusive comments or questions relating to their identity, body or sexuality.*

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○A further 50% had experienced inappropriate or intrusive questions or comments relating to LGBTQ+ identity, physicality or sexuality

○A lack of relevant LGBTQ-specific information and resources was also reported as a barrier by 57% of TNBI people.

○43% had experienced homo-/ bi- / transphobia from professionals, such as judgmental attitudes and diminished quality of care on learning about identity.

- More than a third of TNBI people, 36%, experienced being mis-gendered by professionals (i.e. being referred to by the wrong pronoun, name or form of address).
- TNBI people were more likely to put off accessing primary care, resulting in health issues becoming more serious and urgent, resulting in a need for urgent care that could have been avoided.
  - 38% said they ended up accessing urgent care in the last 12 months for a health issue that had been going on for a while, but that they had been putting off seeking primary care for. This is compared with 25% for cisgender LGBTQ+ patients.

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*100% of TNBI respondents said that had experienced some form of barrier to accessing urgent care based on their LGBTQ+ identity in the last 12 months, compared with 42% of cis-gender LGBTQ+ people*

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*TNBI people are more likely than cisgender LGBTQ+ people to access urgent care, and are likelier to have poorer experiences and face more barriers.*

*Three times as many TNBI people as cis-gender people rated their urgent care GP experience poorly*

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*Mental health urgent care was accessed by TNBI respondents at ten times the rate of cis-gender respondents in the last 12 months, and around half of overall experiences of this were rated poorly*

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- Improving mental health urgent care is a priority for TNBI communities
  - 45% of TNBI people had accessed MHRRS in the last 12 months as compared with 4% of cis-gender respondents.

- Of these, 40% rated the experience as ‘terrible’ or ‘poor’.
- Unfortunately, the one cis-gender LGBTQ+ respondent who had used the service in the last 12 months also rated the experience as ‘terrible’.
- 42% of TNBI people who had accessed the Sussex Mental Health Line in the last 12 months, compared to 4% of cisgender LGBTQ+ people.
  - 60% of these rated the experience as ‘terrible’ or ‘poor’.
  - The one cis-gender LGBTQ+ respondent who had used the service in the last 12 months also rated the experience as ‘terrible’.

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*“Mental health is a big problem when transitioning but it is often a difficult to decide whether you are so I'll you need urgent care or can wait for counselling even though that might be a six month wait. A dedicated transgender drop in facility would be useful”*

*“More investment into mental health staff and resources.”*

*“Urgent care for mental health issues is appalling and very over stretched. As a trans man I’m regularly asked questions or given information that assume I was amab. There is also an assumption that my non binary spouse must be my wife. A lot more training is needed at all levels of the service.”*

*“I ‘pass’ as cis [and heterosexual] so I can omit any information about that and avoid any LGBTQ-related discrimination, luckily”*

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LGBTQ+ face barriers to accessing Urgent Care, though examples of good practice exist

Attitudes towards urgent care regarding LGBTQ+ inclusivity were also mixed. While half, 50%, said they 'strongly' (13%) or 'somewhat' (37%) agreed with the statement that they, 'in general, trust that staff will be respectful of their LGBTQ+ identity and have a good level of LGBTQ+ awareness', around a third, 29%, said they 'somewhat' (23%) or 'strongly' (6%) disagreed with this statement. A further 1 in 5, 21%, neither agreed nor disagreed.

#### Positive experiences:

Positive experiences of inclusion are important to highlight. These actively build trust in services and help to address the legacy of difficulty for many LGBTQ+ people in engaging health care services.

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*1 in 3 did not trust that urgent care services would be respectful of their LGBTQ+ identity or have a good level of LGBTQ+ awareness*

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*"No assumptions made about my status as parent for my (adoptive) kids, and gender neutral pronouns used for my partner at Lewes MIU.*

*Similarly positive at my local pharmacy [...] My GP conversely, the receptionist has on a few occasions made assumptions about the gender of my partner in the last 12 months, which in this day and age is not acceptable.*

It should be noted however, as we have seen from previous engagement (e.g. Monitoring, 2018), that for many LGBTQ+ people, an experience they will rate as 'positive' will simply be one in which they do not experience obvious discrimination, rather than one in which steps were taken to actively include them. For example, one person shared that they felt that they evaded negative experiences mainly because they can 'pass' as cis-gender and heterosexual.

However, a strong proportion, just over a third, did recall a positive experience, indicating that there are already strong areas of good practice to build upon. Actively positive examples included visual representations of inclusion (e.g. staff wearing a Rainbow Lanyard), sexual orientation being

asked rather than assumed, and staff demonstrating understanding of TNBI issues without having to explain to them.

#### Negative experiences:

It is of note that the largest proportion of respondents could not recall a specifically positive experience related to their LGBTQ+ identity, indicating room for improvement regarding positive messaging, communications and practices with LGBTQ+ urgent care patients. Furthermore, the majority of respondents, 63%, had experienced an LGBTQ+-related barrier to accessing Urgent Care in the last 12 months.

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*2 in 3 had experienced an LGBTQ+ related barrier to accessing urgent care in the last 12 months*

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The most common barriers were heteronormativity and cis-normativity (Assumptions being made that patients are heterosexual or cisgender) – experienced by more than half, 55%. A lack of LGBTQ+ specific information or resources – experienced by a third, 33% and inappropriate or intrusive comments relating to LGBTQ+ identity, physicality or sexuality – experienced by 1 in 5, 20%.

Slightly less common but still prevalent barriers included inappropriate health advice only relevant for straight/ cis patients, 1 in 5 (18%). Healthcare professionals not being LGBTQ+ aware and inclusive;

*"I'm a bit wary of going to urgent care due to campaigns to focus on self-care and not burden healthcare services. I think I felt a bit worried I would be seen as 'over-reacting'. Sometimes being queer contributes to this, as unfortunately the occasional 'old-school' doctor will have a pathologising view of LGBTQ identity and be more liable to provide an overall lower standard of care - less respectful, attentive, etc. Something about the care need being 'urgent' can make me feel more vulnerable than usual to this, too, as you don't really have a choice about who you see. You just have to hope they'll be one of the 'good' (LGBTQ affirming) ones!"*

experiencing homo-, bi-, trans- phobia from professionals; TNBI people being mis-gendered and LGBTQ+ people being afraid to disclose their identity for fear of prejudice were also significant issues, experienced by 15% each. Just under 1 in 10 each said experiencing prejudice from other patients in waiting areas was an issue, and healthcare professionals not being confident to discuss LGBTQ+ sexual health.

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*"Wasn't asked about my sexuality or gender identity. Assumed that I was heterosexual"*

*"There needs to be less assumptions about you're sexuality/gender based on how you appear. Maybe asking questions in a non invasive way first before assuming about personal life"*

*"I think urgent care could be improved by making sure all NHS staff are thoroughly trained in LGBTQ+ awareness. Not assuming someones sexuality or gender. Using more gender neutral terminology when possible. And making sure that there is continual updating of LGBTQ+ awareness and training. Employ more LGBTQ+ staff at all levels of the NHS especially policy making. I think this need for representation at policy making level is also applies to all marginalised and underrepresented groups including PoC, disabled, neurodivergent, working class."*

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LGBTQ+ are putting off accessing primary care, leading to greater urgent care need

Of concern is that nearly a third, 30%, needed to access urgent care because of an ongoing issues that had gone untreated until it became urgent. This speaks to a larger issue with primary care 'up-stream', whereby people from LGBTQ+ communities may become over-represented among Urgent (and possibly Emergency) Care service users as they have not accessed treatment sooner.

Furthermore, 38% of survey respondents said they had put off accessing urgent care in the last 12 months even though they knew they needed it.

15% of comments made reference to concerns regarding LGBTQ+ barriers as reasons for putting this off (not all commented). This and previous engagement has consistently found a wide range of barriers contribute to LGBTQ+ people feeling reluctant to access primary care via their GP. Heterosexism, cis-sexism, and transphobia/ lack of trans

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*38% of TNBI people and 25% of cis-gender people (30% overall) needed to access urgent care because of an issue they had put off addressing with primary care. LGBTQ+ people face many barriers to accessing primary care, particularly their GP, and particularly TNBI people*

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awareness are particular and persistent barriers, and trans, non-binary and intersex (TNBI) people face additional challenges.

TNBI people were more likely to put off accessing primary care, resulting in health issues becoming more serious and urgent, resulting in a need for urgent care that could have been avoided. 38% said they ended up accessing urgent care in the last 12 months for a health issue that had been going on for a while, but that they had been putting off seeking primary care for. This is compared with 25% for cisgender LGBTQ+ patients.

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*"I have had to request a different gp before, since my usual one would do an 'ugh' whenever I mentioned anything to do with being trans/gender identity. I also had to do virtually all the research myself for the gender clinic referral since my gp was absolutely clueless (to the point of saying 'I don't know what I'm supposed to do about it')"*

*"Urgent care could be improved and a better service given if GP surgeries were a lot better. Majority of people who attend urgent care is people who are unable to get a GP appointment in their own surgeries."*

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## Mental health urgent care is not meeting needs and is a priority for LGBTQ+

Experiences of mental health urgent care services such as Sussex Mental Health Line and the Mental Health Rapid Response services received particularly low ratings, with their largest proportions of respondents rating them as 'poor' or 'terrible'.

For instance, half of the users of MHRRS rated the service in this way, while 63% of those who had used the Sussex Mental Health line in the past year gave this rating. These were also among the least used services. One respondent commented that they were 'never able to get through' to the Sussex Mental Health line, even after waiting on hold for extended period of time.

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*2 in 3 of those who had used the Sussex Mental Health Line in the past 12 months rated it as 'poor' or 'terrible'*

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Several respondents commented that additional focus on mental health was needed when answering the section of the survey regarding how to make improvements to Urgent Care. Awareness of the Sussex Mental Health Line was low, with 1 in 4 being aware of this, and 1 in 3 were aware of the Mental Health Rapid Response service.

It is also important to note that mental health issues disproportionately affect the LGBTQ+ community for a variety of reasons, and that therefore this difficulty in access mental health urgent care may exacerbate the mental health inequality for this community. LGBTQ+ people are around twice as likely

to report symptoms of poor mental health than heterosexual adults, and have around 1.5 times higher prevalence of depression and anxiety disorders (LGBT Health 2018).

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*“When I have tried to use the Sussex Mental health line, I have never been able to get through, even after waiting on hold for over 30 minutes.”*

*“Because they don't take me seriously and they just say that I have to be on the waiting list. That is re: a long-term physical condition. With regard to my mental health, I am forever told that I do not meet the threshold for support or counselling due to my functioning level even when I am in crisis. So, my faith in health care is very low/lost after decades of bad experiences. I have had some excellent experiences too but these are in the minority. The issue is getting to see the practitioners in the first place as I see it.”*

*“Not sure I would get the help I needed. Used the Samaritans instead”*

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### Awareness of urgent care is low

Most respondents didn't feel particularly well-informed about the different urgent care options available or how to access them, and this was reflected in the data on reported awareness levels. Less than half, 44%, said they either 'strongly' (10%) or 'somewhat' (34%) agreed with the statement that they felt 'well-informed about the different urgent care services and how to access them'

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*57% did not feel they had a good level of awareness of the urgent care services available and how to access them*

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42% said they 'strongly' (16%) or 'somewhat' (26%) disagreed, indicating low levels of general awareness and information about the services. A further 15% neither agreed nor disagreed, meaning that more than half, 57% did not have a good level of awareness.

In particular, dental urgent care awareness is low: Only 1 in 4 were aware of the Dental Helpline and several commented that they had difficulty identifying an NHS dentist on short notice.

Awareness of urgent mental health services was higher among TNBI than cis-gender LGBTQ+ people. 29% and 22% of cisgender LGBTQ+ people respectively were aware of the MHRRS, Sussex Mental Health Line, while the figures rose to 42% and 35% for TNBI people.

### Timeliness of Urgent Care is mixed

Waiting times for accessing urgent care were mentioned repeatedly throughout comments as a barrier to access. In particular, it was noted that it could be particularly difficult to access the Sussex Mental Health Line.

While 40% said they either 'strongly' (13%) or 'somewhat' (27%) agreed with the statement that they would 'feel confident that they would receive treatment within a reasonable timeframe', a roughly similar number said the opposite: 39% said they either 'strongly' (15%) or 'somewhat' (24%) disagreed with the statement. A further 21% neither agreed nor disagreed.

# Recommendations

## 1. LGBTQ+ inclusive Urgent Care Awareness Campaign with a focus on Mental Health

The vast majority of respondents, 9 in 10, had not seen a campaign locally regarding urgent care in the last 12 months, and overall awareness of urgent care services was low. We recommend that **the CCG** launch a campaign that:

- Focuses on areas with lower levels of awareness. 111, GP surgeries and the Station Walk-In centre are already well-used and awareness is good, whereas:
  - 39% were aware of the Urgent Care Centre at RSCH
  - A third were aware of the MHRRS
  - Around a quarter were aware of the Dental helpline and Sussex Mental Health Line, suggesting that these are resources that would benefit from clearer promotion
- Focuses on mental health: these services had relatively low levels of awareness, and mental health services are a priority for LGBTQ+ communities, particularly TNBI, where mental health inequalities are most stark.
- De-emphasising 'burdening' messaging: many LGBTQ+ people are avoiding accessing primary and urgent care even when they need it for fear of burdening services or not being taken seriously (30% of commenters mentioned fear of burdening as a reason they hadn't sought urgent care even when they really felt they needed it, and 40% of commenters mentioned that they thought they wouldn't be taken seriously)
- Utilises LGBTQ+ inclusive language and images where appropriate
- Utilises clear messaging regarding the differences between Urgent and Emergency Care and how to access these

*Awareness of the Sussex Mental Health Line was low, with 1 in 4 being aware of this, and 1 in 3 were aware of the Mental Health Rapid Response service.*

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*"Advertised better, having LGBTQ-affirmative images and info on view, staff not assuming I am straight and cis, hearing and believing me. Looking beyond the mask of coping. Going on my words not my presentation."*

*"Clearer, more joined-up information on how to access the appropriate urgent care service"*

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## 2. LGBTQ+ affirmative accreditation for primary and urgent care

Several commenters noted that LGBTQ+ affirmative accreditation would encourage them to access services more readily. Implementing this at the level of both primary and urgent care will help to

address some of the barriers to primary care that result in LGBTQ+ people needing to access urgent care, as well as the issue of LGBTQ+ people avoiding accessing urgent care due to concerns about inclusion even when they need it, leading to a need for emergency care.

- **The CCG** should consider incentivizing LGBTQ+ affirmative accreditation for urgent and primary services care providers, such as Switchboard LGBTQ Inclusion Award.
  - Since an aspect of accreditation usually involves awareness training, this recommendation could also achieve recommendation 3:

### 3. LGBTQ+ and TNBI specific awareness training for primary and urgent care

LGBTQ+ related barriers to accessing both primary and urgent care were raised repeatedly throughout the engagement, and many of these related to issues of frontline staff's awareness and attitudes regarding LGBTQ+ communities, many of which (such as hetero- and cis-normativity, inappropriate or intrusive questions and mis-gendering) could be addressed with affirmative and awareness raising training. TNBI communities clearly experienced much poorer service in urgent care settings and faced additional barriers.

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*1 in 3 did not trust that urgent care services would be respectful of their LGBTQ+ identity or have a good level of LGBTQ+ awareness*

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- **The CCG** should ensure LGBTQ+ awareness training is made mandatory for frontline staff in both primary and urgent care, with a particular focus on mental health urgent care, where LGBTQ+ communities face significant health inequalities.
  - Training should have a strong TNBI component, or specific TNBI training should additionally be offered, since barriers for these communities are particularly acute and prevalent.

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*"training on transgender identities and how to ensure you're treating trans patients how they should be treated"*

*"Treat everyone as an individual and show them the respect they deserve. Educate on the LGBTQ+ needs to assure respect and dignity"*

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#### 4. Further engagement on and development of mental health urgent care

Mental health urgent care was highlighted as a priority and an area of challenge throughout the engagement. Awareness of mental health urgent care was particularly low, and a need for more reliable access to better quality mental health urgent care was a recurrent theme throughout the engagement.

LGBTQ+ communities are disproportionately affected by poor mental health (LGBT Health 2018), and experiences of mental health urgent care services, particularly the Sussex Mental Health Line, were the lowest rated of all Urgent Care services, as well as being some of the least used. Better mental health urgent care was also highlighted particularly among TNBI respondents, who reported both a higher prevalence and poorer experiences of accessing these services.

- **The CCG** should carry out further investigation into poor outcomes regarding mental health urgent care in the Sussex Mental Health Line and Mental Health Rapid Response service as a matter of urgency
- As part of this, **the CCG** should dedicate a future ECHO engagement topic in 2019/20 to access to and experiences of mental health services in order to identify issues in greater detail and generate recommendations for improving and developing these
- **Switchboard** should work in partnership with trans-led organisations to carry out any commissioned engagement on this topic to ensure TNBI experiences and perspectives are well-represented and explored in-depth

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*Mental health urgent care was accessed by TNBI respondents at ten times the rate of cis-gender respondents in the last 12 months, and around half of overall experiences of this were rated poorly*

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# References

Royal College of GPs (Undated) *Urgent and emergency care clinical audit toolkit*.

<https://www.rcgp.org.uk/clinical-and-research/resources/a-to-z-clinical-resources/urgent-and-emergency-care.aspx>

LGBT Health (2018) *LGBTI Populations and Mental Health Inequality*

<https://www.lgbthealth.org.uk/wp-content/uploads/2018/08/LGBTI-Populations-and-Mental-Health-Inequality-May-2018.pdf>

## Key contact

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## Key Term Glossary

**LGBTQ+:** Lesbian, gay, bisexual, trans\*, queer and other sexual and gender minorities, such as intersex, asexual, pansexual, and others.

**TNBI:** Trans, non-binary and intersex

**Trans\*:** Asterix denotes that this is an umbrella term encompassing many different identities

**BAME:** Black, Asian and Minority Ethnicities

**QTIPOC:** Queer, Trans\* and Intersex People/Person of Colour