

Supporting LGBTQ+ people in Brighton and Hove to share their experiences of health and social care services

Healthwatch and Switchboard working in partnership to deliver this report for the Care Quality Commission

6

There are too many requests to complete feedback, it's overwhelming. So, anything has to be made really quick, simple, and immediate - and 100% anonymous. I don't want to have to relive my experiences all of the time with lots of Qs as it's sometimes traumatic.

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Report authors:

Alan Boyd alan@hwbh.co.uk &

Jane Woodhull jane.woodhull@switchboard.org.uk

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A separate report has been produced by Switchboard describing their focus groups and interviews, which is available [here](#).

Appendices to the main report are available in a separate document:

Appendix A	Conversations with leads from local LGBTQ+ charities (in detail)
Appendix B	Conversations with survey respondents (in detail)
Appendix C	Selected analysis of the survey responses (in detail)
Appendix D	Main survey questions and responses (all data)
Appendix E	16-25 year-olds LGBTQ+ social media survey and responses
Appendix F	Detailed methodology
Appendix G	Care Quality Commission Expression of Interest to deliver this project
Appendix H	Healthwatch bid to deliver this project

We would like to thank everyone who supported or participated in this project, but our particular thanks go to Jane Woodhull and Jacob Bayliss of Brighton and Hove LGBT Switchboard.

1. A summary of what we did, and our key findings

Healthwatch Brighton and Hove worked in partnership with Brighton and Hove LGBT Switchboard to deliver this project on behalf of the Care Quality Commission (CQC). We collected LGBTQ+ patients' experiences of using health and social care services since July 2020. We also asked them how existing feedback systems could be improved to encourage them to share their experiences.

To help us understand more about what local LGBTQ+ people think of feedback systems and of the CQC:

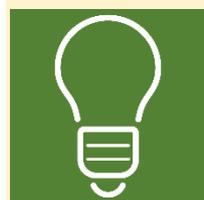


- a total of 120 people completed our two surveys, including 59 young younger people aged 16-25.
- Via our surveys, 24 people shared their feedback on health and social services which we shared with the CQC.



- 15 people shared their views through 3 focus groups.
- We interviewed 4 leads of local LGBTQ+ groups.
- We conducted one-to one interviews with 9 local people. to gather more of their views.

Where known, our engagement achieved good levels of diversity and representation amongst the local LGBTQ+ community (see page 21).



We have developed 17 recommendations for the CQC, built around 4 areas of focus (see pages 5 and 10).

These are **(1)** closer partnership working with local LGBTQ+ groups, **(2)** a focus on building trust with the LGBTQ+ community, **(3)** a more flexible approach to collating feedback and **(4)** better publicity of feedback systems.

On the next pages you can read our key findings, with more detail available on pages 17-40. Healthwatch has already shared this report with the CQC and will discuss how our recommendations can be taken forward.

Key findings from our project

We used several methods to engage with the LGBTQ+ community including interviews, focus groups, social media, and targeted surveys, and the same themes about feedback systems and ideas for the CQC arose each time:

Provide support for people when reliving traumatic experiences. Offer advocacy services.	Create a dedicated CQC public-friendly feedback website which explains impacts & outcomes ("You Said. We Did").	Gather collective LGBTQ+ concerns (not just individual) via local organisations on a regular basis.
Offer simpler and quicker ways to feedback.	Consider a friendlier term for "inspectors".	Offer LGBTQ+ CQC staff for patients to talk to.
Advise people at the point they receive care of feedback options (leaflets, QR codes, a facility on NHS App "How was your care today?")	CQC - become an LGBTQ+ ally. Achieve Stonewall Top 100 employer for LGBTQ+ people . Accept an offer of training from local LGBTQ+ groups.	Fund local LGBTQ+ groups to deliver engagement activities on the CQC's behalf and reward participants.
Enable feedback to be shared via LGBTQ+ groups.	Ensure language in forms is inclusive e.g. ask for preferred pronouns.	Ensure feedback forms open up a conversation with patients.

What people said about feedback systems (some quotes)

"I would feel empowered if there was an advocate"

"I didn't know you could provide feedback"

"Make them [forms] inclusive so that everyone feels they can contribute"

"CQC feels quite unaccountable and distant, more integration into community services would support this"

"..too many requests to complete feedback, it's overwhelming. ..anything has to be made really quick, simple, and immediate."

"Is it really worth doing it? So little seems to change as a result"

"The idea of having to delve into it again ... to make a complaint felt too ... raw"

"There need to be different levels of feedback systems"

"I would like an email response thanking me for my feedback"

"The survey seemed more focused on negative feedback"

"As a chronically ill person the power dynamic is very against someone like me so I live in fear of my care getting worse"

**Our recommendations
to the CQC**
([see page 10 for more detail](#))

1. Identify and work directly with local LGBTQ+ voluntary and community services.
2. Ensure continuous feedback happens between CQC & local LGBTQ+ organisations.
3. Develop a third-party reporting mechanism which enables local organisations to collect feedback on the CQC's behalf.
4. Fund local voluntary and community groups to deliver projects, or ongoing engagement activities, on the CQC's behalf.

9. Adopt a multi-layered 'menu' approach to gathering feedback (different options).
10. Review feedback forms. Design bespoke engagement for target audiences utilising different mediums. Ensure these are inclusive.
11. Build into feedback systems better support systems for people who may need it, such as advocacy.
12. Make a commitment to working with younger people under 25 and also older LGBTQ+ people.
13. Continually review the CQC's approach to collecting feedback, working with Healthwatch and local groups.

Work in partnership

A diverse approach

Build trust

Improve publicity

5. Work with LGBTQ+ groups to become a LGBTQ+ ally and for staff to be trained to understand factors specific to LGBTQ+ people.
6. Provide greater assurance to people around the anonymity of their feedback and confidence that it will not affect their care.
7. Ensure that people's feedback is always acknowledged and they are informed of any impacts.
8. Develop a measure of public trust / approval rating to identify communities to work with, or focus on.

14. Raise awareness of the CQC's role/function and its interest in hearing the patient voice.
15. Improve the CQC website making it more patient friendly / build a dedicated patient website.
16. Better promote feedback systems (at point of care) and make it clearer that it is not just negative feedback being sought.
17. Consider including the CQC feedback request in the NHS App which more people are using.

2. A message from Healthwatch Brighton and Hove



Healthwatch has welcomed this opportunity to work in partnership with Switchboard to deliver this project for the CQC. LGBTQ+ people across our city have also welcomed the chance to have their voices heard. It is encouraging that LGBTQ+ people have wanted to share their stories of using health and social care services, but it is also clear that numerous barriers need to be removed to support more people to do this more often. We believe there is much that the CQC can learn from the feedback contained in this report to deliver their ambition of hearing from communities that unnecessarily experience worse health outcomes. Specifically, the CQC should focus on building trust with LGBTQ+ communities by working directly with the community groups that support them already. The CQC should also do more to promote its role and create a more public-friendly – and LGBTQ+ inclusive – image. Healthwatch looks forward to working further with the CQC to realise our recommendations.

healthwatch
Brighton and Hove



3. A message from Brighton and Hove LGBTQ Switchboard



We warmly welcome the CQC's questions about better engaging with LGBTQ+ people. We know that this is a population that experiences a breadth of health inequalities, and that discrimination is still a reality for many LGBTQ+ people accessing health and social care services. Excellent, affirming care can make a huge difference to the experiences, outcomes and onward health seeking behaviours of these communities too, and it is equally important to identify and celebrate this as well as challenge services that are not providing equitable care. We wholeheartedly support the recommendations in this report and are keen to engage in further dialogue about how we realise these.

Switchboard
Connecting you to LGBTQ support



4. An introduction to the project

The Care Quality Commission's aims for this project

The Care Quality Commission (CQC) is the official regulator of health and social care services. They carry out routine and unplanned inspections using patient experiences to support these (a [short video](#) explains more about what CQC do).

The CQC:

- have a [new strategy](#) which outlines an ambition to better regulate health and social care services driven by people's needs and experiences
- they want to ensure they are hearing from those population groups:
 - experiencing the greatest health inequalities
 - who are most likely to face barriers in accessing care or suffer poorer health outcomes, and
 - who are less likely to share their feedback.

To achieve their ambitions, the CQC recognise that they need to:

- do more work to encourage and enable people from these seldom heard groups and people who are vulnerable due to their circumstances, to share their experiences outside of planned CQC inspection activity
- work closely with trusted local intermediaries, such as Healthwatch and other local voluntary and community organisations.

In November 2021, the CQC issued an opportunity to the [Healthwatch network](#) to deliver five projects to engage more with people from one of 13 different seldom heard from groups¹. Two of these groups were the lesbian, gay and bisexual community and the trans and non-binary population. Healthwatch Brighton and Hove submitted a bid to engage with the entire local LGBTQ+ community. We explained that the proposed separation into two distinct groups did not recognise how people might self-identify, for example, it is possible to identify as being trans and a gay man, and that this division might be counterintuitive to the CQC's ambition to build a closer engagement relationship with the LGBTQ+ community. The CQC agreed with us.

We also proposed to the CQC that the project could deliver more than they were aiming for, and again they agreed with us. For example, as well as increasing the amount of feedback received from the LGBTQ+ community, the project was an opportunity:

¹ Full details of these groups and the original CQC project outline are available in Appendix G.

- to explore how existing feedback mechanisms used by the CQC might be improved to encourage more feedback, on a more regular basis
- examine any barriers which currently stop or prevent LGBTQ+ people from providing feedback and how these might be broken down
- to identify ways to build closer engagement between CQC and local LGBTQ+ voluntary and community groups (VCS).

Why we chose to work with the local LGBTQ+ population

The focus of this work was particularly important for Brighton and Hove which has a large population of LGBTQ+ individuals that is higher than the national estimate of 2.2%ⁱ. The Brighton and Hove Joint Strategy Needs Assessmentⁱⁱ estimates that 10-15% of our residents identify as LGBTQ+, or between 34,000-43,500 people. Outside of London, this is one of the largest populations of LGBTQ+ people, thus our location and local knowledge placed us in an excellent position to deliver this project and provide valuable insight to support the CQC's work and ambitions.

Healthwatch Brighton and Hove and [Brighton & Hove LGBT Switchboard](#) ("Switchboard") already hold joint intelligence, which highlights some of the existing barriers that LGBTQ+ face when accessing services:

- Healthwatch recently carried out work examining the [end of life care needs of LGBTQ+ people](#) where we identified that at the national level, 74% of LGBT people are not confident that health and social care services provide sensitive end of life care.ⁱⁱⁱ As a result, they often delay accessing the care they need and are more likely to experience unmanaged symptoms and pain at the end of their lives.
- Brighton and Hove LGBTQ Switchboard is a charity that has been listening to, supporting and connecting the LGBTQ+ communities since 1975. A recent report examining the [impact of COVID-19 on LGBTQ+ communities of Brighton & Hove](#) found ***"This report ... confirms both national data, and our experience at Switchboard; from mental health to housing, and from drug use to job opportunities, LGBTQ people are struggling uniquely and disproportionately."***

Methodology used to produce this report

A detailed description is available in Appendix F, where we have highlighted learning for the CQC to consider when they scope similar projects to this one.

Healthwatch approached Brighton & Hove LGBT Switchboard to discuss the project, and this resulted in the formation of a partnership to jointly deliver it,

which was critical to its success. Healthwatch used a proportion of the CQC funds it had been awarded to support activities that Switchboard led on (i.e. focus groups, survey design and interviews). Healthwatch had described in our project bid that cross sections of the wider LGBTQ+ community have a distrust of health services or related institutions but have a developed sense of trust in local LGBTQ+ organisations. We felt that people would be more likely to engage if Switchboard were involved and this belief was confirmed by the project's success.

We intentionally applied different engagement approaches to this work to understand which methods worked best with the LGBTQ+ community:

1. A Healthwatch / Switchboard online survey
2. A shorter social media survey for younger LGBTQ+ people (aged 16-25)
3. One-to-one interviews to gather opinions on feedback processes
4. Focus groups and interviews
5. Conversations with local LGBTQ+ groups.

More information about our approaches is given in the individual sections of this report, as shown in the table below. We have used comments received from these to support our analysis of the survey data and recommendations.

The remainder of the report details:

- Section 5: [Our recommendations to the CQC](#) (pages 10-12)
- Section 6: [Answers to CQC's main questions posed by this project](#) (pages 13-17)
- Section 7: [A summary of the key findings from our two surveys](#) (pages 18-23)
- Section 7: [A summary of the key findings from our 3 focus groups and interviews](#) (pages 24-26). A separate, [more detailed report](#), has been produced by Switchboard
- Section 7: [A summary of our interviews with the leads of local LGBTQ+ organisations \(and how they would like to work with the CQC\), and interviews with patients](#) (pages 27-30)
- Section 8: [Suggestions to improve the CQC 'Give Feedback on Care' form and feedback forms in general](#) (pages 31-40)

A set of Appendices provide more detail and full quantitative analysis (available as a separate document).

5. Recommendations to the Care Quality Commission to help them engage with LGBTQ+ communities



The CQC asked Healthwatch to make recommendations on how the CQC could improve or develop the approach we had adopted for this project in the future; in addition to any other learning we had identified. Our recommendations are built around 4 key areas that we believe the CQC should focus on.

In addition to our recommendations, we also encourage the CQC to run **a follow-up project a year from now** to determine whether the CQC has seen an increase in regular feedback from the LGBTQ+ community. The project could demonstrate how our recommendations have been taken forward which in turn will show how the CQC has responded to this report (“You Said. We Did”). Healthwatch can assist in the delivery of this follow on project.

First area of focus: Work in partnership with local LGBTQ+ organisations.
We recommend that the CQC should:

1. As a priority, identify and work directly with local LGBTQ+ voluntary and community services (VCS).

Working with VCS in each local authority will help the CQC collect feedback from the target populations they wish to hear from.

“CQC feels quite unaccountable and distant, more integration into community services would support this”

2. Ensure continuous feedback happens between CQC & local LGBTQ+ organisations. This is a critical element of any partnership working. The CQC should routinely describe the impacts or outcomes from feedback shared with them and how this has helped to improve services (“You Said. We Did”).

3. Develop a third-party reporting mechanism which enables local organisations to collect feedback on the CQC’s behalf. Creating a portal would mirror the way that front line workers can [report hate crimes](#) already. Any mechanism must be codesigned with LGBTQ+ organisations and Switchboard is happy to pilot a portal and work with the CQC to develop it.

4. Consider funding local VCS to deliver one-off short-term projects, or ongoing engagement activities on their behalf. This project has shown how relatively moderate sums can fund the delivery of focus groups, targeted survey design and reports, providing valuable insight.

Second area of focus: Build trust with LGBTQ+ communities. We recommend the CQC:

5. **Should make a commitment to working with LGBTQ+ organisations to become a LGBTQ+ ally** (this cannot be just a symbolic status) **and for staff to be trained to better understand gender, body parts and other factors specific to LGBTQ+ people** so that they do not have to 'educate' staff when sharing their feedback. Switchboard is happy to work with the CQC to deliver LGBTQ+ awareness training so that the CQC is openly viewed as being LGBTQ+ inclusive.
6. **Provide greater assurance to people around the anonymity of their feedback and confidence that it will not affect their care.**
7. **Ensure that people's feedback is acknowledged, and they are informed of any impacts** (where contact details are provided). This provides assurance that something will happen, or at the very least that feedback has been read.
8. **Develop a measure of public trust / approval rating to help the CQC identify communities where extra focus is needed.** Our findings show a lack of trust hampers some LGBTQ+ people's willingness to share feedback with the CQC.

"CQC need to focus on developing trust with patients ...the fact that people don't know who the CQC is may shut the door to feedback."

Third area of focus: Apply a more flexible approach to gathering feedback. We recommend the CQC:

9. **Should adopt a multi-layered 'menu' approach to gathering feedback (a range of options for people to choose from)** such as surveys, focus groups, one to one interviews, 'live chat', online consultations, and video or phone calls for those who are digitally excluded. All approaches must be fully accessible especially as many LGBTQ+ people live with neurodiverse conditions, which can make filling in forms harder to do. Anecdotal evidence is that forms which take longer than 5 minutes to complete will often result in a high drop off rate.
10. **Should review how its feedback forms are designed, ensuring that:**
 - they are available in different mediums, utilising online and social media platforms in particular so as to attract the younger demographic
 - they are designed to encourage people to provide positive and neutral feedback as there is a perception that only negative feedback is wanted
 - they enable people to share several experiences i.e. where people wish to provide general views based on several experiences of a service(s)

"Enable people to use a host of different methods to raise concerns"

- they reflect differences in the LGBTQ+ community who are not a homogenous group
- language used within surveys is drafted to support engagement with the target population (“inclusivity”)
- that a review of the questions and content is undertaken to streamline the form (Section 8 has more [ideas about how to improve feedback forms](#)).

- 11. Build into feedback systems better support systems for people who may need it, such as advocacy.** People without support networks may not be able to give feedback if the emotional burden is too great. Reliving difficult memories can in itself cause further harm to the individual.
- 12. Make a commitment to working in particular with younger people under 25** whose views are fundamental to the longer-term future development of services **and also older people.** Both groups tell us that they often feel unheard and unseen, and unsupported to give their feedback.
- 13. Continually review its approach to collecting feedback and modifying this as appropriate, working with Healthwatch and local groups** i.e. the CQC’s focus should not solely be on increasing the quantity of feedback only, but to continually explore how to remove barriers that stop or prevent certain communities or people from providing it (refer to recommendation 8).

Forth area of focus: Better publicity of what the CQC does and its feedback systems. We recommend that the CQC should:

“People don’t feel comfortable feeding back to something they don’t know”

- 14. Better promote the CQC’s role/function and its interest in the patient voice.** At present people are not clear about the role that the CQC performs, and it is seen as the “Ofsted of services” rather than being there to support patients.
- 15. Improve the CQC website which is not regarded as being patient friendly as it is more focused on describing the impacts of visits to services.** A new, separate site which is dedicated to for patients might be helpful.
- 16. Focus on better promoting its feedback systems.** The CQC needs to raise public awareness of its feedback forms and people should be made aware of these when they are actually using services.
- 17. Investigate how to include the CQC feedback request in the [NHS App](#) which more people are now using.**

6. Answers to the CQC's questions

The CQC posed four key questions as part of their project brief (see Appendix G) and our responses, based on our learning and findings, are summarised below.

Q1

What is reasonable in terms of targets for this work in the future? (i.e. number of CQC 'Give Feedback on Care' forms completed, reach in terms of % of local population group engaged with etc)

Findings from our project

- This project delivered a total of 26 pieces of feedback on health and social care services over a period of 6.5 weeks. 24 of these came from LGBTQ+ people (the remaining two were provided by people who did not identify as LGBTQ+). 13 people who submitted their feedback on services were willing to discuss this in more detail with the CQC.
- This project engaged with an estimated 0.5–0.6% of the LGBTQ+ community in Brighton and Hove i.e. a total of 200 people attempted our two surveys out of an estimated population of between 34–43,500 (out of a total estimated population of circa 285,000). This included 59 younger people aged 16–25.
- 15 people took part in three focus groups.
- 9 people were happy to be interviewed on a one-to-one basis (these people may or may not have also completed our surveys).
- 4 leads of local LGBTQ+ charities were interviewed, and all expressed a willingness to work more closely with the CQC.
- We successfully engaged with a wide cross section of the local LGBTQ+ community both in terms of people's prescribed gender identities, age ranges and disabilities.

Commentary:

Brighton and Hove has a sizeable and diverse LGBTQ+ population and higher than the national estimate of 2.2%. They are supported by a significant number of local charitable and community organisations who Healthwatch have existing links with. These facts undoubtedly helped us to engage with the local LGBTQ+ community more easily than would otherwise have been the case. Other cities that are similar to Brighton, and where engagement might also be achieved more readily, include London, Manchester and Birmingham. It is, however, unrealistic to assume that engagement levels will be as high across the entire country,

especially in areas where LGBTQ+ communities and support services are smaller in number, or do not openly exist at all.

The [ONS estimate that the population of England](#) is 56.5 million, meaning an estimated LGBTQ+ population of 1.24 million (2.2%). At a maximum engagement level of 0.6% (as in our study across Brighton and Hove), this would equate to 7,500 LGBTQ+ people across England whom the CQC might expect to hear from; however, we would suggest a more realistic rate would be much lower especially if the barriers outlined in this report are not removed (a full examination of different LGBTQ+ populations across all regions would be required to give a more accurate estimate). We would estimate that engagement rates will be even lower if the CQC does not work directly with LGBTQ+ voluntary and community services and support them to gather and share feedback from the community.

Q2

What worked well, and what challenges did you face?

What worked well

- Support for the project from local VCS was strong, with many organisations responding to requests to promote our surveys, and with several leads of these organisations being willing to talk to us to share their views and ideas. As mentioned, four leads of local LGBTQ+ charities were interviewed, and all expressed a willingness to work more closely with the CQC. Local NHS leaders also helped to promote our work.
- Over 8,000 people were reached via a Facebook post promoting our main survey and 400 engaged with this. 135 people attempted the main survey.
- The development of dedicated younger persons' social media survey was inspired and critical in gathering the views of 16-25 year olds.
- The partnership working with Switchboard was critical to the project and underpinned its success. Their tireless enthusiasm delivered three focus groups and a younger persons' social media survey. Their existing links to the community provided direct links to diverse communities within the wider LGBTQ+ population i.e. people living with disabilities, people with neurodiverse conditions and younger people under 25, and helped us achieve excellent cross representation.
- Engagement from the LGBTQ+ community itself was excellent via our two surveys, three focus groups and 13 one-to-one interviews.

- Extensive feedback was gathered on ways to improve existing feedback systems.
- The feedback provided will be helpful to both Healthwatch and Switchboard teams to direct their work and future engagement with the community.

What challenges did we face?

- Both the main survey and focus group were targeted by spam respondents/ responses from America. Switchboard report that this is not an uncommon practice.
- Despite our extensive promotion and engagement, the project did not achieve a high level of engagement with people from a diverse range of ethnic origins (See Appendix D, Section 3).
- There was a significant drop-out rate to the main survey: 75 out of 135 people aborted the survey after only answering the initial few questions (56%)
- People were often not aware they could provide feedback on services and/or assumed that it was just negative feedback that was being sought.

Commentary:

- The CQC will need to monitor all online engagement approaches it delivers to ensure these offer safe, inclusive LGBTQ+ spaces.
- The CQC should identify organisations that support LGBTQ+ people from ethnic minorities and build ongoing relationships with them.
- CQC feedback systems need to be time-sensitive, short in length and provide different ways for people to submit their feedback without the need to always answer supplementary questions – a ‘menu’ of options should be adopted.
- Better publicity of the CQC feedback system is needed and forms or requests need to be sent directly to, or shared with, patients without their having to search for these.
- Feedback systems need to look and feel fully LGBTQ+ inclusive, achieved via the use of appropriate language and imagery.



Q3

What can the CQC learn from the approach adopted by Healthwatch to deliver this project to make it scalable/sustainable in all areas of the country, and to build a model for continuous engagement with trusted

Q4

intermediaries?

Commentary:

- **Developing partnership working with local voluntary, charitable and community groups (VCS) is essential** to reach the LGBTQ+ population (and any other target populations). Therefore, identifying key local VCS at a regional level should be a priority for the CQC. VCS organisations are trusted and offer supportive and inclusive spaces, and population groups that the CQC wishes to hear from are already engaged with them as a result (this is especially important when asking people to share traumatic experiences should they require additional support or aftercare). This project was successful due to the partnership working with Switchboard.
- **The CQC needs to build regular, meaningful partnership working with VCS organisations involving continuous and open feedback. This will result in greater levels of trust in the CQC and encourage more people to feed back.** Developing trust in the CQC is critical as existing trust levels amongst those we surveyed were low (see page 22). Working with VCS can help the CQC to become LGBTQ+ inclusive, and all of this **would encourage people to share their feedback.**
- **Leads from local LGBTQ+ organisations indicated they were happy to work with the CQC and proposed the idea of creating a third-party reporting mechanism to enable them to share service users' feedback.** Any mechanism must be codesigned with VCS involvement and be simple to use and complete given the time constraints and demands on local services and staff. If VCS are being asked to gather and collate feedback, then the CQC must routinely acknowledge people's experiences and advise how these have helped to improve services – this was a key ask of respondents to our survey, which addresses the “*why bother?*” challenge to giving feedback.
- **Funding any partnership work is important if organisations are being asked to deliver work on behalf of the CQC.** For this project, a proportion of the CQC funding given to Healthwatch was used to cover Switchboard's

costs. This money was used to deliver focus groups and to offer a financial incentive to focus group members to encourage their participation and to say ‘thank you.’ The LGBTQ+ community displayed a willingness to engage with us on this topic, but they appreciated recognition for their time and effort, especially in the face of multiple requests to obtain their views.

- **A multi-layered ‘menu’ approach to gathering feedback is recommended.** The standard survey feedback format is off-putting for many, with the perception being (more so amongst those who aborted our survey) that they are overly long and complex. People want easy, simple, time-sensitive ways to share their feedback, and alternatives to surveys such as focus groups, one-to-one interviews, live chat and phone calls, should be used. Where surveys are utilised, these need to be available in different mediums utilising online and social media platforms to attract younger people. They also need to enable people to share more than one experience i.e. where people wish to provide general views based on several experiences of a service(s). Feedback systems also need to be designed so that people are encouraged to provide positive and neutral feedback, as there is a perception that only negative feedback is being sought by the CQC. The language used within feedback forms/systems needs to be carefully considered and drafted to support engagement with the target population. For example, the current CQC form fails to ask any demographic questions meaning that specific issues affecting the LGBTQ+ community cannot be identified. We do not consider there is always a need to create feedback forms just for the LGBTQ+ community, but tweaks to the language of standard forms are recommended e.g. allowing people to insert their preferred pronoun.

7. A summary of our findings

In this section, we have summarised the key results from our various activities, together with details of the methodologies we adopted for each approach:

A. Key results from our two surveys	Pages 18-23
B. Key results from those we engaged with via our focus groups	Pages 24-26
C. Key results from our interviews with leads from local LGBTQ+ charities and survey respondents	Pages 27-30

Detailed analysis of our results, plus additional background information is contained in Appendices A to F, which are available in a separate document.



A

Key results from our two surveys (47 to our main survey and 65 to our younger person's social media survey)

We ran two patient surveys

1. An extensive Healthwatch / Switchboard survey

- Healthwatch created an online survey which we launched on 17th February 2022 and closed on 4th April (6.5 weeks). This was user-tested and quality assured by Switchboard. Anyone from the LGBTQ+ community could complete this. It consisted of up to 42 questions (the actual number of questions varied according to how people choose to answer or skip over questions).
- The survey was designed to achieve four things:
 - i. Gather people's feedback on services. We did this by incorporating the questions asked in the CQC's ['Give Feedback on Care'](#) online form into Section One of our survey. When people completed these questions, we transposed the information into the actual CQC online form to ensure that the CQC received this intelligence.
 - ii. In Section Two of our survey, we sought people's views about the CQC ['Give Feedback on Care'](#) form and how it could be improved. Our survey included an option for people to share more of their feedback via a one-to-one interview.
 - iii. Understand more about how people view the CQC as an organisation (Section Two).
 - iv. Collect demographic data (Section Three).

We amended our survey two weeks after launch in response to user feedback and high levels of aborted responses. People were then able to skip questions about providing feedback on a service and could just share their views about ways to improve feedback systems. We also reduced the amount of explanatory text. This led to an increase in the number of completed surveys.

We promoted our survey in a number of ways:



- via the Healthwatch newsletter, reaching over 1400 individuals and organisations, and on our website.
- on social media platforms (we paid to boost their reach). On Facebook, we reached 8,268 people across Brighton and Hove and engaged with 400.
- we approached local LGBTQ+ organisations to help promote the survey and we received a positive response. These groups represent younger and older LGBTQ+ people, LGBTQ+ people living with dementia, trans and non-binary people, LGBTQ+ people living with HIV and others.
- we asked the LGBTQ+ network lead at our local NHS Trust to share the survey.
- we promoted the survey on a local radio station, Radio Reverb, on a dedicated LGBTQ+ programme.

The survey saw a high dropout rate, with 75 of the 135 people (56%) who attempted the survey aborting the survey after they had answered the first few questions. Identified reasons for this are:

- People were not clear that they would be asked to provide feedback on a service, and in fact many did not wish to and subsequently aborted the survey.
- The format of the survey was not completely mobile friendly due to the questions contained in the CQC 'Give Feedback on Care' form some of which are long, with detailed explanatory text which appears off-putting on screen.

2. A shorter survey for younger LGBTQ+ people

We wanted to obtain the views of young people aged 16-25 which can often be harder to achieve through mainstream approaches. After the main survey had been live for just over a week, Switchboard proposed developing a shorter survey to be promoted via Instagram which is a more popular social media platform amongst this age group. The limitations of Instagram meant that the questions were deliberately smaller in number and less detailed compared to the main survey, but we felt it important to try and gather some sense of how younger people felt about providing feedback. The survey was launched on 16 March on both Instagram and Twitter and was live for 24 hours, attracting 65 responses, 50 from our target age group (16-25 year olds). The survey asked 4 simple questions, without asking people to provide their experiences of a health or social care service:

1. Are you aged 16-25?
2. Have you ever reported a concern about a health and social care service?
3. Is there anything that stops you reporting?
4. What would make you more likely to provide feedback about a service?

Social media promotion of our younger person's survey on Instagram



Results from our patient surveys

1) Main survey

- 135 people attempted the survey, but 75 people dropped out after answering the first two questions (they submitted no useful data).
- 60 people answered the survey, 55 of whom identified as LGBTQ+. 5 people were removed from the data set either because they did not identify as LGBTQ+ (who are outside the scope of this project), or because they were identified as spam, 3 responses (these came from America).
- 47 (of the 55) LGBTQ+ people completed the survey in full, whilst 8 people provided only partial and therefore unusable returns. Data from the 47 complete returns only has been analysed for the purposes of this report.
- The project generated 26 pieces of individual feedback on services, 24 from LGBTQ+ people. These were shared with the CQC.
- 22 people chose only to provide their views about improving feedback systems and did not submit any feedback about using services.

2. Younger person's survey

- 50 young people in the 16-25 year old age group completed this survey (77%), whilst a further 15 people (23%) aged over 25 also completed it. We were not able to separate the 15 responses out from the data set as we did not specifically ask people to give their individual ages (or any other

demographic data) so we could not identify them. Our data analysis therefore covers all 65 responses. We do not consider that this affects the overall integrity of these findings as three quarters of responses were from our target group and the survey only asked 4 simple questions about feedback systems in general.

Full analysis of the survey data is available in Appendices C–E. A summary of the key findings is described in the table below.

1. Demographics of survey respondents (main survey only)

- 22% of respondents indicated that their ethnic origin was something other than “White: British / English / Northern Irish / Scottish / Welsh”.
- 40% described their gender identity as ‘woman, including trans woman.
- 33% described themselves as being a ‘man, including trans man’.
- Other gender identities included: 7% genderqueer, 4.5% gender fluid, 4.5% non-binary, and five other self-prescribed identities.
- 58% were aged 40 and over, and 42% were under. 36% were aged 34 and under. 22% were aged 20 to 29 and nearly 7% were under 18.
- 36% have a disability, health condition and/or neurodivergence.

2. Feedback on health and social care services

- 28% of LGBTQ+ people described their experience of services as being ‘good’, 36% as ‘bad’, 36% as a mixture of ‘both good and bad’:
 - 16 pieces of feedback were about GPs: 7 ‘good’, 8 ‘bad’, and 1 ‘both good and bad’
 - 14 were about hospital services: 4 ‘good’, 6 ‘bad’ & 4 ‘both good and bad’
 - 5 pieces of feedback were about fertility services in general: 3 ‘bad’ and 2 ‘both good and bad’
 - 3 pieces of feedback were about sexual health services all ‘bad’
 - 3 pieces of feedback were about mental health services, all ‘bad’
 - 2 pieces of feedback were about dentists, 1 bad, 1 not described.
- 48% of respondents who shared their experiences of health and social care services were happy to discuss their feedback with CQC inspectors.
- 64% had not shared their feedback with the service in question. No one had shared it with an official organisation such as the police, CQC or local Council.

3. Respondents' views on the CQC feedback form (main survey only)

“More focussed questions on your experience”

“I want to raise general issues that happen lots of times”

- Only 35% of people were clear what type of feedback to give about services
- 41% found the explanatory information in the CQC form helpful
- 68% found the CQC questions easy or very easy to answer. 16% said 'difficult'.
- 65% said the questions asked in the CQC form were relevant to their feedback and 59% said they were clearly written.

4. Respondents' views on feedback forms in general

- Feedback revealed that awareness of the CQC form – or any feedback systems – were low.
- 63% of people (main survey) selected the option *“making it clearer that my responses on the feedback form will be anonymous”* as a way to improve feedback forms.

“Make them inclusive so that everyone feels they can contribute”

“..too many requests to complete feedback, it's overwhelming. ..anything has to be made really quick, simple, and immediate.”

- 85.5% of younger people (social media survey) had never reported a concern about a health and social care service. 26% didn't know they could provide feedback, and 29% didn't know how to do this.

5. Respondents' views about the CQC (main survey only)

- 36% want a personalised response from the CQC to their feedback.
- Respondents' views on the CQC were:

	Question	Average score out of 10
1	The CQC helps to improve local services	5.13
2	I know what the CQC does	5.02
3	I trust the CQC	4.78
4	The CQC will definitely use my feedback	3.98
5	The CQC engages well with the LGBTQ+ community	3.96

“CQC feels quite unaccountable and distant, more integration into community services would support this”

6. Respondents' views on overcoming barriers which stop people LGBTQ+ sharing feedback

“As a chronically ill person the power dynamic is very against someone like me so I live in fear of my care getting worse.”

- 51% of respondents to the main survey, and 21% of younger people who responded to our social media survey, would be encouraged to provide feedback if they knew it would not affect their own care.
- 87% (main survey) would be encouraged to provide feedback if they felt that it would make a difference.
- 24% of younger people (social media survey) didn't provide feedback as they felt it wouldn't make a difference. 32.5% wanted to share their views via an LGBTQ+ organisation and 21% to another independent organisation. 28% want a simple form to complete.
- 59% of people (main survey) and 53.5% of younger people (social media survey) would be encouraged to provide feedback if they knew that the CQC was working directly with local organisations which support LGBTQ+ people.
- (main survey) Those who **had not** provided feedback using the CQC form had negative perceptions about feedback forms in general: 81% said they asked too many questions, and 54.5% said they should be shorter.

“Is it really worth doing it? So little seems to change as a result”



B

Key results from the people we spoke to as part of our focus groups (21 people)



The following section summarises the key points made by the people we engaged with via the focus groups organised by Switchboard. There were three groups involving 15 people and six one to one interviews. You can read their separate report [here](#).

Methodology used



- Thurs 23rd March, The Ledward Centre, 5pm. Book here: bit.ly/LGBTHealthLedw...
- 16-25s - Tues 29th March, Zoom, 5pm. Book here: bit.ly/YoungLGBTHealth
- Weds 30th March, Zoom, 5pm. Book here: bit.ly/lgbthealthsocial...

... Switchboard hosted three focus groups using their existing networks in March:

1. A face-to-face group on 23rd March with 3 attendees
2. A disability/neurodiversity online group on 28th March with 7 attendees
3. A younger person’s online group on 30th March with 5 attendees.



10:04 AM · Mar 4, 2022 · Twitter Web App

Switchboard also conducted one-to-one Interviews with a further 6 people who were asked to join a focus groups but who requested this format instead (they did not wish to participate in a focus group).

Healthwatch did not join these groups to avoid making attendees feel uncomfortable as we appreciate that some LGBTQ+ people have a distrust of any ‘health’ organisation.

Switchboard asked people to share whether they had provided feedback before, and if so, what was the experience like; what stopped or prevented them from providing feedback about health and social care services, and what would encourage them to provide feedback. A separate report has been produced by Switchboard detailing the outcomes from their three focus groups and interviews.

The focus groups discussions highlighted some common views about the CQC and feedback systems. We have included comments from the focus groups.

<p>Who are the CQC?</p>	<p>People were unclear about what role the CQC performs. Only 4 participants had heard of the CQC. Participants felt the CQC needs to be more agile and proactive in its approach to properly engage with people.</p>	<p><i>“People don’t feel comfortable feeding back to something they don’t know.”</i></p>
<p>Better awareness of feedback systems is needed</p>	<p>Participants said there needs to be better awareness raising of feedback systems and they want to be made aware of them at the point at which they receive care. None of the participants had been made aware of the CQC form when they had accessed services. Many 16-25 year-olds didn’t know they could provide feedback at all. One person suggested a QR code should be available across all services at the point of delivery.</p>	
<p>Is CQC LGBTQ+ inclusive?</p>	<p>People wanted assurance that CQC staff are LGBTQ+ trained and aware of the challenges faced by LGBTQ+ people. All participants had experienced heteronormative assumptions from health and social care professionals and believed that any similar organisation, such as the CQC, would be the same. LGBTQ+ people don’t want to have to educate CQC staff about their gender or body parts. People would like to see the CQC working directly with LGBTQ+ groups.</p>	<p><i>“Would the people at the CQC ... appreciate the challenges I face accessing health and social care?”</i></p>
<p>The ability to share feedback via specific LGBTQ+ channels</p>	<p>Participants said they would like a specific LGBTQ+ reporting channel and would like to provide feedback via LGBTQ+ organisations.</p>	<p><i>“I would like a specific LGBTQ+ person who was on my side.”</i></p>

<p>A 'menu' of ways to provide feedback to suit individual needs.</p>	<p>Participants want a simple, quick form with only a few drop-down options. They also want options for video and phone calls for those who are digitally excluded. Many felt the current CQC form was inaccessible. The suggestion was made that the feedback request should appear in the NHS App, which more people are now using.</p> <p><i>“Enable people to use a host of different methods to raise concerns.”</i></p>
<p>A response from CQC to feedback</p>	<p>Participants want their feedback acknowledged and to receive a follow up to it, even if this is not in detail (“You Said. We Did”). One person had reported concerns to the CQC, but they were frustrated that no feedback was given. People who had reported concerns using other systems such as PALS services, were equally frustrated and demoralised by the process.</p> <p><i>“I would like an email response thanking for my feedback ... I want to know if there has been a change or an improvement....”</i></p>
<p>Support when giving feedback</p>	<p>Participants felt that there needs to be more recognition of the emotional burden of providing feedback and to be given support when doing this. Many LGBTQ+ people live alone and lack support, whilst 16-25 year-olds often lack parental support. The option of advocacy would be welcomed by many.</p> <p><i>“The idea of having to delve into it again ... to make a complaint felt too ...raw.”</i></p>
<p>People want greater assurance</p>	<p>Participants want better assurance that providing feedback won't affect their care.</p> <p><i>“I fear rocking the boat or being denied health care.”</i></p>

C

**Key results from our one-to-one interviews
(4 with leaders of local LGBTQ+ groups, 3 with patients)**



We spoke to leads from four local charities that support the LGBTQ+ community in Brighton and Hove: [Switchboard](#), [MindOut](#), [Terrence Higgins Trust](#) (THT) and [Allsorts](#) (who support younger people). We also spoke to three people who had responded to our main survey and consented to be contacted to share more of their ideas and views. We have included a summary of the main points below, but more detail is available in Appendices A and B.

Methodology used

Healthwatch asked these four leads of local LGBTQ+ groups the following:

- What do you think stops or prevents people from the LGBTQ+ community from providing feedback about health and social care services? Are there any particular barriers?
- What do you think would encourage people from the LGBTQ+ community to provide feedback on health and social care services more?
- What changes would you like to see, or improvements to the current ways of giving feedback?
- What do you think an organisation such as the CQC needs to do (or change) to better engage with people from the LGBTQ+ community in order to gain their feedback?
- How would Switchboard like to work with the CQC?

All those participating in our main survey were asked if they would like to have a one-to-one interview to share more information. Five people said yes to this offer, and we spoke to three individuals. These interviews provided us with the opportunity to compile more evidence to help to improve the feedback process and we have used comments received from these interviews to support the analysis of the survey data and our recommendations.

We have used comments received from these interviews to support the analysis of the survey data and our recommendations.

We have themed interviewees' comments into three main areas, shown in the table overleaf.

<p>1. The CQC should do more to bolster their public image to create more patient trust</p>	<ul style="list-style-type: none"> • Improve the CQC website which is not regarded as being patient friendly as it is more focused on services and the results of inspections. A new, separate site solely for patients' feedback might be useful to consider. <p><i>"...a sense that the CQC perform a punitive rather than supportive role."</i></p> <ul style="list-style-type: none"> • Better promotion of the CQC feedback form which is poorly visible / low awareness that it exists. <p><i>"CQC need to focus on developing trust with patients ...the fact that people don't know who the CQC is may shut the door to feedback"</i></p> <ul style="list-style-type: none"> • The CQC should ensure it is 'LGBTQ+ accessible' by using representative imagery, LGBTQ+ and disability flags and symbols. Consider working to become a Stonewall Top 100 employer for LGBTQ+ people. • The CQC must recognise that the LGBTQ+ community is not one homogenous group; it contains many different types of people with distinct needs, so a single feedback form or approach may not appeal to everyone. The CQC should recognise the intersectionality of LGBTQ+ people where sexuality or gender identity is just one part of who they are e.g. targeting 'LGBTQ+ people' alone for their feedback/ views ignores other characteristics such as race. • CQC staff and inspectors must be 'LGBTQ aware' and ideally undergo training to become LGBTQ+ allies.
<p>2. The CQC should adopt different engagement methods</p>	<ul style="list-style-type: none"> • Adopt various ways to gather feedback, including surveys (which can be promoted via local VCS), focus groups, and one-to-one conversations, etc. All approaches must be fully accessible taking into account those who are digitally excluded (older people, refugees and others), and recognise that many LGBTQ+ people live with neurodiverse conditions which can make it harder to fill in forms.

- **The CQC should rethink the questions they ask.** The view was that the current questions asked in the CQC form were not necessarily the right ones and that these needed to be more open ended as currently they don't 'open up a discussion'. The current set of questions clearly targets specific information, but these might not relate to the information that people want to share.
- **The CQC should match its approach to the people it wants to hear from,** and not rely on one means of obtaining feedback e.g. Snapchat for younger people.
- **A proportion of the LGBTQ+ community are regarded as being digital savvy** so the use of online feedback systems should not pose a barrier to many. But experience shows that any online form which takes longer than 5 minutes to complete will result in a high drop off rate. As mentioned, feedback systems must provide for those who are digitally excluded.
- **The CQC should ensure that their leaflets or advice are readily available in LGBTQ+ venues,** as their mere presence is likely to lead to a sense of trust in the CQC.
- **Engaging and working directly with local LGBTQ+ VCS should be a priority for the CQC.**
- **The CQC should support local VCS to share anonymised feedback and develop a third-party portal** for them to access. This must provide a quick and simple way of sharing feedback. Switchboard would be happy to pilot a portal and work with the CQC to develop it.
- **The CQC should consider facilitating the collation of information from local VCS on a case-by-case but also quarterly basis.** This latter option could provide the CQC with more data on collective issues that are affecting the wider LGBTQ+ community. For example, Allsorts is an organisation which supports younger people. They produce regular snapshot surveys and reports which identify any trends affecting younger people including

	<p>collective health and social care concerns. Allsorts would be happy to share this data with CQC.</p> <ul style="list-style-type: none"> • It is important for the CQC to recognise that for some people, asking them to share traumatic experiences can in itself result in further harm. People who share their experiences via a VCS organisation can be supported at the same time. Leaving people without any support is regarded as poor practice. • The CQC should work with VCS to organise focus groups or forums, funding these where necessary. • The CQC must recognise that people like to be rewarded for their time. • Learning more about how local charities function will support the CQC in gathering feedback from less heard from groups. This is because charities or community groups themselves appeal to a greater or lesser degree to different sections of the LGBTQ+ community and understanding and mapping these relationships will identify more direct pathways to reaching certain groups. For example, Brighton and Hove LGBT Switchboard attract trans and non-binary individuals more than any other local charities.
<p>3. The CQC needs to understand how LGBTQ+ people react to poorer service</p>	<ul style="list-style-type: none"> • A challenge for CQC is that LGBTQ+ people may choose to simply walk away from a service than provide feedback, so they need a reason to do this. This fact is perhaps less so for younger people who often feel that they don't have options or choices. • Certain sectors may be worth targeting for feedback, such as those with outdated views (home / care services), or those where LGBTQ+ people report poorer experiences, such as gynaecological services. <div data-bbox="1082 1413 1391 1697" style="border: 1px solid black; border-radius: 15px; padding: 10px; background-color: #0072bc; color: white; text-align: center; margin-top: 20px;"> <p><i>“LGBTQ+ people tend to act with their feet, not with their mouths”</i></p> </div>



8. Ideas for improving the CQC's feedback form

The following section includes ideas to improve and simplify the current CQC '[Give Feedback on care](#)' form, and to encourage people to provide more feedback. They represent findings from the varied methods of engagement described previously.

The majority of people to our survey respondents indicated that they had found the questions asked by CQC as 'easy' or 'very easy' to answer (68%). Only 16% of people found them difficult to answer and no one found them very difficult. However, just over half of people (58.8%) said that the questions were clearly written. People who took part in the focus groups led by Switchboard said that the form was inaccessible. People provided their suggestions to improve the CQC form, and feedback forms in general.

Overall, we have identified 14 areas for the CQC to consider some of which reinforce our earlier findings:

1. Deliver better publicity of feedback forms
2. Offer greater reassurance that any feedback is anonymous
3. Simplify the CQC search function to find a named service
4. Provide more options on the CQC form about who is providing feedback
5. Clarify aspects of the CQC form to support people in giving their feedback
6. Ask people what they want to happen or change as a result of their feedback
7. Include an option for people to receive a copy of their feedback
8. Provide clearer information about whistleblowing
9. Use more supportive terms and language
10. Be fully accessible when contacting people
11. Reduce the number of additional questions
12. Offer people a choice of how much feedback they wish to share
13. Develop different feedback systems with less reliance on the 'Give Feedback on Care form'
14. Develop shorter feedback forms for younger people to share on social media platforms

1. Deliver better publicity of feedback forms

Survey respondents' comments made it evident that awareness of the CQC form – or any feedback systems – were low, and one of the first steps for the CQC to take is to better publicise their own feedback form. Younger people in particular did not seem to be aware that services wanted to hear from them, or how they could share their views. None of the focus group attendees had been made aware of the CQC form and they felt that this should always happen at the point at which care is provided: perhaps a QR code could be displayed by services, and/or the feedback form could be incorporated into the NHS App which more people are now using.

“I don't know you could provide feedback”

“...it wouldn't enter my head to complain.”

“There needs to be adequate publicity of feedback systems to reach as wide an audience as possible”

2. Offer greater reassurance that any feedback is anonymous

The overriding sense we gathered from those survey respondents who **had not provided feedback to the CQC** is that they held very negative perceptions about feedback forms and this needs to be tackled by the CQC if they want to increase the quantity of feedback that they receive from the LGBTQ+ community.

A key underlining factor is that people want greater reassurance around the anonymity of their feedback and have confidence that this will not affect their care. The CQC could do more to address concerns these concerns by including a clearer opening statement at the start of the survey and in any promotional materials.

“It's hard to give meaningful impact without identifying yourself and that's off putting as I don't want it to affect my care”

“As a chronically ill disabled person the power dynamic is very against someone like me so I live in fear of my care getting worse”

51% of respondents to the main survey and 21% of younger people who responded to our social media survey would be encouraged to provide feedback if they knew that their feedback would not affect their care. Focus group attendees agreed. This finding is supported by the fact that 46% of respondents to the main survey said that being certain that their feedback would be kept completely anonymous

would encourage them to give feedback. In question 22 of our main survey, 63% of respondents selected the option *“making it clearer that my responses on the feedback form will be anonymous”* as a way to improve feedback forms.

3. Simplify the CQC search function to find a named service

It was not always easy to find the service on which respondents were providing feedback. This difficulty will be off-putting for members of the public who want to provide feedback quickly and simply.

For example,

- Healthwatch received feedback about “Assessment and Treatment Services (ATS's)” but could not find a local service using these words under the CQC search function
- The service is provided by Sussex Partnership NHS Foundation Trust, and we searched under this but also struggled to find the relevant service
- We then searched “East Brighton Community Mental Health Centre” as one of the locations for this service, but again found nothing
- We eventually determined that the service was situated within Brighton General Hospital and put this down in the first box on the survey under “the service you want to tell us about
- We specified it was the “Assessment and Treatment Services (ATS's)” in the next box “Which part of the service are you telling us about?”

4. Provide more options on the CQC form about who is providing feedback

It will be useful to the CQC to understand who is providing the feedback. This would support the CQC to modify their follow-up questions when they contact people to discuss an experience. It also facilitates those people within a patient’s wider support group to provide feedback on their behalf whether that be family, friends, carers, or an advocate. For example:

“In relation to this experience, please select what best describes you? *

- I’m the person who received the care
- I’m providing this feedback on behalf of a friend or relative, or because I’m their carer
- I’m providing this feedback as an advocate
- Other (please specify)”

5. Clarify aspects of the CQC form to support people to give their feedback

- a) The form should allow people to say whether they wish to provide feedback about a single experience or to describe several incidents.

“Questionnaire seemed aimed to report a specific instance of bad care. In my case, it is repeated examples of the same problems, and the same problem in lots of different places.

“I want to raise general issues that happen lots of times in lots of places.”

We would also recommend offering the following choices which are used in the [Healthwatch England](#) feedback form to help people crystallise their thinking around their feedback:

“Choose the area of care you would like to tell us about *

- GP services
- Dentist
- Pharmacies
- Hospital inpatient (day treatment or overnight)
- Hospital outpatients' appointments
- Mental health support
- Social care e.g. care homes, and home care
- Accident and emergency/minor injury units
- Ambulances and paramedics
- NHS 111
- Other (if other, please tell us which issue / service you are referring to)
- Please select the options that you'd like to talk to us about. You can pick more than one.”

b) This could be followed by a question such as *“Does your feedback apply to a specific service? (yes/No). If yes, please tell us which one(s)”* or *“Which NHS service or services would you like to tell us about?”* with guidance to people to provide as much detail as possible such as asking people to provide the address of the service.

c) The question *“When did this happen?”* could be simplified to a series of options

- It's happening now

- Within the last 3 months
- Within the last 3-6 months
- Other (please specify when your experience happened)

d) We suggest slightly amending the question which asks whether care was good or bad. We think a better emphasis would be to ask people to consider their overall care, and to include clearer, more inclusive options i.e.

“How would you describe your overall experience of care?”

- Good
- Bad
- A mixed experience of care”

The revised third option is inclusive of people who had an indifferent experience of care which they would neither describe as being ‘good’ or ‘bad’.

Asking people to think about their care overall may help to deliver a more balanced view and there are often elements of a person’s care which will have worked well but this equally important information may get lost if people are more focused on what went wrong i.e. as one patient put it:

“The survey seemed more focused on negative feedback and made it confusing when giving positive feedback.”

e) More direction is needed to help people understand what information to provide in the section marked “Give us your feedback about [service]”. Only a third of main survey respondents were clear what type of feedback to give about services (35%). There would also seem to be room to improve the explanations given for some questions, as just 41% found the CQC’s explanatory information helpful. Making improvements would help the CQC to receive better quality feedback. As well as including simple statements such as “What worked well? What could have been better?” the form could also specifically state “What do you think could be improved?” or “Are there any staff members you wish to tell us about?” as this will help people to understand what information is required or useful. Respondents suggested the following:

“Better prompts when it comes to what feedback is required or would support the CQC in their work.

Q. Do you think the service needs to improve?

Q. How urgently do you think this improvement is needed?

Q. Did you feel unsafe because of this service?

“More focussed experience questions on your experience (good or bad) like wait time, quality of treatment, able to influence treatment, politeness of staff, unclear information etc.”

6. Ask people what they want to happen or change as a result of their feedback

“A space to say what I would like to happen with my feedback or what changes I would like to see”

A sense that ‘nothing will change’ often deters people from providing feedback. It would therefore be empowering to ask people *“What do you think needs to change?”*. Patients often provide ideas or suggestions which providers or regulators may not have considered.

In addition, including a statement that *“Your feedback can help improve the care that is provided”* (or equivalent) could be inserted into the feedback form to provide assurance to patients that their feedback matters.

7. Include an option for people to receive a copy of their feedback

People will only engage if they feel that something will happen as a result of providing their feedback. The CQC need to acknowledge receipt of every piece of feedback where contact details are provided, and people should always be asked if they want to get this acknowledgement. People should also be asked if they want to be kept informed about what steps will be taken, and what positive changes have been achieved.

The overwhelming majority of respondents to the main survey said that they would be encouraged to provide feedback to the CQC if they felt that it would have an impact (87%). A quarter of younger people said they didn't provide feedback as they felt that it wouldn't make a difference (24%). And 54% of respondents to the main survey said that being kept informed about what had improved as a result of other people's feedback would encourage them to give their own. These

“Is it really worth doing it? So little seems to change as a result”

findings support the facts that roughly one third of survey respondents wanted to receive a personalised response from the CQC to their feedback (36%), and also that 54% and 41% respectively wanted to be kept informed about any impacts as a result of their feedback. Focus group attendees also stressed the importance of being kept informed after giving feedback. The CQC should implement systems to ensure that people's feedback is acknowledged, and ideally provide individual responses, as well as better promotion of the positive impacts which directly result from other people's feedback.

8. Provide clearer information about whistleblowing

We understand the need to advise people about whistleblowing and the relevant protections which are in place, but we consider that this advice appears in the wrong place and would be better positioned at the very start of the CQC form so that people can decide whether to provide feedback before answering any questions - currently, people may have answered 4 questions before getting the DPIA advice. For example, the very first question of the CQC survey could be:

"Please select whether you are you providing feedback as:

- *A member of the public*
- *As an employee, contractor, or volunteer of the service*

Those who select the second option should then be given immediate guidance about how they are protected by the DPIA. We also suggest the current advice is made clearer as feedback we received through our survey was that the current explanatory text was unhelpful and created uncertainty. Without improvements, this section may end up deterring people from providing their feedback.

9. Use more supportive language / terms

We wonder whether it might sound less threatening / formal if the word 'inspectors' was removed from the question *"Can our inspectors contact you to find out more?"* Whilst we acknowledge that this is their job title, it may sound rather severe to some people and be off-putting, whereas simply asking *"Can we contact you?"* might be better?

In addition, the warning *"It's more likely we can use what you've told us if we can contact you"* makes it sound as if any feedback submitted by people who don't wish to be contacted is less useful or worthless.

10. Be fully accessible when contacting people

We recommend asking people to specify how they want to be contacted and any special requirements such as BSL, interpreters, preferred pronouns, a best time to contact, preferred method to contact etc. It would also be useful to provide an estimate of when and how long any call might take so that people can prepare and set aside the necessary time.

11. Reduce the number of additional questions

70.5% of respondents to the main survey said that the CQC form contained the right number of questions and 65% said the questions asked were relevant to their feedback. At the same time, 75 of the 135 people who attempted the main survey only answered questions 1 and 2 after which they ended the survey; and a 56% dropout rate is considered to be high. Even our younger person's survey, which only asked four questions, experienced a dropout rate with 65 people answering question 1, but just 43 answering question 4. In addition, 54.5% of those who only provided ideas about improving feedback systems and had therefore not seen the CQC 'Give Feedback on Care' form, said that feedback forms were too long and should be made shorter. This suggests that people's perceptions of long, complex forms might be deterring them from sharing their feedback. This is a timely reminder that people do not always have the time to complete lengthy surveys.

"There are too many requests to complete feedback, it's overwhelming. So, anything has to be made really quick, simple, and immediate - and 100% anonymous. I don't want to have to relive my experiences all of the time with lots of Qs as it's sometimes traumatic."

To reduce the length of the survey, we suggest removing some questions and perhaps moving these to an interview, e.g.

Have you told [service] about this?

Did you hear about this form through a charity? And which charity told you about this form?

Also, the question "**Have you told the authorities?**" should only appear where someone has said they are happy to be contacted, otherwise the CQC will not have any means to contact them.

12. Offer people a choice of how much feedback they wish to share

Feedback forms should provide people with options regarding the level of feedback they wished to provide, such as a simple score out of 5, giving feedback only about their experience, or giving a response which includes answering supplementary questions.

The choice should be down to the individual, rather than prescribing what information they must provide.

“Option to just send a Good/ Bad or score out of 5 after each appointment. Quick and simple and immediate without having to disclose any info which might identify me”

13. Develop different feedback systems with less reliance on the Give Feedback on Care form

Following on from point 12, comments from survey respondents summed up the sentiment about feedback forms which should be simplified:

“There need to be different levels of feedback systems, starting off with a really simple was the service good or bad (5-star rating) which can be completed in a second, followed up with the option to answer more Qs and share more detailed views.”

“I’d like to receive a short text survey after each app, just a 5-scale rating question with the option to provide more feedback and info about lodging a complaint if necessary, so that I don’t have to search for it.”

“They’re too complicated. I just want to provide an immediate response to my care: good or bad”

“There are too many requests to complete feedback, it’s overwhelming. So, anything has to be made really quick, simple, and immediate - and 100% anonymous.”

Focus group attendees wanted a ‘menu’ of choices to provide their feedback. People wanted a simple, quick form with only a few drop-down options. They also wanted options for video and phone calls for those who are digitally excluded.

And many felt the current CQC form was inaccessible, with the suggestion being made that the feedback request should appear in the NHS App which more people are now using.

14. Develop shorter feedback forms for younger people to share on social media platforms

9 young people aged 16–25 completed our main survey over a 6.5 week period, whilst 50 people of this age took part in our social media survey in just a few days. This clearly shows the benefits of developing targeted surveys in usable and popular formats. Whilst the level of detail in social media surveys is lower, it nevertheless ensures that the views of younger people are captured. This approach would also help to combat the fact that 54% of younger people either didn't know they could provide feedback or didn't know how to do it.

Appendices providing further details and analysis are available in a separate report.

9. How to contact us

Healthwatch Brighton and Hove

Healthwatch Brighton and Hove

Community Base
113 Queens Road,
Brighton
BN1 3XG



Email: office@healthwatchbrightonandhove.co.uk

Phone: 01273 234040

Website: www.healthwatchbrightonandhove.co.uk

Social media:

Facebook - [@healthwatchbrightonhove](https://www.facebook.com/healthwatchbrightonhove)

Twitter - [@HealthwatchBH](https://twitter.com/HealthwatchBH)

Instagram - [healthwatchbh](https://www.instagram.com/healthwatchbh)

Brighton and Hove LGBT Switchboard

Brighton & Hove LGBT Switchboard

Community Base
113 Queens Road
Brighton
East Sussex
BN1 3XG



Email: info@switchboard.org.uk or brighton.admin@switchboard.org.uk

Phone: 01273 359042 (helpline) or 01273 234009 (general enquires)

Website: <https://www.switchboard.org.uk/>

Social media:

Facebook - www.facebook.com/LGBTswitchboard/

Twitter - [@LGBTswitchboard](https://twitter.com/LGBTswitchboard)

Instagram - www.instagram.com/lgbtswitchboard/

ⁱ Office for National Statistics [latest figures for sexual orientation](#) estimate that in 2018, 2.2% of the UK population identified as LGB.

ⁱⁱ <http://www.bhconnected.org.uk/content/needs-assessments> Brighton & Hove population: 290,885. The 'best estimate' is that between 11% and 15% of the population of the city identify as LGBTQ+

ⁱⁱⁱ LGBT people face discrimination as they die ([Marie Curie, October 2016](#))