Appropriate Treatment

Older lesbian, gay and bisexual people's experience of general practice

EXECUTIVE SUMMARY

Lindsay River

Age of Diversity and Polari, 2011

Executive Summary

Main quantitative findings

This survey was of 283 LGB+ respondents over 50. Please see Chapter 3 for exact wording of the main quantitative findings, and for other relevant data not detailed in this summary:

- **60% were out** as lesbian, gay or bisexual[1] to someone in their GP practice.
- **69% would be happy to be asked** about their sexual orientation.[2]
- **51% had positive experiences** of being treated supportively as an LGB+ person by a general practice worker.
- **24% had negative experiences** of using general practice as an LGB+ person.
- **69% had not seen any mention** of LGB+ people in the practice.

Variations based on demographic factors

Age variations: while a slightly smaller percentage of people over 70[3] were out to the practice, a greater percentage of them were happy to be asked about this. A considerably lower percentage reported bad experiences.

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[1] Or similar identifications, we refer to this as LGB+

[2] In confidential surroundings, when registering with the practice

[3] But numbers of over 70s were limited; see details in Chapter 3 and reservations about relying on this figure.

- **56%** of those over 70 (compared to 60%) were **out** to the practice.
- **75%** of those over 70 (compared to 70%) were **happy to be asked** their sexual orientation.
- Only **6%** of those over 70 reported a **bad experience** in General Practice (compared to 25%).

Gender differences: gay men reported a better overall experience than lesbians:

- A higher percentage of **gay men** reported **good experiences** (**64%**) than **lesbians** (**43%**).
- **Lesbians** also reported a higher incidence of **bad experiences** (**31%** of lesbians compared to **21%** of gay men).

Ethnicity: those who were not 'White British' were less likely to be out and also reported a less good overall experience in relation to their sexual orientation.

- Respondents who were 'not White British'[4] were **less likely to be out** (**50%** compared with 60% for the whole) but had a greater willingness to be **asked** (**78%** compared to **69%**).
- Fewer of this group reported **good experiences** (**41%** compared to **51%**) and more reported **bad experiences** (**31%** compared to **24%**).[5]
- **Irish** people in the UK reported even fewer **good experiences** (**30%** compared to **51%**) and even more bad experiences (56% compared to **24%**).[6]

Disability: respondents who were disabled were rather more likely to be out to the practice and had more good and bad experiences of reaction to their sexual orientation to report:

- **67%** of disabled people (**91%** of disabled gay men) were **out** compared to **60%**.
- More reported **good experiences** (**59%** compared to 55%) and more **bad experiences** (**30%** compared to **25%**).

Gender identity: Of those 12 LGB+ trans people who identified themselves in monitoring, they were less likely to be out to the practice (as LGB+) and a lower number were happy to be asked their sexual orientation. Of those out to their practice as LGB+, all had had good experiences; one had also had a bad experience.

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[4] 32 respondents (12% of the total survey respondents) reported that they were from various non-white, mixed, Irish or White from Continental European backgrounds.

[5] The fact that fewer were out to the practice would have reduced the number of reported good experiences, but more bad experiences were reported also.

[6] We consider this to be of concern, in spite of the fact that the total number of Irish respondents was only nine.

- **33%** were **out** (compared to **60%**).
- **50%** were happy to be **asked** (compared to **70%**).

The main qualitative findings

The survey showed the great diversity in views about general practice held by older LGB+ people.

Some themes emerged:

- Many older lesbians were exhausted and irritated at being routinely assumed to be heterosexual.
- Many older gay and bisexual men shared this and were also annoyed at being routinely assumed to be at risk through their sexual practice.
- There was a diversity of response about whether sexual orientation should be asked by practitioners (quantitatively a majority were in favour).
- There was a diversity of responses about whether sexual orientation should be recorded in the notes – user choice on this is important.
- Many respondents praised their General Practice.
- Some had had disturbingly bad experiences, and some of these were quite recent (since 2005).
- Very few respondents had seen any mention of LGB+ people in their practice and practices were not publicising any LGB+ friendliness they might have. This left existing and potential patients with no sense of community inclusion and little reassurance about mentioning their sexual orientation or choosing a practice.

Conclusions

- Assumptions appear to be being made about the sexual orientation of patients in many General Practices, and should they reveal they are LGB+, about their sexual practice.
- Practices are not generally showing themselves to be LGBT+ friendly or using the sort of inclusive language in interaction with patients that encourages and makes safer the disclosure of sexual orientation.
- A lead needs to be taken from the patient in the ways sexual orientation is discussed, recorded and disclosed to other health professionals.
- While many patients had very good experiences in general practice, it is unacceptable that some still reported recent bad experiences in relation to their sexual orientation.
- It is of concern that a greater proportion of Black Asian and Minority Ethnic respondents reported bad experiences in relation to their sexual orientation, and especially that a markedly higher proportion of Irish respondents reported these.

- It is of concern that while there appear to have been some advances in the way gay and bisexual men are treated in General Practice; a comparable improvement does not seem to have been made for lesbians and bisexual women.
- More information, both about lesbian and bisexual women's sexual health, and best practice in pelvic examination of a diversity of women,[7] is needed in General Practice.

Recommendations

A fuller discussion of recommended good practice is to be found in Chapter 8.

These listed recommendations below are based on the experience and suggestions of users:

1. Audit the practice's inclusiveness to LGB+ people, including older LGB+ people and the messages it gives to what may be a hidden population. Seek feedback from those patients who have made it known they are lesbian, gay and bisexual.

2. Address the needs of LGB+ people and indicate awareness that LGB+ people exist by displaying leaflets and posters advertising local LGBT+ services or addressing issues relevant to LGB+ people. (These should not only address the sexual health of gay and bisexual men).

3. Display some kind of signal that the practice is gay friendly such as the rainbow stickers that can be obtained, or an equalities statement including sexual orientation clearly displayed.

4. Mention diversity in practice literature and on any website, including lesbians, gay men and bisexuals (as well as transgender/transsexual people and other minorities).

5. Make no assumptions that anyone is heterosexual, or 'has no sexuality', whatever their age, whatever their ethnicity and cultural background, whether or not they have children, or have been married or not.

6. Use inclusive language: 'partner' instead of 'wife' or 'husband' and include civil partnership when marital status is referred to on forms. In order to make it more comfortable for those who do not wish to declare their sexual orientation, civil partnership should be mentioned with marriage as one choice to tick: married/civilly partnered.

7. Ensure that practice staff have up to date information about relevant services for LGB+ people to which they could refer patients.

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[7] Celibate women, women who have PTSD from sexual trauma, and many other women also are likely to need more sensitive and helpful approaches than those reported to us by the older lesbians and bisexual women in our survey.

8. Arrange for staff training and awareness raising. Discuss within the staff team the inclusiveness of the practice for LGB+ patients.

9. Use the instances of positive and negative experiences we provide in this report to raise awareness of staff of issues relevant to older LGB+ people, and LGB+ people of all ages.

10. Ensure that all new staff, temporary staff and locums are fully aware of the practice's equality policies and strategies for inclusion of LGB+ patients and other minorities, including transgender and transsexual patients.

11. Ensure that all staff are aware of current law in terms of sexual orientation and goods and services (Equality Act 2010), and age discrimination under that Act, and the law relating to Civil Partnerships.

12. Ensure that staff understand the provisions of the Gender Recognition Act, particularly in terms of its coverage of pre-operative or non-operative transsexuals/transgender people.

Published online by Age of Diversity, 2011. The complete report can be downloaded from the Age of Diversity website: www.ageofdiversity.org.uk.

To contact the artist write to z-qhygoem@talktalk.net.

Neither the report, nor this Executive Summary, are currently available in hard copy to organisations. Hard copies of the Executive Summary are available to older LGBT people who do not have internet access.

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