Greater Huddersfield Clinical Commissioning Group
North Kirklees Clinical Commissioning Group

Young people's experience of their GP practice

Engagement report

April 2020

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1.0	First draft	Kirsty Wayman	Draft
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Contents

1. Executive summary

The CCGs set equality objectives for 2018-22 in collaboration with local stakeholders through the Equality Delivery System (EDS2) events in 2017. The associated actions and success measures are embedded in the CCGs joint implementation plan and reported annually through the CCGs Public Sector Equality Duty reports. The CCGs review the objectives and measures each year to ensure that they continue to be relevant and challenging.

One of the objectives is to improve access to GP practices for young people. To support the delivery of this objective it was agreed to carry out engagement to capture the views of young people on their experience of attending their GP practice.

The engagement was scheduled to run for 6 weeks from Monday 20th January 2020 to Monday 2nd March 2020; however a number of organisations requested that this be extended to allow them more time to engage. The deadline was therefore extended by a couple of weeks to 16th March 2020.

We provided the opportunity for people to have their say using a questionnaire (see appendix C). To raise awareness of the survey and to encourage feedback the survey was shared via our existing communication and engagement mechanisms. In addition to these we also worked with Community Voices, key partners and stakeholders, and GP practices to engage with young people. The target audience for the engagement was young people aged 12-25 years old who are a resident in Kirklees.

We received feedback on the engagement via 283 completed surveys. The key themes from existing data and the engagement were as follows:

- **Health concerns** – if young people were concerned about their health they would be most likely to discuss it with a family member; ring the doctors surgery; or google it.

  Children and young people aged 16 and under were more likely to discuss it with a family member or ring the doctors' surgery. Those aged 17-25 had a stronger preference than the younger age group for checking an online website or app (like NHS Choices), googling it, or ringing 111.

- **Booking appointments** – Nearly all children and young people aged 16 and under had their appointments booked for them by their parent or carer, whilst those aged 17-25 were more likely to book their appointment themselves. For some of those that have their parent or carer book their appointments this is due to having to discuss the reason for their appointment with the receptionist. Most people made their appointments over the phone.

- **Availability of appointments** – most young people had not found it difficult to access appointments. Those that had found it difficult said they would prefer a more flexible, easy to use booking system with quicker access and shorter waits to be seen. They also wanted there to be same day and advance appointments available.

- **Communication** - Most felt that they understood what they had been told and felt that the doctor / health professional used simple terms. Some described how they felt confident to ask questions if they were unsure. Although some felt that their doctor / health professional sometimes used complex language.

- **Treatment –** Many felt that they had been listened to and provided with the care / support that they needed. Although some people described how they didn't feel that their doctor / health professional understood their condition, took the time to listen to their concerns or answer their questions. This left them feeling that they hadn't received the correct treatment for their condition. And a few people described how not all the doctors / health professionals that they came into contact with treated them with the same level of care and understanding.

- **Overall experience –** the majority of people described their experience of using their GP practice as either fantastic or good. They described how they felt that they had been listened to and provided with the care / support that they needed. Some described how caring and understanding the doctors / health professionals had been with them. And talked positively about the receptionists at their GP practice.

  Of those, that didn't feel their experience was fantastic or good commented on how they didn't feel that their doctor / health professional understood their condition, took the time to listen to their concerns or answer their questions. And a few people

mentioned the difficulty in accessing appointments, and also having to wait for long periods of time in the waiting room for their appointment.

Of those that responded to the survey 15.8% (41) of respondents said that they identified as LGBT and 3.8% (10) were not sure. Based on feedback from this and previous engagement activity the main issues raised were;

- **LGBT issues** – many young people that identify as LGBT feel that GPs and health professionals don't have an understanding of LGBT issues, especially those around gender. They feel that GPs need to be educated about LGBT issues and they need to listen to young people.

  In previous engagement activity some of the young people felt that they had a better understanding than the GP about the referral process to the gender clinic and felt frustrated when referrals weren't put in place. They also felt that GPs need to understand that names may change when young people are transitioning.

We have also analysed the feedback by protected characteristics to understand if there were any trends or differences in responses by particular communities or groups (see Equality section). The following recommendations were made;

- Training for clinicians particularly GP's in relation to the clinical and other needs of LGBTQ patients, young people with disabilities or impairments in particular mental health, and improving communication skills with younger age groups.
- Training for reception staff in customer care, and equality particularly around the needs of LGBTQ people, BME communities, and those who have disabilities or impairments in particular mental health.
- Provision of more accessible online systems: both for prescriptions and appointments or reasonable adjustments made
- Greater flexibility in appointments and waiting times to be improved
- Practices to meet their obligation in relation to the Accessible Information Standard and to audit the accessibility of practice buildings and address access issues or make reasonable adjustments.
- Provision of unisex or gender neutral toilets

- Improved provision of and access to sexual health services.
- Quiet waiting room for people with anxiety or neuro-diverse conditions

2. Background

The CCGs set equality objectives for 2018-22 in collaboration with local stakeholders through the Equality Delivery System (EDS2) events in 2017. The associated actions and success measures are embedded in the CCGs joint implementation plan and reported annually through the CCGs Public Sector Equality Duty reports. The CCGs review the objectives and measures each year to ensure that they continue to be relevant and challenging.

The equality objectives are monitored via joint action plans and are overseen by Calderdale and Kirklees Equality Objectives Steering Group established to support implementation. Progress is monitored through quarterly reports to the NHS Greater Huddersfield and North Kirklees CCGs Quality Committee.

The equality objectives for 2018 - 22 are:

Equality objective 1: Improve access to GP practices for specific equality groups
Years 1 & 2 – LGBTQ & young people
Years 3 & 4 – BME & Carers

Equality objective 2: Improve engagement with specific equality groups
Years 1 & 2 – LGBTQ & young people
Years 3 & 4 – BME & Carers

The CCGs primary care team and communications and engagement team are working together to achieve the objectives.

The Calderdale and Kirklees Equality Objectives Steering Group agreed that to support equality objective 1 (improve access to GP practices for specific equality groups) that NHS Calderdale CCG would undertake a young people survey on their experience of their GP practice. The learning from this engagement would then be used by the CCGs in Kirklees to support the delivery of the survey with young people in Kirklees.

NHS Calderdale CCG carried out their engagement between April and June 2019. A copy of the engagement report can be accessed here.

To support the delivery of equality objective 2 (improve engagement with specific equality groups) NHS Greater Huddersfield and North Kirklees CCGs have worked with VAC to review engagement methods and understand what good involvement looks like from the perspective of Children & Young People, LGBT+ communities and people with Learning Disabilities. The report can be accessed here. Using this feedback VAC are now developing a toolkit to support staff when engaging with children and young people.

In addition to the work carried out by VAC the Engagement Team have been working with key partners and stakeholders to develop relationships and an agreed way of working when engaging with young people.

The learning from all these activities has been used to support the development of the engagement approach and the survey design.

3. Our responsibilities, including legal requirements

The legislation we must work to when delivering any engagement is set out below.

a. Health and Social Care Act 2012

The Health and Social Care Act 2012 makes provision for Clinical Commissioning Groups (CCGs) to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners. It also places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution – and to promote awareness of the NHS Constitution.

Specifically, CCGs must involve and consult patients and the public:

- In their planning of commissioning arrangements
- In the development and consideration of proposals for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
- In decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

The Act also updates Section 244 of the consolidated NHS Act 2006 which requires NHS organisations to consult relevant Overview and Scrutiny Committees (OSCs) on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

b. The Equality Act 2010

The Equality Act 2010 unifies and extends previous equality legislation. Nine characteristics are protected by the Act - age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. Section 149 of the Equality Act 2010 states that all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance 'Equality of Opportunity', and c) foster good relations. All public authorities have this duty so partners will need to be assured that "due regard" has been paid through the delivery of engagement and consultation activity and in the review as a whole.

c. The NHS Constitution

The NHS Constitution came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains a number of patient rights which are a legal entitlement protected by law. One of these rights is the right to be involved directly or through representatives:

- In the planning of healthcare services
- The development and consideration of proposals for changes in the way those services are provided, and
- In the decisions to be made affecting the operation of those services.

d. Principles for Communications and Engagement

The CCGs have a Communications and Engagement Strategy. The strategy has been developed alongside key stakeholders. The strategy sets out an approach to engagement and communications which describes what the public can expect from any engagement activity. The engagement and communications principles in the strategy state that in developing and delivering our communications and engagement activities we will:

- Provide information that is clear and easy to understand, free of jargon and in plain language
- Be timely, targeted and proportionate in how we communicate and engage
- Foster good relationships and trust by being open, honest and accountable
- Ask people what they think and listen to their views
- Talk to our communities including those most likely to be affected by any change
- Provide feedback about decisions and explain how public and stakeholder views have had an impact
- Work in partnership with other organisations in Kirklees and West Yorkshire when appropriate
- Use resources well to make sure we get the most out of what we have
- Review and evaluate our work, using learning to make improvements.

The strategy sets out what the public can reasonably expect the CCGs to do as part of any engagement activity and the process required to preserve these principles to ensure public expectations are met.

4. Engagement process

a. Aims and objectives

The aim of the engagement activity was to capture the views of young people on their experience of attending their GP practice. The engagement activity will help the CCGs and GP practices to understand what support young people could or should receive when visiting their GP practice.

The target audience for engagement was young people aged 12-25 years old who are a resident in Kirklees.

In delivering this aim the objectives were:

- To work with Community Voices, key partners and stakeholders, and GP practices to raise awareness of the survey and encourage young people to complete the survey.
- To communicate the engagement clearly and simply using various formats and approaches.

- To gather feedback using online, face to face contact and paper surveys.
- To ensure we engage with young people who represent protected groups, as defined by the Equality Act 2010, in a meaningful way, adapting materials and approaches for engagement as appropriate.
- To analyse the feedback from the engagement process.
- To provide a report of findings on the engagement and ensure enough time is given to consider those findings.
- To provide clear and meaningful feedback to young people on the findings of the engagement process.
- To ensure we can demonstrate that the views expressed have been considered and have resulted in service improvements.

b. Communications and Engagement mechanisms

The engagement was scheduled to run for 6 weeks from Monday 20th January 2020 to Monday 2nd March 2020; however a number of organisations requested that this be extended to allow them more time to engage. The deadline was therefore extended by a couple of weeks to 16th March.

The following mechanisms were used;

Questionnaire

We provided the opportunity for young people to have their say on their GP service using a questionnaire (see Appendix C). To ensure we captured a representative sample of community views we equality monitored all involvement activity.

The questionnaire was initially developed by NHS Calderdale CCG with a group of young people facilitated by Barnardo's to ensure that the language, format and style was appealing to young people. It was agreed that the CCGs in Kirklees would adopt the same survey and make any amends based upon learning from the engagement carried out in Calderdale.

After reviewing the 'Children and Young People's Experience of their local GP practice Report of Findings' it was agreed that the following changes should be made to the questionnaire;

- Remove any questions that had been highlighted as confusing, repetitive, or inappropriate for those at the older end of the age range
- Include more details of the purpose of collecting equality monitoring data and use the CCGs approved equality monitoring form
- Amend the design of the survey so it also appeals to those at the older end of the age range.

Promotional materials

Healthwatch Kirklees were commissioned to develop a poster and social media images. These were tested with young people and amended in line with their feedback (see Appendices D and E).

The poster was circulated to schools, GP practices and various areas across the community to promote the questionnaire and included a QR code for ease of access on smartphones. Surveys were also distributed at each CCG 'Practice Protected Time' and opportunity was given to allow follow up questions of the engagement.

Community Voices

Community Voices are individuals working in the voluntary and community sector who are trained to engage with the local population on our behalf. By working with volunteers in this way the response to our conversations has strengthened and increased, particularly among seldom heard groups.

VAC identified and made contact with Community Voices that have a focus on young people to offer them the opportunity to support the engagement. The following organisations took up the opportunity;

- Royal Voluntary Service (also linked in with schools in Kirklees)
- PCAN Kirklees
- Conscious Youth
- KumonY'All
- Q4E
- Malham Court

The Community Voices were encouraged to use the most appropriate engagement mechanism for young people they would be engaging with. This could include creative methods, focus groups and capturing case studies.

Key partners and stakeholders

To support the development and implementation of the actions for the equality objectives a couple of groups have been established. These are the Calderdale and Kirklees Equality Objectives steering group and the Kirklees Children and Young People group. Through these groups working relationships have been developed and the members were asked to support the engagement by engaging with young people using their existing engagement mechanisms. Key partners and stakeholders who were asked to support the engagement were:

- **Kirklees Council-** IYCE (Voice & Influence) Team and Kirklees Council Youth Council.
- **Detached Youth Work Team**: Council and Third Sector working together to engage young people wherever they choose to meet across communities in Kirklees.
- **Kirklees Young People and Support Team** within the Council's Housing Solutions Service
- **Kirklees Homelessness Forum**-members that work with the target group
- **Youth Participation Vision Group led by Kirklees Council.** This develops a conduit for partners sharing good practice, engagement tools and seeking advice on how to engage with children and Young People across Kirklees.
- **School Community Hubs-** Each of the 17 Community Hubs fit within eight Children and Family Joint working areas in Kirklees. These are areas which are similar in terms of size, how many children and families live in them and how deprived the areas are, as measured by Index of multiple deprivation (IMD). Information was circulated in 'Heads Up' newsletter to every school and college in Kirklees.
- **Locala Young People's Network**, they help to understand more about healthcare services, but also how to give feedback, and how to make a difference to the services they provide for young people.
- **Healthwatch Kirklees-** Healthwatch engages with children and young people in Kirklees and Calderdale to find out their experiences with NHS Health and Social care services

- **Thriving Kirklees Single Point of Contact** (Child and Adolescent Mental Health Services)
- **Northorpe Hall** (including Children's Emotional Wellbeing Service)
- **The Brunswick Centre youth project**: Providing support across Kirklees to LGBT+ young people, their parents and carers
- **The Proud Trust**: LGBT+ youth groups and other support (Manchester based)
- **Kirklees Youth Alliance**: Developing new positive activities for young people in Kirklees
- **Barnardos Kirklees Young Peoples Service-** Kirklees Young Carers is a support service for young carers aged 8 -18 years old living in Kirklees.
- **Creative Minds** also supports young people through the use of creative approaches and activities in healthcare
- **The University of Huddersfield** –linking in with Huddersfield Students' Union
- **Huddersfield Giants -** information was shared through their networks
- **CHART** – Surveys and posters was shared at Fun Day organised by CHART and other key partners

GP practices

GP practices were provided with a practice pack which included copies of the survey, poster and information for screensavers. They were asked to hand out and encourage any young people that accessed their service during the engagement period to complete the survey.

An article was also included in the January edition of the GP bulletin which is sent to all GP practices across Kirklees.

In addition, discussions were held at each of the PRG Network meetings that were held during the engagement period.

Engagement with voluntary and community groups

Copies of the survey were sent to voluntary and community groups to promote with their members.

General public

The survey was promoted via current communication channels including social media, CCGs websites, and newsletters and at the public engagement event held on 26th February.

5. Analysis of existing engagement

To support the development of the communications and engagement plan, a review of engagement / patient feedback from young people in relation to primary care services that has taken place over the previous three years was undertaken; this has included looking at both local and national reports. The reports reviewed were (see Appendix B for a summary of the engagement activity):

- NHS Calderdale CCG (August 2019) Children and Young People's Experience of their local GP practice. Report of Findings
- Healthwatch Wakefield (March 2019) Young Healthwatch: Survey Results
- West Yorkshire & Harrogate Health and Care Partnership (March 2019) Engagement and consultation mapping
- The Brunswick Centre (October 2018) Young People's Experiences of GPs in Kirklees. A case study
- Ipsos MORI (October 2018) Understanding children and young people's experiences of primary care. Research for NHS England
- Healthwatch Leeds (February 2018) #getyourrightsinhealth. Young people learn about their rights and share their experiences

The key themes from these were;

- **Booking appointments** - Many young people use their parents to make appointments rather than do it themselves as they don't like the challenge once they contact the practice. Young people find this off putting and worry about what questions will be asked and what they will have to say. Many find the questions they get asked by the receptionist are too personal.

- **Availability of appointments** - To have a more flexible, easy to use booking system for appointments with quicker access and shorter waits to be seen. Offer flexibility in the appointment system and try to ensure sufficient same day and advance appointments are available before and after school.

- **Communication** - Young people can feel pressured and anxious when speaking to clinicians. Staff need to be friendly and approachable, and use language and other forms of communication that young people can understand. When young people attend their appointment with their parent(s) the clinician should still communicate with the young person and should not ask sensitive questions at the beginning of a consultation, and in front of their parents.

- **Gender Support** - Young people feel that GPs don't have an understanding of LGBT issues, especially those around gender. They feel that GPs need to be educated about LGBT issues and they need to listen to young people. Some of the young people seemed to have a better understanding than the GP about the referral process to the gender clinic and felt frustrated when referrals weren't put in place. They also feel that GPs need to understand that names may change when young people are transitioning.

6. Analysis of engagement feedback

We received feedback on the engagement via 283 completed surveys. Of these, 157 (55.5%) were completed via Community Voices. Appendix F provides a breakdown of the protected characteristics of the survey respondents.

a. If you were worried about your health, what would you do? Please tick all that apply.

As can be seen from the table below the top 3 things to do were;

- Ring the doctors surgery – 58.7% (165)
- Discuss it with a family member – 58.4% (164)
- Google it – 39.9% (112)

Answer Choice	Response Percent	Response Total
Ring your doctors surgery	58.7%	165
Go to a Walk-in Centre	18.5%	52
Go to Accident & Emergency (A&E)	17.4%	49
Go your local chemist	10.7%	30
Ring 111	24.2%	68
Google it	39.9%	112
Check an online website or app (like NHS Choices)	29.9%	84
Speak to your school nurse	3.9%	11
Discuss it with a family member	58.4%	164
Discuss it with a friend	22.8%	64
Ignore it and hope it goes away	15.7%	44
Something else (please tell us below)	4.6%	13
	answered	**281**
	skipped	**2**

13 people selected something else and provided more details. The main themes raised were;

- They would tell their parents
- Talk to team / person that already supports their health condition, such as diabetic team, wellbeing staff at college, support worker, and epilepsy nurse
- Treat their condition e.g. take paracetamol

b. **When did you last go to the doctors surgery?**

Of those that responded 35% (99) had attended in the previous month, and 33.6% (95) had been in the last 2-6 months.

Answer Choice	Response Percent	Response Total
In the last month	35.0%	99
In the last 2-6 months	33.6%	95
In the last 6-12 months	11.0%	31

Over a year ago	8.5%	24
Can't remember	12.0%	34
	answered	**283**
	skipped	**0**

c. **Who normally books your appointment?**

The majority of respondents (55.2%, 155) stated that their parent / carer normally booked their appointment.

Answer Choice	Response Percent	Response Total
Me	43.4%	122
Parent or carer	55.2%	155
Other (please tell us who below):	1.4%	4
	answered	**281**
	skipped	**2**

4 people selected other and provided more details.

- College rang for me
- My support worker
- Mum or auntie
- Sometimes I do it myself as well

d. Please tell us what method is used to book your appointment.

The majority of respondents (76%, 215) booked their appointment via the telephone.

Answer Choice	Response Percent	Response Total
Telephone	76.0%	215
Online	9.5%	27
Face to face	6.0%	17
I'm not sure as I don't book the appointment	8.5%	24
	answered	**283**
	skipped	**0**

e. **What type of appointment did you have the last time you went?**

The majority of respondents (73.8%, 206) saw the doctor the last time they had an appointment.

Answer Choice	Response Percent	Response Total
Went to see the doctor	73.8%	206
Spoke to doctor over the phone	2.5%	7
Saw nurse/nurse practitioner	15.1%	42
Saw health care assistant	0.7%	2
Saw another service	2.2%	6
Saw someone but don't know what their role was	5.7%	16
	answered	**279**
	skipped	**4**

f. Do you have any problems getting in to, or getting information from, your surgery?

161 (56.9%) people provided a response to this question, of these 107 (66.5% of those that answered the question) stated that they didn't have any problems getting in to, or getting information from their surgery. Of the remaining 54 (33.5% of those that answered the question) responses the main themes raised were;

- Many people talked about the difficulties in being able to book an appointment and the challenges of have to navigate the different systems in place at their GP practice, such as having to ring by 8am, or only being able to book same day appointments.
- Some find it difficult to obtain test results or copies of referral letters.
- A few people talked about the need for gender neutral toilets.
- A few people talked about feeling anxious when accessing GP services, so tended to rely on other people to do this for them.
- A few people mentioned the attitude of reception staff and how this put them off trying to access services.
- A couple of people mentioned how they had struggled to access services which resulted in them not receiving the treatment they required.

g. How important is it for your doctors to use your preferred name/nickname? 1 being not important and 5 being very important - please rate.

47% (133) of respondents did not feel it was important for the doctor to use their preferred name / nickname, and 12% (38) felt that it was very important.

Answer Choice	Response Percent	Response Total
1 being not important	47%	133
2	12%	35
3	17%	47
4	11%	30
5 being very important	13%	38
	answered	**283**
	skipped	**0**

h. Did you understand the words that your doctor or other health professional used?

65.2% (184) of respondents said that they did understand the words that their doctor or health professional used.

Answer Choice	Response Percent	Response Total
Yes	65.2%	184
No	4.3%	12
Sometimes	30.5%	86
	answered	**282**
	skipped	**1**

If you can, please explain your response

83 (29%) people provided a response to this question. The main themes raised were;

- Most felt that they understood what they had been told and felt that the doctor / health professional used simple terms. And some described how they felt confident to ask questions if they were unsure.

- Although some felt that their doctor / health professional sometimes used complex language. For some people that didn't understand they would ask their parents to explain it to them.
- A few would like the doctor / health professional to explain in more detail what the tests are for, what the results were, and what this means for their care / treatment.

i. Did you feel that the doctor or other health professional understood your needs?

The majority of respondents (77.7%, 213) felt that the doctor or health professional understood their needs.

Answer Choice	Response Percent	Response Total
Yes	77.7%	213
No	9.1%	25
Not sure	13.1%	36
	answered	**279**
	skipped	**9**

What made you think like this?

128 (45.2%) people provided a response to this question. The main themes raised were;

- Many felt that they had been listened to and provided with the care / support that they needed.
- Some described how caring and understanding the doctors / health professionals had been with them.
- Some people described how they didn't feel that their doctor / health professional understood their condition, took the time to listen to their concerns or answer their questions. This left them feeling that they hadn't received the correct treatment for their condition.
- A few people described how not all the doctors / health professionals that they came into contact with treated them with the same level of care and understanding. And how this lack of consistency in care caused some anxiety.

j. Did you feel you could ask your doctor or other health professional questions?

The majority of respondents (76.6%, 209) felt that they could ask their doctor or health professional questions.

Answer Choice	Response Percent	Response Total
Yes	76.6%	209
No	9.9%	27
Not sure	13.6%	37
	answered	**273**
	skipped	**10**

k. Do you worry that your doctor or other health professional will discuss your personal issues with your family/carer?

The majority of respondents (70.3%, 189) do not worry that their doctor or health professional will discuss their personal issues with their family or carer.

Answer Choice	Response Percent	Response Total
Yes	13.0%	35
No	70.3%	189
Not sure	16.7%	45
	answered	**269**
	skipped	**14**

l. What do you expect from your doctor or other health professional. Please tick all that apply.

The majority of respondents expected their doctor or health professional to be all of the answer choices. There was just an 11.6% variation between the top (88.8% - respect) and bottom (77.2% - caring, and good knowledge of local services) choice but the top three were;

- Respect – 88.8% (245)
- Good at explaining – 87.3% (241)
- Confidentiality – 85.5% (236)

Answer Choice	Response Percent	Response Total
Respect	88.8%	245
Confidentiality	85.5%	236
Good listener	84.1%	232
Kind	79.3%	219
Caring	77.2%	213
Good knowledge of local services	77.2%	213
Understanding	84.1%	232
Non-judgemental	83.3%	230
Good at explaining	87.3%	241
Other (please explain):	8.7%	24
	answered	**276**
	skipped	**7**

24 (8.4%) people selected other and provided more details. The main themes raised were;

- All of the above (and more)
- Doctor always does above
- Good knowledge of my condition, have an understanding of my needs and to know which services I should be referred to.
- To talk to me and not my parents when I attend an appointment
- To be multilingual
- To be actively listened to
- Continuity of staff
- To be respectful

m. How was your overall experience at the doctors surgery?

64.7% (178) described their overall experience at their doctors surgery as either fantastic or good.

Answer Choice	Response Percent	Response Total
Fantastic	18.2%	50
Good	46.5%	128

Answer Choice	Response Percent	Response Total
OK	30.9%	85
Rubbish	2.5%	7
Confusing	0.7%	2
Made me angry	1.1%	3
	answered	**275**
	skipped	**8**

If you can, please explain your response below:

85 (30%) people provided a response to this question. The main themes raised were;

- Most felt that they had been listened to and provided with the care / support that they needed. Some described how caring and understanding the doctors / health professionals had been with them. And talked positively about the receptionists at their GP practice.
- Some mentioned how they were able to access appointments quickly and easily.
- Some people described how they didn't feel that their doctor / health professional understood their condition, took the time to listen to their concerns or answer their questions. This left them feeling that they hadn't received the correct treatment for their condition.
- A few people mentioned the difficulty in accessing appointments, and also having to wait for long periods of time in the waiting room for their appointment.

n. Can you suggest any improvements your doctors surgery could make to their service?

175 (61.8%) people provided a response to this question, of these 46 (26.2% of those that responded to the question) couldn't think of anything that could improve the service at their GP practice. Of the remaining 129 (73.8% of these that responded to the question) the main themes raised were;

- Many commented that they want to be able to book appointments easily; some described the difficulties in being able to get through on the phone and then having to

explain to the receptionist why they wanted to make the appointment. A few were unclear as to why the receptionist needed to know this.

- It was suggested by some that more appointments should be made available to book online including appointments with GPs and health professionals. And to have the option to book with a female / male.
- Many felt that people should be able to book appointments on the day and in advance, and some wanted appointments to be available in the evening.
- Some would like to be able to access a wide range of appointments including face to face, telephone and online consultations.
- Some commented on how they would like the receptionists to be friendlier. And for GPs and health professional to listen to their concerns and show more empathy.
- For many they were frustrated that their appointment didn't run on time and described how they were often sat for long periods of time in the waiting room. It was suggested that if appointment times were made longer this would ensure that they ran to time and would allow people the opportunity to discuss their concerns.
- A few people would like the toilets at their GP practice to be unisex
- A few people suggested that staff should receive training about mental health, and LGBT+ so they are better able to deal with patients.

o. What is the name of your doctors surgery?

Answer Choice	Response Percent	Response Total
Albion Mount, Dewsbury and Thornhill	4.1%	9
Almondbury Surgery	1.8%	4
Batley Health Centre	0.9%	2
Birkby Health Centre	0.9%	2
Blackburn Road Medical Centre, Birstall and Birkenshaw	0.9%	2
Bradford Road Medical Centre	0.0%	0
Brookroyd Surgery, Heckmondwike	0.9%	2
Broughton House Surgery, Batley	0.9%	2
Calder View Surgery	0.0%	0
Cherry Tree Surgery, Batley	0.5%	1
Cleckheaton Group Practice	0.5%	1

Answer Choice	Response Percent	Response Total
Clifton House & Nook Surgery	0.0%	0
Colne Valley Family Doctors	0.9%	2
Cook Lane Surgery	0.0%	0
Crosland Moor Surgery	0.9%	2
Dalton Surgery	1.8%	4
Dearne Valley Health Centre	0.0%	0
Dr Chandra & Partners (North Road Suite)	5.0%	11
Dr Glencross Surgery	1.8%	4
Dr Mahmood, Ravensthorpe Health Centre	2.7%	6
Eightlands Surgery, Dewsbury	2.3%	5
Elmwood Health Centre	3.2%	7
Fartown Green Road Surgery	0.0%	0
Fieldhead Surgery, Golcar	2.3%	5
Greenhead Family Doctors	0.9%	2
Grove House Surgery, Batley	2.7%	6
Healds Road Surgery, Dewsbury	1.8%	4
Honley Surgery	0.9%	2
Junction Surgery, Moldgreen	0.9%	2
Kirkburton Health Centre	1.4%	3
Kirkgate Surgery, Birstall	0.0%	0
Lepton & Kirkheaton Surgeries	0.5%	1
Lindley Group Practice	1.4%	3
Lindley Village Surgery	0.5%	1
Liversedge Health Centre	0.0%	0
Lockwood Surgery	1.8%	4
Marsh Surgery	0.0%	0
Meltham Group Practice	1.4%	3
Meltham Road Surgery	1.8%	4
Meltham Village	0.0%	0
Mirfield Health Centre	1.8%	4
Mount Pleasant Medical Centre, Batley	3.2%	7

Answer Choice	Response Percent	Response Total
Newsome Surgery	0.9%	2
Oaklands Health Centre	1.4%	3
Paddock & Longwood Family Doctors	0.9%	2
Parkview Surgery, Cleckheaton	0.0%	0
Savile Town Medical Centre, Dewsbury	6.4%	14
Shepley Health Centre	0.9%	2
Sidings Healthcare Centre	4.6%	10
Skelmanthorpe Family Doctors	0.5%	1
Slaithwaite Health Centre	2.7%	6
The Grange Group Practice	2.3%	5
The Green Way Medical Practice	0.5%	1
The New Street Surgery	0.5%	1
The Paddock Surgery, Thornhill	0.9%	2
The Waterloo Practice	4.1%	9
Thornhill Lees Medical Centre	7.8%	17
Thornton Lodge Surgery	1.8%	4
Undercliffe Surgery, Heckmondwike	1.4%	3
University Health Centre	7.3%	16
Wellington House, Batley and Birstall	0.9%	2
Westbourne Surgery	0.0%	0
Whitehouse Centre, Huddersfield	0.0%	0
Windsor Medical Centre, Dewsbury	0.0%	0
Woodhouse Hill	0.9%	2
	answered	**219**
	skipped	**64**

p. Do you identify as LGBT+?

15.8% (41) of respondents said that they identified as LGBT+ and 3.8% (10) were not sure.

Answer Choice	Response Percent	Response Total
Yes	15.8%	41
No	80.4%	209
Not sure	3.8%	10
	answered	**260**
	skipped	**23**

q. Do you feel comfortable discussing your gender/sexual orientation with your doctor or other health professional?

10.9% (5) respondents didn't feel comfortable discussing their gender / sexual orientation with their doctor or health professional.

Answer Choice	Response Percent	Response Total
Yes	30.4%	14
No	10.9%	5
Only if it's relevant	43.5%	20
I haven't needed to yet	15.2%	7
	answered	**46**
	skipped	**237**

r. Does your doctor or other health professional use your preferred pronoun?

11.1% (5) of respondents to this question stated that their doctor or health professional didn't use their preferred pronoun even though they had told them what their preferred pronoun was.

Answer Choice	Response Percent	Response Total
Yes, but I did not tell them/they did not ask	24.4%	11
No, they do not know my preferred pronoun	11.1%	5
Yes, I asked/I told them	15.6%	7
No, but I have told them my preferred pronoun	11.1%	5
I don't know what this means	2.2%	1
Doesn't apply to me	35.6%	16
	answered	**45**

Answer Choice	Response Percent	Response Total
	skipped	238

s. Do you think your doctor has a good understanding of your gender and/or sexual identity? If possible, please explain.

13.6% (6) of respondents to this question didn't feel that their doctor had a good understanding of their gender and /or sexual identity, and 47.7% (21) were not sure.

Answer Choice	Response Percent	Response Total
Yes	38.6%	17
No	13.6%	6
Not sure	47.7%	21
	answered	44
	skipped	239

If possible, please explain.

1 person provided a response to this and explained that they had not really discussed it with the doctor, more to the specialist nurses.

t. Do you think your doctors' surgery has a good understanding of LGBT+ needs?

9.3% (4) of respondents to this question didn't think their doctors' surgery had a good understanding of their LGBT+ needs, and 37.2% (16) were not sure.

Answer choice	Response Percent	Response Total
Yes	32.6%	14
No	9.3%	4
Not sure	37.2%	16
Some but not all	20.9%	9
	answered	43
	skipped	240

u. Do you feel your doctors surgery (for example, the waiting area) and staff are welcoming to LGBT+ people?

4.7% (2) of respondents to this question didn't feel that their doctors surgery and staff were welcoming to LGBT+ people, and 51.2% (22) were not sure.

Answer Choice	Response Percent	Response Total
Yes	44.2%	19
No	4.7%	2
Not sure	51.2%	22
	answered	**43**
	skipped	**240**

Please can you tell us how this could be improved

14 (32.5%) people provided a response to this question. The main themes raised were;

- To have posters on display that shows they are accepting about LGBTQ+
- To provide training for staff
- Ensure staff check preferred pronoun.
- Understand that not all parents are aware of their child's identity.

v. Do you feel the staff at your doctors surgery are aware of other local LGBT+ services that may be able to support you?

70.5% (31) of respondents stated that they didn't know if their doctors were aware of other LGBT+ services as they hadn't asked them.

Answer Choice	Response Percent	Response Total
Yes	20.5%	9
No	9.1%	4
I haven't asked them	70.5%	31
	answered	**44**
	skipped	**239**

w. If appropriate have you been referred to a different service (LGBT+ service) by your doctor or other health professional? If yes, which service?

16 (36.4%) people provided a response to this question. The services people had been referred to were;

- CAMHS
- Brunswick Centre
- Leeds Gender Identity Service
- Nottingham clinic
- Emergency numbers to use

7. Equality

The engagement data has been analysed to understand if the respondents were representative of the local population, based on the 2011 Census data and more recent verified local or national data where this is not available. It is important to note that children from age groups 0-10 were not represented at all in this engagement, and there were only limited numbers of parents/carers completing the survey for children of this age range**.** Where there is any significant underrepresentation this is identified and is highlighted (see Appendix F)

The responses are also analysed to understand if there were any trends or differences in responses by particular communities or groups.

a. Analysis of Responses by Equality Groups

To demonstrate the difference in views by equality groups, each question has been analysed and where significant differences have emerged they have been included. Those groups where there are a sufficient number of respondents to be able to identify a trend are detailed.

Q4. If you were worried about your health, what would you do?

Overall the first preference for the majority of respondents from all equality groups would be to call a doctor's surgery or speak to a family member if they were worried about their health, however further analysis indicates that there were some significant differences for some equality groups regarding options they would not choose at all or had stronger preferences for using.

Gender: There was no significant disparity in responses for males and females although males were more likely to use the chemist or speak to the school nurse. However for

people who identified their gender in another way there were strong differences with none indicating a preference for Accident and Emergency, a Walk in Centre or speaking to a school nurse.

Age: Children and young people aged 16 and under were more likely to discuss it with a family member or ring the doctors' surgery. Those aged 17-25 had a stronger preference than the younger age group for checking an online website or app (like NHS Choices), googling it, or ringing 111.

Ethnicity: Whilst Asian/ Asian British and White British respondents both clearly expressed a strong preference for discussing it with a family member or ringing their doctors surgery there were some clear differences. With White British respondents more likely to check an online website or app (like NHS Choices) or ring 111 and Asian/Asian British respondents more likely to go to a Walk in Centre or Accident and Emergency.

Disability: None of the respondents who identified as disabled would go to the Chemist or speak to the School Nurse. There was a clear preference for discussing it with a family member first, then ringing the doctor's surgery or googling it. Disabled respondents indicated they were far less likely to choose to go to the walk in centre as an option. Other options provided by respondents was that they would contact specialists e.g., consultant, hospital clinic, specialist nurse.

It is important to note that some didn't understand family member as a term so appear to have answered mum and dad in the other options section or read the context of question literally as specific to a situation e.g. have a seizure.

Impairments:

- **Learning Disability:** Those who identified as having a learning disability were more likely to either Google it or discuss it with a family member as their first preference they were also less likely to speak to their school nurse or go to the Walk in Centre. Other options were also to contact specialists e.g., consultant, hospital clinic, specialist nurse
- **Long Term Conditions:** Young people with long term conditions were more likely contact specialists e.g., consultant, hospital clinic, specialist nurse than other groups.

- **Mental Health Conditions:** Respondents who identified as having a mental health condition were more likely than other respondents to discuss it with a friend or ignore it and hope it goes away. They were also less likely to choose to speak to the school nurse.
- **Physical or Sensory Impairments:** Respondents who identified as having a physical or sensory impairment were less likely to go to a Walk-in Centre, Accident and Emergency, chemist or speak to the school nurse.

Carers: Respondents who identified as young carers indicated a strong preference for using 111 or discussing concerns with a friend.

Lesbian, Gay, Bi-sexual, Transgender, and Questioning (LGBTQ+): Respondents who identified as LGBTQ expressed a much higher preference than many of the other respondents for seeking digital information via google and other online website and apps. They were much less likely to go to Accident and Emergency, a Walk in Centre, or the Chemist, and would not speak to the school nurse.

Q6. Who normally books your appointment?

Whilst the overall response to the question indicates 55 % had their parent or carer book their appointment for them and 43 % made their own appointment this differs for some equality groups

- **Gender:** There was significant difference between males and female responses to this question. 70% of Males had their appointments booked for them by their parent or carer whilst only 41% of females had.
- **Age:** 94 % of children and young people aged 16 and under had their appointments booked for them by their parent or carer whilst only 40% of those aged 17-25 had.
- **Ethnicity:** More young people and children who identified as Asian/Asian British (68.9%) had their parent or carer book their appointments for them than those who identified as White British (44%).

Q9. Do you have any problems getting in to, or getting information from, your surgery?

Disability and Impairments:

Young people who identified as disabled or said they had impairments raised issues around access to:

- Accessible toilets and that the toilets they felt were not always kept to a good hygienic standard.
- Pre-bookable appointments for long-standing conditions that required follow ups and a more accessible appointment system. There seemed to be little knowledge of the online systems available.
- Receiving responses to queries, appointment letters, and copies of letters promptly and in an accessible format that they can use: “I have dyslexia and can't read on white paper”. Some of the practices may not be complying fully with their obligations under the Accessible Information Standard.
- A more accessible online prescription service for people with disabilities or impairments.
- Staff at practices being more aware of and sensitive to patients’ needs in relation to anxiety, mental health and physical/ learning disabilities or impairments. However there were some good examples of some needs being met well “I have high anxiety and complex multi-sensory needs, and now get so stressed at the surgery that the doctor either does a home visit (if they need to see me) or speak to my mum by phone”.
- Better signage in buildings so patients know where they are going and ensuring desks are at an accessible height for all patients or a reasonable adjustment made.

Gender: Access to unisex or gender neutral toilets was important for young people who identified their gender in a different way.

Sexual Orientation: Concern was expressed by a young person who identified as LGBT+ with regard to being referred to a sexual health clinic but the clinic refused to see them so they didn’t receive treatment at all.

Transgender: Access to unisex or gender neutral toilets was important for young people who identified as Trans.

Ethnicity: Some Asian / Asian British respondents were concerned about the behaviour of reception staff at a particular practice, believing them to be acting in a discriminatory manner because of their ethnicity.

Q10. How important is it for your doctors to use your preferred name/nickname? 1 being not important and 5 being very important - please rate

A total of 68 respondents scored 4 or 5 for this question indicating that they felt this was important or very important:

- 22 of these respondents identified as LGBTQ+ and 34 identified as heterosexual
- 27 identified as Asian/ Asian British and 35 as White British

It would have been useful to understand why it was important for these different groups but no option for further comments was included.

Q11. Did you understand the words that your doctor or other health professional used?

Age

- 36.3 %(32) of children and young people aged 16 and under only sometimes understand the words their doctor or health professional uses. There was a mixed experience of very good accessible practice by professionals ensuring informed understanding but also some poor practice where simple language and ensuring comprehension did not happen.
- 27.7% of young people aged 17 -25 only sometimes understand the words their doctor or health professional uses. So that some were unaware of why they were taking medication or what test was being undertaken and what the results meant.

Q12. Did you feel that the doctor or other health professional understood your needs?

Age: Respondents aged 17-25 (80.6%) felt far more strongly than those aged 16 and under (71%) that the doctor or other health professional understood their needs.

Disability or Impairments: 31 % of young people and children who identified as having mental health conditions did not feel that their doctor or other health professional

understood their needs. Examples provided by respondents clearly indicate a disparity in management of care with some professionals providing empathy and understanding and others not. Continuity of care was valued where good levels of care had been provided.

Q13. Did you feel you could ask your doctor or other health professional questions?

Age: Respondents aged 17-25 (82%) felt far more strongly than those aged 16 and under (65%) that they could ask their doctor or other health professional questions.

Disability or Impairments: 84 % of respondents who identified as having a learning disability felt that they could ask their doctor or other health professional questions whilst only 64% of those who identified as having a mental health condition felt they could.

Q14. Do you worry that your doctor or other health professional will discuss your personal issues with your family/carer?

LGBTQ+: 32% of young people who identified as LGBTQ+ would worry that their doctor or other health professional will discuss their personal issues with their family/carer unlike the majority of respondents which was 13%.

Disability or Impairments: 22% of young people with impairments would worry that their doctor or other health professional will discuss their personal issues with their family/carer.

Q15. What do you expect from your doctor or other health professional?

Whilst most groups prioritised respect, good at explaining, and confidentiality there were some variations in different equality groups.

Age

- **16 and under:** younger age groups valued professionals being good at explaining more than those aged 17-25. They also prioritised respect and being non-judgemental.
- **17-25: O**lder age groups valued respect and confidentiality higher than younger age groups. They also prioritised being good at explaining, and a good listener.

Carers: Young carers valued professionals having a good knowledge of local services more than other groups.

Ethnicity:

- Asian / Asian British young people valued professionals being good at explaining more than being treated with respect, whilst White British young people valued being respected more though still valuing those that were good at explaining.
- Both groups prioritised confidentiality as having significant importance.
- Asian/Asian British young people valued professionals being caring the least whilst young White British people valued a good knowledge of local services the least.

Gender

- Males least valued professionals having a good knowledge of local services the least whilst females valued staff being caring the least.
- Females valued being treated with respect the most whilst males valued staff being good at explaining most.
- Females prioritised needing professionals to be a good listener much higher than males.

Disability and Impairments

- Young people who identified as having a sensory impairment or a mental health condition valued kindness more highly than many other groups.
- Young people with disabilities or impairments felt that health professionals in particular GP's often patronised them and did not listen to their concerns this was particularly prevalent for those who shared that they were autistic or had mental health conditions.

LGBTQ+: Young LGBTQ+ people valued being treated in a non-judgemental manner more highly than any other group. They also valued being treated with respect and having confidentiality respected highly.

Q16. How was your overall experience at the doctors surgery?

Age: The age group 16 and under seemed to have had a less positive overall experience at the doctors surgery (with 56.8% stating it was good or fantastic) than that of the 17-25 age group who responded with 69.7 %.

Ethnicity

- White British young people seemed to have a slightly more positive overall experience at the doctors surgery (66.3% stating it was good or fantastic) than Asian/Asian British people who responded with 63.9%.
- Young Asian/ Asian British people described experiences that they had felt were discriminatory behaviour due to their ethnicity and felt that they and their mothers were less likely to be listened to by staff.

LGBTQ+:58% of young people who identified as LGBTQ+ stated that their experience was good or fantastic. Some of the negative comments indicate that the young people felt that there concerns were not understood, acted upon and they felt judged.

Disability and Impairments: Young people who identified as having a mental health condition had a much lower rating than some other groups with 53 % stating their experience was good or fantastic. Their comments describe either very good care or very poor care, and on further analysis this can be at the same practice but depends on the clinician they see.

Gender: Females (68.4%) had a better overall experience at their doctors' surgery stating their experience was good or fantastic than males (61.9%)

Q17. Can you suggest any improvements your doctors surgery could make to their service?

Age

- **16 and under:** clinicians to speak directly to the children and young people rather than their parents and treat them with respect and empathy.
- **13 -16 age group:** privacy when seeing a clinician rather than requiring a parent or sibling in attendance. This was particularly relevant for young people in this age group who wanted information and advice on LGBTQ+ issues. And staff to have more training and awareness of LGBTQ+ needs.
- **17-25:** more flexible appointment times so that young people don't have to miss college or work to attend them, and easier access to appointments which are difficult to make if at college or work.

LGBTQ+

- More training on LGBT needs for staff and more awareness needed within practices.
- Improved provision of and access to sexual health services.
- Gender neutral or unisex toilets.

Ethnicity

Asian/ Asian British:

- More gender specific services and clinicians available for women.
- better access to and information on sexual health services
- more walk in services rather than appointments

White British:

- Improved online appointment and prescription service.

Disability and Impairments:

Mental health:

- More time for appointments to be able to talk to a clinician properly
- A clinician that specialises in Paediatric and Adolescent Mental health
- Training for reception staff and clinicians around mental health awareness
- Quiet room for people with anxiety

Physical and Sensory Impairments

- Training for reception staff on reasonable adjustments and accessibility

Q19. Do you identify as LGBT+?

The demographics of the young people and children who answered yes to this question were:

- 12 were aged under 16 and 29 were aged 17-25
- 5 were carers
- 17 were female, 17 were male, and 7 identified their gender in a different way
- 3 identified as disabled and 28 identified as having impairments or long term conditions. It should be noted that respondents may have more than one impairment or condition.

- Further analysis indicates that of those who identified as having an impairment 13 had a learning disability, 19 had a mental health condition, 6 had a physical disability, 3 had a sensory impairment and 6 had other impairments
- 1 identified as being from a Mixed or multiple ethnic groups, 3 were Asian/Asian British, and 35 were White British.
- 17 identified as transgender

It should be noted that more young people continued to answer the following questions than those who had identified as LGBT+ which may have included those who were not sure or did not wish to disclose that they identified as LGBT+. The numbers of respondents for some equality groups are low so caution is advised in relation to drawing any conclusions.

Q20. Do you feel comfortable discussing your gender/sexual orientation with your doctor or other health professional?

- **Age:** Children and young people aged 16 and under were not comfortable discussing this with only 14% answering 'yes' they were. Whilst 37.5% of those aged 17- 25 were far more comfortable with discussing this. Both groups were most likely to discuss it though with their doctor only when it was relevant.
- **Gender:** Females (only 26% answered 'yes') were less comfortable than males (35%) in discussing this with a health professional and were far more (52%) likely to only discuss it when it was relevant.
- **Impairments:** Young people and children who identified as having impairments were much less comfortable (21.4% answered 'yes') about discussing this, and with 50% only doing this when it was relevant.

Q21. Does your doctor or other health professional use your preferred pronoun?

Transgender: Young people who identified as Trans were the group least likely to have their preferred pronoun used even after informing the doctor or other health professional (27.7%). However some professionals were unaware of the young persons preferred pronoun and 38.8% said that the professional did after the young person had told them. If the young person was from a younger age groups (16 and under) they were even more less likely to have their preferred pronoun used despite informing the doctor or other health professional (28.5%)

Q22. Do you think your doctor has a good understanding of your gender and/or sexual identity?

- **Transgender:** 50% of respondents who identified as Trans were not sure if their doctor had a good understanding of their gender and/or sexual identity and 33% felt they did not.
- **Age**: Only 14 % of young people aged 16 and under answered 'Yes' to this question unlike the older age group 17- 25 where 50% answered 'Yes'.
- **Impairments:** 53% of respondents who identified as having impairments were unsure if their doctor had a good understanding of their gender and/or sexual identity, in particular those who identified as having a mental health condition (47%)or a learning disability (46%) were more unsure than those with other impairments.

Q23. Do you think your doctors surgery has a good understanding of LGBT+ needs?

- **Age:** Only 38% of young people aged 16 and under answered 'Yes' to this question unlike the older age group 17- 25 where 46% answered 'Yes'.
- **Transgender:** Only one respondent who identified as Trans answered 'Yes' to this question with the majority response (38.8%) of respondents answering "Some but not all".
- **Impairments:** Only 29.6 % of young people who identified as having impairments answered 'Yes' to this question however on further analysis, and unlike others with different impairments, young people with learning disabilities were more positive with 46% answering 'yes' to this question.

Q24. Do you feel your doctors' surgery (for example, the waiting area) and staff are welcoming to LGBT+ people?

Age: There was no significant difference in answers between age groups however there were different aspects that they felt needed to be addressed:

- Comments from the 16 and under age group were focussed on staff needing LGBT+ training and awareness, visible welcoming signs like posters, and for clinicians to consider that some parents won't be aware of their child's identity. Similar comments were made for other questions by this age group concerning clinicians speaking to

children and young people with their parents present and the need for privacy/ confidentiality.

- Comments from the older age group 17- 25 were focussed on awareness in relation to correct pronoun use and more LGBT+ awareness in general, and equitable treatment. An example was provided of a disparity in questions asked of someone who identified as LGBT+ and someone who was heterosexual “at the GUM clinic I was asked whether I met my partners through dating apps, whereas a straight friend got asked how long she'd been going out with her partner”.

b. Key findings from equality

Most respondents were unlikely to speak to the school nurse if they were worried about their health this includes children and young people aged 16 and under. Some equality groups were far less likely to go to a Walk in Centre, Accident and Emergency or speak to a Chemist these included: those with learning disabilities, mental health conditions, physical or sensory impairments, and those who identified as LGBTQ+. Whilst Asian/Asian British respondents more likely to go to a Walk in Centre or Accident and Emergency

Disability or Impairments:

Young people who identified as disabled or said they had impairments raised issues around the need for:

- Improved accessibility: in relation to provision of toilets, pre-bookable appointments, appointment systems, prescription ordering, receiving correspondence promptly in an accessible format, and signage in buildings.
- Improved awareness of and sensitivity to patients’ needs in relation to anxiety, mental health and physical/ learning disabilities or impairments.
- Privacy and confidentiality about their conditions. They were concerns that their doctor or other health professional would discuss their personal issues with their family/carer.
- Health professionals to listen to them and treat them with respect. They felt that health professionals in particular GP’s often patronised them and did not listen to their concerns particularly those who identified as autistic or had mental health conditions.
- Respondents who identified as LGBTQ and had mental health conditions or learning disabilities felt the most unsure as to whether their doctor had a good understanding of their gender and/or sexual identity

Transgender:

- Access to unisex or gender neutral toilets was important for young people who identified as Trans
- Young people who identified as Trans were the group least likely to have their preferred pronoun used even after informing the doctor or other health professional particularly if the young person was from aged 16 and under.
- Over half of the respondents who identified as Trans were not sure if their doctor had a good understanding of their gender and/or sexual identity.
- Only one person who identified as Trans thought that their doctors' surgery had a good understanding of LGBT+ needs.

Ethnicity:

- Some Asian / Asian British respondents felt they had experienced discrimination from practice staff because of their ethnicity or were less likely to be listened to or responded positively to.
- More gender specific services and clinicians available for women.
- More walk in services rather than appointments.
- More access to better sexual health services.

Age:

- A significant proportion of children and young people of both age groups only sometimes understand the words their doctor or health professional uses and "being good at explaining" was particularly valued by those aged 16 and under.
- Young people aged 16 and under were less likely to feel that the doctor or other health professional understood their needs or feel they could ask them questions. They wanted clinicians to speak directly to them rather than their parents. They also seemed have had a less positive overall experience at their doctors' surgery than those aged 17-25.
- Those aged 13 -16 wanted more privacy when seeing a clinician rather than requiring a parent or sibling in attendance.

- Those aged 17-25 wanted more flexible appointment times so that they didn't have to miss college or work to attend them, and easier access to appointments rather than having to telephone.

LGBTQ+

- Compared to other equality groups, young people who identified as LGBTQ+ valued not being judged and confidentiality more. They were more concerned that their doctor or other health professional would discuss their personal issues with their family/carer.
- Those aged 13 -16 wanted more privacy when seeing a clinician rather than requiring a parent or sibling in attendance particularly when they wanted information and advice on LGBTQ+ issues.
- Respondents who identified as having mental health conditions or learning disabilities felt the most unsure as to whether their doctor had a good understanding of their gender and/or sexual identity.

Recommendations:

- Training for clinicians particularly GP's in relation to the clinical and other needs of LGBTQ patients, young people with disabilities or impairments in particular mental health, and improving communication skills with younger age groups.
- Training for reception staff in customer care, and equality particularly around the needs of LGBTQ people, BME communities, and those who have disabilities or impairments in particular mental health.
- Provision of more accessible online systems: both for prescriptions and appointments or reasonable adjustments made
- Greater flexibility in appointments and waiting times to be improved
- Practices to meet their obligation in relation to the Accessible Information Standard and to audit the accessibility of practice buildings and address access issues or make reasonable adjustments.
- Provision of unisex or gender neutral toilets
- Improved provision of and access to sexual health services.
- Quiet waiting room for people with anxiety or neuro-diverse conditions

8. Summary of key themes from existing data and the engagement

The key themes from existing data and the engagement were as follows:

- **Health concerns** – if young people were concerned about their health they would be most likely to discuss it with a family member; ring the doctors surgery; or google it.

  Children and young people aged 16 and under were more likely to discuss it with a family member or ring the doctors' surgery. Those aged 17-25 had a stronger preference than the younger age group for checking an online website or app (like NHS Choices), googling it, or ringing 111.

- **Booking appointments** – Nearly all children and young people aged 16 and under had their appointments booked for them by their parent or carer, whilst those aged 17-25 were more likely to book their appointment themselves. For some of those that have their parent or carer book their appointments this is due to having to discuss the reason for their appointment with the receptionist. Most people made their appointments over the phone.

- **Availability of appointments** – most young people had not found it difficult to access appointments. Those that had found it difficult said they would prefer a more flexible, easy to use booking system with quicker access and shorter waits to be seen. They also wanted there to be same day and advance appointments available.

- **Communication** - Most felt that they understood what they had been told and felt that the doctor / health professional used simple terms. Some described how they felt confident to ask questions if they were unsure. Although some felt that their doctor / health professional sometimes used complex language.

- **Treatment –** Many felt that they had been listened to and provided with the care / support that they needed. Although some people described how they didn't feel that their doctor / health professional understood their condition, took the time to listen to their concerns or answer their questions. This left them feeling that they hadn't received the correct treatment for their condition. And a few people described how not

all the doctors / health professionals that they came into contact with treated them with the same level of care and understanding.

- **Overall experience –** the majority of people described their experience of using their GP practice as either fantastic or good. They described how they felt that they had been listened to and provided with the care / support that they needed. Some described how caring and understanding the doctors / health professionals had been with them. And talked positively about the receptionists at their GP practice.

  Of those, that didn't feel their experience was fantastic or good commented on how they didn't feel that their doctor / health professional understood their condition, took the time to listen to their concerns or answer their questions. And a few people mentioned the difficulty in accessing appointments, and also having to wait for long periods of time in the waiting room for their appointment.

Of those that responded to the survey 15.8% (41) of respondents said that they identified as LGBT and 3.8% (10) were not sure. Based on feedback from this and previous engagement activity the main issues raised were;

- **LGBT issues** – many young people that identify as LGBT feel that GPs and health professionals don't have an understanding of LGBT issues, especially those around gender. They feel that GPs need to be educated about LGBT issues and they need to listen to young people.

  In previous engagement activity some of the young people felt that they had a better understanding than the GP about the referral process to the gender clinic and felt frustrated when referrals weren't put in place. They also felt that GPs need to understand that names may change when young people are transitioning.

We have also analysed the feedback by protected characteristics to understand if there were any trends or differences in responses by particular communities or groups (see Equality section). The following recommendations were made;

- Training for clinicians particularly GP's in relation to the clinical and other needs of LGBTQ patients, young people with disabilities or impairments in particular mental health, and improving communication skills with younger age groups.
- Training for reception staff in customer care, and equality particularly around the needs of LGBTQ people, BME communities, and those who have disabilities or impairments in particular mental health.
- Provision of more accessible online systems: both for prescriptions and appointments or reasonable adjustments made
- Greater flexibility in appointments and waiting times to be improved
- Practices to meet their obligation in relation to the Accessible Information Standard and to audit the accessibility of practice buildings and address access issues or make reasonable adjustments.
- Provision of unisex or gender neutral toilets
- Improved provision of and access to sexual health services.
- Quiet waiting room for people with anxiety or neuro-diverse conditions

9. Next steps

The report of findings will be shared with the Calderdale and Kirklees Equality Objectives Steering Group and the Patient Engagement Assurance Group. The final engagement report will be made publically available and feedback provided to those respondents who have requested it.

The CCGs will provide the report of findings to GP practices to ensure that young people and those identifying as LGBT are supported in the right way. The information will be used to identify any service improvements and access to GP practices by individual practices.

Appendix A - High level time line for the delivery of consultation

What	When by
Sign off draft plan and questionnaire	w/c 2/12/19
Recruitment of Community Voices	w/c 30/12/19
Briefing of key partners and stakeholders	w/c 30/12/19
Development of communication materials	w/c 30/12/19
Community Voices training	w/c 13/01/20
Engagement Delivery (8 weeks)	20/01/20 – 16/03/20
Data input	w/c 16/03/20
Data analysis	w/c 23/03/20
Evaluate the equality data	w/c 23/03/20
Write a report of findings	w/c 30/03/20
Present the findings to Calderdale and Kirklees Equality Objectives Steering Group	April 2020
Present the findings to Patient Engagement Assurance Group	April 2020
Use the findings to identify any service improvements and access to GP practices	April onwards
Feedback to patients the outcome of engagement and next steps	April 2020

Appendix B - Summary of existing engagement

A review of primary care engagement that has taken place over the previous three years has taken place. The following is a summary of the existing engagement;

NHS Calderdale CCG (August 2019): Children and Young People's Experience of their local GP practice. Report of Findings

The CCG engaged with young people aged between 12-25 years old to understand their experience of local GP practice. The engagement was co-delivered by Calderdale CCG, Barnardo's Positive Identities Service (BPI) and Voluntary Action Calderdale (VAC). The CCG received a total of 225 responses to the survey and the key findings from the engagement were:

- 62.9% responded that they would 'Discuss it with a family member', 37.1% 'Ring the GP practice' or 31.2% 'Google it' if they were worried about their health.
- 32.3% visited the GP practice 'In the last month' and 30.9% 'In the last 6 months'.
- 74.8% of parent/carers booked the GP appointment.
- 87.3% responded that 'Telephone' was the preferred method used to book appointments.
- 75.9% attend the GP practice with their 'Parent/carer' and 21.8% 'go on their own'.
- 68.3% stated they have never been offered an appointment at the GP practice without a family member.

In terms of access to the GP practice, the main areas of concern were difficulty in getting appointments, access due to mobility and anxiety around going alone, taking in information and speaking to staff.

- For the last appointment, 65.1% 'Went to see a GP', 17.5% 'Saw nurse/nurse practitioner' and 10.8% stated they 'Saw someone but didn't know what their role was'.
- 45% rated their overall experience as 'Good' (45%) and 28.4% as 'Ok'.
- 54.6% sated it was important for the Doctor to use their birth name.
- The four main areas that could make people feel more supported are:

1. **Communication** - To use more child friendly language and inform of all choices.

2. **Appointments** - To have a more flexible, easy to use booking system for appointments with quicker access and shorter waits to be seen.

3. **Gender Support** - For practice to have more gender awareness of current issues and appropriate support, use pronouns, plus demonstrate inclusiveness in waiting area.

4. **Service** - To increase support for mental health and autism. Have continuity of care and trust. Be more supportive and treat equally. To have increased funding for more services.

- 80% said yes they understood the language the Doctor or other health professional used, with 3% who said no. A number of responses stated sometimes, or that they talked to Mum and others stated they had difficulty understanding the different languages and use of medical terminology. Other comments included having a lack of information on the illness/it was complicated/not clear on what condition was.
- 67.2% felt that the Doctor or health professional understood their needs and 22.6% stated they were 'Not sure'.
- 63.6% felt they could ask the Doctor or other health professionals questions and 19.3% stated 'Not Sure'.
- 24.5% were worried that the Doctor or other health professional would discuss their personal issues with the family/carer and 60.1% did not think this was the case.
- The five main areas for improvement were around:
  1. Appointments
  2. Communication
  3. Service
  4. Waiting Times
  5. Gender
- A number of characteristics were expected from the Doctor or other health professional:
  ϖ 88.8% 'Non-judgemental', 86. 6%'Respect' , 86.1% 'Good at explaining and 85% 'Confidentiality', 'Good Listener' and 'Understanding'.
  ϖ The least picked option at 73.3% was a 'Good knowledge of services'
- The top three responses identified their usual Doctor (GP practice) was the 'Hebden Bridge Group Practice (8.7%), 'Todmorden Group practice' (7.3%) and 'They didn't want to say'
- 34.6% identified as LGBTQ+, 59.5% did not and 5.9% were 'Not sure'.
- 34.3% said 'I haven't needed to yet' when asked if they felt comfortable discussing your gender/sexuality with your Doctor or other health professional. 29.1% said 'Only if it's 23.9% said 'Yes' and 12.7% said 'No'.
- When asked about the use of preferred pronouns, 57.3% said 'Doesn't apply to me', 21.4% said 'Yes, but I did not tell them/they did not ask' and 11.5% said 'No, they do not know my preferred pronoun'.
- 66.4% said 'Not sure' that the GP practice has a good understanding of LGBTQ+ needs and 18% said 'Yes' and 10.9% said 'Some but not all'.
- 45.2% said 'Not sure' that the Doctor has a good understanding of your gender/and or sexual identity, 39.7% said 'Yes' and 15.1% said 'No'.
- 56.6% said 'Not sure' that the Doctors surgery and staff are welcoming to LGBTQ people, with 40.2% said 'Yes' and 8.2% said 'No'.
- 30.1% said it was very important to have gender neutral toilets and 28.5% said it was not very important.
- 61.7% said 'I haven't asked them' in relation to staff at the Doctors being aware of other local services to provide support, 31.7% said 'Yes' and 6.7% said 'No'.
- 24.4% answered 'Yes' to being referred to a different service, which were explained as CAMHS, Tavistock, Identity and Podiatry.

Healthwatch Wakefield (March 2019) Young Healthwatch: Survey Results

The Young Healthwatch survey is ongoing, with the aim to provide future intelligence into the experiences and opinions of children and young people on health and care services provided in Wakefield District. The findings provided in this report results from 193 Young Healthwatch surveys, which were completed by children and young people living in Wakefield from July 2018 to February 2019. The majority of respondents were aged 13 to 17 years, mainly White British and did not have a disability.

Key findings

- Services that were mostly used by respondents to the Young Healthwatch survey were GPs, dentists and hospitals.
- Children and young people proportionately rated opticians, orthodontists and sexual health services with the most positive scores. Kooth, CAMHS and speech therapy had the highest ratio of negative scores.
- People were keen to see improvements in access to services by addressing waiting lists and waiting times, for the right kind of help to be provided at the right time, and for staff to be more compassionate.
- Accessibility (getting help when needed), compassionate staff and a desire to see services that are more proactive, were the three main themes that emerged when people were asked what was important to them.

Recommendations

1. Waiting times and waiting lists damage children and young people's perceptions of health and care services – in particular access to and effectiveness of services, as well as having compassionate staff. It is important to address negative perceptions and experiences to reduce missed opportunities to tackle health and wellbeing.
2. Services and staff need to adapt their behaviour or be more aware of how they are perceived by children and young people, so as not to discourage or disengage this group of people.
3. Children and young people are keen to see health promotion and services specifically tailored for them to be more actively advertised and communicated by staff working in health and care services.

West Yorkshire & Harrogate Health and Care Partnership (March 2019) Engagement and consultation mapping

The report captures intelligence collected from engagement and consultation activities carried out across West Yorkshire and Harrogate during the period January 2014 to March 2019. It also includes reference to any work stream specific mapping exercises that have taken place, and where available provides details of any issues raised by protected groups.

Feedback in relation to children and young people included;

- Young people use parents to make appointments rather than do it themselves as they don't like the challenge once they contact the practice. Young people find this off putting and worry about what questions will be asked and what they will have to say.
- Young boys also commented that reception staff are mainly female and they do find that sometime this is embarrassing when talking to the receptionist.
- They all said they find the questions they get asked by the receptionist are too personal.
- They thought there should be posters and/or other information available in schools and colleges about what services local GP practices offer and how to contact them.
- Offer flexibility in the appointment system and try to ensure sufficient same day and advance appointments are available before and after school.
- Encourage a friendly approach by frontline staff as this has a significant impact on the experience of young people.
- Ensure young people have ways to engage with the Patient Reference Groups (PRG) and ensure representation of young adults on the PRG. Encourage the PRG to be involved in all discussions about improvements to the appointment systems, access to age appropriate information and so on

Feedback in relation to people that identify as LGBT included the following, it should be noted that the feedback did not identify whether this was in relation to young people or adults.

- Being treated with respect, compassion, empathy and dignity by staff that have appropriate training is important to Lesbian, Gay, Bisexual and Transgender (LGBT) people.
- Not being judged was very important to LGBT people.
- Healthwatch has been told by a local transgender support group about distressing experiences where members of GP practice staff have shown a serious lack of respect and understanding

The Brunswick Centre (October 2018):Young People's Experiences of GPs in Kirklees. A case study

This case study is in relation to a session that took place at the Yorkshire Mixtures youth group on Wednesday the 24th October 2018. The session was in linked to a project we undertaking with the young people from the Yorkshire Mixtures group and access to health care locally. The young people involved were aged between 11 and 25 years of age. The information provided by young people during this session was recent experiences and retrospective experiences with health care providers in Kirklees and Leeds (the gender clinic).

Overwhelmingly there was a strong message from young people about accessing their GPs, the services they have received, particularly in relation to gender and mental health and how the young people had felt failed and not listened to. This has led to young people being reluctant to make further appointments.

During the discussion, the most common theme that young people bought up time and time again was education. Young people felt that GPs just don't have an understanding of LGBT issues, especially those around gender. They feel that GPs need to be more clued up on LGBT issues and that they need to listen to young people and believe them when they come with a problem or asking for help.

Another common theme was that the young people felt that GPs needed to have better communication with other services such as CAMHS, Tavistock and sexual health services to ensure that they were getting help for all aspects of their lives.

Referrals was also an issue, some of the young people seemed to have a better understanding than the GP about the referral process to the gender clinic and felt frustrated when referrals weren't put in place. They also feel that GPs need to understand that names may change when young people are transitioning and that more attention should be given to the NHS number to ensure that letters and communications with other services aren't lost in translation so to speak.

Young people in general said they had anxiety over visiting the GP for some of the above reasons, for many of the young people we spoke to they said that coming out was a big deal to them, but this wasn't considered by the health professional they saw.

Overall the young people involved in this discussion all had at least one negative experience of going to see their GP. These experiences were related to gender identity and mental health needs not being met by the young people who participated in the session.

Ipsos MORI (October 2018): Understanding children and young people's experiences of primary care. Research for NHS England

The research detailed in this report – commissioned by NHS England and conducted by Ipsos MORI – was designed to begin to fill this gap in knowledge. It had three key objectives:

- To understand what matters most to CYP when receiving primary care;
- To identify ways in which CYP's experiences of primary care can be improved; and,
- To understand the most effective methods of seeking feedback on primary care from CYP.

Experiences of primary care
Aside from feelings of nervousness and unease, CYP generally held few strong opinions about using primary care services. In contrast their parents often displayed strong and animated views about primary care services and the care their children received.

Yet, when probed, CYP were able and willing to talk in more depth about the factors that influenced their experiences of primary care. Indeed, CYP across all age groups went further than just identifying issues, and in many cases suggested ideas for improvement. Notably, females aged 13- to 15-years-old held consistently strong opinions about certain aspects of their primary care experiences and were especially keen to suggest measures to enhance them.

Taking steps to make CYP feel welcome when using health care services was recognised as an important factor in improving CYP's experiences of care, with CYP across all age groups describing feeling out-of-place when using primary care services. The time that CYP spend waiting for their appointment, and the physical environment of the waiting area was also perceived as having a critical influence over whether or not CYP have a positive experience of primary care.

Feeling pressured and anxious when speaking to clinicians was commonly reported by CYP, as they valued the quality of communication between them and clinicians. CYP, and to a lesser extent their parents, placed a high importance on clinicians being friendly and approachable, and using language and other forms of communications that CYP can understand. Female CYP also felt clinicians should not ask sensitive questions at the beginning of a consultation, and in front of their parents.

CYPs often didn't feel engaged in their care as clinicians' focus was primarily on their parents, which could lead to miscommunication. This was not widely recognised by parents who often felt that clinicians engaged with their child fully in the appointment. The lack of consistency of care and the inability to see a doctor alone were also reported, to have a negative impact on experiences of primary care of CYP (and especially older female CYP).

Improving CYP's experience of care

Although, when initially engaged on the subject of primary care services, CYP generally showed few strong opinions, they were able to discuss their experiences in great depth when probed. This was particularly the case in the focus groups, where CYP were provoked to respond to opinions and experiences voiced by others in the group.

In doing so, they identified a range of factors that have influenced their experiences of primary care – for the better and the worse - leading to a number of recommendations about how primary care services might seek to improve CYP's experiences.

- The reception and waiting area should be welcoming and provide a range of recreational activities which are age appropriate for a range of CYP, including older CYP. The time that CYP spend waiting to see their GP has as an important influence over whether or not CYP have a positive experience of primary care. The physical environment of the waiting area, can play a crucial role in ensuring that the CYP feels welcome and comfortable at the GP practice.

- Primary care services should communicate about late-running appointments when CYP arrive at reception, if not before. If possible, they should provide estimates of lengths of delays. Uncertainty about when one would be called to their appointment can cause extreme boredom and exacerbate any anxiety CYP might be feeling. In addition, waiting for long periods surrounded by unfamiliar and sick people can trigger challenging behaviour from their children.
- Clinicians should greet CYP personally at the start of the appointment to help them feel at ease and involved in the appointment. Friendliness of clinicians could have a large impact on their child's confidence during the appointment.
- Clinicians should use language or other forms of communication that CYP can understand; moderating the speed with which they talk, as well as the language they use. To ensure comprehension, they should proactively ask CYP whether they understand what has been said, rather than wait for CYP to ask questions independently. CYP might not feel confident enough to ask the clinician questions, and they want to understand what the clinician say.
- Clinicians should aim to avoid asking potentially sensitive questions early in the consultation, particularly when other people are present. Where possible, clinicians should offer CYP the opportunity to provide necessary sensitive information by completing a form. This is especially important for older female CYP who might not want to be asked certain questions in front of their parents.
- Clinicians should speak directly to the CYP, rather than the parent, wherever possible. They should consider how they use non-verbal communication to ensure that the CYP feels engaged and listened to. Engaging with parents rather than CYP can lead to miscommunication.
- Where parents speak on behalf of the child, clinicians should give CYP the opportunity to agree or disagree with what their parent has said, before taking note of it. Clinicians should be aware of the effect that the presence of a parent can have on CYP.
- Clinicians should take CYP's views seriously and not dismiss or appear to dismiss their concerns or contributions.
- Primary care services should aim to accommodate CYP who wish to see a clinician without parental accompaniment. Primary care services should ensure that policies in this area are applied and communicated consistently by all staff.
- Clinicians should ask CYP before beginning the appointment, or at any point in the appointment where the conversation turns to sensitive subjects, whether they would like their parents to remain in the consultation room. Some CYP might feel unable to speak openly with their clinician while their parent is in the room. They might be especially reluctant to discuss sensitive topics.
- Receptionists should be sensitive to gender preferences and ask parents when they are booking appointments whether their child would prefer a same-sex clinician. Clinicians should also be aware that CYP, of all ages and genders, may have preferences which have not been accommodated and offer them the chance of seeing a same sex clinician where appropriate.

Healthwatch Leeds (February 2018): #getyourrightsinhealth. Young people learn about their rights and share their experiences

During 2017, trained volunteers and staff co-facilitated the session in community groups and schools, culminating in a big youth-led event called #Getyourrights in Health in February 2018. In addition to raising awareness about rights in the NHS, YouthWatch used the sessions as a tool to encourage young people to share their own experiences of good and bad care and teach them what they could do if they felt their rights hadn't been met.

During both sessions, they gave young people the opportunity to share their experiences of health services during the last 12 months. They gathered a total of 89 experiences, which were a balance of both positive and negative comments. The majority of experiences fell within the following three main themes:

- Communication between staff and patients
- Quality of care or treatment
- Staff attitudes

Communication between staff and patients
Just over half (53%) of young people's comments about communication between staff and patients were positive. Negative experiences predominantly related to young people feeling as though things weren't explained clearly to them so that they felt scared, confused or overlooked.

Quality of Care or treatment
The majority of experiences from young people about the quality of care or treatment they'd received were positive. Those that said they had a negative experience were a mixture of a perceived lack of care from health professionals, or because they said the treatment "hurt" them.

Staff attitudes
13 (48%) of young people whose experiences related to staff attitudes were praising health professionals for being caring and friendly. The remaining 14 (52%) experiences were relating to negative staff attitudes, ranging from being uncaring to patronising and rude.

Most important rights for young people
At the #Getyourrights in Health event, 53 young people voted for their top three most important rights, in terms of what might stop them accessing a health service if they weren't met. Each young person's voting slip were scored using the following points: First choice =3, second choice =2, third choice =1. The top three rights voted by young people at the event were:

1. Privacy
2. Clear information
3. Not be discriminated against

Appendix C - Survey

Greater Huddersfield Clinical Commissioning Group
North Kirklees Clinical Commissioning Group

Are you under 25 and living in Kirklees?
If the answer is YES then this survey is for you!

Help us to review your experience at your doctors

Going to your doctors is important, right?

We are interested in finding out about your experience at the doctors. We are gathering as much information as we can. This will help us understand what works well, what doesn't work so well. This will help us identify if any improvements need to be made.

Please take 5 minutes to complete this survey. It is anonymous, which means that we do not know who is taking the survey. We will just collect all the results so we can get a good picture of what young people's experience of going to the doctors is like in Kirklees.

Some of the questions just need a tick, other questions ask you to write an answer. Please give these questions careful thought and answer as honestly as possible.

Even if you hardly ever, or don't go to the doctors, we still want to hear from you!

Let's work together to make a difference.

If you need support to give your view or prefer to tell us your story please contact:

Matt Thompson at NHS North Kirklees and Greater Huddersfield CCGs

Matt.Thompson@northkirkleesccg.nhs.uk

You can also complete the survey online at
http://www.smartsurvey.co.uk/s/YoungPeopleGPPractice/

The closing date for all responses is midday on Monday 16 March 2020.

Thank you for taking the time to share your views and completing this survey!

Survey questions

1. Please tell us the first part of your postcode e.g. HD2

2. If you don't know your postcode, please tell us the area you live in.

3. If you were worried about your health, what would you do? Please tick all that apply.

- Ring your doctors surgery
- Go to a Walk-in Centre
- Go to Accident & Emergency (A&E)
- Go your local chemist
- Ring 111
- Google it
- Check an online website or app (like NHS Choices)
- Speak to your school nurse
- Discuss it with a family member
- Discuss it with a friend
- Ignore it and hope it goes away
- Something else (please tell us below)

4. When did you last go to the doctors?

- In the last month
- In the last 2- 6 months
- In the last 6-12 months
- Over a year ago
- Can't remember

5. Who normally books your appointment?

- Me
- Parent or carer
- Other (please tell us who below):

6. Please tell us what method is used to book your appointments.

- Telephone
- Online
- Face to face
- I'm not sure as I don't book the appointment

7. What type of appointment did you have the last time you went?

- Went to see doctor
- Spoke to doctor over the phone
- Saw Nurse/Nurse practitioner
- Saw Health Care Assistant
- Saw another service
- Saw someone but don't know what their role was

8. Do you have any problems getting in to, or getting information from, your surgery? This might include: physically getting in to and moving around the building; using the toilets; getting appointments or letters in the best format for you; or any other difficulty. Please give more details.

9. How important is it for your doctors to use your preferred name/nickname? 1 being not important and 5 being very important - please rate.

Not important 1 2 3 4 5 Very important

10. Did you understand the words your doctor or other health professional used?

- Yes
- No
- Sometimes

If you can, please explain your response

11. Did you feel that the doctor or other health professional understood your needs?

- Yes
- No
- Not sure

What made you think like this?

12. Did you feel you could ask your doctor or other health professional questions?

- Yes
- No
- Not sure

13. Do you worry that your doctor or other health professional will discuss your personal issues with your family/carer?

- Yes
- No
- Not sure

14. What do you expect from your doctor or other health professional? Please tick all that apply.

- Respect
- Confidentiality
- Good listener
- Kind
- Caring
- Good knowledge of local services
- Understanding
- Non-judgemental
- Good at explaining
- Other (please explain):

15. How was your overall experience at the doctors surgery?

- Fantastic
- Good
- OK
- Rubbish
- Confusing
- Made me angry
- If you can, please explain your response:

16. Can you suggest any improvements your doctors surgery could make to their service?

17. What is the name of your doctors surgery?

18. Do you identify as LGBT+? If yes, please continue to complete questions below. If no/not sure, please go to Q27 (equality monitoring form).

- Yes
- No
- Not sure

19. Do you feel comfortable discussing your gender/sexual orientation with your doctor or other health professional?

- Yes
- No
- Only if it's relevant
- I haven't needed to yet

20. Does your doctor or other health professional use your preferred pronoun?

- Yes, but I did not tell them/they did not ask
- No, they do not know my preferred pronoun
- Yes, I asked/I told them
- No, but I have told them my preferred pronoun
- I don't know what this means
- Doesn't apply to me

21. Do you think your doctor has a good understanding of your gender and/or sexual identity?

- Yes
- No
- Not sure

22. Do you think your doctors surgery has a good understanding of LGBT+ needs?

- Yes
- No
- Not sure
- Some but not all

23. Do you feel your doctors surgery (for example, the waiting area) and staff are welcoming to LGBT+ people?

- Yes
- No
- Not sure
- Please can you tell us how this could be improved

24. Do you feel the staff at your doctors surgery are aware of other local LGBT+ services that may be able to support you?

- Yes
- No
- I haven't asked them

25. If appropriate have you been referred to a different service (LGBT+ service) by your doctor or other health professional? If yes, which service?

Equality monitoring form

In order to make sure we provide the right services and make sure we avoid discriminating against any groups in our community, it is important for us to ask you the following information. No personal information will be released when reporting statistical data and your data will be protected and stored securely in line with data protection rules. This information will be kept confidential. Please try to answer all the questions. If you would like help to complete this form or would like a form in a different format please email: matt.thompson@northkirkleesccg.nhs.uk or call: 01484 464000

If you would like to know how we use this data please visit our privacy notice

26. Who is this form about?

- Me
- Someone else - using their information

27. What is your gender?

- Male
- Female
- Prefer not to say
- I describe my gender in another way (please tell us)

28. How old are you?

29. Which country were you born in?

30. Do you belong to any religion?

- Buddhism
- Christianity (all denominations)
- Hinduism
- Islam
- Judaism
- Sikhism
- No religion
- Prefer not to say
- Other (please tell us)

31. What is your ethnic group?

Asian or Asian British:

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Other Asian background (please tell us)

Black or Black British:

- Caribbean
- African
- Other Black background (please tell us)

Mixed or multiple ethnic groups:

- White and Black Caribbean
- White and Black African
- White and Asian
- Other mixed background (please tell us)

White:

- English/Welsh/Scottish/Northern Irish/British
- Irish
- Gypsy or Irish Traveller
- Other White background (please tell us)

Other ethnic groups

- Arab
- Prefer not to say
- Any other ethnic group (please tell us)

32. Are you disabled?

- Yes
- No
- Prefer not to say

33. Do you have any long-term conditions, impairments or ailments? (If YES please tick any that apply)

- Physical or mobility impairment (such as using a wheelchair to get around and / or difficulty using their arms)
- Sensory impairment (such as being blind / partially sighted or deaf / hard of hearing)
- Mental health (such as depression or schizophrenia)

- Learning Disability(such as having Downs syndrome or dyslexia or a cognitive impairment such as autism or head-injury)
- Long term condition(such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)
- Prefer not to say
- Other (please tell us)

34. Are you a carer? Do you look after, or give any help or support to a family member, friend or neighbour because of a long term physical disability, mental ill-health or problems related to age?

- Yes
- No
- Prefer not to say

35. Which of the following best describes your sexual orientation?

- Bi / Bisexual
- Gay
- Heterosexual/straight
- Lesbian
- Prefer not to say
- Prefer to use another term (please tell us)

36. Do you consider yourself to be a Trans* person? *Trans is an umbrella term used to describe people whose gender is not the same as the sex they were assigned at birth.

- Yes
- No
- Prefer not to say

37. Are you pregnant or have you given birth in the last 6 months?

- Yes
- No
- Prefer not to say

38. Are you a parent/primary carer of a child or children who live with you, if yes, how old are they? (Tick any that apply)

- 0-4
- 5-9
- 10-14
- 15-19
- Prefer not to say

Thank you for taking the time to share your views and completing this survey!

The closing date for all responses is midday on Monday 16 March 2020.

NHS Greater Huddersfield and North Kirklees CCGs

Freepost RUBC–XUTK–GUUC

Engagement team

Norwich Union House

2nd Floor

High Street

Huddersfield HD1 2LF

Appendix D - Poster

Appendix E - Social media images

NHS NK CCG @NHSNKCCG · Feb 12

Got 5 minutes? Give us a bit of #WednesdayWisdom and tell us what's working well at your doctor's surgery. bit.do/YoungVoiceKirk... #YoungVoiceKirklees

NHS NK CCG @NHSNKCCG · Feb 10

Under 25 and live in #Kirklees? Give your feedback about your doctor's surgery. It's totally anonymous. bit.do/YoungVoiceKirk... #YoungVoiceKirklees

Appendix F - Equality monitoring data

Representation

The engagement activity was carried out in Kirklees with the aim of engaging with young people to understand their experience of using their local GP practice. The age range of respondents was 8-68. There were 283 respondents and their equality monitoring forms have been analysed and compared to the demographics of Kirklees

Who is this form about?

248 people answered this question, with 96% (238) providing responses for themselves and 4 % (10) on someone else's behalf.

Who is this form about?	**Response Percent**	**Response Total**
Me	96.0%	238
Someone else - using their information	4.0%	10
answered		248

Gender

267 people answered this question.

Gender	Population			Respondents		Differential %
	Kirklees %	Greater Huddersfield %	North Kirklees %	No.	%	
Female	50.6%	50.7	50.5	125	49.4 %	-1.2
Male	49.4%	49.3	49.5	117	46.2 %	-3.2
Prefer not to say				4	1.6%	
I describe my gender in another way (please tell us)				7	2.8%	

Males were slightly underrepresented (46.2%), 2.8% of people described their gender in another way: identifying as Non-binary, Transgender female to male, Trans female, Trans, and Gender Neutral.

Age

264 people responded to this question. It is important to note that the focus of the engagement was children and young people so the age groups of respondents would be expected to be within younger age ranges.

There is no universal definitive agreed age range in relation to what makes someone a young person but the survey was targeted at people aged 25 and under. Analysis has therefore focussed on age groups within this range and as the engagement was targeted it would be expected that there would be overrepresentation for the aged 25 and under age groups.

Age	Population			Respondents		Differential
	Kirklees %	Greater Huddersfield %	North Kirklees %	No.	%	Differential %
0-4	6.7	6.3	7.2	0	0	-6.7
5-7	3.7	3.5	4.1	0	0	-3.7
8-9	2.3	2.2	2.5	1	0.3	-2.0
10-14	6.2	5.8	6.7	48	16.9	+10.7
15	1.3	1.2	1.4	22	7.7	+6.4
16-17	2.5	2.4	2.6	60	21.2	+18.7
18-19	2.6	2.7	2.5	65	22.9	+20.3
20-24	6.8	7.1	6.4	52	18.3	+11.5
25-29	6.5	6.2	6.8	7	2.4	-4.1
30-44	20.5	20.3	20.8	5	1.7	-18.8
45-59	19.2	19.9	18.3	2	0.7	-0.9
Prefer not to say				19	6.7	

Children from age groups 0-10 were not represented at all in this engagement, with only one 8 year old respondent and there were only limited numbers of parents/carers completing the survey for children of this age range.

The 10 -14 age group, appears to be overrepresented (16.9%) in relation to the Kirklees population however on further analysis there are some gaps within this with only two 11 year olds and one 12 year old providing responses. There is also limited representation for 24 year olds (7) and 25 year olds (3). Further engagement is particularly recommended to better understand how children aged 12 and under experience using Primary Care.

Country of Birth

261 responses were provided. A total of 27 respondents (10.7%) were not born in the UK. This is comparable with 2.2% of all Kirklees resident population who were born in Ireland and EU countries (9349 residents) and a further 8.6% of Kirklees residents (36,288 people) who were born in other countries outside of the EU.

Which country were you born in?	Response Percent	Response Total
United Kingdom	89.3%	234
Democratic Republic of the Congo	0.4%	1
Egypt	0.8%	2
Eritrea	0.4%	1
Hungary	0.4%	1
India	1.9%	5
Iran	0.4%	1
Italy	0.8%	2
Pakistan	3.4%	9
Poland	0.8%	2
Romania	0.4%	1
Spain	0.4%	1
Zimbabwe	0.8%	2
Other Country	0.4%	1

Religion or Belief

263 Responses were provided.

Religion	Kirklees %	Greater Huddersfield %	North Kirklees %	Respondents		Differential
				No.	%	%
Buddhism	0.2	0.3	0.1	1	0.4	+.02
Christianity	53.4	54.9	51.5	34	12.9	-40.5
Hinduism	0.4	0.4	0.3	1	0.4	
Islam	14.5	8.8	21.8	129	49.0	+34.5
Judaism	0.05	0.1	0	0	0	-0.05
Sikhism	0.8	1.2	0.3	0	0	-0.8
No religion	23.9	27.1	19.7	80	30.4	+6.5
Prefer not to say				11	4.2	
Other	0.3	0.4	0.3	7	2.7	+2.4

This table indicates that compared to the Kirklees population Muslims had a much higher representation (49 %), Christians had a much lower representation (12.9%), there were no Sikhs represented at all and there was a significant percentage of young people who identified as having no religion (30.4%). Other religions represented were Wiccan, Scientific Pantheism and Jehovah's Witness.

Ethnicity

263 responses were provided.

Ethnic group/ background	Population			Respondents		Differential
	Kirklees %	Greater Huddersfield %	North Kirklees %	No.	%	%
Asian or Asian British	16.0	10.5	23.2	133	50.6%	+34.6
Pakistani	9.9	7.4	13.0	72	27.4%	+17.4
Bangladeshi	0.2	0.2	0.2	8	3%	+2.8
Chinese	0.3	0.5	0.2	1	0.4%	+0.1
Indian	4.9	1.6	9.1	48	18.3%	+13.4

Ethnic group/ background	Population			Respondents		Differential
	Kirklees %	Greater Huddersfield %	North Kirklees %	No.	%	%
Any other Asian background	0.7	0.8	0.7	4	1.4%	+0.7
Black or Black British	1.8	2.3	0.4	6	2.3%	+0.5
African	0.5	0.8	0.2	3	1.1%	+0.6
Caribbean	1.1	1.2	0.2	2	0.8%	-0.3
Any other Black/African/Caribbean background	0.2	0.3	0	1	0.4%	+0.2
Mixed or multiple ethnic groups	2.3	3.0	1.5	9	3.4%	+1.1
White and Asian	0.6	0.6	0.7	1	0.4%	-0.02
White and Black African	0.2	0.2	0.1	2	0.8%	+0.5
White and Black Caribbean	1.2	1.8	0.5	4	1.5%	+0.3
Any other Mixed/Multiple ethnic background	0.3	0.4	0.2	2	0.8%	+0.5
White	79.1	82.6	74.6	110	41.8%	-37.3
English, Welsh, Scottish, Northern Irish, British	76.7	79.6	72.9	105	39.9%	-36.8%
Irish	0.6	0.9	0.3	0	0	-0.6
Gypsy or Irish Traveller	0.04	0	0	0	0	-0.04
Any other White background	1.8	2.1	1.4	5	1.9%	+0.1
Other ethnic group	0.7	0.9	0.3	3	1.1	+0.4
Arab	0.3	0.4	0.1	3	1.1	+0.8
Other ethnic background, please describe	0.4	0.5	0.2	0	0	-0.4

This table indicates that compared to the Kirklees population young people who identified as Asian or Asian British had much higher representation (50.6%) predominantly from Pakistani (27.4%) or Indian (18.3%) ethnic groups, White British had a much lower representation (41.8%). There was limited or no engagement with some ethnic groups these include: Asian or Asian British Chinese, White Irish and Gypsy or Irish Traveller.

Other Mixed or Multiple ethnic groups backgrounds were Polish and Cameroonian, and Indian and Morroccan

Other White ethnic groups backgrounds were Romanian, Hungarian – European, and Mediterranean

Disability

256 responses were provided with only 16 people identifying as disabled.

Disability	Population			Respondents		Differential %
	Kirklees %	Greater Huddersfield %	North Kirklees %	No.	%	
Yes				16	6.3%	-11.4%
Limited a lot	8.44	8.22	8.77			
Limited a little	9.29	9.23	9.36			

The table above shows that disabled young people and children (6.3%) appear to be underrepresented in this engagement. However this contrasts with a much higher representation of young people (31%) identifying as having impairments.

Impairments

90 responses were provided with more young people and children identifying as having impairments than a disability.

Impairment type	Respondents	
	No.	%
Physical or mobility impairment (such as using a wheelchair to get	12	13.3

Impairment type	Respondents	
	No.	%
around and / or difficulty using their arms)		%
Sensory impairment (such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)	10	11.1 %
Mental health condition (such as depression or schizophrenia)	32	35.6 %
Learning Disability (such as Downs syndrome or dyslexia) or cognitive impairment (such as autism or head-injury)	26	28.9 %
Long term condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)	10	11.1 %
Prefer not to say	18	20.0 %
Other	18	20.0 %

The table above shows that respondents with physical (13.3%) or sensory impairments (11.1%) were less well represented in this engagement and it would be useful to examine the potential reasons for this, there was a much higher representation from young people with Mental health conditions (35.6%) and those who identified as having a Learning Disability (28.9%).

It should be noted that there were concerns expressed about the inclusion of autism in the Learning Disability example, in response to these concerns this aspect is now under review.

18 (20%) respondents identified as having 'Other impairments', these included: eczema, rheumatoid problems, Achondroplasia (Dwarfism), asthma, undiagnosed ADHD, scoliosis, urinary problems, autism, specific learning disability – DCD, and Polycystic Ovary Syndrome

Carers

260 responded to this question but only 14 (5.4%) people identified as carers. Carers are underrepresented in this survey but this could reflect the age group of those who completed the survey.

Carers	Population			Respondents	
	Kirklees%	Greater Huddersfield %	North Kirklees %	No.	%
Yes	10.4			14	5.4%
1-19 hours	6.7	6.9	6.3		
20-49	1.4	1.4	1.5		
50+	2.3	2.2	2.4		
Prefer not to say					

Sexual Orientation

It should be noted that accurate demographic data is not available for these groups as it is not part of the census collection. The Office of National Statistics (ONS), estimated that approximately 1.5% of the UK population are Gay/Lesbian or Bisexual, in 2011-12. However, HM Treasury's 2005 research estimated that there are 3.7 million LGB people in the UK, giving a higher percentage of 5.85% of the UK population.

Which of the following best describes your sexual orientation?	Respondents	
	No.	%
Bi/Bisexual	20	8.0%
Gay	5	2.0%
Lesbian	4	1.6%
Heterosexual/straight	186	74.1%
Prefer not to say	18	7.2%
I prefer to use another term (please write in)	18	7.2%

251 respondents answered this question with the majority (74.1%) identifying as heterosexual, 11.6% identified as Bi/Bisexual, Gay or Lesbian. Those who preferred to use another term (7.2%) identified as pansexual and asexual.

Transgender

Transgender and Trans are an umbrella term for people whose gender identity and/or gender expression differs from the sex they were assigned at birth. One study suggested that the number of Trans people in the UK could be around 65,000 (Johnson, 2001, p. 7), while another notes that the number of gender variant people could be around 300,000 (GIRES, 2008b).

"Do you consider yourself to be a Trans* person? *Trans is an umbrella term used to describe people whose gender is not the same as the sex they were assigned at birth.	Respondents	
	No.	%
Yes	18	7.1%
No	229	89.8%
Prefer not to say	18	3.1%

255 people completed this question with 18 (7.1%) respondents identifying as being Trans people.

Pregnancy and Maternity

257 people responded to this question with only 6 indicating that they were pregnant or had given birth in the last 6 months.

Are you pregnant/ have you given birth in the last 6 months	Respondents	
	No.	%
Yes	6	2.3%
No	242	94.2%
Prefer not to say	9	3.5%

Parent or Primary Carer of children

53 people responded to this question with 15 (28.3 %) caring for children aged 0-4 and 28 (52.8%) preferring not to say. On further analysis those caring for children in age groups (10 -19) were the respondents from the 25 and older (25-49) age groups

Are you a parent/primary carer of a child or children who live with you, if yes, how old are they?	No.	%
0-4	15	28.3%
5-9	4	7.5%
10-14	5	9.4%
15-19	5	9.4%
Prefer not to say	28	52.8%