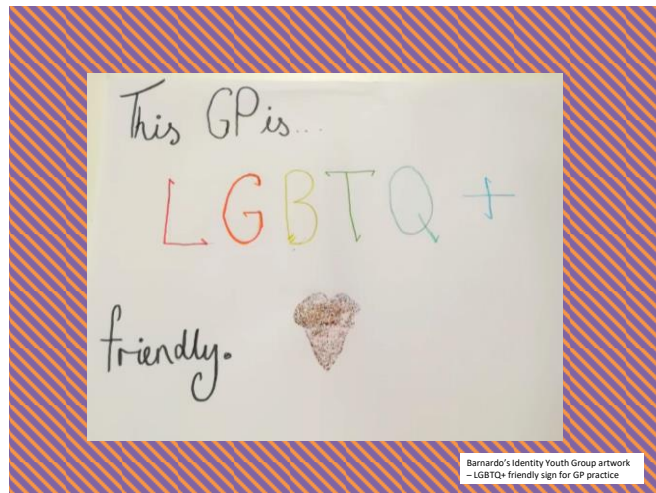


Children and Young People's Experience of their local GP practice

Report of Findings



August 2019
v.02

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Version Control

Version	Change	Title	Status/date
V1	Alexis Ritchie Jayne O'Connell	Senior Engagement Officer Equality & Diversity Manager	Draft July 2019
V2	Penny Woodhead	Chief Quality and Nursing Officer	Draft August 2019

Executive Summary

The CCG set equality objectives in collaboration with local stakeholders through the Equality Delivery System (EDS2) events in 2017. The associated actions and success measures are embedded in the CCG joint implementation plan and reported annually through the CCG Public Sector Equality Duty reports. The CCG reviews 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 project groups established to support implementation. Progress is monitored through quarterly reports to the Quality Committee at Calderdale CCG.

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 CCG's primary care team and engagement team worked together to achieve the objectives with the support of Barnardo's Positive Identities Services and Voluntary Action Calderdale/Kirklees to increase involvement with young people for the future and further understand any service improvements.

The report describes the background to the existing services, the legislation relating to any service change that the CCGs must work to and an overview of what we already know about the services from patients, carers, staff and other sources.

The CCG received a total of **225** responses to the survey and the key findings from the engagement are listed below:

- **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:
 - ❖ **88.8%** 'Non-judgemental', **86.6%** 'Respect', **86.1%** 'Good at explaining and **85%** 'Confidentiality', 'Good Listener' and 'Understanding'.
 - ❖ 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.

1. Purpose of the report

The purpose of the report of findings is to describe how we involved young people aged between 12-25 years old to understand their experience of local GP practice. The engagement was co-delivered by Calderdale Clinical Commissioning Group (CCG), Barnardo's Positive Identities Service (BPI) and Voluntary Action Calderdale (VAC).

By gathering views, young people told us what else we need to do to ensure that the CCG can provide information to GP practices to ensure that young people are supported in the right way.

The engagement also specifically focused on the support that LGBTQ young people receive when visiting their local GP practice to identify any service improvements required.

2. Background

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

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The report describes the background to the existing services, the legislation relating to any service change that the CCGs must work to and an overview of what we already know about the services from patients, carers, staff and other sources.

The engagement activity was carried out in Calderdale. The aim of the engagement was to initiate a genuine and meaningful process which will reach, inform, communicate and engage patients at the surgery. In delivering this aim the objectives will be:

- To create a baseline assessment on the level of awareness and understanding of the needs of the LGBTQ population and young people in GP practices.
- To pilot the questionnaire with a LGBTQ young person's group at a school.
- To work with schools and key stakeholders to assist in completing the survey.

- To communicate the engagement clearly and simply using various formats and approaches.
- To provide an explanation of the reason for the engagement.
- 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 understand who is most likely to be impacted by utilising the equality analysis and ensure that these groups are particularly targeted.
- 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.

3. Key drivers and legislation

NHS Calderdale Clinical Commissioning Group (CCG) commissions (buys) local NHS services on behalf of the local population. This means that any plans to change the way a service is provided or delivered is subject to the legislation the CCG must follow. The legislation is set out below:

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.

NHS Act 2006

The NHS Act 2006 defines the statutory responsibilities of the CCGs in regard to the parameters for delivering care including accommodation.

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.

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 service*

4. The approach to engagement

NHS Calderdale CCG has a 'Patient and Public Engagement and Experience Strategy'. The strategies have been developed alongside key stakeholders. Each strategy sets out an approach to engagement which describes what the public can expect from any engagement activity. The principles in the strategies state that the CCGs will;

- Ensure that the CCG engages with public, patients and carers early enough throughout any process
- Be inclusive in all engagement activity and consider the needs of the local population
- Ensure engagement is based on the right information and good communication so people feel fully informed
- Ensure that the CCG are transparent in their dealings with the public and discuss things openly and honestly
- Provide a platform for people to influence thinking and challenge decisions
- Ensure any engagement activity is proportionate to the issue and that feedback is provided to those who have been involved in that activity

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

5. Engagement methods

The engagement was aimed at all children and young people who are resident in Calderdale, aged between 12-25 years old.

The engagement ran for eight weeks from 29 April to 17 June 2019 (extended due to half term and the bank holidays) and the methods used are fully detailed in the plan in the appendix.

Questionnaire

The CCG worked with Barnardo's Positive Identities and Voluntary Action Calderdale to identify opportunities for service users to have their say on existing services using a paper and online questionnaire and through other available mechanisms. Young people helped to co-design the questionnaire and tested out the effectiveness before it went live.

Short film production

A short film was made with young people about their experience of going to the GP. The film will be used on social media, shown at school assemblies, shown at focus groups to encourage young people to have their say and get involved in making service improvements for the future on gaining a positive experience at the GP practice.

Creative methods

We worked with young people to design up their ideas to contribute to the engagement feedback that will form part of the Report of Findings. We worked in partnership with Barnardo's Positive Identities Service, Trinity Academy, Brooksbank School and Identity Youth Group.

Focus Groups

Focus groups were held during the engagement period with key groups to ensure that we captured a wide range of voice and that protected groups are representative. The questionnaire was used as a discussion tool to ensure that the data captured can be fed into the analysis. Questionnaires were completed in the groups.

Case Study

The CCG in partnership with Barnardo's captured personal insight from a young person to form a case study. This was in response to the questionnaire and their experience of going to the GPs.

Artwork

Young people produced artwork for Pride week regarding their identity and this was shared with the CCG to gain further understanding of young people's thoughts and feelings surrounding their identity and the challenges they face.

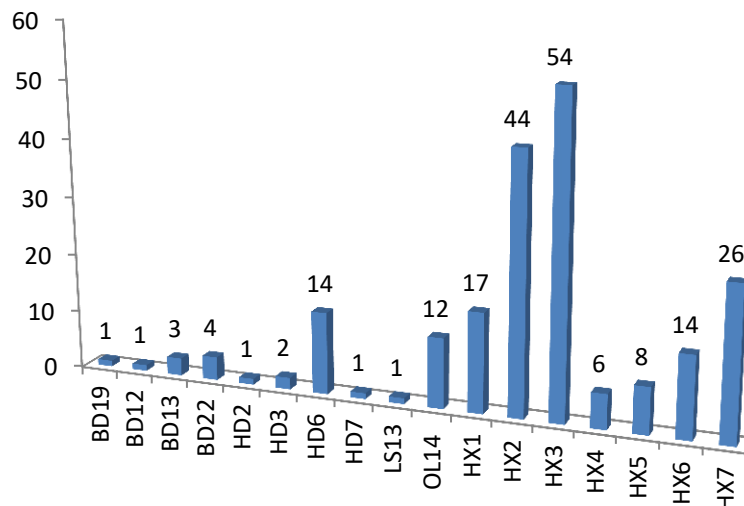
6. Findings from the survey

In total the CCG received **225** responses to the survey. The findings from the survey are set out below under each question heading. It is worth noting that not everyone replied to every question, so 100% is based on the total number responding to that question not 100% of the total responses received.

Q1. We asked people to tell us the first part of their postcode eg HX2 and the results showed the majority of responses were from:

- HX3 = 54 responses (24%)
- HX2 = 44 responses (19.5%)
- HX7 = 26 responses (11.5%)
- HX1 = 17 responses (7.5%)
- HD6 and HX6 = 14 responses from each postcode (6.2%)
- OL14 = 12 responses (5.3%)

The graph below details all postcode responses from the 209 that responded, 16 skipped.



Q2. We asked if you don't know your postcode, please tell us the area you live in. 58 people answered this, with only 16 skipping their postcode, 42 answered both.

BD1 x 1 Boothtown x 1 **Bradford x 4 Brighouse x 3 Calderdale x3 Clayton Heights x1 Coley x1 Dudley Crescent x1 Elland x 1	Halifax x 8 Howarth x 1 Hebden Bridge x5 Huddersfield x 1 Illingworth x6 Kings Cross x 1 Mytholmroyd x 2 Norland x 1 Northowram x2	Norton Tower x 1 Ovenden x 1 Oxenhope x 1 Shelf x 1 Sowerby Bridge x 2 Stainland x1 Todmorden x1 Walsden x1 Warley x 1
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**The four people who were from Bradford were residents of Bradford but attended school in Calderdale.

Q3. We asked if you were worried about your health, what would you do?

The top three responses were to 'Discuss it with a family member' (62.9%), 'Ring your GP practice' (37.1%) or to 'Google it' (31.2%). 221 answered, 4 skipped.

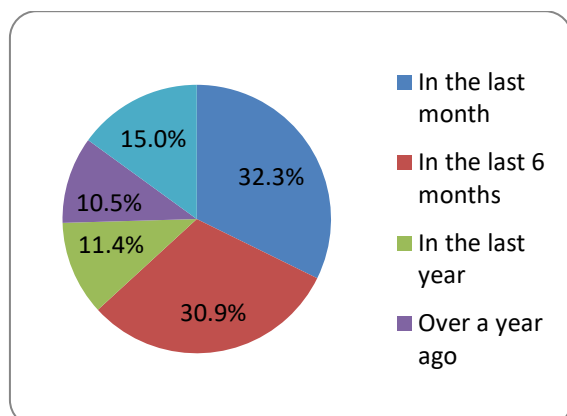
Answer Choice		Response Percent	Response Total
1	Ring your GP practice	37.1%	82
2	Go to a Walk-in Centre	8.6%	19
3	Go to Accident & Emergency (A&E)	6.3%	14
4	Go your local chemist	6.3%	14
5	Ring 111	10.0%	22
6	Google it	31.2%	69
7	Check an online website or app (like NHS Choices)	25.3%	56
8	Speak to your school nurse	10.9%	24
9	Discuss it with a family member	62.9%	139
10	Discuss it with a friend	18.1%	40
11	Ignore it and hope it goes away	24.9%	55
12	Something else (please tell us below)	3.2%	7

The seven people that stated 'something else' responded:

- All of the above, depending on whether it was physical or mental.
- Check on "systems online" for a doctor's appointment - however often it's at least a month's wait.
- Cry.
- Die.
- I would discuss it with people first and if they suggested the GP then I would call.
- Search remedies.
- This isn't a good question really if I'd broke my leg or had ear ache different response

Q4. We asked when did you last go to the Doctors (GP practice)?

The majority responded 'In the last month' (32.3%) and 'In the last 6 months' (30.9%). 220 answered, 5 skipped.



Answer Choice		Response Percent	Response Total
1	In the last month	32.3%	71
2	In the last 6 months	30.9%	68
3	In the last year	11.4%	25
4	Over a year ago	10.5%	23
5	Can't remember	15.0%	33

Q5. We asked who normally books your appointment?

The majority answered 'Parent or carer' (74.8%). 222 people answered, 3 skipped.

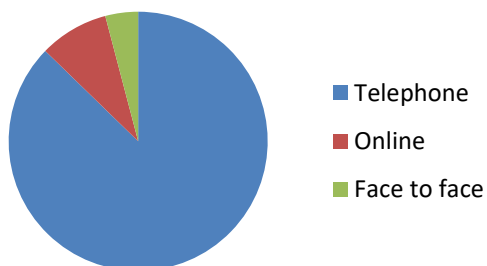
Answer Choice		Response Percent	Response Total
1	Me	23.0%	51
2	Parent or carer	74.8%	166
3	Other (please tell us who below):	2.3%	5

The people that stated 'other' responded with:

- Keyworker
- Mum/grandmother
- No-one because I don't go

Q6. We asked you to tell us what method is used to book your appointment?

'Telephone' was the preferred method at 87.3%. 220 answered, 5 skipped.



Answer Choice		Response Percent	Response Total
1	Telephone	87.3%	192
2	Online	8.6%	19
3	Face to face	4.1%	9

Q7. We asked who normally goes with you?

The majority responded with their 'Parent/carer' (75.9%) and (21.8%) stated 'I go on my own'. 220 people answered, 5 skipped.

Answer Choice		Response Percent	Response Total
1	Parent/carer	75.9%	167
2	Other family member	0.9%	2
3	I go on my own	21.8%	48
4	Someone else (please tell us who below)	1.4%	3
5	Comments:	0.0%	0
Comments:			7

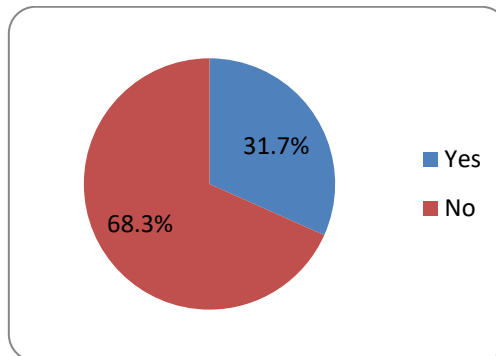
Comments included:

- Book face to face and I go on my own also
- I go on my own
- I usually go on my own but if my partner is available and not at work, he will come with me.

- Mum/grandmother
- Sometimes friend or family and sometimes on my own
- Youth worker

Q8. We asked have you been offered an appointment at your Doctors (GP practice) on your own (without a family member)?

The majority responded 'No' (68.3%). 221 answered, 4 skipped.



Q9. We asked 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.

The table below shows the variety of responses, which have been grouped into themes. 158 answered, 67 skipped.

Theme	Comments
Access issue due to mobility	The drop in clinic in Mytholmroyd is a real issue for me as someone with mobility issues and potentially auto immune issues. The old method on call doctor was fantastic, especially for quick chats about UTI's or other issues that only need antibiotics. Yes, I struggle with movement in my back so it is hard to walk.
Anxiety	I can't speak due to my anxiety. I'm not really sure how to book an appointment like what to say on the phone or anything.
Appointment	Not available when needed. Difficulty with phone calls to make appointments. Delays with appointments. Don't know how to use online system. Difficult to get a female doctor appointment.
Busy	Always busy so never get to see the GP.
Don't go on my own	Do not retain information well so Mum attends with me. No, I don't drive so there is an issue getting to the doctors/hospital, I have to rely on people getting me there. Autistic so need my Mum.
Information	Difficult taking in all the information
Lack of gender neutral toilets and gender neutral language	There are no gender neutral toilets. Letters say son/daughter instead of child (or other gender neutral term) and he/she instead of they.
No/not sure/not	They explain everything in explicit details and if I don't know anything I ask

applicable	my mum who is a nurse. It is very accessible and easy to get an appointment with and the format is very simple.
Yes	Sometimes but rarely

Q10. We asked what type of appointment did you have the last time you went?

The majority stated they 'Went to see a GP' (65.1%), or 'Saw nurse/nurse practitioner' (17.5%) and (10.8%) responded stating they 'Saw someone but didn't know what their role was'. 212 answered, 13 skipped.

Answer Choice	Response Percent	Response Total
1 Went to see GP	65.1%	138
2 Spoke to GP over the phone	2.8%	6
3 Saw Nurse/Nurse practitioner	17.5%	37
4 Saw Health Care Assistant	0.0%	0
5 Saw another service	3.8%	8
6 Saw someone but don't know what their role was	10.8%	23

Q11. We asked how was your overall experience at the Doctors (GP practice)?

The majority responded with 'Good' (45%) and 'Ok' (28.4%). 218 answered, 7 skipped.

Answer Choice	Response Percent	Response Total
1 Fantastic	15.1%	33
2 Good	45.0%	98
3 Ok	28.4%	62
4 Rubbish	6.0%	13
5 Confusing	2.8%	6
6 Made me angry	2.8%	6
7 If you can, please explain your response below:	0.0%	0

We further asked people to explain their response and the following comments were shared, which have been themed into positive, neutral and negative comments below.

Positive

- *APPOINTMENT: I can normally get an appointment quite soon. Great appointment and felt listened to, just had to wait for 5 weeks for the initial appointment, then a further 6 weeks for the follow up (still pending). Always get seen and information.*
- *GENDER ISSUE: Was understanding of the fact I was transgender and listened to what I had to say. Took what I had to say into account when prescribing medication.*
- *GOOD EXPERIENCE: Once we could get an appointment, the doctor was extremely helpful and lovely. He explained everything very clearly, making it easy to understand. He fully informed me of all available options. Comfortable. GP went straight to the point. Not complicated to understand.*

It was good. I felt listened to and respected. Helpful for my symptoms I had at the time. Very friendly and talkative as I was nervous about having an injection. It was about my mental health so it wasn't something that was nice to speak about, but the GP was lovely. Good times and nice staff 😊 Very nice nurses as I was having an injection, friendly and talkative. Gave appropriate anti-biotics, friendly, 10 out of 10. Because the Dr listened to me about how my eczema is affecting me and he gave me the cream and it is starting to clear up. Little bit behind schedule but very good experience. I have an ongoing issue (2 years) and all of the nurse practitioners that I had seen both at university (Preston) and in Calderdale I felt hadn't really done much and this one nurse practitioner I saw I felt really listened and understood the issue and then have sent me for tests to check and finally I am getting somewhere!

Neutral

- *APPOINTMENT: Takes forever to get in and then sometimes just tells me what I already know. Was a necessary appointment to re-register with the practice. Was good, although felt unnecessary since I was unregistered for a short time.*
- *COMMUNICATION: They explained things well and I didn't have to speak because they spoke to my mum.*
- *MEDICATION: Spoke to the doctor and got some pills. Got taken off medication that wasn't needed anymore.*
- *OPINION: I have no emotional aspect because I can't remember what it was about. Nothing bad really happened. I just get shy around them. Didn't feel comfortable because other people in the room. I get nervous around new people.*
- *REFERRAL: I had a sore foot for ages, Dr sent me to podiatry. They referred me to the hospital for an operation.*
- *WAITING: Printer didn't work so we had to wait a bit for the prescription. It was effective, just a long waiting time. The waiting times.*

Negative

- *APPOINTMENT: Waited far too long to get appointments then where you have to go then the wait to see them then don't even see Dr it's a practitioner who was no good then 2 days later had to repeat it to see Dr. It's just so difficult to get into the doctors in the first place. Can never get in. My Dr has retired Dr Carsley, I've not trust in the others at all. I had been advised by a pharmacist to see a doctor, and when I went into the surgery to book an appointment it was almost like the receptionist was trying to put me off booking an appointment. I ended up leaving without an appointment as I work full time I was unable to attend and wait at the walk in. Bearing in mind I was 6 months pregnant at the time. I went to see my GP about mental health, following a suicide attempt. However, I was simply just given a card with a number on. I feel like this is not an appropriate response to suicidal behaviour and more intervention could have been used.*
- *COMMUNICATION: Nurse was angry because I couldn't speak for myself and she shouted at me which made it harder. I can't go back now. Always been fantastic apart from one incredibly bad experience in which I was talked over, asked questions about my mental health (I had gone in to discuss a physical issue) then told I had ran out of time before I even explained the problem. Was told I had wasted time and ended up in tears. I was then asked if I was sure I didn't want antidepressants. This put me off going back for nearly a year. I was very confused because I didn't know what was happening. I don't understand what they are telling me. When I am confused I often get upset or angry. This is because I felt confused and as I'd I don't know what was wrong with my head. I was in year 3 so I didn't know what was going on. The person I saw didn't explain clearly. I'm not sure that GPs understand about Asperger's Syndrome. I felt rushed and didn't really get to explain all of my issues.*
- *CONTINUITY OF CARE: Different Drs, having to repeat myself all the time. I explained my situation on gender to my old doctor and they tried to accept it but failed.*

- **MEDICATION:** Lack of communication from consultants to Drs about changing my medication. Turned out not very helpful, medication prescribed not good for me and make me very ill, nurse not helpful, pharmacy don't get the correct messages from the doctor. I went to renew my contraceptive and I was persuaded to change to a different one. The new one hasn't agreed with me and so I'm now not taking any. I would have liked it if they had just renewed the one I was on. It worked for me and I managed it well. They messed me up. I felt very dismissed, and like the issue I was experiencing was belittled. The medication I was prescribed wasn't that effective but I didn't want to go back because I was annoyed. I'm a long-term sufferer of major depressive disorder and have tried all of the anti-depressants available. I was offered mirtazapine last time and it wasn't good for me personally. I feel there is too much of a readiness to prescribe before counselling and even before diagnosis in this country. I'd had a problem with my knee for 5 months and they prescribed ibuprofen for a week even though I already tried it and I still couldn't walk. Then my Mum went and they did the same.
- **OPINION:** They don't know what they are talking about, eg don't know about other services I have heard about. Don't like going to Dr's/hospital. They didn't help my problem. I felt like I was being fobbed off. Little to no help/advice was given about the issue. I had a very sore throat and stomach ache, I was told I had swollen tonsils but I had them removed when I was 5. I find it awkward going to GP. It felt rushed. Not as patient as should be. Want their job over and done with. Didn't help me at all.
- **REFERRAL:** I got the referral that I went to the GP for however, I got the feeling that the GP did not have as much knowledge of the problem as I did as I was told I 'probably didn't have an eating disorder because I don't make myself sick'. I've been waiting since September for a CAMHS service. I have been off school with anxiety. Nobody has given me any help to get back to school
- **WAITING TIMES:** Very long wait time with little seating area. Had to wait for hours, were not very understanding of my condition. High temperatures, long waiting times and quite a lot of people in the waiting room. Had to wait too long in waiting room. Sometime queues are very long and so ends are delayed.

Great appointment and felt listened to, just had to wait for 5 weeks for the initial appointment, then a further 6 weeks for the follow up (still pending)

Was understanding of the fact i was transgender and listened to what i had to say. took what i had to say into account when prescribing medication.

Spoke to the doctor and got some pills. I'm not sure that GPs understand about Asperger's Syndrome. I felt rushed and didn't really get to explain all of my issues.

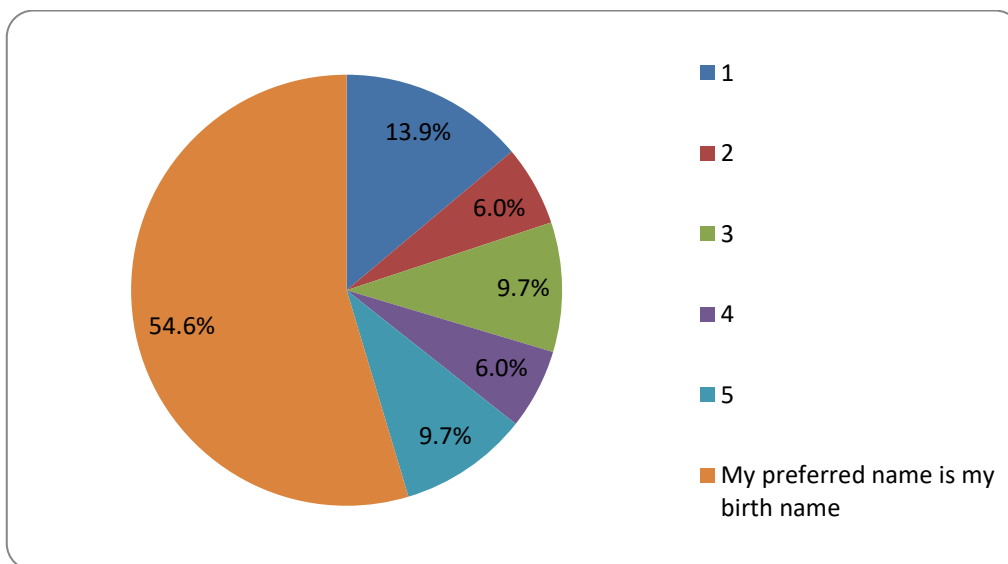
I've been waiting since September for a CAMHS service. I have been off school with anxiety. Nobody has given me any help to get back to school

I went to see my GP about mental health, following a suicide attempt. However I was simply just given a card with a number on. I feel like this is not an appropriate response to suicidal behaviour and more intervention could have been used

Once we could get an appointment, the doctor was extremely helpful and lovely. He explained everything very clearly, making it easy to understand. He fully informed me of all available options.

Q12. We asked how important is it for your Doctors (GP practice) to use your preferred name/nickname? With 1 being not important and 5 being very important – please rate.

The majority responded ‘My preferred name is my birth name’ (54.6%).
216 answered, 9 skipped.



Q13. We asked what things could be done to make you feel better supported? Please explain.

The responses have been themed into four main categories, which are shown in the table below with some further detail for context. 145 answered, 80 skipped.

<p>COMMUNICATION</p> <ul style="list-style-type: none"> - Be more child friendly language - Inform of all choices - Give information that I understand - Don't make assumptions - Information on how to book appointments - 	<p>APPOINTMENTS</p> <ul style="list-style-type: none"> - Easier booking system - Offer more flexible times to fit around school - Have longer appointments available - Have a walk in at Hebden Bridge - Quicker access when ringing at 8am - Shorter waits to be seen - Inform about delays when waiting
<p>GENDER SUPPORT</p> <ul style="list-style-type: none"> - Have more gender awareness of current issues and how to provide appropriate support - More information in waiting area to demonstrate LGBTQ friendly - Use pronouns – ask me what I want to be called - Have a section on forms for pronouns 	<p>SERVICE</p> <ul style="list-style-type: none"> - Alternate times open with chemist so can get prescriptions when needed - Able to register at more than 1 GP when go away for University - Continuity of care - Increase support for Mental Health – especially anxiety – don't just prescribe - Support for autism - Trust – be more supportive, treat equally – need someone to turn/talk to - Be more family friendly - Have more friendly reception staff - Extra funding to provide more services

With certain healthcare professionals I feel I get treated less seriously because of my age. I've had experiences of being undermined and made to feel stupid. There's only one doctor I feel comfortable with making an appointment at my GP.

Having support for my anxiety in school which I do not get help with. Have been told to see CAMHS which is waiting too long for help.

The ability to book appointments later in the evening, as it is hard to make the large majority of the appointments if at school/work.

Have a section for preferred names on GP forms and preferred pronouns

I feel I get treated differently because I am not like others. I want to be treated equally.

Q14. We asked did you understand the language your Doctor or other health professional used? Please give examples.

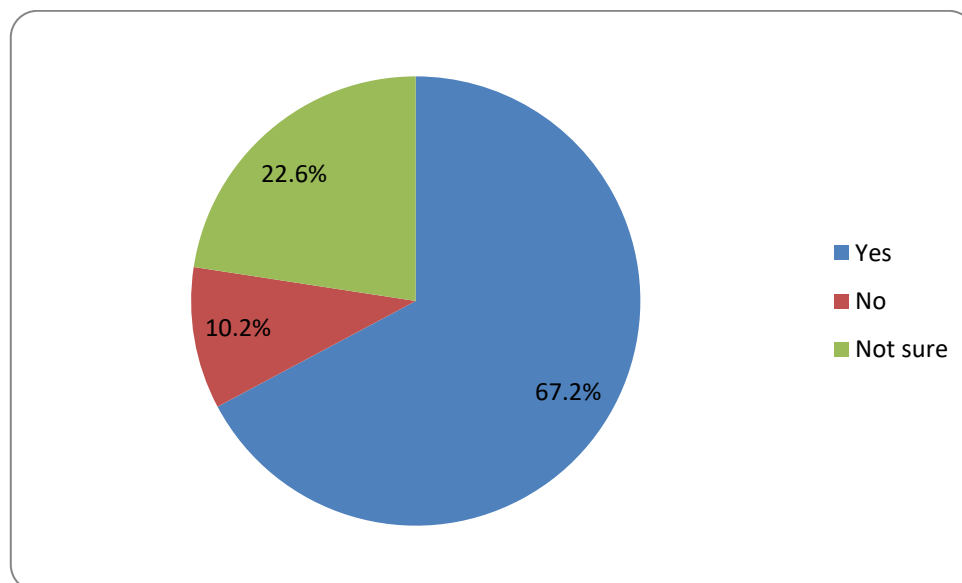
159 answered, 66 skipped.

The majority answered Yes (128 = 80%) with only (5 = 3%) answered No. Other responses we as follows:

- Sometimes (9 = 6%)
- Communication - understanding different languages, use of medical terminology and lack of information on illness (7 = 4%)
- Talked to Mum (5 = 3%)
- Not applicable (3 = 2%)
- Complicated/not clear on what condition is (2 = 1%)

Q15. We asked did you feel that the Doctor or other health professional understood your needs?

The majority responded 'Yes' (67.2%) and 'Not sure' (22.6%). 186 answered, 39 skipped.



What made you think like this?

- Conflicting advice
- Confused
- Dependent on staff
- Lack of information leaflets
- Medication issue
- Misunderstood
- Not listened to
- Nervous

- Talked to parent, instead of me
- Partly understood
- Poor communication
- Unable to help
- Waiting time
- Wrong treatment

My last GP appointment was excellent - she asked what I wanted to do and concurred it is what she thought we should do. I left with the right referrals and tests to find out what was wrong as well as feeling considered.

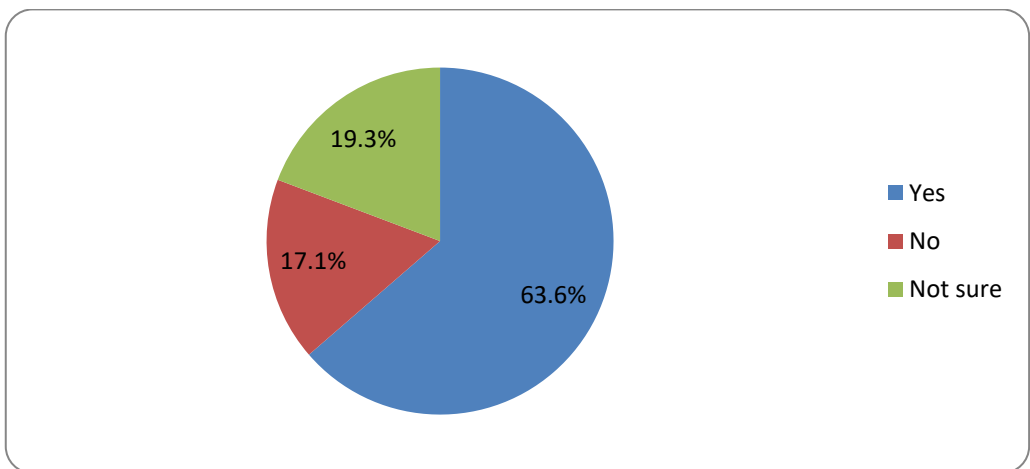
Several times I've been I feel like the GP has almost downplayed my symptoms, or made me feel as though I have not been taken seriously. This has made me consider changing GP surgery despite the fact that it would be much more inconvenient with regards to travel.

They changed the pill I was on. Because they thought another type was better. Yet didn't check BP. Or understand that I was managing it and liked it I wanted to renew the pill I was on. Not change to something different.

Offered suggestions of what the cause of my chest pain attacks might be, but did not suggest any solution or way to move forward, apart from to come back if it happens again which is unhelpful and off-putting.

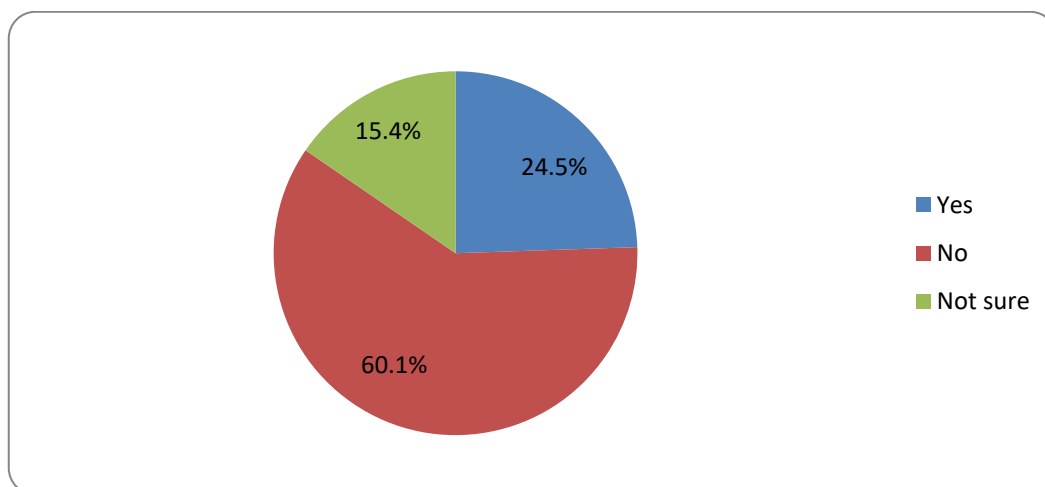
Q16. We asked did you feel you could ask your Doctor or other health professional questions?

The majority responded 'Yes' (63.6%) and 'Not Sure' (19.3%). 187 answered, 38 skipped.



Q17. We asked do you worry that your Doctor or other health professional will discuss your personal issues with your family/carer?

The majority answered 'No' (60.1%) and 'Yes' (24.5%). 188 answered, 37 skipped.



Q18. We asked can you suggest any improvements your GP practice could make to their service?

122 answered, 103 skipped. Nearly half of the responses (54) stated No. From those who suggested improvements, they have been themed them into the following areas.

Appointments (24): Would like to see quicker access to appointments and services and be available in local buildings. To be more flexible, as not always enough time to discuss everything. Difficulty getting appointments with the same Dr, have to wait a long time. Be more flexible with appointments around school/work times. Give opportunity to have appointment without Mum.

Communication (16): Help young people to feel more comfortable. Improve communication by listening more and providing more assurance to relieve worries. Be more sensitive to the experience of your patient. Use less technical terms and ensure privacy and confidentiality is kept at all times.

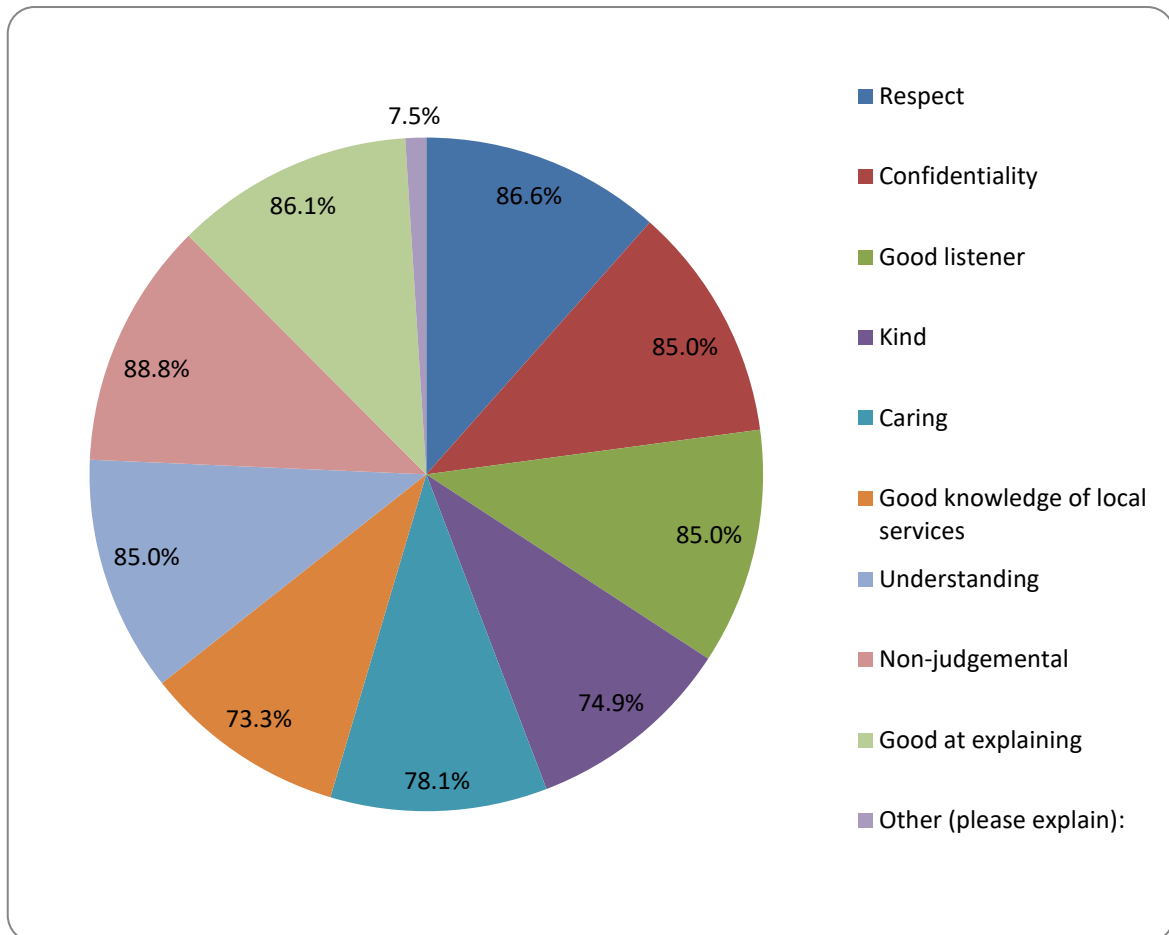
Service (14): To allow more funding for the service. To make the environment less formal and have someone at reception at all times. Check the medical history before seeing the patient. Allow registration at my practice and university practice, rather than completing temporary forms each time. Follow up appointments for mental health, with greater focus on long-term solutions rather than quick fixes. A greater level of signposting to helpful organisations. Have more awareness for autism and how to interact to get the best out of the consultation. Have access to blood pressure checker, to work yourself.

Waiting (9): To have shorter waiting times from booking to appointment. When there are delays, advise how long it is going to be. To have shorter waiting times in the waiting room.

Gender (4): To respect he/she pronouns and refer to people by preferred names. Be less heteronormative in all aspects. Make it look more inclusive environment.

Q19. We asked what do you expect from your Doctor or other health professional. Please tick all that apply.

The majority ticked a number of characteristics, with 'Non-judgemental' (88.8%), 'Respect' (86.6%), 'Good at explaining' (86.1%) and 'Confidentiality', 'Good Listener' and 'Understanding' (85.0%). The least picked option was 'Good knowledge of services' (73.3%), 187 answered, 38 skipped.



The people who responded 'other' stated:

- All of the above
- Can actually be a doctor
- Empathy x 2
- Everyone should respect this.
- It's their job.
- Knowledge about the body
- Knowledge of autism/AS
- Knows how to deal with trans kids.
- Patience
- Professional
- Reassuring
- Responsible
- Understanding

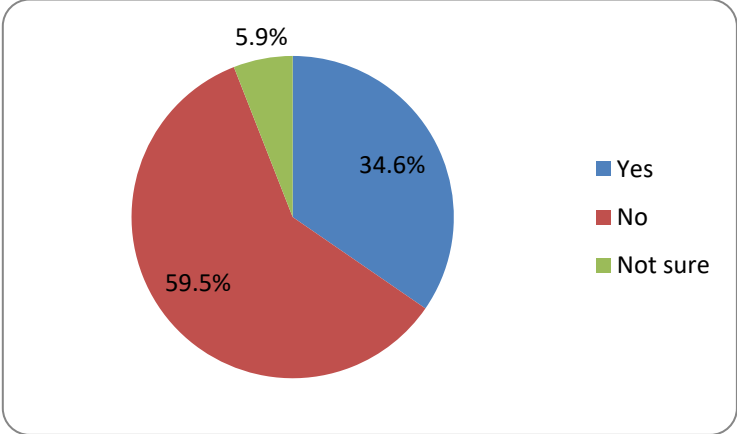
Q20. We asked what is the name of your usual Doctor (GP practice)?

The top three responses identified their usual Doctor (GP practice) as the 'Hebden Bridge Group Practice (8.7%), 'Todmorden Group practice' (7.3%) and 'They didn't want to say' (10.7%). Where 0 responses were received, the practice names have been removed from the list. 150 answered, 75 skipped.

Answer Choice		Response Percent	Response Total
1	Bankfield Surgery	4.7%	7
2	Beechwood Medical Surgery	1.3%	2
3	Boothtown Medical Centre	1.3%	2
4	Brig Royd Surgery	4.0%	6
5	Calder Community Practice	0.7%	1
6	Church Lane Surgery	1.3%	2
7	Grange Dene Medical Centre	3.3%	5
8	Grange Dene Medical Centre	2.0%	3
9	Hebden Bridge Group Practice	8.7%	13
11	Horne Street Surgery	1.3%	2
12	Keighley Road Surgery	4.7%	7
13	King Cross Practice	4.0%	6
14	Kos Clinic	4.0%	6
15	Lister Lane Surgery	3.3%	5
16	Longroyde Surgery	1.3%	2
20	Mixenden Stones Surgery (Caritas Group Practice)	1.3%	2
21	Northowram Surgery	5.3%	8
22	Nursery Lane Medical Centre	0.7%	1
24	Queens Road Surgery	0.7%	1
26	Rosegarth Surgery	4.7%	7
28	Shelf Health Centre (Caritas Group Practice)	2.0%	3
30	Southowram Surgery	1.3%	2
32	Spring Hall Group Practice	6.0%	9
34	Stainland Road Medical Centre	2.7%	4
35	Station Road Surgery	2.0%	3
36	The Boulevard Medical Practice	2.7%	4
37	The Plane Trees Group Practice	5.3%	8
38	Todmorden Group Practice	7.3%	11
39	Woodside Surgery (Caritas Group Practice)	1.3%	2
40	I don't want to say	10.7%	16

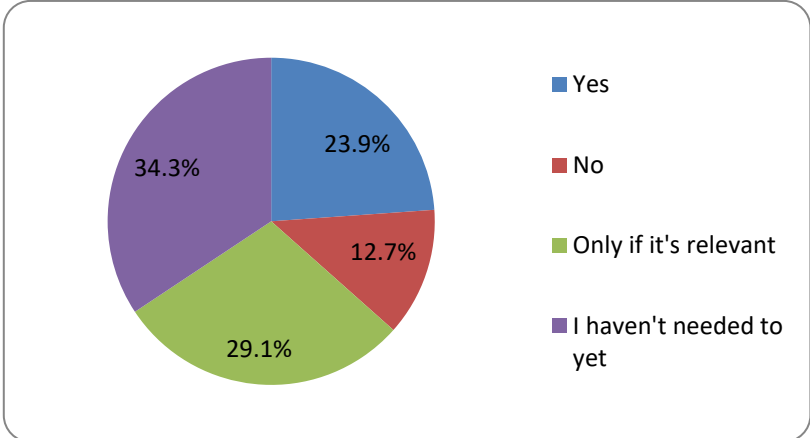
Q21. We asked do you identify as LGBTQ+? If yes, please continue to complete questions below. If no/not sure, please go to Q30.

The majority responded 'No' (59.5%), 'Yes' (34.6%) and 'Not sure' (5.9%). 185 answered, 40 skipped.



Q22. We asked do you feel comfortable discussing your gender/sexual orientation with your Doctor or other health professional?

The majority responded 'I haven't needed to yet' (34.3%), 'Only if it's relevant' (29.1%), 'Yes' (23.9%), 'No' (12.7%). 185 answered, 40 skipped.



Q23. We asked does your Doctor or other health professional use your preferred pronoun?

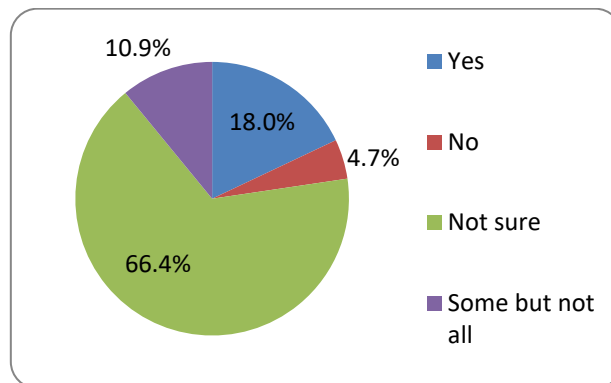
The majority replied to advise 'Doesn't apply to me' (57.3%), 'Yes, but I did not tell them/they did not ask' (21.4%) and 'No, they do not know my preferred pronoun' (11.5%). 131 answered, 94 skipped.

Answer Choice	Response Percent	Response Total
1 Yes, but I did not tell them/they did not ask	21.4%	28
2 No, they do not know my preferred pronoun	11.5%	15
3 Yes, I asked/I told them	3.1%	4

4	No, but I have told them my preferred pronoun	0.0%	0
5	I don't know what this means	6.9%	9
6	Doesn't apply to me	57.3%	75

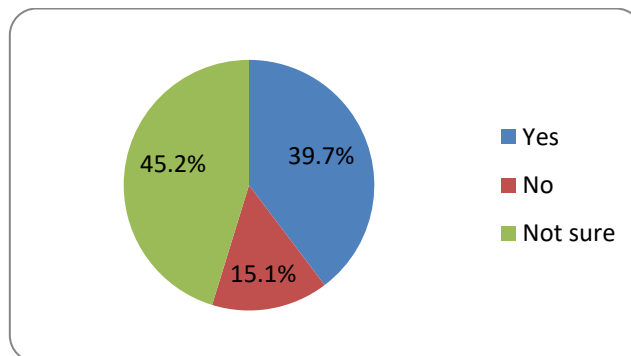
Q24. We asked do you think your GP practice has a good understanding of LGBTQ+ needs?

The majority replied 'Not sure' (66.4%), 'Yes' (18%) and 'Some but not all' (10.9%). 128 answered, 97 skipped.



Q25. We asked do you think your Doctor has a good understanding of your gender and/or sexual identity?

The majority replied 'Not sure' (45.2%), 'Yes' (39.7%) and 'No' (15.1%). 126 answered, 99 skipped.



We asked those who responded to explain why and the following reasons were stated:

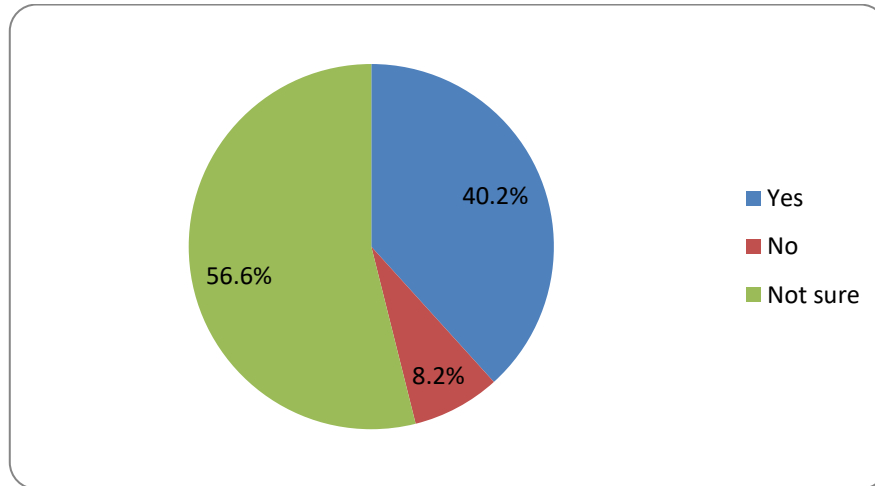
- Understood/respectful (9)
- Not applicable to them (7)
- Not relevant in the appointment/discussion (7)
- Not told the Doctor (6)
- Misgendered/misunderstood (3)
- Doctor has never asked (3)
- Not come out yet (2)

Very accepting and happy to aid me in my transition.

Depends on which Dr, I sometimes get misgendered.

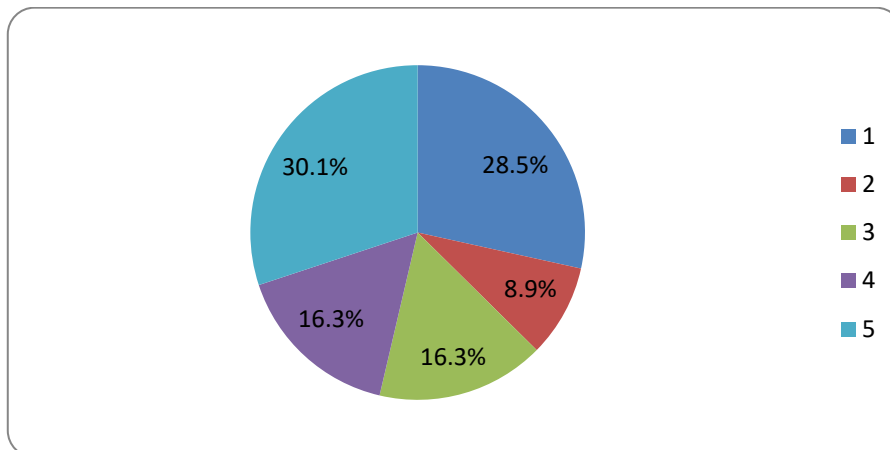
Q26. We asked do you feel your Doctors surgery (for example, the waiting area) and staff are welcoming to LGBTQ+ people?

The majority replied 'Not sure' (56.6%), 'Yes' (40.2%) and 'No' (8.2%).
122 answered, 103 skipped.



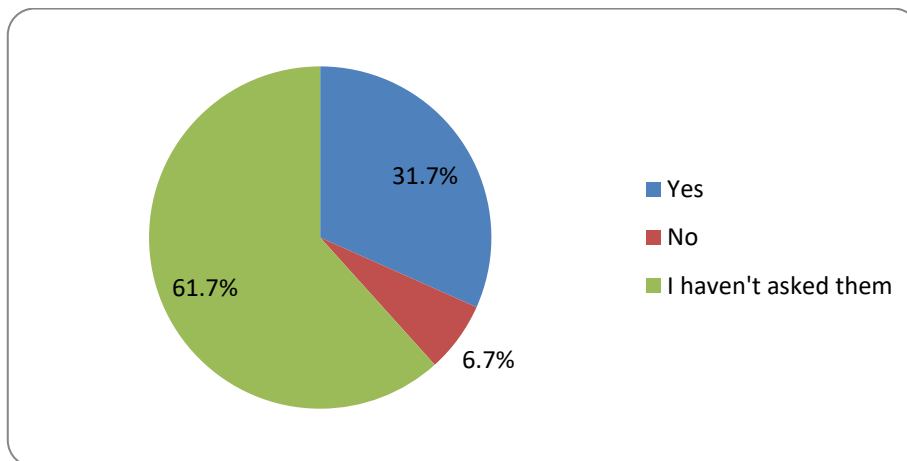
Q27. We asked how important is it to you that there are gender neutral toilets? With 1 being not important and 5 being very important – please rate.

The majority responded with a score of '5 - being very important' (30.1%) and '1 – not very important' (28.5%). 126 answered, 99 skipped.



Q28. We asked do you feel the staff at your Doctors (GP practice) are aware of other local services that may be able to support you?

The majority responded with 'I haven't asked them' (61.7%), 'Yes' (31.7%) and 'No' (6.7%) 120 answered, 105 skipped.



Q29. We asked if appropriate have you been referred to a different service (LGBTQ+ service) by your Doctor or other health professional. If yes, which service?

Those who responded to this question all stated 'Yes' and 4 of those people further explained where they were referred to. 55 answered, 170 skipped.

Yes/No	Number of responses	Which service referred to?
Yes	4	CAMHS Tavistock Leeds Gender service Identity Barnardo's Podiatry

7. Equality

There were 225 respondents to the survey. The respondents to the survey have been compared to local population data, sourced from the 2011 Census. Areas of underrepresentation or overrepresentation where possible are highlighted. Not all respondents completed the equality monitoring form attached to the survey and some were partially completed.

Postcodes

Respondents to the survey were predominantly from the following postcodes:

HX1 postcode area covering Halifax Town Centre and Savile Park

HX2 postcode area covering Illingworth, Highroad Well, Luddenden and Luddenden Foot, Midgley, Mixenden, Mount Tabor, Norton Tower, Ogden, Wainstalls and Warley Town

HX3 postcode area covering Boothtown, Hipperholme, Lightcliffe, Norwood Green, Northowram, Ovenden, Shelf, Skircoat Green and Southowram

HX6 postcode area covering Norland, Ripponden, Rishworth, Sowerby and Sowerby Bridge

HX7 covering Cragg Vale, Hebden Bridge, Heptonstall, Mytholmroyd and Old Town

OL14 covering Cornholme, Todmorden, Eastwood and Walsden

HD6 covering Brighouse, Bailiff Bridge, Brighouse, Clifton and Rastrick

Respondents by Postcodes	
HX1	8.7%
HX2	21.4%
HX3	27.0%
HX4	2.6%
HX5	2.6%
HX6	7.1%
HX7	11.2%
HD6	4.6%
BD6	2.6%
BD13	1.5%
BD22	2.0%
OL14	5.6%

Respondents

The aim of the engagement activity was to find out the experiences of young people at GPs surgeries in Calderdale. The age range of respondents was 11-26.

Gender

Young men are very often underrepresented in engagement and consultation activity; however, they make up 34% of the respondents to this questionnaire, and their views are represented and heard in terms of the feedback to the exercise. As a question on gender identity was not included in the last census, there is no national or local data to compare with the survey data we received. Responses were received from young people who identify as Trans male, non-binary, Transgender, male gender not conforming and a

gender. Due to the small numbers of responses received in these categories and the risk of identifying individuals, they have not been included in the table below.

Gender	Calderdale Population %	Survey Response %	Calderdale Response Total
Female	50.9%	59.4%	82
Male	49.1%	34.1%	47

Age

A total of 155 respondents answered this question. 11 year olds were under-represented in the survey and the 12-18 age group were either represented or significantly over-represented. 19-26 year olds were under-represented by the survey. Dependent on the purpose of the survey, further work with the 19-26 year old group may be required.

Due to the range of ages covered by the survey, some of the wording of the questions was not so relevant for older respondents and may have deterred them from completing all questions.

Age	Calderdale Population 11-26 (35029)	Calderdale Population 11 -26 % (2011)	Survey	
			No.	%
11	2570	7.34%	2	1.29%
12	2525	7.20%	12	7.74%
13	2498	7.13%	30	19.35%
14	2347	6.70%	19	12.26%
15	2328	6.65%	32	20.65%
16	2411	6.88%	13	8.39%
17	2598	7.42%	11	7.10%
18	2453	7.00%	13	8.39%
19	1908	5.45%	5	3.23%
20	1925	5.50%	4	2.58%
21	2018	5.76%	2	1.29%
22	2152	6.14%	5	3.23%
23	2234	6.38%	2	1.29%
24	2386	6.81%	0	0%
25	2448	6.99%	4	2.58%
26	2477	1.36%	1	0.65%

Country of Birth

161 responses were received to this question. Only one respondent was not born in the UK. This compares with 2% of all Calderdale residents who were born in EU countries (4170 residents) and a further 4.7% of Calderdale residents (9680 people) who were born in other countries outside of the EU.

Further work is required to involve young people not born in this country.

Country of Birth	Survey Response %	Survey Response Total
UK or England	99.38%	160
Pakistan	0.62%	1

Ethnicity

A total of 7 respondents answered the questions on ethnicity. **Further work needs to be carried out to inform survey respondents why we are asking for the equality information to ensure questions on ethnicity are answered. Currently no conclusions can be drawn from the survey on the needs of young people from ethnic minorities.**

Ethnic Group/ Background	Calderdale Pop'n	Calderdale Survey Response %	Calderdale Survey Total
Pakistani	6.8%	0%	0
Bangladeshi	0.3%	0%	0
Chinese	0.2%	0%	0
Indian	0.6%	0%	0
Any Other Asian Background	0.4%	0%	0
African	0.2%	0%	0
Caribbean	0.2%	0%	0
Any other Black/African/Caribbea n background	0.05%	0%	0
White and Asian	0.4%	0%	0
White and Black African	0.1%	0.4%	0
White and Black Caribbean	0.5%	0.9%	0
Any other Mixed/Multiple ethnic background	0.3%	28.57%	2
English, Welsh, Scottish, Northern Irish, British	86.7%	42.86%	3
Irish	0.9%	0%	0
Gypsy or Irish Traveller	0.04%	0%	0
Any other White Background	2.1%	28.57%	2
Arab	0.05%	0%	0
Other ethnic background	0.2%	0%	0
Prefer not to say		0%	0

Disability

There were 154 responses to this question. Young disabled people were **underrepresented in the survey, with 12.3% of responses received from young people who stated they have a disability. No question was asked about long term health conditions.**

Disabled*	Calderdale Population %	Number of Survey Responses	% Survey Responses
Yes	17.9%	19	12.34%
Limited a lot	8.2%		
Limited a little	9.7%		

Carers

Carers between the ages of 11 and 26 are represented by the questionnaire.

Carers	Calderdale Population %	Survey	
		Number	%
Yes	10%	16	10.06%

Pregnancy and Maternity

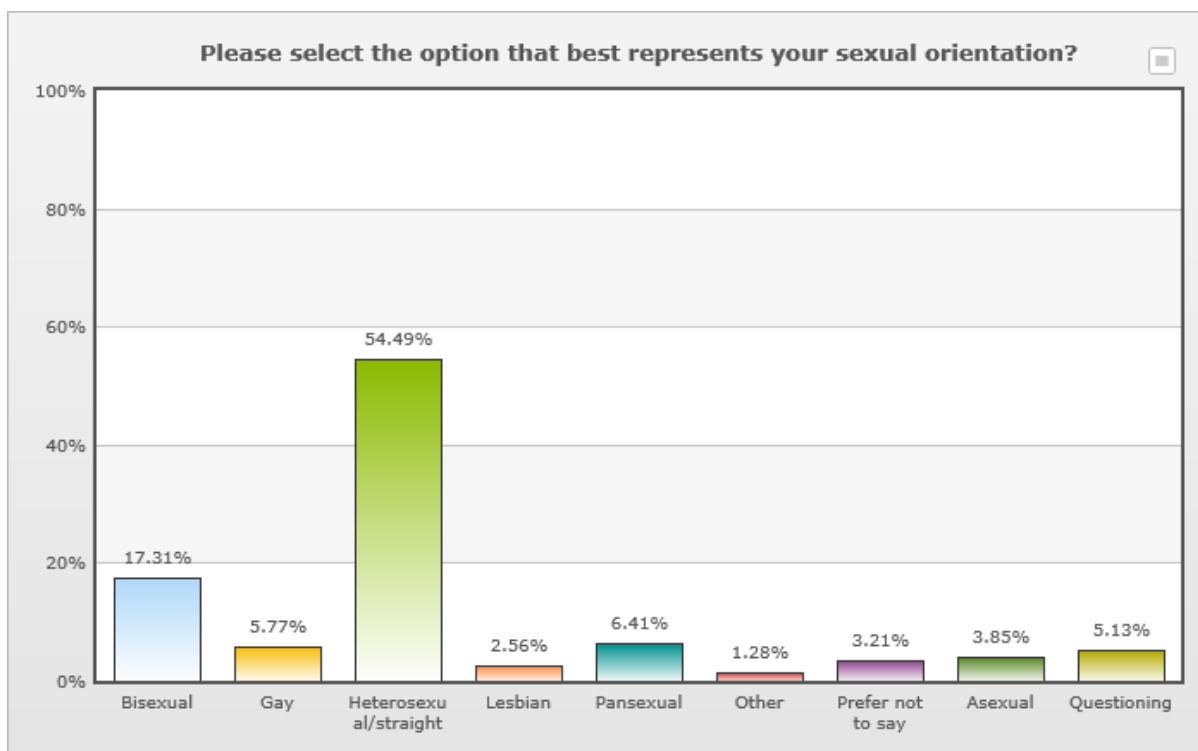
1.24% of respondents stated that they were pregnant. It is not possible to say whether the survey sample of respondents to this question is representative of the Calderdale population as a whole, as the respondents were aged from 11-26.

Are you pregnant?		
Answer Choice	Response %	Response Total
Yes	1.24%	2
No	96.89%	156
Prefer Not To Say	1.86%	3

Lesbian, Gay, Bisexual and Transgender

Accurate data is currently not available for these groups, as it has not been part of the census collection. The Office for National Statistics (ONS) estimated that approximately 1.5% of the UK population are Gay, Lesbian or Bisexual in 2011-12.

Transgender and Trans are umbrella terms for people whose gender identity and/or gender expression differs from the sex they were assigned at birth. One study suggests that the number of Trans people in the UK could be around 65000 (Johnson, 2011) whilst another notes that the number of gender variant people could be around 300,000 (GIREs, 2008).



When asked in the survey to select the option that best represents their sexual orientation, 17.31% of respondents (all aged 11-26) stated they identify as bisexual, 6.41% as pansexual, 5.77% as gay and 2.56% as lesbian. A further 5.13% of respondents stated they identify as questioning, with a further 3.85% stating they identify as asexual and with 3.21% of respondents stating they preferred not to say. 1.28% of respondents have identified as “Other”.

A Stonewall report, “LGBT in Britain – Health” (2018) highlighted the following facts concerning healthcare provision in the UK:

One in eight LGBT people (13 per cent) have experienced some form of unequal treatment from healthcare staff because they’re LGBT.

Almost one in four LGBT people (23 per cent) have witnessed discriminatory or negative remarks against LGBT people by healthcare staff. In the last year alone, six per cent of LGBT people – including 20 per cent of trans people – have witnessed these remarks. One in twenty LGBT people (five per cent) have been pressured to access services to question or change their sexual orientation when accessing healthcare services.

One in five LGBT people (19 per cent) aren’t out to any healthcare professional about their sexual orientation when seeking general medical care. This number rises to 40 per cent of bi men and 29 per cent of bi women.

One in seven LGBT people (14 per cent) have avoided treatment for fear of discrimination because they’re LGBT.

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 are detailed.

Normally only those groups where there are sufficient respondents to be able to identify a trend are detailed. However, there were also respondents with direct experience of receiving the service e.g. have used the service or cared for someone who has used it.

Analysis has also focussed on these groups as they are most impacted by change. For comparison, where appropriate, the analysis of all respondents is included.

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

There were 384 respondents to this question. Both male and female respondents in the age group 11-26 were most likely to ring their GP practice if they were worried about their health, (14.4% of male respondents and 16.5% of female respondents would take this route). Male respondents were more likely to ring 111 than female respondents (5.1% to 2.9% respectively). **For those still at school, male respondents were far more likely to approach a school nurse than female respondents (8.5% of male respondents compared to 3.3% of female respondents).** Respondents who identified as intersex were most likely to discuss their worries with a family member, although this information should be treated with caution due to the small number of respondents.

Disabled young people as a whole were most likely to discuss a health concern with a family member before taking any other action (19.3%). However, there were differences in how to approach a health worry initially depending on the type of impairment the young person has. **Young people with a physical or mobility impairment were most likely (33%) to discuss the issue with a family member, whilst those with a sensory impairment were most likely to check an online website (16.1%).** Young people with a mental health condition would be most likely to discuss the matter with a family member (17.8%), as would young people with a learning disability (21.4%) and those with long term conditions (18.2%).

Young carers are also most likely to discuss a health concern with a member of their family (18%).

Young lesbian, gay, bisexual and straight respondents all stated they would discuss a health concern with a family member first (75%, 26.1%, 23.8% and 26.8% respectively). Those who identified as questioning were split between ringing their GP or speaking to a family member (33.3% for each course of action). Young people who identified as pansexual were most likely to google the health worry or ignore it and hope it goes away (21.7% for each response).

Q. When did you last go to the Doctors (GP practice)?

Out of all respondents to this question, young female respondents had attended the GP practice in the last month most often. 66.3% of young female respondents had visited the GPs surgery in the previous six months. **Nearly a quarter of responses from young men stated that they could not remember when they last went to the doctors (23.4%) and another 14.9% of their responses stated that it had been over a year. 52.6% of young people (10) who consider themselves to be disabled had attended the GPs surgery in the last month.** 50% of respondents with a physical or mobility

impairment (5), a sensory impairment (5) or a mental health condition (16) had attended the surgery in the previous month. 50% of respondents with long term conditions (3) and 36% of respondents with a learning disability (9) had also attended their surgery in the previous month.

No other significant trends were noted for other protected characteristics.

These figures should be treated with caution given the small number of respondents who answered this question.

Q. Who normally books your appointment?

Due to the age range of the respondents (11-26) some respondents did not understand why they were being asked this.

Overall, more disabled young people booked their own appointment than non-disabled young people (26.3% of appointments for disabled young people compared to 20.3% of appointments for non-disabled young people).

Parents and carers book the majority of appointments for all young people, although parents or carers of young people with sensory impairments make 90% of their appointments.

There are no differences between who would normally book an appointment for a young person and their particular sexual orientation. Regardless of sexual orientation, a parent or carer is the most likely to book the appointment according to survey results.

Q. What method is used to book your appointment?

10.4% of young female respondents book an appointment online compared to 6.2% of young men.

Young disabled respondents are most likely to use the telephone to make an appointment, with 84.2% of their bookings made by phone. There is little variation in this statistic across different types of impairment.

Young carers also use the telephone to book 93.8% of the appointments they make.

Lesbian respondents were more likely to use online methods of booking an appointment with 25% of appointment they booked being made online. This compares to 9.5% of appointments made by straight respondents and 11.1% by gay respondents.

Q. Who normally goes with you?

Both disabled and non-disabled young people are most likely to go with a parent or carer with non-disabled young people (98) being accompanied 80.3% of the time and disabled young people (11) 57.9% of the time. Disabled young people (6) go to the surgery on their own 31.61% of the time compared with non-disabled young people (23) who go to the surgery on their own 18.9% of the time.

Young carers are usually accompanied by a parent or carer (75% of the time). This is a similar percentage to young people who are not carers (77.2%).

Young gay respondents (5) are most likely to go to the doctors on their own (55.6%). This is in contrast to young people who identify as bisexual, straight, lesbian, pansexual, asexual and questioning who are all most likely to go with a parent or carer.

Q. Have you been offered an appointment at your GP practice on your own?

Due to the range of ages covered by the survey, the wording of this question was not relevant for most older respondents in the 11-26 age group. Young female respondents were more likely to be offered an appointment on their own than young male respondents (30.2% compared to 25% respectively). Two respondents who identified as intersex were not offered an appointment without a family member present.

Young disabled people are twice as likely to be offered an appointment on their own than non-disabled young people (52.6% compared with 26.2% respectively). However, overall, young disabled people with all types of impairment are most likely not to be offered an appointment on their own.

Young gay respondents (6) are most likely to be offered an appointment at the GPs surgery on their own (66.73%). This is in contrast to young people who identify as bisexual, straight, lesbian, pansexual, asexual and questioning who are all most likely to be offered an appointment with a parent or carer.

These statistics should be treated with caution given the number of respondents who answered this question.

Q. How was your overall experience at the GP practice?

75% of young male respondents (35) rated the experience at the GPs surgery “fantastic” or “good” compared with 57% (61) of young female respondents. 7.5% of young female respondents rated the experience as “rubbish” (8) compared with 2.2% of young male respondents (1).

7.4% (9) young non-disabled people thought the experience was “rubbish” whilst no disabled respondents thought that of the service. 10.5% of young disabled respondents (2) did, however, find the experience confusing.

When this question was asked by impairment, those respondents with a mental health condition found the experience less positive, with 42.4% (14) saying it was “okay”, 9.1% (3) that it was “rubbish” and 6.1% (2) that it was “confusing”.

Carers were also split on how they saw their experience with 50% of young carers stating the experience was “fantastic” or “good” (8) and 50% stating it was “okay” or “rubbish” (8).

Q. How important is it for your Doctors (GP practice) to use your preferred name/nickname?

52.8% (118) of all 216 respondents to this question said that their preferred name was their birth name.

Young disabled respondents thought it was more important to be called by their preferred name or nickname than non-disabled young respondents. 21.4% (4) of young disabled people marked a 4 or 5 on the scale indicating high importance, compared to 12.4% (15) of young non-disabled people.

Similarly, 31.3% (5) of young carers marked a 4 or 5 on the scale compared to 13.3% (18) of young people who indicated they did not have caring responsibilities.

50% (4) of young people who identified their sexual orientation as questioning scored this question as a 4 or a 5, indicating that they thought it was important or very important for their preferred name or nickname to be used at the GP practice. There was a similar trend with gay and bisexual respondents, 22.2% (2) and 18.5% (5) of whom respectively scored 4 or 5 for this question. In comparison, 8.4% (7) of

straight respondents scored a 4 or a 5 and overall did not view this as an important issue.

These figures should be treated with caution given the small number of respondents who answered this question.

Q. What things could be done to make you feel better supported?

Please explain

Respondents who identified as gay gave the following feedback:

“in the waiting area, put up a poster/have a leaflet/sticker/some indication that practitioners are accepting and knowledgeable of trans and lgb patients”.

“I feel I get treated differently because I am not like others. I want to be treated equally”.

Respondents who identified as bisexual gave the following feedback:

“Other than the practical aid of an in call doctor, and one negative experience, the doctors I’ve seen have always been very kind and supportive”.

“to ask me what I want to be called by”

“Use my preferred names!”

“Ask what I’m comfortable with”.

“make sure they know what I am and pronouns for people”

“Be nice”

“listen to me and not parent”.

Respondents who identified as questioning gave the following feedback:

“Be kinder”

“Talk more”

“Better answering questions”

“With certain healthcare professionals I feel I get treated less seriously because of my age. I’ve had experiences of being undermined and made to feel stupid. There’s only one doctor I feel comfortable with making an appointment at my GP”.

“talk to me instead of mum”.

Respondents who identified as pansexual gave the following feedback:

“Use my preferred pronouns and name”

“my preferred name/pronouns are never asked”.

Very little feedback was received to this question from young people with other protected characteristics.

Q. Did you understand the language your Doctor or other health professional used? Please give examples

Very little feedback was received that was specific to particular protected characteristics, although one respondent said “They can speak Urdu as well for my mum to understand”.

Q. Did you feel that the Doctor or other health professional understood your needs?

86.7% (39) of young males compared to 62.3% (66) of young females felt that the Doctor or other health professional understood their needs. There was very little other feedback to this question that could be analysed by protected characteristics.

Q. Did you feel you could ask your Doctor or other health professional questions?

Young disabled respondents felt less able to ask their Doctor or health professional questions. 47.4% (9) of young respondents with a disability felt comfortable to ask questions compared with 67.8% (82) of non-disabled young people.

Bisexual respondents felt less comfortable asking Doctors or health professionals questions (44.4%) than respondents of other particular sexual orientations. Both straight and lesbian respondents felt most able to ask questions (75% of both straight and lesbian respondents felt comfortable doing this). 66.7% of young gay males also felt comfortable asking questions.

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

Young female respondents were almost twice as likely to be worried about health professionals discussing their personal issues with their family or carer (26.4% of female respondents compared to 14.6% of male respondents).

In contrast young disabled people were less likely to be concerned about their personal issues being discussed with family or carers, with 68.4% (13) of young disabled people saying they were not worried.

Q. Can you suggest any improvements your GP practice could make to their service?

Feedback from young disabled respondents:

“On call doctor - walk in clinic in a different town is not good for people with mobility issues, auto immune issues and adds lots of hurdles for people without a car, with children or who lose income by missing work”

“Just to understand I can't process information very quickly so I need time to process the information”.

“Have a better understanding of people with autism/AS. It's on my notes, so I shouldn't have to bring it up every time. Knowing that I have AS, the doctor should take more care with questioning because I can't always answer properly when I'm stressed out, and GP appointments always stress me out making it difficult to get the right treatment”.

Feedback from young LGBTQ+ respondents:

“Respect he/she pronouns and refer to people by preferred names”

“Make certain things (if legal) confidential to myself and their services”

“being less eis/heteronormative in all aspects”

“Make it look more inclusive - feel a bit segregated because I look/act differently”.

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

Across all protected characteristics, respondents had similar views on what they expected from a Doctor or other health professional. All respondents expected respect, confidentiality, a good listener, someone kind, understanding and caring with good knowledge of local services who is good at explaining and non-judgemental.at explaining

Q. What is the name of your usual Doctor (GP practice)?

The practice with the greatest number of respondents was Hebden Bridge Group Practice with 13 out of 150 responses to this question (8.67%). Other practices for which we received a good number of responses were Todmorden Group Practice with 11 respondents (7.33% of the total) and Spring Hall Group Practice with 9 respondents (6% of the total).

Meadowdale Group Practice, Park Community Practice, Rastrick Health Centre, Siddal Surgery and Rydings Hall Surgery were not represented by respondents.

More analysis of the questions in this survey broken down by GP practice could yield some interesting results, although the analysis would be too detailed for this report.

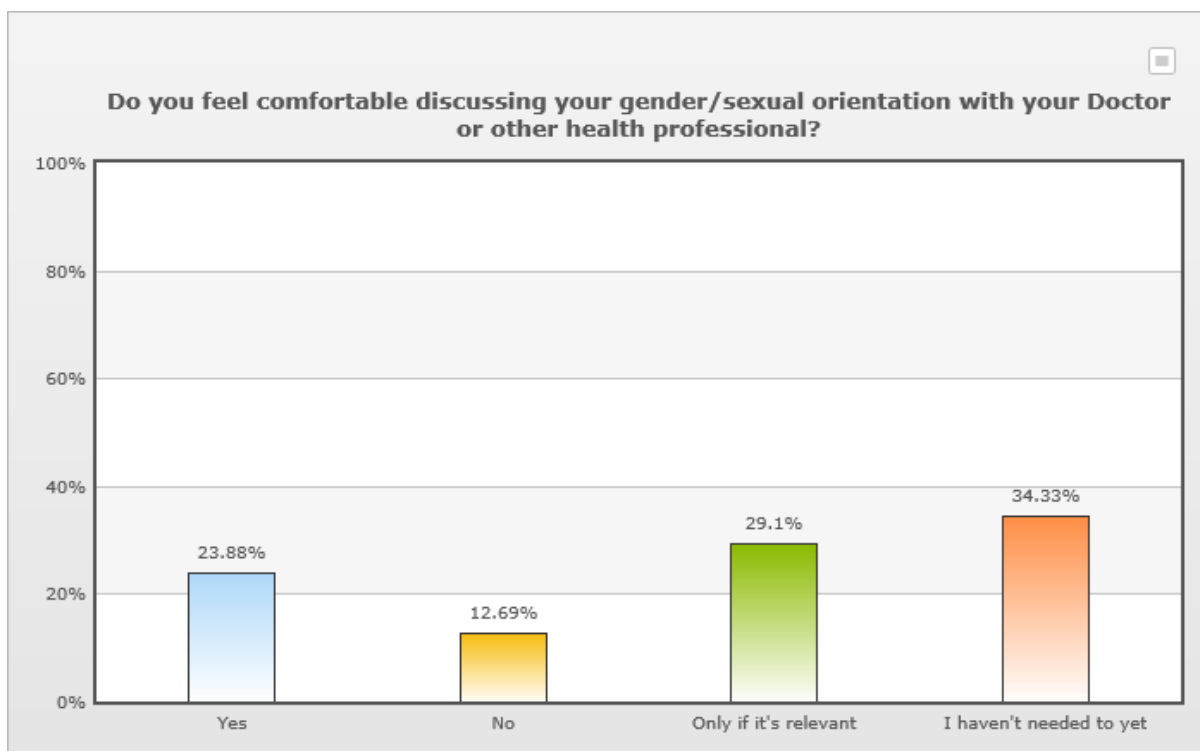
Q. Do you identify as LGBTQ+?

151 young people responded to this question with 54.3% (63) identifying as straight, 4% (6) stating they were not sure and 41.7% (63) saying they identified as LGBTQ+.

Below is a breakdown of respondents identifying as LGBTQ+.

	Number of Respondents	Percentage of LGBTQ+ Respondents
Bisexual	26	41.3%
Pansexual	10	15.9%
Gay	9	14.3%
Questioning	5	7.9%
Lesbian	4	6.4%
Asexual	4	6.4%
Straight	2	3.2%
Prefer Not to Say	2	3.2%
Other	1	1.6%

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



There were 112 respondents who answered this question fully. The full breakdown of respondents by sexual orientation is given below.

	Number of Respondents	Percentage of Respondents
Straight	48	42.9%
Bisexual	26	23.2%
Pansexual	10	8.9%
Gay	9	8.0%
Asexual	5	4.5%
Questioning	5	4.5%
Lesbian	4	3.6%
Prefer Not to Say	3	2.7%
Other	2	1.8%

Young gay males felt most comfortable discussing gender or sexual orientation with health professionals with 55.6% (5) responding positively to this question. In contrast, respondents identifying as bisexual were least comfortable with 15.4% (4) respondents responding to this question positively.

Of respondents identifying as questioning, one (20%) said they did not feel comfortable discussing their sexual orientation or gender with health professionals, whilst 40% (2) saying they would discuss it only if relevant and 40% (2) stating that they haven't needed to discuss matters related to gender or sexual orientation yet.

This information should be treated with caution due to the low number of respondents.

Q. Do you think your GP practice has a good understanding of LGBTQ+ needs?

66% of all respondents to this question were not sure if their GP practice had a good understanding of GP needs. This would indicate that more support and information about how practices are meeting these needs should be made available

and visible. 29 (67.4%) of straight respondents and 41(40%) of LGBTQ+ respondents stated they were not sure.

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

Asexual, questioning and bisexual respondents thought their doctors had less of an understanding of their gender and/or sexual identity than other groups with 60% (3) of asexual respondents stating their doctor did not understand, questioning 40% (2) and bisexual respondents 34.6% (9). **This highlights a need for further training for GPs on sexual identity and gender.**

This information should be treated with caution due to the low number of respondents.

Q. Do you feel your Doctor’s surgery and staff are welcoming to LGBTQ+ people?

41 of the 106 respondents to this question identified as straight, 26 bisexual, 10 pansexual, 9 gay, 7 asexual, 5 questioning and 3 lesbian. 3 respondents identified as “other” and 2 respondents said they preferred not to say.

The following feedback is representative of all feedback to the question asking what improvements could be made:

“Notices of places you could go if you don't feel comfortable talking with Dr”

“Dedicated safe space and gender neutral toilets”

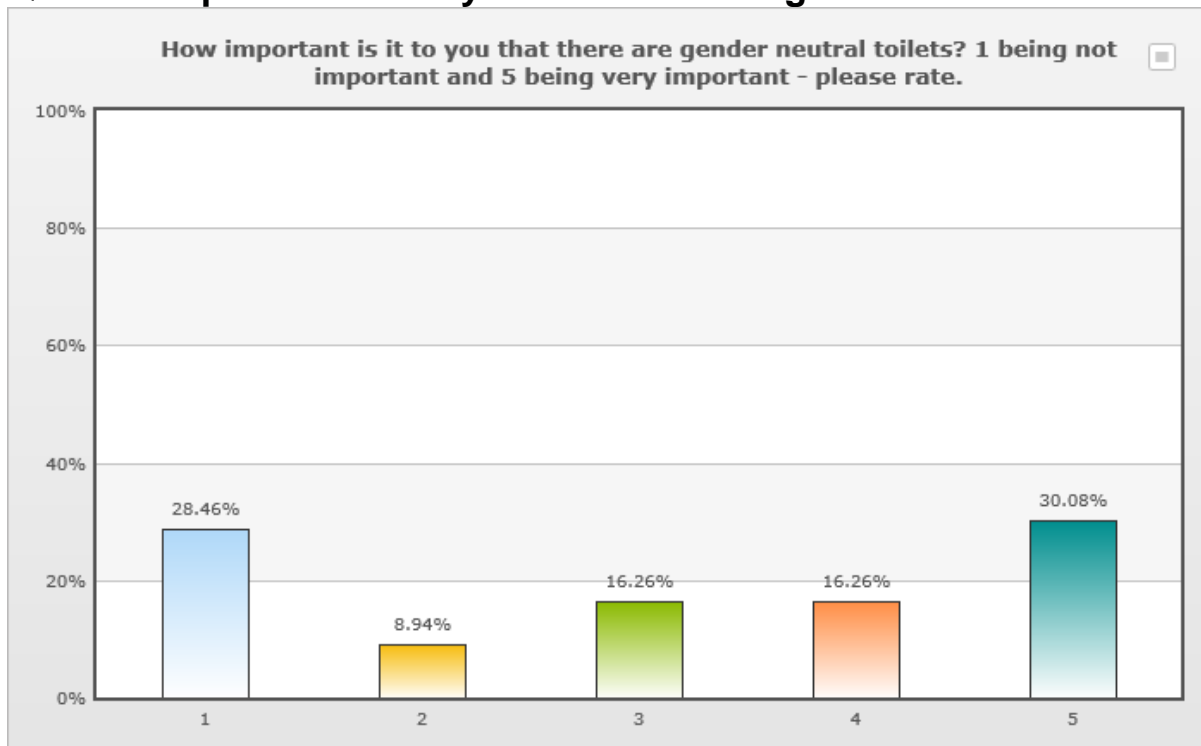
“LGBTQ related posters”

“Ask you what you want to be called - don't judge”

“training staff on how lgbt patients should be treated”

“The staff are but don't think the people in the waiting room are”.

Q. How important is it to you that there are gender neutral toilets?



80% of questioning, pansexual and asexual respondents each scored either 4 or 5 for this question and 75% of lesbian respondents also scored 4 or 5, indicating that gender neutral toilets were very important to all of these groups. 57.7% of bisexual and 55.5% of gay respondents also scored either 4 or 5 in answer to this question. However, as numbers of respondents are low, this analysis should be treated with caution.

Q. Do you think staff at your GP surgery are aware of other local services that may be able to support you?

Nearly all respondents to this survey felt either that staff were aware of other local services than could support them or hadn't asked staff about local services. Only two gay respondents and two bisexual respondents said that staff were not aware of other local support services that could assist them (22.2% and 28% respectively).

8. Key findings from engagement and equality

The CCG received a total of **225** responses to the survey and the key findings from the engagement are listed below:

- **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%** stated 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:
 - ❖ **88.8%** 'Non-judgemental', **86.6%** 'Respect', **86.1%** 'Good at explaining and **85%** 'Confidentiality', 'Good Listener' and 'Understanding'.
 - ❖ 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.

9. How the findings will be used and next steps

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

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

**Children & Young People's
experience of their local GP practice**

Engagement Plan

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Version control			
Version	Change	Title	Status/date
V1	Alexis Ritchie	Senior Engagement Officer	Draft 01.04.19
V2	Zubair Mayet	Senior Engagement Manager	Draft 03.04.19
V3	Dawn Pearson	Senior Engagement Manager	Draft 10.04.19
V4	Penny Woodhead Dawn Pearson	Chief Quality and Nursing Officer Senior Engagement Manager	Final 25.04.19

1. Introduction

The purpose of the engagement plan is to describe how we will involve young people aged between 12-25 years old to understand their experience of local GP practice. The engagement will be co-delivered by Calderdale Clinical Commissioning Group (CCG), Barnardo's Positive Identities Service (BPI) and Voluntary Action Calderdale (VAC).

By gathering views, young people can tell us what else we need to do to ensure that the CCG can provide information to GP practices to ensure that young people are supported in the right way. The information will be used to identify any service improvements and access to GP practices.

In addition the engagement will specifically focus on the support that LGBTQ young people receive when they visit their local GP practice and identify any service improvements required.

The plan describes how we will engage with young people including the information we will provide and the approach to engagement.

2. Background

The CCG set equality objectives in collaboration with local stakeholders through the Equality Delivery System (EDS2) events in 2017. The associated actions and success measures are embedded in the CCG joint implementation plan and reported annually through the CCG Public Sector Equality Duty reports. The CCG reviews 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 project groups established to support implementation. Progress is monitored through quarterly reports to the Quality Committee at Calderdale CCG.

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 CCG's primary care team and engagement team are working together to achieve the objectives with the support of Barnardo's Positive Identities Services and Voluntary Action Calderdale/Kirklees to increase involvement with young people for the future and further understand any service improvements.

3. Legislation

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

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.

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.

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.*

4. Principles for Engagement

The CCG has a 'Patient and Public Engagement and Experience Strategy'. The strategy has been developed alongside key stakeholders. The strategy sets out an approach to engagement which describes what the public can expect from any engagement activity.

The principles in the strategies state that the CCGs will;

- Ensure that the CCG engages with public, patients and carers early enough throughout any process
- Be inclusive in all engagement activity and consider the needs of the local population

- Ensure engagement is based on the right information and good communication so people feel fully informed
- Ensure that the CCG are transparent in their dealings with the public and discuss things openly and honestly
- Provide a platform for people to influence thinking and challenge decisions
- Ensure any engagement activity is proportionate to the issue and that feedback is provided to those who have been involved in that activity

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

5. Aim and objectives of the engagement activity

The aim of the engagement activity will be to capture the views of young people on their experience of attending their local GP practice. The engagement activity will help the CCG and GP practices to understand what support young people could or should receive when visiting their local GP practice. The target audience for engagement will be:

- Young people aged 12-25 years old who are a resident in Calderdale

The engagement activity will be carried out in Calderdale. The aim of the engagement is to initiate a genuine and meaningful process which will reach, inform, communicate and engage patients at the surgery. In delivering this aim the objectives will be:

- To create a baseline assessment on the level of awareness and understanding of the needs of the LGBTQ population and young people in GP practices.
- To pilot the questionnaire with a LGBTQ young person's group at a school.
- To work with schools and key stakeholders to assist in completing the survey.
- To communicate the engagement clearly and simply using various formats and approaches.
- To provide an explanation of the reason for the engagement.
- 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 understand who is most likely to be impacted by utilising the equality analysis and ensure that these groups are particularly targeted.
- 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.

6. Engagement

Review of existing data

We will review any existing data gathered from young people on primary care services. This will include:

- Complaints data
- Care Opinion and NHS Choices postings
- Friends and family test
- Any previous engagement activity

By using information we already hold, it ensures we are listening and considering the views of young people mitigating the need to over consult on topics or services that we already have information on.

Using the engagement information we already hold and identify the key themes from all previous engagement. By doing this we can understand young people's experience of current services.

Develop a questionnaire

We will develop the questionnaire with a group of young people facilitated by Barnardo's to ensure that the language, format and style are appealing to young people.

We will provide the opportunity for young people to have their say on their local GP service using a questionnaire. The questionnaire will be available in different formats on request.

To ensure we capture a representative sample of community views we will equality monitor all involvement activity. This will enable us to reach protected groups who may have different experiences of health and social care services, where we do not reach those protected groups we will specifically target involvement to reach them.

The engagement will be delivered over a six week period commencing on Monday 29 April 2019 and ending midday on Monday 3 June 2019.

A poster will be co-produced with young people and circulated to schools, GP practices and various areas across the community to promote the questionnaire and include a QR code for ease of access on smartphones.

Pilot the questionnaire

We will pilot the questionnaire with a 12 pupils from the Rainbow group at the Brooksbank School, Elland to test out ease of completion, level of understanding and effectiveness.

Short film production

A short film is to be made with young people about their experience of going to the GP. The film will be used on social media, shown at school assemblies, shown at focus groups to encourage young people to have their say and get involved in making service improvements for the future on gaining a positive experience at the GP practice.

Creative methods

We will work with young people to design up their ideas to contribute to the engagement feedback that will form part of the Report of Findings. We will work in partnership with Barnardo’s Positive Identities Service, Trinity Academy and their youth groups.

Focus Groups

Focus groups will be held during the engagement period with key groups to ensure that we can capture a wide range of voice and that protected groups are representative. The questionnaire will be used as a discussion tool to ensure that the data captured can be fed into the analysis.

Case Studies

The CCG in partnership with Barnardo’s and Calderdale College will gather case studies in response to the questionnaire of personal stories, as part of this work and work with young people creatively on how we capture their views and how they want to tell their story (eg use of graphics, digital media).

7. Communication

Current communication channels will be utilised to reach patients and stakeholders to distribute information and to raise awareness of how people can get involved.

Communications identified in this section will be used to support the development of the involvement tools identified in the action plan such as;

Audience	Method	Action by
<p>Key stakeholders:</p> <ul style="list-style-type: none"> • Brunswick Centre, Calderdale • Calderdale College • Calderdale LGBTQ Partnership Network • Calderdale YP working group • CAMHS • CHFT – Children’s ward • Calderdale Council • GP practices • Healthwatch Calderdale • Locala • No Worries • Practice Managers • Primary Care Network • Probation Youth Offending Teams • Secondary schools • Sexual Health service • Third Sector Leaders • Trinity College • Voice & Influence team • Young Carers • Youth Council • Youthworks 	<p>Assembly Briefings Email cascade Internal bulletins Intranet/website Meetings Registration Social media Staff workshops</p>	<p>All</p>

8. Equality

To ensure the engagement process meets the requirements for equality the CCG will need to evidence that due regard has been paid to their equality duties in all the engagement activity. All surveys will be equality monitored routinely to assess the representativeness of the views gathered during the engagement process. Where it is not possible to gather such data, such as complaints and social media the interviewee will record any information provided.

The schools/GP practices will ensure that the engagement process targets protected groups and create accessible, other language and easy read copies of the engagement information and survey on request.

Once gathered the equality data captured during the engagement will be analysed. This analysis will be reported to highlight any under-representation of patients who we believe could be potentially affected by any change in services, and if this is demonstrated further work will be undertaken to address any gaps.

Once complete the analysis will consider if any groups have responded significantly differently to the engagement or whether any trends have emerged which need to be addressed in the implementation stage. This data will be part of the evidence to support the equality impact assessment process.

9. Non pay budget required

Item	Estimated Cost
Engagement survey	In house
Interpreters, translations Accessible formats – Language, large print, Braille and easy read	TBC
Posters in GP practices/schools	In house
Media and advertising	In house
Data input	In house
Analysis	In house
ESTIMATED total budget required	TBC

10. Timeline for the delivery of engagement

What	When by
Questionnaire designed	February 2019
Pilot at School	February 2019
Engagement plan drafted	3 April 2019

Engagement plan signed off	12 April 2019
Briefing to key stakeholders	24 April 2019
Engagement Delivery	29 April 2019 to 17 June 2019
Manage data input as returns	28 June 2019
Provide a report of findings of the engagement process	12 July 2019
Feedback to patients the outcome of engagement and next steps	August 2019

How the findings will be used

We will use the data gathered which will include the review of existing information and create a report of findings.

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

The CCG will provide the report of findings to GP practices to ensure that young people and those identifying as LGBTQ 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 – QUESTIONNAIRE



**Are you a Young Person (aged 12-25) living in Calderdale?
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 in Calderdale.

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:

Alexis Ritchie at Calderdale CCG
Tel: 01924 504956
Email: Alexis.Ritchie@northkirkleescg.nhs.uk

Lydia Pignataro at Barnardo's Positive Identities
Tel: 01422 371993
Email: lydia.pignataro@barnardos.org.uk

This engagement will last for six weeks.
The closing date for all responses is **Midday on Monday 17 June 2019**.

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



2. SURVEY QUESTIONS

1. Please tell us the first part of your postcode e.g. HX2

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?

- Ring your GP practice
- 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 (GP practice)?

- In the last month
- In the last 6 months
- In the last year
- 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 appointment?**

- Telephone
- Online
- Face to face



7. **Who normally goes with you?**

- Parent/carer
- Other family member
- I go on my own
- Someone else (please tell us who below)

Comments:



8. **Have you been offered an appointment at your Doctors (GP practice) on your own (without a family member)?**

- Yes
- No









9. **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.**



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

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

11. **How was your overall experience at the Doctors (GP practice)?**

-  Fantastic
-  Good
-  Ok
-  Rubbish
-  Confusing
-  Made me angry

If you can, please explain your response below:



12. **How important is it for your Doctors (GP practice) to use your preferred name/nickname? 1 being not important and 5 being very important - please rate.**

- | | |
|----------------------------|----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 3 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 4 |

5

My preferred name is my birth name



13. **What things could be done to make you feel better supported? Please explain.**



14. **Did you understand the language your Doctor or other health professional used? Please give examples.**



15. **Did you feel that the Doctor or other health professional understood your needs?**

Yes

No

Not sure

What made you think like this?



16. **Did you feel you could ask your Doctor or other health professional questions?**

Yes

No

Not sure



17. **Do you worry that your Doctor or other health professional will discuss your personal issues with your family/carer?**

Yes

No

Not sure



18. Can you suggest any improvements your GP practice could make to their service?



19. 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):



20. What is the name of your usual Doctor (GP practice)?



21. Do you identify as LGBTQ+? If yes, please continue to complete questions below. If no/not sure, please go to Q30.

- Yes
- No
- Not sure

22. 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

23. 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

24. Do you think your GP practice has a good understanding of LGBTQ+ needs?

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

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

- Yes
- No
- Not sure

If possible, please explain.

26. Do you feel your Doctors surgery (for example, the waiting area) and staff are welcoming to LGBTQ+ people?

- Yes
- No
- Not sure

Please can you tell us how this could be improved

27. How important is it to you that there are gender neutral toilets? 1 being not important and 5 being very important - please rate.

1

4

2

5

3

28. Do you feel the staff at your Doctors (GP practice) are aware of other local services that may be able to support you?

Yes

No

I haven't asked them

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

5. EQUALITY MONITORING

30. What sex are you?

- Male
- Female
- Intersex
- Prefer not to say

31. What is your gender?

32. How old are you?

33. Which country were you born in?

34. What is your ethnic group?Asian or Asian British:

- Indian
- Pakistani
- Bangladeshi
- Chinese

Other Asian background (please specify)

Black or Black British:

- Caribbean
- African

Other Black background (please specify)

Mixed or multiple ethnic groups:

- White and Black Caribbean
- White and Black African
- White and Asian

Other mixed background (please specify)

White:

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

Other ethnic groups

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

35. Do you consider yourself to be disabled?

- Yes
- No
- Prefer not to say

36. Type of impairment: Please tick all 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 / having a serious visual impairment or being deaf / having a serious hearing impairment)
- Mental health condition**
(such as depression or schizophrenia)
- Learning Disability**
(such as Downs syndrome or dyslexia) or 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

37. 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

38. Are you pregnant?

Yes

No

Prefer not to say

39. Have you given birth in the last 6 months?

Yes

No

Prefer not to say

40. Please select the option that best represents your sexual orientation?

Bisexual

Other

Gay

Prefer not to say

Heterosexual/straight

Asexual

Lesbian

Questioning

Pansexual

This engagement will last for six weeks.

The closing date for all responses is Midday on [Monday 17 June 2019](#).

**FREEPOST RLTG-JAYY-ZSR
ENGAGEMENT TEAM
NHS Calderdale Clinical Commissioning Group
5th Floor F Mill Dean Clough
HALIFAX HX3 5AX**

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

APPENDIX – PRIDE ARTWORK FROM IDENTITY YOUTH GROUP

Below is a selection of artwork produced by the young people who attend Identity Youth Group. The artwork was produced and will be displayed during PRIDE festival. It was also agreed to be shared in the report for the CCG to gain further understanding of young people's thoughts and feelings surrounding their identity and the challenges they face.

