

Salford Pride in Practice Project

End of Project Evaluation April 2015



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Salford ***Pride in Practice*** was a partnership project delivered by LGBT Foundation and Salford CVS. It was funded by Salford Clinical Commissioning Group.

Pride in Practice is a quality assurance service that strengthens and develops a GP Practice's relationship with their lesbian, gay and bisexual patients within their local community. The Salford project ran for 12 months commencing April 2014 and offered opportunities to all Salford GP Practices to engage. The Salford project also involved volunteers to gain user perspectives and test the implementation of the award. The project had some key successes which are identified below. Following on from this are commitments towards creating further impact to improve the experiences of and health outcomes for lesbian, gay, bisexual and trans people in primary care across Salford.



Key project achievements:

- 58% of all GP Practices in Salford were actively engaged with ***Pride in Practice*** through this Project.
- 6 Salford GP practices gained the full ***Pride in Practice*** award for delivering an inclusive healthcare service to their patients, 4 of these gained the award at Gold level. The practices achieving the award were: The Gill Medical Centre, Walkden; Gannvir Practice, Eccles; The

Homeless Medical Project; Salford 1, Langworthy; Little Hulton Health Centre; Willow Tree Healthy Living Centre.

- 86% of GP Practices completing the supported assessment, then went on to implement sexual orientation monitoring.
- There was a 7% increase of patients who said they would or had disclosed their sexual orientation to their GP (measured in the **Pride in Practice** GP experience survey in 2014 – progress from a 2013 baseline).
- 1 out of 16 Salford respondents to the **Pride in Practice** GP experience 2014 survey said they were referred to LGB specific services, whereas none reported being referred or signposted to services in the survey in 2013.
- 100% of health professionals attending training reported their knowledge and confidence had increased around the subject.
- Approximately 1 in 5 of those users who had access to the **Pride in Practice** compendium, accessed the resource; with an average of 42 pages viewed by each user, with multiple re-visits.
- A core team of 4 volunteers (3 of whom are Salford residents) were engaged by the project in evaluating the effectiveness of services from an LGB patient perspective. Volunteers have learnt and gained skills from this process and gone on to further volunteering opportunities:



I have learnt so much about healthcare in relation to LGBT people. It's given me awareness of other voluntary work too and a huge boost of confidence.



Feedback from Salford patients on *Pride in Practice*:

My practice has the 'here if you need us' LGF [LGBT Foundation] leaflets. The[y] made me smile and instantly more relaxed.

Patient from Willow Medical Practice on LGBT Foundation's Directory



Feedback from Salford GP Practices on *Pride in Practice*:

You really engaged with our staff and created the space in which we could easily discuss topics which some people may not be comfortable with and allowed us all to reflect on our practice and identify ways in which we can bring down the barriers to gay, lesbian and bisexual people in being able to get the best out of our services.

Neil Turton, Salford Health Matters



Salford Health Matters GP Practice with their *Pride in Practice* Gold Award

Commitments and Recommendations:

As a result of assessing the impact of and learning from the 12 month Salford Pride in Practice Project the following commitments and recommendations are made:

Commitments from LGBT Foundation and Salford CVS:

1. LGBT Foundation will enable GP Practices in Salford to access the ***Pride in Practice*** online compendium for one further year (April 2015-March 2016)
2. LGBT Foundation will continue to provide telephone support to GP Practices via the professional helpline.
3. LGBT Foundation will continue to support GP Practices to access LGBT targeted resources.
4. ***Pride in Practice*** will deliver a training session at each GP Neighbourhood Cluster if given the opportunity in the next 6 months (by October 2015).
5. Salford CVS and LGBT Foundation will continue to work in partnership to provide the best volunteer opportunities for service users.
6. Salford CVS and LGBT Foundation will continue to support and channel volunteers' desires to change primary care and wider healthcare services, facilitating ways in which the volunteers can become greater community assets and empower them to provide a voice for LGBT people within Salford and the wider community.

Recommendations:

In line with recommendations of the Salford LGBT needs assessment, there are a number of recommendations from this project.

1. This report is read by:

- Salford Health & Wellbeing Board
- NHS Salford CCG
- Salford Public Health
- Salford GP Neighbourhood Clusters
- JSNA Executive team
- LGBT Multi Agency Forum
- Salford Health Watch

2. NHS Salford CCG enables *Pride in Practice* attendance at the GP Neighbourhood meetings within the next 6 months (by October 2015). For Salford CCG to ensure engagement from medical clinicians in this key issue of health inequality it is essential that training and exposure to ***Pride in Practice*** is mandatory. A patient reported in the GP survey in 2014 that she was told because she was having sex with only women she was not at risk of STIs. This demonstrates the need for further training of Salford's clinical staff about the medical needs of LGB people.

3. *Pride in Practice* is jointly commissioned by Public health and NHS Salford CCG to work with further GP Practices enabling more of them to engage with the self-assessment and to go on and achieve the award. The service should also be developed to include work with Brook, Salford's sexual health service targeting young people; as recommended by Salford's LGBT Youth Group. Delivery should include on-site training for clinicians and non-clinical staff. It could also lead in Greater Manchester on piloting the development of a Trans inclusive model of ***Pride in Practice***, thereby responding to the Salford LGBT Needs Assessment recommendation that,
*“Information regarding the needs of Trans people should be given in *Pride in Practice* or through a similar mechanism”*

The implementation of recommendations 2 and 3 as above would assist with the implementation of additional key Salford LGBT JSNA recommendations:

*“Continue to increase the number of GP Practices involved in *Pride in Practice*”*

Developing primary care staff *“to have cultural competence to support LGBT people”*

Address (rather than acknowledge) *“the probable role of stigma in poorer mental health for LGBT people.”*

Across the North West **Pride in Practice** has trained almost 1000 medical staff in the past year with 100% reporting that they would recommend the training. The training could also lead to a greater utilisation of the **Pride in Practice** resources and support services at LGBT Foundation. This would support another key Salford LGBT JSNA recommendation:

“Continue to Develop Making Every Contact Count (MECC) messages to signpost any LGBT individual to specific local LGBT support / groups as part of the referral process”

6% of LGB patients from the Pride in Practice GP survey reported being signposted to LGB specific services. There should be an aim for this to increase and this could be achieved by resourcing **Pride in Practice** to proactively engage with all GP Practices in Salford.

4. HIV testing is increased, thereby reducing the number of people undiagnosed or with late diagnosis of HIV infection.

This project strongly supports Salford City Council’s commitment to work with partners to reduce undiagnosed and late diagnosis of HIV. Other partners are encouraged to formally adopt this commitment and to work together to commission specific targeted workshops about HIV that discuss;

- the importance of testing,
- barriers encountered about testing,
- practical ways in which GP Practices can discuss and promote HIV testing to all patients.

Following the best practice guidelines produced by British Association of Sexual Health & HIV (BASHH) would greatly improve the uptake of various testing services such as postal kits, LGBT Foundation’s testing services, and testing services at GUMs. Such an approach would also increase the likelihood of GP Practices routinely offering HIV tests as some practices do within Greater Manchester.

5. Salford Primary Care providers to undertake routine sexual orientation monitoring.

A continual theme throughout the Salford LGBT Needs Assessment report was the importance of sexual orientation monitoring (SOM). This would help:

- Identify communities of risk
- Ensure equal access to service
- Facilitate better service provision
- End discrimination

- Identify health inequalities

This project recommends making sexual orientation monitoring on the patient record mandatory for all Salford Primary Care providers and that this best practice and learning is carried through to wider services. Onsite training for both clinical and clerical staff to support them to implement monitoring and utilise the data effectively is essential.

Salford LGBT needs assessment was published in January 2015. It was reported that Salford's LGBT population is between 1,855 and 8,146 (although it may be higher). This is a higher proportion of the population than estimated for England as a whole, and is likely to be made up of a similar percentage of lesbian and bisexual women and a higher proportion of gay and bisexual men than nationally.

The report gathered evidence to determine the health and wellbeing needs of the LGBT population in Salford. It has been widely reported that LGBT people experience poorer health outcomes and health inequalities compared to their heterosexual peers. LGBT people experience health inequalities; which include:

- higher rates of mental health problems
- higher rates of STIs in men who have sex with men
- higher rates of drug and alcohol use
- higher rates of particular cancers
- lower uptake of screening programmes for particular cancers

The Salford LGBT needs assessment identified a list of recommended actions to take forward. Salford ***Pride in Practice*** supports GP Practices towards achieving many of the identified JSNA recommendations. These include but are not limited to:

- Developing Making Every Contact Count (MECC) messages to signpost any LGBT individual to specific local LGBT support / groups as part of the referral process.
- Developing primary care staff to have cultural competence to support LGBT people.
- Increasing HIV testing and reducing the number of people with undiagnosed HIV infection.
- Acknowledging the probable role of stigma in poorer mental health for LGBT people.

A continual theme through the JSNA report was the importance of sexual orientation monitoring (SOM) which Pride in Practice also enables GP Practices to understand and develop:



Crucial to understanding both the extent of inequalities and tracking progress in addressing these is accurate monitoring of sexual orientation so that outcomes in the LGBT population can be analysed. Currently sexual orientation monitoring is not conducted routinely across services. As long as LGBT people continue to be invisible, they are at continued risk of poorer outcomes.

Pride in Practice is a quality assurance service that strengthens and develops a GP Practice's relationship with their lesbian, gay and bisexual patients within their local community. Endorsed by The Royal College of GP's, ***Pride in Practice*** is a support package that enables GP Practices to effectively meet the needs of their lesbian, gay and bisexual patients; reducing heteronormative service delivery and improving health outcomes.

Pride in Practice has been designed to make life easier for clinicians, practice managers and staff. It works in partnership with the practice team providing on-going, regular support through a dedicated account manager and a suite of accessible resources. ***Pride in Practice*** enables GP Practices to evidence their commitment and compliance with the General Medical Council Good Practice Guidelines and the Equality Act 2010 and demonstrates the practice's commitment and dedication to ensuring a fully inclusive patient-centred service. The award is attained through a focussed self-assessment process which highlights the practice's strengths and any areas where The Lesbian & Gay Foundation may be able to offer development support.

Pride in Practice provides:

- resources and practical support to deliver an inclusive service for lesbian gay and bisexual patients.
- lesbian gay and bisexual patient's insight so GP's can be proactive about lesbian gay and bisexual patient needs.
- promotion of GP practices within the lesbian, gay and bisexual community to reduce the perception of homophobia and biphobia.

Pride in Practice encourages:

- Implementation and practical application of sexual orientation monitoring data.
- more lesbian gay and bisexual patients to access primary care services;
- lesbian, gay and bisexual patients being more open and trusting; reducing the length and number of lesbian gay and bisexual patient's consultations.
- higher quality of service; could positively influence results from the soon to be introduced friends and family test results.
- use of the ***Pride in Practice*** model can be replicated for other equality strands.

Why has ***Pride in Practice*** been developed?

Lesbian, gay and bisexual people have told the LGBT Foundation that it is important to them to be open and honest about their sexual orientation with their GP. LGBT Foundation's service users have reported wanting to visit GPs where they feel safe and able to be open and honest about their sexual orientation. They want to have a GP that recognises, understands and acts upon their individual needs.

Pride in Practice is a simple way for GP Practices to inform their patients that they understand them and they can trust them.

- 1 in 5 lesbian, gay and bisexual patients identify that their sexual orientation is a factor in them delaying accessing health services. (Richardson, Jo. 2010)
- 1 in 4 lesbian, gay and bisexual people are not out to any health professionals. (NHS Wirral, 2012)
- Lesbian, gay and bisexual patients are twice as likely to report they have no trust or confidence in their GP. (National GP Survey 2012)
- If lesbian, gay and bisexual people have experienced discrimination at any point, their fear of further discrimination will often prevent them from speaking out. (D.Herda 2013)

The Salford LGBT needs assessment supported these research findings and highlighted the health inequalities faced by LGB people. If lesbian, gay and bisexual people in Salford are not accessing primary care or are not open and trusting about specific health issues when they do, how can practice staff be equipped to provide an equal quality of service? ***Pride in Practice*** aims to address the health inequality issues.

	BRONZE	SILVER	GOLD
Achieving a good standard of LGB awareness, including prevalence rates of various conditions, importance of inclusive language and knowledge of LGB specific services.	✓	✓	✓
There are publically displayed posters/messages targeted at lesbian, gay and bisexual people.	✓	✓	✓
The practice has implemented sexual orientation monitoring of patients.		✓	✓
The practice has demonstrated that sexual orientation monitoring is being used to improve LGB patient experience/address health inequalities.			✓

All the awards should be highly celebrated because GP Practices are very busy and pressured, so the commitment to take the time to engage in **Pride in Practice** should be applauded.

An award does not guarantee that every staff member within the practice will get things right 100% of the time, but they are committed to delivery excellence in lesbian, gay and bisexual healthcare.

LGBT Foundation, in partnership with Salford CVS & Volunteer Centre was funded by Salford CCG to deliver the Salford *Pride in Practice* Project. LGBT Foundation ambitiously aimed to deliver Salford *Pride in Practice* to all 55 Salford GP Practices with a target engagement figure of 75%.

This work involved:

- marketing of *Pride in Practice*
- supported assessment against *Pride in Practice* award criteria at registration of the GP Practice
- tracking and monitoring of engagement from individual practices
- GP Practice recognition
- conducting the Salford GP Patient Survey
- training for NHS Salford CCG and GP Practices at four neighbourhood meetings
- the recruitment, induction and training of volunteers and their engagement in the project activities including mystery shopping of GP practices

The Salford *Pride in Practice* service was launched in a presentation to GP Practice Managers at their meeting on 30th March 2014. The meeting resulted in many attendees requesting further information and resources. All attendees who provided their contact details, were emailed their unique link to the online Compendium. An introduction email, including their link to the compendium was issued to those unable to attend the meeting. Unfortunately, very few practices responded to this email so the *Pride in Practice* Manager phoned and sent further emails to individual practices to arrange supported assessments and face to face meetings.

Pride in Practice supported assessments were completed with at least two clinical staff, and the practice manager; ideally the whole practice was engaged on face to face basis at some point. The assessment consists of 26 questions of which 25 are yes/no (Appendix 1 details all the questions in the assessment, and the reason behind the question, and the answer). The assessment allows time and space for reflection of service delivery and an opportunity to discover strengths and areas for development. Areas for development were often discussed and resolved during the assessment, whereas other actions such as introducing SOM took place over a number of weeks following the assessment. Equality & Diversity Policies were also reviewed outside of the assessment.

Following the assessment and actions the GP Practices were presented with their **Pride in Practice** award. This involved the **Pride in Practice** Manager going to the GP Practice and presenting the award with flowers and a report. The presentation was photographed and a press release produced. Articles went online and practices were celebrated for their achievements. A breakdown of progress with GP Practices in Salford is provided at Appendix 2.

Once practices had achieved their awards, Salford Pride in Practice volunteers visited GP Practices to ensure that:

- LGB positive affirmative posters were publically displayed.
- Practices that said they were now monitoring SOM, had the question included on new patient forms.
- The practice Equality & Diversity Policy had a zero tolerance policy specifically mentioning biphobia and homophobia.
- The staff were aware of LGBT Foundation, and the services it provides.

All staff from GP Practices were also invited to health conferences hosted by LGBT Foundation throughout the year, including LGBT Foundation's Male Cancer resource launch, 'A comprehensive service to all?', and the 1st National Prostate Cancer Conference focusing on gay and bisexual men and Trans women.

The GP Experience survey was conducted across Greater Manchester in 2013 and again in 2014. The survey was available online for 3 months and hard copies were handed out both from LGBT Foundation building and at Peel Picnic on 27th July 2014 by the **Pride in Practice** Manager and staff from Salford CVS. The results from this survey were used to assess the impact of the Salford **Pride in Practice** project.

The volunteer aspect of this project provided sustainable benefits for the volunteers themselves and the wider community. 4 volunteers were actively engaged and all reported the project had benefited their knowledge and understanding of the LGBT community and all said they will carry on volunteering.

Why involve volunteers?

The aim of the Salford PIP Volunteer Project was to recruit, train and support a small team of Salford based volunteers. The volunteer team was trained and supported by the Salford Volunteer Centre Project Worker, in liaison with the Pride in Practice Manager. Their task was to carry out mystery shopper and promotional volunteering in order to provide feedback about those Salford GP Practices who had been awarded with PIP and to encourage more GPs to get involved.

The aim was, in addition, to provide a legacy from the project in order that further LGB focussed work would continue to develop across Salford and so that individuals from the volunteer team would be supported to progress and develop in their volunteering or future aspirations. A key aim of the project was to encourage more lesbian, gay and bisexual people in Salford to become active in volunteering for PIP in Salford, whilst at the same time, making the project open to everyone. In this, the project was successful. Most of the promotional literature was targeted in an effort to particularly welcome applicants from the LGB communities, but people from all communities were welcome to apply.

A core team of 4 volunteers was recruited in the period September to October 2014. 3 of the 4 are residents of Salford. Of the 4 volunteers who joined the project, 1 saw the advert via the transgender Press for Change network; 1 applied when the VC project worker visited the Beacon LGBT Youth Group; the other 2 came via the VC and Do-it volunteering website.

Recruitment was both targeted and far spread. The recruitment methods included A4 and A5 flyers (example Appendix 4); promotion via SCVS and LGF websites; Salford Volunteer Centre mail-outs and the national Do-it recruitment website; Salford University's volunteering portal; promotion to the LGB/T networks in Salford including Out in Salford; targeted social media, including twitter and Facebook; promotion by the SCVS development team; and an additional visit by the Volunteer Centre Project Manager to the Healthy Communities Collaborative East Salford Men's Group who had voiced an interest in PIP. Once the volunteer team had been recruited, they too carried on promoting the opportunity within their own networks.

The selection process was carried out in line with good practice and included: a simple application form and equal opportunities form; a tailored role description for the project; the application for two references; and a face to face interview. Once recruited, each volunteer also had a one to one Induction session with the VC project worker, to outline their key roles and responsibilities as a volunteer with SCVS and on the PIP project.

All volunteers then attended a 2 hour PIP Induction at the LGBT Foundation, delivered by the PIP Project Manager. This introduced the team to the aims of PIP; familiarised them with key aspects of LGBT health needs and explained the scope and timetable for the mystery shopper and promotional volunteer role. The induction used a range of methods, including interactive quiz; discussion and presentation, in order to be both accessible and informative.

Support and development: In recognition of the evidence of exclusion often facing LGB and T volunteers, a key approach to forming a small team of volunteers was to ensure that individuals were given the right type of support in order to enjoy a positive, safe and fulfilling volunteering experience. The 2 volunteers who identified as LGB or T had specifically chosen to volunteer on this LGB/T focussed project so that they would feel accepted, valued and safe. The VC Project Worker stayed in close touch with each volunteer on a weekly, sometimes more frequent basis via each volunteer's medium of choice, whether email, Facebook, text or catching up over a cuppa. Volunteering was in the main carried out as a group or in pairs, unless the person wanted to volunteer independently. When meeting at the LGBT Foundation, the VC Project Worker either travelled with, or met up with volunteers who wanted this support. Nearing the end of this phase of the project, SCVS invited the volunteers to attend an evaluation and recognition event in order to take forward their learning from the project and to acknowledge the value of their contribution (appendix 5).



Pride in Practice volunteers receiving their certificates of recognition

Meet our volunteer team: case studies

Joanne is a transwoman, living in Salford who wanted to volunteer within the LGBT community in order to give back and also to feel welcomed and safe. As a volunteer, Joanne has been involved in all aspects of the project from the start, including: attendance at 3 project meetings at the LGBT Foundation; a day helping the LGBT Foundation to distribute safer sex materials across Greater Manchester; a day distributing promotional information to 9 GP's in Salford; volunteering at Heart of Salford Awards; assisting at the LGBT Foundation's health conference in January. Joanne has also played the role of a transwoman going for a first consultation, in a presentation to the LGBT Foundation Prostate Cancer conference in March 2015. Joanne is becoming a Befriender volunteer to another trans-person with the LGBT Foundation and would like to continue volunteering with SCVS. She would also like to become involved in the Salford Reds LGBT sports project and the Angel Centre's new LGBT Radio Project.

Tom is a young gay man who had been volunteering at Salford's Beacon Centre LGBT Youth Group. SCVS had done some work supporting this Youth Group for the Manchester Pride Float 2014, so there was already a connection there when the VC Project Worker paid a visit to the group to tell them about Pride in Practice. Tom had been wanting to develop his volunteering for ages but said he lacked the confidence. Since joining the team, he has taken part in the Mystery Shopping volunteering; helped the VC project worker leaflet for more volunteers in the Gay Village, Manchester; assisted the SCVS staff team at the Heart of Salford Awards; volunteered for a day with LGBT Foundation distributing Safer Sex packs; and attended 2 project meetings at LGBT

Foundation. Unfortunately Tom was very ill for a month at the beginning of this 2015 but is now much better and very eager to continue with his volunteering. He would like to volunteer with the Village Angels in Manchester and would like to continue volunteering with SCVS. The Project aims to support Tom to do this.



I can't wait to start more volunteering. Really looking forward to it 😊.

Kirsty is a young woman who works as an Intensive Care Nurse. She was looking for some volunteering work, partly to meet new people and she thought the **Pride in Practice** project looked interesting, so became involved. Despite her extremely busy work life Kirsty has brought real enthusiasm to her volunteer role with the project. Kirsty was involved with the Mystery Shopping volunteering; the 3 project meetings at the LGBT Foundation; and the Health Conference at the LGBT Foundation. She feels she has gained invaluable knowledge and has become much more aware of the needs of LGBT patients, through being involved with the project. Kirsty wants to continue volunteering with the project and feels passionately that LGBT issues should be given more focus in nursing training and development.



I've learnt so much from this experience. My knowledge of LGB issues has expanded and meeting new people and situations has increased my confidence. I would recommend it!

Beth is completing her criminology degree at Salford University; she also works part time as a care worker for the elderly. She was looking for some volunteering to increase her experience and so joined the team. She took part in the Mystery Shopping volunteering; she attended 2 of the Project meetings at LBT Foundation; and also volunteered at the Health conference at the LGF. Beth is passionate about fairness and about helping people stay safe. Her ambition is to join the police force. She was encouraged by the Project Worker to find out about volunteering as a Village Angel at LGBT Foundation as this might be very valuable relevant experience. Beth has already started her initial volunteering as a Village Angel and says she loves it. She is very grateful for the support she has gained through the PIP project in helping her to develop her confidence and move forward. She is also interested in the Salford's Reds LGBT sports project.



Brilliant experience. I have learnt so much about healthcare in relation to LGBT people. It's given me awareness of other voluntary work too and a huge boost of confidence. Great- met lovely people.

The impact created by this project indicates an immediate greater positive experience of LGB patients in Salford as well as the potential for improved health outcomes in the longer term. There has also been wider impact through the involvement of volunteers.

Rise in use of LGBT Foundation's professional helpline:

LGBT Foundation has seen a rise in health professionals calling the helpline for guidance and advice steadily over the past year, with peaks after training sessions and conferences. The clinicians have the confidence and knowledge to contact LGBT Foundation to ensure they are providing the correct advice or sign posting correctly.

Use of the Compendium:

The compendium (which has been through Information Standard process) is available both online and in hard copies to all practices in Salford.

- Approximately 1 in 5 of those who have access to the compendium, are accessing the resource:
- An average of 42 pages viewed by each user, with multiple re-visits.
- The pages of most interest: Sexual Orientation Monitoring (SOM), Additional services (referral pathways and posters), domestic violence and women's sexual health.

Increased understanding and knowledge:

100% of health professionals attending training reported their knowledge and confidence had increased around the subject. Many clinicians were aware of the health inequalities faced by the LGB population regarding the higher prevalence of certain conditions, but were unsure of how this information should impact on the service deliver in their practices. Salford ***Pride in Practice*** enabled GP's to reflect on practice issues e.g. recommending to all GP practices that one male clinician in each practice should be able to conduct cervical screening and that the Chaperone Policy should read: "the gender of the chaperone should ideally be the gender that the patient requests" not "the gender of the chaperone should be the same gender as the patient".

Increased referrals to specialised services:

6% of Salford respondents to the Pride in Practice GP experience 2014 survey said they were referred to LGB specific services, whereas none reported being referred or signposted to services in the survey in 2013.

Many clinicians are unaware of the specialist services that are available to their patients, and more importantly there is a lack of understanding why LGB specialist services exist. Even when clinicians in Salford knew about LGB services, they were often unsure why a patient would want to access such a service. Furthermore clinicians said they would often not offer LGB specific services due to concerns of causing offence.

Through the supported assessments and face to face meetings ***Pride in Practice*** recommends offering LGB specific services alongside mainstream services and allowing the patient to choose. Many Salford GP Practices promote LGBT Foundation's Helpline, a service that can call patients who have been referred, and discuss options with them.

Through sharing LGB patients' negative perceptions of mainstream services (for example mental health, which historically has pathologised homosexuality), ***Pride in Practice*** helps clinicians to understand why their patient might be more comfortable, and more likely to successfully complete treatment or processes with the support of an LGB specific service.

Impact of LGB services promotion:

LGBT Foundation receives regular feedback that many health settings across Greater Manchester will not display the organisation's helpline poster. This often occurs in GP Practices where there is a high percentage of black minority ethnic (BME) patients, and/or patients of faith. The practice staff often say they are fearful that their patients will be offended by the poster. However, by sharing knowledge such as, highlighting that suicide attempts are almost twice as high in the BME gay and bisexual population compared to the gay and bisexual population in general, the project shows that people who fall into more than one protected group under the Equality Act 2010, could be in even greater need of support. The greater the hostility towards LGB targeted materials in the GP Practice, the greater the need for the helpline poster.

At the practice managers meeting in April 2014, attendees took multiple resources including 48 posters, as well as some additional materials and LGBT Foundation produced resources. The power of displaying LGB affirmative posters in public areas cannot be underestimated. This quote is from Martin who was struggling to come to terms with his sexual orientation after being met with rejection from his family and his Jewish community. He was in a really dark place and was thinking of ending his life, he was feeling very alone. He then remembered seeing LGBT Foundation's poster up at his GP and decided to speak to his doctor, who supported him to get the help he needed.



I wouldn't have had the confidence to speak to my GP without the poster being up. I am encouraging every GP Practice to have a poster displayed prominently: it could change the life of someone else like me. The LGF [LGBT Foundation] saved my life.

Martin. 50 years old.



My practice has the 'here if you need us' LGF [LGBT Foundation] leaflets. The[y] made me smile and instantly more relaxed.

Patient from Willow Medical Practice on LGBT Foundation Directory

Increased HIV awareness:

The ***Pride in Practice*** assessment specifically asks GP Practices if they know what the HIV rate in Salford is. Many clinicians reported that they knew the rate was high but were not clear on the figure. **Salford's HIV rate is more than four people per thousand; the second highest outside of London.**

The clinicians were rarely aware of the British Association of Sexual Health guidelines regarding such a high prevalence rate. The guidelines recommend HIV testing for all new patients registering with a GP Practice in an area where the prevalence rate is over two per thousand. Through ***Pride in Practice*** engagement this information was provided and although on the ground it was stated it was impractical to offer everyone an HIV test at the practice, signposting people to GUM services was discussed and received positively...

Patient choice in physical examinations:

Sharing LGB patients' insight and experiences of health care with GP practices in Salford, has led to changes of standard practice. For example, sharing feedback from some LGB patients about their desire to have physical examinations such as cervical screening, breast examinations, prostate and rectal examinations completed by clinicians of the opposite gender. Often patients do not have the opportunity to choose the gender of their healthcare professional, or are met with a lack of understanding when the topic is raised. This can result in patients having more distressing examinations, delaying medical consultations or avoiding consultations altogether. ***Pride in Practice*** shared this information and recommends to all GP practices that one male clinician in each practice should be able to conduct cervical screening and that the Chaperone Policy should read: *"the gender of the chaperone should ideally be the gender that the patient requests"* not *"the gender of the chaperone should be the same gender as the patient"*.

Increased LGBT Community engagement through volunteering:

A core team of 4 volunteers (3 of whom are Salford residents) were engaged by the project in evaluating the effectiveness of GP services from an LGB patient perspective. Each volunteer has learnt from this process and gone on to further volunteering opportunities:



I have learnt so much about healthcare in relation to LGBT people. It's given me awareness of other voluntary work too and a huge boost of confidence.

Salford East Men's Group

The project also brought together **Pride in Practice** and The Salford's East Men's. The men's group attended a 2hour workshop delivered by **Pride in Practice** and provided a platform for an exchange of best practice, knowledge and understanding. This community engagement has potential to grow and to provide further opportunities to address LGBT health issues in the future.

During the 12 months of delivering Salford ***Pride in Practice***, a number of learning points have arisen which are recorded here to enable improvements in future practice.

Training at GP neighbourhood meetings:

Attempts were made to deliver training at the GP neighbourhood meetings, which are attended by clinicians. This would have provided ***Pride in Practice*** with an ideal opportunity to engage directly with practicing GPs from across Salford, introducing the opportunity of support from the ***Pride in Practice*** project. However, it was difficult to gain entry to these meetings through project contacts in the CCG. It was fed back that there was no possibility of a workshop or presentation at neighbourhood meeting or at the strategic clinical event, but instead only an opportunity to host a stall at the latter. This meant that the ***Pride in Practice*** service was only effectively promoted in person to Practice Managers at the practice managers meeting in April 2014.

The plan to deliver training at the neighbourhood meetings was not only an excellent opportunity to share best practice and provide needed training, but also as an excellent platform to promote and encourage active engagement with ***Pride in Practice***. It is commonly reported that GP Practice staff feel benefits can only be gained from engaging with ***Pride in Practice*** if a surgery is biphobic or homophobic; when actually it has far greater benefit if the practices that engage puts patient experience and health outcomes at the centre of their work, and is committed to delivering excellent service to all patients.

This resulted in the Practice Managers being the sole champion of ***Pride in Practice***, having to convince the rest of their team to engage in ***Pride in Practice*** and utilise the available resources, rather than sharing this responsibility with clinicians who had also been the recipients of information sessions.

Capacity of Practices to respond within the 12 month project

Some Practice Managers reported they have a very pressurised work load; such as merging practices (for example Newbury Green Medical Practice and Dr C B Warburton). This meant that there was not the possibility of working with ***Pride in Practice*** until this process was complete. In the case of Newbury Green Medical Practice the practice manager suggested re-contacting the practice in summer 2015.

Training for non-clinical staff

The ***Pride in Practice*** service that the CCG funded did not include training onsite for all staff. This meant that the service did not reach all staff including the reception and clerical teams. On reflection it is these staff that patients first come into contact with, who often telephone patients and who have to deal with patients in the waiting area and therefore who intervene if there are any incidents between patients; such as negative reactions to same sex couples holding hands or if any LGBT resources are visible in public areas. This limited the impact of the project which became apparent during the mystery shopping conducted by volunteers in November 2014.

The Mystery Shopping of 5 GP Practices was carried out by 3 of the volunteer team in November 2014. The team were briefed on the aim of their role and on the data collection tool. They went into each surgery in pairs so as not to be intrusive and to also gain from a shared experience. Their key task was to gain and record an impression of how 'welcoming' the surgery environment was and to gauge 'knowledge of local LGB services' amongst reception staff.

In this task, the project really gained from having a team of volunteers who could bring specific 'service user' perspectives to the mystery shopping, giving valuable insights into the impact of the ***Pride in Practice*** award process. The volunteers were specifically looking out for any key positive signs of an environment that welcomed and acknowledged LGB patients, e.g. the clear display of the LGBT Foundation helpline poster and display of the ***Pride in Practice*** award certificate.

In relation to this Impact measurement, the teams' findings were variable, ranging from comments at one GP that:

'Reception staff were very friendly and happy to give us time' to, 'Staff had no time for us, unhelpful, too busy, wouldn't give us the time of day', at another centre.

The volunteer team were surprised and very disappointed that they only saw the ***Pride in Practice*** awards and certificates clearly on display in one of GP reception areas. The award and certificate were one of the key indicators they were looking out for as mystery shoppers. In 2 practices they were told that the award was being shared between 2 sites. In another practice, after some initial confusion the team were invited into a separate room by the Practice Manager and were shown into a GP's room to see the helpline poster on display, and to talk to a GP who had been involved in the award process. The team were very pleased to see the LGBT Foundation helpline poster prominently displayed in 3 of the other GP reception areas and to also see LGBT Foundation safer sex packs visible in 2 of the GPs. The mystery shopper volunteers fed back to the Project Worker that the impact of

displaying the LGBT Foundation helpline poster in a reception area, in giving a strong welcoming message to LGBT patients, could not be underestimated.

As a result of assessing the impact of and learning from the 12 month Salford Pride in Practice Project the following commitments and recommendations are made:

Commitments from LGBT Foundation and Salford CVS:

1. LGBT Foundation will enable GP Practices in Salford to access the ***Pride in Practice*** online compendium for one further year (April 2015-March 2016)
2. LGBT Foundation will continue to provide telephone support to GP Practices via the professional helpline.
3. LGBT Foundation will continue to support GP Practices to access LGBT targeted resources.
4. ***Pride in Practice*** will deliver a training session at each GP Neighbourhood Cluster if given the opportunity in the next 6 months (by October 2015).
5. Salford CVS and LGBT Foundation will continue to work in partnership to provide the best volunteer opportunities for service users.
6. Salford CVS and LGBT Foundation will continue to support and channel volunteers' desires to change primary care and wider healthcare services, facilitating ways in which the volunteers can become greater community assets and empower them to provide a voice for LGBT people within Salford and the wider community.

Recommendations:

In line with recommendations of the Salford LGBT needs assessment, there are a number of recommendations from this project.

1. This report is read by:

- Salford Health & Wellbeing Board
- NHS Salford CCG
- Salford Public Health
- Salford GP Neighbourhood Clusters
- JSNA Executive team
- LGBT Multi Agency Forum
- Salford Health Watch

2. NHS Salford CCG enables *Pride in Practice* attendance at the GP Neighbourhood meetings within the next 6 months (by October 2015). For Salford CCG to ensure engagement from medical clinicians in this key issue of health inequality it is essential that training and exposure to ***Pride in Practice*** is mandatory. A patient reported in the GP survey in 2014 that she was told because she was having sex with

only women she was not at risk of STIs. This demonstrates the need for further training of Salford's clinical staff about the medical needs of LGB people.

3. ***Pride in Practice*** is jointly commissioned by Public health and NHS Salford CCG to work with further GP Practices enabling more of them to engage with the self-assessment and to go on and achieve the award. The service should also be developed to include work with Brook, Salford's sexual health service targeting young people; as recommended by Salford's LGBT Youth Group. Delivery should include on-site training for clinicians and non-clinical staff. It could also lead in Greater Manchester on piloting the development of a Trans inclusive model of ***Pride in Practice***, thereby responding to the Salford LGBT Needs Assessment recommendation that,
“Information regarding the needs of Trans people should be given in Pride in Practice or through a similar mechanism”

The implementation of recommendations 2 and 3 as above would assist with the implementation of additional key Salford LGBT JSNA recommendations:

“Continue to increase the number of GP Practices involved in Pride in Practice”

Developing primary care staff *“to have cultural competence to support LGBT people”*

Address (rather than acknowledge) *“the probable role of stigma in poorer mental health for LGBT people.”*

Across the North West ***Pride in Practice*** has trained almost 1000 medical staff in the past year with 100% reporting that they would recommend the training. The training could also lead to a greater utilisation of the ***Pride in Practice*** resources and support services at LGBT Foundation. This would support another key Salford LGBT JSNA recommendation:

“Continue to Develop Making Every Contact Count (MECC) messages to signpost any LGBT individual to specific local LGBT support / groups as part of the referral process”

6% of LGB patients from the Pride in Practice GP survey reported being signposted to LGB specific services. There should be an aim for this to increase and this could be achieved by resourcing ***Pride in Practice*** to proactively engage with all GP Practices in Salford.

4. HIV testing is increased, thereby reducing the number of people undiagnosed or with late diagnosis of HIV infection.

This project strongly supports Salford City Council's commitment to work with partners to reduce undiagnosed and late diagnosis of HIV. Other partners are encouraged to formally adopt this commitment and to work together to commission specific targeted workshops about HIV that discuss;

- the importance of testing,
- barriers encountered about testing,
- practical ways in which GP Practices can discuss and promote HIV testing to all patients.

Following the best practice guidelines produced by British Association of Sexual Health & HIV (BASHH) would greatly improve the uptake of various testing services such as postal kits, LGBT Foundation's testing services, and testing services at GUMs. Such an approach would also increase the likelihood of GP Practices routinely offering HIV tests as some practices do within Greater Manchester.

5. Salford Primary Care providers to undertake routine sexual orientation monitoring.

A continual theme throughout the Salford LGBT Needs Assessment report was the importance of sexual orientation monitoring (SOM). This would help:

- Identify communities of risk
- Ensure equal access to service
- Facilitate better service provision
- End discrimination
- Identify health inequalities

This project recommends making sexual orientation monitoring on the patient record mandatory for all Salford Primary Care providers and that this best practice and learning is carried through to wider services. Onsite training for both clinical and clerical staff to support them to implement monitoring and utilise the data effectively is essential.

Name of GP Practice

.....

Date of completion

.....

Completed by

.....

Staff = All staff with direct patient contact (unless otherwise specified)

Policies / legal rights

1. Does your practice have a ‘zero tolerance’ policy regarding abusive behaviour or offensive language, which with specific reference homophobia and biphobia (aimed at or conducted by either patients or staff)?

This is a very clear way of communicating that your practice is a welcoming and safe environment for lesbian, gay and bisexual (LGB) people.

Reception environment / legal rights

2. Do all staff feel confident in enforcing the zero tolerance policy and challenging any homophobic or biphobic language or actions observed in the practice?

(NB if the practice answers ‘no’ to Q1, they cannot answer ‘yes’ to Q2)

Having a policy is one thing but the policy needs enforcing consistently by all staff. Often it is assumed that all staff know what counts as ‘homophobia’ or ‘biphobia’ but that is often not the case.

For example: in the event of teenagers using the term ‘gay’ as a negative term / instead of the word ‘bad’, do all staff count that as homophobic? Then you must consider the training staff receive on best practice when challenging homophobia or biphobia.

Furthermore you should consider how you measure people’s confidence in enforcing your zero tolerance policy. Is it via peer assessment, self-assessment etc? Is that method a valid reflection of an individual’s confidence?

3. Do your registration forms have a confidentiality statement included?

It is important that a patient feels confident that the information they share with practice staff is kept confidential. Reducing this concern and reassuring patients will build their trust and in turn make them more open with your practice staff.

Having a statement on registration forms (which is often the first occasion when you ask patients to divulge private and personal information) can be reassuring and therefore increase your chances of collecting more accurate information.

4. Are all patients that wish to be accompanied by another person (friend/partner/family member) during a consultation empowered to do so and have their companion made to feel welcome?

It is important that all patients are made to feel safe and confident during consultation. For some patients this means they may like to be accompanied by someone else.

To ensure fair and equal treatment of patients if someone's same sex partner accompanies them, that individual should be included and acknowledged in the same way as heterosexual partners would be.

It is important to not assume that if an LGB patient is accompanied by someone of the same sex it does not necessarily mean that are in a relationship.

Does your practice publicly display:

5. A statement of how often all staff receive equality and diversity training?

This is a very clear way of communicating that your practice is a welcoming and safe environment for LGB people. This is a key message for both LGB patients and all other patients.

6. A statement of how often your equality and diversity policies are reviewed and updated?

This demonstrates your practice's on-going commitment to ensuring that all staff are equipped with the skills, knowledge and understanding to meet the current needs of patients and staff.

7. A confidentiality statement in the waiting area?

It is important that a patient feels confident that the information they share with practice staff is kept confidential. Reducing this concern and reassuring patients will build their trust and in turn make them more open with your practice staff.

8. The Lesbian & Gay Foundation's helpline number?

LGB people have told us that they often scan service venues for clues to identify if the service will be inclusive for them.

Displaying leaflets, posters and magazines targeted at the LGB community is a very simple way of helping create a welcoming environment for LGB patients.

The resource pack ***Pride in Practice*** sends out to your practice will include information you can display. To receive more resources please contact your dedicated account manager or email pip@lgbt.foundation.

*9. Do all staff understand that not all patients will feel confident to correct an incorrect assumption of sexual orientation?**

For some patients correcting an assumption of heterosexuality will feel very easy and not affect the patient-clinician relationship. For some patients however, correcting an incorrect assumption of heterosexuality would raise anxiety levels and have a negative effect on the trust and openness of future consultations.

Medical consultations/ legal rights

10. Do all clinicians receive training on the prevalence and impact of conditions and issues that particularly affect lesbian, gay and bisexual communities, such as suicide idealisation and self-harming (in addition to HIV and sexual health)?

Frequently the prevalence and impact of various conditions differs in the LGB community compared to the rest of the general population. Often people are aware of the difference in HIV rates or STI but there are great differences across many aspects of health and wellbeing. Many of the differences are covered on the compendium for example:

13% of GB men have had a problem with their weight or eating in the last year compared to 4% of men in general.[1]

11. Do all staff have knowledge of evidence relating to the health of minority groups within the lesbian, gay and bisexual community?

It is important to recognise that people often fall into more than one protected characteristic. There is a lack of research and evidence into the minority groups within the LGB community, however some research is detailed in the compendium provided by Pride in Practice. For example:

7% of women over 25 years old have never had a cervical screen.[2]

15% of LB women over 25 years old have never had a cervical screen. [3]

19% of BME LB women of over 25 years old have never had a cervical screen. [4]

*12. Are all clinicians promoting cervical screening to all eligible women who are or have been sexually active (including those who have female partners) and to trans men who have cervixes?**

The NHS now recommends that all women of an eligible age (25-64) attend for regular cervical screening tests, regardless of sexual orientation or sexual history.

GPs and nurses should make it clear to all female patients of a relevant age that they should attend cervical screening appointments if they are or have ever been sexually active with men and/or women.

Furthermore medical professionals should be aware that trans men (biologically born females, who identify as men) may still have a cervix and thus cervical screening should still be discussed with them. Often these men are missed, especially if their gender has changed on legal documentation, and it is therefore critical that at the point of service the opportunity is taken to discuss the possible requirement of cervical screening.

*13. When in consultation with women of child bearing age and discussing sexual activity, do all medical staff in your practice ask questions identify the gender of sexual partner/s?**

One of the most frequent frustrations from LGB patients **Pride in Practice** receives is that very often health professionals presume heterosexuality until told otherwise. This leaves the LGB patient unsure of whether to correct the mistake (and be unsure of the response they will receive) or receive information or advice that may not be relevant to them. The most frequent reports of presumed heterosexuality are from LB women, who are exclusively sexually active with women, being asked about contraception (not safer sex practices).

Too frequently we hear reports of from LB who are immediately asked about the methods of contraception after answering that they are sexually active, but not before being asked about the gender of their sexual partner or partners.

*14. When providing safer sex advice or STI testing to patients, is the gender of their sexual partner or partners asked for?**

Using gender neutral language is important to ensure patients do not feel as though they are in a heterosexist environment. For example, the use of 'partner' instead of 'boyfriend/ girlfriend' or 'husband/wife'.

However there will be frequent times, especially when discussing sexual health, when the gender of sexual partners is required. Medical staff must ensure that the patient is offered the opportunity to disclose their partner's gender rather than having to correct an assumption.

For example:

Medical staff member: 'Are you sexually active?'

Patient: 'Yes'

Medical staff member: 'Are your partner or partners male, female or both?'

If challenged the staff member can simply answer:

"I did not want to presume your sexual orientation. I want to ensure I give you the most relevant medical information and advice".

Information gathered via this type of questioning could indicate:

- A male patient should be offered an STI screen that includes rectal and pharyngeal sites.
- A female patient who is having sex with women should be made aware of safer sex practices.

Remember! When promoting the use of dental dams for women who have oral sex with women, dental dam use should also be encouraged with heterosexual patients too. This is to ensure that no patient is receiving less favourable service and the message of safer oral sex is consistent.

*15. During consultation, are sexually active men who have sex with men, of whom their partner/s HIV status is unknown/positive, encouraged to have a HIV test at least once year?**

British Society for Sexual Health and HIV (BASHH) suggests that men who have sex with men should be tested annually or more frequently if clinical symptoms are suggestive of seroconversion or ongoing high risk exposure.

You can encourage testing during consultations. If a patient consents to have their contact details shared with **Pride in Practice** we can email them a reminder in 12 months' time, with details of general STI testing centres, that include HIV tests. If you do not have the referral form for patients to access this service please contact your dedicated account manager or email pip@lgbt.foundation.

*16. Do all clinicians know the latest prevalence rate of HIV in your area; rate per thousand as published by Health Protection Agency and the recommended best practice if the rate is above 2 per 1000 people?**

The Health Protection Agency advises that local authorities and NHS bodies with a diagnosed HIV prevalence greater than 2 per 1,000 population of 15-59 years should implement routine HIV testing for all general medical admissions.

If you do not know the prevalence rate your practice could be falling short of the Health Protection England guidelines.

To find out the HIV prevalence in your geographical area please use the link below:

http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1221722386448

Legislation / legal rights

17. Do all clinicians understand current legislation that gives same-sex couples with registered civil partnership status equivalent rights to married couples, including entitlement to decision-making regarding health and social care?

The government is hoping the first same sex marriage should go ahead in early summer 2014, therefore it is still important that medical staff are aware of the current legislation that states that a civil partner is always acceptable as next of kin.

18. When same-sex couples want information on parenting options, do all clinicians in your practice feel confident in discussing the legal frameworks and choices available to the couple?

For many people the first port of call for family planning advice is their GP practice, and therefore all medical staff need to be aware of the options that are available for same sex couples wanting family planning advice, and are able to sign post for further information.

New Family Social is a good contact for couples looking into adoption and fostering. They are a growing national charity that provides support and information for prospective and existing LGBT adopters and foster carers.

'A guide for gay dads'

'Pregnant Pause: A guide for lesbians on how to get pregnant'

19. Are all clinicians aware of the legal rights that same-sex couples have when deciding on their or their partner's child's health care?

It is important when dealing with the children of same sex couples that medical staff are aware of the extent decision making that that couples can have for their child.

Citizens Advice Bureau uses the following definitions:

Same-sex partners living together

A same-sex partner has no automatic parental responsibilities and rights for

their partner's children that they live with. However if a child is conceived by donor insemination or fertility treatment on or after 6 April 2009 a same-sex partner can be the second legal parent.

Civil partners

A civil partner does not have automatic parental rights over their partner's children but has a general duty to safeguard the health and welfare of children under 16 who live in the household. If a child is conceived by donor insemination or fertility treatment on or after 6 April 2009 a civil partner can be the second legal parent and have automatic parental responsibilities and rights towards the child.

Information provided under Questions 17, 18 and 19 are taken from the Citizens Advice Bureau.

Signposting and referrals

20. Do all staff have the knowledge, ability and confidence to signpost to potential sources of support and advice specific to the patients' sexual orientation, if appropriate or requested?

There is a continuing change of LGB specific services, especially in this climate when the difficulty in securing funding means local voluntary/community groups are ceasing. If you signpost to The Lesbian & Gay Foundation we can signpost patients to the services in their area.

If a patient is happy to have their contact details shared with The Lesbian & Gay Foundation, we encourage you to do so. Then we can call the patient to discuss the services they are looking for, rather than relying on the patient to make the first step.

21. Do medical staff have an awareness of whether or not there are referral pathways to local or relevant agencies that can provide specialist services and support to lesbian, gay and bisexual patients, and do they have the ability and confidence to refer?

The Lesbian & Gay Foundation can signpost patients to services however some organisations have specific referral pathways that if used can mean patients' needs can be met quicker, rather than going via The Lesbian & Gay Foundation.

If your Practice is based in Greater Manchester that are a number of services delivered by The Lesbian & Gay Foundation that require specific referral forms. If you are not aware of these please contact your dedicated account manager.

22. Do medical staff offer a choice between a mainstream service and an LGB-specific service (if available) when referring a patient for a service such

as counselling?

Patient choice is crucial as part of meeting a patient's needs. Not every LGB patient will want to access LGB specific services but offering such services alongside main stream providers gives patient's options.

Patient voice

23. Does your practice consult with lesbian, gay and bisexual patients/staff/advocates in the development of health promotion activities?

Engaging with the LGB community on any health promotion topics means that one is able to gauge if the message is reaching the community, and consultation is recommended for all major health promotion (not only those promotions focusing on sexual health).

It is important to remember that not everyone who identifies as LGB would want to be considered an 'expert' or consulted on LGB health promotion activities.

Sexual orientation monitoring

*24. Does your practice monitor sexual orientation of new patient registrations?**

Monitoring for all protected characteristics including sexual orientation is essential as it will help build an evidence base, and enable you to better understand staff and service users and provide for their different needs.

Furthermore by conducting monitoring LGB patients and staff can be consulted in health promotion activities.

*25. When current patients are updating their contact details are they encouraged to update all demographic information including sexual orientation?****

Identification sexual orientation can be fluid as are many all of the other protected characteristics (disability, religion, maternity etc.), therefore is it recommended that when updating a patient's contact details that one should ask a patient to check their demographic information too and update it if necessary.

*26. Does your practice have evidence of how data collected on sexual orientation of patients has been utilised?****

It is important that data collected regarding sexual orientation is used in order to improve patient outcomes, ensure equal access to services.

Do you have any comments about the assessment?

Grading:

**An award can only be issued if marked questions are answered 'yes'.*

Bronze: 19-21

Silver: 22-24

***A silver award can only be issued if marked questions are answered 'yes'.*

Gold: 25-26

****A gold award can only be issued if marked questions are answered 'yes'.*

55 practices in total

<u>Engagement</u>	<u>Number</u>	<u>Percentage</u>
1. Completed the self-assessment	7	13%
2. Policies reviewed	6	20%
3. Received training (not funded)	4	7%
4. Introducing/introduced SOM	6	11%
5. Met/date in diary in person onsite to discuss <i>Pride in Practice</i>	11	20%
6. Requested regular safer sex packs to be delivered	30	55%
Active Engagement		56%

Attended Practice Managers meeting on 30th March 2014

1. Salford 1, The Ganvir Practice, Little Hulton Health Centre, The Willow Tree, The Homeless Project (The Windsor Centre), Gill, Ordsall
2. Salford 1, Gill, The Ganvir Practice, Little Hulton Health Centre, The Willow Tree, The Homeless Project (The Windsor Centre),
3. The Ganvir Practice, Little Hulton Health Centre, The Willow Tree, The Homeless Project (The Windsor Centre),
4. Salford 1, The Ganvir Practice, Little Hulton Health Centre, The Willow Tree, The Homeless Project (The Windsor Centre),, Ordsall
5. Blackfriars, Salford 1, Ordsall, The Ganvir Practice, Little Hulton Health Centre, The Willow Tree, The Homeless Project (The Windsor Centre), Gill, Dr H Singh, Monton
- 5b. Date in place: Dr Kassams Surgery, Orchard Medical Centre

6. Langworthy, Salford Medical Centre 1, Mosslands, Cornerstone, Irlam Clinic, Cleggs Lane, Dearden, Dr White and Partners, Sliverdale, Blackfriars, The Poplars, Newbury Green, Clarendon, Pendleton, The Limes, Ellenbrook, Monton, Orchard Medical Centre, Dr H Singh, Linifield, Dr Loomba and Partners, Gill, Sorrell Group, Willows, Heights, The Ganvir Practice, Little Hulton Health Centre, The Willow Tree, The Homeless Project (The Windsor Centre), Ordsall

Feedback from patients:

"My practice has the 'here if you need us' LGF [LGBT Foundation] leaflets. The[y] made me smile and instantly more relaxed."

Willow Medical Practice

10:02 Mon 23rd February 2015

"I'm not always open about my sexual orientation, especially in a healthcare setting but after seeing The LGF's [LGBT Foundation's] condoms on the reception desk and in the consultation room, I chatted to the nurse openly and felt really relaxed!"

The Height General Practice

09:35 Wed 28th May 2014

Feedback from practices:

"I just wanted to let you know we haven't forgot about you and have got the posters etc displayed in reception at both Practices."

Samantha Pownall, Practice Manager, Salford Care Centres

"I'd like to say another big thank you! You have been brilliant – you really engaged with our staff and created the space in which we could easily discuss topics which some people may not be comfortable with and allowed us all to reflect on our practice and identify ways in which we can bring down the barriers to gay, lesbian and bisexual people in being able to get the best out of our services."

Neil Turton, Chief Executive, Salford Health Matters

"The good news is that new patients who register with us are now being asked the sexual orientation monitoring questions as part of the new patient questionnaire!"

Robin Green, Practice Manager, Salford Health Matters

*"The practice is delighted to have received a **Pride in Practice** award. All staff at the Gill are committed to supporting the diverse needs of the local community and the award underlines this"*

The Gill, Dr Casey

"We are dedicated to supporting diversity within the practice and we are proud to display the award in our waiting room"

The Gill, Kate Armitage, Practice Manger

“The information you provided at the meeting was really informative and as we have lesbian mothers/same sex couples”

Debbie Parker, Health Visitor

“I was very concerned to hear that some patients might be wary of being open about their sexual orientation. I hope this award will show how committed to an open environment of care and trust we are at Salford Medical Practice”

Lesley Fryer, Assistant Practitioner, Salford Medical Centre



What is Salford **Pride in Practice**?

Salford Pride in Practice is a partnership project between Salford CVS and the Lesbian and Gay Foundation. Funded by NHS Salford CCG the project aims to improve health outcomes for LGB patients. **Salford Pride in Practice** works to support GPs to meet the needs of LGB patients.

Support is focused around:

- Creating a welcoming environment
- Increasing their knowledge of LGB health care issues and barriers

Volunteer for Salford Pride in Practice

- **Passionate about equality?**
- **Want to gain experience in health or health promotion?**
- **Live, work or study in Salford?**

We would like to hear from you!

Salford Pride in Practice is recruiting volunteers to:

- Distribute Pride in Practice resources
- Gather patient feedback on GP practices
- Engage non-registered GP practices
- Mystery shop registered practices

More information and to apply, contact:

Volunteer Centre Salford 0161 787 7795

Volunteer@salfordcvs.co.uk or go to:

www.salfordcvs.co.uk/salford-pride-practice

Supported by **NHS** Salford Clinical Commissioning Group





Pride in Practice is a service for GP practices that aims to improve health outcomes for Lesbian, Gay and Bisexual people. It celebrates GP practices that meet the needs of LGB patients and it works to support all practices to enable them to meet the needs of their LGB patients.

Why is *Pride in Practice* needed?

- ◆ Research says that Lesbian, Gay and Bisexual people experience some specific health inequalities.
- ◆ That 40% of LGB people have a clinically recognised mental health problem, whereas 25% of the general population experience some kind of mental health problem in the course of a year.
- ◆ Over 1 in 12 lesbian and bisexual women aged between 50 and 79 have been diagnosed with breast cancer.
- ◆ 10% of LGBT individuals have avoided using public health services for fear of homophobia.
- ◆ 30% of LGB people said that healthcare workers did not make appropriate comments when they came out.

Join Salford *Pride in Practice* Volunteer Team

Our new Salford Volunteer team will enable GP practices to increase their knowledge of LGB health care issues and the barriers. For example, the team will provide resources to enable GPs to create welcoming environments. It will also collect and share examples of good practice in Salford.

Become one of our Mystery Shopper or Promotion Volunteers!

For more information and to apply, contact:

Volunteer Centre Salford 0161 787 7795

Volunteer@salfordcvs.co.uk or go to:

www.salfordcvs.co.uk/salford-pride-practice



The voice of our communities.

Certificate of Recognition

This certificate is awarded to:

In recognition of their fantastic contribution to improving the health and wellbeing of LGBT people in Salford

Volunteering is the gift of time. Thank you for your energy and commitment – you have made a real difference.

Alison Page / Louise Murray
Salford CVS Chief Executive / deputy

Katherine McGuirk
Pride in Practice Project Manager LGF

Date Awarded

