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

Appendices to the main report

Appendices

Appendix A
Conversations with leaders of local LGBTQ+ charities (in detail)

We spoke to the leads of four local charities who support the LGBTQ+ community in Brighton and Hove: Switchboard, MindOut, Terrence Higgins Trust (THT) and Allsorts (who support younger people).

Methodology used

As part of the project, Healthwatch interviewed four key leaders in the local LGBTQ+ community to get their broader perspective on the following:

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

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

Their feedback and ideas are shown below, together with suggested actions and recommendations for the CQC to consider. We have themed their comments into three area:

1. The CQC should do more to bolster their public image to create more patient/public trust
2. The CQC should adopt different engagement methods
3. The CQC needs to understand how LGBTQ+ people react to poorer service

1. The CQC should bolster their public image to create more patient trust

There is a sense that the CQC perform a punitive rather than supportive role. Their role as the 'Ofsted' of services affects how people see them i.e. are they there to hold services to account, but not necessarily to support users of those services? This view makes the CQC seem far removed and unavailable.

The CQC therefore need to focus on developing trust with patients and the fact that people don't know who the CQC is or what they do may automatically shut the door to some potential feedback. There are many ways to achieve this required sense of trust, and it will require focussed effort on the part of CQC to achieve this. Suggested ways to help the CQC develop trust with the LGBTQ+ community are:

- **the CQC should engage and work directly with local LGBTQ+ VCS and this should be a priority.** Learning more about how local charities function will undoubtedly support the CQC in gathering feedback from less heard from groups. This is because charities or community groups themselves appeal to a greater or lesser degree to different sections of the wider LGBTQ+ community and understanding and mapping these relationships will identify more direct pathways to reaching certain groups. For example, Brighton and Hove LGBT Switchboard attract trans and non-binary individuals more than another local charity whilst Terrence Higgins Trust attract more gay men, and Allsorts attract younger people under 25 who identify as non-binary.

- **targeting communications to different communities could help**. Following on from the above point, it is important for the CQC to recognise that the LGBTQ+ community is not one homogenous group; it contains many different types of people with distinct needs, so a single feedback form or approach (or publicity method) won't appeal to everyone. At the same time, LGBTQ+ people are not always so different that they always need specialist treatment, and sometimes a simple acknowledgement of LGBTQ+ people or their needs on a survey form, or within the language used, can be sufficient to build sufficient trust to encourage people to share their feedback.

- **improving the CCQ website which is not patient friendly, and more focussed on services and results of inspections**. At present, the section "For the public" is demoted to the bottom of the main CQC page and even this section is rather formal and unhelpful. A new and separate site solely for patients' feedback might be useful to consider and would certainly show that the CQC is genuinely interested in hearing the patient voice.

- **Better promotion of the 'Give feedback on care'** form is needed as this is poorly visible, backed by the findings from our surveys. **The CQC should ensure that its leaflets or advice is made readily available in LGBTQ+ venues**, as their mere presence is likely to lead to a sense of trust i.e. the information would not be there if the organisation wasn't trusted.

- **the CQC should ensure that it is 'LGBTQ+ accessible'**. The CQC should ensure that any imagery it uses is not heteronormative and includes representative imagery of people and couples/families from the wider LGBTQ+ community as well as LGBTQ+ and disability flags and symbols. Simple changes to language which shows that the CQC has taken time to reflect on its questions and choice of words or content can immediately affect how much an LGBTQ+ person will want to work and engage with them: a sense that the CQC is an organisation which truly cares about LGBTQ+ people. However, any changes should not be mere tokenism and **we recommend to the CQC that they should consider working with Stonewall to understand how to be a better and fully inclusive employer to achieve a place on their Top 100 employers for LGBTQ+ people**. When an organisation achieves this status, it helps with its public image.

- **CQC staff and inspectors must be fully 'LGBTQ+ aware'** so that people know when they speak to them that any language will be inclusive and respectful i.e. using a person's preferred pronoun can have a profoundly positive effect as it demonstrates awareness and respect on the part of the CQC inspector, whereas a failure to use these can cause harm and lead to disengagement.

  LGBTQ+ people also need to have faith that the person assessing their feedback will understand it and the implications. The CQC needs to show that it has an understanding of the barriers which lead to distrust of health and care services, e.g. trans and non-binary younger people do not feel that the health care system is there for them due in part to the exorbitant waiting times to see specialists / or for referrals to be made to gender identical clinics which makes them feel unseen, unwanted and unheard. This knowledge of issues affecting LGBTQ+ people can only be developed by working with local VCS groups. **Switchboard would be happy to work with CQC inspectors/staff to deliver LGBTQ awareness training so that inspectors can become true LGBTQ+ allies (this is not just a symbolic status).**

2. The CQC should adopt different engagement methods

The CQC has one principal way of gathering feedback which is through their 'Give Feedback on Care' online form and people in general are exhausted of being asked for their opinion ('survey fatigue'). Other approaches include working with Healthwatch teams to understand what patient feedback they are receiving which may be relevant to their work. Our project work adopted a multi-faceted approach via a survey that was promoted through various channels, a shorter targeted survey for young people on Instagram and Twitter, focus groups, and one to one conversations. These all solicited different types of feedback from different sections of the LGBTQ+ community. The CQC should match its approach to the people it wants to hear from, and not rely on one means of obtaining feedback e.g. using snapchat to engage younger people will be more effective if providing feedback feels like fun.

Large proportions of the LGBTQ+ community are regarded as being digital savvy so the use of online feedback systems should not pose a barrier to many. But experience shows that any online form which takes longer than 5 minutes to complete will result in a high drop off rate, so any form should be short and more focussed on feedback, perhaps avoiding the superfluous questions which the CQC currently asks for its own purposes. However, there should also be options for phone and video calls as well as 'live chat' and other online functions for the digitally excluded and/or people with disabilities. All approaches must be fully accessible taking into account those who are digitally excluded and recognise that many LGBTQ+ people live with neurodiverse conditions which can make it harder to fill in forms.

The CQC also needs to recognise that people like to be rewarded for their time and that they may need to finance some focus groups if they are intent on achieving their engagement aims.

The CQC should support local voluntary and community organisations to share anonymised feedback. Local VCS often collate feedback from their service users but may only use this for internal improvements or limit the sharing of this to commissioners as opposed to national regulatory organisations such as the CQC: this is clearly a wasted opportunity to learn more about local services. The CQC should consider facilitating the collation of information from local VCS on a case-by-case but also quarterly basis. This latter option could provide the CQC with more data on collective issues that are affecting the LGBTQ+ community. For example, Allsorts is an organisation which supports younger people who produce regular snapshot surveys and reports which identify any trends, and they would be happy to share this data, and /or add questions into their existing survey to capture views on health and social care services which could be shared with the CQC.

Front line workers often hear stories from people they are supporting and whilst in many cases these may not be serious enough to lead the individual to complain, this 'middle ground' experience still provides a rich source of intelligence. At the same time, some individuals do not have the resilience and self-confidence to provide feedback, leaving front line workers frustrated that their experiences are not heard or shared. Enabling VCS to share feedback would support both younger and older people in particular who don't always know how to give feedback, whilst frontline workers often know what issues are affecting them and simply need an opportunity to share this, often in bulk.

The CQC should therefore consider developing a third-party portal which local VCS can access to share anonymised feedback on services. Creating a portal would mirror the way that front line workers can report hate crimes already. Any method of supporting workers must however avoid creating additional, demanding workloads and a third-party reporting mechanism must be developed in conjunction with local VCS organisations **and Switchboard would be happy to pilot a portal and work with the CQC to develop it.**

It is important for the CQC to recognise that for some people, asking them to share traumatic experiences can in itself result in further harm. People who share their experiences via a VCS organisation for example can share their story whilst being supported at the same time. Leaving people without any support is regarded as poor practice.

The CQC needs to close the 'feedback loop', especially in respect of younger people or whose who are supported by carers or advocates. By this we mean that feedback is often not 'black and white' and there are often impacts for all those involved in a person's care. For example, parents of trans and non-binary younger people need support advice and care from services in order to support their children, and their experiences of these services will be just as relevant to the child's/younger person's care overall. The CQC should work to ensure that feedback is gathered from all those involved/affected.

3. The CQC needs to understand how LGBTQ+ people react to poorer service

As one local leader put it:

> *"LGBTQ+ people tend to act with their feet, not with their mouths"*

This fact presents a problem for the CQC, as rather than providing feedback about a poor service, LGBTQ+ people may choose instead to simply walk away from it, especially if they experienced homophobic attitudes, or a poor understanding (or lack of willingness to understand) the community and its requirements from staff members. Conversely, this may also mean that LGBTQ+ people will stay with services where the experience is generally a positive one - but this fact alone does not necessarily equate to positive feedback being shared with the CQC about that service.

Feedback from the community is that certain sectors, such as care homes/care services, are less LGBTQ+ aware, or have antiquated beliefs which lend itself to a poorer experience for those involved. Other services such as fertility or gynaecological and endocrinological services also deliver very mixed levels of service, whilst GPs can often be seen as a barrier to trans patients seeking support with their medical and mental health journey. The CQC could use this knowledge to target feedback requests to people using these services, again with the support of local VCS.

Making it clearer that feedback results in change or *"knowing change will happen"* This is an obvious point but an essential one if the CQC wants to achieve an ongoing and continuous engagement with the LGBTQ+ community. People will only engage if they feel that something will happen as a result of providing their feedback. The CQC need to acknowledge every piece of feedback where contact details are provided, and people should always be asked if they want to receive this acknowledgement. But that is just the start, and people will also want to know what steps have been or will be taken, and to be kept informed regarding any positive changes that have been achieved. Linked to this is raising awareness of people's rights, for example, people may not know that they can switch GP practices thus deterring them from giving feedback to avoid being seen as the 'difficult patient'. But if they know that they can move practices for example, then that may empower them to give feedback.

Appendix B
Conversations with survey respondents (in detail)

We spoke to three people who had responded to our online survey and consented to be contacted to share more of their ideas and views about patient feedback systems.

We asked them whether they had provided feedback before completing our survey and what their experience had been like. We also asked for their ideas about how patient feedback systems could be changed or improved to encourage far more people to share their experiences more regularly.

Their feedback and ideas are shown below, together with suggested actions and for the CQC to consider.

- **This current project resulted in all three people providing feedback to the CQC for the first time, and one individual said that they would provide feedback to them again**. One interviewee explained that they had never previously thought of sharing feedback with the CQC either because they had not felt that their experience had been serious enough to report it, or where they had any concerns, they were happy to raise these in person with the service face to face. Another interviewee indicated that they had shared positive and negative feedback to their GP practice but on neither occasion did they get a response which made it all seem like a rather pointless exercise. Another interviewee was involved in providing feedback about a GP practice via a third party and felt very involved and that their feedback had made a positive difference.

- **None of the three interviews felt that the questions asked in the CQC form were necessarily the right ones** and that these needed to be more open ended as currently "*they don't open up a discussion*". They felt that the current set of questions targeted specific information (mostly negative), and these didn't necessarily relate to the information they wanted to share - and this fact may result in valuable intelligence and information being lost. **This comment reaffirms our finding that feedback systems need to allow people to share their experiences without having to answer supplementary questions.**

- **Two people did not want to be contacted to give their feedback every time they used a service. Nevertheless, they also felt that people needed to be made better aware that they had options and choices if they were not satisfied**. One interviewee said that they didn't really know how to provide feedback. **This confirms our finding that better promotion of feedback forms/systems is needed.**

- **None of the interviewees were confident that the CQC would use their feedback.** They felt it would probably be taken note of but they were not sure to what extent this would guide the CQC's practice. **This comment reiterates one of the key findings from this project, namely that the CQC must do more to share the impact which people's feedback has.**

- **None of the interviewees recalled getting an email acknowledgement from the CQC to their feedback** which Healthwatch submitted on their behalf. Healthwatch recommends that a simple acknowledgement should happen whenever a respondent provides their feedback and contact details as this helps to create a sense of assurance that something will happen, or at the very least that their feedback will be read. **This would go some way to addressing the *"what's the point?"* concern raised by survey respondents.**

- **Two people said they were more likely to provide feedback to a LGBTQ+ organisation or third party organisation**. In part, this comes down to the perceptions which people have about the CQC and similar organisations which are not regarded as being LGBTQ+ inclusive, and the fact that within LGBTQ+ organisations there are some things you simply don't have to explain, they are just accepted. In addition, providing feedback via a third party was seen as being beneficial especially when the feedback was negative in nature. The extra distance this creates between the patient and the service gave reassurance that care wouldn't be affected. **This underlines the finding that the CQC need to work more closely with local VCS to support them in gathering feedback from the LGBTQ+ population.**

- **One interviewee didn't fully understand the role performed by the CQC** and thought they just regulated care homes**. This supports our finding that the CQC need to promote their role and functions more effectively.**

Appendix C
Full analysis of the survey responses (in full)

Full survey

Our two surveys engaged a total of 200 people:

1) **Main survey** - 135 people attempted to complete the main longer survey
2) **Younger persons' survey** - 65 people who completed the younger person's survey

The results from these are discussed in more detail below.

1) Main survey

Of the 135 people who attempted to complete the main survey, 75 answered only questions 1 and 2 and then closed down the survey: these were regarded as survey 'dropouts'. We do not know how many of these 75 people were LGBTQ people.

60 people completed the main survey which included:

- 55 responses from LGBTQ+ people
- a further 2 people did not identify as LGBTQ+ and their responses have been removed from the data analysis as this survey and project is focused on capturing the views of LGBTQ+ people only
- a further 3 responses were identified as spam having been provided by respondents in America and these have also been removed from the data analysis.

Of the 55 responses from LGBTQ+ people, 47 completed the survey in full and 8 only answered up to question 9 - these were regarded as "partial responses".

The 47 completed survey responses consisted of:

a) 25 people who provided feedback on a health or social care service and who also answered survey questions about how to improve feedback systems. 24 of these 25 people gave sufficient detail about their experiences to enable us to share these with the CQC. The experiences of 2 people who did not identify as LGBTQ+ were also shared, meaning that this project generated 26 individual pieces of feedback overall, 24 from LGBTQ+ people.

b) 22 people elected only to answer questions about how to improve feedback systems (i.e. they did not wish to provide feedback on a service).

The 8 partial responses were from respondents who had all indicated that they wanted to provide feedback about their experiences of using a named service but who then failed to answer sufficient survey questions to wield any useful data. High level analysis of these 8 partial responses has been undertaken below (page 16) but they have been removed from the full data analysis.

36 LGBTQ+ people provided 36 pieces of feedback about services. These were received from people who had completed the survey in full or who gave only partial responses. The 36 figure is made up of:

- the 24 people who shared details of their experience of using a named health or social care service
- a further one person who complete the survey but failed to name the specific service
- the 8 partial responses described above
- one respondent who failed to name two services. They described their experience of using three different services in their response but only provided feedback on one
- a further respondent who failed to name one service. They described their experience of using three different services in their response but only provided feedback on one.

Of the 36 pieces of feedback:

- 11 respondents described their experience of using services as being 'good', 17 respondents described their experience of using services as being 'bad',
- seven respondents described their experience of using services as being a mixture of 'both good and bad' and
- one respondent did not describe their experience.

More than one type of service could be mentioned by the same person, for example someone who mentioned 'gynaecology services at the hospital' would be counted as providing feedback on two services, namely the 'department' and the 'hospital'. The key services mentioned by respondents included the following:

- **16 pieces of feedback were about GPs** of which seven were 'good', eight 'bad', and one 'both good and bad'. We received four pieces of feedback about the Brighton and Hove Wellbeing Service three of which were good and one good/bad. Wellsbourne Surgery received two reviews, one good and one bad

- **14 pieces of feedback were about hospital services** of which four were ‘good’, six ‘bad, and four ‘both good and bad’
- **5 pieces of feedback were about fertility services** in general of which two were ‘bad’ and two ‘both good and bad’. Two specific references were made to gender identity clinics, both ‘bad’
- **3 pieces of feedback were about sexual health services** all of which were ‘bad’
- **3 pieces of feedback were about mental health services**, all of which were ‘bad’. Two reviews were given about assessment and treatment centres (ATS) operated by Sussex Partnership Foundation NHS Trust both of which were ‘bad’
- **2 pieces of feedback were about dentists** one of which was described as being ‘both good and bad’, and one where no description of the experience was given.

We examined the 36 pieces of feedback to identify how many of these related specifically to the fact that the respondent was LGBTQ+ and nine pieces of feedback did. One piece of feedback was positive, whilst the remaining eight were negative in nature.

Positive feedback

One respondent praised their GP:

> **As a Trans patient I have had nothing but good experiences with this GP. They have staff that are informed on transgender healthcare, accusable trans documents and videos e.g. video guidance on safe self-administration of injectable hormones.**
> *- feedback about a GP*

Negative feedback

Eight people shared negative LGBTQ+ specific experiences relating to mental health services, fertility services, gender identify clinics, sexual health services, GPs and dentists. Some quotes are given below.

> **I was gender normalised by all the staff, the assumption being that I’m either a ‘he’ or ‘she’. It’s shocking that in Brighton, staff are not properly trained to ask appropriate questions. I was**

made to feel abnormal, and that I didn't fit in. It's hard enough to go to the clinic, but now I don't want to ever return there.
– *feedback about sexual health services*

"Inaccessible for people with autism. Stigmatising and cruel treatment by physiatrist at ATS. GPs who are not trauma informed, do not know anything about LGBTQ health care".

"I had an initially good experience with a wonderful psychiatrist that diagnosed me with sensory processing disorders. Unfortunately, I was re-allocated a psychiatrist who gave me very little support. Every session was spent giving me very basic information about autism that I was already aware of, was spent patronisingly re-hashing my transness, or was me trying to get her to refer me to psychodynamic counselling, which she delayed for a year and a half. The referral to the psychodynamic counselling was so late that by the time I was referred, I was already moving out of [the area]. I was incredibly disappointed with the lack of support I was given"."
– *two pieces of feedback about mental health services*

The online form and app that you have to use is completely inappropriate. We are an LGBTQ+ family. We are both mothers, … yet there was no option for me to put that on the form, and I had to complete a section about the father of which obviously there isn't one. I thought in Brighton we … recognised same-sex families. It should also be mentioned that we did not have access to any NHS funding for our extremely expensive fertility treatment, purely for the fact we are a same-sex couple. If we had been a heterosexual couple, we could have applied for funding. Instead. we had to pay entirely ourselves using all our life savings and more. The whole experience of starting a family has been tainted with discrimination. Devastating
– *feedback about fertility services*

The full list of 36 services and ratings given by respondents is as follows:

Services(s)	**Rating of experience**
1. Dermatology RSCH	Good
2. Unnamed GP	Bad
3. Unnamed GP	Bad
4. Digestive Diseases, RSCH	Good and bad
5. East Brighton assessment and treatment centres (ATS), SPFT	Bad
6. Brighton and Hove Wellbeing Centre, GP	Good
7. Assessment and treatment centres (ATS), SPFT.	Bad
8. Unnamed GP	Bad
9. Unnamed dentist	Experience not shared
10. MK Dental practice	Good and bad
11. Midwifery and fertility services ("Agora")	Good and bad
12. Gynaecology services, Conquest hospital	Bad
13. Gynaecology services, Brighton General hospital	Bad
14. Sexual Health and Contraception Services, Royal Sussex County Hospital	Bad
15. Saint Peter's Medical Centre, GP	Bad
16. Unnamed GP	Good
17. Lawson unit, Royal Sussex County Hospital	Bad
18. Child and Adult Mental Health Services	Bad
19. Ultrasound, Royal Sussex County Hospital	Good
20. Sexual Health and Contraception Services, Royal Sussex County Hospital	Bad
21. Civic Medical Centre, GP	Bad
22. Brighton and Hove Wellbeing Centre, GP	Good and bad

23. Brighton and Hove Wellbeing Centre, GP	Good
24. Gynaecology services (cervical smear), Royal Sussex County Hospital	Good and bad
25. Haematology services, Royal Sussex County Hospital	Good
26. Wellsbourne Surgery, GP	Bad
27. Digestive Diseases, Royal Sussex County Hospital	Good and bad
28. Brighton Station Health Centre	Bad
29. Courtyard surgery, Horsham	Bad
30. Cardiology services, NHI Hospital	Good
31. Brighton and Hove Wellbeing Centre, GP	Good
32. A&E department, Royal Sussex County Hospital	Good and bad
33. Wellsbourne Surgery, GP	Good
34. Charing Cross CIC	Bad
35. Seaford Medical Centre, GP	Good
36. Lawson Clinic, Royal Sussex County Hospital	Good

Partial survey responses

The eight partial responses have been removed from the overall data analysis. Although these eight people had indicated that they wanted to provide feedback about their experiences of using a named service they failed to answer sufficient survey questions to wield any useful data. High level analysis of these eight partial responses has been undertaken however and this identified that:

- The eight respondents had indicated that their experience of using service had been either ‘good’ (3 responses), ‘bad’ (4 responses) or both ‘good and bad’ (1 response)
- seven respondents had named a specific health or social care service whilst one had not (simply referring to ‘GP’)
- seven respondents failed to provide any actual feedback beyond saying that their experience had been ‘good’ or ‘bad’, whilst the 8th respondent did provide details of their feedback but failed to name the service

- These eight people had also failed to answer any questions about ways to improve feedback systems.

Because of these gaps in these responses, we were unable to share this information with the CQC who can only act on feedback provided about a named service. The services mentioned by these 8 people were as follows:

1. Brighton and Hove Sexual Health services – a 'bad experience'
2. St Peter's Medical Centre – 'both a good and bad experience'
3. Child and Mental Health Services – 'a bad experience'
4. Civil Medical Centre – 'a bad experience'
5. The Haematology Department at the Royal Sussex County Hospital – 'a good experience'
6. Cardiology services at the Royal Sussex County Hospital – 'a good experience'
7. Brighton and Hove Wellbeing Centre – 'a good experience'
8. An unnamed GP service – 'a bad experience'

2) Younger person's survey

In addition to our main survey, Switchboard developed a short vox pox style survey to share on Twitter and Instagram targeted at younger LGBTQ+ people aged 16-25. We wanted to ensure that younger people's views on feedback systems were captured to help the CQC identify ways to adapt their communications and approaches to specifically attract younger people to their surveys and to encourage them to share their feedback about services. The survey was designed by younger people who work for Switchboard and asked four simple questions. The simplistic nature of the survey meant that we were restricted as to what we could ask, meaning that the results provide a high-level overview only.

57 young LGBTQ+ people responded to the Instagram survey and 9 to the Twitter survey (65 in total). It is not possible to identify whether the same people responded to both surveys. Respondents could select one answer for each of the four questions only and could skip any question.

50 young people in the 16-25 yr old age group completed the survey (77%), whilst a further 15 people (23%) aged over 25 also completed it. We were not able to separate the 15 responses out from the data set as we did not specifically ask people to give their individual ages so we could not identify them. Our data analysis therefore covers all 65 responses. We do not consider that this affects the

overall integrity of these findings as three quarters of responses were from our target group and the survey only asked 4 simple questions about feedback systems in general.

Key findings

- **The majority of people who responded to the younger persons' survey had never reported a concern about a health and social care service, 85.5% (n47).**
- **Four options were available to respondents to explain why they had not provided feedback and we received similar response levels to all four. People could only select one option. People indicated that:**
    - **they didn't know they could provide feedback (26%)**
    - **they didn't know how to do this (29%)**
    - **there was a belief that providing feedback was pointless i.e. it would make no difference (24%) and**
    - **people were worried that their care might be affected if they did give feedback (21%).**
- **The survey responses revealed that in order to encourage younger LGBTQ+ people to share their feedback the CQC needed to:**
    - **enable younger people to provide their views via an LGBTQ+ organisation (32.5%) or another independent organisation (21%), and**
    - **the form itself should be simple in nature (28%) and**
    - **the form should be better promoted (18.5%).**

Full analysis

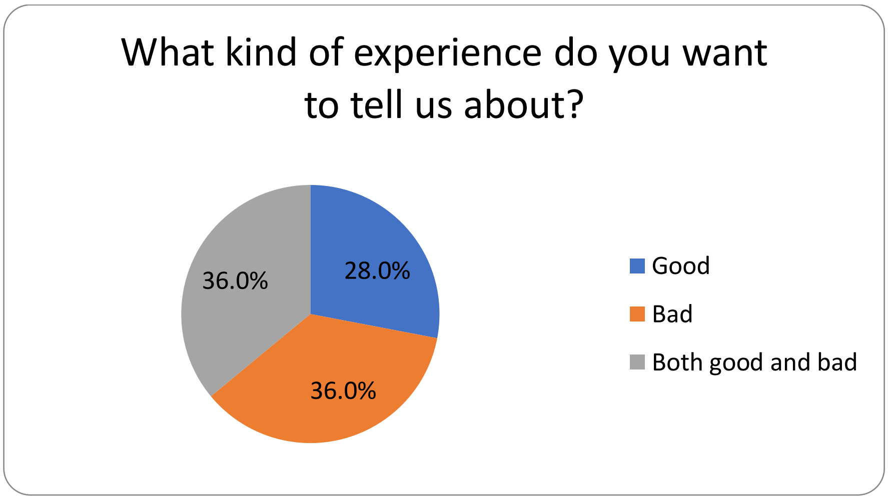
The following pages contain analysis of the 47 completed responses to the main survey. Where relevant, we have interwoven these with the results from the partial responses and the young persons' social media survey. We have not analysed all of the questions, only those which provide meaningful insight. The full set of responses received to the main survey is available in Appendix D and those received to the younger persons' survey at Appendix E.

All 47 respondents answered the main survey on their own behalf i.e. none answered as the carer of someone else or as a friend or chosen family member of someone else. We do not know if this is also true of those who answered our younger persons' survey, but we have assumed this is the case. In addition, none of the respondents to the main service indicated that they had ever worked for the service they were providing feedback on.

As a reminder, not all respondents were eligible to answer all the questions in the main survey. 25 respondents provided feedback about a health or social care service and shared their views about feedback systems. They could therefore answer all questions contained in Sections One, all but one question in Section Two and all the questions in Section Three of the survey. The remaining 22 respondents chose only to provide their views about feedback systems and they could only answer Sections Two and Three of the survey. Younger people could answer all the questions in the social media survey, although some chose to skip over some.

Q3. What kind of experience do you want to tell us about?

25 respondents to the main survey could answer this question. Overall, 7/25 respondents described their experience of using services as being 'good' (28%), 9 'bad' (36%), and 9 a mixture of both 'good and bad' (36%).



These 25 people provided 34 pieces of feedback about 28 services, as follows:

- 12 pieces of feedback were about GPs of which six were 'good', five 'bad', and one 'both good and bad'.
- 12 pieces of feedback were about hospital services of which four were 'good', six 'bad', and four 'both good and bad'
- five pieces of feedback were about fertility services in general of which two were 'bad' and two 'both good and bad'. Two specific references were made to gender identity clinics, both 'bad'
- two pieces of feedback were about sexual health services all of which were 'bad'

- two pieces of feedback were about mental health services, both of which were 'bad'.
- two pieces of feedback were about dentists one of which was described as being 'both good and bad', and one where no description of the experience was given.

Some of the comments provided in subsequent questions included:

> **I find it growingly hard to go to my GP. There are never appointments available, no matter how early I call up. The only option for me usually is to take a day off of work.**

> **Dr X has provided excellent menopause care for me that has taken into account my physical mental and sexual health**

> **Waiting time for appointment was acceptable but the treatment options were not - had to fight hard to get an MRI rather than a CT scan.**

> **I was referred for an ultrasound. The referral came through quickly, within a few weeks. the instructions were clear, and I knew what to expect. I was seen on time, and in and out within the hour. All very efficient with very kind, friendly and professional staff who were reassuring.**

Q4. What is the name of the service you want to provide feedback on?

25 people answered this question. The services mentioned by respondents who answered the main survey are shown below.

In relation to this question, it is worth highlighting the results from our younger persons' survey. We did not ask younger people to provide feedback about a specific service but if we had this may not have solicited a useful response as the majority of respondents said that they had never reported a concern about a health and social care service, 85.5% (n47).

Services(s) mentioned by LGBTQ+ people in their feedback	**How respondents rated their experience**
1. Dermatology RSCH	Good
2. Unnamed GP	Bad
3. Digestive Diseases, RSCH	Good and bad
4. East Brighton assessment and treatment centres (ATS), SPFT	Bad
5. Brighton and Hove Wellbeing Centre, GP	Good
6. Assessment and treatment centres (ATS), SPFT.	Bad
7. Unnamed GP	Bad
8. Unnamed dentist	Experience not shared
9. MK Dental practice	Good and bad
10. Midwifery and fertility services ("Agora")	Good and bad
11. Gynaecology services, Conquest hospital	Bad
12. Gynaecology services, Brighton General hospital	Bad
13. Unnamed GP	Good
14. Lawson unit, Royal Sussex County Hospital	Bad
15. Ultrasound, Royal Sussex County Hospital	Good
16. Sexual Health and Contraception Services, Royal Sussex County Hospital	Bad
17. Brighton and Hove Wellbeing Centre, GP	Good and bad
18. Brighton and Hove Wellbeing Centre, GP	Good
19. Gynaecology services (cervical smear), Royal Sussex County Hospital	Good and bad
20. Wellsbourne Surgery, GP	Bad
21. Digestive Diseases, Royal Sussex County Hospital	Good and bad
22. Brighton Station Health Centre	Bad
23. Courtyard surgery, Horsham	Bad

24. A&E department, Royal Sussex County Hospital	Good and bad
25. Wellsbourne Surgery, GP	Good
26. Charing Cross CIC	Bad
27. Seaford Medical Centre, GP	Good
28. Lawson Clinic, Royal Sussex County Hospital	Good

Q9. Can CQC inspectors contact you to find out more about your feedback

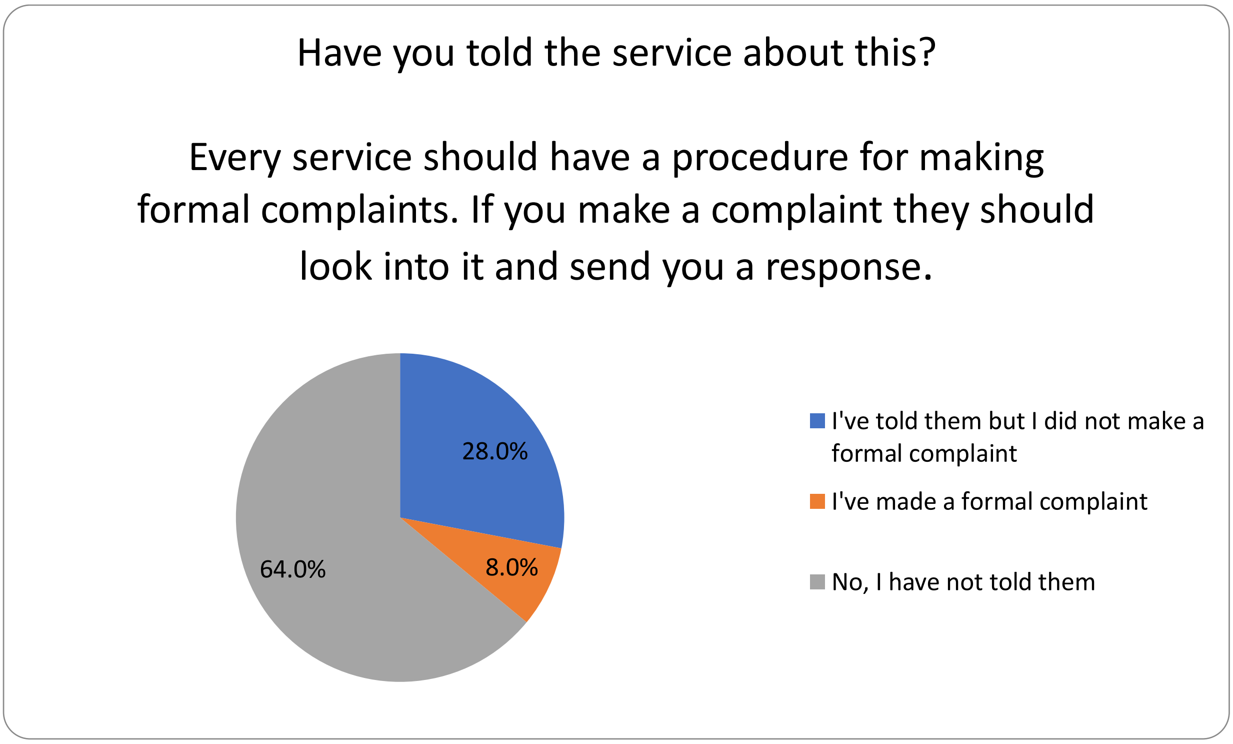
25 people answered this question and 12 respondents (48%) said that they would be happy to discuss their feedback with CQC inspectors, indicating a willingness to provide more detail to an official organisation. 10 of these people had described their experience as being 'bad' or both good and bad'. This finding is consistent with the results from Q11 below which asked people whether they had told services about their experience and which revealed a greater willingness to do so when the experience had been bad**.**

Q11. Have you told the service about this?

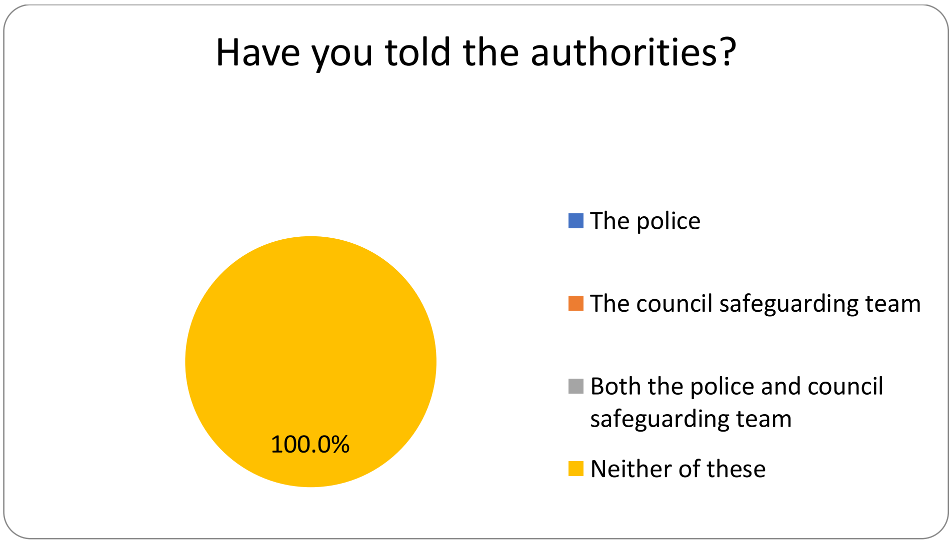
25 people answered this question and the majority (n16, 64%) of respondents indicated that they had not shared their feedback with the service in question. Only two people had made a formal complaint, whilst seven had told the service but had not make a formal complaint. This demonstrates a reluctance overall on the part of people to officially lodge their experiences with health and social care services.

However, seven of the 16 people who had **not shared their feedback** with the service reported that their experience had been 'good', whilst six had said it had been both 'good and bad', and three 'bad'. Of the seven people who had **not made a formal complaint**, four said their experience was 'bad' and three both 'good and bad'. This implies that people are less inclined to share their 'good' or 'good/bad' experiences with services, but more likely to do so when their experience is felt to be bad overall.

It is worth highlighting the results from our younger persons' survey here. We did not ask them to provide feedback about a specific service but 85.5% said that they had never reported a concern about a health and social care service. The four options available to respondents to explain why this was the case received similar response levels with younger people indicating that they didn't know they could provide feedback (26%); that they didn't know how to do this (29%); a belief that providing feedback was pointless i.e. it would make no difference (24%) and being worried that their care might be affected if they did give feedback (21%).



Q12. Have you told the authorities?



25 people answered question 12, and no one indicated that they had advised an official organisation of their feedback. We did not ask a follow up question and can only suggest reasons for this outcome using the feedback people shared at questions 22-25 and the younger persons' survey, namely that people did not want to go to the trouble of doing so, or they did not know they could do this, or how to do this. It is also possible that people did not consider their experience to be serious enough.

Q13. Did you hear about this form through a charity?
Q14. Which charity told you about this form?

25 people answered Q13, and 13 answered Q14.

13 had heard about our survey via the following charities:

Carers UK	1
Disability Rights UK	1
Mind	1
Healthwatch Brighton & Hove	6
Switchboard	1
LGBTQIWF	1
Allsorts	1
MindOut -1	1

The survey was widely promoted with the support of local LGBTQ+ organisations so this positive outcome is not unexpected. It also shows the benefits that come from working with local organisations who support target demographic groups.

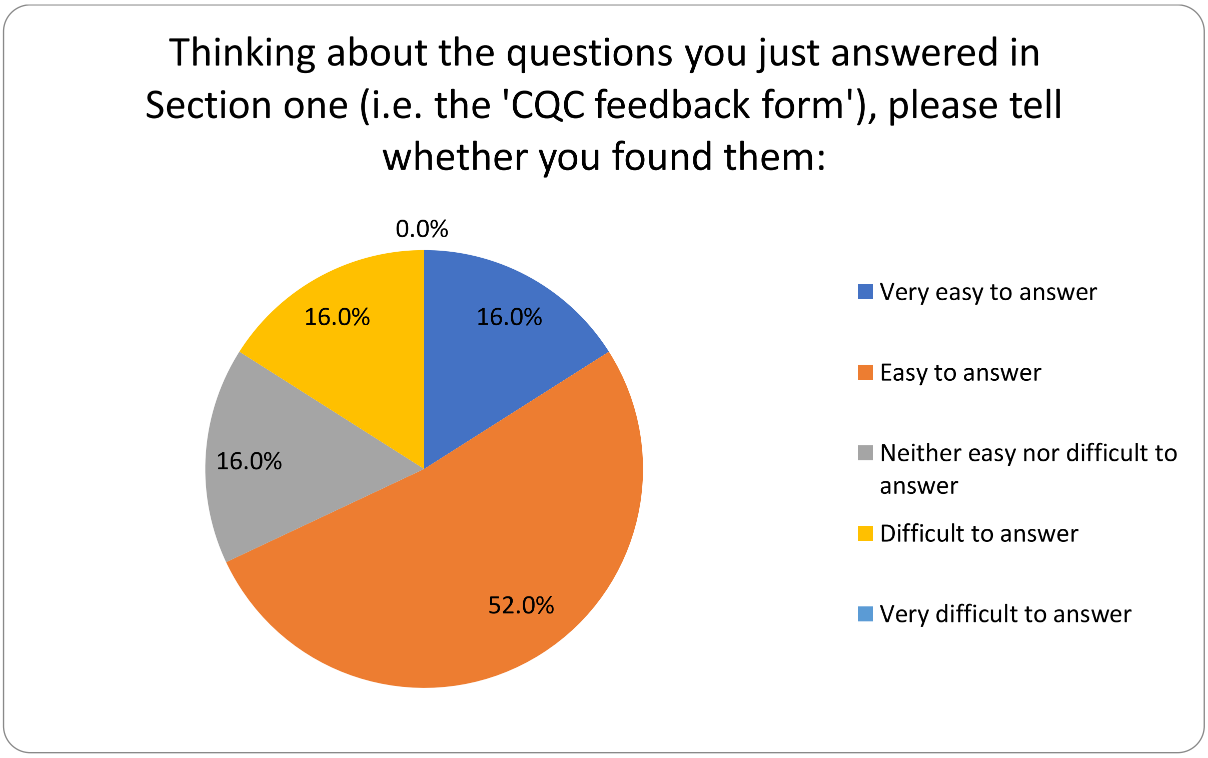
Q15. Thinking about the questions you just answered in Section one (i.e. the 'CQC feedback form'), please tell us whether you found them easy or difficult to answer?

25 people answered this question which was about how easy or difficult they found the questions contained in the current CQC 'Give Feedback on Care' online survey. We had replicated these questions in Section one of our main survey. People answered as followed:

Answer Choice		Response Percent	Response Total
1	Very easy to answer	16%	4
2	Easy to answer	52%	13
3	Neither easy nor difficult to answer	16%	4
4	Difficult to answer	16%	4
5	Very difficult to answer	0%	0

The majority of people found the CQC questions easy or very easy to answer (17/25, or 68%).

Only 4 (16%) people found them difficult to answer and no one found them very difficult. People were asked more about why they found the CQC questions either easy or difficult in questions 16 and 17.



Q16. Please tell us why you found the questions in Section one (i.e. the 'CQC feedback form') easy or very easy to answer?

17 people were eligible to answer this question. People could select more than one answer providing 60 responses overall, but the %s shown below relate to the proportion of these 17 people who selected each answer.

The two most popular reasons selected by people were that the questions were easy to understand (76.5%, n13) and that the right number of questions were asked in the survey (70.6%, n12). This second finding may initially seem to be a positive outcome as often patient surveys are considered to be too lengthy and therefore off-putting, but we must remember that 75 of the 135 people who attempted the main survey only answered questions 1 and 2 after which they ended the survey; and a 56% drop out rate is considered to be high. Even our younger person's survey, which only asked four questions, experienced a dropout rate with 65 people answering question 1, but just 43 answering question 4. This is a timely reminder that people do not always have the time to complete lengthy surveys, and that multiple, and often simpler, ways to provide feedback, are preferred; and this is something the CQC should consider developing to improve the quantity of feedback that they receive in the future. Comments received in this regard included:

> **"I'd like to receive a short text survey after each app, just a 5-scale rating question with the option to provide more feedback and info about lodging a complaint if necessary, so that I don't have to search for it"**
>
> **"They're too complicated. I just want to provide an immediate response to my care: good or bad"**
>
> **"There are too many requests to complete feedback, it's overwhelming. So anything has to be made really quick, simple, and immediate - and 100% anonymous. I don't want to have to relive my experiences all of the time with lots of Qs as it's sometimes traumatic"**

Two thirds of people said the questions asked in the CQC form were relevant to their feedback (64.7%, n11).

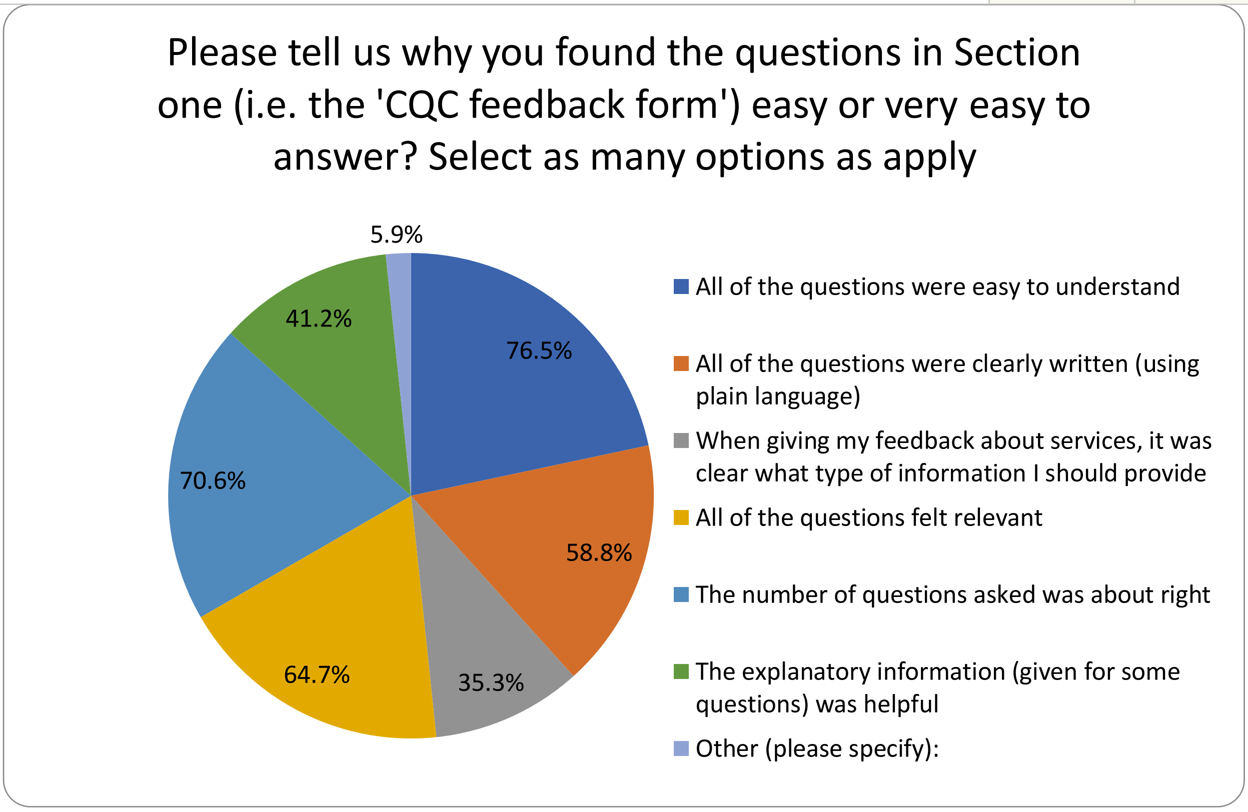
Just over half of people (58.8%, n10) said that the questions were clearly written indicating that there is scope to improve these. There would also seem to be room to improve the explanations given for some questions, as just 41.2% (n7) found the explanatory information helpful.

Concerning is the fact that only a third of people were clear what type of feedback to give when giving details of their feedback about services (35.3%, n6).

This finding seemingly contradicts the fact that three quarters of people had said that the CQC questions were easy to understand. However, it would appear that what might be regarded as the most important question contained in the CQC survey - the one which asks people to share their experience – is not as clearly worded as other questions. This may be affecting the quality of the feedback which the CQC receives, and the question should be redrafted / improved.

> **More focussed experience questions on your experience (good or bad) like wait time, quality of treatment, able to influence treatment, politeness of staff, unclear information etc"**
>
> **"More specific questions"**

	Answer Choice	Response Percent	Response Total
1	All of the questions were easy to understand	76.5%	13
2	All of the questions were clearly written (using plain language)	58.8%	10
3	When giving my feedback about services, it was clear what type of information I should provide	35.3%	6
4	All of the questions felt relevant	64.7%	11
5	The number of questions asked was about right	70.6%	12
6	The explanatory information (given for some questions) was helpful	41.2%	7
7	Other (please specify):	5.9%	1



Q17. Please tell us why you found the questions in Section one (i.e. the 'CQC feedback form') questions difficult or very difficult to answer?

Q18. Were there any questions in Section one (i.e. the 'CQC feedback' form) that you found particularly difficult or very difficult to answer?

Only four people were eligible to answer question 17 and just two answered question 18, so the results cannot be considered conclusive.

The comments provided by people give more useful insight as they seem to imply that people found the CQC survey biased towards asking people to share their poorer experiences of using services, and/or that it prevented people from providing general feedback about a service which might relate to several different experiences.

> **“Questionnaire seemed aimed to report a specific instance of bad care. In my case, it is repeated examples of the same problems, and the same problem in lots of different places.**
>
> **“The survey seemed more focused on negative feedback and made it confusing when giving positive feedback.”**
>
> **“I want to raise general issues that happen lots of times in lots of places.”**

Q19. Still thinking about the questions you answered in Section one, are there any additional questions you think should be added to the CQC feedback form?

Q20. What questions do you think should be asked as part of the CQC feedback form?

24 people answered question 19. Eight said ‘yes’, whilst six said ‘no’ and 10 were not sure. The eight people provided the following suggested additional questions which could be asked as part of the CQC survey to help improve it. No clear themes emerged:

> “Better prompts when it comes to what feedback is required or would support the CQC in their work.
> Q. Do you think the service needs to improve? Y/N
> Q. How urgently do you think this improvement is needed?
> Q. Did you feel unsafe because of this service? Y/N"
>
> “Equalities questions “
>
> “More focussed experience questions on your experience (good or bad) like wait time, quality of treatment, able to influence treatment, politeness of staff, unclear information etc,
> more specific questions”

Q21. Please tell us what changes to the CQC feedback FORM would encourage you to share your views more often with the CQC. Select as many options as apply

Q22. If you were asked to complete an online FORM to share your feedback about using a health or social care service, which of the following would be important to you? Select as many options as apply

Questions 21 and 22 ostensibly asked the same thing, namely how a feedback form asking for views about health and social care services could be improved.

- Question 21 was for people who had provided feedback about a service and asked them to consider 12 options for how the current CQC form that they had used might be improved
- Question 22 was for those people who had only wanted to share their views of improving feedback systems: these people had not seen the CQC form so were asked to consider 10 options to improve feedback forms in general.
- 10 of the same 12 options were asked by both questions.

24 people answered question 21, and 22 people answered question 22. People could select multiple answers to both questions giving 84 answers overall to question 21 and 95 answers to question 22.

The answers to these two questions reveal marked differences depending on whether people had completed the CQC form, or not.

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

- 81.1% of people (n18) who had **not** completed the CQC form said that any questions asked by an online feedback form should be made easier to understand, whilst 54.5% (n12) said that such surveys should be made shorter, and 36.4% (n8) felt there should be fewer mandatory questions to answer. However, for people who had actually filled in the CQC survey the same results were just 25% (n6), 12.5% (n3) and 12.5% (n3). This indicates that **one of the reasons why people may elect not to complete surveys such as the CQCs (or other surveys) is because they believe them to be over complicated. Whilst this may not be true, the perception may nevertheless deter people from sharing their feedback.**

- Conversely, more of those **who had** completed the CQC feedback form said that the amount of explanatory text should be reduced (33.1%), n8) than those who had not filled it in (just 9.1%, n2). This indicates that **any explanatory information which accompanies a feedback survey should be kept to a minimum**, **and/or to that which is essential.**

- Similar response levels were received to two of the options irrespective of whether people had completed the CQC form or not to. 50% (n12) and 40.9% (n9) respectively said that they wanted the option to just write comments about a service. 54.2% (n13) and 40.9% (n9) respectively wanted to be kept informed about any impact as a result of their feedback. For both options there was a slightly more positive response to these options from those who had completed the CQC survey. **Feedback forms should be designed to enable people to simply provide their feedback without needing to answer supplementary questions**. **The CQC should also implement systems to ensure that people's feedback is acknowledged, and ideally provide individual responses.**

- Of note is the fact that 63.6% (n14) of people who **had not** completed the CQC form selected the option "*making it clearer that my responses on the feedback form will be anonymous*". For those who had filled in the CQC form, 41.7% (n10) chose this option. This implies that people may elect not to complete surveys such as the CQCs (or other surveys) because they are concerned that the service will discover they have provided negative feedback. To improve the quantity of feedback that they receive, **the CQC needs to do more to address this concern and offer greater reassurance around anonymity.**

- Also of note is that 59.1% (n13) of people who **had not** completed the CQC form selected the option of having a dedicated feedback form for the LGBTQ+ community. For those who had filled in the CQC form, 41.7% (n10) chose this option. This implies that people may be encouraged to provide feedback via a trusted source such as a local LGBTQ+ organisation. To improve the quantity of feedback that they receive, **the CQC needs to work more directly with local organisations which support LGBTQ+ populations and facilitate third party reporting.**

- Roughly one third of respondents overall wanted to receive a personalised response from the CQC to their feedback, and this was irrespective of whether they had completed the CQC form (33.3%n 8) or not (36.4%, n8). **As already highlighted, the CQC should implement systems to ensure that people's feedback is acknowledged, and ideally provide individual responses.**

For those who had completed the CQC form, just 12.5% (n3) wanted a reduction in the number of questions asked, and this supports the earlier findings that 70.6% of people had said that the current survey asked the right number of questions (see question 16). A quarter of people (n) wanted the survey to be more explicit about what information was required. A fifth of people (20.8%, n5) felt that the information about whether they were protected by the Public Interest Disclosure Act (PIDA) needed to be made clearer. Only 16.7% (n4) of people wanted the option to provide their feedback to the CQC directly by phone, face-to-face or video call, but this still shows that a one size fits all approach to gathering feedback does not work.

Comments received to questions 21 and 22 for improving feedback forms included:

> **"A space to say what I would like to happen with my feedback or what changes I would like to see"**

“I came to this as part of an LGBT etc survey, but there is nothing at all that seems to be directly related to LGBT etc experience.”

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

“Forms aren’t inclusive and don’t use inclusive language”

Answer choice		Q21 % and response	Q22 % and response
1	Making the questions on the feedback form clearer so that I know what information is required	25%, 6	81.8%, 18
2	Making the feedback form shorter with fewer questions to answer	12.5%, 3	54.5%, 12
3	Having the option to just write comments about a service	50%, 12	40.9%, 9
4	Having fewer mandatory questions to answer on the form	12.5%, 3	36.4%, 8
5	Reducing the amount of explanatory text on the form / Having little, or no explanatory text on the form	33.3%, 8	9.1%, 2
6	Making it easier to understand if I am protected by the Public Interest Disclosure Act (PIDA)	20.8%, 5	NA
7	Making it clearer that my responses on the feedback form will be anonymous	41.7%, 10	63.6%, 14
8	Getting a personalised response from my feedback (if I opted to)	33.3%, 8	36.4%, 8
9	Being kept informed about any impact as a result of my feedback	54.2%, 13	40.9%, 9
10	Having a dedicated feedback form for the LGBTQ+ community	41.7%, 10	59.1%, 13
11	Having the option to provide my feedback to the CQC directly (phone, face-to-face, video call)	16.7%, 4	NA
12	Other (please specify):	8.3%, 2	9.1%, 2

Q23. In more GENERAL terms what would encourage you to share feedback with the Care Quality Commission (who are the official regulator of health and social care services)? Select as many as apply.

Question 23 of the main survey asked people to consider different options and which of these might encourage them to provide their feedback about health and social care services. 39 people answered this question providing 178 responses overall (as multiple options could be selected).

In addition, our younger person's survey asked people (a) what currently stops them from reporting their feedback and (b) what would make them more likely to provide feedback about a service, and 46 and 34 younger people responded to these questions respectively.

The overwhelming majority of people to the main survey said that they would be encouraged to provide feedback to the CQC if they felt that it would have an impact (87.2%, n34). A quarter of younger people said they didn't provide feedback as they felt that it wouldn't make a difference (24%, n11). And 53.8% (n21) of people to the main survey said that being kept informed about what has improved as a result of other people's feedback would encourage them to give feedback. These findings support the facts that roughly one third of respondents who answered questions 21 and 22 wanted to receive a personalised response from the CQC to their feedback, and this was irrespective of whether they had completed the CQC form (33.3%) or not (36.4%), and also that 54.2% and 40.9% respectively wanted to be kept informed about any impact as a result of their feedback. **The CQC should implement systems to ensure that people's feedback is always acknowledged, and ideally provide individual responses, as well as better promotion of the positive impacts which directly direct result from other people's feedback.**

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

59% (n23) of people to the main survey and 53.5% (n21) of younger people would be encouraged to provide feedback if they knew that the CQC was working directly with local organisations which support LGBTQ+ people, or other independent organisations. This is supported by the fact that 59% (n23) of people to the main survey said that being able to trust organisations such as the CQC would encourage them to provide feedback. **As already highlighted, the CQC needs to work more directly with local organisations which support LGBTQ+ populations and facilitate third party reporting.**

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

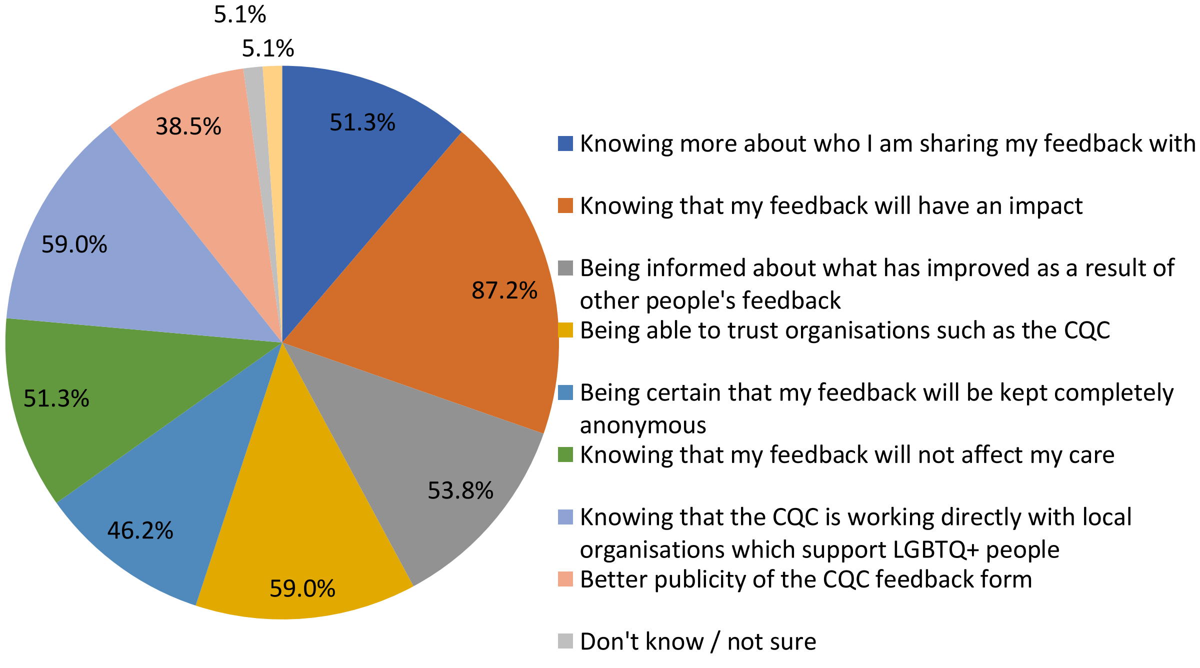
51.3% (n20) of people to the main survey and 21% (n10) of younger people would be encouraged to provide feedback if they knew that their feedback would not affect their care. This is supported by the fact that 46.2% (n18) of people to the

main survey also said that being certain that their feedback would be kept completely anonymous would encourage them to give feedback. In question 22, 63.6% (n14) of people who had not completed the CQC form selected the option *"making it clearer that my responses on the feedback form will be anonymous"* as a way to improve feedback forms. For those who had filled in the CQC form, 41.7% (n10) chose this option**. To improve the quantity of feedback that they receive, the CQC needs to do more to address concerns around patient anonymity and offer greater reassurance in this area.**

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

38.5% (n15) of people to the main survey and 26% (n12) of younger people would be encouraged to provide feedback if they knew that they could do this, and better promotion of the CQC feedback form is clearly needed.

> **"There needs to be adequate publicity of feedback systems to reach as wide an audience as possible."**



In more GENERAL terms what would encourage you to share feedback with the Care Quality Commission (who are the official regulator of health and social care services)? Select as many as apply.

	Answer Choice	Response Percent	Response Total
1	Knowing more about who I am sharing my feedback with	51.3%	20
2	Knowing that my feedback will have an impact	87.2%	34
3	Being informed about what has improved as a result of other people's feedback	53.8%	21
4	Being able to trust organisations such as the CQC	59.0%	23
5	Being certain that my feedback will be kept completely anonymous	46.2%	18
6	Knowing that my feedback will not affect my care	51.3%	20
7	Knowing that the CQC is working directly with local organisations which support LGBTQ+ people	59.0%	23
8	Better publicity of the CQC feedback form	38.5%	15
9	Don't know / not sure	5.1%	2
10	Other (please specify):	5.1%	2

Related answers from our younger person’s survey results

Is there anything that stops you reporting? 46 responses

I didn’t know I could	12, 26%
I didn’t know how to	13, 29%
Won’t make a difference	11, 24%
Care would be affected?	10, 21%

What would make you more likely to provide feedback about a service? 43 responses

Better advertised	8, 18.5%
Simple online form	12, 28%
Reporting to an LGBT org	14, 32.5%
Reporting to an independent org	9, 21%

Q24. We would like to understand if there are any other factors which personally prevent or discourage you from providing feedback on health or social care services to the CQC?

Q25. If you said yes, please tell us a bit more.

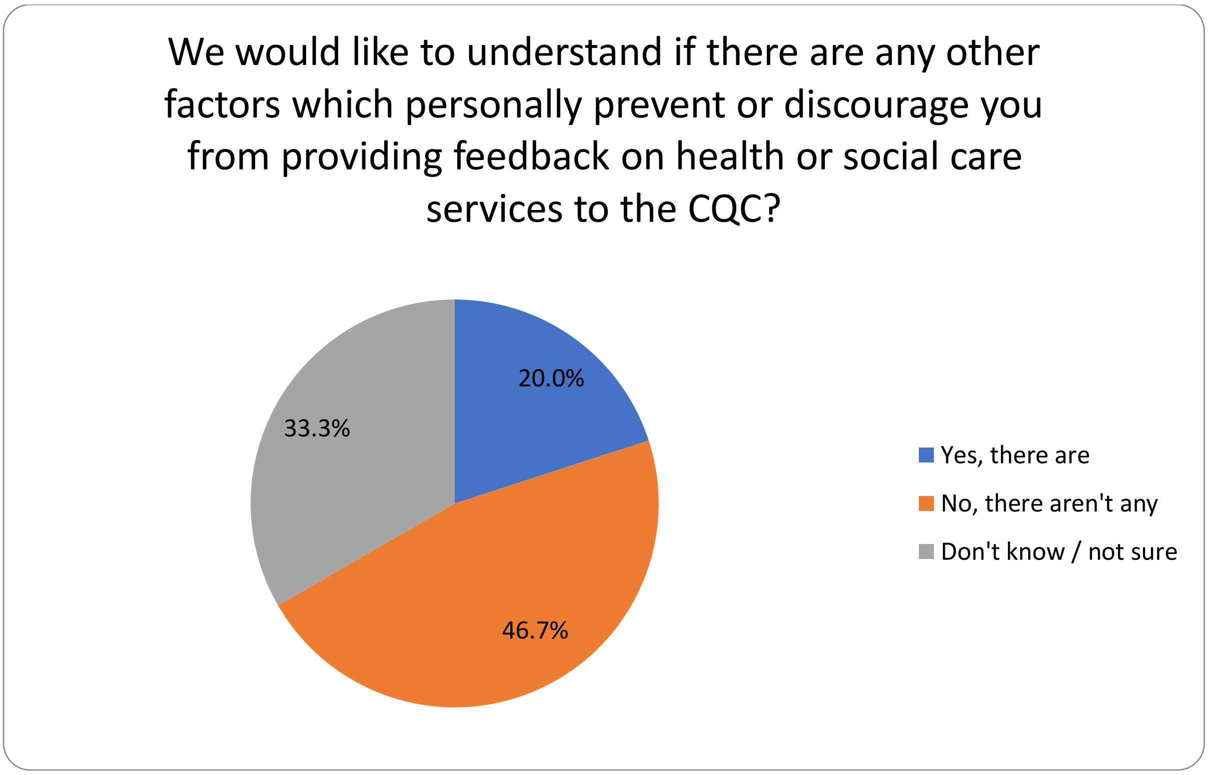
45 people answered this question, and nine (20%) indicated that there were other factors personally prevented or discouraged them from providing feedback on health or social care services to the CQC.

Some themes emerged such as:

- People not having the time to provide feedback and the need for feedback forms/systems to be shared directly with patients rather than them having to search for them.

- People struggling when being asked to relive traumatic experiences. Some people are at their lowest ebb after experiencing poor or discriminatory care so being asked to provide feedback isn't realistic. This is why enabling LGBTQ+ organisations to act as third-party reporters and/or who can advocate on behalf of vulnerable people might help ensure that these valuable stories, which otherwise get lost, are collected.

- Inclusive forms. The current CQC form fails to capture demographic data meaning that the CQC cannot identify when an issue is affecting specific communities. Language used within forms also needs to be carefully considered to ensure that it is inclusive e.g. allowing people to specify their preferred pronouns when providing their contact details.


We would like to understand if there are any other factors which personally prevent or discourage you from providing feedback on health or social care services to the CQC?

Open comments received included the following statements:

> **“Time to do it, so a far simpler process to share feedback is needed. And is it really worth doing it? So little seems to change as a result”**
>
> **“If you look at my situation I quite simply felt scared, humiliated, powerless… I had no idea where to go or what to do about it and couldn’t bear the thought of going through anymore of that. I think as a person passes reception they should be handed a leaflet which simply shows information on how to complain or indeed give positive feedback. Depressed down trodden people don’t look up as they leave a place where they have just been made to feel like I did so if there was info to help me at reception I wouldn’t of noticed it”**
>
> **“Forms aren’t inclusive and don’t use inclusive language”**
>
> **“Time”**
>
> **“Having it handy/readily accessible when something has happened that shouldn't - when I'm ill/injured anyway, I'm not going to have the time, energy or good health to go**

searching for something like this on line
Feeling it will make a difference.
Feeling I'm writing it for someone who gives a damn about discriminatory treatment of people with disabilities/ gay etc people"

"Not sure really, I guess I'm just used to people not caring about the state of trans healthcare"

Q26. Are there are other comments you would like to make about feedback systems for health and social care services?

16 people responded to this question providing open text comments about feedback systems. These supported many of the earlier comments and findings, with similar themes emerging around making forms simpler, easier to find, and quicker to complete, whilst ensuring confidentiality.

"My own experience with the Healthwatch Brighton & Hove organisation has been incredibly positive. I felt that I and others were listened to, and our concerns and suggestions were acted upon."

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

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

"They're too complicated. I just want to provide an immediate response to my care: good or bad"

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

sometimes traumatic"

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

"I can only think that perhaps staff need more training to understand that things aren't always as they seem. Maybe someone a volunteer perhaps who is not connected with the service could be in the reception area visible and available for people who need help/support. Trained volunteers who can spot when someone isn't ok but isn't just talking to the staff making them unapproachable to anyone having a problem with the staff."

"Make them short and simple"

"Make them inclusive so that everyone feels they can contribute"

"Stress that answers are confidential"

"Make them easier to find"

"Just make them as uniform as possible"

Q27. We would like to understand how much you know about the work of the CQC.

This final question asked for people views about the CQC. We asked them to answer 5 statements using this scale:

1 = do not agree at all
10 = completely agree.

45 people answered this question, and the average scores are shown below.

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

Scores for each of the 5 statements ranged from 1 (minimum) to 10 (maximum).

Seven respondents gave scores of 1 for each of the five statements, whilst two people gave scores of 10 to all five statements. There was no immediate correlation between the scores people gave and the rating they had given for their experience of using health and social care services, or the age of respondents.

The results would indicate that overall, the CQC needs to do more to show that they are working with LGBTQ+ communities and that that they positively use the feedback which people share with them. These findings are mirrored by the earlier findings described in questions 19-26, and our recommendations.

Qs 28-37 - The remaining survey questions asked people to provide us with demographic data.

The Healthwatch Brighton and Hove 2021 Equality Impact Assessment showed that although Healthwatch was successful at hearing the views of a diverse range of people, there were areas that required more engagement. This project has helped Healthwatch to engage with more people in these areas:

- **Ethnic diversity –** in 2020-21 our reports achieved good representation from those who were not White-British (13%), however this is less that the city-wide figure of 19.5%. Via this survey, 22% of respondents indicated that their ethnic origin was something other than "White: British / English / Northern Irish / Scottish / Welsh"

- **Sexual orientation –** in 2020-21, as for many online surveys nationally, our surveys included higher proportions of responses from women (68.8%). Via this survey, 40% of those we engaged with described their gender identity as 'woman, including trans woman. 33% described themselves as being a 'man, including trans man'. We also engaged with people who described their gender identity as non-binary (4.5%), genderqueer (7%), gender fluid (4.5%), and five other self-prescribed identities.

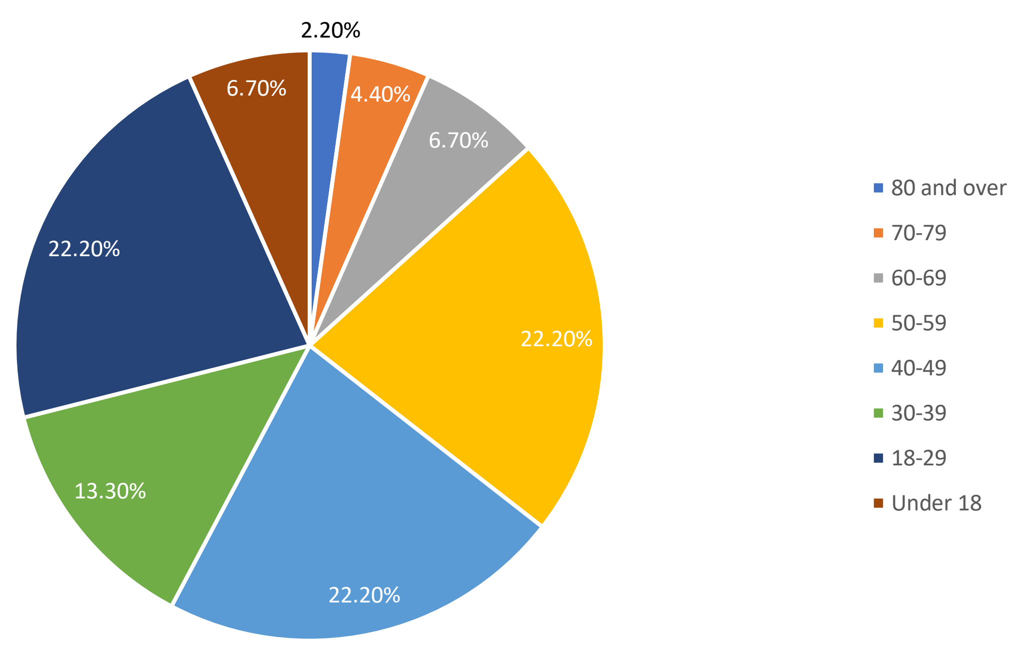
- **Age –** in 2020-21, 60% of those responding to our engagement activities were aged 40-74 years, with 10% aged under 34 years. Via this latest report 58% of those we engaged with were aged 40 and over, and 42% under. In total, 36% were aged 34 and under. 22.2% were aged 20 to 29 and nearly 7% under 18. However, our younger person's surveys saw us engage with a further 50 people aged 16 to 25.

In addition, in 2020-2021, Healthwatch was effective in hearing the views from:

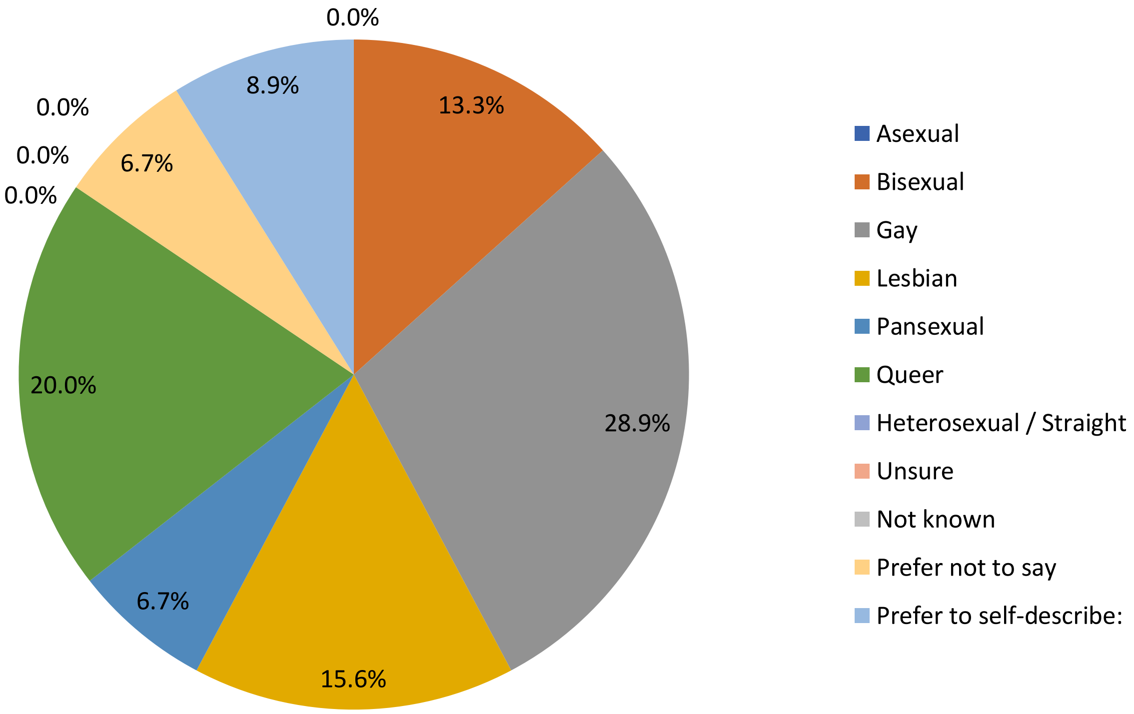
People with disabilities – in 2020-21, 33% of people we engaged with were those with disabilities compared to 16% across the city. Via this survey, 36% of those we engaged indicated that they have a disability, health condition and/or neurodivergence.

People with or without a religion – in 2021-21, from the reports that recorded people's religious status, Healthwatch was effective in hearing the views of those with and without a religion (49% and 51% respectively). These figures are almost identical to the city-wide figures. Via this survey, 75.5% of respondents indicated that they had no religion (including atheism and agnostics), whilst 15.5% specified a religion or religious/spiritual belief.

Ages of respondents to the main survey



How do you describe your sexual orientation?



Appendix D

Main survey questions and responses

Not all respondents answered every question in the survey. This is because some questions were not relevant to them or their experience, and/or where filtering options allowed respondents to skip over questions.

SECTION ONE: feedback about health and social care services

1. Are you completing this questionnaire for yourself or on behalf of someone else? 47 responses

Myself	47, 100%
As a carer	0
As a friend or chosen family member of someone	0

2. Would you like to share your experience of using a health or social care service? 40 responses, 7 skipped

NB the original survey was revised 7 days after it had been launched and this question was added to enable people to skip Section One of the survey. The change was made in response to user feedback from people who had not appreciated that they would be asked to give feedback about a health or social care service. We nevertheless wanted to collect their views about improving feedback services. The 7 skipped responses relate to those people who completed the survey before this change had been made.

Yes	18, 45%
No, you will be redirected to questions which ask for your views about improving feedback systems	22, 55%

3. What kind of experience do you want to tell us about? 25 responses, 22 skipped i.e. the 22 people who selected 'No' to Q2

Good	7, 28%
Bad	9, 36%
Both good and bad	9, 36%

4. What is the name of the service you want to provide feedback on?

Various services were named, and more than one type of service could be mentioned by the same person, for example someone who mentioned 'gynaecology services at the hospital' would be counted as providing feedback on two services, namely the 'department' and the 'hospital'. The key services mentioned by respondents included the following:

- **16 pieces of feedback were about GPs** of which seven were 'good', eight 'bad', and one 'both good and bad'. We received four pieces of feedback about the Brighton and Hove Wellbeing Service three of which were good and one good/bad. Wellsbourne Surgery received two reviews, one good and one bad
- **14 pieces of feedback were about hospital services** of which four were 'good', six 'bad, and four 'both good and bad'
- **Five pieces of feedback were about fertility services** in general of which two were 'bad' and two 'both good and bad'. Two specific references were made to gender identity clinics, both 'bad'
- **three pieces of feedback were about sexual health services** all of which were 'bad'
- **three pieces of feedback were about mental health services**, all of which were 'bad'. Two reviews were given about the assessment and treatment centres (ATS) operated by Sussex Partnership Foundation NHS Trust both of which were 'bad'
- **two pieces of feedback were about dentists** one of which was described as being 'both good and bad', and one where no description of the experience was given.

5. Which part of the service are you telling us about? Optional

Various individual services were named as follows:

Services(s)	**Rating of experience**
1. Dermatology RSCH	Good
2. Unnamed GP	Bad
3. Unnamed GP	Bad
4. Digestive Diseases, RSCH	Good and bad
5. East Brighton assessment and treatment centres (ATS), SPFT	Bad

6. Brighton and Hove Wellbeing Centre, GP	Good
7. Assessment and treatment centres (ATS), SPFT.	Bad
8. Unnamed GP	Bad
9. Unnamed dentist	Experience not shared
10. MK Dental practice	Good and bad
11. Midwifery and fertility services ("Agora")	Good and bad
12. Gynaecology services, Conquest hospital	Bad
13. Gynaecology services, Brighton General hospital	Bad
14. Sexual Health and Contraception Services, Royal Sussex County Hospital	Bad
15. Saint Peter's Medical Centre, GP	Bad
16. Unnamed GP	Good
17. Lawson unit, Royal Sussex County Hospital	Bad
18. Child and Adult Mental Health Services	Bad
19. Ultrasound, Royal Sussex County Hospital	Good
20. Sexual Health and Contraception Services, Royal Sussex County Hospital	Bad
21. Civic Medical Centre, GP	Bad
22. Brighton and Hove Wellbeing Centre, GP	Good and bad
23. Brighton and Hove Wellbeing Centre, GP	Good
24. Gynaecology services (cervical smear), Royal Sussex County Hospital	Good and bad
25. Haematology services, Royal Sussex County Hospital	Good
26. Wellsbourne Surgery, GP	Bad
27. Digestive Diseases, Royal Sussex County Hospital	Good and bad
28. Brighton Station Health Centre	Bad
29. Courtyard surgery, Horsham	Bad

30. Cardiology services, NHI Hospital	Good
31. Brighton and Hove Wellbeing Centre, GP	Good
32. A&E department, Royal Sussex County Hospital	Good and bad
33. Wellsbourne Surgery, GP	Good
34. Charing Cross CIC	Bad
35. Seaford Medical Centre, GP	Good
36. Lawson Clinic, Royal Sussex County Hospital	Good

6. When did this happen?

The experiences analysed for this survey all occurred since July 2020 to March 2022

7. Have you worked for the service you are providing feedback on? 25 responses, 22 skipped i.e. the 22 people who selected 'No' to Q2

Yes	0
No	25, 100%

8. Please give us your feedback about the service

This information has not been recorded in this report to protect respondents' anonymities. The feedback was shared with the CQC were appropriate.

9. Can CQC inspectors contact you to find out more about your feedback? 25 responses, 22 skipped i.e. the 22 people who selected 'No' to Q2

Yes	12, 48%
No	13, 52%

10. If you said that CQC inspectors could contact you, please provide your full name, email address and UK telephone number

This information has not been recorded in this report to protect respondents' anonymities. The feedback was shared with the CQC were appropriate.

11. Have you told the service about this? 25 responses, 22 skipped i.e. the 22 people who selected ‘No’ to Q2

I've told them but I did not make a formal complaint	7, 28%
I've made a formal complaint	2, 8%
No, I have not told them	16, 64%

12. Have you told the authorities? 25 responses, 22 skipped i.e. the 22 people who selected ‘No’ to Q2

The police	0
The Council safeguarding team	0
Both the police and the Council safeguarding team	0
Neither of the above	25, 100%

13. Did you hear about this form through a charity? 25 responses, 22 skipped i.e. the 22 people who selected ‘No’ to Q2

Yes	13, 52%
No	12,48%

14. If applicable, which charity told you about this form? 13 responses, 34 skipped. This question was not mandatory

Carers UK	1, 7.7%
Disability Rights UK	1, 7.7%
Mind	1, 7.7%
The Patients Association	0
Relatives and Residents Association	0
Other Healthwatch Brighton & Hove - 6 Switchboard - 1 Allsorts - 1 LGBTQIWF - 1 MindOut -1	10, 76.9%

SECTION TWO: your views about providing feedback

15. Thinking about the questions you just answered in Section one (i.e. the 'CQC feedback form'), please tell whether you found them:
22 skipped i.e. the 22 people who selected 'No' to Q2

a. Very easy (go to Q16)	b. Easy (Go to Q16)	c. Neither easy nor difficult (Go to Q19	d. Difficult (Go to Q17)	e. Very difficult (Go to Q17)
4, 16%	13, 52%	4, 16%	4, 16%	0

16. Please tell us why you found the questions in Section one (i.e. the 'CQC feedback form') easy or very easy to answer? Select as many options as apply. Please then go to Q19 after answering this one.

17 responses, 30 skipped. Only the 17 people who selected options (a) or (b) to Q15 were eligible to answer Q16. People could select multiple answers giving 60 answers overall. The %s however relate to the 17 people who answered the question.

All of the questions were easy to understand	13, 76.5%
All of the questions were clearly written (using plain language)	10, 58.8%
When giving my feedback about services, it was clear what type of information I should provide	6, 35.3%
All of the questions felt relevant	11, 64.7%
The number of questions asked was about right	12, 70.6%
The explanatory information (given for some questions) was helpful	7, 41.2%
Other *"Room for me to write what and as much as I wanted to"*	1, 5.9%

17. Please tell us why you found the questions in Section one (i.e. the 'CQC feedback form') questions difficult or very difficult to answer? Select as many options as apply.

4 responses, 43 skipped. Only the 4 people who selected options (d) or (e) to Q15 were eligible to answer Q17 meaning that the results provide limited insight. People could select multiple answers giving 7 answers overall. The %s however relate to the 4 people who answered the question.

I did not always understand what information I was being asked to provide	1, 25%
Some questions were not clearly worded (they did not use plain language)	1, 25%
When giving my feedback about services, I was NOT clear what type of information I should provide	1, 25%
There were too many questions to answer	0
Too many questions were compulsory to answer (I wanted to skip over more questions)	0
Some of the questions felt intrusive	0
There was too much explanatory text (given for some questions)	0
The survey took too long to complete	1, 25%
Other *"Questionnaire seemed aimed to report a specific instance of bad care. In my case, it is repeated examples of the same problems, and the same problem in lots of different places."* *"Some questions like ref to police didn't seem necessary"* *"The survey seemed more focused on negative feedback and made it confusing when giving positive feedback"*	3, 75%

18. Were there any questions in Section one (i.e. the 'CQC feedback' form) that you found particularly difficult or very difficult to answer? The questions are listed below, please select all those you found difficult to answer.
2 responses, 45 skipped.
This question was not mandatory, and most respondents chose not to answer it. People could select multiple answers giving 5 answers overall. The results therefore provide limited insight

Q1. What kind of experience do you want to tell us about?		0
Q2. What is the name of the service you want to provide feedback on?	50%	1
Q3. Which part of the service are you telling us about?	50%	1
Q4. When did this happen?	100%	2
Q5. Have you worked for the service you are providing feedback on?		0
Q6. Please give us your feedback about the service		0
Q7. Can CQC inspectors contact you to find out more about your feedback?		0

Q8. As you said that CQC inspectors could contact you, please provide your details		0
Q9. Have you told the service about this?		0
Q10. Have you told the authorities?	50%	1
Q11. Did you hear about this form through a charity?		0

Q18(b)Can you tell us a bit more about why you found these questions more difficult to answer?

Only one comment was received:
"[questions] seem aimed to a specific thing that happened on a particular date; I want to raise general issues that happen lots of times in lots of places."

19. Still thinking about the questions you answered in Section one, are there any additional questions you think should be added to the CQC feedback form?

24 responses, 23 skipped

Yes (Go to Q20)	8, 33.3%
No (Go to Q21)	6, 25%
Don't know/not sure (Go to Q21)	10, 41.7%

20. What questions do you think should be asked as part of the CQC feedback form? This was a free text question and 7 comments were received.

"Better prompts when it comes to what feedback is required or would support the CQC in their work e.g.:
Q. Do you think the service needs to improve? Y/N
Q. How urgently do you think this improvement is needed?
Q. Did you feel unsafe because of this service? Y/N"

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

"Be nice to know what would happen as a result of me giving feedback - where does it go? Will the hospital get it?"

"Equalities questions"

"I came to this as part of an LGBT etc survey, but there is nothing at all that seems to be directly related to LGBT etc experience."

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

"More specific questions"

21. Please tell us what changes to the CQC feedback FORM would encourage you to share your views more often with the CQC. Select as many options as apply

24 responses, 23 skipped. People could select multiple answers giving 84 answers overall. The %s however relate to the 24 people who answered the question.

Making the questions on the feedback form clearer so that I know what information is required	6, 25%
Making the feedback form shorter with fewer questions to answer	3, 12%
Having the option to just write comments about a service	12, 50%
Having fewer mandatory questions to answer on the form	3, 12.5%
Reducing the amount of explanatory text on the form	8, 33.3%
Making it easier to understand if I am protected by the Public Interest Disclosure Act (PIDA)	5, 20.8%
Making it clearer that my responses on the feedback form will be anonymous	10, 41.7%
Getting a personalised response from my feedback (if I opted to)	8, 33.3%
Being kept informed about any impact as a result of my feedback	13, 54.2%
Having a dedicated feedback form for the LGBTQ+ community	10, 41.7%
Having the option to provide my feedback to the CQC directly (phone, face-to-face, video call)	4, 16.7%
Other	2, 8.3%

22. If you were asked to complete an online FORM to share your feedback about using a health or social care service, which of the following would be important to you? Select as many options as apply

22 responses received. This question was only asked of the respondents who had answered 'No' at Q2 i.e. those people who did not want to provide feedback on a health or social care service but who did want to share their ideas for improving feedback systems

Making the questions on the feedback form clear so that I know what information is required	18, 81.8%
Making the feedback form short with few questions to answer	12, 54.5%
Having the option to just write comments about a service	9, 40.9%
Having few or no mandatory questions to answer on the form	8, 36.4%
Having little, or no explanatory text on the form	2, 9.1%
Making it clear that my responses on the feedback form will be anonymous	14, 63.6%
Getting a personalised response from my feedback (if I opted to)	8, 36.4%
Being kept informed about any impact as a result of my feedback	9, 40.9%
Having a dedicated feedback form for the LGBTQ+ community	13, 59.1%
Other (please specify): *"Option to just send a Good/ Bad or score out of 5 after each appointment. Quick and simple and immediate without having to disclose any info which might identify me"* *"Nothing special for LGBTQ+ community just treated like everyone else please"*	2, 9.1%

23. In more GENERAL terms what would encourage you to share feedback to the CQC? Select as many as apply.
39 responses received, 8 skipped

Knowing more about who I am sharing my feedback with	20, 51.3%
Knowing that my feedback will have an impact	34, 87.2%
Being informed about what has improved as a result of other people's feedback	21, 53.8%
Being able to trust organisations such as the CQC	23, 59.0%
Being certain that my feedback will be kept completely anonymous	18, 46.2%
Knowing that my feedback will not affect my care	20, 51.3%
Knowing that the CQC is working directly with local organisations which support LGBTQ+ people	23, 59.0%
Better publicity of the CQC feedback form	15, 38.5%
Don't know / not sure	2, 5.1%
Other	2, 5.1%

“Understanding who the CQC are and that they work with the LGBTQ community” *"1. Ease of access to it - such as paper copies in GP surgeries/hospital reception areas - to report what one has just experienced.* *2. confidence it was worth my time in doing it - i.e. things would improve and I might even get some decent care or at least decent polite treatment* *3. 26 hours in every day to have the energy for yet more paperwork"*	

24. We would like to understand if there are any other factors which personally prevent or discourage you from providing feedback on health or social care services to the CQC?

45 responses, 2 skipped

Yes (Go to Q24)	9, 20%
No (Go to Q25)	21, 46.7%
Don’t know/not sure (Go to Q25)	15, 33.3%

25. As you said yes, please tell us a bit more.

9 comments were received. This question was only asked of the 9 respondents who had answered ‘Yes’ at Q24 i.e. if they indicated that there were other factors which personally prevented or discouraged them from providing feedback on health or social care services to the CQC.

“Time to do it, so a far simpler process to share feedback is needed
And is it really worth doing it? So little seems to change as a result”
“The CQC feels quite unaccountable and distant, more integration into community services would support this”

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

“I work for the NHS, I don’t want to run it into the ground, and I want to be clear that for the most part, the individuals who work on the frontline are

hardworking and dedicated. It's the system which is broken, not the staff within it who work their hardest."

"If you look at my situation, I quite simply felt scared, humiliated, powerless and quickly declined in my mental ability to cope with what was happening to me right at a time in my life when I was at my very weakest. I had no idea where to go or what to do about it and couldn't bear the thought of going through anymore of that. I think as a person passes reception they should be handed a leaflet which simply shows information on how to complain or indeed give positive feed Back. Depressed downtrodden people don't look up as they leave a place where they have just been made to feel like I did so if there was info to help me at reception I wouldn't of noticed it."

"Forms aren't inclusive and don't use inclusive language"

"Time!"

"Having it handy/readily accessible when something has happened that shouldn't - when I'm ill/injured anyway, I'm not going to have the time, energy or good health to go searching for something like this online
Feeling it will make a difference.
Feeling I'm writing it for someone who gives a damn about shitty discriminatory treatment of people with disabilities/ gay etc people"

"Not sure really, I guess I'm just used to people not caring about the state of trans healthcare"

26. Are there are other comments you would like to make about feedback systems for health and social care services? Your ideas can help to improve these.
16 comments were received.

"My own experience with the Healthwatch Brighton & Hove organisation has been incredibly positive. I felt that I and others were listened to, and our concerns and suggestions were acted upon."

"There need to be different levels of feedback systems, starting off with a really simple was the service good or bad (5-star rating) which can be completed in a

second, followed up with the option to answer more Qs and share more detailed views."
"I'd like to receive a short text survey after each app, just a 5-scale rating question with the option to provide more feedback and info about lodging a complaint if necessary, so that I don't have to search for it"

"They're too complicated. I just want to provide an immediate response to my care: good or bad"

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

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

"Nope"

"I can only think that perhaps staff need more training to understand that things aren't always as they seem. Maybe someone a volunteer perhaps who is not connected with the service could be in the reception area visible and available for people who need help/support. Trained volunteers who can spot when someone isn't ok but isn't just talking to the staff making them unapproachable to anyone having a problem with the staff.

"Make them short and simple"

"Make them inclusive so that everyone feels they can contribute"

"Stress that answers are confidential"

"Sometimes want long-term approaches - e.g. initial training should be not to call all women Mrs, rather than address each instance as a special case of careful treatment of a fusspot"

"Make them easier to find"

"Just make them as uniform as possible"

"There needs to be adequate publicity of feedback systems to reach as wide an audience as possible."

"No"

27. We would like to understand how much you know about the work of the CQC. Select how much you agree with the following statements using this scale:
1 = do not agree at all
10 = completely agree.

45 responses received. 2 skipped.

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

SECTION THREE: about you

%s relates the number of people who answered each question, ignoring those show skipped them

28. How old are you?
45 responses, 2 skipped

80 and over	1, 2.2%
70-79	2, 4.4%
60-69	3, 6.7%
50-59	10, 22.2%
40-49	10, 22.2%
30-39	6, 13.3%
18-29	10, 22.2%
Under 18	3, 6.7%
Not answered	2

29. How do you describe your sexual orientation?

45 responses, 2 skipped

Asexual	0
Bisexual	6, 13.3%
Gay	13, 28.9%
Lesbian	7, 15.6%
Pansexual	3, 6.7%
Queer	9, 20%
Heterosexual / straight	0
Unsure	0
Not known	0
Prefer not to say	3, 6.7%
Prefer to self-prescribe: - Bisexual dyke - Demisexual - Unlabelled - Demisexual, demiromantic, transgender, lesbian	4, 8.9%
Not answered	2

30. How do you describe your gender identity?

45 responses, 2 skipped

Woman, including trans woman	18, 40%
Man, including trans man	15, 33.3%
Non-binary	2, 4.4%
Gender queer	3, 6.7%
Gender fluid	2, 4.4%
Agender	
Unsure	
Not known	
Prefer not to say	1, 2.2%
Prefer to self-prescribe: - Unlabelled - Woman - I do not have a "gender" - I am a human being, not a grammatical construct. If	5, 11.1%

you mean "sex", then "female". - Female - Trans-Masculine	
Not answered	2

31. Do you have an intersex variation? Intersex is a term for people born with atypical physical sex characteristics. There are many different intersex traits or variations.

45 responses, 2 skipped

Yes	1, 2.2%
No	36, 80.0%
Unsure	3, 6.7%
Not known	2, 4.4%
Prefer not to say	3, 6.7%
Prefer to self-prescribe	
Not answered	2

32. Does your gender identity match the one you were assigned at birth?

45 responses, 2 skipped

Yes	29, 64.4%
No	9, 20%
Unsure	0
Not known	0
Prefer not to say	6, 13.3%
Prefer to self-prescribe: - I don't have a gender identity, I'm a person not a grammatical construct.	1, 2.2%
Not answered	2

33. How do you describe your ethnic background?

45 responses, 2 skipped

Arab	0
Asian / Asian British: Bangladeshi	0
Asian / Asian British: Chinese	0
Asian / Asian British: Indian	0
Asian / Asian British: Pakistani	0
Asian / Asian British: Any other Asian / Asian British background	0
Black / Black British: African	0
Black / Black British: Caribbean	0
Black / Black British: Any other Black / Black British background	2, 4.4%
Mixed / Multiple ethnic groups: Asian and White	0
Mixed / Multiple ethnic groups: Black African and White	0
Mixed / Multiple ethnic groups: Black Caribbean and White	0
Mixed / Multiple ethnic groups: Any other Mixed / Multiple ethnic groups background	0
White: British / English / Northern Irish / Scottish / Welsh	35, 77.8%
White: Irish	2, 4.4%
White: Gypsy, Traveller or Irish Traveller	0
White: Roma	0
White: Any other White background	4, 8.9%
Not known	0
Prefer not to say	1, 2.2%
Other (please specify): Ashkenazi Jewish	1, 2.2%
Not answered	2

34. If you have a religion, faith, or spirituality, how would you describe it?

45 responses, 2 skipped

Atheist	12, 26.7%
Agnostic	8, 17.8%
Buddhist	1, 2.2%
Christian	2, 4.4%
Hindu	0
Jewish	1, 2.2%
Muslim	0
No particular religion	13, 28.9%
Pagan	0
Sikh	0
Other (state below)	0
Other philosophical belief (state below)	1, 2.2%
Unsure	1, 2.2%
Not known	1, 2.2%
Prefer not to say	2, 4.4%
Other	3, 6.7%
Not answered	2

35. Do you have a disability, health condition and/or neurodivergence?

45 responses, 2 skipped

Yes	16, 35.6%
No	30, 44.4%
Unsure	3, 6.7%
Not known	1, 2.2%
Prefer not to say	5, 11.1%
Not answered	2

36. If 'yes', please state the type of impairment. If you have more than one, please tick all that apply. If none apply, please mark 'Other' and write an answer in the comment box.

16 responses, 31 skipped. This question was only asked of the 16 respondents who had answered 'Yes' at Q35

Blind or visual impairment	1, 6.3%
D/deaf or Hearing impairment	2, 12.5%
Long-term illness or health condition	5, 31.3%
Learning disability or difficulties	1, 6.3%
Mental Health condition	7, 43.8%
Neurodivergence	6, 37.5%
Physical or mobility impairment	4, 25%
Sensory impairment	4, 25%
Social or Communication Issues	1, 6.3%
Unsure	0
Not known	0
Prefer not to say	0
Other: - Developmental trauma/CPTSD - HIV	2, 12.5%
Not answered	0

37. Are you a carer? A carer provides unpaid support to family or friends who are ill, frail, disabled or have mental health or substance misuse problems.

45 responses, 2 skipped

Yes	6, 13.3%
No	36, 80%
Unsure	1, 2.2%
Not known	0
Prefer not to say	2, 4.4%
Not answered	2

Questions 38 to 42 allowed respondents to provide their contact information to take part in future surveys, telephone interviews and/or a prize drawer.

Appendix E
16-25 year-olds LGBTQ+ social media surveys and responses

In addition to our main survey, Switchboard developed a very short vox pox style survey to share on Twitter and Instagram targeted at younger LGBTQ+ people aged 16-25. We wanted to ensure that younger people's views on feedback systems were captured to help the CQC identify ways to adapt their communications and approaches to specifically attract younger people to their surveys and to encourage them to share their feedback about services. The survey was designed by younger people who work for Switchboard and asked 4 simple questions. The simplistic nature of the survey meant that we were restricted as to what we could ask, meaning that the results provide a high-level overview only.

57 young LGBTQ+ people responded to the Instagram survey and 9 to the Twitter survey (65 in total). It is not possible to identify whether the same people responded to both surveys. Respondents could select one answer for each of the 4 questions only.

Key findings

The majority of younger people who responded to either survey had never reported a concern about a health and social care service, 85.5% (n47). The four options available to respondents to explain why this was the case received similar response levels with younger people indicating that they didn't know they could provide feedback (26%); that they didn't know how to do this (29%); a belief that providing feedback was pointless i.e. it would make no difference (24%) and being worried that their care might be affected if they did give feedback (21%).

The survey responses revealed that in order to encourage younger LGBTQ+ people to share their feedback the CQC needed to enable this to happen via an LGBTQ+ organisation (32.5%) or other independent organisation (21%), and the form itself should be simple in nature (28%) and should be better promoted (18.5%).

Combined survey results

1. **Are you aged 16-25?**
   65 responses, only 50 of these responses were from our target audience.

Yes	50, 77%
No	15, 23%

2. **Have you ever reported a concern about a health and social care service?**
   57 responses

Yes	10, 17.5%
No	47, 82.5%

3. **Is there anything that stops you reporting?**
   46 responses

I didn't know I could	12, 26%
I didn't know how to	13, 29%
Won't make a difference	11, 24%
Care would be affected?	10, 21%

4. **What would make you more likely to provide feedback about a service?**
   43 responses

Better advertised	8, 18.5%
Simple online form	12, 28%
Reporting to an LGBT org	14, 32.5%
Reporting to an independent org	9, 21%

Instagram survey results only

1. Are you aged 16-25?

57 responses

Yes	42, 73.7%
No	15, 26.3%

2. Have you ever reported a concern about a health and social care service?

49 responses

Yes	10, 22.4%
No	39, 79.6%

3. Is there anything that stops you reporting?

39 responses

I didn't know I could	10, 25.6%
I didn't know how to	11, 28.2%
Won't make a difference	9, 23%
Care would be affected?	9, 23%

4. What would make you more likely to provide feedback about a service?

34 responses

Better advertised	6, 17.6%
Simple online form	7, 20.5%
Reporting to an LGBT org	12, 35.3%
Reporting to an independent org	9, 26.5%

There was also an open comments box at the end of the poll which said 'anything we've missed', we had one response which said, 'worried it won't be taken seriously'.

Social media post on Instagram

healthwatchbh We are looking long for members of the LGBTQ+ community to answer a couple of shorts questions about their experiences within health and social care environments. https://mobile.twitter.com/lgbtswitchboard/status/1504077198013 222921 @lgbtswitchboard #Healthwatch #socialcare #lgbtq #tellusmore #community #brighton #brightonandhove #joinus

2 w

Twitter results:

1. Are you aged 16-25?

8 responses

Yes	8, 100%
No	0%

2. Have you ever reported a concern about a health and social care service?

8 responses

Yes	0%
No	8, 100%

3. Is there anything that stops you reporting?

7 responses

I didn’t know I could	2, 28.6%
I didn’t know how to	2, 28.6%
Won’t make a difference	2, 28.6%
Care would be affected?	1, 14.3%

4. What would make you more likely to provide feedback about a service?

9 responses

Better advertised	2, 22.5%
Simple online form	5, 55.6%
Reporting to an LGBT org	2, 22.2%
Reporting to an independent org	0%

Social media post on Twitter

Switchboard @LGBTSwitchboard · Mar 16
Replying to @LGBTSwitchboard
Are you aged 16-25?

Yes	100%
No	0%

8 votes · Final results

1

Switchboard @LGBTSwitchboard · Mar 16
Have you ever reported a concern about a health and social care service?

Yes	0%
No	100%

7 votes · Final results

1

Switchboard @LGBTSwitchboard · Mar 16
Is there anything that stops you reporting?

I didn't know I could	28.6%
I didn't know how to	28.6%
Won't make a difference	28.6%
Care would be affected?	14.3%

7 votes · Final results

1

Appendix F
Detailed methodology

In this section we have provided a detailed description of the methodology used by Healthwatch and Switchboard for this project. It highlights some useful learning for the CQC to consider. We have included our revised bid to deliver this project at Appendix H (January 2022).

Healthwatch initial bid, December 2021

Healthwatch submitted an initial bid to deliver this project based on our understanding of the project aims, which were:

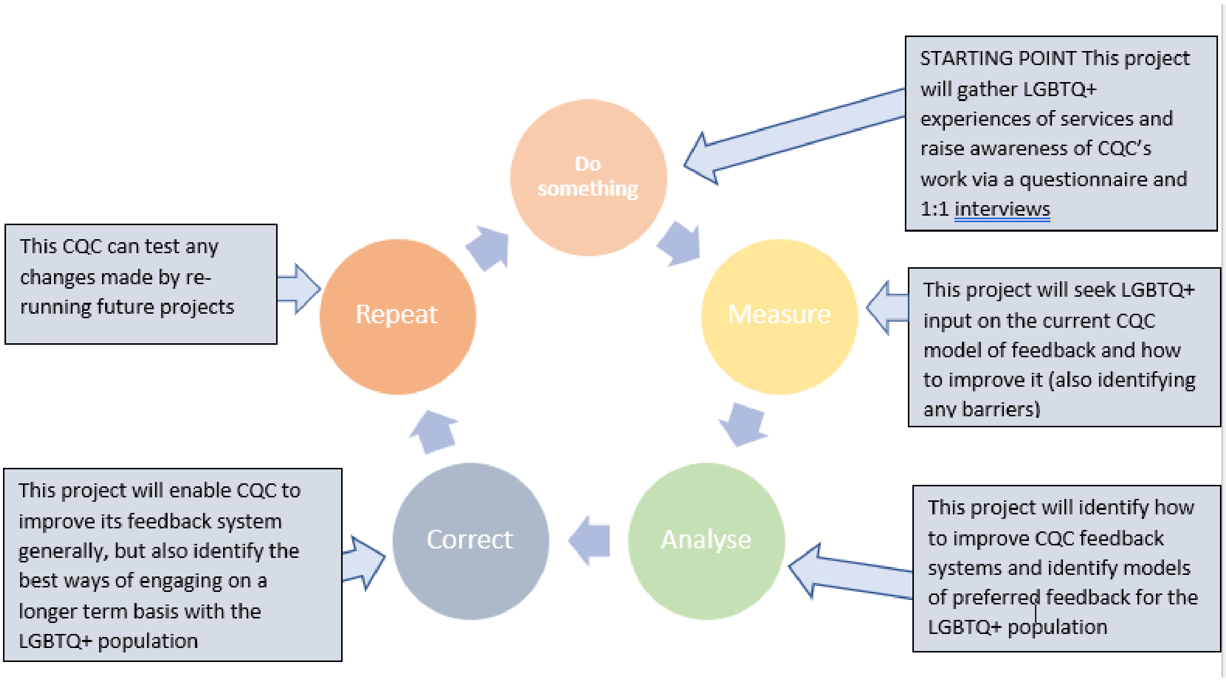
- that the project was an opportunity to increase the amount of regular feedback that the CQC could receive from members of the whole LGBTQ+ community
- to explore how existing feedback mechanisms used by the CQC might be improved (to encourage more feedback) and
- an examination of any barriers which currently stop or prevent LGBTQ+ people from providing feedback and how these might be broken down.

It is worth highlighting that in our bid we disagreed with the CQCs 'Expression of Interest' document which proposed running separate projects for the 'Lesbian, Gay and Bisexual' and 'Trans and non-binary' populations. We explained that this approach did not fully recognise how people might self-identify, for example it is possible to identify as a trans gay man. This proposed division might also be counterintuitive to the CQC's ambition to build a closer engagement relationship with the LGBTQ+ community.

Healthwatch updated bid, January 2022

We were notified that our bid to deliver this project had been successful on 5th January and met with the CQC on 12th to discuss our approach in more detail. This revealed a disparity between our bid and what the CQC saw as the key aims for the project. The CQC explained that they wanted the project to deliver an increase in the number of individual pieces of feedback submitted to them during the project's lifespan, alongside a consideration by Healthwatch of how successful our approach used for the project had been. Healthwatch explained why we felt that this approach was too narrow and might not achieve another key aim of the project which was to achieve continuous ongoing engagement with the LGBTQ+ population - we felt the CQC's approach would simply deliver a short surge in feedback, not a continuous supply. As a result of this discussion, we submitted a modified bid on 18th January that further explained our approach which the CQC subsequently agreed with (25th January). This is described below.

Healthwatch proposed a multi-method approach to deliver this project, and described how our approach followed a classic feedback loop model, as shown in the diagram below:



STARTING POINT This project will gather LGBTQ+ experiences of services and raise awareness of CQC's work via a questionnaire and 1:1 interviews

This project will seek LGBTQ+ input on the current CQC model of feedback and how to improve it (also identifying any barriers)

This project will identify how to improve CQC feedback systems and identify models of preferred feedback for the LGBTQ+ population

This project will enable CQC to improve its feedback system generally, but also identify the best ways of engaging on a longer term basis with the LGBTQ+ population

This CQC can test any changes made by re-running future projects

In scope

Healthwatch confirmed with the CQC that they wished to:

1. increase the volume of feedback they receive on services during the lifetime of the project from the LGBTQ+ population
2. learn from the project in order to develop a rolling programme of engagement which encourages communities who suffer worse health outcomes (such as those from the LGBTQ+ population), to more regularly share their experiences, and
3. build a model for continuous engagement between CQC and trusted intermediaries such as Healthwatch and/or other Voluntary Community Services (VCS).

Out of scope

We also confirmed with the CQC that the following were out of scope

- Whilst Healthwatch would share the data on feedback forms about specific services it gathered, we would not actually analyse this in any detail

- Healthwatch would not propose to the CQC how it might revise its strategy through this work or our findings.

Healthwatch proposal
We proposed that to achieve all the above 'in scope' aims that Healthwatch would need to offer a reason to members of the public and local voluntary community services (VCS) to 'buy in' to this project. We suggested that this should be along the lines of "please share your experiences with us and help to improve how feedback systems work so that real change happens".

We proposed that we would collate survey and interview data on specific services supplemented by asking questions about the current CQC feedback form, attitudes towards the CQC, how people might be encouraged to feedback, and what barriers prevented people from feeding back on services, etc. We proposed that this would provide immediate feedback on services that we could share with the CQC plus wider recommendations.

We highlighted that by not adopting this approach it would essentially mean that Healthwatch would be gathering feedback on services and entering this onto the CQC online form and then providing some thoughts around the approach we had adopted to achieve an increase in future feedback. We considered that this more limited scope would result in a flurry of shared experiences during the project lifecycle which would be likely to die away once we stop work. We explained that to secure continuous engagement then the project needed to gather people's ideas as to the way in which feedback is currently captured.

In summary, Healthwatch proposed that it would:

1. ask LGBTQ+ people to fill in the CQC's 'Give Feedback on Care' form which we would adapt to include questions about the form and ideas to improve it, as well as asking demographic data
2. seek input from the LGBTQ+ population to identify what current barriers exist which stop them from providing feedback to the CQC, but also in general to other intermediaries and services
3. seek input from the LGBTQ+ population on how these barriers can be overcome
4. seek input from the LGBTQ+ population on how they could be encouraged to provide feedback on a regular basis, including their preferred methods of sharing feedback.

How Healthwatch proposed to meet these aims

Healthwatch approached **Brighton & Hove LGBT Switchboard** for their views about the project. Switchboard is a charity for LGBTQ people in Brighton and Hove looking for a sense of community, support or information and they are widely respected and trusted. This resulted in a wider conversation about working more closely together and from this we agreed to form a partnership to jointly deliver the project. Healthwatch used a proportion of the CQC funds it had been awarded to support activities that Switchboard would lead on.

This partnership working was viewed as being critical to the project's success. Healthwatch had described in our bid to the CQC deliver the project that cross sections of the wider LGBTQ+ community have a distrust of health services or related institutions but have a developed sense of trust in local LGBTQ+ organisations. We felt that people would be more likely to engage with the project if they saw that Switchboard were involved.

We applied several separate approaches to this work. This was intended to test which engagement methods worked best with the LGBTQ+ community to encourage them to share their feedback

1. A Healthwatch / Switchboard survey

Healthwatch had hoped to be able to amend the CQC online 'Give Feedback on Care' form, but the CQC confirmed that this would not be possible. Instead, Healthwatch used the current feedback form and incorporated this into a questionnaire that allowed for the addition of questions asking people for their thoughts about the CQC form, how it could be improved, and what would encourage people to feedback more regularly to the CQC, as well as demographic questions. The questionnaire also included an option for people to share their feedback in more detail by arranging a 1:1 interview with a team member from Healthwatch or Switchboard.

We launched the survey on 17th February 2022 after it had been user tested and quality assured by Switchboard. The survey was kept open until 4th April (just over 6 weeks).

We amended the survey during the first 2 weeks after launch in response to negative user feedback and high levels of aborted responses. We were told that it was too wordy and wasn't explicit enough that people would be asked to provide feedback about services. As such, the survey was amended to include an option to allow people to skip over the questions about providing feedback, so they could just share their views about how to improve feedback systems. We also reduced some to the explanatory text.

We promoted the survey via:

Healthwatch Brighton and Hove
Published by Alan Boyd · February 17

Our new survey for the LGBTQ+ community

Please complete our new Healthwatch survey for LGBTQ+ people, in partnership with LGBT Switchboard and help to improve health and social care services and feedback systems.

https://www.smartsurvey.co.uk/s/LGBTQhealthsocialcaresurvey/ ...
See more

Healthwatch Brighton and Hove
Medical & Health

8,268 People reached
403 Engagements
+16.9x higher Distribution score

- the Healthwatch newsletter, reaching over 1400 individuals and organisations, and our website
- using social media platforms (which we paid to boost the reach). On Facebook, we reached over 8,268 people across Brighton and Hove and engaged 403
- we approached local LGBTQ+ organisations for their help in promoting the survey and we received a positive response. These groups represent younger and older LGBTQ+ people, LGBTQ+ people with dementia, trans and non-binary people, LGBTQ+ people living with HIV, and others
- we asked the LGBTQ+ network lead at our NHS Trust to share the survey
- we promoted the survey on a local radio station, Radio Reverb and a dedicated programme for LGBTQ+ people.

We anticipated a reply from 50-100 people. 47 people completed the full survey which contained up to 42 questions (including demographic questions), and took on average 16 minutes to complete.

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

- Early on, people were not clear that they would be asked to provide feedback on a service, and in fact they did not wish to. In response, the purpose of the survey was made more explicit and an option was added allowing people to just provide their ideas about improving feedback systems.
- The format of the survey was not particularly mobile friendly. This is largely due to the questions contained in the CQC 'Give Feedback on Care' form which we replicated in the Healthwatch/Switchboard survey. Many of the

CQC questions are long, with detailed explanatory text which appears off-putting on a mobile screen.

2. A shorter survey for younger LGBTQ+ people

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

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

The survey was promoted by Young Healthwatch Brighton and Hove, a service which is funded by Healthwatch and which represents and captures the views of young people aged 16-25 on health and social care.

Social media promotion on Instagram

healthwatchbh

healthwatchbh We are looking long for members of the LGBTQ+ community to answer a couple of shorts questions about their experiences within health and social care environments.
https://mobile.twitter.com/lgbtswitchboard/status/150407719801
222921 @lgbtswitchboard #Healthwatch #socialcare #lgbtq #tellusmore #community #brighton #brightonandhove #joinus

2 w

3. One-to-one interviews to provide opinion of the feedback process

All those participating were asked if they would like to offer more information. 5 people said yes to this offer, and we spoke to three individuals who shared their ideas about feedback systems, how these might be improved, and what options they felt would encourage more LGBTQ+ people to provide feedback (whether positive or negative). These interviews provided us with the opportunity to compile more evidence to help to improve the feedback process and we have used comments received from these interviews to support the analysis of the survey data and our recommendations.

4. Focus groups

Switchboard hosted three focus groups using their existing networks in March, engaging with a total of 21 people via these.

15 people attended a focus group:

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

Switchboard also conducted 1:1 Interviews with a further 6 people who requested this format and/or who did not wish to participate in a focus group.

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

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

These discussions highlighted some common views about the CQC and feedback system.

5. Conversations with local LGBTQ+ voluntary and community groups

As part of the project, Healthwatch interviewed four key leads in the local LGBTQ+ community to get their broader perspective on the following:

- What do you think stops or prevents people from the LGBTQ+ community from providing feedback about health and social care services? Are there any particular barriers?

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

Once again, we have used comments received from these interviews to support the analysis of the survey data and our recommendations.

Appendix G

Care Quality Commission Expression of Interest to deliver this project

Request for Quotation
Ref: LHW-CQC-SWS3
Date 17/11/2021

Dear colleague,
You are invited to quote for the following services which are subject to CQC's Terms & Conditions:

CQC is seeking to procure suppliers to support delivery of a continuous programme of engagement to hear the experiences of people accessing a named health and/or social care service from a CQC identified population group as listed below.

We would like three suppliers to consult with persons from **one** of the following CQC identified groups who are more likely to have poorer care and people made vulnerable by their circumstance. Healthwatch can select which of these groups they would target in their work.

- People who are 80+ years old
- Looked after children and care leavers
- People with a learning disability or autistic people
- People with severe mental ill health
- People with physical or sensory impairments
- People with dementia
- People who are from Black and minority ethnic communities
- Trans, non-binary and intersex people
- Inclusion health groups of socially excluded people. This includes people who experience homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveler communities, sex workers, people in contact with the justice system and victims of modern slavery
- Lesbian, gay and bisexual people
- Deprivation
- People who have experienced domestic abuse, including children from families where domestic abuse has occurred
- People who are overweight or obese

The supplier will collect this feedback for CQC on behalf of the above identified individuals with their consent. You might want to refer to Healthwatch England guidance on gaining consent.

In testing this approach, we would also like suppliers to make recommendations on how CQC can improve and develop this approach in the future.

Please return your response by email to engagementandinvolvement@cqc.org.uk no later than 11:59 pm **8th December 2021.** In your response you must outline if your local Healthwatch contract will be up for tender during project. This will not prohibit you from applying but may create restrictions on timelines for delivery.

Background

CQC's new strategy outlines our ambition to regulate services driven by people's needs and experiences, focusing on what's important to people and communities when they access, use and move between services.
We also strive to tackle inequalities in health and care and need to ensure that we are hearing from those population groups experiencing the greatest health inequalities and most likely to face barriers in accessing care and poorer health outcomes.

We recognise that we need to work especially hard to encourage and enable people from seldom heard groups and people who are vulnerable due to their circumstances to share their experiences through trusted local intermediaries, in a way that is accessible to them.

To do this CQC needs to encourage and enable a continuous flow of intelligence (positive and negative) about people's experiences of care at named health and social care services, **outside of planned inspection activity**.
We are looking to work with **three** local Healthwatch to test this approach.

Approach/Methodology

The experiences you gather should be collated by the appropriate engagement methods (as determined by the successful Healthwatch) and shared with CQC via our Give Feedback on Care service (unique link to be supplied on commencement of project).

Note, **the Give Feedback on Care service does not collate demographics** and only experiences relating to individual services – you will need to collate this information as per your local process. Please refer to Healthwatch England guidance on how to record demographic information and why it's important. Identify **one** of the above identified seldom heard community/population groups with protected characteristics that you will focus your engagement activity on for the duration of the programme. We want to hear about their experiences of health and care from all the services they have accessed in **the past 18 months.**

Things to consider in describing your approach/methodology:

- You may wish to outline in your response why you have chosen this population group, any experience you have working with your chosen group or established links you believe you can draw upon.
  Describe the method(s) of engagement you intend to use to deliver this work.
- You may wish to outline your expected frequency of engagement with the identified population group e.g.

  In weeks 1-4 we will engage with 6 community groups for people with a learning disability or autism and we anticipate speaking to XX people. We will identify and contact X further community groups, building new links with people who want to share their experience of care in the future.

Timescales

The requirement is to test an **ongoing** supply of intelligence about people's experiences of care which to an extent requires a **'rolling programme'** of engagement across a set time period.

We expect engagement work to commence by January 2021 and be completed by end of March 2022. Final reporting and feedback to take place during April 2022.

Key project check-in points will be determined on appointing Healthwatch to carry out this programme of work.

Activity	
Closing date for expression of interest	11:59pm 8th December 2021
Healthwatch informed of decision	10th December 2021
Planning	December 2021 - early January 2022
Engagement work delivery	January 2022 - March 2022
Final reporting and feedback	April 2022

In your response you must outline if your local Healthwatch contract will be up for tender during project. This will not prohibit you from applying but may create restrictions on timelines for delivery.

Deliverables

Suggested end products:

- Submission of the feedback gathered from people will be via the completion of one Give Feedback on Care form for an experience aligned with a named service. One person may share an experience with feedback relating to more than one named service, so **it may be necessary to submit multiple forms for one person.**
- A report or presentation containing quantitative or qualitative feedback; notes taken from focus groups or interviews; thematic report of findings segmented by population group.
- A report/presentation/briefing that supports CQC to develop this approach for future engagement work. This feedback should consider how this approach could work in the future:

- *What can we learn from this approach to make it scalable/sustainable in all areas of the country?*
- *How do we learn from this approach to build a model for continuous engagement between CQC and trusted intermediaries such as local Healthwatch?*
- *What worked well and what challenges did you face?*
- *What is reasonable in terms of targets for this work in the future? (number of Give Feedback on Care forms, reach in terms of % of local population group engaged with based on local demographics, reasonable impact/outcome-based targets)*

You may also offer end products which are not listed. Date of submission of your learning TBC.

Appendix H
Healthwatch bid to deliver this project

CQC project: delivering a continuous programme of engagement among LGBTQ+ people

Revised scope following an initial meeting with CQC on 13/1/22

Healthwatch understand that CQC wish to:

1. increase the volume of feedback they receive on services during the lifetime of the project from the LGBTQ+ population
2. learn from the project in order to develop a rolling programme of engagement which encourages communities who suffer worse health outcomes (such as those from the LGBTQ+ population), to more regularly share their experiences, and
3. build a model for continuous engagement between CQC and trusted intermediaries such as Healthwatch and/or other Voluntary Community Services (VCS).

We believe that to achieve all three aims Healthwatch will need to offer a reason to 'buy in' to this project for members of the public and local VCS. This would be along the lines of "please share your experiences with us and help to improve how feedback systems work so that real change happens".

We therefore propose collating survey and interview data on specific services supplemented by asking questions about the current CQC feedback form, attitudes towards CQC, how they might be encouraged to feedback etc. This should provide immediate feedback on a service that we can share with the CQC plus wider recommendations.

Not adopting this approach will essentially mean that Healthwatch will be gathering feedback on services and entering this onto the CQC online form and then providing some thoughts around the approach we adopted to achieve an increase in feedback. We consider that this more limited scope will result in a flurry of shared experiences during the project lifecycle which is likely to die away once we stop work. To secure continuous engagement, gathering ideas as to the way in which feedback is shared is essential.

In summary, Healthwatch will:

1. ask LGBTQ+ people to fill in the Give Feedback on Care form which we will adapt to include demographic data and questions about the feedback form and ideas to improve it
2. seek input from the LGBTQ+ population to identify what current barriers exist which stop them from providing feedback to the CQC, but also in general to other intermediaries/services
3. seek input from the LGBTQ+ population on how these barriers can be overcome
4. seek input from the LGBTQ+ population on how they could be encouraged to provide feedback on a regular basis, including their preferred methods of sharing feedback.

How we will meet these aims

Healthwatch will use the current CQC feedback form and embed within it a short questionnaire that allows for the addition of demographic questions and questions around people's thoughts about the form, how it could be improved, and what would encourage people to feedback more regularly to the CQC. The questionnaire will also include an option for people to share their feedback in more detail through 1:1 interviews (including any unanticipated comments from the questionnaire).

Sample additional questions we might ask as part of any 1:1 interviews with service users and local VCS are:

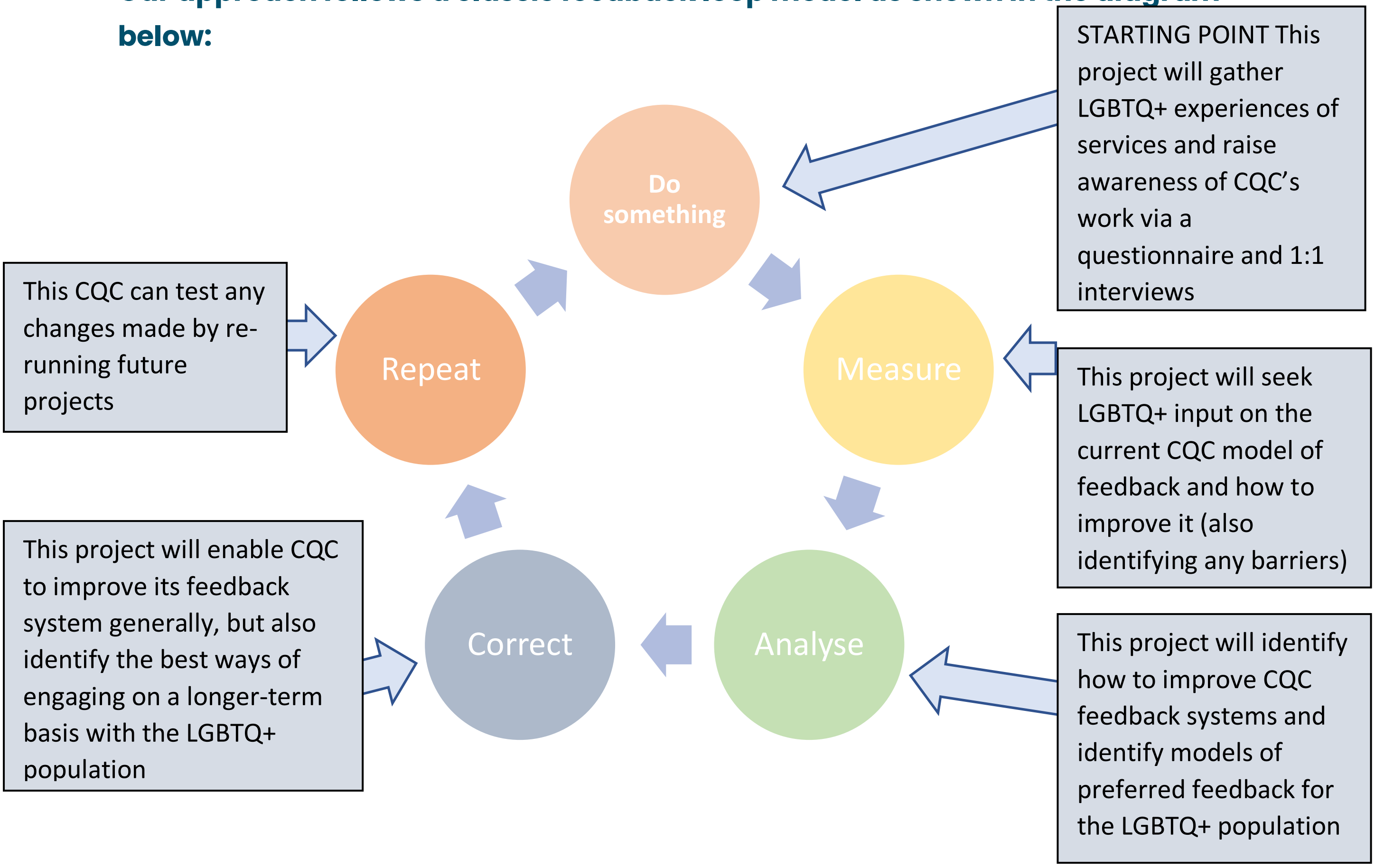
- How easy was the CQC form to complete?
- What made it easy to use / less easy to use?
- How do you think the feedback form could be improved?
- Please tell us any other thoughts about the current CQC feedback form?
- How would you rate your knowledge of CQC itself and what it does?
- How likely would you be to share your experiences of services with the CQC?
- How do you prefer to share your experiences of using services?

We will also attempt to set up conversations with local LGBTQ+ VCS to ask them what data they already collect from their service users on health and care services, in what forms, and whether this is shared - and if not, why not. This is because Healthwatch believes that a wealth of data on local services is already collected unofficially but not shared. If our assumption is correct, we would ask why this is the case and how any barriers to sharing might be overcome.

Using the above approach, we will produce a report that should help to answer the following questions / end products contained in the EOI:

- an estimate of the number of individual pieces of feedback that the CQC can expect to receive from the LGBTQ+ community, including the % reach within the community
- an estimate of how much feedback Healthwatch might collate as part of any future working using the approach adopted for this project
- how well this type of engagement between Healthwatch, the LGBTQ+ community, local VCS and CQC worked. This will describe the pros and cons/ challenges and successes of our approach, and enable us to suggest how it might be developed for future use / use nationally (i.e. scalability and sustainability of our approach)

Our approach follows a classic feedback loop model as shown in the diagram below:



STARTING POINT This project will gather LGBTQ+ experiences of services and raise awareness of CQC's work via a questionnaire and 1:1 interviews

This project will seek LGBTQ+ input on the current CQC model of feedback and how to improve it (also identifying any barriers)

This project will identify how to improve CQC feedback systems and identify models of preferred feedback for the LGBTQ+ population

This project will enable CQC to improve its feedback system generally, but also identify the best ways of engaging on a longer-term basis with the LGBTQ+ population

This CQC can test any changes made by re-running future projects

Confirmation of what Healthwatch considers to be out of scope of this project

- Healthwatch we will share the data on feedback forms about specific services but not actually analyse this
- Healthwatch will not propose to the CQC how it might revise its strategy through this work/our findings.

Questions for CQC, and confirmations sought

1. Healthwatch will be focusing on the entire LGBTQ+ population (not the two separate groups proposed in the EOI). We understand that CQC has accepted this proposal.
2. Can Healthwatch amend the online CQC feedback form? If we were able to do this then we could add supplementary questions to this and share a link to it. If not, we will need to design a survey to capture both the survey and additional questions.
3. Will Healthwatch have access to the data submitted directly onto the feedback form?
4. Healthwatch would like confirmation that CQC will pay either partial or the full funds to Healthwatch within this financial year (i.e. before 31 March 2022).
5. Healthwatch would like confirmation that the timeline for completing this project is flexible, with no hard deadline?
6. Healthwatch would like clarification that this project feeds into the CQC Strategy: People and Communities, and not all four themes.

January 2022