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Size of the England LGB population as found from a *GP Patient Survey of 900,000 patients* and their Response to Health Care as determined by a Friends and Family Test.

The GP Patient Survey conducted for NHS England by Ipsos Mori <http://www.gp-patient.co.uk> is a 95% postal survey which received (July 2014) 900,000 returned questionnaires (37% return rate). The survey proforma, Summary report and Technical Annex are available at:

<http://gp-survey-production.s3.amazonaws.com/archive/2014/July/qandletter/1301375001%20Y8W2%20Questionnaire%20FINAL.pdf>

http://gp-survey-production.s3.amazonaws.com/archive/2014/July/1301375001_Y8W2%20National%20Summary%20Report_FINAL%20v1.pdf

http://gp-survey-production.s3.amazonaws.com/archive/2014/July/1301375001_Technical%20Annex%202013-2014_FINAL%20v1.pdf

1. Question 61 (of 62) asked:- *Which of the following best describes how you think of yourself?*

Possible answers:-

Heterosexual/straight

Gay/Lesbian

Bisexual

Other

I would prefer not to say

Without specifying what is meant they also ask:- *Are you Male or Female?*

Possible answers:

Male

Female

In no cases are there any boxes to specify what you mean by *Other*.

The total number in each sample is in square brackets []

By combing the two questions we discover - FFT score in brackets ()

The FFT score is a variant the **Friends and Family Test** which formally asks :-
How likely are you to recommend our GP service to someone who has just moved into your area?

5 possible answers are given.

The score covers a range -Everyone extremely likely=100

to Everyone Extremely unlikely =-100

The Results

Male Heterosexual	45.43%	(27.89)	[383,050]
Female Heterosexual	47.40%	(27.64)	[399,687]
Total Heterosexual	92.83%		
Gay	1.14%	(21.79)	[9,628]
Lesbian	0.37%	(25.14)	[3,175]
Male Bisexual	0.30%	(27.98)	[2,580]
Female Bisexual	0.33%	(17.50)	[2,834]
Total Bisexual	0.63%		
Male other	0.27%	(24.73)	[2,304]
Female other	0.27%	(28.75)	[2,348]
Total Other	0.54%		
Male Prefer not to say	2.24%	(19.16)	[18,965]
Female Prefer not to say	2.19%	(18.12)	[17,807]
Total Prefer not to say	4.43%		
NUL male	1.37%		[11,535]
NUL Female	2.19%		[19,139]
Total NUL	3.56%		

(NUL entry results from the paper questionnaire where the question was left blank or more than one response was selected. An electronic reply forbids this).

Comment

These are initial erroneous comments jumping to hasty conclusion before the effect of age had been investigated.

The **other** group of 0.54% or nearly one fifth of the combined lesbian, gay and bisexuals combined is large enough to warrant a specific box to describe what is meant by *other*.

The **prefer not to say** group (4.43%) exceeds all the other non-heterosexuals (3.31%) This group along with female bisexuals have a low FFT score of below 20 compared with a heterosexual FFT score of 27.76
 The **NUL** group also has abnormal ratings and merits further investigation.

The **Female bisexuals** with an FFT score of 17.50 (the lowest) are of concern. (*Age distribution explains all*)

A total of 0.82% of the Heterosexuals failed to fill in the **male or female** question, however their FFT scores closely age matched the rest of the Heterosexual group. If it were an indicator of **gender identity** we would expect a much lower score considering the large proportion of problems patients have when presenting with gender dysphoria. The failure to complete is probably an oversight.

A detailed analysis will be found at

<http://www.antheamakepeace.co.uk/natpat/sexcross2.pdf>

The spreadsheet for further analysis is at:

<http://www.antheamakepeace.co.uk/natpat/sexcross2.ods>

A discussion of The Friends and Family Test and the Variant used in the GP patient survey is at <http://www.antheamakepeace.co.uk/natpat/ethnic1.pdf>

For the remainder of The discussion only Lesbian Gay & Bisexuals will be considered.

Gay: FFT ratings/median age

fig 1

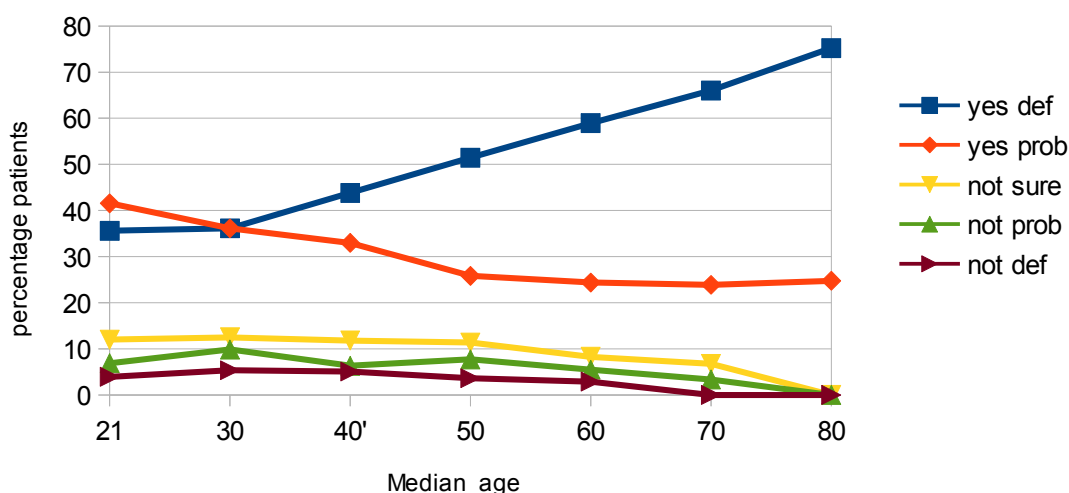


Fig 1 shows the changes in the percentage ratings of the 5 responses to the FFT question as age changes for the entire survey population. As age increases the proportion of *Yes definitely* responses rises from 35% in the 21 median age band to 75% in the age 80 band thus demonstrating a greatly improved patient perception.

The **Friends and Family Test score (FFT)** is calculated as follows:

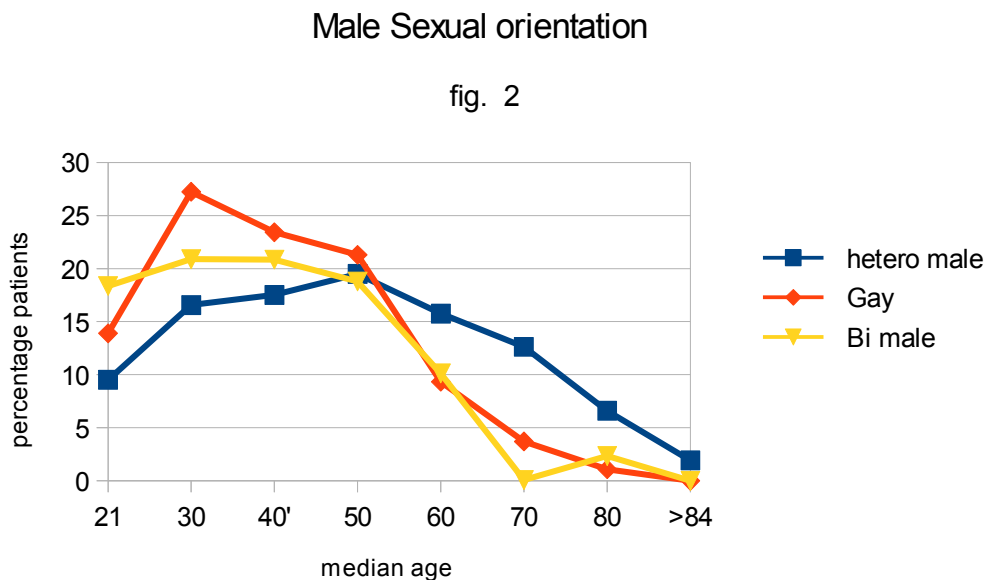
FFT= (Yes definitely recommend) – (not sure) – (No Probably not recommend) – (No definitely not recommend) [This metric is currently being challenged by Picker report].

Age/gender Age Distribution

The age distribution of a population is multifactorial

1. Changes in birth rate – Baby boomers
2. Expectation of life at time of birth
3. Sex
4. Migration
5. Epidemics e.g. HIV
6. War
7. Changes in self-declaration: Sexual Orientation, Gender, disability, Ethnicity are self declared and may change during an individual's life see <http://www.ethnicity.ac.uk>
8. Social repression: In former years many in the LGBT community were in stealth and rejected social meeting.

Fig 2. shows the age distribution of the three groups. The age distribution is the percentage of either the hetero, or gay, or bi male community.



Comment on the cause of the rapid fall off at a median age of 60 (55 to 64 band) would be welcome,

It suggests a forthcoming surge in the need for Care home and Dementia care for the LGB population.

FFT Male/ Different Sexual Orientations

Fig 3

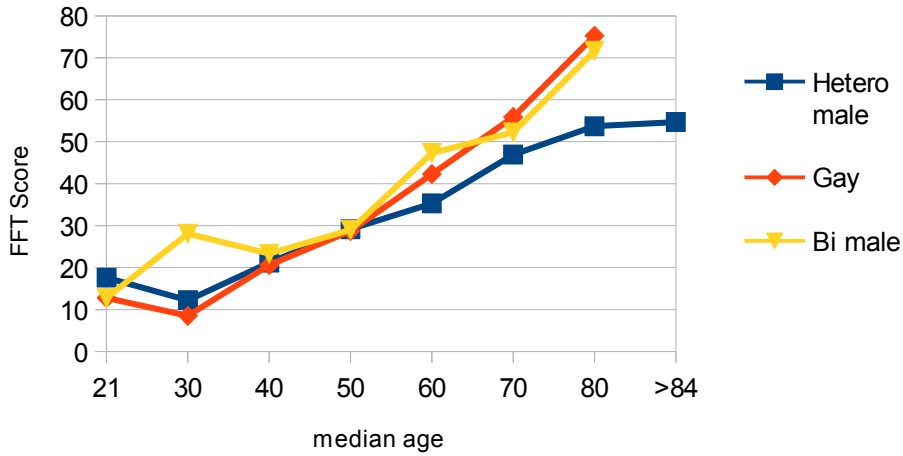


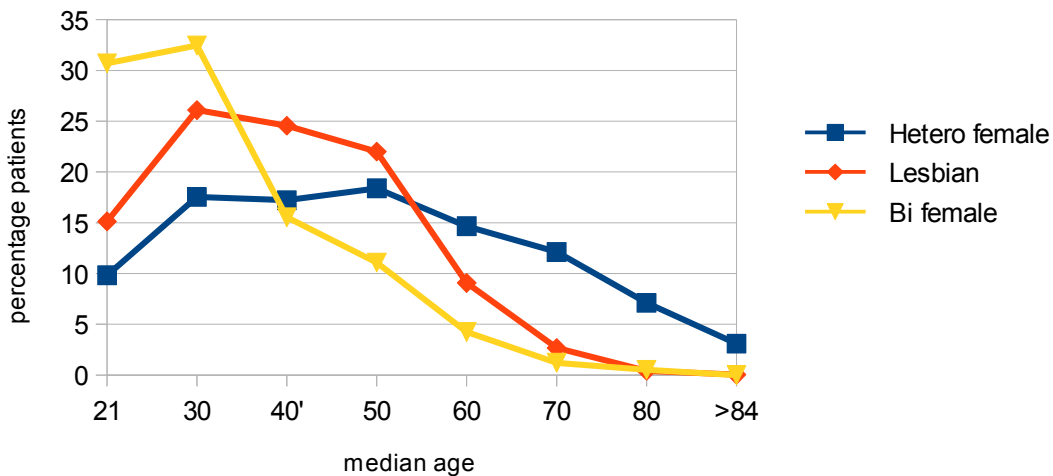
Fig. 3. shows how the FFT score for Gay and Bisexual males exceeds the Heterosexual score above the age of 60. **Why?**

Fig 4 shows the corresponding age distribution for females (compare with fig 2) The lesbian population (only one third in size of the gay population) corresponds closely to the gay distribution.

The female bisexual population, overall only slightly smaller than the lesbian population, at median age 40 (35 to 44 band) is half that for the 25 to 35 band.

Female Sexual Orientation: Age Distribution

Fig 4



FFT Female / Different Sexual Orientations

fig 5

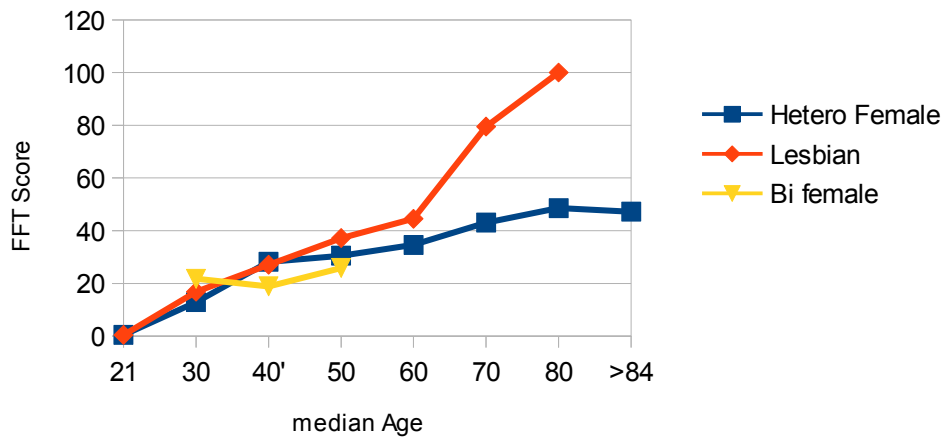


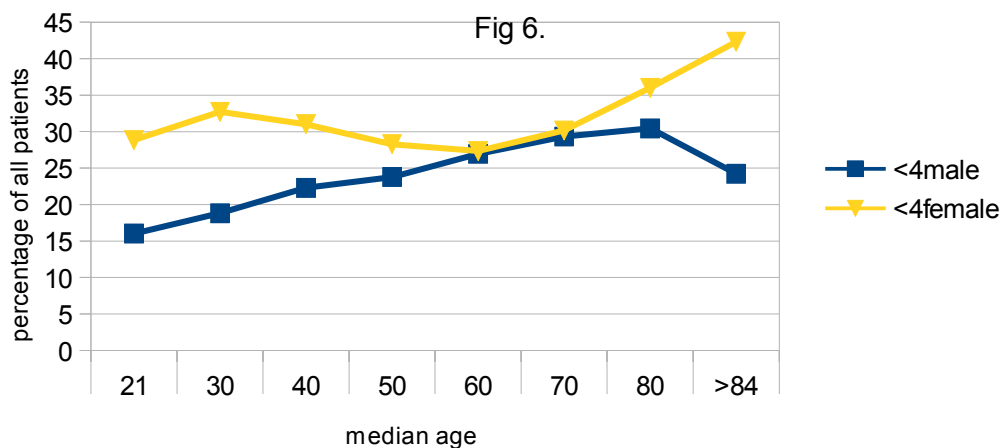
Fig. 5 shows similar results for gays and lesbians. Although above median age 60 the small numbers (<100) makes the results questionable.

Why do FFT scores increase with age?

It has been suggested (by a local councillor) that cumulative contact with a GP resulted in better understanding (on both sides?) and hence better patient experience. *When did you last see or speak to a GP from your GP surgery?* With possible responses: *In the past 3 months, Between 3 and 6 months ago, Between 6 and 12 months ago, More than 12 months ago, I have never seen a GP from my GP surgery.*

Although the more useful question would be *How many times have you seen your GP in the last year?* Although the more useful question would be *How many times have you seen your GP in the last year?* This does show (fig 6) a steadily increasing attendance rate for all males. (agesee2-3)

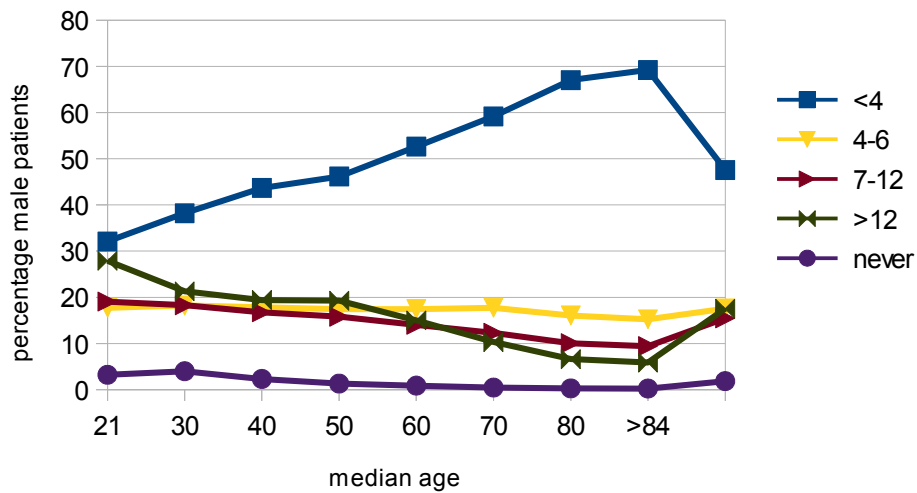
Age / Frequency of seeing GP



Females however show around 30% having a consultation within the last three months with a significant peak at median age 30 (24 to 35 band) suggesting the childbearing years.

Male Hetero: seen or spoken to GP in last 3 months

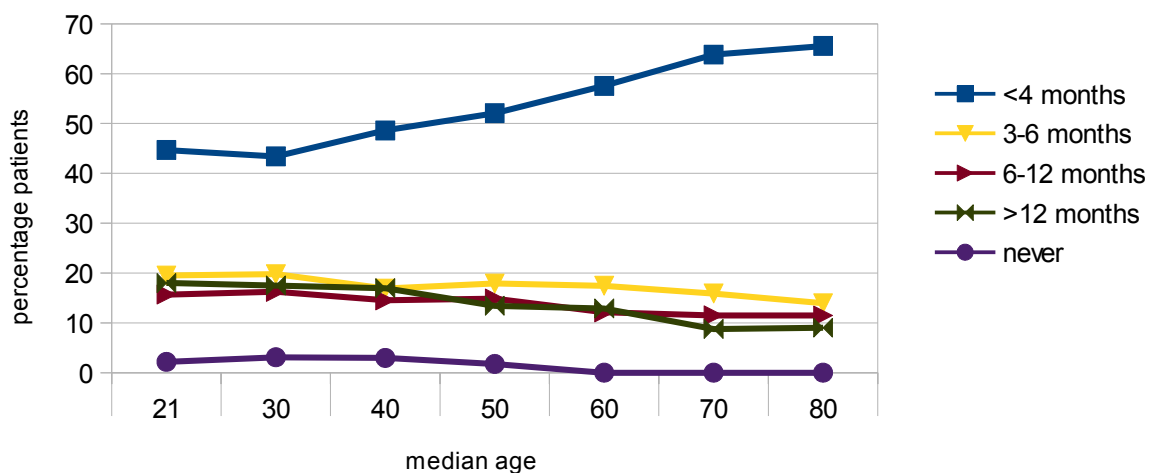
fig 7



Lesbians (fig. 7) have a significantly higher attendance rate, a steady 60% and not increasing until a median age of 70. (lastseeles2)

Gay: Last seen by doctor

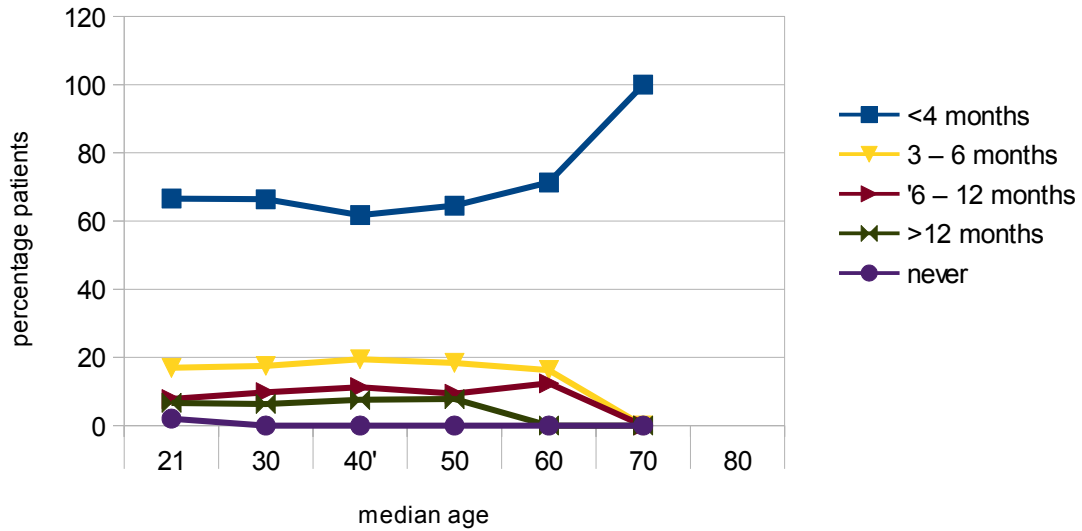
fig. 8



Twice as many gay men (fig 8) (gayq1) see their GP as the general male population

Female Bisexual: Last seen or spoke to GP

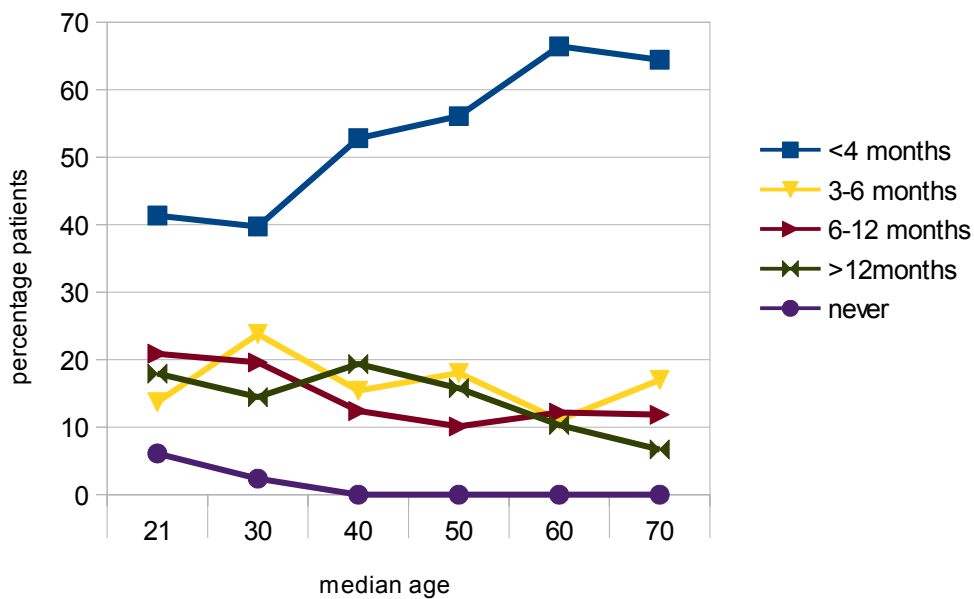
fig 9



Bisexual women (fig 9) (bilastseen2f) follow the same trends as male bisexuals but with a 5% higher within the last three month rate of attendance below the age of 55

Bi male: last seen by doctor

fig 10



Bisexual men (fig 10) (bilastseenm) Bi men follow Gay men but sample too small for data above age 75. This suggests that the female bisexuals are changing to

heterosexuals and not being absorbed into the lesbian community

Weighting

Not discussed here is the problem of data weighting.

Surveys such as these typically have response rates of only **40%**. There is evidence both anecdotal (and more structured) that those working or in education are too busy to complete surveys. Elaborate weighting methods are used to match the population being investigated. In the case of the GP Survey the reference is the 2011 census for age and sex and probably ethnicity.

In the GP practice FFT environment it would be desirable to know:-

Total number of eligible patients

Age/gender distribution

Frequent user index.

The FFT survey should collect this data so that a response rate can be calculated.

Where next?

All the above data has been obtained from a postal survey of GP patients. The next stage is to see whether this applies to an Exit survey using a correctly worded and positioned Friends and Family Test. **Such FFT tests should, at the minimum, include age and gender questions.**

North Bristol Trust were collecting age and gender information on their paper FFT forms. If this were to have been coded it would provide a useful dataset.

A&E surveys are the closest to GP surveys and although it is believed that they tend to be *one off* visits. They would be an interesting next step.

This paper needs to be fed into the design team for GP FFT tests