



Engagement & Insight

Exploring health care experiences of
the Lesbian, Gay, Bisexual, Trans +
(LGBT+) community

May 2017

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Glossary of terms

Agender - denoting or relating to a person who does not identify themselves as having a particular gender.

Asexual (or ace) - someone who does not experience sexual attraction

Bisexual or Bi - refers to a person who has an emotional and/or sexual orientation towards more than one gender.

Biphobia - the fear or dislike of someone who identifies as bi.

Cisgender or Cis - someone whose gender identity is the same as the sex they were assigned at birth. Non-trans is also used by some people.

Coming out - when a person first tells someone/others about their identity as lesbian, gay, bi or trans.

Deadnaming - is calling someone by their birth name after they have changed their name. This term is often associated with trans people who have changed their name as part of their transition.

Gay - refers to a man who has an emotional, romantic and/or sexual orientation towards men. Also a generic term for lesbian and gay sexuality - some women define themselves as gay rather than lesbian.

Gender dysphoria - used to describe when a person experiences discomfort or distress because there is a mismatch between their sex assigned at birth and their gender identity. This is also the clinical diagnosis for someone who doesn't feel comfortable with the gender they were assigned at birth.

Gender identity - a person's internal sense of their own gender, whether male, female or something else (see non-binary below).

Gender reassignment - another way of describing a person's transition. To undergo gender reassignment usually means to undergo some sort of medical intervention, but it can also mean changing names, pronouns, dressing differently and living in their self-identified gender. Gender reassignment is a characteristic that is protected by the Equality Act 2010.

Gender Recognition Certificate (GRC) - this enables trans people to be legally recognised in their self-identified gender and to be issued with a new birth certificate. Not all trans people will apply for a GRC and you have to be over 18 to apply. You do not need a GRC to change your gender at work or to legally change your gender on other documents such as your passport.

Gender stereotypes - the ways that we expect people to behave in society according to their gender, or what is commonly accepted as 'normal' for someone of that gender.

Heteronormativity (noun)/Heteronormative (adjective) - denoting or relating to a world view that promotes heterosexuality as the normal or preferred sexual orientation.

Heterosexual / Straight - refers to a person who has an emotional, romantic and/or sexual orientation towards people of the opposite gender.

Homosexual - this might be considered a more medical term used to describe someone who has an emotional romantic and/or sexual orientation towards someone of the same gender. The term 'gay' is now more generally used.

Homophobia - the fear or dislike of someone who identifies as lesbian or gay.

Intersex - a term used to describe a person who may have the biological attributes of both sexes or whose biological attributes do not fit with societal assumptions about what constitutes male or female. Intersex people can identify as male, female or non-binary.

Lesbian - refers to a woman who has an emotional, romantic and/or sexual orientation towards women.

LGBT - the acronym for lesbian, gay, bi and trans.

MSM - the acronym for men who have sex with men (also known as males who have sex with males) are male persons who engage in sexual activity with members of the same sex, regardless of how they identify themselves; many such men do not sexually identify as gay, homosexual or bisexual.

Non-binary - an umbrella term for a person who does not identify as male or female.

Outed - when a lesbian, gay, bi or trans person's sexual orientation or gender identity is disclosed to someone else without their consent.

Pansexual - refers to a person whose emotional, romantic and/or sexual attraction towards others is not limited by biological sex, gender or gender identity.

Queer - in the past a derogatory term for LGBT individuals. The term has now been reclaimed by LGBT young people in particular who don't identify with traditional categories around gender identity and sexual orientation but is still viewed to be derogatory by some.

Questioning - the process of exploring your own sexual orientation and/or gender identity.

Sex - assigned to a person on the basis of primary sex characteristics (genitalia) and reproductive functions. Sometimes the terms 'sex' and 'gender' are interchanged to mean 'male' or 'female'.

Sexual orientation - a person's emotional, romantic and/or sexual attraction to another person.

Trans - an umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth. Trans people may describe themselves using one or more of a wide variety of terms, including (but not limited to) transgender, cross dresser, non-binary, genderqueer (GQ).

Transgender man - a term used to describe someone who is assigned female at birth but identifies and lives as a man. This may be shortened to trans man, or FTM, an abbreviation for female-to-male.

Transgender woman - a term used to describe someone who is assigned male at birth but identifies and lives as a woman. This may be shortened to trans woman, or MTF, an abbreviation for male-to-female.

Transitioning - the steps a trans person may take to live in the gender with which they identify. Each person's transition will involve different things. For some this involves medical intervention, such as hormone therapy and surgeries, but not all trans people want or are able to have this. Transitioning also might involve things such as telling friends and family, dressing differently and changing official documents.

Transphobia - the fear or dislike of someone who identifies as trans.

Transsexual - this was used in the past as a more medical term (similarly to homosexual) to refer to someone who transitioned to live in the 'opposite' gender to the one assigned at birth. This term is still used by some although many people prefer the term trans or transgender.

Executive Summary

Executive Summary

Introduction

We wanted to understand the health care experiences of members of the LGBT+ community. To do this we undertook a focused project, where we collected data through a survey that could be self-completed or completed with a member of the project team.

The questions in the survey asked whether members of the LGBT+ community felt that their experiences of health services were affected by their sexual orientation and/or gender reassignment. We asked people to tell us the name of the service, what happened and the impact of that experience on accessing other health services, and also on them personally.

Respondents were invited to share their experiences with some choosing to and others not.

In total, we collected 76 responses. These can be broken down in the following way:

- 44 completed surveys from people living in Nottingham City;
- 32 completed surveys from people living in Nottinghamshire;

In total we gathered 84 responses from members of the LGBT+ community from both the survey (76) and differential experiences gathered from our database (8) since January 2015.

Source	No. of People	Experience	Number	Location
Survey	44	Positive	7	City
Survey	32	Negative	23	County
Survey		Undetermined	1	
Total	76	Total	30	

Source	No. of People	Experience	Number	Percentage
Database	8	Negative	8	100%
Total	8		8	

Source	No. of People	Experiences	Number	Percentage
Both	84	Both	38	100%
Total	84		38	

For further clarity, the following shows the breakdown by people and experiences.

Number of people reporting a differential experience from the survey

Experience	No of People	Percentage
Positive	7	26%
Negative	19	70%
Undetermined as either	1	4%
Total	27	100%

All Differential Experiences by Type and Source

Source	Type	Number	Percent
Survey	Positive	7	18%
Survey	Negative	23	61%
Database	Negative	8	21%
Total		38	100%

All Differential Experiences by Type

Source	Type	Number	Percent
All	Positive	7	18%
All	Negative	31	82%
Total		38	100%

The project was conducted and supported by a group of Healthwatch Nottingham and Healthwatch Nottinghamshire staff and volunteers. Every effort was made to access local LGBT+ support groups and engage with as many people as possible. Some people who chose not to engage with us may have different experiences to those presented in this report, hence our findings may not necessarily be reflective of the wider LGBT+ community.

This section details the main findings across all of these sources of evidence. **Note: the information around sexual orientation and gender that is included in the summary of evidence is what has been self-reported by the individuals who we engaged with.**

Main findings

Over a third of people who completed the survey felt that their experiences of health care services had been affected by sexual orientation and/or gender reassignment.

Of these people, 74% (20 people) felt their experiences of health care services had been affected by their sexual orientation, 15% (4 people) felt gender reassignment impacted on their experience, and 11% (3 people) felt that both sexual orientation and gender reassignment had an impact on their experience of health care services.

Over 80% of the experiences described to the project as differential were negative.

The 27 individuals surveyed who felt that their experiences of health care services had been affected by sexual orientation and/or gender reassignment shared 30 separate experiences illustrating this. With the 8 additional experiences captured by the database, the total was 38, of which 31 experiences (82%) were negative and 7 (12%) positive.

The most commonly stated health service resulting in a negative experience was GP services.

Of the 31 negative experiences shared with us, almost a third of these (29%; 9 experiences) were about GP services. 7 experiences (23%) were about community based services, including the Nottingham Centre for Transgender Health.

Over a third of negative experiences were attributed to the health care professionals that were encountered.

11 experiences (36%) were reported illustrating that often assumptions were made about the individual's sexual orientation, which in some instances forced the individual to reveal details about their sexual orientation and/or gender reassignment:

The doctor kept asking whether I needed other contraception after I said that I am sexually active, and couldn't understand why I kept saying no. It was very awkward and in the end I was forced to come out & I tell her I have a girlfriend and therefore no amount of sex will lead to me getting pregnant.

Experience of GP services from a non-binary lesbian

5 of the reported negative experiences (16%) made reference to the lack of dignity and respect that was shown to them, which they felt was a contributing factor to their perceived negative experience. People spoke about how they were made to feel “different” because of their sexual orientation and/or gender reassignment:

Issue with a doctor not understanding whether I could choose not to put gendered things on my medical records... The nurse did not know what the procedure should be when dealing with same-sex couples and transgender individuals.

Experience of a GP service from a pansexual male

Two individuals made specific reference to healthcare professionals making homophobic comments or demonstrating a homophobic attitude, or making insensitive comments to them, or within earshot of them.

There were specific issues highlighted by members of the trans community.

Four transgender people (13%) felt that the health professionals that they interacted with had limited knowledge about transgenderism. 23% (7 people) made reference to long waiting times, specifically regarding the Nottingham Centre for Transgender Health, with individual waiting times ranging from one year to 18 months.

7 people felt that they had a differential experience and described this as positive.

Of these 7 positive experiences shared with us, 3 experiences (43%) were about hospitals. 2 experiences (29%) were about GP services and 2 experiences (29%) were about community based services.

86% of positive experiences were attributed to the health care professionals that were encountered.

These 6 experiences gave examples of how individuals felt that the member of staff had treated them with compassion, dignity and respect, and understanding of their LGBT+ status, for example:

She was supportive in relation to me coming out and my relationship with another girl. She checked I was okay and not being bullied.

Experience of a community based mental health service from a pansexual female

Negative health care experiences from the summary and database had a long-term impact on members of the LGBT+ community.

27 people (35%) who felt they had a negative differential experience and shared the impact of this with us. 44% (12 people) felt that overall, it had a negative impact on them. 30% (8 people) felt that their experience had a negative impact on their mental health and made them experience feelings of anger or despair, for example:

I'm on antidepressants and I'm self-harming and I've forgotten what hope feels like.

Experience from a pansexual individual

We were also told that previous negative experiences made people feel unwilling to access health care services, if or when they needed them. Reference was made to previous negative experiences of health care services directly impacting on physical and/or mental health, with one transgender person making reference to being referred to as the incorrect gender. We were also told that previous negative experiences with health care services had an impact on their personal confidence levels, some people felt that they had lost trust in health care services. Three people (11%) also told us that previous negative experiences resulted in them deliberately withholding information about their sexual orientation out of worry that it may influence their experience.

Positive health care experiences had a long-term impact on members of the LGBT+ community.

Of the 7 shared positive experiences with health care services, the feeling was that these experiences had resulted in a positive impact on people. 3 people (43%) felt that they personally felt more confident, and also had more confidence in health care services and felt supported:

The doctor took me seriously and listened so it's given me confidence to speak to other professional services.

Experience of a GP service from a gay female

48% of people who told us how they thought health services could improve felt that health care professionals would benefit from additional training.

13 people specifically mentioned additional training would be beneficial around awareness and understanding the LGBT+ community, with a view to reducing heteronormativity, for example:

More staff training - e.g. LGB&T [sic] awareness. More imagery in waiting rooms, etc. that reflect lifestyles that are not conventionally heterosexual.

Experience of a lesbian

Conclusions and recommendations

Of the 84 individuals that we engaged with (survey and database) 27 (35%) felt that their experiences had been affected by their sexual orientation and/or gender reassignment. Although a minority, this is still a significant problem and an individual's LGBT+ status should not be relevant to their experience. It would appear that many of the negative comments recorded could be addressed by a different approach and attitude.

It is likely that since GP services are the most common health service accessed by all individuals, this will prove to be the service with the most negative experiences. However it is not possible to conclude that GP services are, therefore, proportionally more likely to generate negative experiences from members of the LGBT+ community, compared to other health services.

The data collected for this report shows that both negative and positive experiences can have a significant and long term impact, not only on the way that a particular service, and other health services are perceived and accessed, but also personally on the individual. Out of the 38 experiences shared from both the survey and our database where experiences of health care services had been affected by sexual orientation, gender reassignment or both, only 18% felt they had experienced a positive experience while 82% a negative one. In particular, 2 experiences flagged up homophobic remarks.

There are specific concerns highlighted for individuals from the trans community. One is around a lack of knowledge generated around transgenderism. Also whilst no specific service has been identified as "failing" the LGBT+ community, long waiting times for transgender services is a salient theme in our findings.

From this, we propose the following recommendations:

Recommendation 1:

Reduce negative experiences of health services for members of the LGBT+ community.

We encourage health services to continue to work with the LGBT+ community to avoid labelling and language errors that can feel like a lack of concern or respect. Specifically health services should ensure that their staff have knowledge of LGBT+ issues, particularly transgender issues, and better understand how trans individuals would like to be addressed.

Recommendation 2:

Evaluate waiting times for transgender service and the impact that long waiting has on the individual.

After evaluation of the information, service commissioners should investigate current waiting times, identify the reasons for delays and improve on them. This will then impact on the negative waiting times experienced by individuals.

Additional observation:

Further Healthwatch Partnership work.

Healthwatch Nottingham, following an expression of interest from providers in the City, intends to work in collaboration with the organisers of the Outburst Youth Group (NGY Centre) to facilitate an advisory network for providers of LGBT+ services for young people.

Such a forum would provide an enhanced opportunity to share updates and best practice and to be able to refer young people to, and signpost to, each other's services for additional sources of interest and support.

Main Report

Introduction

A number of projects have been undertaken by local Healthwatch and other organisations (such as Stonewall) to understand the experiences of the LGBT+ community. On review of existing reports, it is clear that many LGBT+ people have positive experiences of health and social care services. However some issues that come up repeatedly and suggest wider problems, include:

- **Harassment:** Encompasses bullying, hate crimes, and discrimination. There is evidence of this in health and social care¹. A tenuous sense of safety amongst the transgender community as a result of hate incidents has also been noted².
- **Gender services:** Despite the target time from attending a GP appointment to being seen at a gender identity clinic being up to 18 weeks^{3,4} some patients faced long waiting times (up to two years) for appointments. It was reported that sometimes transgender people will choose not to access mental health services for fear of it hindering their access to gender identity services⁵.
- **Intersectional issues:** Occurred when being part of more than one seldom-heard group (such as an individual who is both transgender and from an ethnic minority) led to more complex problems. The risk of STIs faced by migrant Men who have Sex with Men (MSM) because of their tendency not to disclose their identity for social or cultural reasons⁶ is one example.
- **Assumptions and misinformation:** Lesbian and bisexual women had been told they didn't need smear tests⁷ or were subject to irregular scheduling due to an assumed lack of risk⁴. Some members of the LGBT community felt that their sexuality was not accepted or discriminated against and a lack of varied gender options on forms was also criticised⁸.
- **High rates of mental illness:** Prevalent in LGBT communities⁹. Tobacco, alcohol, and recreational drug use was also found to be high in the LGBT community⁹.
- **Sexual health:** High rates of LGB people who had never had a sexual health screening were reported⁷. The difficulty in accessing HIV treatment when diagnosed outside of a routine sexual health screening, as well as the lack of hepatitis treatment at GP level were also reported⁴

¹ Unhealthy Attitudes (2015) www.stonewall.org.uk/our-work/campaigns/unhealthy-attitudes

² Local Healthwatch works to improve advocacy for transgender people (2015)

www.healthwatch.co.uk/news/healthwatch-brighton-and-hove-work-partnership-lgbt-mind-out-set-city%E2%80%99s-first-transgender

³ Action needed on gender reassignment surgery delays (2015) www.healthwatch.co.uk/news/people-facing-unacceptable-waits-gender-reassignment-surgery

⁴ Merton Lesbian, Gay, Bi-sexual and Transgender (LGBT): Community Engagement Workshop (2015)

www.healthwatchmerton.co.uk/sites/default/files/uploads/HWM_LGBT_report.pdf

⁵ Winning the Best Community Care for Lewisham: A People-Powered Inquiry (2015)

www.healthwatchlewisham.co.uk/sites/default/files/winning_best_community_care_final_31_3_15.pdf

⁶ Healthwatch Brent Response to JSNA Brent 2016-2020 (2016)

www.healthwatchbrent.co.uk/sites/default/files/uploads/HWB_comments_on_Brent_JSNA.pdf

⁷ Lesbian, Gay, Bisexual & Trans people accessing routine healthcare (2015)

www.healthwatchlancashire.co.uk/wp-content/uploads/2015/05/2015_05_LGBTReport.pdf

⁸ Annual Report 2015/16 (2016) www.healthwatchsheffield.co.uk/wp-content/uploads/2015/12/Healthwatch-Sheffield-Annual-Report-2015-16-FINAL.pdf

⁹ How does mental health impact the LGBT community in Hackney? (2014)

www.cityandhackneymind.org.uk/news/how-does-mental-health-impact-the-lgbt-community-in-hackney

Other issues highlighted in previous reports include social isolation, contrived patient pathways, a lack of patient understanding¹⁰, and confusion over next of kin questions⁴.

Due to the recent nature of the reports studied, the longer term consequences of such observations are not yet known. However, the experiences gathered suggest that the experiences of health and social care services can impede LGBT individuals from receiving appropriate care, and having a positive experience of the health services accessed.

We started this project because Healthwatch Nottingham and Healthwatch Nottinghamshire had received some comments about negative experiences of health services that people felt were attributed to their LGBT+ status. Healthwatch Nottingham felt that the comments received warranted further investigation. The comments received by County residents were shared with Healthwatch Nottinghamshire's Prioritisation Panel (a group of trained volunteers who help us make decisions about where we focus our work). They scored these comments as a high priority and were asked to undertake some focussed engagement with members of the LGBT+ community so that we could understand whether this is a common trend. We focussed our engagement on experiences of health services as the evidence suggests that health services have a far greater impact and exposure to the LGBT community compared to social care services. In addition, the comments that were originally received made reference to health services.

The overarching aim of this project is to understand whether members of the LGBT+ community have differential experiences of health services that are attributed to their LGBT+ status. This can be broken down into the following objectives.

1. To understand whether members of the LGBT+ community have a differential experience (positive or negative) of health services in Nottingham and Nottinghamshire;
2. To explore the impact that differential experiences can have immediately and longer-term on patient experience and quality of life;
3. To provide a series of conclusions and evidence-based recommendations detailing what changes could be made to health services to maintain positive experiences for members of the LGBT+ community.

In doing this we aim to understand what works, what doesn't and why, so that the findings can be used to further develop health services across the City and County.

Our Approach

We collected data in the following way over a three month period:

- **Experience survey.** We produced a survey for distribution, which contained questions about whether the individual felt that they had a differential experience that could be attributed to:
 - Sexual orientation;
 - Gender reassignment.

We also asked for details about the service accessed, what happened at the service and what impact this had on their experience of the service, and on them personally. We also asked whether their experience had an impact on how they viewed or accessed other health services, what improvements could be made to health services, and whether they considered any other health services to be "LGBT+ friendly". The survey was available in hard copy and electronic versions.

¹⁰ Joint Response from Healthwatch Lewisham, Southwark and Lambeth to the LSL Sexual Health Strategy Consultation (2014) http://www.healthwatchlewisham.co.uk/sites/default/files/lsl_sexual_health_strategy_-_joint_healthwatch_response.pdf

We collected experiences from members of the LGBT+ community, and wanted to access this group through community based groups. We did the following to accomplish this:

- We made contact with over 50 LGBT+ groups in the City and County, and accessed 7 groups in total.
- We published an advert in the QB (a free, bimonthly newsletter for the LGBT community in Notts.) with details about the survey, and an online link for individuals to click on if they were interested in sharing their feedback with us.

In total, we collected 76 completed surveys:

- 44 completed surveys from people living in Nottingham City;
- 32 completed surveys from people living in Nottinghamshire;

In addition to the focussed survey that we used to gather people’s experiences, we searched our database of service experiences for anything shared by members of the LGBT+ community, which specifically mentioned a perceived differential experience of health services. Through this we included 8 experiences that were collected since January 2015 through four main channels:

- Direct methods including Healthwatch engagement activities, our website, telephone and email.
- Through our online monitoring system which collects evidence from Twitter, blogs and news sites.
- Patient Opinion, although this data has only been collected since May 2015.
- Information sharing data includes experiences passed to us from neighbouring Healthwatch.

In total we gathered 84 responses from members of the LGBT+ community from both the survey (76) and differential experiences gathered from our database (8).

Source	No. of People	Experience	Number	Location
Survey	44	Positive	7	City
Survey	32	Negative	23	County
Survey		Undetermined	1	
Total	76	Total	30	

Source	No. of People	Experience	Number	Percentage
Database	8	Negative	8	100%
Total	8		8	

Source	No. of People	Experiences	Number	Percentage
Both	84	Both	38	100%
Total	84		38	

For further clarity, the following shows the breakdown by people and experiences.

Number of people reporting a differential experience from the survey

Experience	No of People	Percentage
Positive	7	26%
Negative	19	70%
Undetermined as either	1	4%
Total	27	100%

All Differential Experiences by Type and Source

Source	Type	Number	Percent
Survey	Positive	7	18%
Survey	Negative	23	61%
Database	Negative	8	21%
Total		38	100%

All Differential Experiences by Type

Source	Type	Number	Percent
All	Positive	7	18%
All	Negative	31	82%
Total		38	100%

Our Team

We wanted to ensure that our team was briefed and well prepared for when they attended LGBT+ groups across the City and County. Our project team was made up of ten members of staff from Healthwatch Nottingham and Healthwatch Nottinghamshire, and two volunteers. The use of our staff and volunteer team was a key part in collecting experiences of differential experiences of the LGBT+ community, including bespoke LGBT+ Awareness Training. All volunteers had received training developed by members of staff, which covered the Insight Project aims and objectives and review of the survey and how to use this. Issues around confidentiality, safeguarding and equality and diversity were also discussed.

Data analysis and reporting

Responses from the survey and experiences from our database were uploaded into NVIVO qualitative data analysis software package. All were coded to identify key aspects of their experiences and views related to the project objectives.

This report is based on analysis of this coding and presents findings for all data sources.

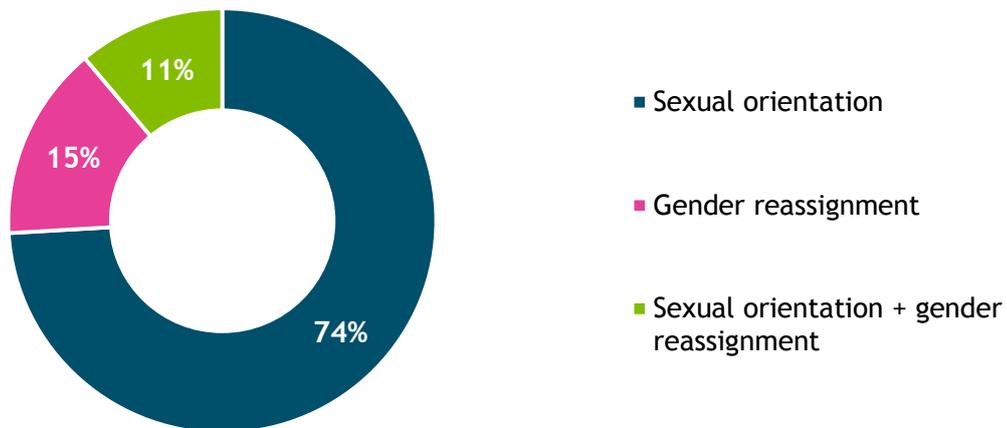
Note: all information around sexual orientation and gender that is included in this report has been self-reported by individuals who we engaged with.

Findings

Overall experience

Of the 76 people who completed our survey, 35% (27) felt that their experiences of health care services had been affected by sexual orientation, gender reassignment or both. Of those 27 people, 74% (20 people) had felt their experience had been affected by their sexuality alone, 15% (4 people) by their gender reassignment and 11% (3 people) by both, as shown in Figure 1. Demographic profiles of all survey responders can be found in Appendix 1 and Appendix 2.

Figure 1 Number of differential experiences by sexual orientation, gender reassignment or both (Total responses: 27 from survey.)



The individuals who felt that their experiences of health care services had been affected by sexual orientation and/or gender reassignment shared 30 experiences illustrating this. Of these 30 experiences, 23 experiences (77%) were negative and 7 experiences (23%) were positive. Additionally, 8 experiences were added from the database which were all negative (100%), and were attributed to sexual orientation and/or gender reassignment. This brought the total number of negative responses to 31 out of 38 shared experiences.

Figure 2 Number of differential experiences by sexual orientation, gender reassignment or both (Total responses: 38 - survey and database combined).

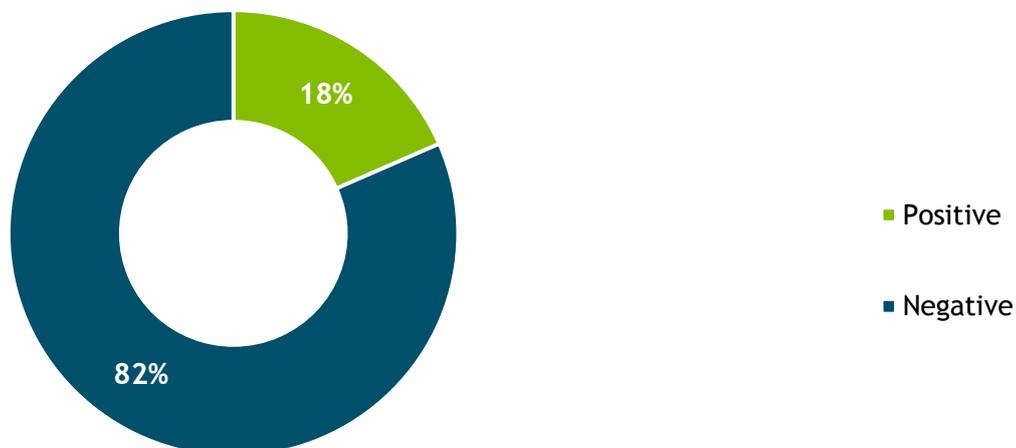


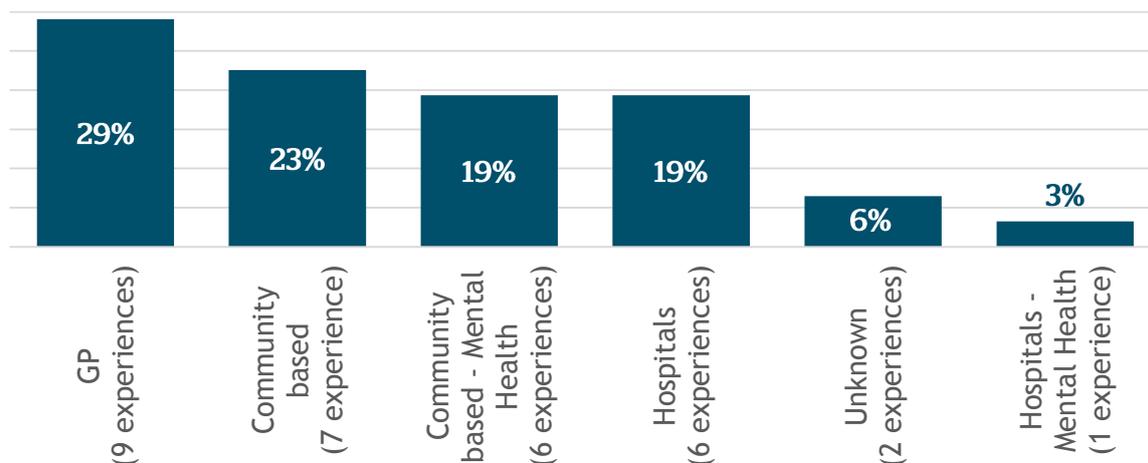
Figure 3 Breakdown of number of people who shared experiences by source (Total responses: 34 - survey and database combined).



Figure 4 Breakdown of shared experiences by source (Total responses: 38 - survey and database combined).



Figure 5 Negative differential experiences by service type (Total responses: 31 - survey and database totalled).



We asked people to describe their experience and what made them feel that it was negative. The most commonly cited factor (11 experiences; 36%) was to do with the health care professionals who they encountered, the majority of whom made assumptions about the individual’s sexual orientation, which in some instances forced the individual to “come out”:

The doctor kept asking whether I needed other contraception after I said that I am sexually active, and couldn't understand why I kept saying no. It was very awkward and in the end I was forced to come out & I tell her I have a girlfriend and therefore no amount of sex will lead to me getting pregnant.

Experience of a GP service from a non-binary female

Difficult interactions particularly smear tests, with questions phrased assuming that sexually active meant risk of pregnancy, and going round and round, feeling unrecognised, or pushed to come out when it sometimes wasn't comfortable.

Experience of various services from a lesbian

Two individuals who identified themselves as transgender shared similar sentiments, stating that they felt they had to reveal their transgender status when they felt it was unnecessary to do so:

I was forced to out myself as transgender by the nurse who was administering a flu jab to my son, the nurse then incorrectly stated that they 'had to have Mum's consent'.

Experience of a GP service from a transgender individual

Four transgender people (13%) provided experiences that had made them feel the health professionals they interacted with had limited knowledge about transgenderism:

A recent experience with paramedics showed that they had absolutely no idea what transgenderism is.

Experience of a community based service from a pansexual male

Issue with a doctor not understanding whether I could choose not to put gendered things on my medical records.

Experience of a GP service from a pansexual male

The nurse did not know what the procedure should be when dealing with same-sex couples and transgender individuals

Experience of a GP service from a pansexual male

23% (7 people) made reference to long waiting times, specifically regarding the Nottingham Centre for Transgender Health, with individual waiting times ranging from one year to 18 months.

16% (5 experiences) made reference to the lack of dignity and respect that was shown to them, which they felt was a contributing factor to their perceived negative experience. People spoke about how they were made to feel “different” because of their sexual orientation and/or gender reassignment. Two individuals made specific reference to healthcare professionals making homophobic comments or demonstrating a homophobic attitude, or making insensitive comments to them, or within earshot of them:

I frequently heard case discussions during which it was stated that the service user 'needs to man up'. Frequently service users were discussed as being repressed Lesbian or Gay as being at the root of their issues.

Experience of a community based mental health service from a queer male

The nurses said to me not to discuss my sexuality because it might offend other people. I was told, when I asked why "well that's not a very normal thing, is it?"

Experience of a community based mental health service from a bi-gender pansexual individual

Positive Differential Experiences

Of the 7 positive experiences shared with us, 3 (43%) were about hospitals. 2 experiences (29%) were about GP services and 2 experiences (29%) were about community based services, specifically the Health Shop in Nottingham, and Nottingham Centre for Transgender Health.

We asked people to describe their experience and what made them feel that it was positive. The most commonly cited factor (86%; 6 experiences) was about the health professional who they encountered. These 6 experiences gave examples of how individuals felt that the member of staff had treated them with compassion, dignity and respect, and understanding of their LGBT+ status, for example:

She was supportive in relation to me coming out and my relationship with another girl. She checked I was okay and not being bullied.

Experience of a community based mental health service from a pansexual female

The staff here were really lovely and supportive they made me feel comfortable and respected and were reassuring when I was scared of having blood taken and were accepting of my identity.

Experience of a community based service from an agender person

I have been treated recently with great discretion and respect.

Experience of a hospital from a gay male

Wider impact of health care experiences

We asked people to share with us what impact their experiences of health care services had on them.

Of the 31 negative experiences, 39% felt that it had a negative impact on them with 26% identifying specifically how this impacted on their emotional health. Specifically, they experienced feeling of anger and despair. For example:

I'm on antidepressants and I'm self-harming and I've forgotten what hope feels like.

Experience of a pansexual individual

Negative mental health plus anger.

Experience of a bi female

Pissed me off a lot, made my depression worse.

Experience of a mostly gay male

23% felt that previous negative experiences resulted in respondents feeling unwilling to access health care services, if or when they needed them. Four people made specific reference to their previous negative experiences of health care services directly impacting on their physical and/or mental health, with one transgender person making reference to being referred to as the incorrect gender:

I have an anxiety attack every time I go to the doctors - I put it off as long as possible.

Experience of a pansexual, bi-gender individual

I stopped seeing the therapist and remained unwell.

Experience of a queer male

I don't feel comfortable I won't go to the doctors... I have a chest infection now and I won't go unless I was desperate.

Experience of a gay male

I experienced severe anxiety and a level of depression and was on the verge of leaving [A and E] and not getting my head injury checked as having to go through my old details and being called "she" was severely anxiety provoking.

Experience of a queer non-binary male

Five people (16%) also felt that previous negative experiences with health care services had an impact on their personal confidence levels, and 3 people (10%) stated that they did not have trust in health care services, for example:

It knocks my confidence, makes me wary of people. I felt let down, I wasn't listened to.

Experience of a bi-sexual male

I don't trust health services providers to get my gender right or to do anything to make things better if they get things wrong.

Experience of a queer non-binary male

Three people (10%) also told us that previous negative experiences resulted in them deliberately withholding information about their sexual orientation out of worry that it may influence their experience.

The 7 people who had positive experiences with health care services felt that this experience had a positive impact on them. Three people (43%) felt that they personally felt more confident, and also had more confidence in health care services and felt supported, for example:

The doctor took me seriously and listened so it's given me confidence to speak to other professional services.

Experience of a GP service from a gay female

It took everything I had to go and see the doctor but I now feel more confident because I was listened to and not judged.

Experience of a GP service from a gay female

It made me feel better and not so lonely as when I was coming out a lot of my friends were Jehovah Witnesses and Christians and they shun me [sic] and called me a dirty lesbian.

Experience of a community mental health service from a pansexual female

Improvements

We asked people about what health care services could do to improve their experience, and possibly the experiences of other members of the LGBT+ community. Of the 27 people who answered this question, almost half (48%; 13 people) felt that health care professionals would benefit from additional training, specifically around awareness and understanding the LGBT+ community, with a view to reducing heteronormativity, for example:

More staff training - e.g. LGB&T [sic] awareness. More imagery in waiting rooms, etc. that reflect lifestyles that are not conventionally heterosexual.

Experience of a lesbian

Same sex partners should be treated the same as opposite sex partners. They are usually, but not always. Health staff should not assume someone is straight.

Experience of a lesbian

Be more aware to the needs of trans people, especially the possible negative mental health effects of mis-gendering & using old names.

Experience of a bi female

LGBT+ friendly services

We asked people whether there are any health care services that they considered to be “LGBT+-friendly” and why they thought that.

Examples that were given included:

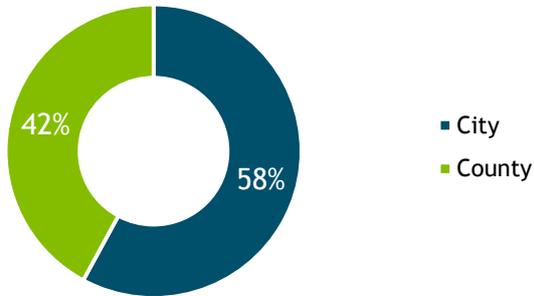
- The Health Shop, Nottingham;
- Trent PTS;
- Sexual Health Clinic, Worksop;
- Nottingham Centre for Gender Dysphoria
- Mansfield Community Hospital (“non-judgmental when giving out contraception”);

- GUM Clinic, Nottingham City Hospital;
- Cripps Health Centre, Nottingham (“*[The GP has] been very good and understanding and I have had no issues with him*”).

Appendix 1 - Demographic profile of individuals surveyed reporting a differential experience

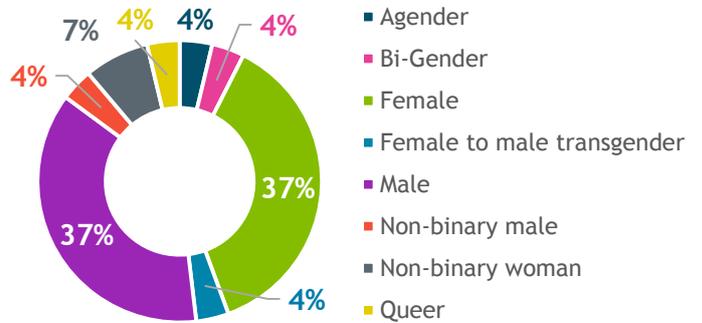
Total: 27 (NOTE: responses were not compulsory)

Locality



Source: 27 people out of 27 respondents

Gender



Source: 27 people out of 27 respondents

Ethnicity

Ethnic background of respondents	Count	%
White: English/Welsh/Scottish/Northern Irish	22	92%
White: Any other white background	2	8%

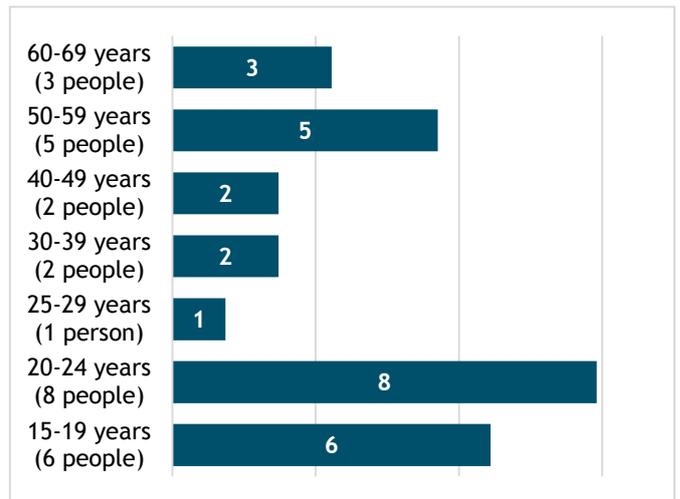
Source: 24 people out of 27 respondents

Religion

Religion of respondents	Count	%
No religion or belief	15	68%
Atheism	4	18%
Christianity	2	9%
Buddhism	1	5%

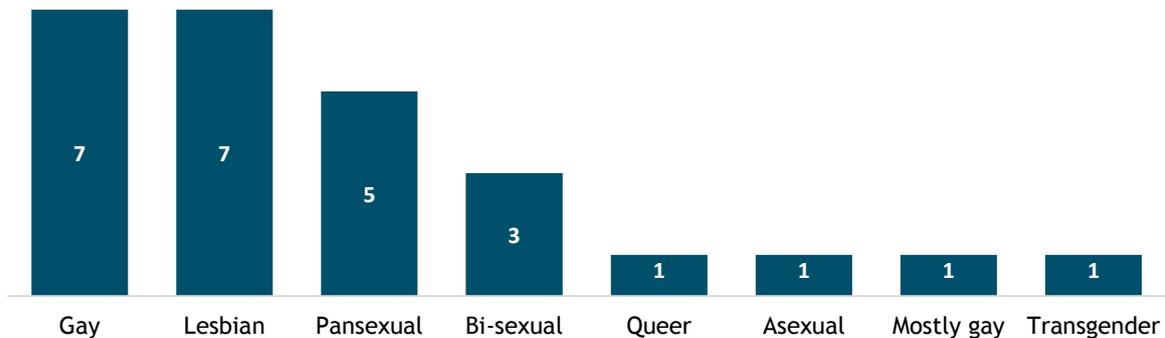
Source: 22 people out of 27 respondents

Age Split by Number of People



Source: 27 people out of 27 respondents

Sexual Orientation

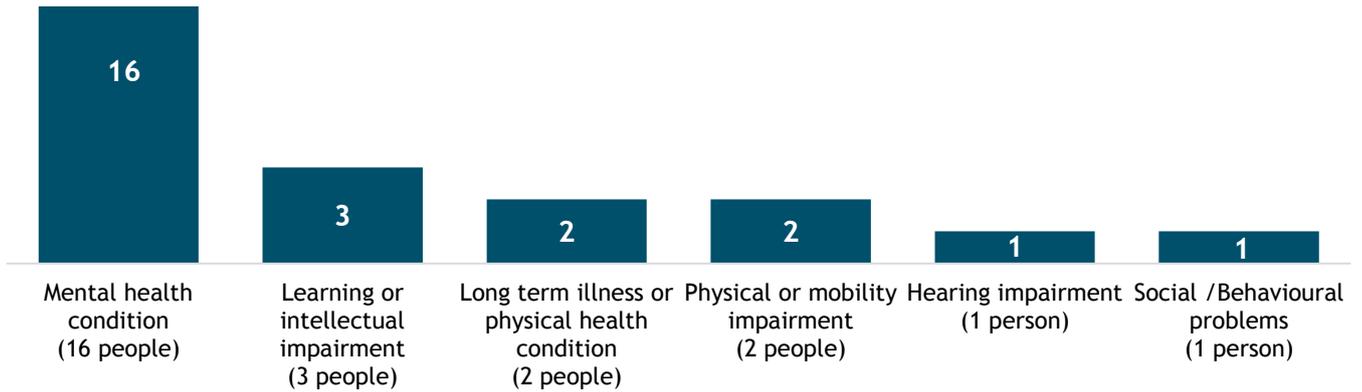


Source: 26 people. NOTE: 1 person described their sexual orientation as transgender.

Disability		
Do you consider yourself to have a disability?	Count	%
No	9	45%
Yes I am limited a little	9	45%
Yes I am limited a lot	2	10%

Source: 20 people of 27 respondents

Disabilities identified by respondents



Source: 20 people (Note: some people identified as having more than one disability.)

Unpaid caring responsibilities

3 people (11%) told us that they had unpaid caring responsibilities.

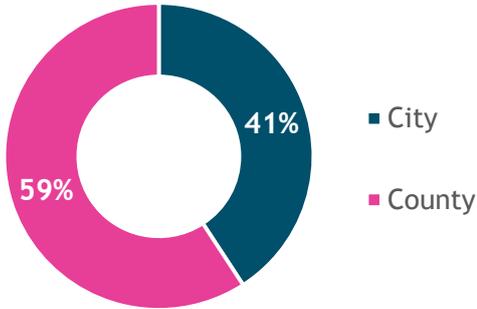
Pregnancy/birth in the last 12 months

1 person (4%) told us that they had been pregnant or given birth in the last 12 months

Appendix 2. Demographic profile: Individuals surveyed not reporting a differential experience

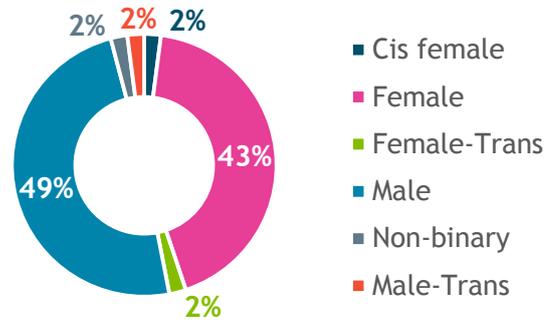
Total: 49 (NOTE: responses were not compulsory)

Locality



Source: 49 people

Gender



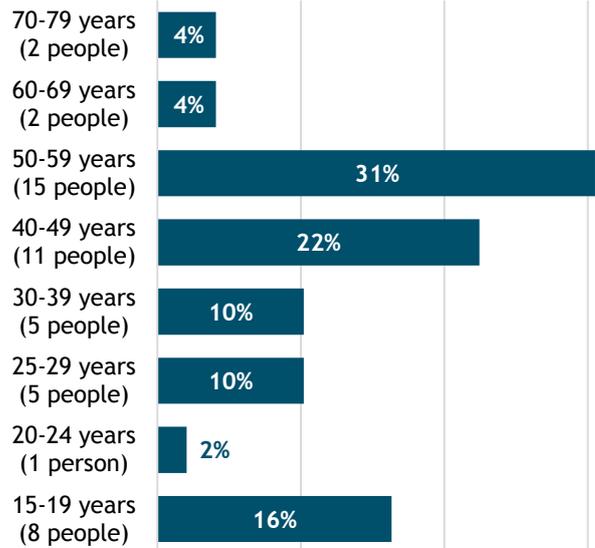
Source: 49 people

Ethnicity

Ethnic background of respondents	Count	%
White: English/Welsh/Scottish/Northern Irish	45	96%
White: Any other white background	2	4%

Source: 47 people

Age



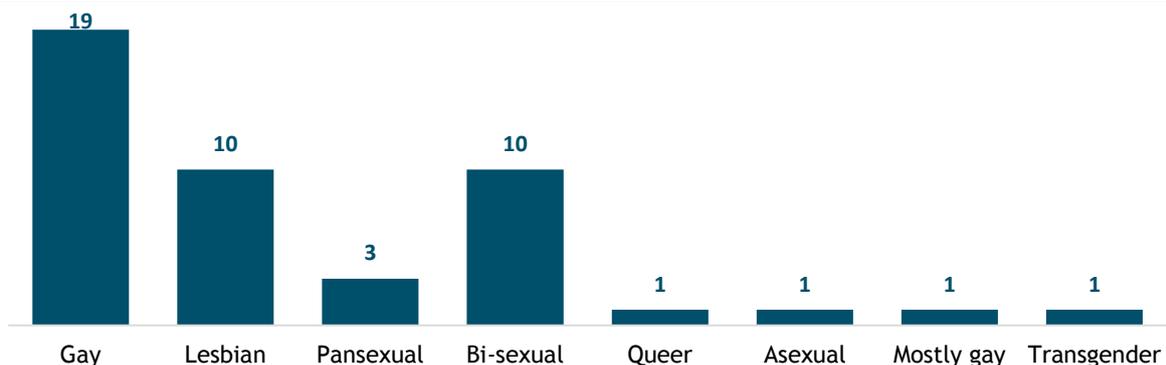
Source: 49 people

Religion

Religion of respondents	Count	%
No religion or belief	25	60%
Atheism	9	21%
Christianity	6	14%
Buddhism	1	2%
Other	1	2%

Source: 49 people

Sexual Orientation

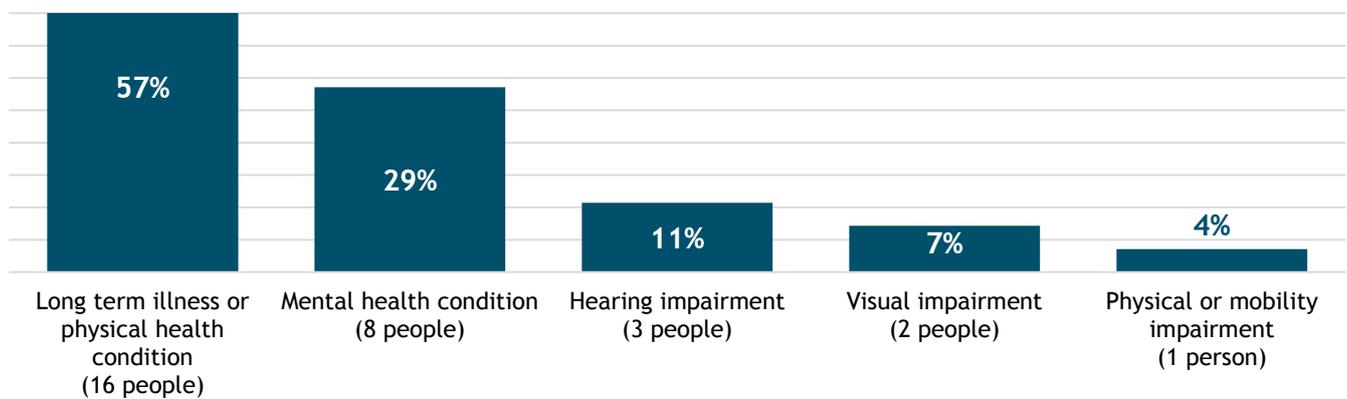


Source: 46 people. NOTE: 1 person described their sexual orientation as transgender.

Disability		
Do you consider yourself to have a disability?	Count	%
No	30	61%
Yes I am limited a little	10	20%
Yes I am limited a lot	9	18%

Source: 49 people of 49 respondents

Disabilities identified by respondents



Source: 30 people of 49 (Note: some people identified as having more than one disability).

Unpaid caring responsibilities

No people told us that they had unpaid caring responsibilities.

Pregnancy/birth in the last 12 months

7 people (14%) told us that they had been pregnant or given birth in the last 12 months.

Acknowledgements

We would like to take the opportunity to thank everyone involved in this project.

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University of Nottingham intern/volunteer Francesca Teare.

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