



Health and Social Care
Experiences of the LGBTQ+
community - 2022



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Appendices of each individual anonymous response to the survey are available on request - contact details for Healthwatch Derby are at the end of the report.

Background of the report

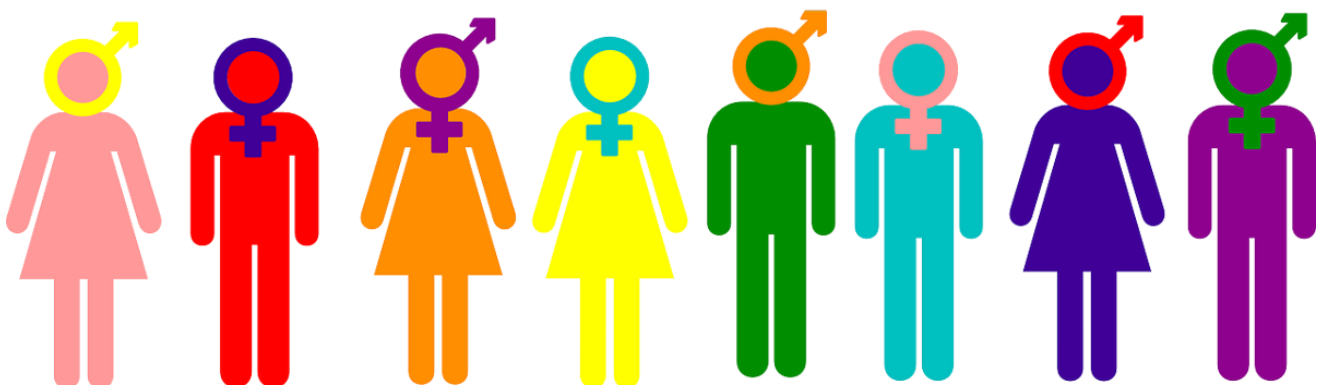
“Existing evidence shows that health outcomes are generally worse for LGBT people than the rest of the population, and that LGBT people feel that their specific needs are not taken into account in their care” (LGBT Action Plan, UK Government Equalities Office, July 2018 – appendix 1)

An estimated 3.1% of the UK population aged 16 or over identified as Lesbian, Gay or Bisexual in 2020, which is an increase from 2.7% in 2019 and almost double the percentage from 2014 (1.6%). (ONS, Sexual Orientation 2020 – appendix 1). “Nearly half of trans people (45%) said that their GP did not have a good understanding of their needs as a trans person, rising to over half of non-binary people (55%)” and “almost one in four LGBT people (23%) have witnessed discriminatory or negative remarks against LGBT people by healthcare staff.” (Stonewall – appendix 1)

With the population ever changing and the findings and evidence of poorer healthcare outcomes for those in the LGBT+ community, Healthwatch Derby have designed this survey to discover what is happening in 2022 to support these patients locally, and whether improvements can be made should there be inequalities or poor experiences within our local system.

Our survey was open between 1st November and 9th December and we received a total of 105 responses.

We anticipate that this research will be useful to those from the LGBT+ community – to be listened to, understood and heard, and to tell their story in order to help others. This research will be useful to organisations and peer support groups to know that they are aware of the potential of health inequality, and to ensure they are inclusive in their approach. This research will be useful to medical and clinical professionals – to ensure that quality and impartial conversations are had between professionals and patients regardless of how either person identifies themselves around their gender identity or sexual orientation preferences.



Glossary of terms

LGBTQ+ – A common acronym standing for Lesbian, Gay, Bisexual, Trans, Queer, Questioning and Ace. Including a + represents and includes all other identities.

Ally – A typically straight or cisgender person who supports members of the LGBTQ+ community.

Lesbian – A woman attracted to other women.

Gay – Being attracted to people of the same gender.

Bisexual – Being attracted to more than one gender.

Transgender – To be a different gender than the one assumed you will be due to sex assigned at birth.

Queer – A more recent term used to describe a range of Sexual Orientations, all of which are not straight but may not fit into other labels. Can also be used to describe Gender Identity.

Genderqueer – A gender diverse person whose gender identity is neither Male nor Female, is between or beyond genders, or is a combination of Male and Female.

Questioning – The process of exploring your own gender identity or sexual orientation.

Asexual/Ace – The lack of sexual attraction or desire to others.

Genderfluid – Having a changeable sense of gender identity or expression thereof.

Pansexual – Being attracted to someone regardless of gender.

Intersex – A person whose sex does not fit into the Male or Female binary categories.

Non binary – To not identify within the binary Male or Female ideologies of Western society.



Glossary of terms

Heteronormativity – Belief that people fall into distinct and complimentary genders (Male and Female) with natural roles in life. Assumption that Heterosexuality is the only Sexual Orientation or is the norm, and that sexual and marital relations are most fitting between people of opposite sexes.

Homophobia – Irrational hatred, fear or abuse of Gay people or those perceived as Gay.

Biphobia – Irrational hatred, fear or abuse of Bisexual people.

Transphobia – Irrational hatred, fear or abuse of Trans people or those who do not conform to traditional gender norms.

Cisgender – A match between your biological sex and your gender. Also a term for Non Trans people.

Misgendering – Referring to a person using terms that express the wrong gender either accidentally or deliberately such as calling a non binary person “he” or “she” instead of “they”.

Dead naming – Calling a Trans person by their birth name or previous name, after they have changed their name as part of their gender transition.

Gender transition/reassignment – The process of changing from living in the gender you were assigned at birth to living in the gender you identify as. This can be split into medical and social transitioning.

Affirmative practice – Affirming lesbian, gay, bi, trans and queer identities as equally positive human experiences to heterosexual/cissexual identities.

Protected characteristics of the Equality Act – Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion or Belief, Sex and Sexual Orientation.



Glossary of terms

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

Gender recognition certificate – A certificate which enables a Trans person to be legally recognised in their affirmed gender and to be issued with a new birth certificate.

GIC – Gender Identity Clinic

Coming out – To tell someone/others about their gender identity or sexual orientation.

To be outed – Someone else telling someone/others about a persons gender identity or sexual orientation without their consent.

Pronouns – Words which we use to describe a persons gender in conversation such as He/Him, She/Her and They/Them.

Sexual Orientation – A persons sexual attraction to other people or lack thereof.

Sex – Assigned to a person on the basis of primary sex characteristics (genitals) and reproductive functions.

Gender identity – A persons innate sense of their own gender whether Male, Female or something else, which may or may not correspond to the sex assigned at birth.

Sources of Glossary –

<https://www.stonewall.org.uk/list-lgbtq-terms>

<https://mindout.org.uk/information-on-mental-health/lgbtq-glossary/>



Summary of findings

Over the course of 6 weeks, and with prior and subsequent promotion by ourselves and supportive external individuals and groups, our survey was answered by a total of 105 respondents.

Identity

94% of our respondents considered themselves to be a part of the LGBTQ+ community, and a further 4% as allies. The majority of these individuals live comfortably 'out', with this varying in different scenarios between a high of 87% of respondents living 'out' with their friends to 60% living 'out' in their workplace and 53% living 'out' with their healthcare team.

Access to Services and Providers

- When asked where they seek support when they feel ill, the most commonly noted responses were GP/practice nurse, friend or family members, internet search and NHS111.
- The services that respondents had most used in the past two years were their GP surgery, pharmacy and Covid-19 vaccination.
- The services that respondents felt most unable to access were GP Surgery, Mental Health services, Hospital services (planned admissions, outpatient and urgent/emergency) and Sexual Health services.

Access to Gender Reassignment services

- 27% have tried to access or wish to access Gender Reassignment services and 11% have already successfully accessed.
- Many respondents left comments around accessing Gender Reassignment services which were mostly negative, and the most mentioned themes were long waiting times for the Gender Identity Clinic (GIC), poor support from their GP when asked for help, medication or to refer to GIC, and poor or lack of communication from the GIC whilst waiting for an initial appointment.

Service Received

- 32% felt that their identity was not respected and understood by healthcare professionals.
- 31% stated that their identity was brought up when seeking support for an unrelated health issue.
- 43% felt that their identity has been a barrier to accessing a health and social care service.

Hate Crime, poor experiences and discrimination

- 76% would report a hate crime.
- 42% would seek health support following a hate crime.
- 36% have experienced a poor or discriminatory healthcare experience based on their identity.
- 37% are unsure or wouldn't report a poor or discriminatory healthcare experience that they felt was due to their identity and 17% are unsure on the process to be able to report.
- The most mentioned themes around poor experiences were deadnaming, incorrect usage of pronouns/titles, poor Trans healthcare, inappropriate comments around Sex/Marriage (Gay Man), inappropriate comments around Sex/Pregnancy (Gay Woman) and asking about genitalia during an appointment for an unrelated issue.

What works well and what could be improved?

- 43% of respondents left comments about exceptional service and the most commonly mentioned themes were staff performance, general overall service and accurate and sensitive use of terminology for surgery, treatments, names and pronouns.
- 58% of respondents left suggestions on what could be improved and the most commonly mentioned themes were staff awareness and knowledge of LGBTQ+ issues, staff attitudes and behaviour around making assumptions or allowing their own personal bias to affect a patient's treatment, and access and waiting times for Gender Identity Clinics.

Our Audience

In addition to promoting this project through our online platforms and volunteer newsletter, we visited and made connections with various support groups and charities to access their in-person and online audiences, and offer these people a way to feed back their experiences. It was also broadcast amongst various meetings and events we attended within the scope of our usual job roles that included representatives from NHS, council, business and 3rd sector professionals.

We don't hold demographic data for people who we have spoken to about the project as this was not asked at the time, however respondents of the online survey were all given the option to leave demographic data.

The following groups and organisations helped us to encourage responses for our project by inviting us to attend their groups or be a guest speaker at their event:

- Derbyshire LGBT+
- LGBT+ Collective

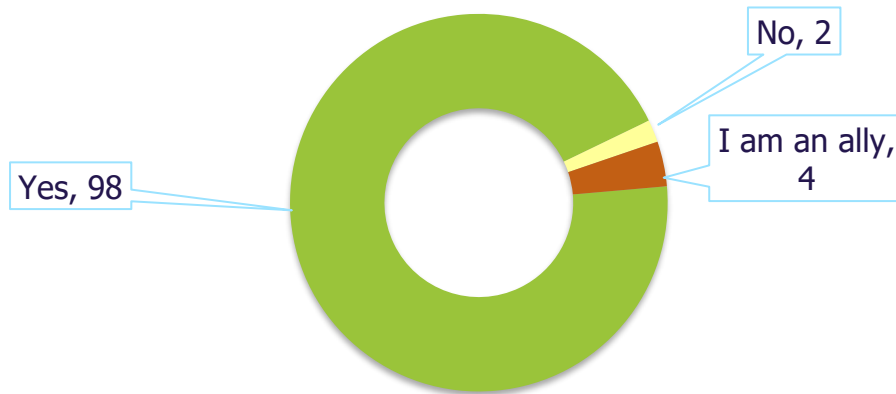
The following groups, practitioners and organisations helped us to encourage responses for our project by promoting it to their online audience or newsletter:

- Base 51
- Birmingham South Asians LGBT & Khakan Qureshi
- DCHS, DHCFT & UHDB LGBT+ network
- Derby and Nottingham LGBT+ Social Group (facebook)
- Derby City Council LGBT+ Staff network newsletter
- Derby College
- Derby Pride Community
- East Midlands Gay and Lesbian Friendship Group (facebook)
- Gay Outdoors Club East Midlands
- Healthwatch Derbyshire & Healthwatch Staffordshire
- Joined up Care Derbyshire
- Kuku Connect, Derbyshire and Nottinghamshire
- Nottingham LGBT Switchboard
- Nottingham Trans Hub
- OLGBT Stoke
- Pride in Belper
- Prizm LGBT Coventry
- Public Face – East Midlands Academic Health and Science Network
- The Alliance Network

Reports from the following Healthwatch teams were part of the research and information gathering which took place during project planning (appendix 4):

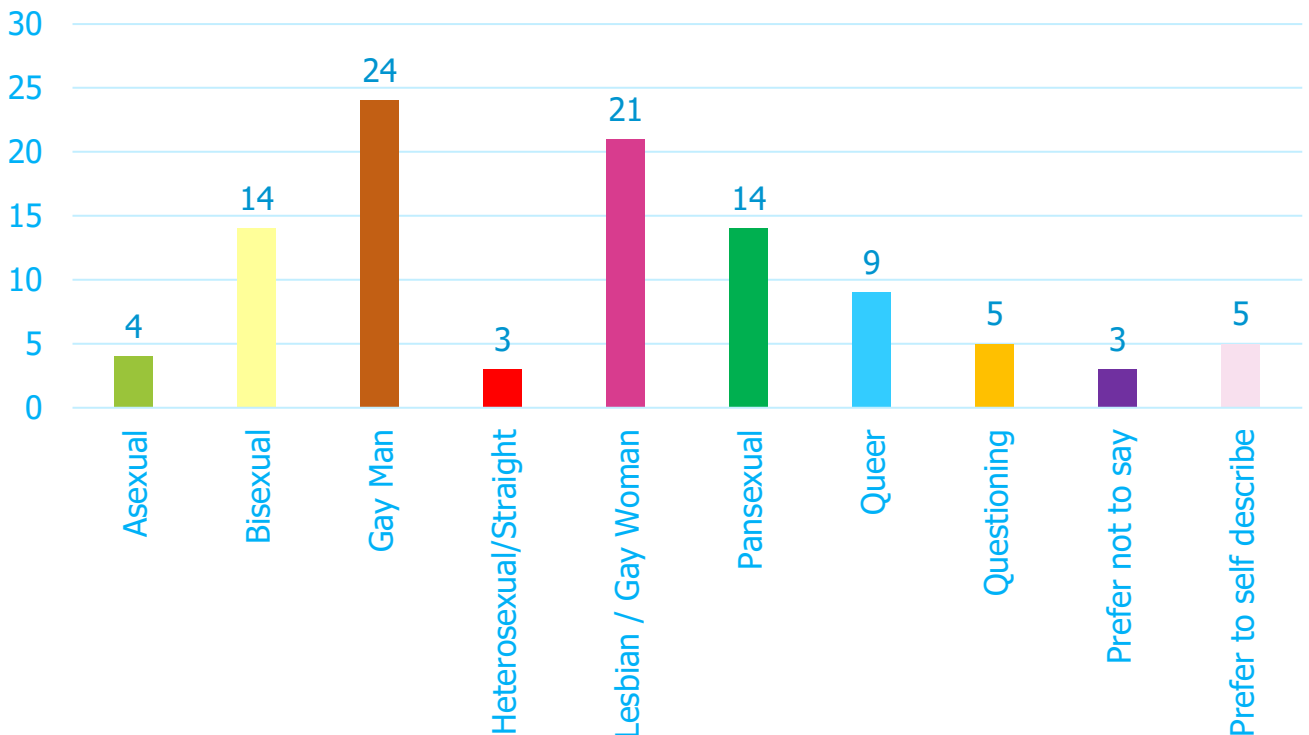
- Healthwatch Brighton and Hove (2022)
- Healthwatch Darlington (2022)
- Young Healthwatch Wiltshire (2022)
- Healthwatch Kent (2021)
- Healthwatch Bristol (2018)
- Healthwatch Lincolnshire (2015)

Who we spoke to – (Q1) Do you identify as part of the LGBTQ+ community? (104)



Who we spoke to – Sexual Orientation (100)

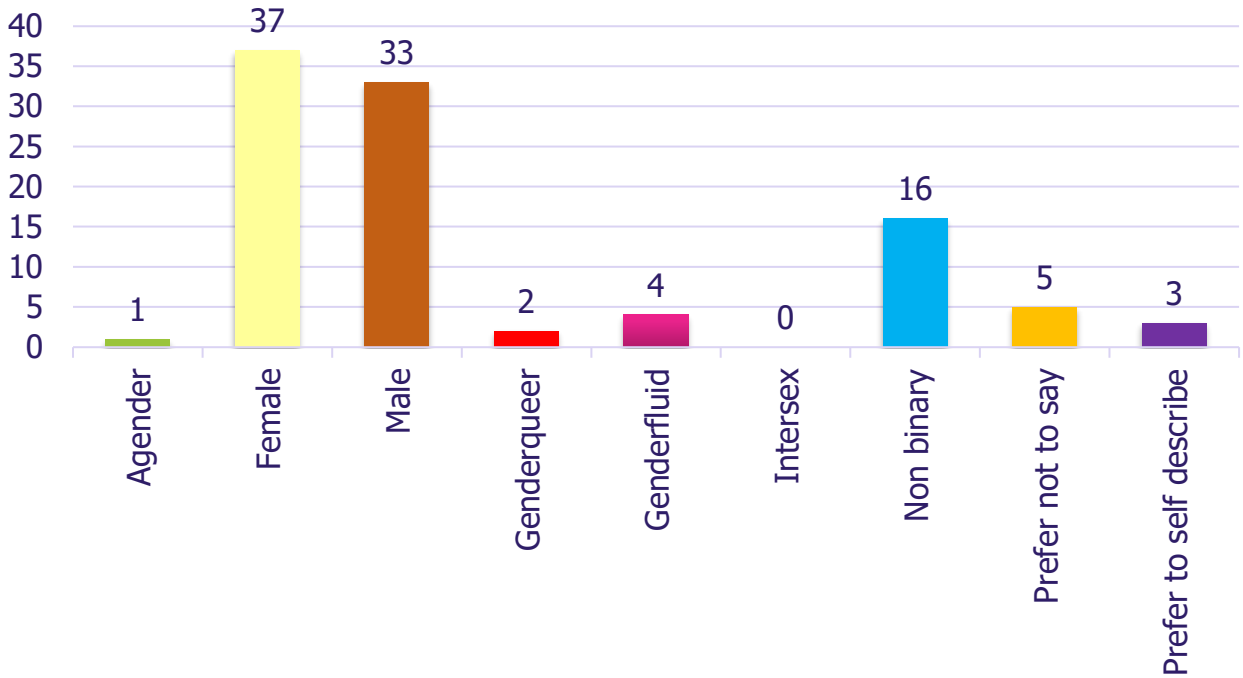
Which of the following describes how you identify yourself?



24% of respondents identified as Gay Men and 21% identified as Gay Women.

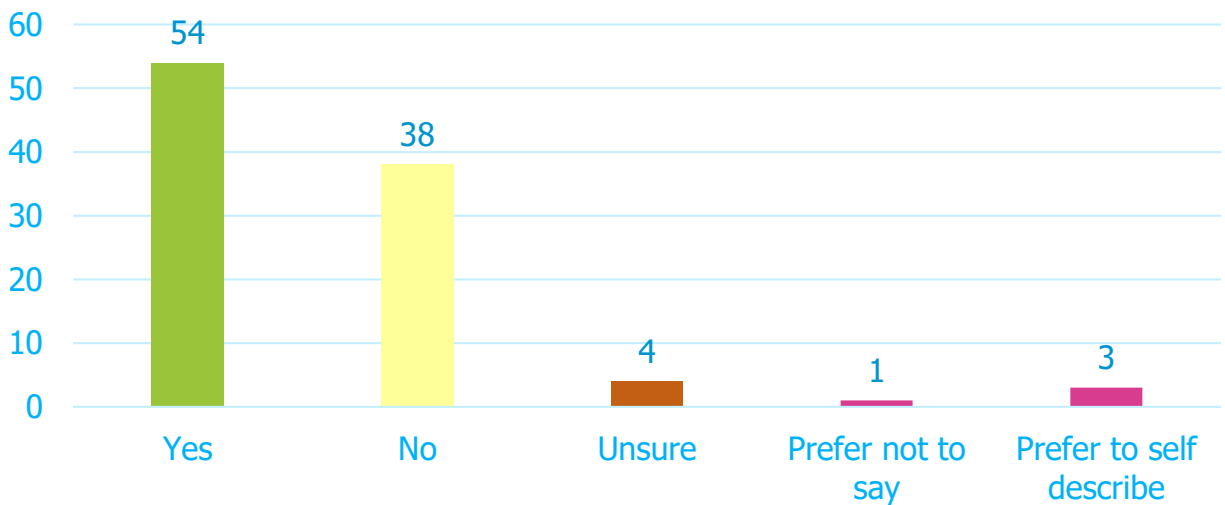
5 Respondents chose to self describe and these responses were individual for each of the following: Abrosexual, Omnisexual/Bisexual, Bisexual/Aroace, Androsexual, Polyamorous.

Who we spoke to – Gender Identity (100)



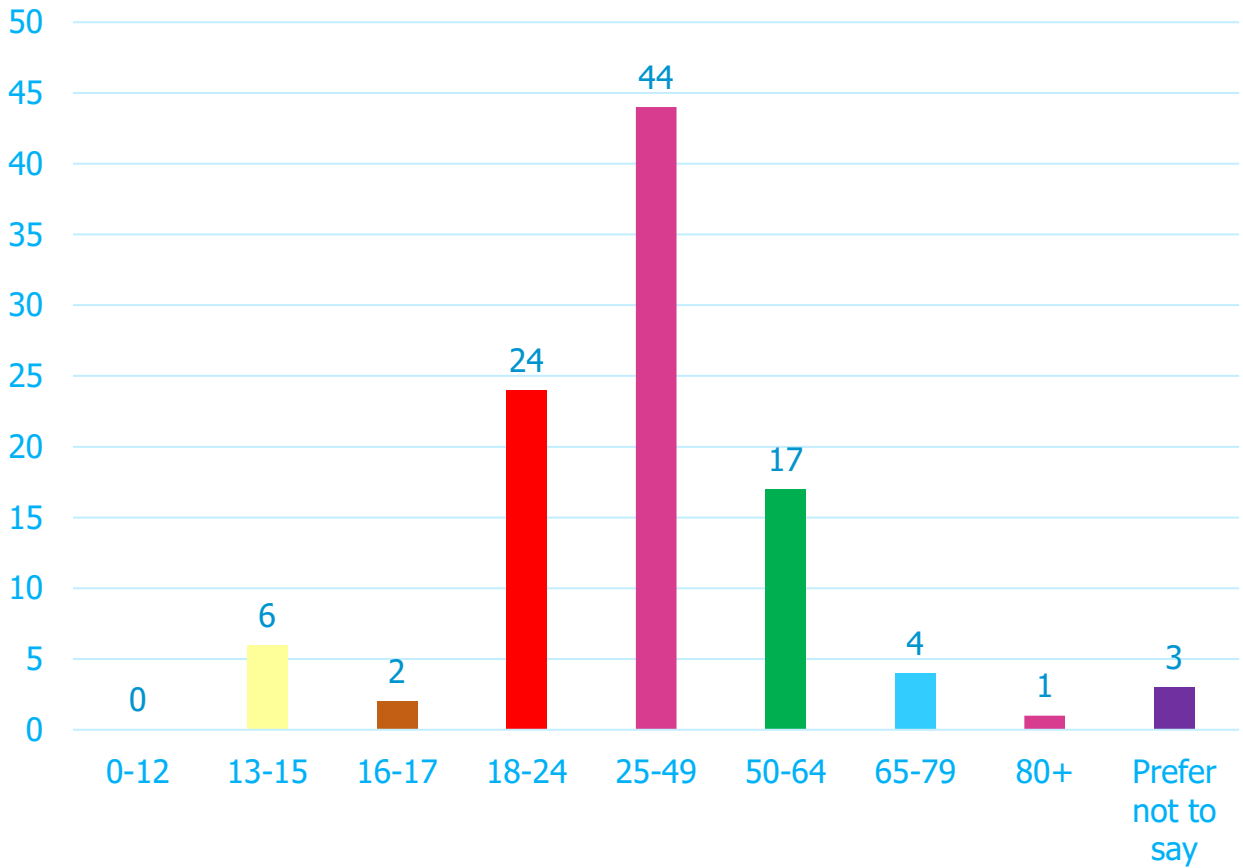
37% of respondents identified as Female or Trans Female and 33% of respondents identified as Male or Trans Male. 3 respondents preferred to self describe and these responses were individual for each of the following: Demi Male, Pangender, No belief in a sense of gender.

Does your gender identity match the sex you were registered with at birth? (99)



54% of respondents said that their gender identity matched the sex they were assigned at birth, and 38% of respondents said it did not. 3 respondents who preferred to self describe did not agree with the question.

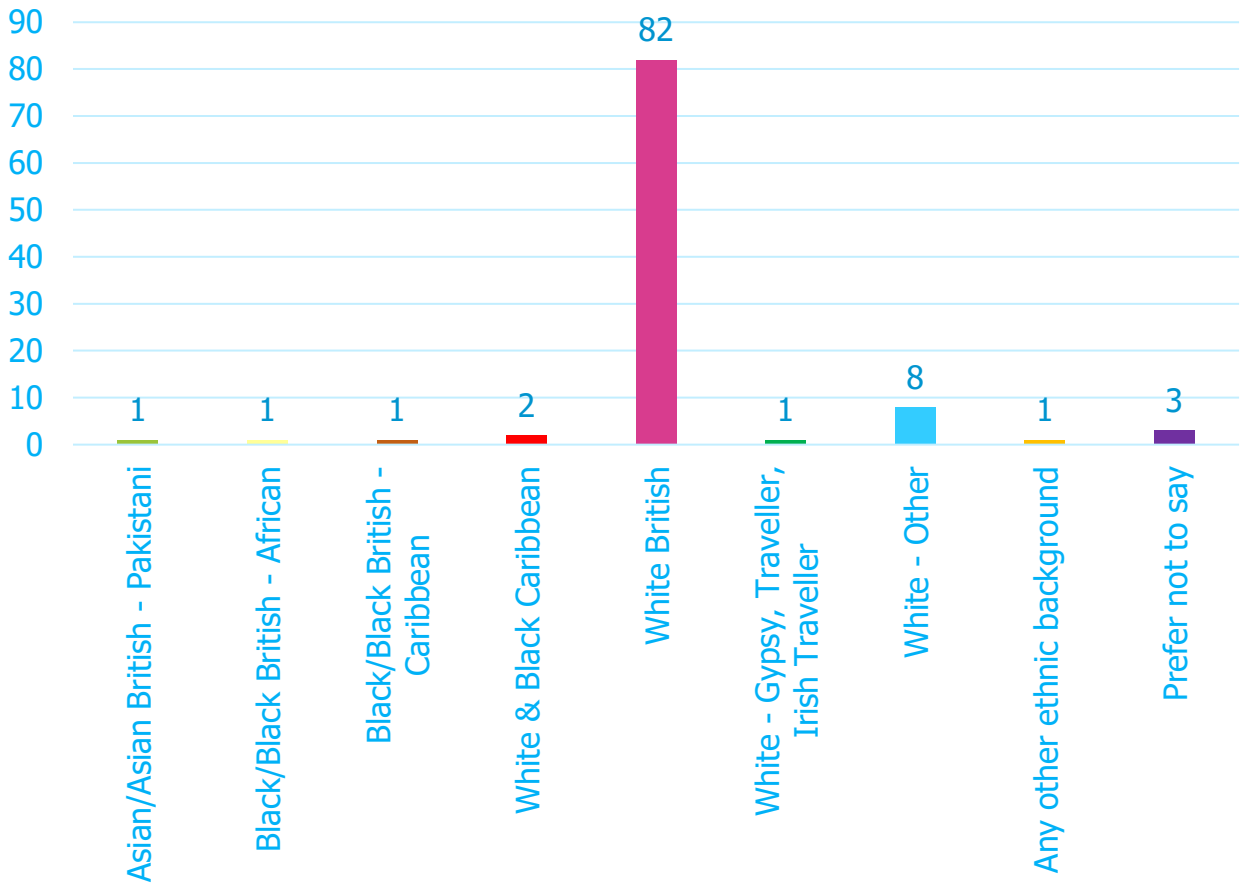
Who we spoke to – Age (101)



We had a wide variety of ages take part in the survey with the majority aged between 25-49 (44%), 18-24 (24%) and 50-64 (17%).

All other outlying groups, or preferring not to respond amounted to 15% in total.

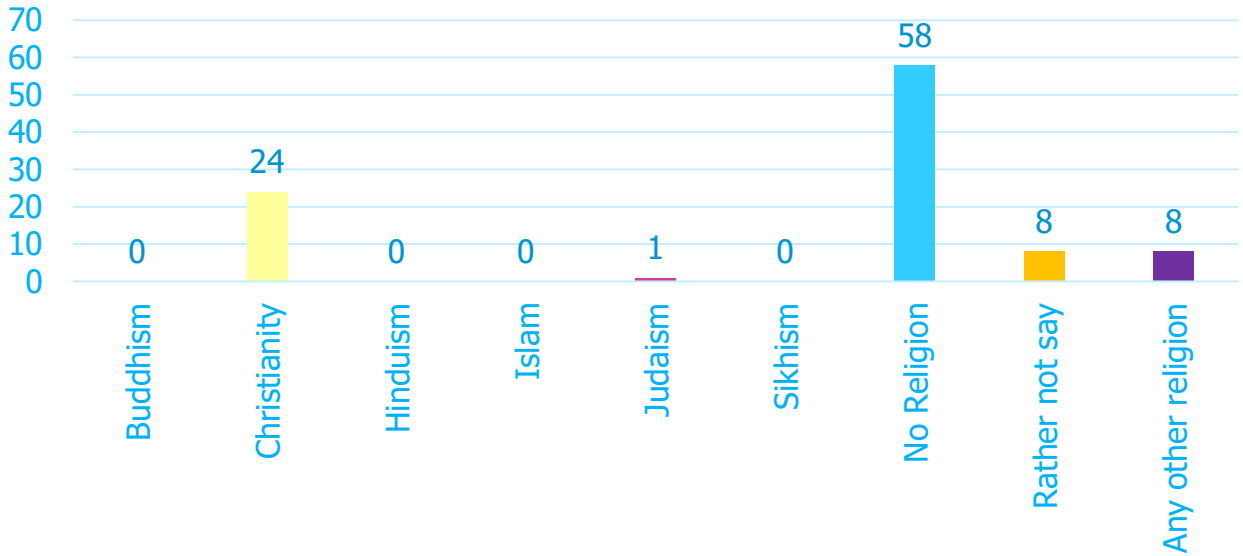
Who we spoke to – Ethnicity (100)



82% of respondents stated that their ethnic origin was White British / English / Welsh / Scottish / Northern Irish. Other responses are listed as above. All other ethnicities received zero responses and as such are not listed above.

6 respondents left additional information and of these, 3 stated ‘White European’, 1 stated ‘Chinese mixed’, 1 stated ‘Portuguese’, and 1 stated ‘Turkish’.

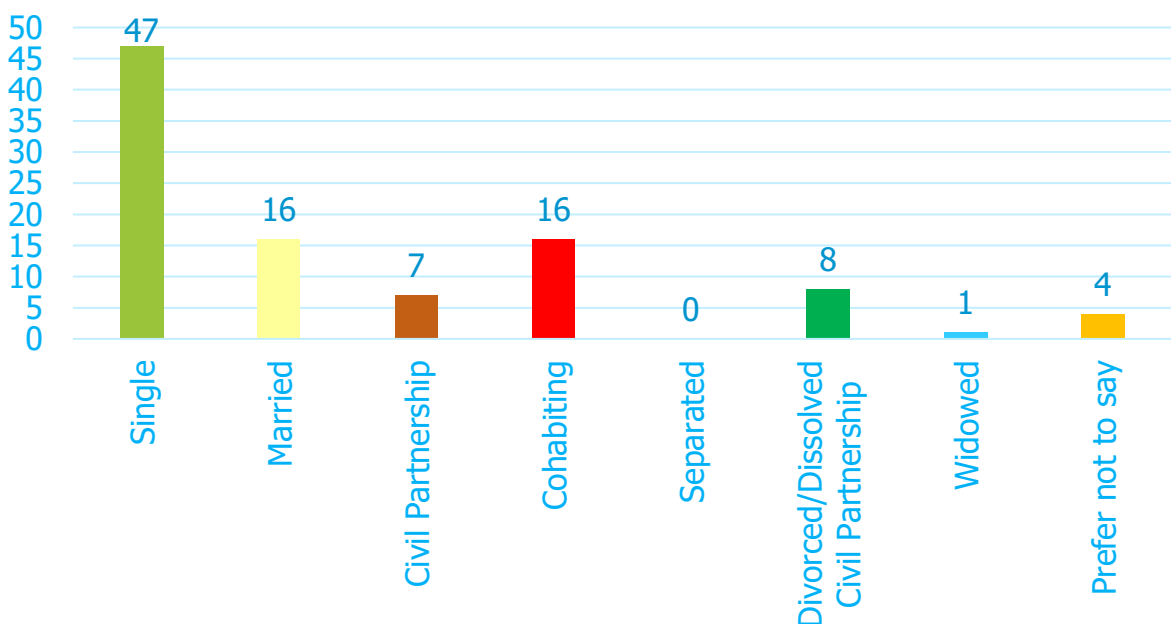
Who we spoke to – Religion (99)



59% of respondents stated they had no religion, 24% of respondents stated their religion was Christianity. Other individual responses for religion and belief are listed as above.

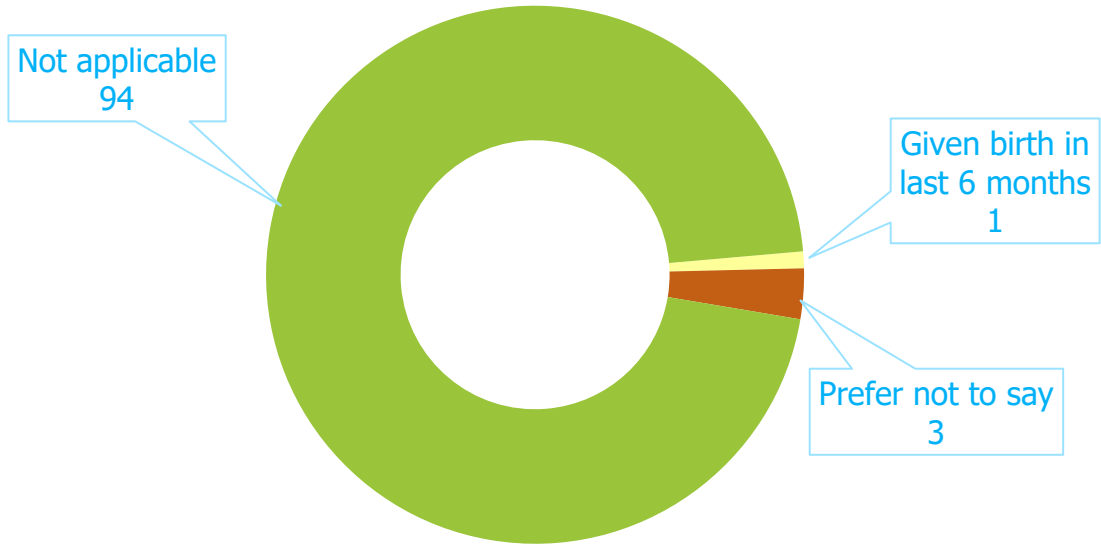
8 respondents left additional information and of these, 3 stated "Spiritualism", 2 stated "Pagan", 1 stated "Gender Identity", 1 stated "Not sure and 1 stated "Wiccan/Witchcraft".

Who we spoke to – Marital Status (99)



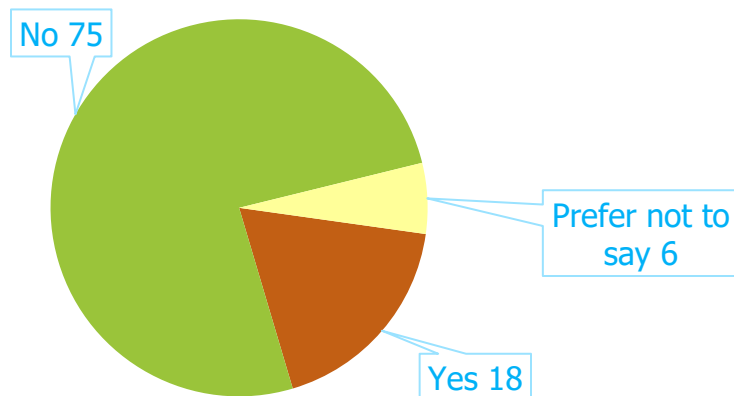
47% of respondents stated that they are Single, 16% stated that they are Married and 16% stated that they are Cohabiting with a partner. All other responses are as above.

Who we spoke to – Maternity status (99)



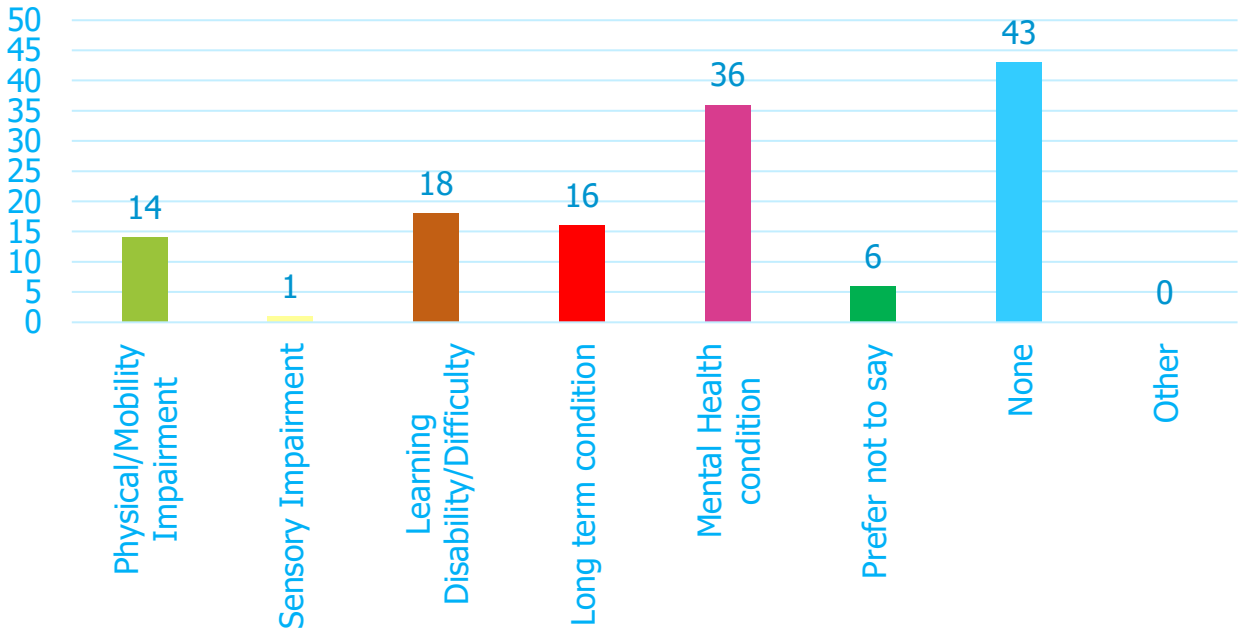
95% of respondents felt this question was not applicable. No respondents were currently pregnant or breastfeeding, and only one respondent had given birth to a child within the past 26 weeks.

Who we spoke to – Carers (99)



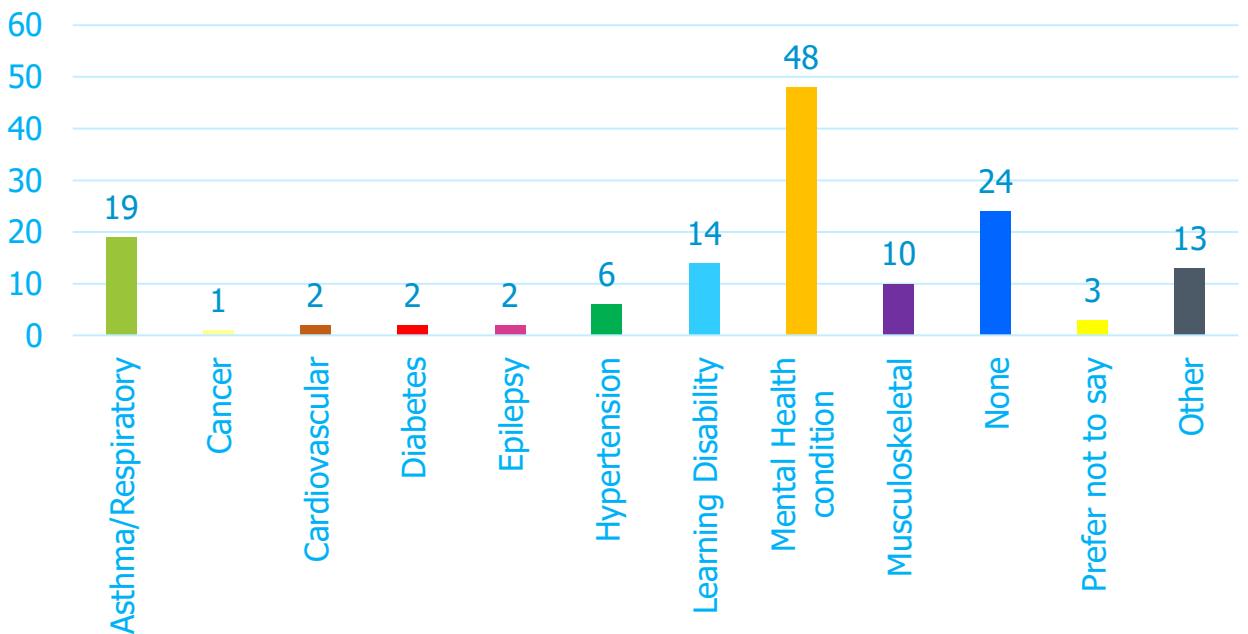
75% of respondents do not consider themselves to be a carer, 18% do consider themselves to be a carer and 6% would prefer not to say.

Who we spoke to – Disability (99)



43% of respondents stated they had no disability, 36% of respondents stated that they have a Mental Health disability. All other responses are as above.

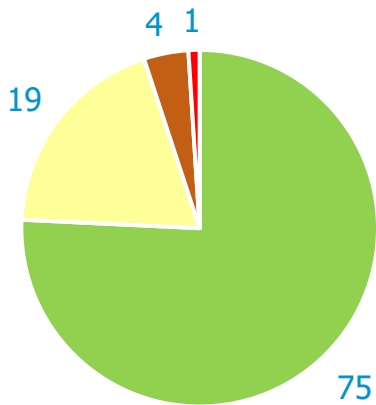
Who we spoke to – Long term health condition (96)



50% of respondents considered themselves to have a Mental Health condition. All other responses for long term conditions are as above. Other responses were individual and are listed as an appendice.

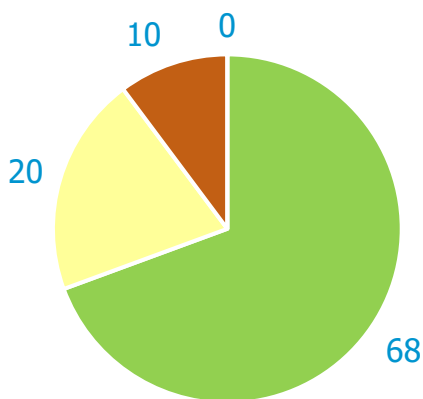
Question 2 – Do you live openly ('out') in your day to day life?

At home (104)



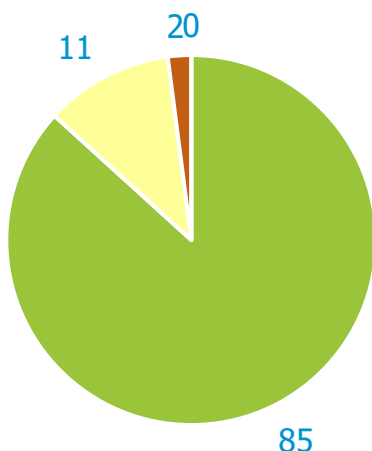
76% - Yes, all the time
 19% - Yes, sometimes
 4% - No
 1% - Unsure
 5 responses - Not applicable (not shown)

With my family (104)



69% - Yes, all the time
 20% - Yes, sometimes
 10% - No
 0% - Unsure
 6 responses - Not applicable (not shown)

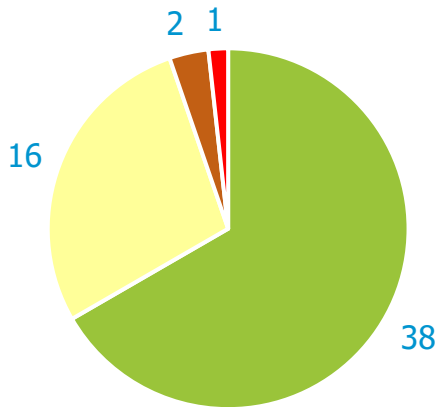
With my friends (102)



87% - Yes, all the time
 11% - Yes, sometimes
 2% - No
 0% - Unsure
 4 responses - Not applicable (not shown)

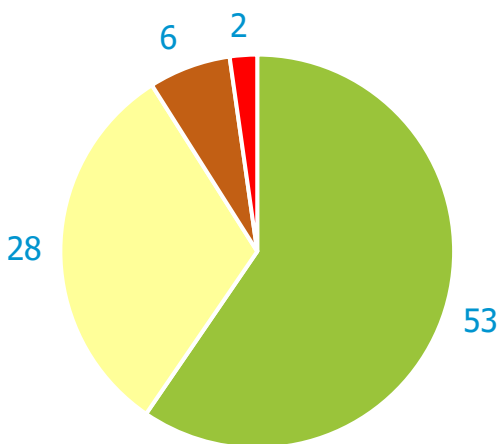
Question 2 – Do you live openly ('out') in your day to day life? (99)

In my education (103)



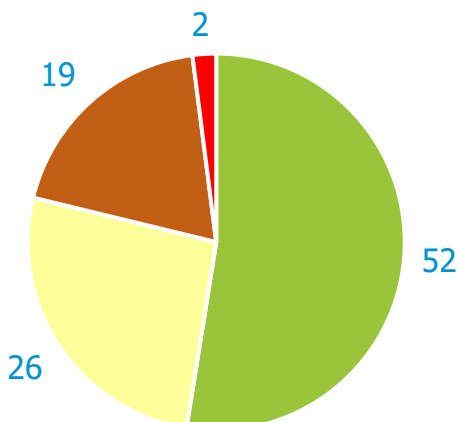
67% - Yes, all the time
 28% - Yes, sometimes
 3% - No
 2% - Unsure
 46 responses - Not applicable (not shown)

In my workplace (104)



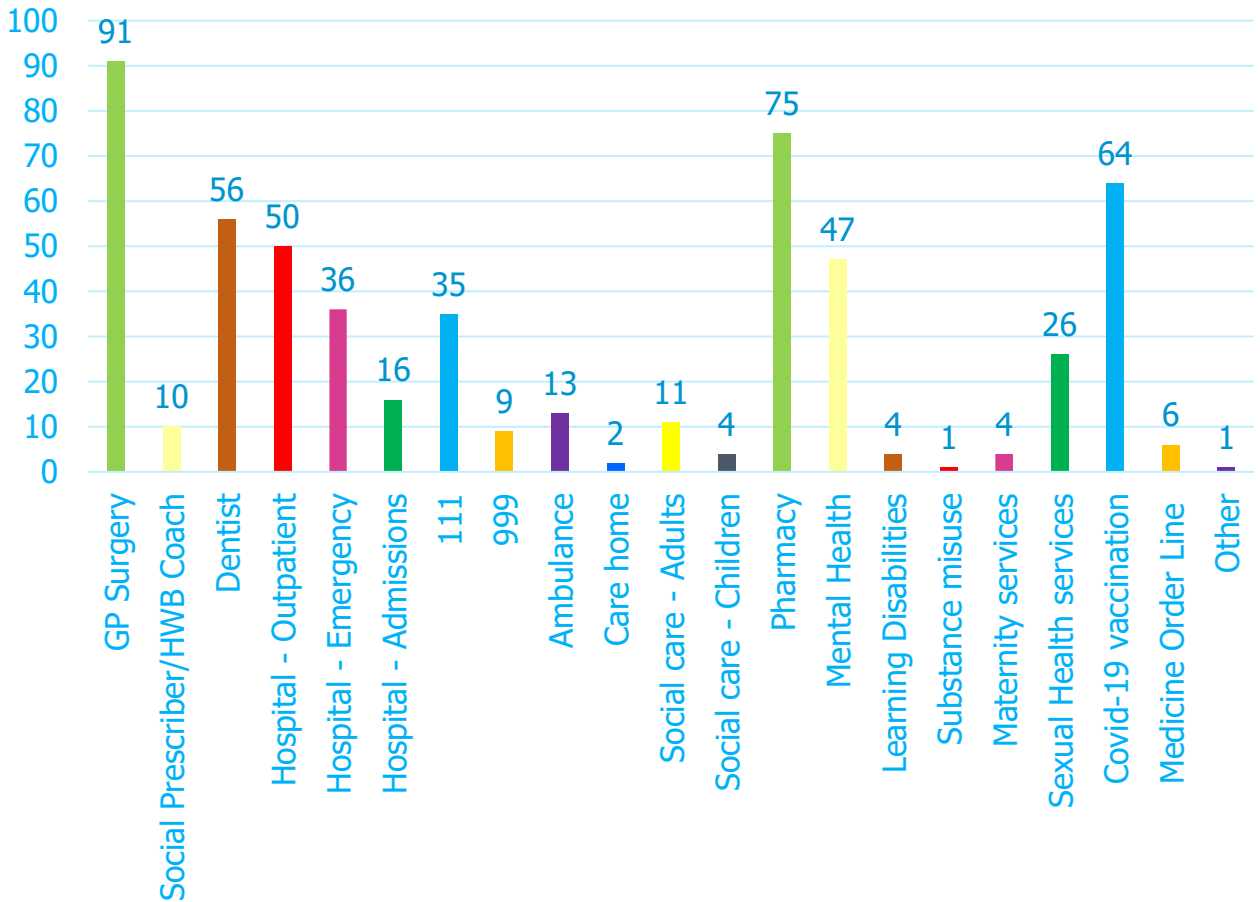
60% - Yes, all the time
 31% - Yes, sometimes
 7% - No
 2% - Unsure
 15 responses - Not applicable (not shown)

In my healthcare (103)



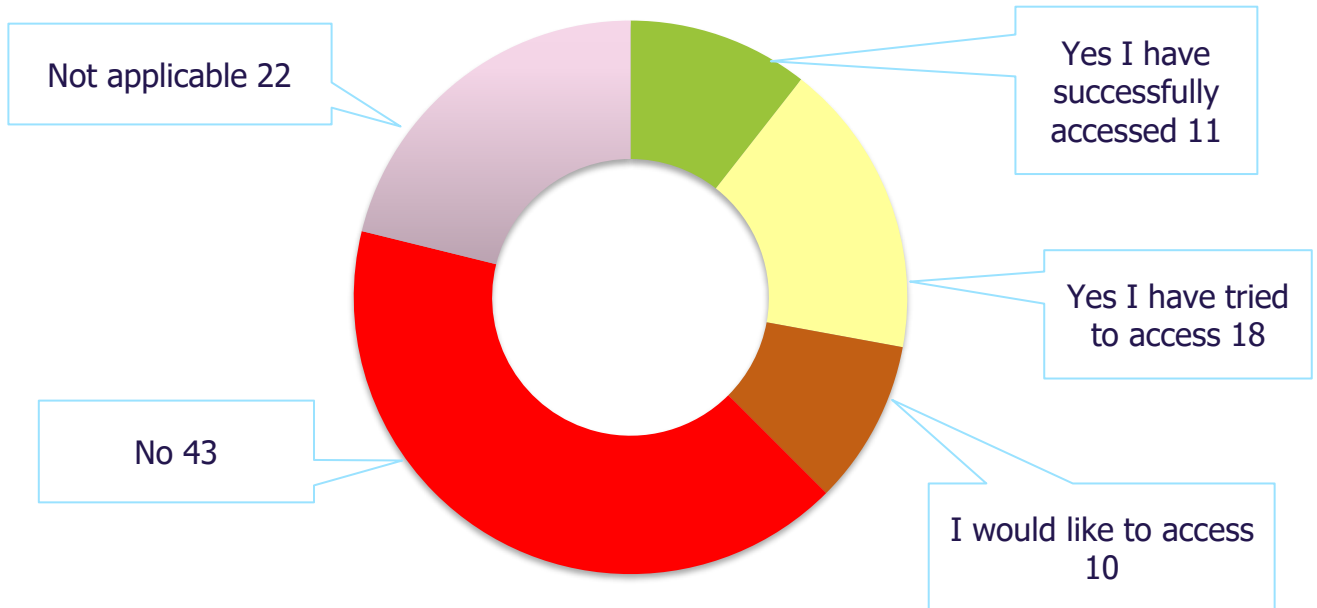
53% - Yes, all the time
 26% - Yes, sometimes
 19% - No
 2% - Unsure
 5 responses - Not applicable (not shown)

Question 3 – Have you used any of the following health and social care services within the last two years? (102)



102 respondents gave 561 responses. The most commonly accessed service is the GP Surgery, followed by Pharmacy and Covid-19 Vaccination.

Question 4 – Have you accessed or tried to access services around gender reassignment? (104)



11% of respondents have successfully accessed Gender Reassignment services.

27% of respondents stated that they have tried to access or would like to access services around Gender Reassignment.

Additional comments were left and the theme of these comments was mostly negative around being able to access Gender Reassignment services.

- Waiting times – Respondents are saying that the waiting time between a referral and a first appointment (and therefore subsequent appointments and surgery) are excessively longer than the NHS 18 week National Choice Framework wait time.



“It has taken more than four years to get the care I need and more than six to actually get help.”

“At this point I am yet to receive any actual assistance, over 3 years since my referral and have been told it is likely to be Jan 2023 when I receive a letter outlining how the GIC can help me.”

“I have been waiting 3 years so far for my first gender reassignment appointment - it could be worse, a friend of mine has had to move house away from Devon because they told her the wait was 12 years! For the first appointment, not even to get the actual treatment!”



Question 4 – Have you accessed or tried to access services around gender reassignment? (99)

- Poor support from GP – Respondents have stated that their experience when trying to seek help from their GP around transgender issues has been poor – from discriminatory comments, hesitation or refusal to prescribe medication, or refusal to refer to GIC.



“3/4 GPs I’ve seen were not acquainted with the current gender dysphoria guidelines and refused to continue HRT prescriptions that have been in place for years.”

“I reached out to my GP in 2018 about just wanting to talk to someone about transitioning but they just asked me loads of intrusive questions that I hadn't considered about my genitals. In 2018 I changed GPs and tried again and successfully got referred .”

“I have asked my GP for a bridging prescription but my GP has said no as they are not informed enough and I'll need to wait for another GP at some point who has more knowledge around the medication.”

“When I was initially referred to Sheffield Gender clinic over 4 years ago the referral was rejected due to not enough information. Another doctor then did the referral for me and asked me inappropriate questions such as was I dropped on the head as a baby or did my mother have a fall when she was pregnant with me.”



- Poor communication from GIC (Nottingham and Sheffield) – Respondents have stated that they have not heard back at all from the GIC about their treatment or delays to their initial appointments, or that the information they have received has been confusing and unclear.



“Waiting times are long and people you talk to over the phone or mail are describing vague information and it might not be relevant to me .”

“I am still waiting to hear back from the gender clinic but the referral has gone through.”

“I have had no contact from the GIC, except for when I email once every 9 months or so to make sure I haven't been illegitimately removed from the waiting list, which is something I was warned to check.”

“I have been re-referred by my GP, at least I hope I have as I've heard nothing in the months since.”



Question 4 – Have you accessed or tried to access services around gender reassignment? (99)

- Disagreements around Shared Care agreements or follow up arrangements between NHS and private providers.



“I tried to access gender-affirming healthcare from <provider>, through shared care with my GP. However, my GP refused to accept a shared care agreement for this particular gender clinic.”

“I have now managed to get a shared care agreement with my GP after a long battle .”

“NHS gender clinics do not co-operate with patients who have received diagnosis and treatment privately for gender dysphoria, and patients are often made to wait to be diagnosed with the same condition twice, before being treated .”

“I had gender reassignment abroad and the treatment was amazing compared to what I would be waiting for here on the NHS. The only issue is if anything had not gone to plan abroad or I had complications after my surgery, the NHS wouldn't have anything to do with it as I had originally had the treatment elsewhere.”

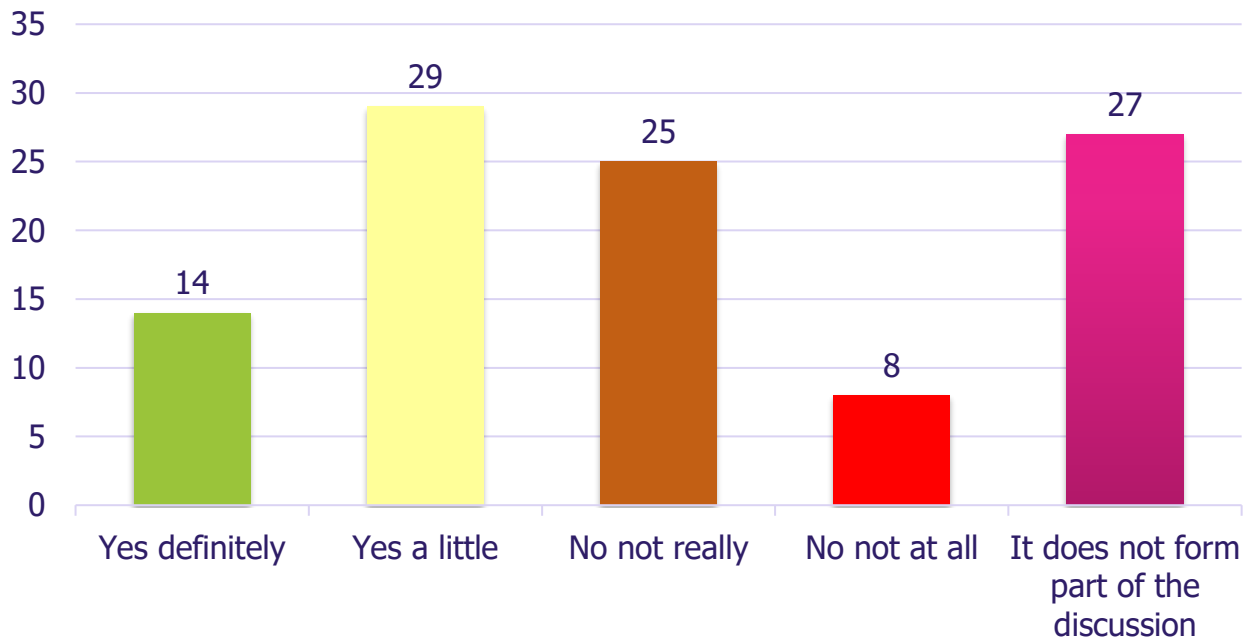


Individual comments were made around having accessed Gender Reassignment services successfully but having to go private to do so in a timely manner, and poor staffing levels and staff attitudes at the GIC (Nottingham).

One individual who responded to this question as having successfully accessed Gender Reassignment services did so outside of the UK and contacted us separately to discuss the service they received and how it differed from what is offered to a UK patient.

She has very kindly sent us the full information provided to her by the provider that she used, to support this project and to make this information available to other patients and professionals. This is provided as Appendix 3.

Question 5 – When you visit a health or social care provider, do you feel that your gender and/or sexual orientation is respected and understood? (103)



42% of respondents felt that to some extent, their gender and/or sexual orientation was respected and understood by their health or social care provider.

32% of respondents felt that to some extent, their gender and/or sexual orientation was not respected or understood by their health or social care provider, 26% of respondents felt that this did not form part of the discussion when seeking health or social care support.

Respondents left further comments about their experiences, and some of these are below (mostly positive) and on to the next page (mostly negative).



“There is a basic understanding of sexuality but not necessarily the full understanding of a wider range of sexualities and gender identity.”

“I am able to be fully 'out' with my GP. He's absolutely brilliant and very supportive..”

“Sexual Health services have a very high understanding of sexual orientation. In any other aspect of my health such as a doctor's appointment, it is never even questioned unless it is relevant for the appointment/diagnosis. Again, if it has been questioned, it has never been an issue at all and seems to be respected and understood.”

“From my experience majority of the time i feel it is respected but there have been a number of occasions where there a presumption that you are in a heterosexual relationship.”



Question 5 – When you visit a health or social care provider, do you feel that your gender and/or sexual orientation is respected and understood?



“Since coming out as trans and presenting as female, I have had numerous poor experiences, where I am dismissed and not believed, and have found it significantly harder to access the healthcare I want/need.”

“The GP took months to update my gender and pronouns. I was continually getting letters sent to me for a smear test so eventually I rang up and told them I did not need a smear test and then they took it off the system..”

“I have had gynaecological issues for years, and many times when I have seen my GP, or gynaecologist they have mentioned the need for me to be on birth control to stop me getting pregnant. Even when I tell them that I am gay, they dismiss it. My doctor once even said to me "Well you might change your mind". I feel like there is a complete lack of understanding given to gay women.”

“On the whole it's been positive, I have had a few occasions where my husband wasn't treated as my next of kin.”

“I once had a gynae surgery and the surgeon was lovely until my sexuality was brought up (the usual pregnancy questions) he then looked at me in disgust and stormed out muttering.”

“With mental healthcare and counselling, I find they have been very accepting of my sexuality. However, a lot of times there are heteronormative assumptions made e.g. that I have a boyfriend because I am a woman. These situations can be awkward and uncomfortable, and I feel as though I have to decide whether to come out or hide a part of myself for that interaction.”

“My gp don't understand me being trans and it leads me having to go to specific clinics or ask the staff at the start of the appointment if they are trans friendly - essentially outing myself every time and it makes me anxious every time.”

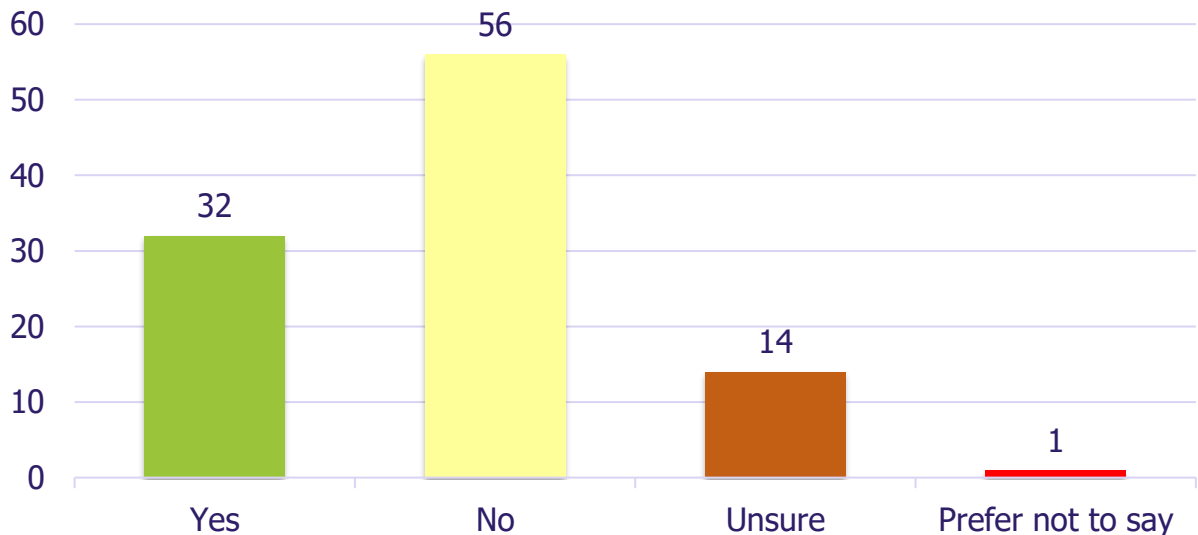
“I have tried once or twice trying to explain non-binary to healthcare providers and it was not an uplifting experience.”

“Depends on the provider. My G.P. is very good however I have experienced forms of homophobia with consultants at Royal Derby, Heanor and Ilkeston hospitals.”

“There is a wide gulf between people who see me (transfem) as a man in a dress, and people who see past my appearance and don't care at all, talking to me like any other person.”



Question 6 – Has your gender identity or sexual orientation been brought up when you have sought support for an unrelated health issue? (103)



54% of respondents stated that their gender identity and/or sexual orientation wasn't brought up whilst seeking support for an unrelated health issue.

31% of respondents stated that it had.



"A doctor once noticed on my record that I had had GRS and asked if they could have a look at my genitals, I was in to get anti-biotics for a chest infection."

"Was told I couldn't access Mental Health services (I was depressed) because I was seeing a GIC at the time and you can only access one Mental Health service at a time."

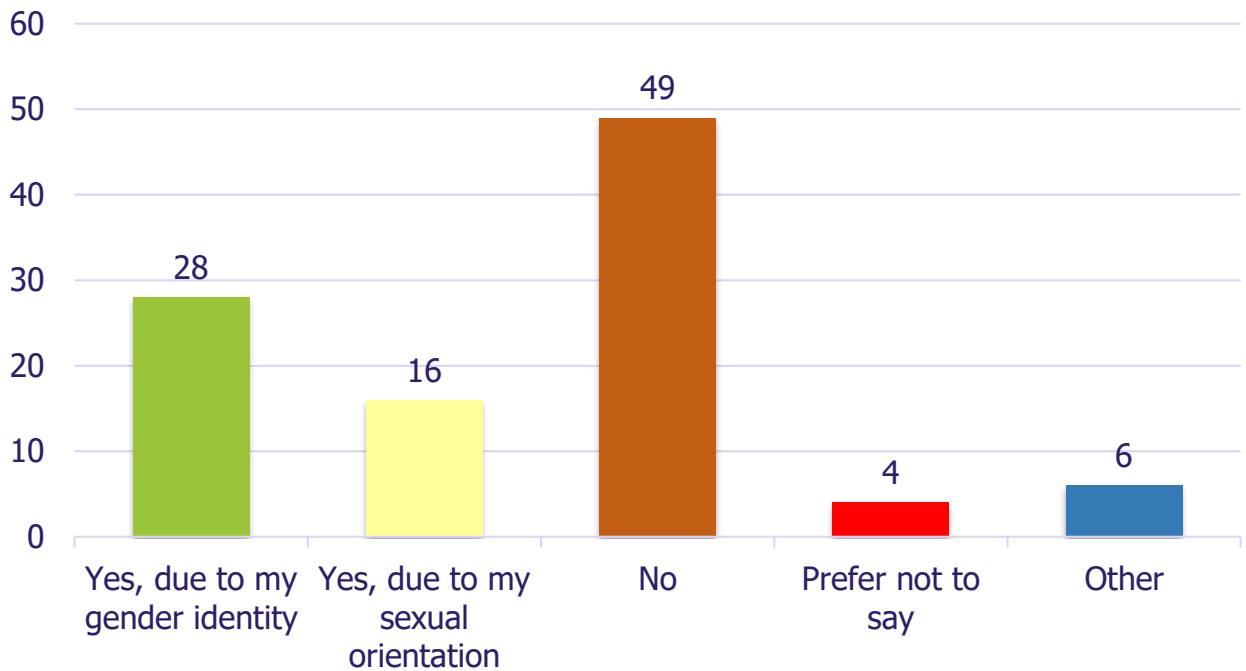
"A female GP shifted to seeming uncomfortable when I raised the possibility that bowel/digestive pain was linked to my prostate, where she was previously quite professional about the embarrassing issue."

"Going for a Covid booster recently, I was asked by the assistant nurse, "Are you male or female?" to which I answered, "Female" and then they looked on the computer system more and queried me, "Did you say female?". I was able to overhear the discussion with the previous two people who went through, and neither of them were asked if they were male or female."

"I was going for a blood test and was told I should probably come off hormones since I'm over 50 now. That's not correct even but I don't see what that had anything to do with my blood test."



Question 7 – Have you ever felt unable, unwelcome, unsafe or uncomfortable accessing a/any health or social care service due to your gender identity or sexual orientation? (103)



43% of respondents felt that their gender identity and/or sexual orientation has been a barrier to accessing a health or social care service.

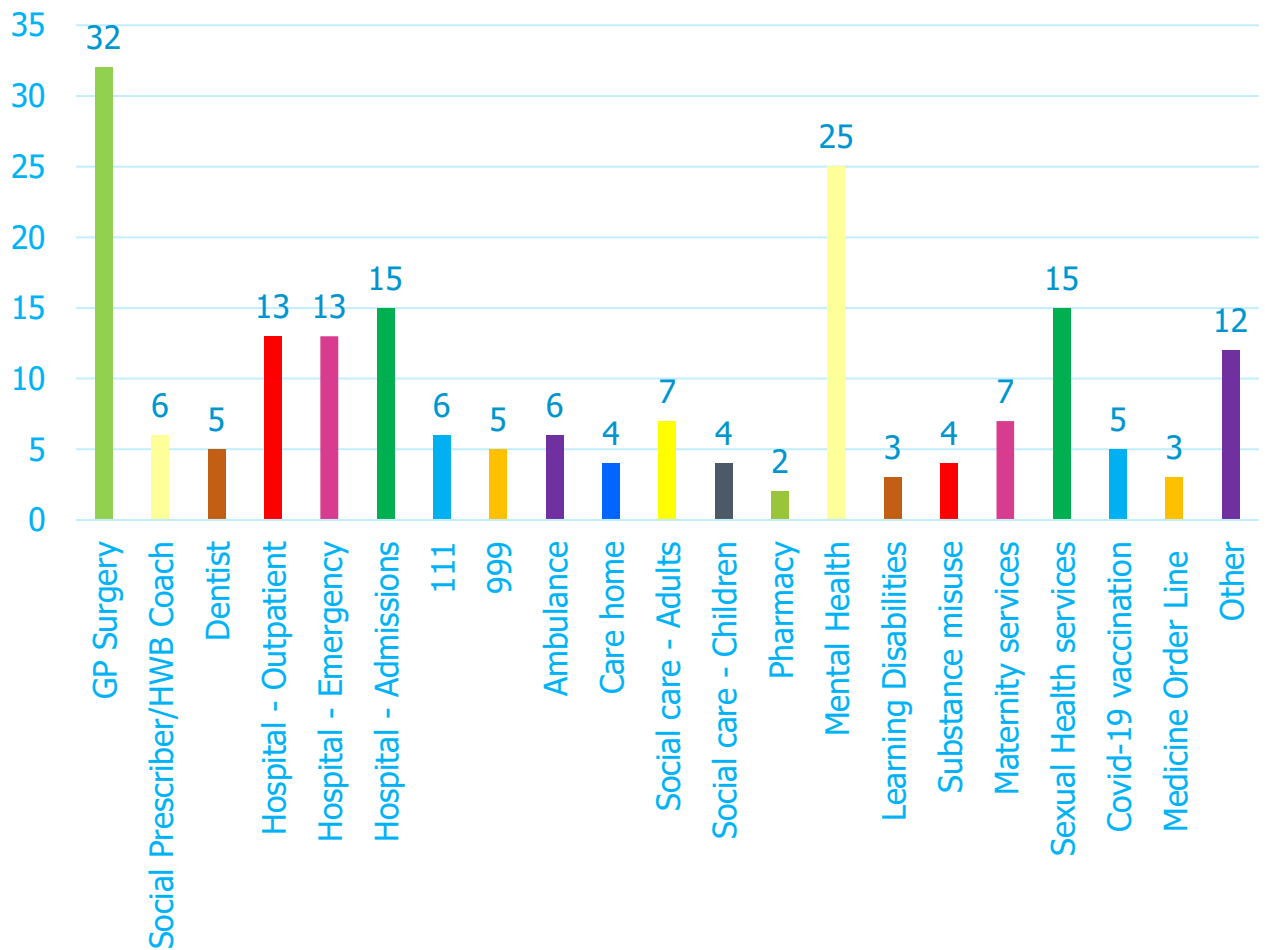
48% of respondents felt that they had not felt that this was a barrier for them when accessing services.



“Not explicitly but I have been made to feel uncomfortable”



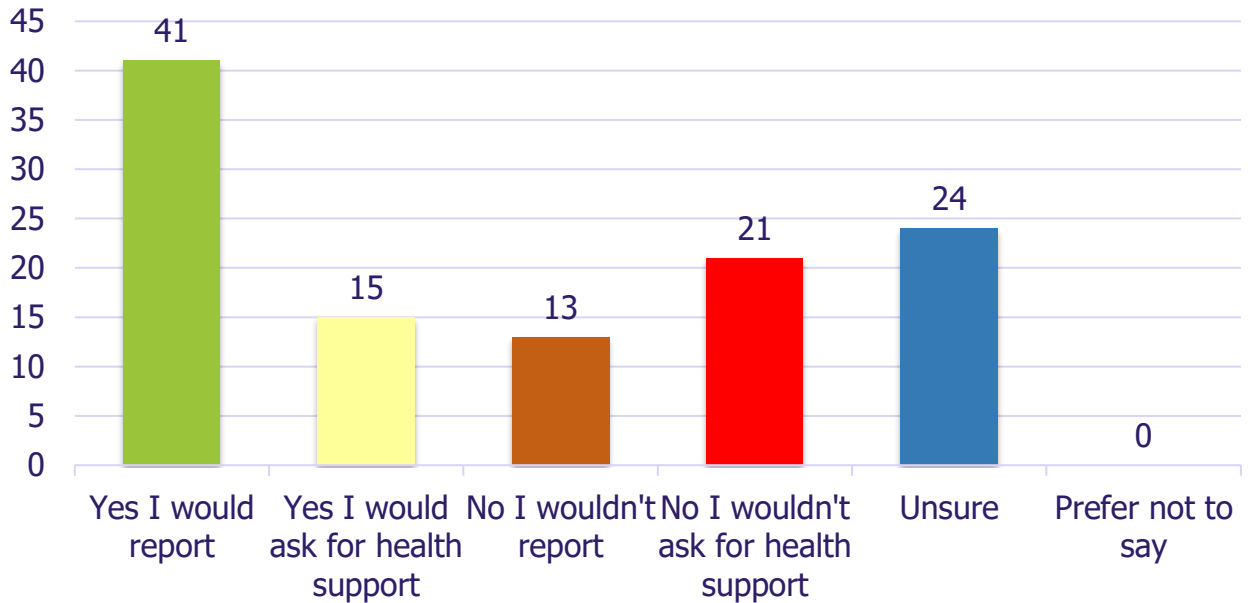
Question 8 – Which service/s – if any – do you wish to be able to access but feel that your gender identity or sexual orientation (or knowledge and understanding of professionals) make this difficult? (60)



60 respondents gave 192 responses. The services most commonly noted where the respondents feel unable to access due to their gender identity or sexual orientation are their GP Surgery, Mental Health services, Hospital services (planned admissions / operations / surgery), Sexual Health services, Hospital services (outpatient appointments) and Hospital services (urgent and emergency care).

Other services mentioned where access was more difficult were: Gender Clinic, Consultant (unknown specialty), Cervical Smear, Care Agency/Carer, Blood donation.

Question 9 – If you had experienced a hate crime, would you feel comfortable reporting this or asking for health support? (98)



98 respondents gave 114 responses.

54 respondents answered about reporting a hate crime and of these respondents, 76% would report a hate crime.

36 respondents answered about asking for health support following a hate crime and of these respondents, 58% would not ask for support.

19 respondents left further comments, and some are below.



“I haven't had the need to seek health support, but would have no hesitation in doing so if it seemed appropriate.”

“Probably would just not use services I need as to avoid conflict.”

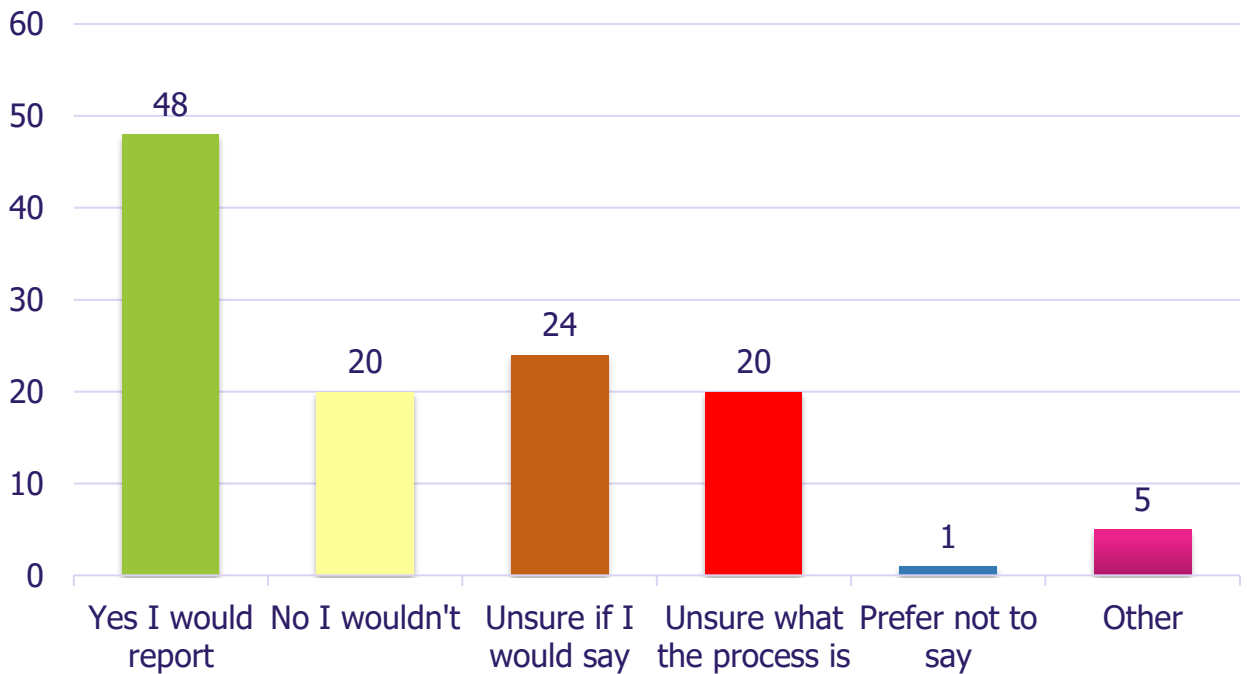
“Would probably be kinda useless, I've been harassed a few times in the street because I'm trans but unless I got attacked I'd probably leave it.”

“I did experience a very serious and damaging hate crime that's left me permanently disfigured, I tried to report it was laughed at. I'll never report anything again.”

“Whilst I have reported hate crimes TWICE. My experience is that this just means I then spend a lot of my own time at the police station, providing detailed answers to questions, only to then be notified later that the police force are not going to be progressing the situation any further. I am not sure I will bother in future.”



Question 10 – If you had a poor experience or felt that you had been treated unfairly at a health or social care service due to your gender identity or sexual orientation, would you feel comfortable expressing or reporting this? (103)

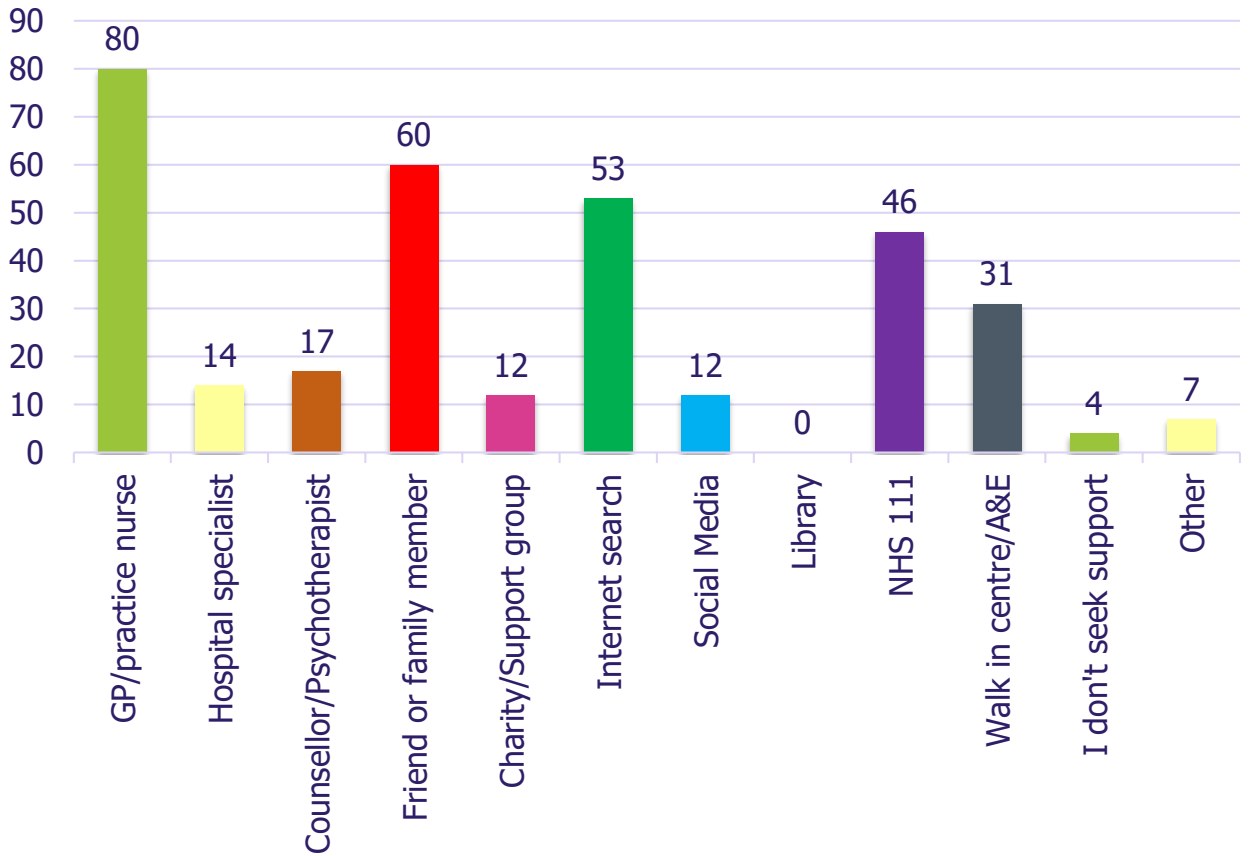


103 respondents gave 118 responses.

41% of all responses were stating that a respondent would feel comfortable reporting a poor or unfair experience within a health or social care setting.

37% of all responses were stating that a respondent would not feel comfortable or unsure whether to report a poor experience. A further 17% are unsure what the process is to report a poor or discriminatory experience.

Question 11 – If you are ill where do you look for support? (103)



103 respondents gave 336 responses.

The most commonly noted sources of support are GP/practice nurse, friend or family members, Internet search, NHS 111 and Urgent care services (Walk in Centre/A&E).

Question 12 – Have you experienced any exceptional levels of care or practice when disclosing or discussing your gender identity or sexual orientation that you feel other providers could replicate or learn from?

45 respondents left comments about times where they felt they had received exceptional levels of care from service providers.

The themes of these comments were:

- Staff – understanding, non-judgemental, professional, made to feel comfortable, answered questions and concerns
- Overall service – excellent service overall
- Terminology – using correct and sensitive terminology for surgery, treatments, names and pronouns

Individual comments were made around having information on display to make a patient feel accepted and welcomed, support from a therapist who understood as they were also Trans and support with an eating disorder.

Some of these comments are below.



“I have fairly recently had a number of gynaecological outpatient appointments and most of the interaction was excellent. The care, support and treatment offered was very good. All staff were professional and got on with the stuff they needed to do. If I go to a healthcare setting, that is what I expect.”

“Never misgendered me. Asked if I have had bottom surgery yet instead of asking about my genitals. Asked what I felt comfortable with regarding tests and such. They asked whether my pronouns and name was correct to put in their index or I had another I preferred to use. They were humane and patient. Asked more than once if I was alright before the tests and afterwards.”

“A paramedic was very kind and asked us to help educate her, it was nice.”

“My GP is a brilliant GP and fully accepting of my sexual orientation and family.”

“I always appreciate it when I am asked my pronouns in a relaxed way when someone in writing a medical report (for example) so is referring to me in third person.”

“There was one GP who I told about my name not having been changed on the system and she changed it for me immediately while I was still in the appointment. She made me feel so respected and understood and that I wasn't being difficult.”



Question 12 – Have you experienced any exceptional levels of care or practice when disclosing or discussing your gender identity or sexual orientation that you feel other providers could replicate or learn from?

Some respondents named the service providers from which they felt they had received exceptional service.

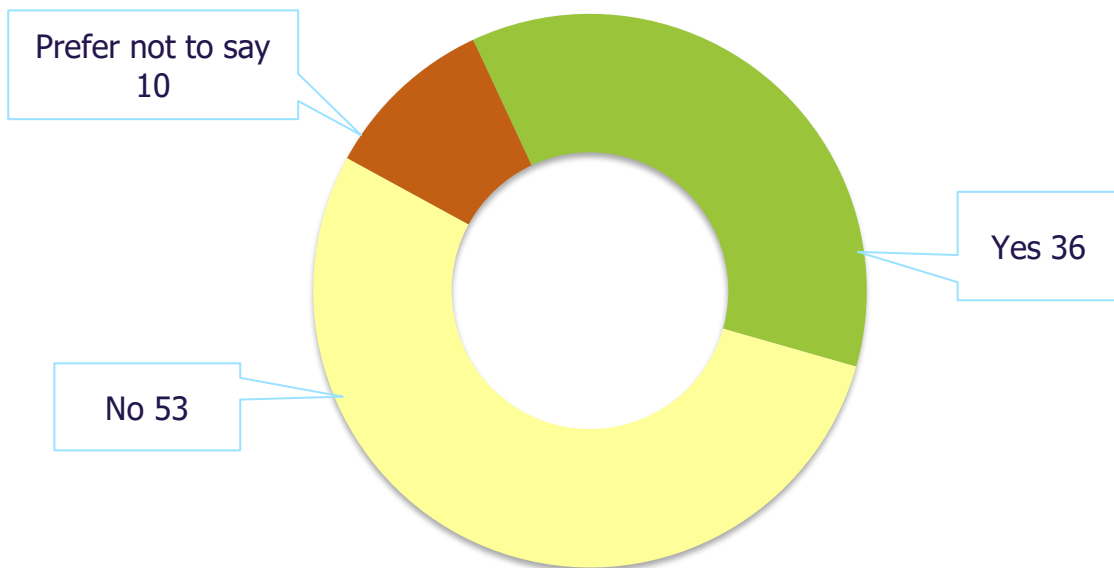


- EMAS Ambulance service (1) & Paramedic (1)
- Ashbourne Medical Practice (1)
- Charnwood Surgery (1)
- Derby Sexual Health Clinic (1) & ‘Sexual Health Clinic’ (2)
- UHDB Derby Royal Hospital – A&E (2), Gynaecology (1)
- Insight IAPT NHS counselling (1)
- Nottinghamshire Maternity Services (1)
- Park Surgery, Heanor (1)
- Private care providers (3)
- Treetops hospice – Art therapist (1)
- Trent PTS (1)
- Unnamed GP (3)
- Nurses at unnamed GP surgery (1)
- Unnamed mental health provider (1)
- Unnamed therapist (1)



LGBTQ+ display at Derby Sexual Health Services, Florence Nightingale Community Hospital

Question 13 – Have you received any poor service or discrimination when disclosing or discussing your gender identity or sexual orientation to a health or social care professional? (99)



54% of respondents stated that they have not received poor service or discrimination when disclosing or discussing their gender identity or sexual orientation.

36% of respondents however, have. While this figure is lower than those who had not received poor service, this is a considerable amount of respondents who have felt discriminated against when accessing care.

Additional comments were left and the theme of these comments was negative around poor service experiences. The most commonly noted were:

- Deadnaming, or using incorrect pronouns or titles
- Poor knowledge on Trans healthcare
- Comments around Sex/Marriage/Sexual Health/AIDS (Gay Man)
- Comments around Pregnancy/Sexual Partners (Gay Woman)
- Asking about Genitalia during an unrelated appointment
- Poor staff attitude when being corrected or when a patient has outed themselves
- Being told or given a lack of choice around their treatment

Individual comments were left about being treated last after arriving first, being repeatedly given a wrong urine test, not having gained the trust of the GP to qualify for medication, not allowing a same sex partner to be considered as next of kin, altering medical records for test requests, not willing to have a shared care agreement with a private provider, failure to support when disclosed mental health difficulties.

Question 13 – Have you received any poor service or discrimination when disclosing or discussing your gender identity or sexual orientation to a health or social care professional? (95)

24 respondents left further details about their experiences, and some of these comments are below.



“The situations where I've had to out myself in order to access the care I needed at the time have rarely gone well at all.”

“My gp gave me a different doctor than normal and he kept asking about my genitals and gave me the wrong pee test. He asked me 5 times and the nurse gave me the wrong one.”

“When I moved to my current GP, my doctor stated that he needed to build up trust in me before he could prescribe low doses of propranolol, a common anti-anxiety medication. He then asked me if I had "completed my transition" - when I asked him what that meant, he outright said that he didn't know.”

“I was due to see a consultant about persistent bowel issues/diarrhea. He was perfectly fine on the phone until he asked about my marital status. When I told him I was married to a man, his tone completely changed and he said I would have to have an HIV test before he would even consider seeing/treating me. He ended our phone call very quickly and abruptly. I haven't spoken to anyone else about my ongoing symptoms since.”

“I have made an informal complaint to my GP about the doctor who asked me if I had been dropped on my head etc but he phoned me to talk it through which I didn't want to happen and I didn't feel like taking the complaint any further would be treated seriously.”

“I had counselling support from <provider> and was deadnamed and misgendered throughout my discharge letter. I made a complaint about that but never heard back.”

“I told my doctor I was trans and he referred me to a counsellor. This is not what I asked for, it took him 3 months to even do the referral in the first place, and he didn't mention when referring *why* I was being referred.”

“In the past I've had nurses and Dr's asking inappropriate questions such as what was your old name, people presuming how I have sex, what genitalia I have.”

“Being treated for a stroke in September 2020 - the ward sister wouldn't treat my (then fiance/now husband) as my next of kin and wouldn't let him visit, also asked him not to contact the ward - this was harder as we were away from home and he was the only person who could have visited”



Question 14 – What do you think could be improved upon to increase access to the health and social care system for the LGBTQ+ community?

61 respondents left comments about what they felt could be improved upon to increase access to health and social care services for the LGBTQ+ community.

The themes of these comments were:

- Staff knowledge – more training to be undertaken by GP's, receptionists and other health and social care professionals around Trans healthcare, medications and what options are available, LGBT issues in general, usage of correct terminology/pronouns, differences between Sex/Gender Identity, privacy and dignity, LGBTQ+ people with disabilities.
- Staff attitudes and behaviours – to be more respectful and understanding, to not allow their own personal beliefs or bias to affect patient treatment, to ensure patients feel believed, to not make assumptions around sexual orientations or identity, to not ask discriminatory or inappropriate questions, to have more visible representation or role models of LGBTQ+ staff in trusts.
- Gender Identity Clinics – shorter waiting times and better access to GIC services, more funding or staffing to make GIC more available, option to self refer to a GIC, or being able to refer to a GIC without waiting for a diagnosis of gender dysphoria.

Other individual comments included:

- Better access in general to services (5)
- Better access to LGBTQ+ friendly neurodiverse or mental health services, and mental health services whilst waiting to transition (5)
- More open and confidential spaces available to support LGBTQ+ people if not feeling safe (4)
- A positive systemic, media and social change of attitudes to LGBTQ+ community to alleviate hate (4)
- More visibility of 'rainbows' and welcoming environments (2)
- The option to have a field for pronouns or alternative titles (Mx) on the medical computer system (2)
- More information available on health/sexual health conditions more likely to affect LGBTQ+ people (2)
- More information on how to complain about a discriminatory service (1)
- Access to information on what services and support is available (1)
- More support to be available to socially isolated or older LGBTQ+ people (1)

A full list of comments is available upon request.

Question 15 – Tell us your story - case studies

One of the most important elements of this project was to allow people to have their say, tell their story, express their feedback and tell us their experiences in an anonymous and way without fear or judgement.

16 respondents used this free text box to tell us more about themselves, and their journey.

The themes of the comments that people left were:

- Anxiety and hesitation around accessing healthcare services
- More detailed information about their sexual orientation or gender identity
- Assumptions or questions that were asked about their relationships or sex lives

Other individual comments were made around general experiences and some are below. A full list of comments is available upon request.



“On the whole it's good, but I have come across a few people with very judgemental attitudes and at times have been blocked access to healthcare.”

“My main experience has been feeling a lack of motivation to even approach services to help with my dysphoria and being generally warned off it or hearing others difficulties.”

“People my age have experienced lots of prejudice and we have barriers to accessing services that need to be taken down for us to feel comfortable and safe. I still hear people making assumptions about someone's Sexual orientation or Gender Identity. I would only access services if I had to, due to how I feel I could be treated, there are few messages that say anything otherwise to me.”

“When my partner was in hospital, I felt I was not treated like other spouses even though we've been together since 1993.”

“We just want to live normal, regular lives and to access medical care to help with dysphoria. I have been transitioning for almost a decade and waiting for surgery for 7 years and counting.”

“I went to the nurse for a review of my medication - I was taking the contraceptive pill for acne. The nurse asked me questions about 'my boyfriend' to which I told her that I don't have a boyfriend but a girlfriend. It wasn't a big deal really and I know that people have it worse, but it was just so awkward and uncomfortable that she made that assumption about me and I had to come out in that moment.”

“I worked in the health care system, and during COVID-19 they took my blood at request etc to track for antibodies etc. They specifically asked me about 'my HIV status' and asked if I had unsafe/unprotected sex, yet, these are my co-workers who know me and my partner. Yet, this was not asked of others, in conversation.”



Acknowledgements



Healthwatch Derby would like to thank our in-person and online respondents for their time, for sharing their very personal stories with us and for their general participation, support and interest in this project.

We would also like to thank all those who have shared and promoted this project to enable it to have reached such a wide audience.

Provider Responses



LGBT+ communities need to have full confidence in their health provider. Being able to be totally open and 'out' with a health professional is absolutely vital. Much of the existing research shows that when LGBT+ people can bring their whole self to a consultation or period of treatment, they more fully engage with treatment in the long term and the treatment is much more successful. (*Leicester De Montfort University Report 2018: "More than a diagnosis"*)

The summary of findings in the Healthwatch report supports our experiences here at Derbyshire LGBT+ and it is important that these findings are acted upon by healthcare providers across our county and nationally. The quotes from LGBT+ people and their experiences are stories we hear on a regular basis from our service users.

The message that comes out loud and clear from this report is that many healthcare professionals don't know how to appropriately treat or engage with LGBT+ patients. Appropriate and regular training is something desperately needed by those in the front line. Derbyshire LGBT+ can offer this as well as empower healthcare professionals to become fully LGBT+ affirmative through our Rainbow Accreditation Scheme.

We all deserve to be able to access appropriate care and we all deserve to be able to be our authentic selves at critical and important times particularly when receiving and accessing treatment.

Ian Robson
CEO Derbyshire LGBT+

Provider Responses

**Derby &
Derbyshire
LMC**



Derby and Derbyshire Local Medical Committee
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Derby and Derbyshire LMC welcome this report and the work of Healthwatch Derby to capture the experience of the LGBTQ+ community when accessing care Health Care.

We welcome the positive experiences of many respondents when accessing their GP surgery and the quotes demonstrate many professionals confident and successful in the specific needs of the LGBTQ+ community.

Unfortunately, the report also highlights that many LGBTQ+ individuals still do not get the response they need when seeking healthcare. Whilst the report looks at the whole of the spectrum of healthcare, not just General Practice several of the comments relate directly to GP services and many others are relevant. Equality of experience is important and everyone should be able to trust that they will be understood and supported in a personalised and compassionate way.

Clearly there is still work to be done and DDLMC will continue to work with GP Practices and the LGBTQ+ community to improve the experience of General Practice and wherever possible the wider healthcare system in Derby and Derbyshire.

Dr Ben Milton
Medical Director
Derby and Derbyshire Local Medical Committee

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Appendices

Appendix 1 – sources of reports quoted in the Background of the Report (page 3)

LGBT Action Plan, UK Government Equalities Office, July 2018 –

<https://www.gov.uk/government/publications/lgbt-action-plan-2018-improving-the-lives-of-lesbian-gay-bisexual-and-transgender-people>

ONS, Sexual Orientation 2020 –

<https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2020>

Stonewall –

<https://www.stonewall.org.uk/cy/lgbtq-facts-and-figures>

Appendix 2 – List of all noted illnesses for Long term condition demographics (page 15)

Chronic Fatigue Syndrome	HIV/AIDS
Chronic Illness (unknown)	Hypothyroidism
Complex Post-Traumatic Stress Disorder	Irritable Bowel Syndrome
Ehlers Danlos Syndrome	NEAD, FND
Fibromyalgia	Scoliosis
hEDS, MS, TM, FND	Spinal Cord Injury

Appendix 3 – Respondent’s information from their successful GRS abroad (page 21)**Prices and Procedures**

SRS - Sex Reassignment Surgery - 495,000 Baht (that was in 2009 and under £10,000)

Included in the Price

Our quoted prices include all surgical, medical, hospital and support expenses arising from the surgical operation throughout your stay in Thailand, except for hotel accommodation and food outside hospital. For budgetary consideration, The Chon Inter Hotel (formerly Mercure) room rate for a standard room with en-suite bathroom is 1500 Baht per night including full breakfast. The price is per room - with either one or 2 people sharing. In addition, where patients arrive in Thailand with a prior medical condition for which they are taking specific prescribed medication, the cost of continuing treatment of that pre-condition is not included.

Our Service

If you elect to undergo surgery with us, there are no “hidden extras”. We include the following:

- We collect you and any accompanying travellers from Bangkok Suvarnabhumi International airport - irrespective of day or time of arrival of your flight. We return you to the airport at the end of your stay. However, your journey to and from Thailand is not included in the price.
- Prior to admission to , and discharge from hospital, patients stay in local hotel accommodation. We arrange your Hotel accommodation in (normally) the Chon Inter Hotel (located some 200 yards from the Clinic) at specially negotiated low price. You may opt for alternative local accommodation in the locality, which again we will book on your behalf.
- All medical costs directly related to your surgical procedures undertaken incurred during your duration of stay with us. This includes undertaking any additional surgical procedure that might be needed, as well as all prescribed medicines and medical supplies.
- For SRS patients - a full post-operative care kit necessary for dilation, including a 3-piece dilator set specially manufactured for The Suporn Clinic in a presentation pack.
- Pre-medical check ups in hospital including blood tests, ECG tests, X-Rays where necessary, anaesthesiologists and surgeon’s fees.
- An overnight stay in your hospital room by a member of our staff on the night of your operation.
- Your cost of meals and accommodation in the hospital during post-operative recovery in a private single-bed room with television and full air conditioning. You may also have guests stay in your private room, but there will be an additional charge for the meals taken by your guest. A “VIP - suite” with a separate linked room for guests is also available at extra cost (1800 Baht per night in hospital extra).

Appendix 3 – Respondent’s information from their successful GRS abroad (page 21) - continued

- Post-operative checks by our nursing staff on a daily basis throughout your stay with us in hospital and in your hotel.
- Post-operative check-ups by Dr Suporn at least twice weekly and more frequently if necessary - by Dr Suporn while you are here.
- Full access to the Clinic facility within walking access of local shops and facilities, which is very much a patient’s recreational facility and “home” while she is with us. This includes:
 - Free access to the internet via broadband with a wireless network and wired network. PCs are available for exclusive use by patients, though many also bring lap tops.
 - Lounge facility
 - TV with DVD movies
 - Library
 - Restaurant / Cooking facilities
 - Thai cookery classes / personal care classes as requested
 - Recreational trips to areas of local interest
 - Hair transplantation surgery operating theatre and opportunities
 - Minor operation Operating Theatres and consultation rooms.
 - Post-operative certification, including obtaining notarised certificates of SRS for patients where necessary (notarisation fee extra - about 2, 000 Baht)
 - For SRS patients - CD of images taken during operation

Surgeon

Dr Suporn conducts all his procedures personally without a surgical assistant other than his anaesthesiologist and his team of operating theatre nurses.

Appendix 3 – Respondent’s information from their successful GRS abroad (page 21) - continued

Lifetime Guarantee

Irrespective of the operation procedures carried out, Dr Suporn offers a lifetime guarantee that if a patient is not satisfied with the result of any procedure he has done, he will correct that procedure at no additional medical cost as many times as necessary to achieve the patient’s satisfaction, so long as it remains surgically possible to do so. This includes absorption of all medical and surgical costs. The cost of the patient’s travel to Thailand, and her meals and accommodation while here, are the patient’s responsibility.

We are confident you will find the overall service we offer for these surgeries to be more comprehensive than is available from any other surgery, anywhere.

Specific Exclusion

As described above, our price includes all post-operative medical and hospital costs arising from the surgery, including any arising from possible complications immediately related to the surgery undertaken. However, where additional medical symptoms arise in a patient that are not directly related to the surgery undertaken, but are because of a known or unknown prior medical condition that manifests itself while under the care of The Suporn Clinic, the costs involved with treatment of these is are expressly excluded from the prices quoted.

In the event that non-related medical or surgical requirements are incurred by the patient, the costs associated with these are to be borne by the patient. If admission into hospital is required to deal with any such non-surgery related symptoms, any costs involved with doing so are due to the hospital, and not to the Suporn Clinic. Patients are therefore strongly recommended to arrange medical insurance to cover the eventuality of non-related medical costs arising while staying under our care.

Special Considerations for Undergoing SRS

Dr Suporn's proprietary non-penile inversion technique is fully described on our web site at <http://www.supornclinic.com> on the page > SRS > Technique. It is a combined vaginoplasty, clitoroplasty and labiaplasty that produces outstanding aesthetic and functional results in a single operation. If you wish for greater detail, you can download a full description, in .zip format, from our website at <<http://www.supornclinic.com/dnld/presentation.zip>>. There is also a number of post-operative results pictures on the website. These pictures are not specially selected for the excellence of the results, but more because it is not always easy to find patients who are willing or able to send pictures of their post-operative results to be published. *They are therefore quite typical of the results any patient can reasonably expect to achieve.*

Appendix 3 – Respondent’s information from their successful GRS abroad (page 21) - continued

Scheduling SRS - Sex Reassignment Surgery

Time in Hospital

SRS patients will be admitted to hospital one night before surgery and spend 7 nights in hospital after surgery - a total of 8 nights in the private deluxe suite in hospital

Length of Stay after the Operation

After the date of surgery, we ask that you stay a total of at least 24 days, and preferably up to 30 days, to allow ample recovery time. Post-operatively (even in your hotel) you will receive daily nursing visits and medication as necessary, and will undergo 2 or 3 post-hospital weekly check-ups with Dr. Suporn. Although preferable, it is not essential that you stay in Thailand any longer than 30 days total. If you prefer to stay longer than 30 days a visa would be required in advance of travel.

An ideal schedule, based on Thailand time, would be:

Day (-3)	Arrival, Collection from Airport, Hotel Check In
Day (-2)	Rest, Visit Clinic, Clinic Administration, Pre-op Consultation with Dr Suporn
Day (-1)	Hospital Patient Admin, medical tests, X-Rays, meet Anaesthesiologist, Check In

Day (0) Operation

Day (7)	Discharged from hospital
Days (8) - (23)	Recovery, Examination, Rest
Day (24) - (30**)	Departure as desired

**Day (28) onwards - requires visa in advance





Appendix 4 – Reports from other Healthwatch branches

- Healthwatch Brighton and Hove – Supporting LGBTQ+ people in Brighton and Hove to share their experiences of health and social care services (2022)
<https://nds.healthwatch.co.uk/reports-library/supporting-lgbtq-people-brighton-and-hove-share-their-experiences-health-and-social>
- Healthwatch Darlington – LGBT+ experiences of healthcare services (2022)
<https://nds.healthwatch.co.uk/reports-library/lgbt-experiences-healthcare-services>
- Young Healthwatch Wiltshire – What young people think of LGBTQ+ support in Wiltshire (2022)
<https://nds.healthwatch.co.uk/reports-library/what-young-people-think-lgbtq-support-wiltshire>
- Healthwatch Kent – Spotlight on the Trans and Non-Binary community (2021)
<https://nds.healthwatch.co.uk/reports-library/spotlight-trans-and-non-binary-community>
- Healthwatch Bristol – Trans healthcare and wellbeing (2018)
<https://nds.healthwatch.co.uk/reports-library/trans-health-care-and-wellbeing>
- Healthwatch Lincolnshire – Seldom heard voices (2015)
<https://nds.healthwatch.co.uk/reports-library/seldom-heard-voices>



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 -  Instagram: [HWDerby](https://www.instagram.com/HWDerby)
 -  LinkedIn: www.linkedin.com/company/healthwatch-derby
-