

lancashire **lgbt**



LESBIAN, GAY, BISEXUAL & TRANS PEOPLE'S EXPERIENCES OF ACCESSING ROUTINE HEALTHCARE IN FYLDE & WYRE

 **urPotential**

NHS
Fylde and Wyre
Clinical Commissioning Group

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We would like to thank everybody that took the time to participate in this research.

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1. EXECUTIVE SUMMARY

There is an estimated population of 12,845 Lesbian, Gay, Bisexual and Trans (LGB&T) people in Fylde and Wyre. National research consistently finds that LGB&T people tend to lead less healthy lifestyles and experience additional health inequalities when compared with their heterosexual counterparts. These include a higher risk of poor mental health, alcohol and drug misuse, eating disorders and attempted suicide. Many of these inequalities are national priorities in the UK's public health strategy yet service providers and healthcare professionals who tackle these issues rarely target LGB&T people or identify them as service users through diversity monitoring. Indirectly, this leads to LGB&T people's specific health needs being overlooked in health and social care policy and commissioning.

National research also demonstrates that LGB&T people experience both actual and perceived barriers to accessing healthcare services. Research shows that LGB&T people have experienced or perceived health and social care providers to hold negative attitudes towards LGB&T people. In turn, this can lead LGB&T people to be less open with healthcare professionals about their sexual orientation and/or gender identity. Additionally, LGB&T people may fear or expect poorer treatment and even discrimination from healthcare professionals, leading to reluctance in accessing healthcare services and routine health screening programmes.

Although the sample for this research is relatively small, respondents raised some significant issues which correlate closely with national research around

LGB&T people's experiences of accessing healthcare services.

One of the main headline findings of this research is that LGB&T people are keen to disclose their sexual orientation and/or gender identity to healthcare professionals but currently lack formal opportunities to do so. In turn, this means that not all LGB&T people are 'out' to their GP and other healthcare professionals.

LGB&T people in Fylde and Wyre feel that GPs and healthcare professionals lack awareness and training around the specific needs and health inequalities experienced by LGB&T people. This is particularly pertinent to trans people in Fylde and Wyre who feel that they often have to provide their GP with guidance and information around gender identity issues and associated treatment and referral pathways.

Additionally, LGB&T people in Fylde and Wyre report having no access to LGB&T-specific information at their GP practices which may contribute to LGB&T people's perceived belief that their specific needs and health inequalities are not recognised or understood by GPs and healthcare professionals.

The research also highlights issues around accessing routine sexual health and cancer screenings by LGB&T people in Fylde and Wyre. The findings suggest that LGB&T people in Fylde and Wyre are far less likely to have accessed such screening programmes compared to their national LGB&T counterparts.

2. INTRODUCTION

This research, conducted between June 2015 and March 2016, was commissioned by NHS Fylde and Wyre Clinical Commissioning Group as part of a hard-to-reach engagement project aimed at gaining an understanding of the issues and barriers faced by LGB&T people in Fylde and Wyre when accessing routine healthcare services. For the purposes of this research, there is a primary focus specifically on GP services and a secondary focus on other publicly funded services available to residents.

2.1. LGB&T POPULATION STATISTICS

It is widely accepted that 5 – 7% of the population are lesbian, gay or bisexual (LGB) – with Treasury actuaries using this statistic when analysing the impact of the Civil Partnerships Act (2004) and the North West Regional Development Agency using the figure in their 2009 analysis of LGB populations in the North West¹. The NWDA used the Treasury figure on the basis that the key UK data source² for it was a reliable estimate and used a representative sample in terms of age, sex, ethnicity and region. It is estimated that 3% of the population in the North West identifies as bisexual³. Data from the 2011 Census states that there are 111 people living in the Fylde and 256 people living in Wyre who are currently registered in same-sex civil partnerships⁴.

Trans or transgender is an umbrella term covering a range of gender identities which are different from one's birth gender and gender role. These include people who cross-dress part of the time (some of whom may seek to undergo gender reassignment at some

point) to people who seek to undergo gender reassignment at the earliest opportunity. The statistic for the number of trans people in Fylde and Wyre is harder to estimate but existing national research tells us that 0.5 – 1% of the population is transgender and that the trans population is dynamic and increasing⁵. It is estimated that the number of trans people who are seeking to undergo gender reassignment in the UK is “doubling in size every five years”⁶.

The combined population of Fylde and Wyre is 183,506⁷ and accepting the statistics above which estimate the LGB&T population at around 7% means that approximately 12,845 of the population of Fylde and Wyre are LGB and/or T.

**IT IS ESTIMATED THAT THERE
ARE 12,845 LGB&T PEOPLE
LIVING IN FYLDE & WYRE**

¹ Hall and Panton (2009) - *Improving the Region's Knowledge Base on the LGB&T Population in the North West: Final Report to NWDA & Partners*

² Johnson et al (2001) - *National Survey of Sexual Attitudes and Lifestyles*

³ Lesbian & Gay Foundation (2009) - *Breaking the Cycle: Supporting the Delivery of a Sustainable Lesbian, Gay, Bisexual and Trans Sector in the North West*, pg 23

⁴ Office for National Statistics (2011)

⁵ GIRES (2009) - *Gender Variance in the UK: Prevalence, Incidence, Growth & Geographic Distribution*

⁶ GIRES (2008) - *Gender Dysphoria, Transsexualism & Transgenderism: Incidence, Prevalence & Growth in the UK and the Implications for the Commissioners and Providers of Health Care*, pg 1

⁷ Office for National Statistics (2011)

2. INTRODUCTION

2.2. HEALTH INEQUALITIES

LGB&T people tend to lead less healthy lifestyles and experience additional health inequalities compared to their heterosexual counterparts. LGB&T people are more likely to smoke; more likely to use drugs; more likely to be at risk from alcohol related behaviours; have poorer mental health; have a higher risk of attempted suicide; are less likely to participate in sports and are more likely to experience eating disorders.^{8 9 10 11 12}

Many of the health and wellbeing issues experienced by LGB&T people are national priorities in the UK's public health strategy. However, services which tackle these issues are rarely targeted at LGB&T people. There is a significant lack of monitoring data on sexual orientation and gender identity from health and social care agencies. Indirectly, this often leads to LGB&T people's specific health needs being overlooked in health and social care policy and commissioning.

Health inequalities experienced by LGB&T people are further compounded by the fact that LGB&T people experience additional barriers to accessing healthcare services. Research has consistently found that the barriers include negative attitudes of some health and social care providers towards LGB&T people,

which can lead to lack of communication – for example, not being 'out' about being LGB and/or T for fear of poorer treatment or discrimination. Additionally, research has shown that there is a lack of knowledge and awareness of LGB&T needs and health inequalities by service providers. All of these barriers can lead to delays in LGB&T people seeking routine healthcare treatment as well as barriers to accessing screening programmes.^{13 14 15}

With specific regard to the treatment of trans people accessing NHS services, a House of Commons' inquiry on transgender equality found that the "NHS is letting down trans people"¹⁶. Key findings of the inquiry highlighted a lack of knowledge and training for GPs around gender identity issues, treatment and referral pathways.

The ageing LGB&T population also face challenges due to the specificity of their living situations. They are more likely to be single than heterosexual people and less likely to have the support of other family members and children – thus making them more likely to need social care services. However, many may experience barriers to seeking or accessing help from services because of an expectation of poorer treatment or discrimination.^{17 18}

⁸ Lesbian & Gay Foundation (2012) - Findings from the 'I Exist' Survey

⁹ Lesbian & Gay Foundation & UCLan (2014) - Part of the Picture

¹⁰ Stonewall & Sigma Research (2011) - Gay & Bisexual Men's Health Survey

¹¹ Stonewall (2015) - Unhealthy Attitudes

¹² McNeil, J. et al (2012) - Trans Mental Health Study

¹³ Department of Health (2007) - Working with Lesbian, Gay, Bisexual People; Department of Health (2007) - Working with Trans People

¹⁴ Whittle, S; Turner, L; Al-Alami, M. (2007) - Engendered Penalties: Trans People's Experiences of Inequality and Discrimination

¹⁵ Stonewall (2015) - Unhealthy Attitudes

¹⁶ House of Commons Women and Equalities Committee (2015) - Transgender Equality, pg 82

¹⁷ Alzheimer's Society (2013) - Supporting Lesbian, Gay and Bisexual People with Dementia

¹⁸ Age Concern (2002) - Issues Facing Older Lesbians, Gay Men and Bisexuals

3. RESEARCH METHODS

This research was devised and conducted by Lancashire LGBT, in partnership with UR Potential. In order to gather sufficient data, a mixed methods approach was used. Initially, a project worker visited LGB&T peer and social groups in Fylde and Wyre to inform local LGB&T people about the project and informally gather their preliminary experiences of accessing healthcare services. This data was used to identify priorities and areas of interest when developing the survey.

An online survey was launched on Lancashire LGBT and UR Potential's websites and was further advertised through social media, e-mail distribution lists and newsletters of local voluntary sector and community organisations. Flyers were also distributed throughout Fylde and Wyre (eg. in local community and voluntary sector settings and LGB&T venues).

Paper copies of the survey were made available for people with no internet access. Further visits were also made to local LGB&T social and peer support groups to speak to local LGB&T people about the project and formally gather their experiences using paper copies of the survey.

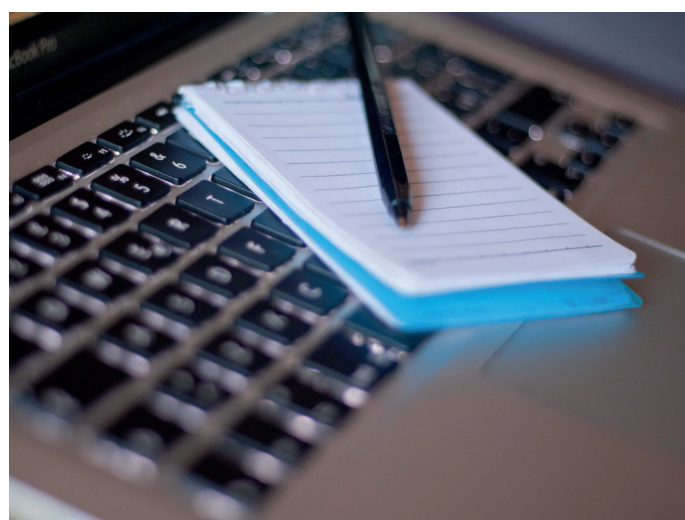
In order to ascertain what the barriers were for LGB&T people accessing health and social care, the survey asked questions to gauge how open respondents were about their sexual orientation and/or gender identity with healthcare practitioners. Previous research has identified 'perceived' barriers to accessing healthcare services – for example, LGB&T people may expect prejudice or discrimination from healthcare practitioners based on their sexual orientation and/or gender identity. Participants were asked if they were 'out' about their sexual orientation or gender identity. Further questions were asked around information sharing between healthcare services and departments. Respondents were asked how comfortable they were about their personal details (eg. sexual orientation and

gender identity) being shared and why they felt this way. Additionally, participants who had disclosed their sexual orientation and/or gender identity were asked about the practitioner's response and whether they felt disclosing had an impact on the way they were treated.

In other parts of the survey, respondents were asked about how knowledgeable they felt that staff members at their GP practice were about health and wellbeing issues affecting LGB&T people and whether they had access to LGB&T-specific information at their GP practice. Respondents who identified as trans were asked about how knowledgeable they felt their GP was about gender identity issues and associated treatments and referral pathways.

The survey also asked respondents about routine health screenings – for example, cervical screenings, sexual health screenings and breast screenings – to gauge when LGB&T people had last attended such screenings, if at all.

Finally, respondents were asked to report any recent positive and/or negative experiences of accessing healthcare services and what impact, if any, those experiences had on accessing services in the future. A full list of the survey questions has been included in the appendix.



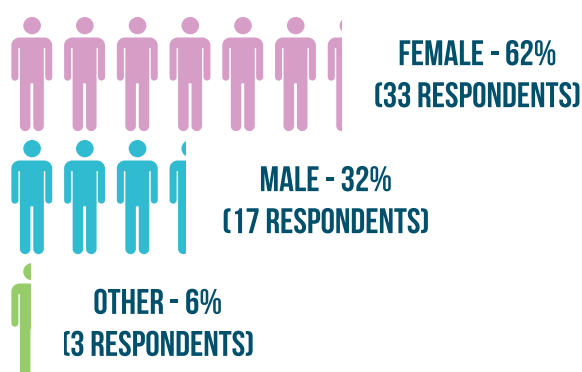
3. RESEARCH METHODS

3.1. RESPONSE TO THE SURVEY

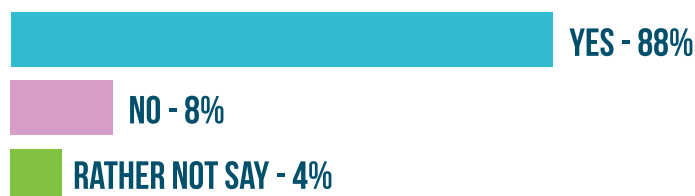
In total, 53 LGB&T people in Fylde and Wyre responded to the survey. At first glance, this may seem like a disappointing response and highlights ongoing difficulties in engaging LGB&T people in consultation activities. However, it is worth noting that a previous piece of LGB&T healthcare-related research conducted in 2015 across Lancashire elicited only 10 responses from LGB&T people in Fylde and Wyre¹⁹. Therefore, we see this as a vast improvement in engagement.

3.2. PROFILE OF SURVEY RESPONDENTS

GENDER

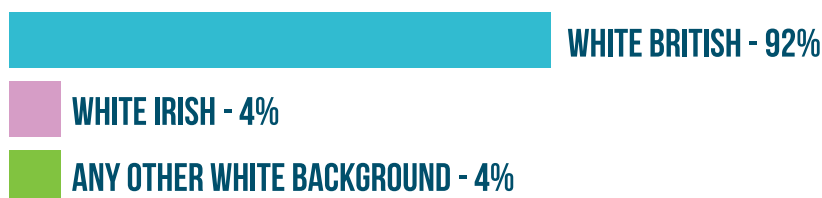


GENDER THE SAME AS THE ONE ON ORIGINAL BIRTH CERTIFICATE



There were almost twice the number of female respondents compared with male respondents - this correlates closely with similar LGB&T research conducted in 2015 across Lancashire.¹⁹ Respondents were also asked if their gender is the same as the one on their original birth certificate. 8% answered 'No' to this question. Therefore, we can reasonably assume that at least 8% of the respondents identify on the trans spectrum.

ETHNICITY

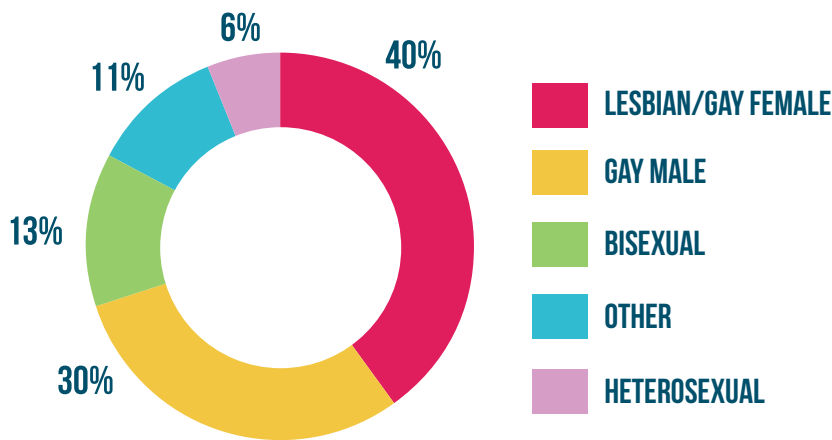


All respondents identified as white and no respondents came from Black and Minority Ethnic (BME) backgrounds. While the general population of Fylde and Wyre is considerably less ethnically diverse than the population of England, this also highlights ongoing difficulties in engaging LGB&T people from BME backgrounds.

¹⁹ Healthwatch Lancashire & Lancashire LGBT (2015) - Lesbian, Gay, Bisexual & Trans People Accessing Routine Healthcare

3. RESEARCH METHODS

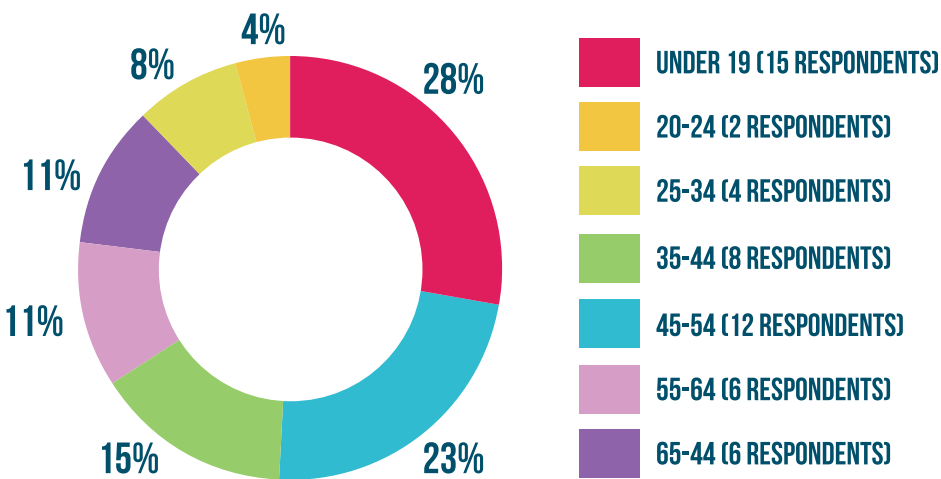
SEXUAL ORIENTATION



40% of respondents identified as lesbian/gay female, 30% as gay male and 13% as bisexual which demonstrates good representation across sexual orientation. 6% identified as heterosexual - it can be reasonably assumed that these respondents also identify as trans. 11% identified as 'other' - respondents in this category were also asked to specify their sexual orientation. Responses included 'pansexual' and 'asexual'.

AGE

There was proportionate representation across all age groups with a particularly strong response coming from the Under 19 and 45-54 age groups.



DISABILITY

PHYSICAL DISABILITY



LEARNING DISABILITY



19% of respondents disclosed having a physical disability and 12% had a learning difficulty.

4. RESEARCH FINDINGS

Analysis of the research findings identified a number of themes around LGB&T people accessing routine healthcare services. These themes resonate strongly with previously well-documented health and wellbeing issues affecting LGB&T communities.

4.1. BEING 'OUT' AS LGB AND/OR T

One of the frequently reported barriers to accessing healthcare for LGB&T people is the real or perceived attitudes of service providers towards LGB&T people. This can often lead to LGB&T people feeling unable to be open with healthcare practitioners about their sexual orientation or gender identity.

4.1.1. BEING 'OUT' TO A G.P.

As part of this research survey, respondents were asked whether or not they were 'out' to their GP about their sexual orientation or gender identity. We found that 54% of the LGB&T respondents in our sample were 'out' to their GP. Specifically, 59% of lesbian and bisexual women, and 62% of gay and bisexual men in the sample are 'out' to their GP. This correlates closely with national research conducted by Stonewall which found that the majority of lesbian and bisexual women (52%) and gay and bisexual men (66%) were 'out' to their healthcare professionals.²⁰ However, previous pan-Lancashire research has found that only 46% of LGB&T people in wider Lancashire are 'out' to their GP.²¹

Of those who were 'out' to their GP, 43% reported that this had made no difference to their relationship with their GP, 25% reported that it had improved their relationship, and 16% reported that their GP did not understand and continues to assume that they are heterosexual. The majority of respondents who were not 'out'

to their GP stated that they had not been given an opportunity to disclose to their GP or that they were not confident that their GP would be LGB or T friendly.

In summary, a healthy and reflective proportion of LGB&T people in Fylde and Wyre are 'out' to their GP. However, around 46% are not 'out' to their GP, partly due to concerns around receiving a potentially negative response from a GP or not being given ample opportunity to disclose.

**46% OF LGB&T PEOPLE
IN FYLDE & WYRE ARE
NOT CURRENTLY 'OUT'
TO THEIR G.P.**

²⁰ Stonewall & Sigma Research (2012) - *Experiences of Healthcare - Stonewall Health Briefing*

²¹ Healthwatch Lancashire & Lancashire LGBT (2015) - *Lesbian, Gay, Bisexual and Trans People Accessing Routine Healthcare*

4. RESEARCH FINDINGS

4.1.2. COLLECTING DIVERSITY MONITORING DATA

Respondents were asked if they had been asked to disclose their sexual orientation and/or gender identity on a diversity monitoring form at their GP practice. Only 15% of respondents in our sample reported that they had been asked to disclose this information on a monitoring form. This correlates very closely with previous pan-Lancashire research which found that 16% of LGB&T people in Lancashire had been asked to complete monitoring forms including this data.²² Of those, 53% stated that it was not made clear how that diversity monitoring data would be used by practice staff.

All respondents were also asked whether or not they would disclose this information on a

diversity monitoring form if staff at their practice asked them to. Significantly, 85% stated that they would be happy to disclose their sexual orientation and/or gender identity in this way.

Interpreted alongside the findings in 4.4.1., this narrative would suggest that the vast majority of LGB&T people in Fylde and Wyre are keen to be given opportunities to disclose their sexual orientation and/or gender identity at their GP practice, rather than having to raise the issue themselves.

4.1.3. INFORMATION SHARING & CONFIDENTIALITY

Following on the questions about diversity monitoring data and disclosing sexual orientation and/or gender identity, respondents were asked to state how comfortable they were about their personal details being shared across other healthcare services and departments and their reasons for feeling this way.

The majority of respondents in our sample (54%) reported that they were comfortable with their personal data being shared in this way. Reasons for this included:

“It allows for a better understanding of my needs and their impact on issues I’m facing – physical and mental health wise” – White Lesbian female, 35-44

“It will help me in further life because it means it is something they will be aware of and it means it doesn’t become an ‘awkward’ subject” – Any other white background, Gay male, Under 19

Conversely, 29% of respondents felt uncomfortable about the possibility of their personal details being shared across healthcare services and departments. Many of the reasons for respondents’ discomfort related to feeling a lack of control over their personal data and confusion about how/why this data may be shared.

“Because sharing is often unnecessary for the purpose it was originally needed and collected. Also, I don’t want private companies to have access to my health details for spurious reasons” – White British, Gay male, 35-44

Overall, a significant majority of LGB&T people are happy for personal information to be shared with other healthcare professionals. However, these findings highlight a need for GPs and healthcare professionals to make it clear why personal data is collected and how and why it may be shared.

²² Healthwatch Lancashire & Lancashire LGBT (2015) - Lesbian, Gay, Bisexual and Trans People Accessing Routine Healthcare

4. RESEARCH FINDINGS

4.2. G.P. KNOWLEDGE & UNDERSTANDING OF LGBTQ PEOPLE

It is well-documented within national research reports that there are clear issues around the current knowledge levels of healthcare professionals around LGBTQ people and their specific health needs and inequalities. According to a recent report from Stonewall, 72% of patient-facing staff have never received training on the health needs and rights of LGBTQ people or the use of LGBTQ-inclusive language and practice.²³ Additionally, the House of Commons' inquiry on transgender equality highlights that GPs often lack an understanding of trans identities, the diagnosis of gender dysphoria and associated treatments and referral pathways.²⁴

4.2.1. PERCEPTIONS OF LGBTQ INCLUSIVITY

Respondents were asked to report how aware they feel that staff at their GP practice are regarding health and wellbeing issues affecting LGBTQ people. The majority of respondents (52%) felt that staff had a poor awareness or no awareness at all of these issues. Indeed, only 10% reported that they felt practice staff had a good awareness of LGBTQ health and wellbeing issues.

Additionally, respondents were asked if they had access to LGBTQ-specific information at their GP practice such as leaflets, posters

or information in public/reception areas. Significantly, none of the respondents in the sample reported having access to such materials.

0% OF RESPONDENTS REPORTED HAVING ACCESS TO LGBTQ SPECIFIC INFORMATION AT THEIR G.P. PRACTICE

4.2.2. TRANS SPECIFIC KNOWLEDGE

Respondents who are undergoing gender reassignment, or had previously undergone gender reassignment, were asked to report how knowledgeable they felt their GP was around various aspects of the gender reassignment process. Specifically, questions were asked about hormone treatment, mental health pathways, referral pathways to gender identity clinics, and signposting to trans-friendly services.

None of the eligible respondents felt that their GP had good knowledge in any of these areas.

The majority of respondents felt that their GP had little to no knowledge in these areas.

TRANS RESPONDENTS WHO FELT THEIR G.P. HAD NO KNOWLEDGE OF ASPECTS OF GENDER REASSIGNMENT HORMONE TREATMENT



MENTAL HEALTH PATHWAYS



REFERRAL PATHWAYS TO GENDER IDENTITY CLINICS



SIGNPOSTING TO TRANS FRIENDLY SERVICES



²³ Stonewall (2015) - *Unhealthy Attitudes*

²⁴ House of Commons Women & Equalities Committee (2015) - *Transgender Equality*, pg 82

4. RESEARCH FINDINGS

In some cases, trans respondents felt that they had to offer information and guidance to their GP around their own treatment.

“It felt like I had to advise the GP about hormone checks and sometimes even then they questioned it, whilst admitting they had no knowledge” – White Trans female, 45-54

In summary, it would appear that LGB&T people’s perceptions of how well their specific needs and health inequalities are understood in Fylde and Wyre correlate closely with national findings around the current knowledge levels of GPs and patient-facing staff. The current lack of visible LGB&T-friendly cues and resources in GP practices in Fylde and Wyre may be contributing to why LGB&T people perceive their healthcare needs to be misunderstood.

4.3. ROUTINE HEALTH SCREENINGS

4.3.1. SEXUAL HEALTH SCREENINGS

All respondents were asked questions about how recently they had last accessed sexual health screening services. Worryingly, 53% of gay and bisexual men surveyed in Fylde and Wyre stated that they have never accessed a sexual health screening and 47% have never accessed a HIV test. This stands in stark contrast to national research from Stonewall which found that only 26% of gay and bisexual men had never been tested for sexually

transmitted infections and 30% had never been tested for HIV.²⁵

Similarly, lesbian and bisexual women in Fylde and Wyre reported that 72% had never accessed a sexual health screening. This statistic sits higher than national research from Stonewall that found that over half of lesbian and bisexual women in the UK had never been tested for sexually transmitted infections.²⁶

4.3.2. ROUTINE AGE-RELATED HEALTH SCREENINGS

Respondents were also asked to disclose when they had last accessed other routine health screenings related to age and gender. The responses to these questions found that 36% of lesbian and bisexual women over the age of 25 in Fylde and Wyre had never accessed cervical screening programmes. This is far higher than national research which found that only 15% of lesbian and bisexual women over 25 in the UK had never accessed cervical screenings (compared to 7% of women generally).

In relation to breast screening programmes, responses to the survey found that 37% of lesbian and bisexual women aged over 45 in

Fylde and Wyre had never had a mammogram. Again, this is a far higher statistic than national research which found that 80% of lesbian and bisexual women over the age of 50 had accessed breast screening programmes which is similar to women in general.

Additionally, it was found that 50% of LGB&T people aged over 55 in Fylde and Wyre had not accessed bowel screening programmes.

In summary, these findings would suggest that LGB&T people in Fylde and Wyre experience significantly higher barriers to accessing routine health screenings than their national counterparts.

²⁵ Stonewall and Sigma Research (2011) - Gay and Bisexual Men’s Health Survey

²⁶ Stonewall and Sigma Research (2008) - Prescription for Change

4. RESEARCH FINDINGS

4.4. LGBTQ PEOPLE'S EXPERIENCES OF ACCESSING HEALTHCARE IN FYLDE & WYRE

In order to gain a greater insight into the specific barriers to healthcare affecting LGBTQ people in Fylde and Wyre, the survey asked respondents questions around how they felt being LGBTQ and/or T affects the way that healthcare professionals treat them, and to disclose both positive and negative experiences of accessing healthcare.

Overall, 55% of LGBTQ people surveyed in Fylde and Wyre feel that being LGBTQ and/or T affects the way that they are treated by healthcare professionals. This figure correlates closely with previous research undertaken across the whole of Lancashire which found that 57% of LGBTQ people felt this way.

Respondents reported varied positive and negative experiences of accessing healthcare in Fylde and Wyre. Trans respondents often felt that they had to offer guidance to their GP regarding gender identity issues.

“Specialist knowledge required – I’ve often provided it” – White Trans female, 65-74

“It felt like I had to advise the GP about hormone checks and sometimes even then they questioned it, whilst admitting they had no knowledge” – White Trans female, 45-54

Lesbian women in Fylde and Wyre reported various experiences where heterosexist assumptions had been made about them in relation to sexual health, pregnancy and contraception.

“Asking for advice from a nurse regarding thrush, and getting a heterosexist response (assuming my partner was male). When I clarified this, she had no idea how to advise me about risks” – White Lesbian female, 45-54

“I was asked if there was a possibility I was pregnant. I explained that there was no chance because I’m a lesbian so hadn’t had sex with a man. I was then asked if I used any contraceptives. I explained again and was told that I couldn’t be sure I was definitely not pregnant” – White Lesbian female, 20-24

“Assume I don’t want children and have no idea how to support me in being able to have them. Was told once I wouldn’t ever need a smear again as I’m gay” – White Lesbian female, 35-44

Respondents did also report some positive experiences of accessing healthcare relating to inclusivity and the quality of treatment that they had received from healthcare professionals.

“Good: I feel treated as a family with my civil partner” – White Gay male, 45-54

“I had a mental health issue a few years ago and, in my opinion, I was given the best treatment possible, although I am aware that this is not always the case” – White Lesbian female, 45-54

“My healthcare has not been changed by my sexuality” - White Gay male, Under 19

²⁷ Healthwatch Lancashire & Lancashire LGBT (2015) - Lesbian, Gay, Bisexual & Trans People Accessing Routine Healthcare

5. RECOMMENDATIONS

Finally, respondents were asked to state how those experiences had impacted on their approach to accessing healthcare services in the future. 41% of LGB&T respondents in Fylde and Wyre reported that their previous experiences have made no difference at all to their approach in accessing healthcare services and, encouragingly, 23% now expect some kind of positive experience.

However, 36% of LGB&T respondents in Fylde and Wyre stated that they now expect some kind of negative experience when accessing healthcare services, with 9% reporting that their previous experiences have put them off accessing healthcare unless it is an emergency.

5. RECOMMENDATIONS

5.1. ROUTINELY MONITOR SEXUAL ORIENTATION & GENDER IDENTITY WHEN GATHERING PATIENT DATA

Understanding the diversity of patient cohorts and their specific health needs and inequalities is key to providing each patient with the best possible quality of care. Overall, LGB&T people in Fylde and Wyre are keen to disclose their sexual orientation and/or gender identity to healthcare professionals. However, they currently lack opportunities to do so.

Consider gathering data about sexual orientation and gender identity on patient registration forms.

5.2. CLARIFY HOW AND WHY PATIENT DATA AND INFORMATION IS SHARED

The majority of LGB&T people in Fylde and Wyre are happy for their personal details to be recorded and shared across healthcare services and departments. However, a significant percentage (29%) of LGB&T people are uncomfortable with this due to concerns around their privacy and who will have access to their personal information.

Consider adding a statement to patient registration forms to clarify how information is shared.

5.3. ENSURE RELEVANT LGB&T AWARENESS TRAINING IS AVAILABLE FOR HEALTHCARE PROFESSIONALS

The overwhelming majority of LGB&T people in Fylde and Wyre feel that their healthcare professionals do not have a good awareness of the specific health and wellbeing issues affecting LGB&T people.

Consider making training around LGB&T health inequalities available to healthcare professionals.

5. RECOMMENDATIONS

5.4. DISPLAY LGB&T INCLUSIVE MATERIALS & ENSURE LGB&T SPECIFIC INFORMATION IS AVAILABLE FOR PATIENTS

0% of LGB&T respondents in Fylde and Wyre report having access to LGB&T specific information at their GP practice. Often, a lack of visible LGB&T cues within services will lead LGB&T people to believe that a service does not understand their specific needs and, in some cases, that a service is not LGB&T friendly.

Consider displaying LGB&T-specific information in public areas and ensuring that LGB&T-specific healthcare information is available for patients where relevant.

5.5. PROVIDE SPECIFIC TRAINING FOR G.P.s AROUND GENDER IDENTITY ISSUES

100% of trans respondents in the sample report feeling that their GP has a poor awareness of gender identity issues and treatment/referral pathways.

Consider providing trans-specific training for GPs and patient-facing healthcare professionals.

5.6. ENCOURAGE LGB&T PEOPLE TO ACCESS RELEVANT SCREENING PROGRAMMES

LGB&T respondents in Fylde and Wyre report a poor uptake of sexual health screening and cancer screening programmes compared to their heterosexual counterparts.

Consider promoting relevant screenings to LGB&T patients accessing services and developing targeted campaigns to encourage LGB&T people to access relevant screenings.

5.7. ENSURE LGB&T PEOPLE FEEL WELCOME, REASSURED & UNDERSTOOD WHEN ACCESSING HEALTHCARE SERVICES

Previous experiences and perceived barriers to accessing healthcare in Fylde and Wyre has led a significant amount of LGB&T people to expect a negative experience. In turn, some LGB&T people feel reluctant to access routine healthcare services.

Respondents also report concerns about heteronormative assumptions made by healthcare professionals – particularly concerning sexual health advice, partners and pregnancy.

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7. APPENDIX

FULL LIST OF SURVEY QUESTIONS

1. Which local authority area do you live in?
Fylde Wyre Other (please do not continue completing this survey)
2. How would you describe your gender?
Male Female Other (please specify)
3. Is your gender the same as the one listed on your original birth certificate?
Yes No Rather Not Say
4. What is your sexual orientation?
Gay Male Lesbian/Gay Female Bisexual Heterosexual Rather Not Say
Other (please specify)
5. What is your ethnicity?
White British White Irish Gypsy or Irish Traveller Any Other White Background
Asian British Indian Pakistani Bangladeshi Chinese Black British
African Caribbean Any Other Black/African/Caribbean Arab
Dual or Mixed Ethnicity Any Other Ethnic Group Rather Not Say
6. Do you have a physical disability/impairment?
Yes No Rather Not Say
7. Do you have a learning disability/impairment?
Yes No Rather Not Say
8. What age group are you in?
Under 19 20-24 25-34 35-44 45-54 55-64 65-74
75-84 85+ Rather Not Say
9. Do you have a religion or faith?
No Religion Christian Buddhist Hindu Jewish Muslim Sikh
Pagan Rather Not Say Other (please specify)
10. Do you have a caring responsibility for a dependant or for another adult?
Yes No Rather Not Say
11. Have you been asked about your sexual orientation/gender identity on a monitoring form at your GP surgery?
Yes No (please go to question 13) Don't know (please fo to question 13)
12. If you have been asked about your sexual orientation/gender identity on a monitoring form, was it made clear how that information would be used?
Yes No Don't know/Can't remember
13. If you have been asked about your sexual orientation/gender identity, or if you were to be asked in the future on a monitoring form at your GP practice, would you disclose this information?
Yes No
14. Are you 'out' to your GP about your sexual orientation and/or gender identity
Yes - I am 'out' (please go to the next question)
No - I am not 'out' (please go to question 16)
Not sure whether or not I have told them (please go to question 16)

15. If you are 'out' to your GP about your sexual orientation and/or gender identity, how has that affected your relationship with them?
 It has improved my relationship with my GP It has made no difference at all
 I am not sure if it has made any difference It has made things difficult between us
 I don't think they understood - my GP continues to assume I am heterosexual/not trans
 I feel like I am treated differently now that I have come out to my GP
 Other (please specify)
16. If you are not 'out' to your GP, what is the reason?
 I don't think it is relevant to my health I am not sure if they are OK with LGB&T people
 My sexual orientation/gender identity has not come up in consultation with my GP
 I know that they are not OK about LGB&T people Other (please specify)
17. On a scale of 1-5 (1 = not at all comfortable, 5 = completely comfortable), how comfortable are you about your personal details being shared across healthcare departments?
18. On a scale of 1-5 (1 = no awareness, 5 = very high awareness), how aware do you feel that the staff in your GP practice are regarding health and wellbeing issues affecting LGB&T people?
19. Do you have access to LGB&T-specific information at your GP practice? (ie leaflets, posters, information in public/reception areas)
 Yes No I am not sure - I haven't checked
20. If you are in the process of gender reassignment or have previously undergone gender reassignment, have you ever changed your GP because your previous GP was not helpful or knowledgeable about trans issues?
 Yes No I am not undergoing gender reassignment - go to Q23
21. If you are undergoing gender reassignment, or have undergone gender reassignment, on a scale of 1-5 (1 = no knowledge, 5 = very high knowledge), how knowledgeable do you feel that your GP is about the following areas?
 Hormone Treatment Mental Health Pathways
 Referral Pathways to Gender Identity Clinics Signposting to Trans-friendly services
22. Please tell us about how your GPs knowledge about these areas has affected your relationship with them
23. If you have disclosed your sexual orientation/gender identity to a healthcare professional recently, what was their response? (You may tick more than one box)
 Professionalism & respect Lack of knowledge but was respectful Some form of prejudice
 Lack of knowledge and was not very respectful Discrimination
 Didn't seem to make a difference Other (please specify)
24. Have you had any of the following screening tests? Please tick all that apply and the time frame
 Prostate Check Mammogram Sexual Health Screening HIV Test
 Bowel Screening Smear Test/Cervical Screening
 (Within last 6 months, Within last year, Within last 3 years, Over 5 years ago, No)
25. If you do not have any regular health screenings that you should have, what is preventing you?
26. Do you think that being trans or bisexual or gay/lesbian affects the way that healthcare professionals treat you?
 Yes No Sometimes
27. Can you give an example of either a good or bad experience accessing healthcare?
28. What impact has that experience made on your approach to accessing healthcare in the future?
 None at all A little - I tend to be a bit less open when I access healthcare
 I now tend to be more open when accessing healthcare I now tend to expect a negative experience
 I now tend to expect a more positive experience
 It has put me off accessing unless it is an emergency

