



Lesbian, Gay, Bi-sexual, Trans and Queer experiences of healthcare in Surrey

A report based on local people's experience.

February 2020

Did you know?

- Around 10,000 people in Surrey are LGBTQ - this is about 1.3% of the population.

The Surrey Joint Strategic Needs Assessment (JSNA) looks at the current and future health and care needs of local people to help plan health and care services. It shows some issues which LGBTQ people may face:

- Some younger LGBTQ people may face bullying at school, which often makes them feel depressed.
- LGBTQ people, especially transgender people, can experience more social isolation and discrimination.
- Transgender people are likely to experience mental health issues because of how they feel.
- The way that LGBTQ people are treated by society can lead to health inequalities including increased psychological distress, often referred to as ‘minority stress.’
- LGBTQ people may be more likely to use drugs than heterosexual people
- LGBTQ young people experience more self-harm and suicidal distress than non-LGBTQ young people.
- Psychosocial stressors associated with being transgender increase transgender people’s risk of suicide. These include gender nonconformity, transphobia, lack of support, dropping out of school, family problems, suicide attempts by acquaintances, homelessness, cyberbullying, substance abuse, and psychiatric disorders. These stressors may be higher among minority communities that may strongly oppose LGBTQ people.

Source: <https://www.surreyi.gov.uk/jsna/surrey-context/#header-lesbian-gay-bisexual-transgender-and-questioning-lgbtq>

	Heterosexual or straight		Gay or lesbian		Bisexual		Other		Don't know or refuse	
	Estimate	CI+/-	Estimate	CI+/-	Estimate	CI+/-	Estimate	CI+/-	Estimate	CI+/-
Surrey (Thousands)	859	10	6	3	2	3	2	2	46	9
Surrey (%)	93.7	1.1	0.7	0.4	0.3	0.3	0.3	0.2	5.1	1.0

Source: Annual Population Survey (APS), Office for National Statistics

Executive summary

We wanted to reach out to LGBTQ people because they are at risk of health inequalities; they are not named as a priority group in the Surrey Health and Wellbeing Strategy, so we wanted to make sure that their voices are heard.

We shared a questionnaire with 50 LGBTQ people including gay men, lesbians, bisexual, asexual and transgender people.

Key Findings

Different people have different views about talking about their sexual history and gender identity with healthcare professionals. This depends on their general comfort in talking about their sexuality; some people never want to mention it, some have mentioned it once and are happy not to discuss again, and others are happy to discuss openly. It also depends on whether their sexuality is relevant to their medical issue.

What's good

We heard that most people are happy with how they are addressed by healthcare professionals.

We heard that most people are happy about how healthcare professionals involve their partners.

We heard some positive mental health experiences.

"I have nothing but praise, they put me as female, no questions asked, at Royal Surrey. The treatment was excellent, above 10 - regarding A&E and on the ward.

What's not so good.

Some trans people are being misgendered, which is upsetting.

Assumptions are sometimes made about the gender of a partner.

We heard some negative mental health experiences. Some people feel that mental health professionals should be more aware of the patient's sexuality and gender identity as this can be a contributing factor to their mental ill-health.

There's (xxxx) GP surgery. I have a bad experience where I wasn't taken seriously and got called "weird" along with how I was feeling, by my GP, among the small comments, avoidance of talking/discussing my issues I was having and I received no information on what to do, feeling as I did. No further action ever taken. I had no help, so I gave up on any form of mental health help altogether. I lost myself and just wanted to stop existing, I felt trapped in the person I was raised to be. A name like a leash and manipulated to obey. I only ever felt free away from it all. I still don't get help with this sort of thing and I have no reason to trust anyone about it especially GP's. I tried to help myself but because of my position I'm stuck. I'm still trying... it's a shame.

Service issues

We heard that accessing gender identity clinics is difficult, in terms of distance needed to travel and waiting a very long time to get an appointment. We heard that administrative errors can mean that hormone treatment is delayed which causes distress.

We heard that PEP (*post-exposure prophylaxis*) is not always available.

We heard that it is sometimes difficult to get sexual health appointments and that the closure of some services has had an impact. We also heard about some issues with getting test results from sexual health services.

What we did

Over the last 6 months, we've heard from 50 people via a questionnaire which we shared at local LGBTQ social groups and online during Pride in Surrey 2019.

Just under half of the people we heard from were gay men, we also heard from lesbians, bi-sexual, asexual and transgender people.

We asked three questions about their experiences of the NHS, which related to being LGBTQ:

- whether they were happy with how they were spoken to by health care professionals;
- whether they were happy with how their sexual history and gender identity were explored; and
- whether they were happy with how their partners were included in conversations.

We also asked about their experiences of general health care, mental health services and sexual health services.

As with all our reports, details have been redacted to protect the anonymity of the individuals that took part.

What we heard in detail

How do LGBTQ people feel about how healthcare professionals address them?

The majority of people said that they are happy with how healthcare professionals address them. However, this does not necessarily mean that they are ‘out’ and comfortable. Reactions to how they are addressed varied among the people who said they were satisfied.

Some people were really positive and felt they were treated with **respect**.

Others were more **neutral** and felt that their sexuality was **irrelevant**.

Others who **had not revealed their sexuality** were still satisfied with how they are addressed:

“They don't know that I'm gay. I feel uncomfortable about it. They don't need to know with regard to my [condition]. I haven't been asked. If I was asked, I would feel uncomfortable and wouldn't necessarily tell them”.

This is in line with findings from the National LGBT survey conducted by the UK Government in July 2018, which said that forty six percent of cisgender respondents said they had never discussed their sexual orientation with healthcare staff in the 12 months preceding the survey, in most cases because they thought it was not relevant.

Others had mixed experiences, with different services.

“I have nothing but praise, they put me as female, no questions asked, at Royal Surrey. The treatment was excellent, above 10 - regarding A&E and on the ward. The medical profession needs to come a long way. Going to my GP was a painful experience. At Royal Surrey I changed my name on my records, but they don't update the system, yet nurses recognised the change on my written records. You need to break down the barriers that exist. Their views need to change”.

For the minority who'd had a **bad experience**, this was often due to staff making assumptions, mis-gendering, or the reactions of healthcare professionals when the patient revealed their sexuality.

How do LGBTQ people feel about how healthcare professionals explore their sexual history or gender identity?

Again, the vast majority of people we heard from were satisfied. However, there were a mix of those who were really happy... and those who again said it wasn't relevant. Some said they've never been asked but are happy not to talk about it.

They don't ask me anything about my sexuality or gender. I don't have to disclose it, and therefore they can't use it against me. So, actually I'm satisfied but only because I'm aware of the prejudice that exists. But also, my sexuality and gender have nothing to do with my health issues, so it isn't relevant.

A minority had a negative experience and feel that assumptions are being made.

"It is skipped over, but it is important."

"Assumptions are made about my partner's gender."

"They assume I'm straight."

"It's clunky, it needs to be more open, it's a subject that's mostly avoided."

"Being asexual, I'm worried that a healthcare professional wouldn't take me seriously if I told them I'm not interested in sex and/or partnership."

The National LGBT survey supports this:

"Healthcare providers often just make an assumption of heterosexuality meaning that you have to disclose. For example, if you say 'my partner...' when discussing something, I always get the GP/mental health worker/counsellor/nurse saying 'he' in their response, automatically assuming it is a man, when it is a woman. This has been ongoing for years. Training needs to be provided to healthcare professionals to not make assumptions." Woman, queer, 25-34, South West

How do LGBTQ people feel about how healthcare professionals include partners or significant others in conversations?

Again, the majority we heard from were satisfied with how their partners are addressed, but some people have had negative experiences:

“My partner is never mentioned.”

“When my partner is present, reactions vary from very helpful to ignoring her presence. In her absence, no reference is made to her significance as a carer....”

“They never consider my girlfriend as being my partner.”

Spotlight on individual cases

Case Study 1



I am bisexual and identify as a trans woman

How do you feel you are treated as a member of the LGBTQ+ community by the health service? How satisfied are you with the way that healthcare professionals address you?
I am very satisfied with how most health care professionals address me but on balance feel that the smaller number of those who react negatively towards my gender identity outweigh the good of the others. These negative reactions trigger lifelong issues and hinder my recovery from mental health problems.

Are you satisfied with how healthcare professionals explore your sexual or gender history?

No - It is a subject that is mostly avoided. It is often neglected or under-estimated as a significant factor in my history

Are you satisfied with the way that healthcare professionals include partners or significant others in conversations?

No - When my partner is present, reactions vary from very helpful inclusion and genuine attempts to seek a perspective which can help me, through to ignoring her presence. In her absence, no reference is made to her significance as a carer or her own mental health problems.



Case study 2



I am a lesbian trans woman

Are you satisfied are you with the way that healthcare professionals address you?

No - GP is ok. Great in fact. I was left feeling awful when trying to get an update on my father's surgery as I was constantly misgendered by staff at Frimley Park. Likewise, I am misgendered at the convenient pharmacy I use since it was taken over by Lloyds. I'm now looking for a new one, but it will be an inconvenience in future.

Are you satisfied with how healthcare professionals explore your sexual or gender history?

Yes -They have not asked intrusive questions, and I hope they don't start. It is however frustrating my trans status is plastered all over medical records and whenever I get a blood test. I don't appreciate this, and it makes me feel unsafe.

Are you satisfied with the way that healthcare professionals include partners or significant others in conversations?

Yes -It doesn't happen often, but it's never been a problem to have my partner present.



Case study 3



I am a trans woman

How do you feel you are treated as a member of the LGBTQ+ community by the health service? How satisfied are you with the way that healthcare professionals address you?

"I have nothing but praise, they put me as female, no questions asked, at Royal Surrey. The treatment was excellent, above 10 - regarding A&E and on the ward. Medical profession needs to come a long way. Going to my GP was a painful experience. (xxxx Practice). At Royal Surrey I changed my name on my records, but they don't update the system, yet nurses recognised the change on my written records. You need to break down the barriers that exist. Their views need to change".

Are you satisfied are you with the way that healthcare professionals address you?
I struggled to get my GP to understand.

Are you satisfied with how healthcare professionals explore your sexual or gender history?

"They never ask why. Outline suggested trans-friendly GPs. Tried xxxx surgery, bad experience. Asked if they took new patients, heard nothing. Xxxx surgery was a waste of space. Medical profession and police are stuck in the old days. Why do I have to fit in a box when I want to be outside the box? We don't carry a disease, we aren't infectious, I just want to follow my desires. NHS needs to re-address their priorities. The trans casualty rate is 2 years. People are buying medication online because they're desperate. There are few specialists to help."



Case study 4: Feedback on Gender Identity Clinics

“

“Gender Identity Services are under mental health. There is nothing local, I have to drive 200 miles and it takes all day for the shortest of appointments, I can’t access meaningful mental health support due to the time and distance involved. Not least that I also don’t trust that mental health support with the Gender Identity Clinic (GIC) may adversely impact my medical transition treatment.

What are the positives?

I was listened to and given appropriate and effective help.

What are the negatives?

Time and distance mean it’s not practical to have meaningful help from the GIC counsellor, fear of it negatively impacting medical transition.

What could be improved?

“Local availability with confidential sessions.”

Confidentiality. A summary of what I said was sent to my GP, this undermined my confidence to have more sessions.

”

Case study 5: Asexual/androgynous person



Have you had any recent experiences with health and social care in Surrey? (within the last 2 years).

There's (xxxx) GP surgery. I have a bad experience where I wasn't taken seriously and got called "weird" along with how I was feeling by my GP, among the small comments, avoidance of talking/discussing my issues I was having and I received no information on what to do feeling as I did. No further action ever taken. I had no help, so I gave up on any form of mental health help all together. I lost myself and just wanted to stop existing, I felt trapped in the person I was raised to be. A name like a leash and manipulated to obey. I only ever felt free away from it all. I still don't get help with this sort of thing and I have no reason to trust anyone about it especially GP's. I tried to help myself but because of my position I'm stuck. I'm still trying... it's a shame.

Are you satisfied with the way that healthcare professionals address you?

Yes - I couldn't care less about being addressed. I hate making people feel uncomfortable. If I don't look like their version of Male or Female, then that's not their fault. Never had an issue.

Are you satisfied with how healthcare professionals explore your sexual or gender history?

*No - They never have. They've never cared. I was told that my whole situation and feelings were "weird". That was that...
I've never met people with my issues, but I've heard they exist. I have no peers in this regard. All that have supported me used me and I have no worth anymore. In my eyes I'm an absence of identity... I'm what someone who can't get away from the people who hurt me and is always running into the arms of people just as bad in my weakest state. I'm no one... I'm not getting help for the things I need because I can't be open about myself. This is the closest thing to open... open about how much I hate humanity. Don't let people turn out like me. Even though people have half-hearted reasons to change themselves as long as you gave them the information and support on any decision they make then that's great, it's all you can and need to do. I, however, I am as designed by the ugliness of humanity. I don't even care about myself or think I'm a person. I just am... don't let people become this. This isn't living.*



Case study 6: Trans man

“

Have you had any recent experiences with health and social care in Surrey? (within the last 2 years).

“I’ve been to xxxx medical practice twice, both my visits there have been to administer my hormone replacement injection. My first experience went well, and was easy, but my second experience didn’t go as smoothly as my doctor required more information than the last time which I couldn’t provide right away. The surgery’s communication wasn’t very effective, and it took a long time to get back to me despite me emailing back multiple times to receive more information. This meant I was two months late on my testosterone treatment and caused me a lot of anxiety”.

Are you satisfied with the way that healthcare professionals address you?

“I am mostly happy with it, people are generally respectful. Sometimes people use my birth name and gender to address me before they see me, which means I might out myself to a room full of strangers. It would be good if identity was mentioned as to not create any unsafe or awkward situations. To a certain extent, people often will ask about history, using the wrong pronouns, as in ‘x was that gender at that time’”.

”

General Healthcare experiences

Mental Health

Around a third of the people we heard from had used Mental Health services and shared their experiences. Many LGBTQ people live with mental ill-health; it is a known risk factor for this group.

The people we heard from had used a wide range of services, such as IAPT, Community Mental Health Recovery Services, Mary Frances Trust, Richmond Fellowship.

“I had face-to-face CBT 12 sessions once a week last year. I was referred by my GP. It helped me see things from a different angle. They taught me to be kind to myself... I had very serious depression. I was signposted to come to Outcrowd and found it to be a very supportive group.”

Mental Health case study

“IAPT provided an unresponsive service that was mechanical and just made things worse, failing to take in my history or assess needs, failing to fulfil their obligations to provide further support (especially failing their contractual obligations for disabled and minority segments of population); 5 out of 7 GPs at the practice we met were extremely unhelpful regarding our mental Health needs, the other 2 were brilliant; CMHRT at xxxx failed to properly assess though they took 2 hours to run their questions; they also failed to produce any work product; CMHRT at xxxx provided a garbled assessment that completely missed main needs, confused my history with someone else and failed to answer complaints, failed to consult regarding proposed care plan; then they provide a good intervention supported by cogent reports; but no follow up or onward referrals to provide further support.”

“Referral paths should be prompt especially for risk factors indicating elevated risk; IAPT should actively support efforts to be employed again, and also pay attention to disability and minority identities; they should refer onwards for clients needing further support; GPs need to consider history and prior treatment and act as care coordinators for people with complex health needs including mental health; secondary mental health care should always take in prior information as well as conducting detailed assessment; there should only be one assessment, followed by reviews; there should be a care planning process that engages client, carers (my partner and the support agencies involved) and other health and social care professionals who might be involved; the aim should be patient-centred care that improves wellbeing, in contrast to service centred care that follows a technical procedure without attending to what the client raises.”

Sexual Health Services

Around a quarter of our respondents had used sexual health services.

We heard that the service and staff are good. However, we heard that some services have closed down, waiting times are too long, and that it’s difficult to get an appointment, especially same day appointments.

We heard that it would be useful if the wording of texts about test results were clearer, for example, it would be more helpful to have details of what had been tested e.g. HIV antibody, or Chlamydia PCR, rather than “all test results are negative.”

We heard that PEP (*post-exposure prophylaxis*) availability can poor.

This is in line with the National LGBT Survey:

Comments frequently focused on the NHS not having a full understanding of LGBT-specific issues such as access to post-exposure prophylaxes (PEP), a time-sensitive treatment aimed at preventing patients from becoming infected with HIV.

*“At a hospital NHS walk-in centre, I have been told it is not possible to access information about / get prescription for PEP (which needs to be taken as soon as possible) on a Sunday... I was loudly asked in front of other people if my enquiry is about HIV because the nurse did not know what post-exposure prophylaxis is.”
Man, gay, 18-24, South East.*

Long term conditions

We heard about a variety of long-term conditions that people are living with. These will be included in our central database and used when feeding back to providers and commissioners.

Summary

- Although many LGBTQ people are happy with how they are addressed, we heard that trans people in particular are sometimes misgendered.
- We heard that some people are happy to openly discuss their sexuality, others are not.
- We heard that sometimes assumptions are made about a partner's gender, which can be upsetting.
- We heard that accessing gender identity clinics is difficult, in terms of distance needed to travel and waiting a very long time to get an appointment.
- We heard that admin errors can mean that hormone treatment is delayed which causes distress.
- We heard that PEP is not always available.
- We also heard that many LGBTQ people have accessed mental health services. Some people feel that mental health professionals should be more aware of the patient's sexuality and gender identity as this can be a contributing factor to their mental ill-health.

LGBTQ people are all individuals, who have different expectations and requirements in terms of how open they are, or want to be, with health care professionals.

This report will be shared with: -

Outcrowd

Surrey Pride organisers

Engagement Diversity and Inclusion team at Surrey Heartlands

Healthwatch Surrey Commissioners

Surrey County Council Public Health team

The general public

References:

[https://www.gov.uk/government/publications/national-lgbt-survey-summary-report/national-lgbt-survey-summary-report July 2017](https://www.gov.uk/government/publications/national-lgbt-survey-summary-report/national-lgbt-survey-summary-report%20July%202017)

NIESR (2016), 'Inequality among lesbian, gay bisexual and transgender groups in the UK July 2016'

Acknowledgements:

Our grateful thanks to those who completed the questionnaire.

Call: 0303 303 0023 Text: 07592 787 533 Email: enquiries@healthwatchesurrey.co.uk
Write: Freepost RSYX-ETRE- CXBY Astolat, Coniers Way, Burpham, Surrey, GU4 7HL
www.healthwatchesurrey.co.uk