

Delivering the National LGBT Action Plan to reduce health inequalities

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Significant progress has been made towards LGBT equality. However research and survey evidence demonstrates that:

- 1. LGBT people face considerable barriers to leading happy, healthy, and fulfilling lives
- 2. LGBT people face discrimination, bullying, and harassment in education, at work in the media and on the streets
- 3. LGBT people face greater inequalities in health satisfaction, access, experience and outcomes

National LGBT Survey and Action Plan



108,000 responses¹



75 commitments²

Health

Education

Safety

Workplace

Rights and the Law

Data and Monitoring

Representation

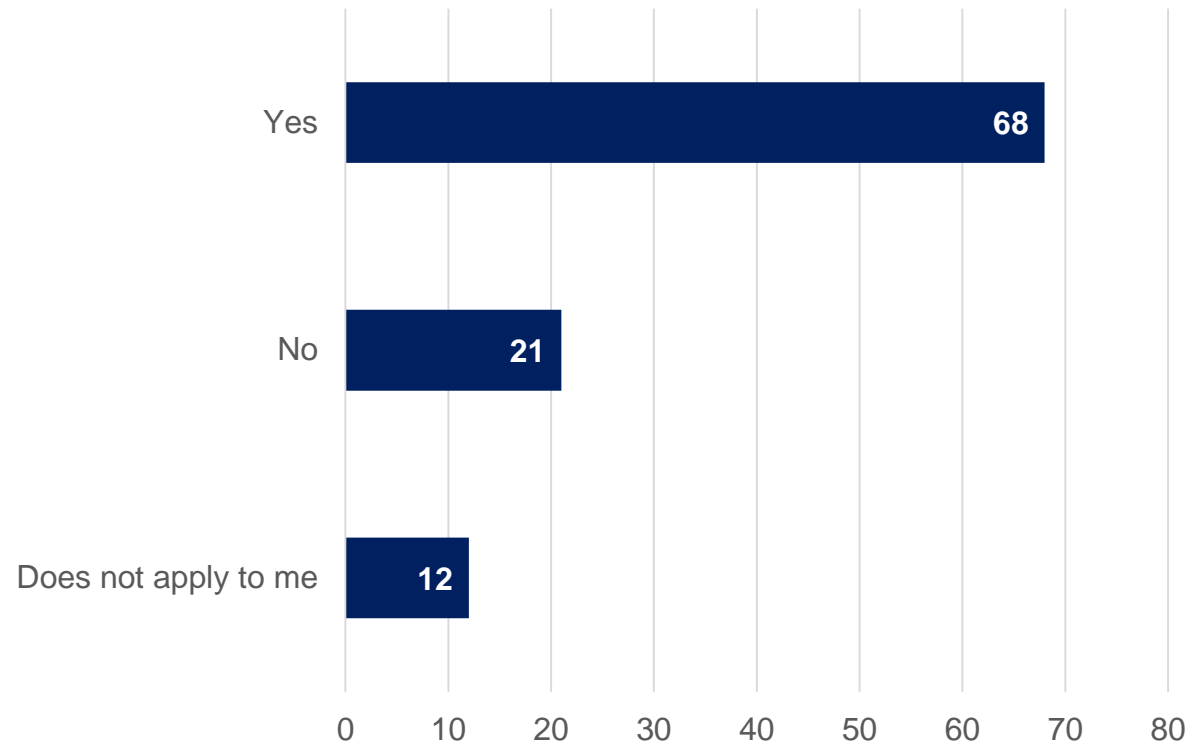
International

1. <https://www.gov.uk/government/publications/national-lgbt-survey-summary-report>

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

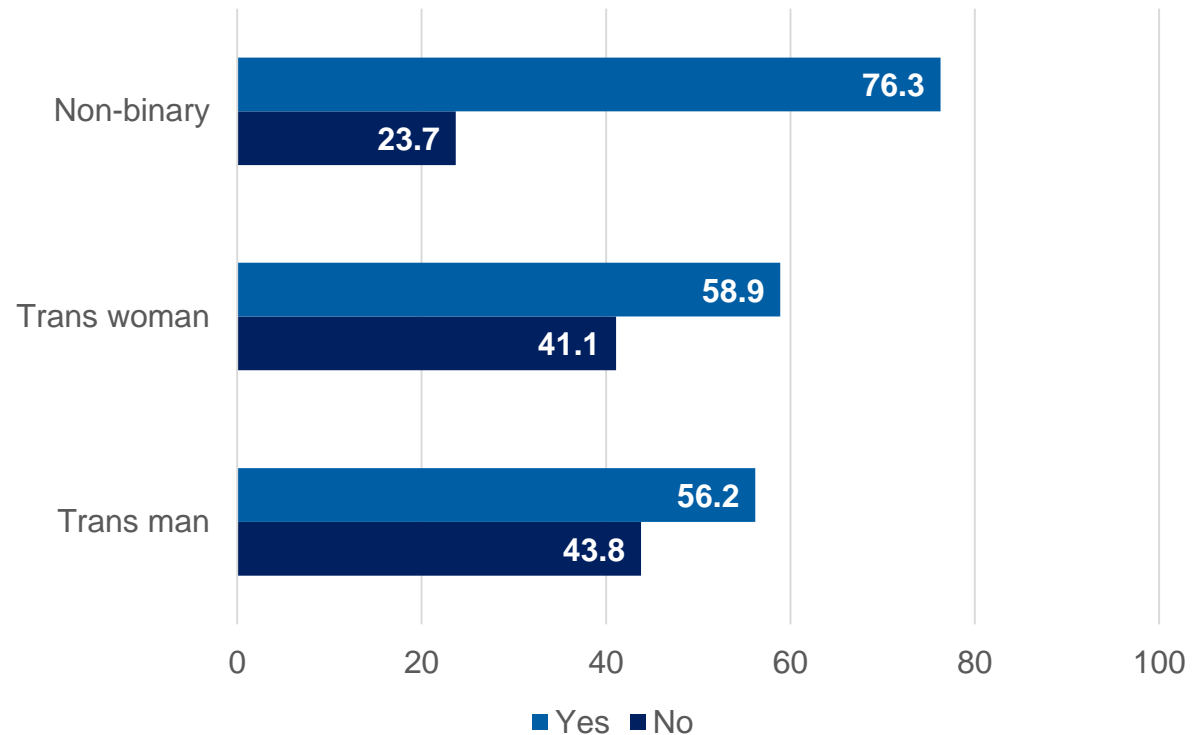
**More than two-thirds
said they avoid
holding hands with a
same-sex partner in
public for fear of a
negative reaction**

**Whether respondents with a minority sexual orientation
avoided holding hands with a same-sex partner in public
for fear of a negative reaction from others**



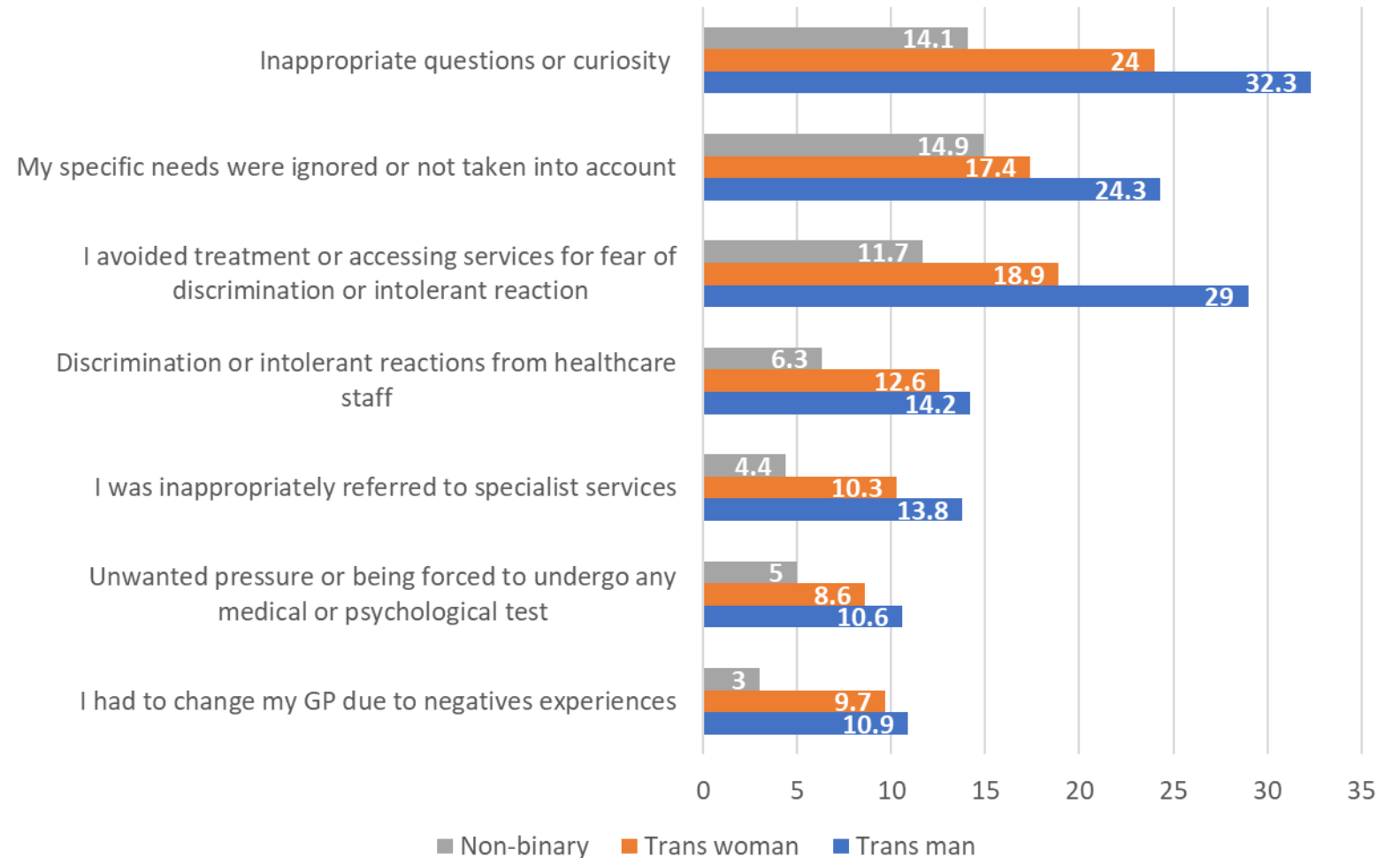
67% of trans respondents said they avoided being open about their gender identity for fear of a negative reaction from others.

Whether trans respondents avoided being open about their gender identity for fear of a negative reaction from others, by gender identity

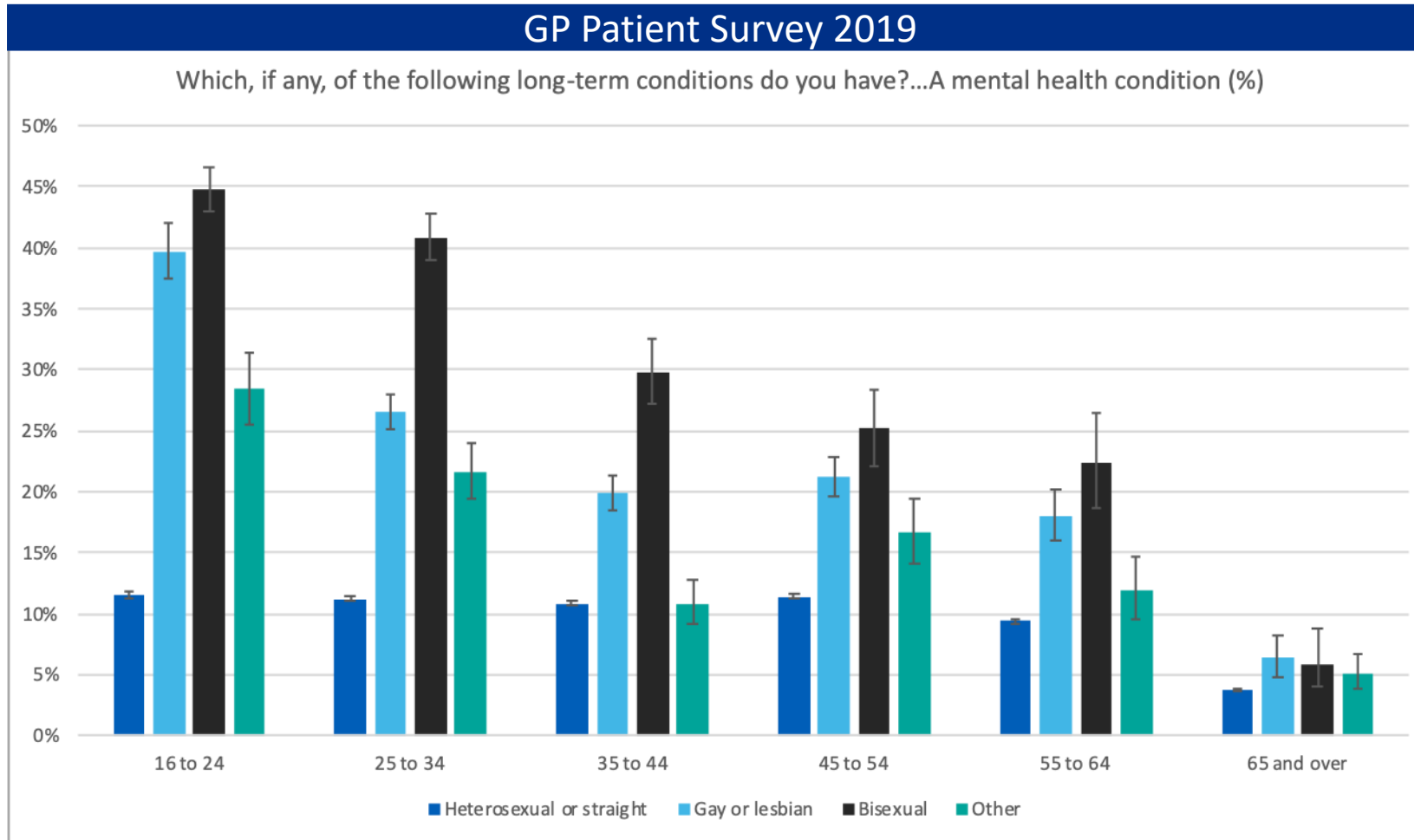


- Trans people have poor experiences
- 40% of trans respondents who had accessed or tried to access public health services reported having faced negative experiences due to their gender identity.

- Experiences of trans respondents who had accessed or tried to access public healthcare services in the 12 months preceding the survey due to their gender identity, by gender identity

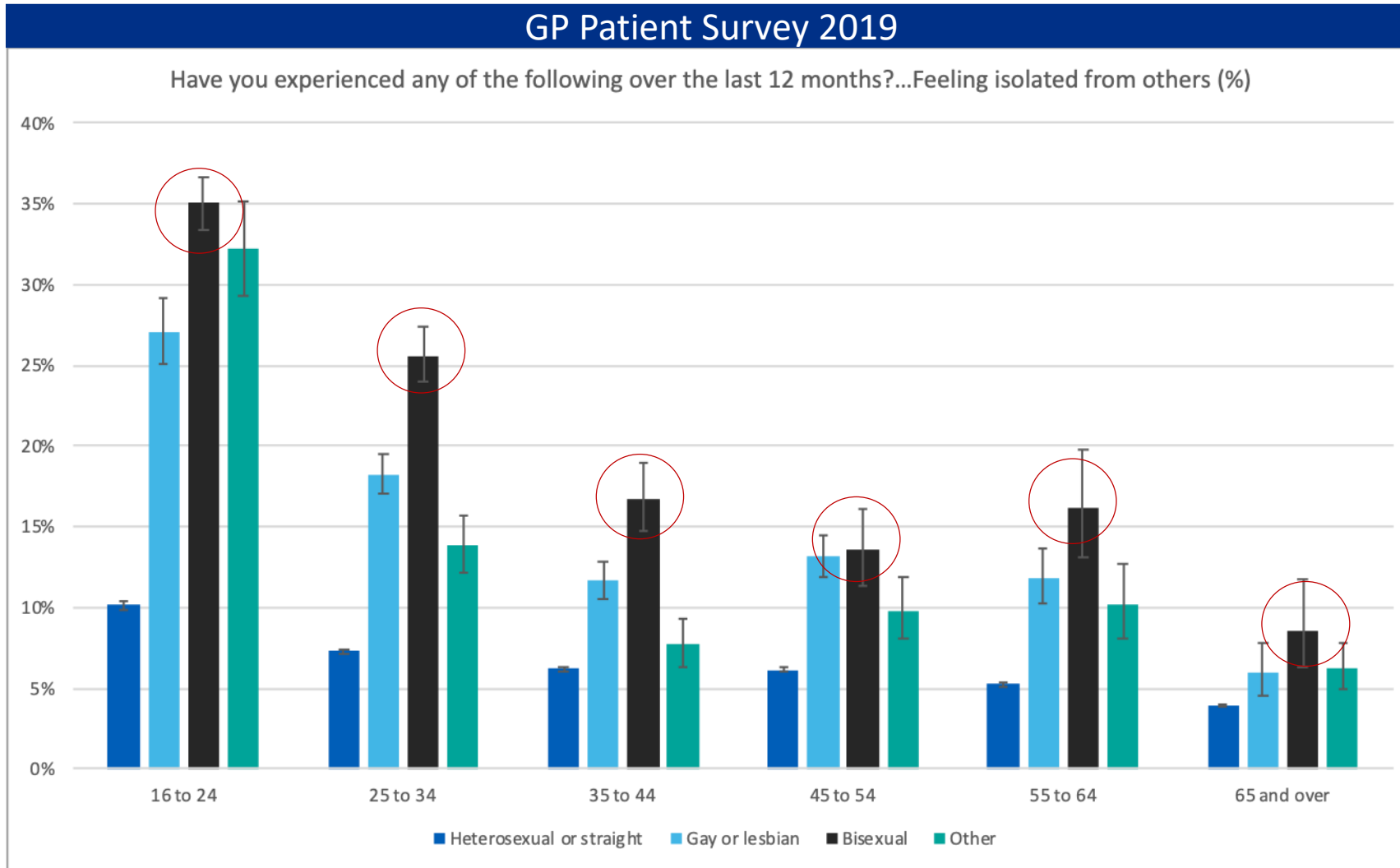


Patients who identified as LGB or selected 'other', were generally more likely to report a **mental health condition** compared to heterosexual patients across all ages



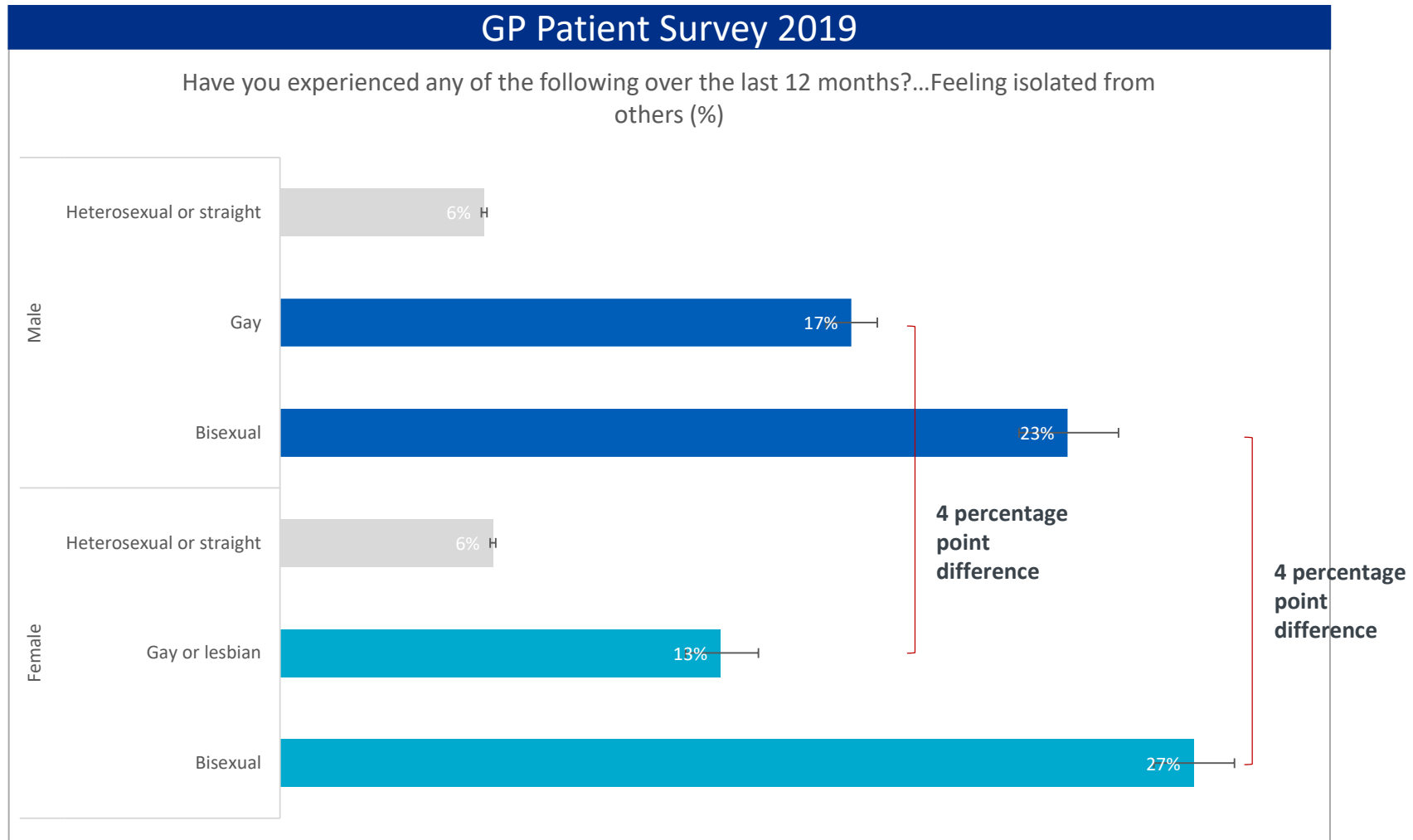
Unweighted base: 16 to 24 - Heterosexual or straight (27,979), Gay or lesbian (621), Bisexual (1,264), Other (406). 25 to 34 - Heterosexual or straight (48,663), Gay or lesbian (1,400), Bisexual (1,104), Other (662). 35 to 44 - Heterosexual or straight (68,710), Gay or lesbian (1,661), Bisexual (756), Other (784). 45 to 54 - Heterosexual or straight (98,205), Gay or lesbian (2,115), Bisexual (670), Other (742). 55 to 64 - Heterosexual or straight (126,910), Gay or lesbian (1,688), Bisexual (587), Other (789). 65 and over - Heterosexual or straight (235,291), Gay or lesbian (1,326), Bisexual (682), Other (1,740).

Patients who identify as bisexual were generally most likely to have **felt isolated** across all ages



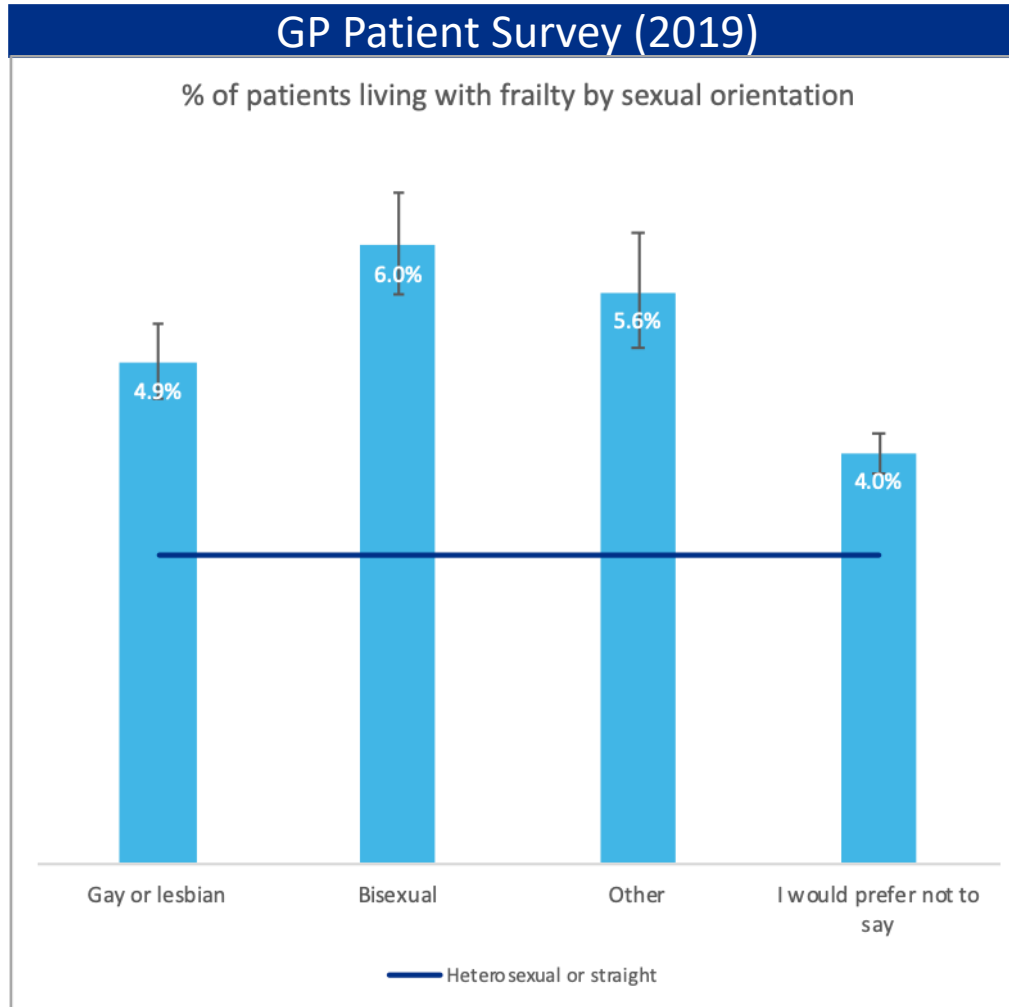
• Unweighted base: 16 to 24 - Heterosexual or straight (30,591), Gay or lesbian (656), Bisexual (1,338), Other (440). 25 to 34 - Heterosexual or straight (53,120), Gay or lesbian (1,472), Bisexual (1,166), Other (744). 35 to 44 - Heterosexual or straight (75,169), Gay or lesbian (1,732), Bisexual (838), Other (906). 45 to 54 - Heterosexual or straight (107,372), Gay or lesbian (2,250), Bisexual (720), Other (876). 55 to 64 - Heterosexual or straight (137,352), Gay or lesbian (1,786), Bisexual (629), Other (877). 65 and over - Heterosexual or straight (254,915), Gay or lesbian (1,432), Bisexual (727), Other (1,971).

Patients who identify as **female and bisexual** were most likely to have reported feeling isolated in the past 12 months



Unweighted base: Male - heterosexual or straight (289,018), Gay (5,977), Bisexual (2,031). Female - heterosexual or straight (368,701), Gay or lesbian (3,321), Bisexual (3,385)

Patients **living with frailty** were more likely than average to identify as gay, lesbian or bisexual, or have selected 'other'



Unweighted base: Heterosexual or straight (662,979), Gay or lesbian (9,364), Bisexual (5,460), Other (5,919), Prefer not to say (39,305)

Working definition of frailty = meeting at least two criteria from the frailty question

Q32 Have you experienced any of the following over the last 12 months?

Please put an **X** in all the boxes that apply to you.

- Problems with your physical mobility, for example, difficulty getting about your home
- Two or more falls that have needed medical attention
- Feeling isolated from others
- None of these

4

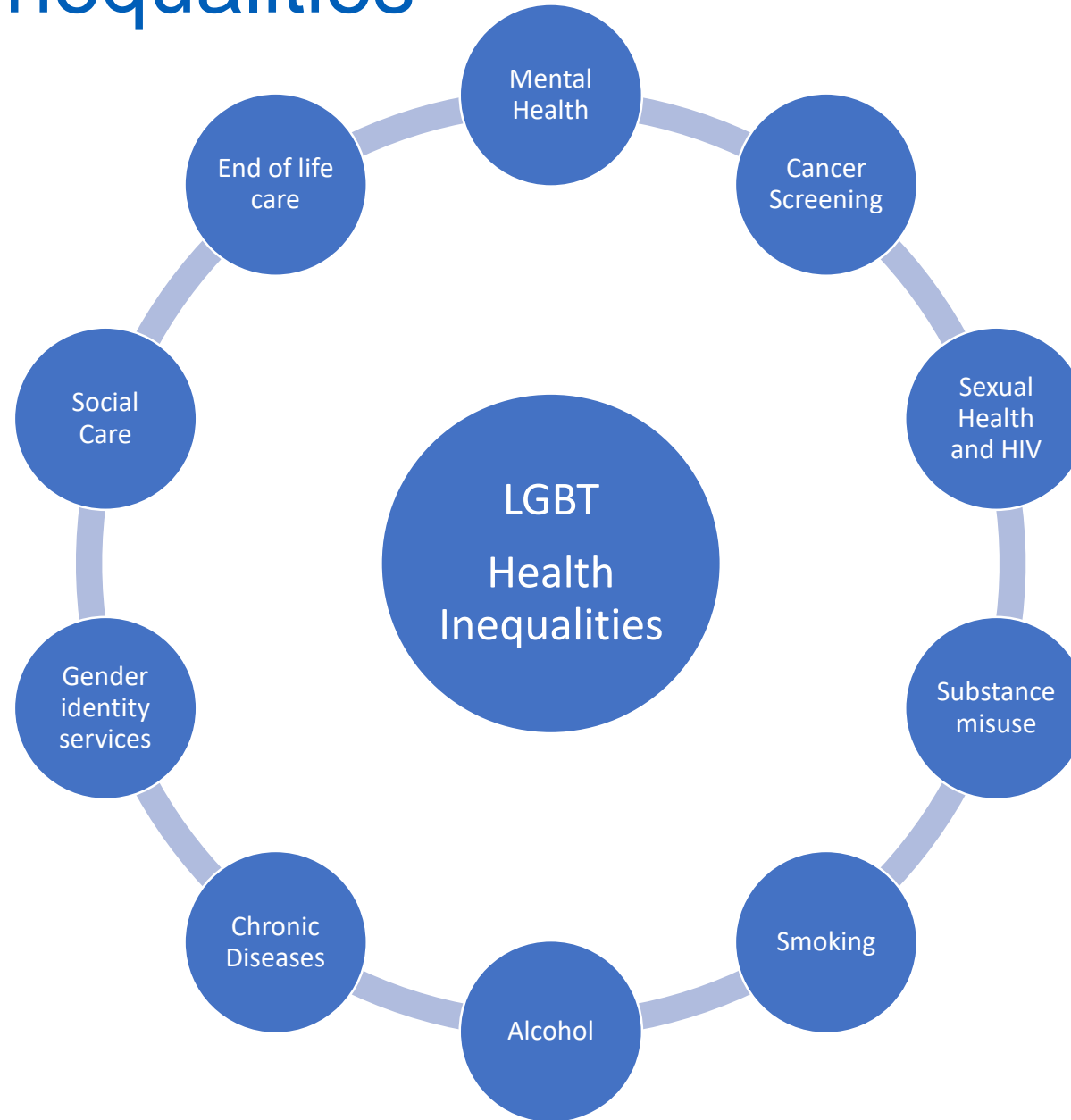
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3.2% of respondents met this definition nationally (after weighting for age and gender)

Equates to **~1.5 million** people aged 16+ in England as of March 2018*

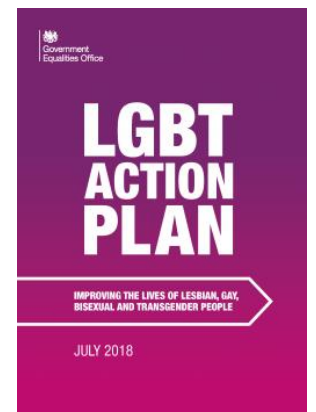
Caveat: Not a clinical measure of frailty

LGBT+ Health Inequalities



LGBT Action Plan: Health commitments

1. Appoint a National Advisor to lead LGBT improvements in healthcare
2. Improve the way gender identity services work
3. Improve understanding of the impacts on children and adolescents of changing their gender
4. Improve mental health care for LGBT people
5. Enhance fertility services for LGBT people
6. Ensure LGBT people's needs are taken into account in health and social care regulation
7. Support improved monitoring of sexual orientation and gender identity in healthcare services
8. Continue to review the blood donation referral period for MSM
9. Committed to tackling HIV/AIDS transmission
10. Improve support for LGBT people with disabilities



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Sexual orientation and gender identity monitoring: “If you don’t count us, we don’t count”



- Sexual orientation and inclusive gender and trans status monitoring are essential to fully understand inequalities and experience
- Standards for sexual orientation monitoring exist and have been included in NHS patient experience surveys – but have not been fully rolled out across the NHS and social care
- We are committed to rolling out sexual orientation monitoring
- We have begun work on gender and trans status monitoring

“During a recent health check, I was able to tick the box that I was gay, that made me feel more valued and included.”

“If my doctors know I have a wife, it saves important time when I need help in a medical crisis as I have life threatening conditions.”

(LGBT Foundation, Pride in Practice)



- Supporting workforce development and improving training is key
- Training needs to be for all staff :
 - Understand experience and inequalities
 - Challenge hetero-normative and cis-normative culture
 - Gender affirming and supportive of correct pronouns
- We will:
 - Influence education and training at all levels
 - Share examples of best practice of LGBT inclusive training initiatives and produce a toolkit / how to guide.
 - Bring together the evidence base for LGBT health inequalities and care and identify gaps.
 - Use the **evidence** to inform policy, commissioning and training

Example: Pride in Practice, LGBT Foundation



- Trained over 4000 healthcare professionals
- Worked with 557 GP practices and 127 other practices across primary care
- 97% of healthcare professionals who attended training said their confidence had increased on issues covered
- 99% said they'd recommend training to others

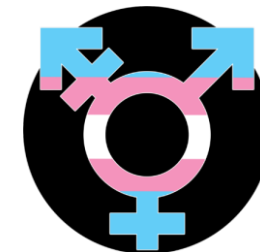
Key Principles:

- Training and awareness of staff
- Avoidance of assumptions
- Use of language which is open and inclusive
- Knowledge of where to sign post and options for support
- Patient led practice and patient centred care
- Staff networks and champions
- Monitoring



WE'RE HERE IF YOU NEED US
lgbt.foundation 0345 3 30 30 30

LGBT
foundation



Advise and Influence



The NHS Long Term Plan

- Working to ensure the needs of LGBT people are considered and inequalities are addressed within the implementation of the Long Term Plan. Specific work:
 - Primary care
 - Mental health
 - Specialised Commissioning
 - Cancer
 - Children and young people
 - Maternity
 - Older people and ageing
 - Personalised care
- Provide visibility and a voice for LGBT people, representing and advocating for the LGBT health sector and communities within NHS England



www.nationallgbtpartnership.org

The Power of LGBT Networks



- LGBT staff networks have often been the instigators of changes that improve the care of LGBT patients
- Rainbow Badge initiative now in over 60% NHS Trusts
- Pride events are an opportunity to raise awareness
- Networks create a sense of community, visibility and inclusivity
- Networks are a way to effect real change



Summary



- There are clear inequalities in access, experience and physical and mental health outcomes for LGBT+ individuals
- The lack of routine monitoring for sexual orientation, gender and trans status means we don't fully understand the scale of the problem
- Awareness raising, education and training of all health and social care professionals is essential to improve experience
- We will achieve most when we work together and connect the national and local approach
- A consistent, strategic and committed approach across the system is needed to make real change, including partnership working across health, social care and voluntary and community sector, engaging LGBT+ individuals and communities at all stages
- As we address LGBT+ health inequalities we need to better understand the impact of intersectionality between disadvantaged groups, e.g. age, ethnicity, disability, poverty

How we can work together....

- Sexual orientation, gender and trans status monitoring
- Education and training
- Supporting the LGBT workforce



Contact the LGBT Health Team

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NHS England and NHS Improvement

