Nottingham and nottinghamshire

equality& diversity

In the Pink

Providing Excellent Care for Lesbian, Gay and Bisexual and Trans* People in Nottingham City and Nottinghamshire County

A practical guide for GPs and other health practitioners

IMPROVING HEALTH FOR ALL
Valuing difference and promoting equality

In the Pink

Dear colleagues and communities,

This booklet is designed for all local health care providers -including GPs, dentists, nurses, optometrists and pharmacists– in fact all healthcare professionals, to help support better access and use of health services for all members of the community.

"In the Pink" highlights the additional health issues experienced by some lesbian, gay, bisexual and trans* people. With this in mind, it provides clear and simple advice to enable and enhance engagement with the health service.

The NHS Nottinghamshire Equality and Engagement Network and NHS South Nottinghamshire Equality Forum comprising Nottingham University Hospitals, Nottinghamshire Healthcare, Clinical Commissioning Groups (CCGs) and other healthcare providers, are pleased to endorse this guide for GPs and other health practitioners, highlighting the importance of health issues and potential vulnerabilities for this group of patients.

We very much hope that you will take the time to read "In the Pink" and we are sure that you will find it extremely useful in helping you to continue to deliver and develop further accessible and effective services.

Giles Matsell, Head of Equality and Diversity, Nottingham University Hospitals and South Nottinghamshire Clinical Commissioning Groups

Terry Shrimpton, Chair of NHS Nottinghamshire Equality and Engagement Network

Catherine Conchar, Head of Equality and Diversity, Nottinghamshire Healthcare NHS Foundation Trust

Mark Russell, Chair of the South Notts CCG Equality and Diversity Forum (On behalf of the Nottingham North and East, Nottingham West and Rushcliffe CCGs).

*Trans is an umbrella term which embraces the diverse range of identities within the non traditional cisgender wo/man spectrum e.g. Transgender, Gender Fluid, Non-Binary, Gender Queer, Third Gender, Two-Spirit etc.

Lesbian, gay, bisexual and trans* (LGBT*) people are estimated to make up around 7-10% of the population. With an estimated population of 796,200 in mid-2013, this means there are around 67,700 LGBT* residents in Nottinghamshire. When considering Nottingham City residents as well, this takes the mid-2013 population estimate up to 1,107,900, meaning a total of approximately, 94,000 LGBT* residents in the County and City combined. Many LGBT* people will not be open or visible when meeting healthcare professionals.

The last few years have been a time of significant change for the LGBT* community, with progressive legislation bringing greater legal equality. In spite of this many LGBT* people will have experienced isolation, rejection and fear through homophobia, biphobia, transphobia, hate crime, and heterosexism[1].

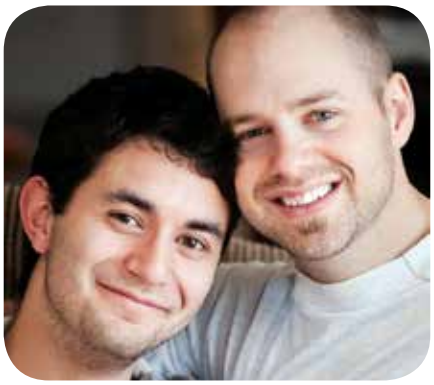
These multiple experiences of discrimination can impact profoundly on people's health and wellbeing. Negative experiences in the past can also make people wary of accessing healthcare, or of disclosing relevant information to practitioners.

Service providers, including healthcare professionals, must ensure that they do not assume everyone they serve is heterosexual/straight and provide an inclusive service, taking into account the interventions, advice and information that this guide provides.

This booklet sets out a summary of the most relevant medical information when providing care for the LGBT* community. But more than that, it demonstrates a few basic steps that we can all take in our day-to-day practice that will ensure we are providing excellent care for all our patients. We hope you find it useful.

[1]Heterosexism is a system of attitudes, bias and discrimination that favours opposite-sex sexuality and relationships. It includes the assumption, whether intended or not, that all people are heterosexual/straight and that heterosexuality is more desirable than being gay or bisexual. The effects are vast but the main outcomes tend to be marginalisation, anti-LGB violence and abuse.

Top 10 tips for providing inclusive healthcare



1. Respect the individuality of lesbian, gay, bisexual and Trans* (LGBT*) people. LGBT* people are as unique and diverse as everyone else.

2. Don't make assumptions about a patient's sexual orientation or gender identity.

3. Be aware of the language you are using when talking to patients, does it presume heterosexuality? Try to use gender neutral language, listen to how people describe their identity and reflect this.

4. Behaviours will not always match labels. Someone may present as heterosexual/straight but have a same-sex partner or vice versa. Be open to this possibility.

5. Create a welcoming atmosphere where lesbian, gay, bisexual and Trans* patients feel comfortable discussing their health concerns. For example, display a statement in your waiting room explicitly demonstrating your commitment to fair treatment for all, irrespective of sexual orientation and gender identity; display information (leaflets, posters etc.) about useful LGBT* services; ensure posters contain LGBT* inclusive language and images.

6. Promote respect of diversity amongst all staff and encourage an environment where homophobia, biphobia, transphobia and heterosexism (actions based on the assumption that everyone is heterosexual/ conforms to gender norms) are unacceptable and can be challenged.

7. Be aware of specific health issues for different groups and discuss these with your patients – you'll find more information later in this booklet.

8. Don't forget that the families and friends of LGBT*people can be affected by the sexual identity of their loved ones and that specific support is available to them.

9. Think about confidentiality - consider discussing with the patient what you record in their notes about their sexual orientation and/or gender identity as this information can be very sensitive. Reference to an individual's sexual orientation and/or gender identity should only be made if it is pertinent to the clinical issue at hand.

10. Use and refer to specialist LGBT* services - when in doubt contact or refer to the specialist services listed in the back of this booklet.

The healthcare of Lesbian, Gay, Bisexual and Trans* people

It is important to remember that lesbian, gay, bisexual and trans* people are patients like any other patient and share many of the same health needs as everyone else, e.g. heart health, diabetes, cancer, mental health issues, skin complaints, asthma, allergies, infertility, domestic violence, food intolerances and muscular skeletal problems.

However, it is also important to recognise that there are particular health issues that affect lesbian, gay, bisexual and trans* people and that there are additional risk factors and barriers to healthcare that can and do impact on their health and well-being.

Research tells us that LGBT* people are less likely to be proactive in their healthcare and are more likely to avoid regular health check-ups. Experience or fear of homophobia, biphobia, transphobia and discrimination in the health system can make it more difficult for them to access the health care that they need or to be open with health care staff about their sexual orientation, gender identity and lifestyle.

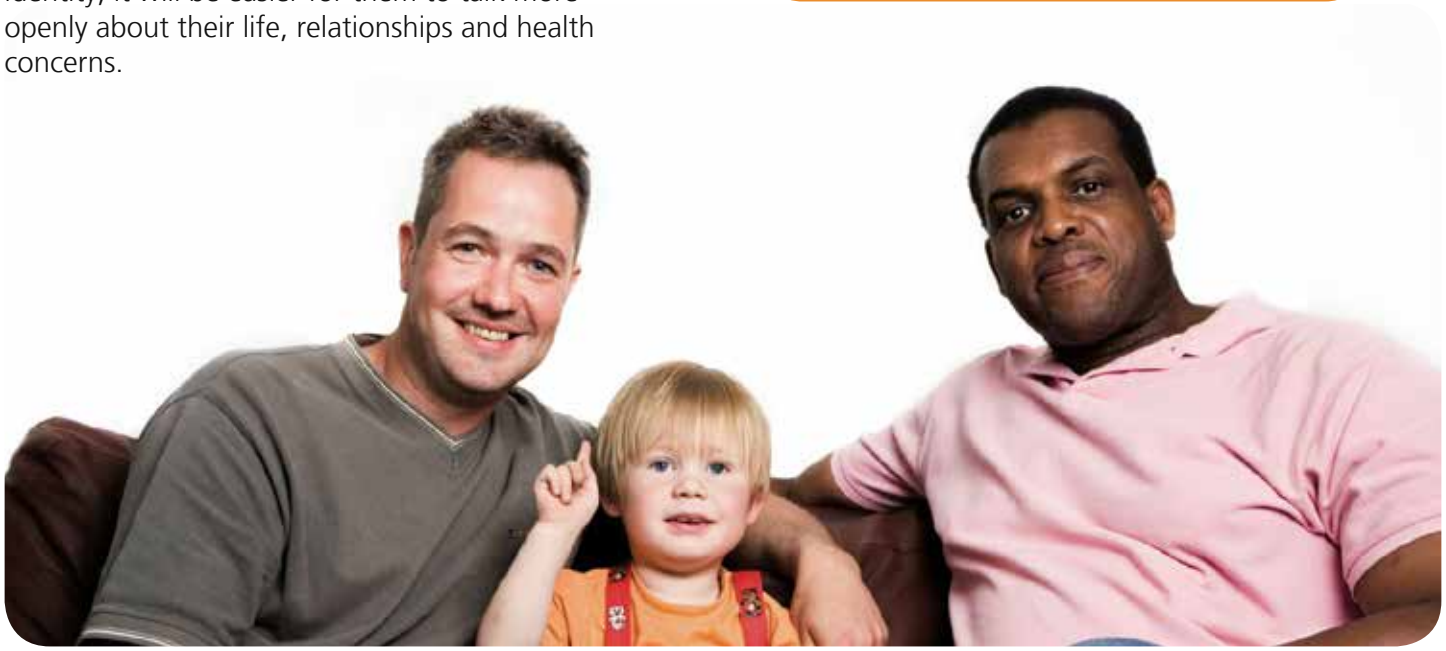
If people are comfortable in letting their doctor know about their sexual orientation and/or gender identity, it will be easier for them to talk more openly about their life, relationships and health concerns.

Less than half of gay and bisexual men are 'out' to the staff in their GP surgery.

20% of lesbian/gay and bisexual women said that their healthcare workers had assumed they were heterosexual.

Almost all LGB people who had told their doctor that they were lesbian, gay or bisexual were happy that they did so.

Over 20% of Trans individuals had experienced discrimination, transphobia, homophobia or unfair treatment based in their gender identity from their GPs and/or other members of the GP practice they use.



Providing excellent care for Lesbian, Gay, Bisexual and Trans* people

You cannot tell whether someone is lesbian, gay, bisexual and/or Trans* just by their appearance. LGBT* people are as diverse a community as the general population. They may be young, old or disabled, from a black or minority ethnic community or from any faith or belief group. They may be living with a person of the same or opposite sex. They may or may not have children.

The only way to know which of your patients are lesbian, gay, bisexual is to ask them. In the same way that your service collects monitoring information on ethnicity, disability etc. you should include a question on sexual orientation as well. For advice about best practice about diversity monitoring, see page 16.

A major issue for lesbian, gay and bisexual people is when healthcare staff presume heterosexuality - this is a real barrier to open dialogue and may suggest to them that the member of staff is at least ignorant of LGB issues or prejudiced, biphobic or homophobic. It is really important to use gender-neutral language when asking questions about relationships etc. (e.g. use the term "partner").

Staff should also ensure patient confidentiality. For some LGB people it will be important to them for their sexual orientation to be recorded in patient notes to ensure that they receive appropriate care. Others, however, will be concerned about who will get to see this information. Consider who needs to know this information and discuss with the patient what information will be recorded and where.

Gender identity information should not be collected and stored unless it is relevant to the clinical case in hand and then only accessible to the clinical lead.

How can you make improvements?

- Ensure that your practice or service is welcoming of and respectful towards lesbian, gay, bisexual and trans* people - consider staff training on the impact of heterosexism, homophobia, biphobia and transphobia.
- Check that any displays, leaflets, service/ practice information are representative of all patients, including your LGBT* patients.
- Don't make assumptions about sexual orientation or gender identity and avoid presumption of heterosexuality unless you are told otherwise
- Be aware of the additional risk factors/specific health issues that may affect lesbian, gay, bisexual and trans* people.

Sexual health for LGB Women and Women who have Sex with Women (WSW)

50% of all lesbian, gay and bisexual women have never been tested for STI's.

A quarter of lesbian, gay and bisexual women who had been diagnosed with a sexually transmitted infection had only had sex with women in the past five years.

Bacterial Vaginosis (BV) is more common in women who have sex with women and can be transmitted between them (commonly by sharing sex toys).

Many women encounter questions around sex that presume they are heterosexual/straight, This can be an alienating experience. Unfortunately many lesbian/gay and bisexual women will have never received any relevant sex education or advice.

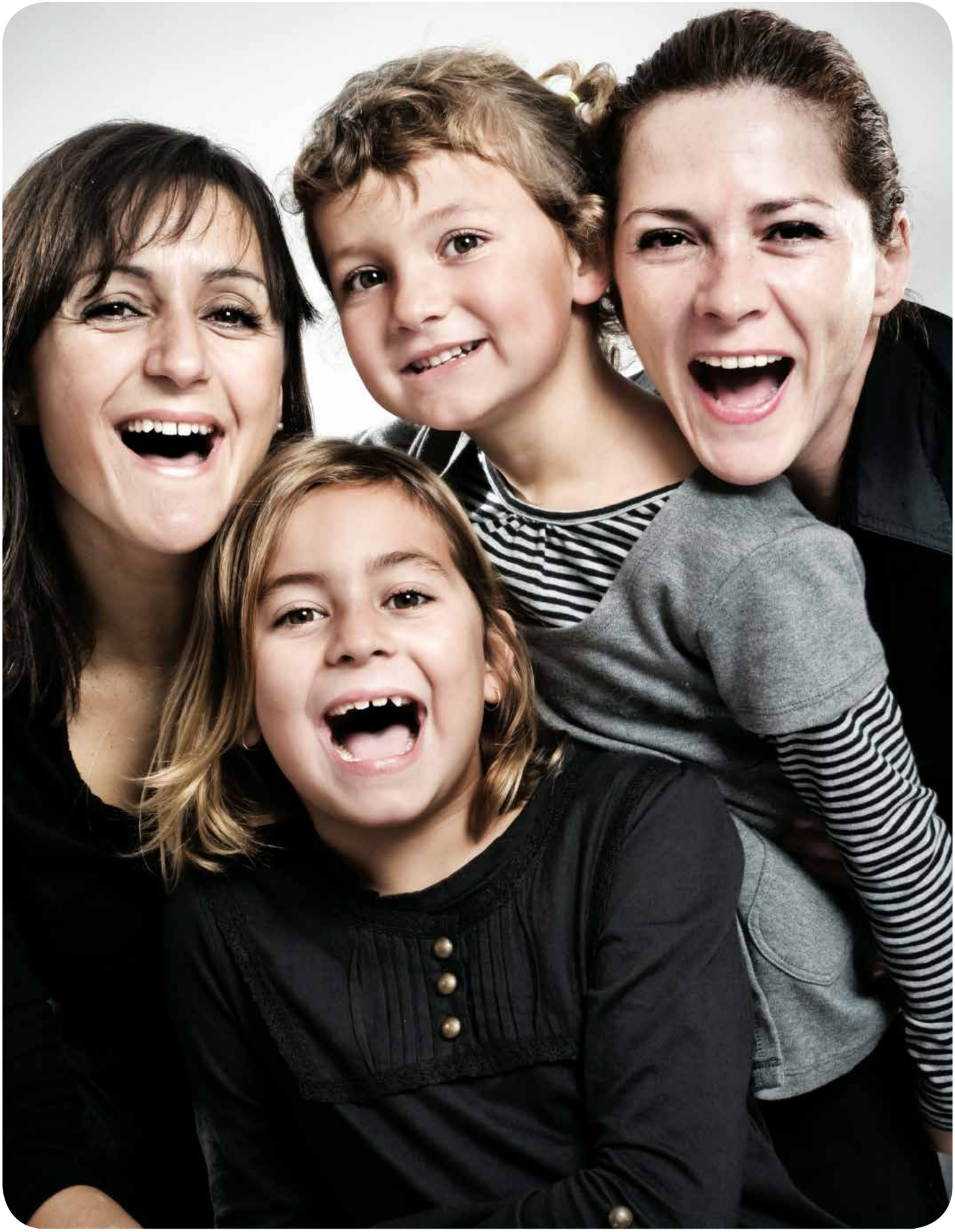
Remember some LGB Women/WSW may have current or previous sexual relationships with men, some of whom may require contraception. Just like all communities, LGB Women/WSW may engage in a wide variety of sexual activities including oral sex, penetrative sex with fingers, hands (fisting) or toys and anal sex. The key is not to make assumptions about the type of sex women have with women.

How can you make improvements?

- Use open questions that don't assume sexual orientation or sexual behaviour.
- Remember BV is more common in WSW and can be sexually transmitted.
- Organise focus groups, for example at Pride events, to discuss patient experiences.
- Be prepared to give relevant safer sex advice.

Safer Sex Advice for Women who have Sex with Women

- Although the risk of transmission of HIV between women is very low, the risk of transmission of other STI's between women, including bacterial infections, genital warts and herpes is still significant.
- Use dental dams for oral-vaginal or oral-anal sex.
- Use condoms where appropriate on sex toys or thoroughly wash sex toys between partners or use separate sex toys for each partner.
- Women should be advised to wash hands before and after sex as some infections can be transmitted by hands, fingers and mutual vulval rubbing.



A practical guide for GPs and other health practitioners

Sexual health for Gay and Bisexual Men and Men who have Sex with Men (MSM)

In England, nearly 50% of gay and bisexual men have had some form of unprotected sex in the last year.

In 2013, 80% of people diagnosed with syphilis were MSM.

1 in 4 gay and bisexual men have never been tested for any sexually transmitted disease.

Men who have sex with men (MSM) are still at a higher risk for HIV infection – 40% of those living with HIV in Britain are gay or bisexual men.

Gay and bisexual men are at higher risk for other sexually transmitted infections (STI's) including syphilis, gonorrhoea and genital warts. Some men who have sex with men do not identify as gay or bisexual, but many still may be at risk. Conversely, not all men who have sex with men will be in a high risk category. For example, some gay men never have anal sex and many gay men are in long term monogamous relationships. Similarly some gay men never have any form of sex.

Post-exposure prophylaxis for sexual exposure (PEPSE) may be indicated for patients who have been exposed to the HIV virus, within 72 hours of contact. PEPSE can be obtained from A&E and GUM Clinics.

Safer Sex Advice for Men who have Sex with Men

- Men should be encouraged to always use well-fitting condoms and water-based lubricant if they have anal sex. Both NUH sexual health outreach and the Health Shop actively work with the LGBT* community and provide free counselling around a range of LGBT* issues, sexual health screening and HIV testing. See Local organisations on page 17.
- Although the risk is lower, HIV and other STI's can be passed through oral sex, particularly if there are cuts in the mouth. Advise men to avoid brushing teeth just before sex and to consider using a barrier method.
- Sexually active men should be encouraged to attend for regular STI testing.
- Men who have sex with men should get vaccinated against Hepatitis A & B.

How can you make improvements?

- Avoid making assumptions about sexual behaviour based purely on sexual identity. If you need to know what kind of sex someone is having, ask them!
- Be prepared to give relevant safer sex advice (see left).
- Consider advising patients about Post-Exposure Prophylaxis (PEPSE).
- Remember that sexual health is about more than preventing the transmission of STI's. Gay and bisexual men and MSM may have other sexual health needs that require investigation/ treatment e.g. erectile dysfunctions or (for men who have receptive anal sex) alternative treatment of haemorrhoids that are having an effect on sexual enjoyment.

A practical guide for GPs and other health practitioners

Cancer

As we know, one in three people will contract cancer in their lives. However, there are certain cancers which may be more prevalent in the LGBT* community, or which lesbian, gay and bisexual people may have been erroneously advised they are not at risk of contracting.

HPV is transmitted in sexual fluids, including contact with genitals, hands or toys and therefore can be transmitted between women when having sex. Despite this, lesbians/gay women are often advised that they don't need smear tests. Some women who identify as lesbian/gay may have had sex with men in the past or have partners who have.

Although the risk of cervical cancer is lower within this group all women should still be advised to have regular smear tests. This includes Trans* men who have not had a total hysterectomy or who still have a cervix.

Some studies show that breast cancer is more prevalent in LGB women/WSW, possibly because they are less likely to have given birth. 20% of lesbians/gay women say that they never self- examine their breasts and only 30% say they do so every month.

Anal cancer is strongly linked to HPV transmission and is very treatable when caught early. The incidence of anal cancer is estimated as high as 37 per 100,000 in gay men/MSM (which is similar to the rate of cervical cancer in women before the introduction of regular cervical smear testing). This rate almost doubles amongst HIV positive men. There is ongoing research into anal smears that shows promise at detecting early anal cancers.

10% of lesbians/gay women have abnormal smears - this includes 5% of lesbians/gay women who had never had penetrative sex with a man.

MSM are 20 times more likely to develop anal cancers than heterosexual/straight men.

One in twelve lesbian/gay and bisexual women aged between 50 and 79 have been diagnosed with breast cancer, compared to one in twenty women in general.

How can you make improvements?

- Ensure that all patients have access to information and screening programmes.
- Advise lesbians/gay women to have regular smears, regardless of whether they have ever had intercourse with a man.
- Encourage all women to regularly self-examine their breasts, and to attend screening sessions if they are over the age of 50.
- Consider discussing the risks of anal cancer with men who have sex with men (many will never have heard of this) and keep in mind the increased incidence in this population. This is especially important for men who are HIV positive or have a high number of sexual partners.

Mental health, self harm and suicide

Gay and bisexual men are over four times more likely than heterosexual/ straight men to attempt suicide.

48% of trans people under 26 said they had attempted suicide, while 59% had considered doing so.

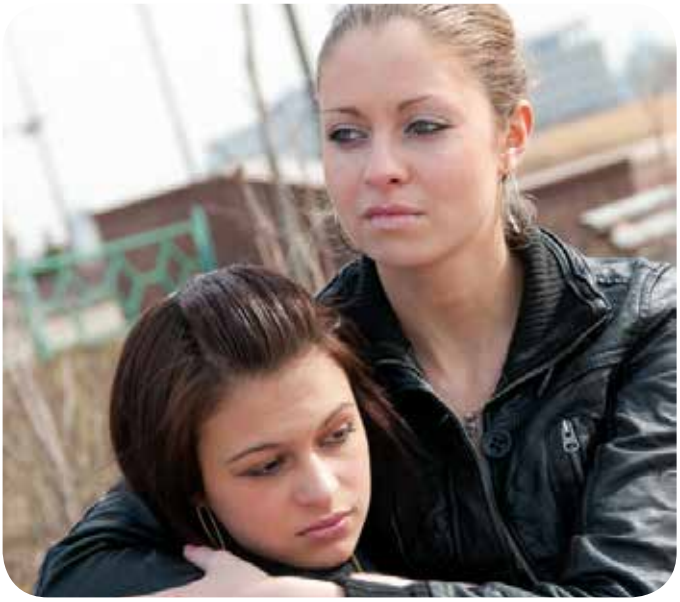
LGBT* young people are four times more likely to self-harm and are three times more likely to suffer from depression than their heterosexual/ straight peers.

20% of lesbians/ gay women have had an eating disorder compared to 5% of all women.

Mental health issues are more frequent in some groups in society because they experience significantly greater stress, e.g. Most LGB people experience homophobia - often repeatedly.

Anxiety, depression, self-harm and suicidal feelings are more common among LGB people than among heterosexual people. Experiences of mental health services are mixed. Many patients report problems ranging from instances of overt homophobia and discrimination to a perceived lack of empathy around sexuality issues on the part of clinicians.

Some LGB people may experience discrimination on multiple levels, for example they may be disabled or older. This can exacerbate the impact on a patient's mental and physical health.



How can you make improvements?

- Be aware that for some LGBT* people, their sexual identity and/or gender identity has a very positive impact on their life.
- Acknowledge that for some people, societal attitudes toward their sexual orientation and/or gender identity and experiences of homophobia, biphobia and/or transphobia may have caused distress. Where possible take time to listen and talk to patients about their experiences, being led by them and what they feel comfortable discussing.
- For many patients at times of distress, referral to a practice therapist will be appropriate. However, some LGBT* patients may prefer to see a therapist who is known to be 'LGBT* friendly' and able to offer specialist advice. Also consider advising to use any local groups.

Drug and alcohol use

Lesbian/gay and bisexual women are more likely to have used alcohol in the past month, are more likely to have episodes of binge drinking in the past year and consume a higher than average of alcoholic drinks than their heterosexual/ straight counterparts.

Gay men and lesbians/gay women are more likely to have used a range of recreational drugs compared with heterosexuals.

Gay men are more likely to take part in poly-drug use (e.g. poppers and Viagra) than heterosexual/straight men.

Research shows that lesbian, gay and bisexual people are 2-3 times more likely than heterosexual/straight people to suffer from drug and alcohol addiction. They are also far more likely to continue to use or misuse drugs and alcohol for longer periods of time than heterosexual/straight people for whom this tends to decline after the age of 30.

It needs to be noted that people experiencing greater than normal stress are more likely to seek relief through drugs and alcohol; this has not been helped by the commercial gay scene traditionally being alcohol-based, and centred around bars and clubs. This has only recently begun to change.

Another issue to consider is the increasing use of party drugs, such as Mephedrone and Ketamine. This is often associated with unsafe sex (or "chemsex").

How can you make improvements?

- Create an atmosphere where patients feel comfortable discussing concerns about substance misuse and are able to seek advice.
- Be aware of increased risks but remember that, as with any population, there is a wide range of lifestyles within the LGB community so avoid making assumptions. Not all LGB people misuse drugs or alcohol.
- Brief interventions can be very effective in helping people to talk about their drug and/or alcohol use.

Getting older

The fear of discrimination, homophobia and ignorance can be a real barrier for some older lesbian, gay, bisexual and trans* people in accessing support.

Many older LGBT* people will have lived the majority of their lives in far less liberal times and this can have a profound impact on their willingness to disclose their sexual orientation and/or gender identity to service providers. Older LGBT* people are unlikely to discuss their sexual orientation and/or gender identity if health and social care staff assume heterosexuality/ gender norms and fail to mention LGBT* issues.

Older lesbians, gay men and bisexuals have significantly diminished support networks when compared to the general older population.

Up to 78% of older LGB people live alone - compared to 33% of the general older population.

Smoking

Lesbian gay and bisexual people are more likely to smoke in comparison to heterosexuals, but are less likely to access services that assist them to give up.

The NHS estimates that 12,000 gay men die from smoking related diseases every year, much more than die from HIV/AIDS.

A study carried out amongst gay and bisexual men for the NHS Smoking Helpline has found that 41% of gay and bisexual men are smokers, rising to 80% for 25-34 year olds - well in excess of the national average of 25%. A further study by Stonewall discovered that just over a quarter of lesbian and bisexual women currently smoke.

Smoking is most common among gay and bisexual men with HIV. They are also the most likely to be heavy smokers - despite higher rates of smoking-related illnesses and HIV disease progression in smokers with HIV.

Older LGB people are five times less likely to access services for older people than their heterosexual counterparts.

One of the biggest concerns for all older people is the possibility of needing residential care. For older LGBT* people this can be an isolating experience - concerns about possible negative reactions from other residents and from staff can lead to them hiding their sexual orientation and/or gender identity and can contribute to isolation and depression

Two thirds of lesbian/gay and bisexual women have smoked compared to half of women in general.

How can you make improvements?

- When talking with a patient who is lesbian, gay, bisexual and/or trans* about their smoking history, acknowledge the possible links between homophobia/ biphobia/ transphobia/ discrimination and the role smoking may play in self-esteem or self-worth belief systems.
- Get community groups involved with stop smoking initiatives.
- Stop smoking information and publicity should reflect the experiences of the LGBT* community and be targeted to areas where LGBT* people meet or socialise.

How can you make improvements?

- Don't assume heterosexuality unless you Know otherwise - use inclusive language about relationships in assessment processes.
- Consider opportunities for maintaining social networks when planning care.
- Be clear about issues of confidentiality - check whether the patient is happy for information on sexual orientation and/ or gender identity to be included in their records/notes.
- Do recognise the enormous impact of bereavement on a gay or lesbian couple, which may have less societal recognition than their heterosexual/straight counterparts.

Monitoring sexual orientation

Why bother?

If you avoid monitoring, you will never have a full picture of the people who use your service. The fuller the information, the more effective and efficient your service can become.

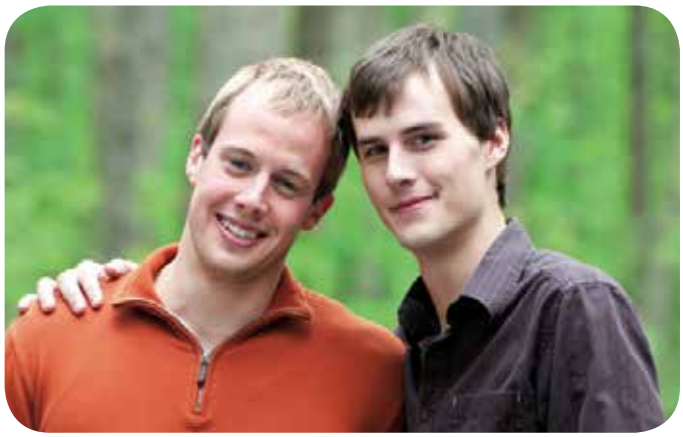
It is important to remember that people from certain groups have particular health needs, for example: there are higher rates of breast cancer among lesbians/gay women; there are higher rates of STI's, particularly syphilis, amongst gay men.

There are several key points to consider when monitoring sexual orientation:

You need to be confident, not apologetic about monitoring and be able to explain clearly why it is important. The booklet "What's it got to do with you?" from Stonewall, provides an excellent starting point. **www.stonewall.org.uk/resources/whats-it-got-do-you**

Many LGB people are sensitive about having their sexual orientation recorded. In the past, insurance companies have been able to gain access to medical records. People need to be reassured that the Equality Act 2010 now prevents this.

There are tested 'dos and don'ts' which can be applied when monitoring.



The "Do's and Don'ts"

The Office of National Statistics has produced some research/advice on monitoring diversity, using the Home Office as an example. When following the procedures set out below, the Home Office increased its success rate in monitoring sexual orientation by over 60%, achieving a 98% rate. (Some of their advice is shown below).

They also provide strategies that encourage a fuller response when monitoring is done by interview. Details of this can be downloaded from the Nottinghamshire's Rainbow Heritage website at:

http://nottsrh.webeden.co.uk/#/monitoring-sexual-orientation/4553686138

They found it to be more successful if headings were avoided and where possible allowed the question to define itself. e.g. did NOT use the heading 'sexual orientation', but "which of the following words best describes you?"

They offered no get outs/prefer not to answer options on all of their questions. Their choices were: "gay/lesbian", "bisexual", "heterosexual/straight" and "other".

They used gay/lesbian together, not separately. The word 'lesbian' is sensitive to those women who do not want to describe themselves as such, but instead identify as gay. They added "straight" to heterosexual as some people would not necessarily know what heterosexual means.

By empirical testing they found that they got a better response to sexual orientation monitoring if it was placed before religion/belief.

Trans* issues

The frequent use of the LGBT* acronym can cause confusion as it suggests a close link between lesbian, gay, bisexual people and trans* people. It is important to remember that LGB issues are those relating to sexual orientation, whereas Trans* issues relate to gender identity.

Trans* people have a particularly poor history of interaction with the NHS. The Equality Act 2010 included gender recognition as one of the protected characteristics, giving trans* people more support and legal protection both during and after the transition process.

Nottingham Centre for Gender Dysphoria

Oxford Corner
3 Oxford Street
Nottingham
NG1 5BH
T 0115 8760160
W www.nottinghamshirehealthcare.nhs.uk/nottingham-centre-for-gender-dysphoria

This service incorporates psychiatric and psychological assessment, endocrine assessment and treatment, and supportive therapy. They work according to their clinic protocol (see the website), which is largely based on the Good Practice Guidelines for the Assessment and Treatment of Gender Dysphoria by The Royal College of Psychiatrists Intercollegiate Committee.

The service has close links with surgical services providing gender reassignment surgery. Referrals are usually made via the person's GP. Referrals from local psychiatric or psychological services are also accepted, although they would like the GP of the person referred to support the referral.

They see anyone over the age of 17 who experiences distress about their assigned gender, but accept referrals of 16 year olds who will be 17 at the time of their first appointment

Trans* support

Nottingham Chameleons

Group for all trans* people meeting on the second and fourth Thursdays of each month, 8pm – 11pm at:

Temple Community Centre
Nottingham Road
Nuthall
Nottingham
NG16 1DP

Nottingham Chameleons welcomes all trans* people and their partners, parents etc. but especially those blossoming for the first time and looking for encouraging support

W www.nottinghamchameleons.moonfruit.com
E nottinghamchameleons@yahoo.co.uk

Websites

Safer sex post sex reassignment surgery

www.thebody.com/content/whatis/art48763.html

Press for change: Transequality

The UK's Leading Authority on Transgender Law
www.pfc.org.uk

Other support groups in the East Midlands and beyond

www.nottinghamshirehealthcare.nhs.uk/support-groups

Local NUH LGB Cancer Survey 2013-14

What is it?

Nottingham University Hospitals (NUH) successfully applied to Stonewall to enrol in their Health Champions Programme 2013-14. This enabled NUH to deliver a programme to try and investigate the needs of LGB patients with cancer, being treated at NUH, in order to deliver better care and support.

A Survey was successfully piloted at Nottingham Pride 2013 and helped refine the project. The results of this Survey helped to inform the education and training programme which over 150,000 cancer care professionals at NUH have participated in so far.

Why this project?

Persistent evidence shows that LGB patients have differing experiences of healthcare compared to heterosexual/straight patients. This may lead to a delay in seeking help. There may also be other lifestyle factors which may increase the risk of developing some illnesses.

A Macmillan Survey of LGB cancer patients identified persistent insensitivities amongst healthcare professionals, which can diminish trust and prevent patients from asking questions that are important to others.

Outcomes

The National Cancer Patient Survey (2013) found differences between LGB and T* and Heterosexual/ Straight people relating to communications as well as respect and dignity when receiving cancer treatment – with more negative responses from LGB and T* people.

Similar themes were identified in the NUH Cancer Patient Survey – although much of the findings related to primary care experience rather than as NUH patients.

How can you make improvements?

Display literature which explicitly makes it clear that LGBT* people are welcome e.g. Stonewalls' "Different Families, Same Care" poster

- Use inclusive LGBT* inclusive language and images on posters, leaflets etc.
- Wear equality lanyards or display a rainbow flag/postcard
- Include partners and carers in all aspects of care
- Provide specific information for LGBT* patients if the particular cancer treatment has relevant differences when applied to LGBT* people.

Positive outcomes

In early 2014 Stonewall conducted a Health Equality Index Survey of LGB patients at NUH.

- 76% of respondents felt they were treated with dignity and respect all of the time whilst being cared for at NUH
- 53% said they felt comfortable telling their health professional at NUH their sexual orientation all of the time.

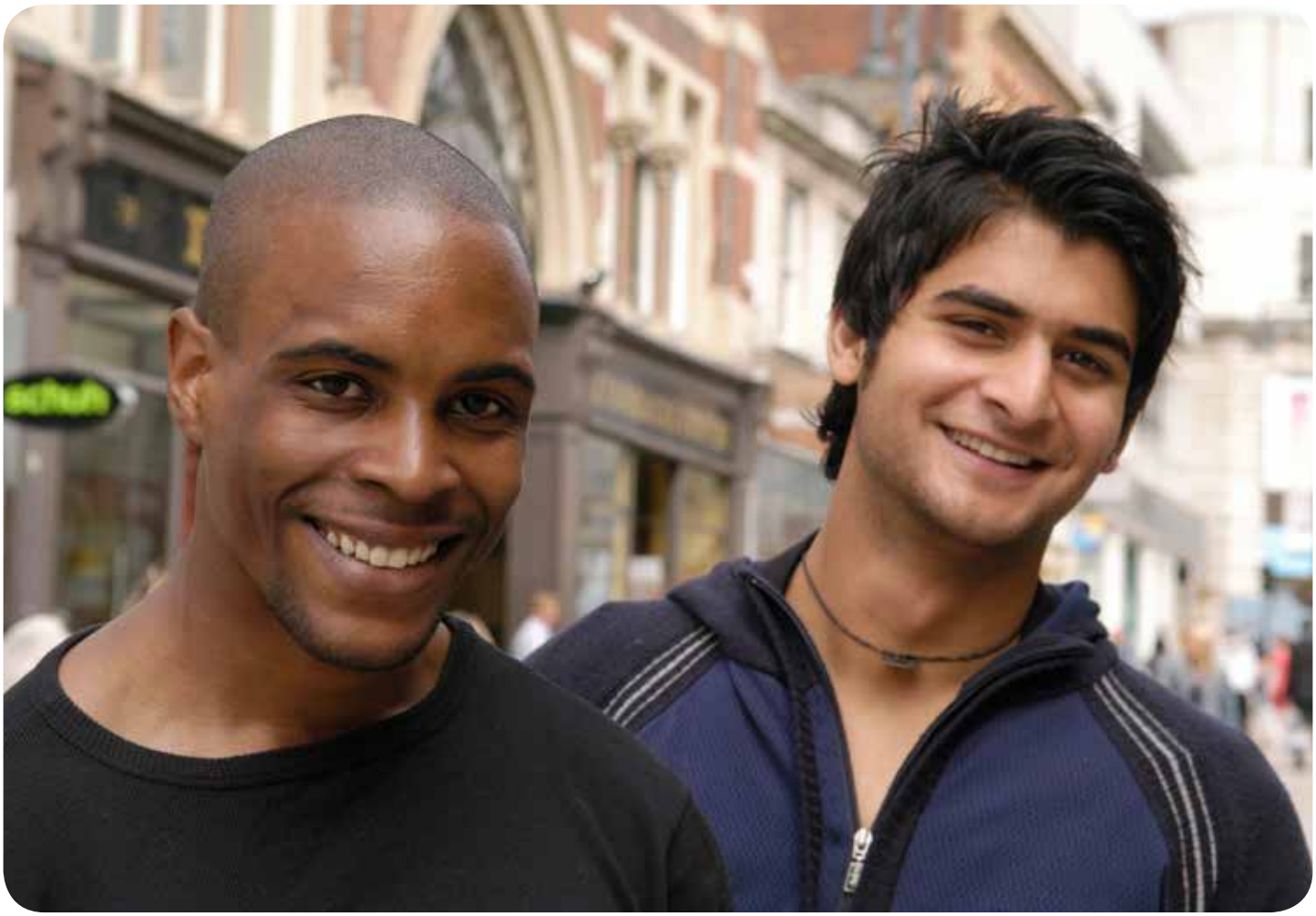
Positive and encouraging feedback but there is still more that needs to be, and will continue to be done.

Local Organisations

To ensure the relevant contact information for this document stays as up-to-date as possible, please follow this link to the Nottingham and Nottinghamshire Lesbian and Gay Switchboard (LGS) www.nottslgs.org.uk/ and click on the 'Nottinghamshire Directory' link on the 'Local facilities' page.

The Directory includes a range of local contacts covering a wide range of areas, including: Services and Support, Social activities and Organisations, Helplines, Legal Contacts, Counselling and Accommodation. This is for LGB and T* people.

We would like to thank our colleagues at LGS for keeping such a wide range of contacts up-to-date and for providing such a valuable service in doing so.



This is the second edition of this guide, which was started up under the Department of Health's Pacesetters Project and Stonewall Healthy Lives Project, which aimed to reduce health inequalities for minority groups and the LGBT* community respectively. Many thanks to those involved in this work over the years from former primary care and community organisations. We gratefully acknowledge the help of all contributors to this latest version, in particular Nottinghamshire's Rainbow Heritage, Stonewall, NUH Sexual Health Services, NUH LGBT staff network and the NUH, Notts Healthcare Trust and CCG staff who compiled and updated the document.

This document is available in different languages and formats.

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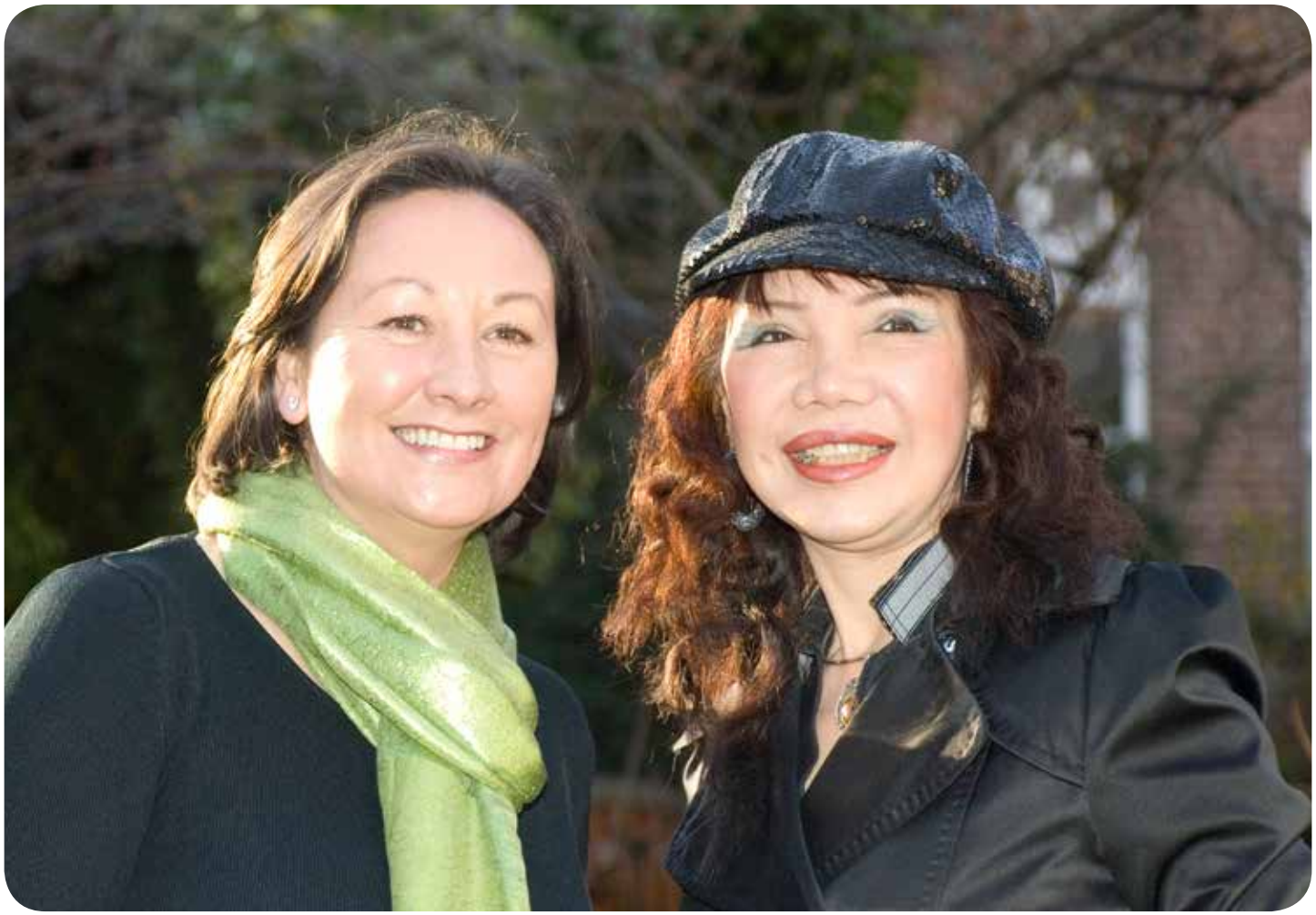

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A practical guide for GPs and other health practitioners