



LGBT+ experiences of using health services

Summary of comments collected between
September - November 2016



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Insight & Intelligence Manager

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1. Thank you

Healthwatch Derbyshire would like to thank Derbyshire LGBT+ who supported this engagement activity. We would also like to thank the participants who gave up their time to talk to us about their experiences.

2. Disclaimer

The comments outlined in this report should be taken in the context that they are not representative of the whole LGBT+ community, but nevertheless offer a useful insight. They are the genuine thoughts, feelings and issues that have been conveyed to Healthwatch Derbyshire. The data should be used in conjunction with, and to complement, other sources of data that are available.

3. About us

Healthwatch Derbyshire is an independent voice for the people of Derbyshire. We are here to listen to the experiences of Derbyshire residents and give them a stronger say in influencing how local health and social care services are provided.

We listen to what people have to say about their experiences of using health and social care services and feed this information through to those responsible for providing the services. We also ensure services are held to account for how they use this feedback to influence the way services are designed and run.

Healthwatch Derbyshire was set up in April 2013 as a result of the Health and Social Care Act 2012, and is part of a network of local Healthwatch organisations covering every local authority across England. The Healthwatch network is supported in its work by Healthwatch England who build a national picture of the issues that matter most to health and social care users and will ensure that this evidence is used to influence those who plan and run services at a national level.

4. Understanding the issue

Healthwatch Derbyshire aims to talk to a wide range of people about their experiences of using health and social care services. As a result, we received a number of comments from the LGBT+ community through our general engagement activity.

Due to some themes emerging in the information we received through this activity, we decided to approach the LGBT+ community in a more targeted way to find out a little more about the issues that were starting to emerge. This took place between September - November 2016.

5. What we did in brief

During these months, engagement officers arranged to attend specific groups run by Derbyshire LGBT+ to talk to the LGBT+ community about their recent experiences of using health services.

Participants were not asked specific questions, but instead were invited to talk more generally about their experiences of using these services. Engagement officers used an aide-memoire as a tool to help them cover a range of topics about a range of different services. Some of the services used are in Derby City, and some are in the county.

In addition to the focus groups, a representative of Derbyshire LGBT+ conducted four semi-structured interviews with individuals who identified themselves as trans*. The interviewer used the engagement officers' LGBT+ aide-memoire to gather the data.

A total of 25 participants are represented in this report.

(*For the purpose of this report, trans is an umbrella term that encompasses individuals that identify themselves as crossdressers, transvestites, transsexuals, gender nonconformity, gender binary, gender-neutral or genderqueer. This definition is not exhaustive).

6. Key findings

There are several themes that emerged from the engagement, which are as follows:

- Lack of LGBT+ magazines, information leaflets and rainbow signs in general practice
- Distrust over referral processes from general practice to gender identity clinics
- Professionals failing to use chosen name and referring to appropriate gender
- Frustration at tendency for professionals to attribute mental health problems to sexuality
- Issues at London Road Sexual Health Clinic, Derby, including access issues, long waiting times, delays in being seen, delays getting results and LGBT+ having to be seen by a doctor
- Positive feedback regarding the sexual health clinic in Nottingham.

7. What people told us

General practice

Participants were largely positive about their experience of general practice, but identified several opportunities for improvement. One such opportunity is that general practice could be more positive towards the LGBT+ community by displaying information and the rainbow sign.

Other feedback was about the need for:

- A clearer referral process to the gender identity clinics
- Better links to mental health services
- Professionals using their preferred name and pronouns.

Allestree Park Farm Medical Practice

The participant initially had trouble getting an appointment with the GP due to the fact they requested a double appointment so they could have time to talk about their gender identity issues, and didn't want to disclose the reason to the receptionist. But they went on to have a very positive experience with the GP, who had a high level of compassion and understanding of gender identity issues. The GP referred the participant to their preferred gender identity clinic and they felt like they had been treated with dignity and respect.

The participant explained that they had been with this practice for a while and had always been treated well by the staff, had regular check-ups and blood tests at the surgery and they were very proactive with it. A GP did a gender recognition certificate. "She looks after me and knows who I am, and a lot of doctors do not understand trans."

Alvaston Medical Practice

A participant had an appointment with a GP in early 2016 where they asked for a referral to a gender identity clinic. The GP agreed to make a referral. However, the participant later discovered that no referral had taken place.

The participant then had a new appointment with a different GP, who subsequently made the referral. The participant felt that the first GP had no understanding or compassion around gender identity, which led to them not making the referral, and the participant didn't feel like they had been treated with dignity and respect. But this was different with the second GP who had a greater sense of understanding and compassion.

Willington Surgery

"When I approached the GP about going on hormones, they said they could not prescribe them but volunteered to refer me to the gender clinic in Nottingham. I did not demand anything; they offered to do the referral as it was a place where I would be able to get the treatment I needed."

Lime Grove Medical Centre

The participant explained that when they were 15 (now 17) they went to their GP surgery about gender identity. They were aware of the clinic in Sheffield but were not old enough to access it at that time. "I don't think the doctor believed I was trans because back then I didn't understand what gender dysphoria was. It's a lot of pressure to prove."

Friar Gate Surgery

The participant explained that one of the main problems is delays in referral from GP to the gender clinic. However, when they went to their GP surgery about transitioning they said the GP recorded the letter on his Dictaphone while they were there, so they knew what would be included in the written letter and knew it would be sent.

The participant felt this gave some trust with their GP. The participant also mentioned that they find it very useful that his practice dispenses testosterone, so they can just go straight to the surgery, collect the prescription and have the injection.

They said the surgery has been really supportive throughout the whole journey. The participant did, however, explain that their injections have now moved from every 10 weeks to every 12 weeks. This means they can no longer book the next appointment and have to wait nearer the time as the surgery can only make appointments up to 10 weeks in advance.

Crags Healthcare

The participant was trans female to male and has a number of prescription medications and felt that when he went to visit his GP he was questioned and made to give reasoning for each drug. “The GP just grilled me for like 45 minutes and I had to try and justify it all.”

Village Medical Centre (Browning Street)

The participant explained that he was trans female to male and went to the doctors with his mum, “As I get really stressed.” He explained that he hadn't legally changed his birth name at the time, however it was in his notes with his preferred names and pronouns. However, the GP dismissed this and carried on calling him ‘her’ and when speaking to his mother the GP was referring to him as ‘your daughter’.

Chatsworth Road

“I asked the surgery if just initials could be shown on the electronic appointment display system, rather than full first name. This was for transgender people whose records may not have been updated and therefore may show a man's name but they are female (trans woman) or vice versa. The surgery had replied to say it may cause confusion if two family members had the same first initials.”

General GP comments

Several participants commented on the lack of LGBT+ magazines, promoting groups on the notice board, or an LGBT+ rainbow sign to show they are LGBT+ friendly. They felt that if this happened people may be more open about disclosing their sexuality.

A few participants were frustrated with the fact they could not be registered at two surgeries during treatment, i.e. when they are in London, without a GP, and have to wait until they travel home.

Communication between GPs and the gender clinics was not felt to be great. “There always seems to be delays in the referral from GP to gender clinic. You have to chase up your GP when they tell you they will make a referral.”

GPs need to link to mental health services fully, as people who identify as LGBT+ have a much higher rate of mental health issues, including a higher suicide rate.

Mental health

One participant spoke about difficulties with staff recognising the gender they identified with on admission to a mental health unit.

Others spoke about their objection to professionals attributing mental health problems to sexuality.

A participant was admitted to the Radbourne Unit in 2015 after undergoing an emergency assessment by the Derby City Mental Health Crisis Team. Upon being admitted to the female ward, despite the assessor being told the participant identified as male, the participant was told by ward staff that 'she' was in the right place. The participant raised the issue with the ward manager who then transferred the participant to a female dormitory on a mixed ward. The participant felt there was no understanding or compassion about gender identity, and felt disrespected and discriminated against by staff with no dignity given to gender status.

"The workers constantly tried to insinuate that my sexuality has a bearing on my mental health."

A participant, aged 17, (awaiting next birthday so they can start her transition) said they had used CAMHS through college which is open access. "It was positive and they were nice."

Nottingham Gender Identity Clinic (GIC)

Many participants gave positive experiences about the gender identity clinic in Nottingham, and understood and accepted the waiting times and delays involved.

One comment made was regarding the need for better understanding between the gender identity clinic and mental health teams, to be able to see and respond to the whole individual rather than just their gender, or mental health.

The participant explained that they did their research prior to visiting their GP and found that the clinic in Nottingham had the shortest waiting time of between six to eight months, so went with them. "They provide what I want in a short space of time."

The participant was referred to Nottingham GIC in early 2016. They were told that there would be a 24-month waiting period before an assessment, but after the assessment by Derby City Mental Health Team the participant was fast tracked into Nottingham GIC and began treatment in June 2016.

The participant felt that GIC has a fully comprehensive understanding of gender identity and feels that he is treated with dignity and respect.

The participant feels that there are serious issues around communication between Nottingham GIC and Derby Mental Health Team. "The clinic look at my gender and understand my gender. Derby Mental Health Team only see my bipolar and neither side look at me as a whole person."

"I was referred to the clinic and always found the treatment I received very professional. If there was a reason that they could not do something they would always tell you why. They gave honest answers and I respected this. I know there was a wait for treatment but I understood this." The participant felt that some people do not accept that they may have to wait to receive services. "Right from the start I was given the full and honest facts about the side effects of the hormone treatment, including mood swings and depression."

“I went for six free sessions of group speech therapy. It was very good and is based around breathing and projection. Unfortunately, because of my long term lung condition I am not able to put it fully into practice as I have difficulty breathing. I thought it was good that it was in groups as I got to meet other people who I still keep in touch with.”

Becoming parents

Participants spoke about their experiences of receiving in vitro fertilisation (IVF) and difficulties with eligibility at some trusts.

Participants in a same-sex relationship with children also spoke about a tendency for professionals to assume that they are siblings, rather than a couple.

“We recently took our child for their two-year check. We would like staff not to assume that if two females attend the appointment they are sisters. We are a couple and have been together for 13 years. If this could be addressed within staff training so that they are aware that families can be of many and varied formats.”

“I have had IVF for both of my children. I am in a same-sex relationship and seven years ago when we first looked into this we were not able to go to the Royal Derby as we could not prove our infertility and that we had been trying for a baby for two years. At Royal Derby we could not even access this service privately.

“We were able to use the service at the Queens Medical Centre and we initially tried intrauterine insemination. Unfortunately, this did not work and we were entitled to one free cycle of IVF. This worked and we had our son five years ago.

“The staff at the Queen’s Medical Centre were wonderful. They were very supportive and we were never treated differently being a same-sex couple. I had my second child using one of the frozen embryos from the IVF cycle and we now have our second child who was born 10 months ago. This was also at Nottingham.”

Sexual health (GUM) clinic - London Road, Derby

Comments about this service were predominantly negative with many issues raised, including concerns around the access to the clinic, long waits when people arrive and lengthy waits for appointments.

Several participants said that the GUM clinic changed their contact number without telling anyone.

“It used to be a separate entrance for men and women but now it is just one entrance.”

The participant said, “If you are LGBT+ you are put on a different appointment system. I identified as gay by ticking the box and then they think you have to see a doctor if you are gay. I was given no explanation as to why I needed to see a doctor; I was only going for a blood test. You should only have to see a doctor if there is a specific issue.”

“Why do gay men have to see a doctor, why can we not just leave a sample with a nurse? I went recently and had to wait over four hours to be seen and people were seen before me. I also saw five people leave the clinic as the wait was so long. People are potentially being put at risk if people carry out risky behaviour if they cannot get the test and results

quick enough. There needs to be clearer information on how the system works. The location is also not very nice or friendly and reception staff do not treat people very well.”

On a visit, the participant noticed a piece of paper used by the clinician which said, ‘Is gay - need to check HIV status’. The commentator was not happy with this regarding making assumptions that an HIV test would be needed.

The website states they have drop-in sessions. One man visited the clinic and when he arrived there was a huge queue as it was very busy. Everyone is now combined (not separated for men and women) and there is a lack of confidentiality as people can hear what you are there for. The man explained he was unable to see a nurse/doctor when he attended the drop-in clinic. He tried to make an appointment and was told this would be in three and a half weeks. He ended up going back the next day to get tested but then had to wait seven to 10 days for the results (which he explained it used to be within four days).

“The clinic does not do ‘quick screening’ when it is advertised that they do.”

“I went to the drop-in clinic and they were too busy. They said I could sit and wait but I was able to make an appointment for 1pm the next day and I was seen within 10 minutes.”

A number of participants explained that when they go to the clinic they have to see a doctor which they find frustrating as they either have to wait longer or come back another day. “It’s a quicker service if you do not declare you are LGBT+.”

“If you have to go to the clinic, some people would have to take a full day off work because you don’t know how long you will be waiting.”

“The results line is not on their website.”

“I went in during the morning and the only time I could be seen was 6:30pm; it is ridiculous.”

“Derby is advertised that it is open all day long.”

Royal Derby Hospital

Participants were predominantly positive about the treatment they had received and the attitude of staff at Royal Derby, feeling that they had been treated with dignity and respect.

The exception to this was from one participant who felt that staff could be ‘nosy’ about being transgender, and this was an infringement on privacy.

The participant had a scan on their stomach, so went to the hospital as an outpatient. “It was great, they didn’t call me he, she or it, and they just got on with it.” The participant felt that they were treated with dignity and respect.

The participant explained that he went to Royal Derby to see a spinal consultant to have a discussion about surgery and said, “I told him I was gay and he automatically asked if I had HIV.” The participant said although this was an assumption, he was not offended by the question and said, “At least I knew he was being thorough.”

“I feel that when I go in to hospital for treatment which is not related to being transgender, I still get asked about being transgender. I do not understand why it is always relevant to the individuals. Are they just being nosy? They do not respect my privacy.”

“The hormone treatment I take can have an adverse effect on my kidneys but the consultant said that this should not be changed as the impact on my life would be so detrimental if I no longer took this. I felt that the consultant had really understood and considered my wishes. The team looked at the other medications I am on that can be changed that also potentially make my kidneys vulnerable.”

Trans specific issues

A number of trans specific issues are covered here, such as difficulties accessing contraceptives for a trans female to male, and referral/communication difficulties surrounding GICs.

The commentator explained that he is trans female to male and found it very difficult to access female contraception. He explained that he is on testosterone gel, however he still needs birth control. “Some professionals do not understand what they can do for me and then others want me to explain my life story which is often irrelevant as it seems it is personal curiosity.”

Several participants felt there was poor communication between GPs, GICs and mental health services which has often left people without the support they need to stay well during transition.

“There is poor communication between my GP surgery and the gender clinic. The surgery has lost many of my notes, letters and test results from the clinic. It feels like I have to be in charge of my own care and chase up the surgery so the information is passed correctly between the surgery and the clinic. The administration and communication is very poor. The surgery should be making sure this is kept up to date so the clinic knows my blood test results, etc.”

“Most GPs in Derbyshire seem to refer to the Nottingham clinic; a choice is not given for Sheffield or Manchester. The models and ethos in place at the two clinics are very different and this should be shared with people who are wanting a referral to help them make the best decision for them.”

“As part of the transition and because I said I had some mental health issues, I had to go through a year of counselling before I could start transition as they had to see if I was just depressed rather than had dysphoria. I now tell other people who are starting the process not to say if they have mental issues as it will delay the process of accessing hormones and surgery.”

Sexual health (GUM) clinic - Nottingham

Unanimously positive feedback was received about the sexual health clinic in Nottingham.

“It is a good service. I phoned up midday for an appointment and I was almost offered one straight away. I wish the service in Derby was better to save me going across to Nottingham.”

“The way things are organised is excellent. I know that the staff are working under extreme pressures but they are all friendly. The staff are all amazing. It is a much better system than at Derby.”

8. What should happen now?

- Health services to be LGBT+ friendly, considering steps such as having magazines, information leaflets and displaying rainbows
- Address the range of issues raised about the sexual health clinic at London Road, Derby
- Tackle reasons for distrust in referral processes
- Consider training/awareness raising for staff, covering topics such as:
 - Using chosen name and gender
 - Ensuring gender-appropriate accommodation
 - Increasing awareness of frustration caused if professionals attribute mental health problems to sexuality
 - Not assuming that same-sex parents are siblings
 - Not asking personal questions that are not relevant.

9. Service Provider Responses

Sexual health (GUM) clinic - London Road, Derby - Derbyshire Community Health Services NHS Foundation Trust (DCHS)

DCHS welcome the feedback provided from this Healthwatch report and are concerned that the experience of LGBT+ service users using the clinic has not always been positive. The Integrated Sexual Health Services listened to this feedback and also that of other clients and have undertaken the following improvements and changes as a result:

1. We have introduced an amended clinic schedule. This revision to the timing and provision of different clinic lists has introduced a greater number of walk-in appointments each day and reduced waiting times for clients attending booked appointments.
2. Additional call handling lines have been added to the central booking line. This has increased our ability to handle a greater volume of calls and be more responsive to client enquiries. We have moved from two to three lines operating between 8am and 8pm Monday to Friday, and 8am to 1pm on a Saturday.
3. We have upgraded our call handling system to enable us to understand whether calls are answered or missed. We now have a service standard to call back, on the same day, anyone who has left a message.
4. We have put up clear signs in the waiting room to enable people to see who is in charge of the clinic and the current waiting times for both walk-in appointments

and booked appointments. The signs explain that walk in clients may wait longer than people with a booked appointment time who arrive after them.

5. We have protected times for our clinical staff to ensure they are able to deal with test results within the national standards for notifying clients of their results.
6. To allow greater privacy to clients in the reception desk area, we have put up signs which tell people that they can ask to be seen in a separate area to discuss their individual requirements in privacy. We have also introduced a screen in front of the reception desk to improve privacy.
7. To support clients to tell us why they wish to be seen in the service, we now have charts which explain the range of services we offer. Clients can point to the service they need rather than having to explain their request in full. This is another way that we have improved client privacy at the front desk. The effectiveness of these interventions is being monitored. The early feedback suggests that these steps are improving the experience of our clients.
8. We have improved our website information to ensure it accurately reflects the service offered at all times.
9. Our reception staff and call handling staff have undergone customer care training to ensure that they are confidently delivering high quality care to all of our clients.

We are concerned to hear that some of our LGBT clients feel that they are not being treated equitably regarding the need to be seen by a doctor. The national guidance which the service operates to identify higher risk groups (for example men who have sex with men). The guidance requires that these clients should only be seen by appropriately qualified specialist professionals. For this reason some of our LGBT+ clients will be referred onto the clinical lists run by our specialist nursing or medical staff.

We understand that some of our LGBT clients would prefer a separate waiting area. Extensive refurbishment work was undertaken between May and August 2016 to improve both the clinical and waiting areas of the clinic. The provision of the shared waiting area was the response to the requests made by our commissioners to move from single sex waiting areas to shared facilities. The commissioners make recommendations to the providers on service content and requirements in accordance with national evidence or local service user feedback from consultations with this client group. This requirement to provide shared waiting areas was as a result of the consultation which the commissioners conducted with service users prior to the development of the current service specification. We have discussed this feedback with our commissioners and are currently exploring our ability to offer single sex clinic times in order to respond to this latest client feedback provided within the Healthwatch report.

We hope that the above explanation of the actions we have taken provides assurance to Healthwatch Derbyshire that we continually welcome feedback from our service users and act on it in order to improve service delivery. We are closely monitoring the impact of the recent actions and are confident that once the changes are fully embedded all our clients will have a better experience of using the sexual health services at the London Road site.

We continue to welcome feedback at any time as it improves our ability to ensure a positive experience for all clients using our services.

Carolyn White
Chief Nurse and Director of Quality
Derbyshire Community Health Services NHS Foundation Trust
25 May 2017

Southern Derbyshire CCG (on behalf of Derbyshire CCGs)

In terms of this report we found it to confirm some of the issues we have been aware of in terms of both local and national experiences of the LGB&T communities.

This report updates the previous work undertaken 2013 in relation to health inequalities for the LGB&T communities by NHS Arden & Greater East Midlands Commissioning Support Unit (Southern Derbyshire CCG (SDCCG) as a Local Service Agreement NHS Arden & Greater East Midlands Commissioning Support Unit (GEMCSU)).

Since reading this report:

We have liaised with the Equality and Human Rights Lead in GEMCSU, who has made a number of recommendations detailed below which the CCG will explore further.

- The CCG formally reviews the report and its recommendations specifically (but not exclusively) in terms of Primary Care
- Review its own links with the local LGB&T communities
- Consider how the CCG can address the concerns raised
- Develop an activity plan of what and when the CCG can do to ensure that services in Derbyshire are LGB&T inclusive where relevant.
- Look at whether Healthwatch are able to support the CCG to facilitate this work

Chatsworth Road Medical Centre

The practice is always open to any suggestions or comments from various sources which would ensure that our patients receive an excellent service. We always strive to meet the medical needs of all our patients with dignity and respect.

When the practice has been informed of any name change (due to gender transition) this is always dealt with swiftly and respectfully. Once the name change has been authorised by the Health Authority this is amended on the clinical system and from this point the patient will always be addressed as such. Unfortunately the calling system cannot call patients by a 'known as' name but only by the name that the patient is registered under.

After discussion with the GPs it was felt it would be unsafe to call a patient by their first initial followed by a surname as this would not be specific enough and could lead to clinical errors.

Derby Teaching Hospitals NHS Foundation Trust

Derby Teaching Hospitals NHS Foundation Trust would like to thank Healthwatch for their feedback, as it is essential to improve our services for our patients and staff. We are pleased at the overall positive responses and look to explore the negatives ones closer.

The Trust is committed to equality of opportunity, both in the provision of services and in its role as an employer. The Trust has an inclusive approach and a culture that values difference. All employees, patients and visitors have the right to be treated with fairness, dignity and respect. The Trust expects that individuals who are undergoing, or have undergone, gender reassignment will receive the same respect and fairness in treatment as any other person. To ensure that commitment to equality and equal opportunity is a main focus over the coming months, an inclusion committee has been set up. This comprises of senior staff in the Trust and the aim is to ensure that the Trust is taking all possible actions to ensure that this issue remains a priority.

We apologise that the patient who commented felt that staff were being nosy and did not respect the patient's privacy when asking about being transgender. We have confirmed with senior clinicians that clinically a doctor would need to ask specific questions about the gender reassignment, as they would need to full understand the full hormone medication history and any issues, to continue treatment that may be irrelevant to the gender reassignment. However, we are very keen to continue to learn and would be very happy to meet with this patient to establish any ways we can improve their experience in the future.

Jim Murray
Deputy Chief Nurse
Derby Teaching Hospitals NHS Foundation Trust

Nottingham University Hospitals NHS Foundation Trust (NUH)

Thank you to the patients and public who have provided feedback regarding their experiences at NUH. Thank you as well to Healthwatch Derbyshire for compiling this report.

We would like to address some of the issues raised in this report about various local Trusts by responding directly to specific comments made about our Trust and to outline how we at NUH approach LGBT awareness.

At NUH we provide diversity and equality training to our staff, including inclusive language and behaviour. In response to patient feedback we have aimed to increase LGBT awareness, including displaying Stonewall posters prominently in patient and staff areas to encourage staff to not make assumptions about our patients or their relationship status, and to use inclusive language, such as using 'partner' to be inclusive of everyone.

Although the comments made about NUH in this report are positive, we know LGBT experiences can still be an issue and that there is more work to be done. We are looking at issuing further communications to staff about inclusivity to promote 'different families, same love'. NUH have also partnered with South Nottinghamshire Clinical Commissioning Groups and Nottinghamshire Healthcare NHS Trust to produce a document called 'In the Pink - providing excellent care for LGBT people in Nottingham City and County', which is a practical guide for GPs and other health practitioners.

Services which have been mentioned specifically have provided their own responses to the feedback in this report, which are included below.

Thank you once again to everyone who took part in this report for highlighting these important issues.

Kind regards,
Giles Matsell
Head of Equality and Diversity
Nottingham University Hospitals NHS Trust

In response to comments about fertility treatment at Nottingham University Hospitals:

I would like to thank the patients who have provided this feedback regarding LGBT experiences within our fertility department based at Queen's Medical Centre, Nottingham. It's heartening to hear that our patients have had such good experiences within our service.

While we strive to provide the best service we can and to understand individual couple's and patient's needs, there is always more to be done to change cultural awareness and availability of treatments. That being said, it is good to get such great feedback and to know that patients have been able to access treatment successfully at NUH, and are happy with the service provided. It is also imperative that we at NUH are able to maintain this unbiased approach to our patients and continue to provide high quality care enabling diagnostic and therapeutic facilities.

IVF providers such as NURTURE and CARE are independent organisations in Nottingham that undertake IVF fertility treatment on couples referred from NUH when other fertility treatments have been unsuccessful. As NUH doesn't directly offer IVF treatment it is likely that some of this feedback will relate to these organisations. We have let them know about the positive comments which have been made in this report, for which they are thankful. They did acknowledge that there are barriers to providing an equal service to LGBT patients when it comes to fertility, largely due to funding and cultural awareness of the specific issues that affect LGBT couples, and that these need to be addressed to ensure we are doing the best we can for our patients.

While I acknowledge that the comments in the report about our service are positive, if any of our patients have any feedback they wish to discuss, or any suggestions to improve our service, we would welcome the chance to have a discussion. The best way to do this would be to contact our Patient Experience Team in the first instance on 0115 924 9924 ext. 66623 or QMCPET@nuh.nhs.uk.

With Kind regards,
Dr Shilpa Deb. Gynaecology Consultant and NUH Fertility Lead

In response to comments about experiences of our Sexual Health Service:

Comment	Response
“It is a good service. I phoned up midday for an appointment and I was almost offered one straight away. I wish the service in Derby was better to save me going across to Nottingham.”	Thank you for these positive comments. We have a mixture of booked appointments and appointments bookable on the day to allow for ease of access to the service.
“The way things are organised is excellent. I know that the staff are working under extreme pressures but they are all friendly. The staff are all amazing. It is a much better system than at Derby.”	Thank you for the positive comments in relation to organisation. We have worked hard to make the service accessible and efficient and are always striving to improve

Integrated Sexual Health Services within Nottingham have:

- Worked closely with some of the LGBT community groups in Nottingham and have a proactive health promotion team who signpost into appropriate services
- A non-judgemental approach to all service users and treat everyone with respect
- Counsellor support for patients in relation to sexuality/relationships / HIV diagnosis and support
- Developed service information leaflets in relation to MSM and WSW where staff have had the opportunity to have input into these leaflets
- An IT system that allows for chosen name and gender to be recorded
- Gender specific areas or mixed areas dependent on patient choice.

Regards

Susan Griffiths, Matron, Sexual Health Services.

Alvaston Medical Centre

This report was a useful insight into patient feedback on our services and other practices. We discussed the report at a clinical meeting, and those present agreed that all patients are treated equally regardless of gender. Report to be circulated to receptionists and discussed at a meeting to raise awareness.

We will display information and the rainbow sign as suggested in the report.

Lime Grove Medical Centre

The report was welcomed in the practice. It is difficult to comment on individual cases, without the full details, but understand it can be a difficult time for young people to discuss issues with anyone. Local services for young people in this area have improved slightly over the past few year, but with the pressures of budgetary cuts across the NHS, we can only hope this trend continues.

As far as the general comment about information is concerned, we do have notices with helpline numbers posted in our patient toilets. We have found that patients can be reticent to picking up leaflets relating to more sensitive issues from an open waiting room, but when we put them in the patient toilets, they were frequently accessed.

Derbyshire Healthcare NHS Foundation Trust

Derbyshire Healthcare set out actions as follows:

1. The Trust has recently ratified a new policy to further support and guide our staff to ensure that everyone is treated in accordance with the Equality Act 2010. The Trust will ensure communication of the policy through our policy bulletin update
2. We will ensure that the negative experience in the report is shared with the clinical teams on the Radbourne Unit
3. We will ensure that the teams are appraised of the new policy
4. We will gauge whether there is a requirement for further training and incorporate this learning into integrated Quality Leadership team meetings to ensure Trust wide learning.

Your Feedback

LGBT Experiences of using Health Services

Healthwatch Derbyshire is keen to find out how useful this report has been to you, and/or your organisation, in further developing your service. Please provide feedback as below, or via email.

1) I/we found this report to be: Useful / Not Useful

2) Why do you think this?

.....

.....

.....

3) Since reading this report:

a) We have already made the following changes:

.....

.....

.....

b) We will be making the following changes:

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Your name:

Organisation:

Email:

Tel No:

Please email to: karen@healthwatchderbyshire.co.uk or post to FREEPOST RTEE-RGYU-EUCK, Healthwatch Derbyshire, Suite 14 Riverside Business Centre, Foundry Lane, Milford, Belper, Derbyshire DE56 0RN.