

healthwatch

Merton



**MERTON LESBIAN, GAY, BI-SEXUAL AND TRANSGENDER (LGBT):
COMMUNITY ENGAGEMENT WORKSHOP**





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INTRODUCTION

Healthwatch Merton organised an engagement event for the lesbian, gay, bi-sexual and transgender (LGBT) community. As a seldom heard part of Merton's communities; it was felt that a one off event to establish links and hear issues about experiences of using health and social care services would be valuable to Healthwatch Merton.

The aim of the event was to capture some of the experiences of participants with the purpose of sharing the findings with the Merton Council, Merton CCG and any NHS Trusts mentioned in the workshop.

A secondary objective of the event was to engage Merton's LGBT residents in the work of Healthwatch Merton and broaden our reach across the diversity of the borough.

ENGAGEMENT OF LGBT COMMUNITY

Merton has a LGBT Forum that has been facilitated by Merton Council for a number of years; however this has become dormant for a number of reasons, though the mailing list was used to invite former members to come to the engagement event.

Healthwatch Merton also used the Merton Voluntary Services Council (MVSC) e-bulletin to promote the workshop.

Due to no recognised LGBT organisations in Merton and the youth group 'LMO' run by Shout closing as a result of funding it was difficult to raise awareness with young people who identified with the LGBT community.

HWM reached out to London wide LGBT networks and organisations such as Stonewall, London Friend, LGBT Consortium, Pace Health, Lesbian & Gay Switchboard and other online platforms to engage people in the workshop.

The event secured an attendance of 12 people. They were representatives of the LGBT community and some from interested agencies such as Merton Council, Carers Support Merton and local NHS Trusts.

Four of the participants were from agencies striving to work with the LGBT community, this highlighted the challenges they have faced in Merton in engaging with this community.



WHAT WE DISCUSSED

Health and Social Care Services

As it was an open discussion format workshop; there was no pressure for anyone to disclose any medical conditions openly in the group, if they did not feel comfortable to do so.

The session started with an exploration of what health and social care services participants used.

Everyone in the group was registered with a GP and these were spread around the borough and into Sutton.

The interesting observation was the diversity of NHS Hospital Trusts providing services to members of the group, a large number outside of the traditional commissioning framework for Merton. These included: -

- Charing Cross Hospital Gender Identity Clinic
- Epsom Hospital
- Guys Hospital
- Imperial College Hospital
- Kings College Hospital
- Royal Brompton Hospital
- Royal Marsden Hospital
- St George's Hospital
- St Helier Hospital

One participant also received his carers support services from Prospect Housing as they secured a contract with Sutton Council.



Patient and Service User Experience

Those attending the event were asked to identify good practice and services in their experience.

- (1)** Stonecote Surgery (GP) Epsom Road, Sutton
 - Excellent access
 - Good same day appointment system
 - Ease of access is great
 - Support for diabetic patients has been wonderful
- (2)** Ravensbury Medical Centre (GP) Ravensbury Lane, Mitcham
 - Easy to get appointments
 - Good service and support
 - Offers a choice of hospitals and enables Choose and Book
- (3)** St Helier Hospital and St Georges Hospital
 - Patients using these hospitals reported getting an excellent service and patient experience
- (4)** NHS 111
 - Several people in the room had used 111 and all reported a positive experience
- (5)** Royal Marsden
 - One member of the group had been a recent patient at the Royal Marsden. After a referral from his GP reported a quick turnaround
 - 2 days results
 - They were excellent at arranging follow up and future appointments
- (6)** Ambulance Service
 - Several members of the group had used the Ambulance Service in the last 2 years and all commented on the quality of the service and personnel
- (7)** Prospect Housing Carers Services
 - Sitting service is excellent and allows the carer a break to do shopping etc
 - Overall they provide a good service and support for carers and their cared for



The participants were very balanced in their contributions on patient and service user experience. In many such workshops it is easy to focus on negative experiences and areas of frustration and complaints. There were negative experiences of using health and social care services; some of these were closely linked to sexual orientation and gender identity, others similar to the wider population.

Negative experiences identified by the group were: -

a) Assumptions made about lack of risk for lesbians

Those identifying as lesbian in the group were able to describe a range of NHS experiences where their sexuality had led clinicians to make assumptions about their risk of contracting sexually transmitted diseases (STIs).

Participants had also experienced inconsistencies in smear test enforcement that was put down to a lack of awareness and misunderstanding around female sexuality.

b) Access to Gender Identity Services

Although the Transgender member of the workshop felt she had received wonderful support from her GP, once referred the waiting time for the Gender Identify Clinic was 8 months. During that period no support was offered, so the patient felt very anxious about what was happening.

The patient has now been referred for surgery with the gastro team at St. George's Hospital but at her last appointment had to sit and wait four hours to see the consultant, despite having an appointment.

The focus on gender identity services can often lead to the person's wider physical health being neglected and overlooked. It was felt that many transgender members of the community going under the radar and their health and well-being neglected.

The support groups for transgender members of London's communities are reporting increasing numbers of suicide. At present there appears to be a lack of coordinated regional action to address this issue.

c) Access to Diagnostics and Referral to Hospital

Several of the participants had on-going health conditions of varying natures. The sentiment in the group (apart from the Royal Marsden example in good practice) was that you really need to understand the NHS system and your rights. The more articulate you are the easier it is to get the appropriate service. Several participants felt they really had to fight for what was needed; in many cases a referral, leaving them concerned for those patients who were less able or articulate.



d) Next of Kin Questions

One of the most pressing issues for the group is how the NHS and social services deal with next of kin issues; it was felt this was always a sticking point for LGBT communities.

It was felt there is a lack of clarity about next of kin and nearest relative, as for many health conditions many LGBT community members would prefer the contact not to be their nearest relative. It was acknowledged this was better for planned admissions but still a contentious issue. Asking for responsible adult would be more appropriate would be improved practice if adopted across NHS trusts and social care providers.

e) LGBT Awareness

Overall, the group felt that LGBT awareness was poor across many parts of the NHS and social care. Under the new Equality Duty Scheme II, the NHS has to ensure it is compliant with new legislation. It is making strides to do so with other seldom heard communities such as those who are deaf or visually impaired but the same does not appear to be happening for LGBT patients.

f) Patient Pathway when HIV Diagnosed

The group were able to convey several experiences of where they or someone they knew had been admitted to hospital for heart problems, chest infections or pneumonia and HIV diagnosed. The clinical pathway for dealing with HIV was then complex and not as easy as when someone had been diagnosed at a routine sexual health screening.

g) Hepatitis Screening

Hepatitis A, B and C testing and vaccination at GP level was seen to be a massive oversight on behalf of primary care and in many cases it is not even considered. With growing numbers of Hepatitis C infection in London it was also seen as a gap in screening at sexual health clinics, as it is not one of the regularly tested for infections.



Prevention and Health Promotion

The group felt they saw little information about health promotion and sexual health for adults.

Public Health in Merton invests in sexual health for children and young people in schools and youth services; however the group felt there was a gap in equivalent work for adults.

In Merton they felt there was little visible prevention work around drugs, alcohol and mental health for the LGBT community. The group's experience of their GP surgeries was that many of the surgeries would not take leaflets about LGBT youth groups, and the group felt the borough had a lack of sexual health forums or platforms to disseminate information for adults.

It was felt that a campaign to encourage early testing for HIV in Merton may be beneficial.

The group referenced that in the past there used to be targeted work for LGBT communities such as seminars specifically for Lesbians - it was agreed that initiatives like this were successful and were well attended.

Some central London boroughs have HIV experts in pharmacies but the group were unsure if there are any in Merton – could we roll out a national programme more locally?

Improvements

The group identified and agreed a series of improvements they felt would make a big difference in patient/service user experience locally.

- (1) Improve NHS Services for HIV positive people with physical health problems. The mainstreaming of HIV services was seen to have led to HIV+ people seeing a reduction in the quality of their care and treatment.
- (2) LGBT Awareness Training for staff in health and social care.
- (3) Better policies around next of kin questions in both health and social care.
- (4) An improved support offer for LGBT young people in Merton and how we support them.



RECOMMENDATIONS

As a result of the engagement event, HWM is making a number of recommendations.

1. The LGBT Forum for Merton is restarted and the offer of time on a voluntary basis by some members of this group be used to reinvigorate its leadership.
2. The Sutton LGBT Youth Group is engaged to see how Merton's young people could be supported through a cross borough provision.
3. Health Education South London commission LGBT awareness training for GPs and frontline health and social care staff.
4. NHS Trusts in the area review how they deal with next of kin questions when patients present, so as not to marginalise LGBT communities.
5. The local voluntary sector is used as a vehicle to reach out to adults with health promotion messaging for adults.



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