

# Pride in Practice LGBT Patient Experience Survey 2021



Ashcroft Surgery, Manchester receiving their gold award.



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Dr Michael Brady, National Advisor for LGBT Health, NHS England and NHS Improvement

## Foreword

I am delighted to see that the response to the latest LGBT Patient Experience Survey was bigger than ever and applaud the Pride in Practice team for their continued commitment to creating more inclusive primary care services for LGBT patients. However, the poor experiences of LGBT patients that the survey highlights continues to be a cause for concern, especially as the proportion of those reporting that their GP meets their needs as an LGBT person has been falling over the last few years.

This survey, undertaken in 2021, reflects the wider challenges reported by many when accessing primary care services during the pandemic and, as healthcare professionals, we should be especially concerned when access and experience worsens for populations that already face significant barriers to healthcare. Similar to what we see in other surveys, experience is significantly worse for trans and non-binary people, with fewer respondents from these groups stating that their GP meets their needs. The picture is also worse for LGBT people of colour and disabled LGBT people with both groups reporting higher rates of discrimination and unfair treatment.

There is much for policy makers, commissioners and service providers to take from these findings, but we still need more data and research to fully understand the healthcare experiences of LGBT people. I am pleased, therefore, that sexual orientation and inclusive gender and trans status monitoring has now been implemented in more than 400 practices through the work of Pride in Practice and, I hope, this good practice will soon be the approach used across all services. With this data we can better understand the experiences of our local LGBT populations and also recognise intersecting inequalities. If you want to know more about monitoring and data collection, do check out this guidance: [LGBT Foundation - Monitoring Sexual Orientation and Trans Status](#).

Through education and training, increased visibility, monitoring and data collection, delivering more LGBT inclusive services and developing stronger links with local LGBT communities, Pride in Practice has brought about real change for patients. I can't recommend this programme highly enough and I would encourage primary care providers to get in touch with the team if they'd like to know about the Pride in Practice approach and speak to LGBT patients in their own practice about the improvements they would like to see.

Dr Michael Brady

National Advisor for LGBT Health, NHS England and NHS Improvement

# Key Findings

59% of respondents felt their GP met their needs as an LGBTQ+ person.

50% of trans people felt their GP met their needs.

36% of non-binary people felt their GP met their needs.

76% of respondents felt their dental practice met their needs as an LGBTQ+ person.

53% of non-binary people felt their dental practice met their needs, compared to 79% of men and 78% of women.

73% felt their pharmacy met their needs.

76% felt their optical practice met their needs as an LGBTQ+ person.

Only 64% of non-binary people felt their optical practice met their needs compared to 75% of men and 80% of women.

LGBTQ+ people at Pride in Practice registered GP practices were 18% more likely to say that their GP met their needs compared to people at non-registered practices.

LGBTQ+ people at Pride in Practice registered GP practices were 12% more likely to report a positive response when sharing their sexual orientation with their GP and more likely to report a very positive response when sharing a trans or non-binary identity with their GP.

People using primary care services displaying a Pride in Practice Award, LGBTQ+ posters or literature are 30% more likely to say those services met their needs.

Across all primary care services, Queer, Trans and Intersex People of Colour (QTIPoC) respondents were six times more likely to have experienced discrimination or unfair treatment than white LGBTQ+ respondents.

Disabled respondents were 14% more likely to be regular users of community pharmacies than non-disabled people, and 7% more likely to be registered with a GP practice.



# Pride in Practice

Lesbian, gay, bisexual, trans, queer and questioning (LGBTQ+) people experience poorer health outcomes compared to the general population. Our Hidden Figures report published in 2020 demonstrates that these inequalities persist across a range of issues, including mental health, drug and alcohol consumption, smoking, sexual health, and HIV. Despite these well-documented disparities, many LGBTQ+ people experience barriers to accessing primary care services, ranging from outright discrimination through to supportive healthcare professionals lacking the knowledge or confidence to provide inclusive and equitable care.

**Pride in Practice** is a model for change that utilises strength-based approaches to develop services and organisations across a number of sectors. This model harnesses the lived experience of individuals, best practice guidelines and community assets to initiate meaningful and sustainable change.

As part of this approach, we provide a quality assurance and social prescribing programme that strengthens and develops primary care services' relationships with their LGBTQ+ patients.

Since 2011, **Pride in Practice** has worked with LGBTQ+ people, clinicians, commissioners, policymakers and stakeholders to improve health outcomes and work towards a better standard of care for LGBTQ+ communities.

**Pride in Practice** is endorsed by the Royal College of General Practitioners and the Royal Pharmaceutical Society.



An important part of our work continues to be engaging and training healthcare professionals. Our training and accreditation model provides a safe space for staff to develop knowledge and ask questions, while our dedicated account managers support each individual practice to create a plan for LGBTQ+ inclusion.

Each primary care service that we work with is given the opportunity to achieve a bronze, silver or gold Pride in Practice award for excellence in LGBTQ+ healthcare.



Endorsed by:  
 Royal College of General Practitioners  
 ROYAL PHARMACEUTICAL SOCIETY

Supported by:  
 NHS  
 England

Meeting the requirements of:  
 Care Quality Commission

In line with:  
  
 Equality Act 2010

Fully compliant with:  
 The Information Standard

Since 2011 we have:

Worked with **792** primary care practices



Trained **10,372** primary healthcare professionals



Delivered training to **692** primary care services

**531** Gps  
**100** Dental practices  
**45** Optical practices  
**74** Pharmacies

Presented **387** accredited awards. These have been to:  
**260** Gps  
**48** Dental practices  
**5** Optical practices  
**6** Pharmacies



We have supported the implementation of

Sexual Orientation monitoring at

**423**

Practices

Trans status monitoring at

**407**

Practices

Feedback has been overwhelmingly positive



# LGBT Patient Experience Survey

LGBT Foundation has conducted research into LGBTQ+ people's experiences of primary care as part of Pride in Practice since 2014.

These surveys allow us to highlight the experiences of LGBTQ+ communities accessing general practice, dentistry, community pharmacy and optometry. This in turn helps us to support primary care services to develop their own inclusivity and to better understand the needs of their patients.

The information in this survey will be useful to all those working in primary care services, as well as those who design and commission them. We also intend this data to be useful and accessible to LGBTQ+ communities and LGBTQ+ specific organisations. However, anyone who is working to increase access to healthcare and improve outcomes for marginalised communities should find this report helpful.

Our survey was carried out in the summer of 2021 and received 965 valid responses from people who identified as LGBTQ+ and were living in the UK, making it our largest survey of this kind to date.

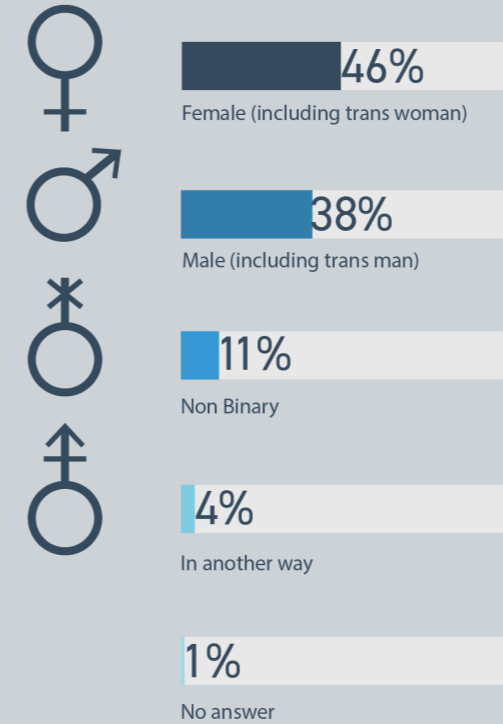
We are immensely grateful to everyone who took the time to complete the survey and share your experiences with us. We couldn't do it without you.



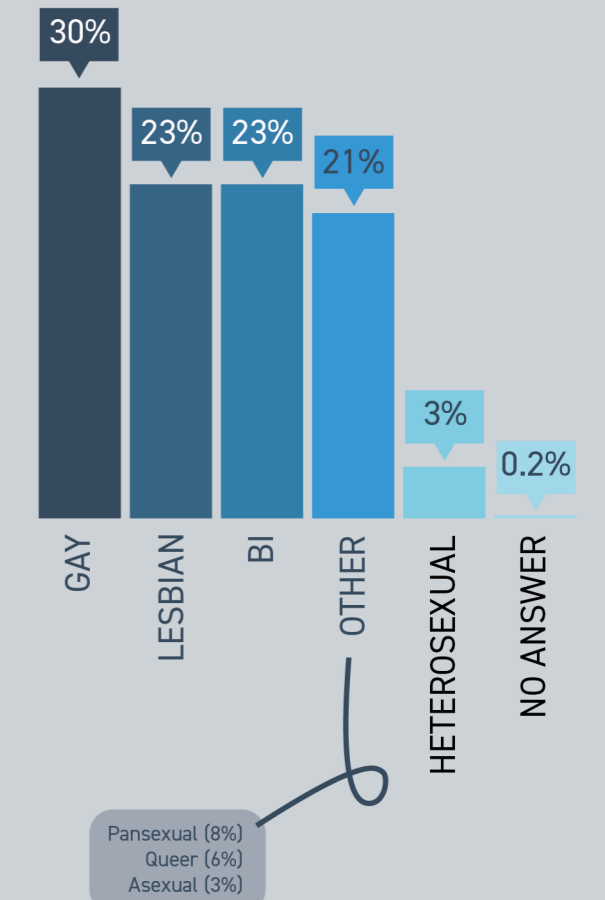
# DEMOGRAPHICS

Total responses **965**

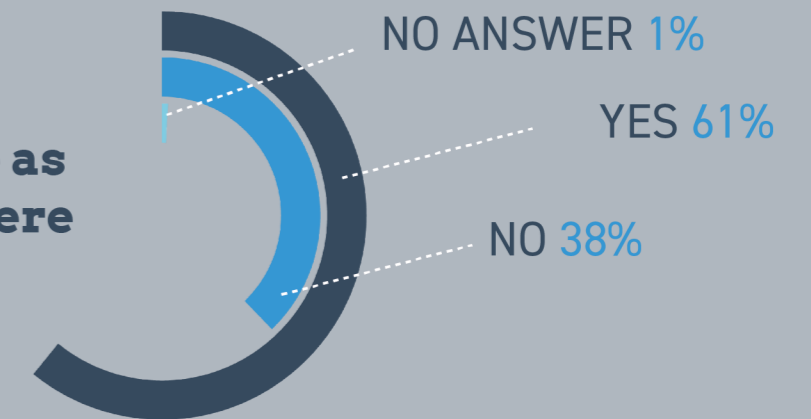
## GENDER



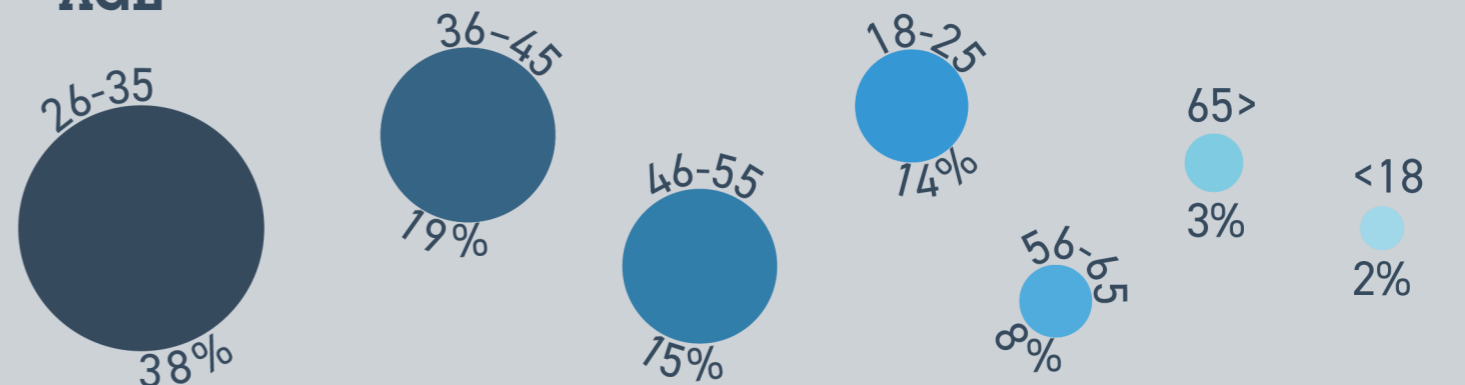
## SEXUAL ORIENTATION



Is your gender identity the same as the gender you were given at birth?



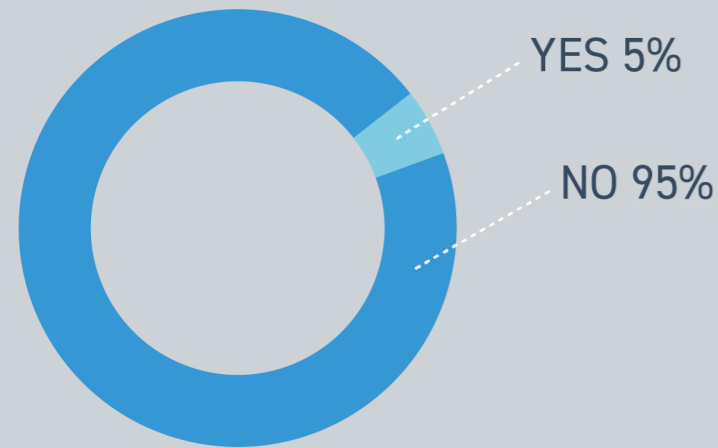
## AGE



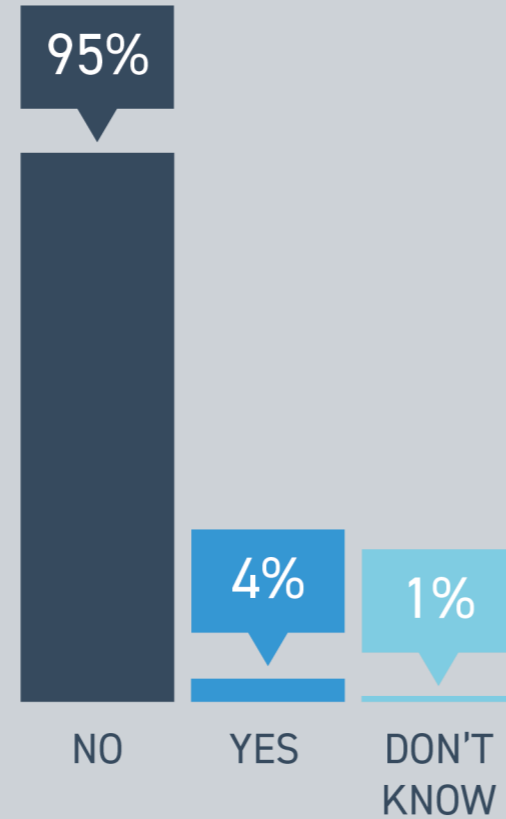
# DEMOGRAPHICS

Total responses **965**

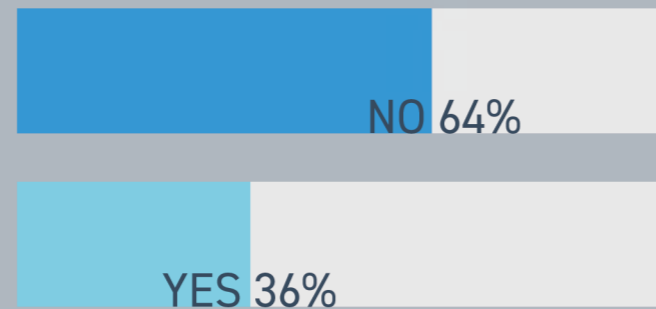
Would you describe yourself as intersex?



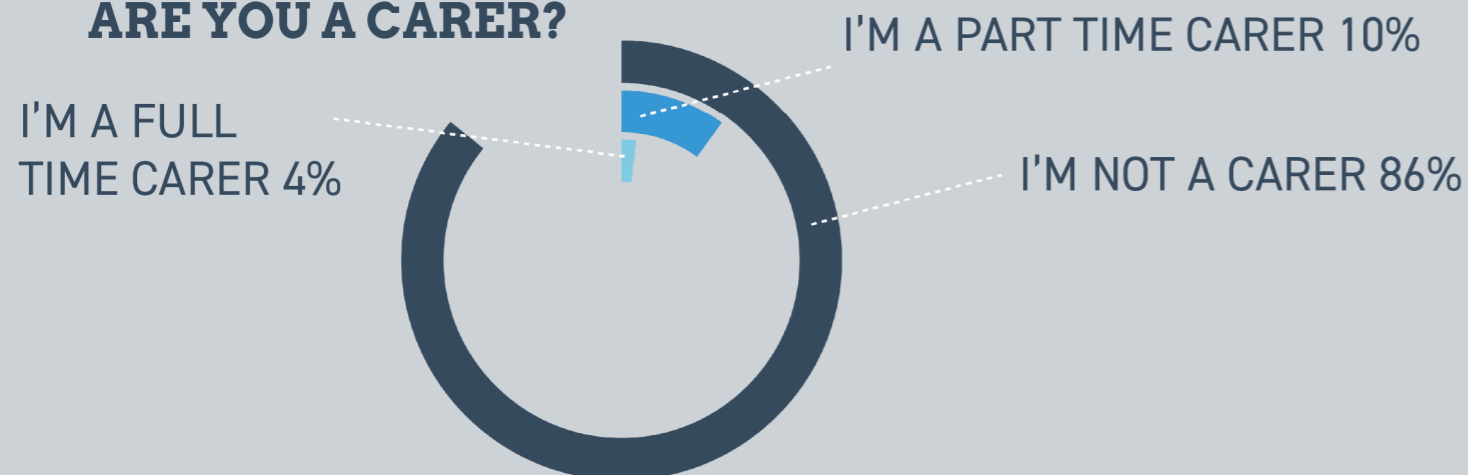
Are you living with HIV?



Do you consider yourself to be a disabled person? (this may include long term medical conditions)



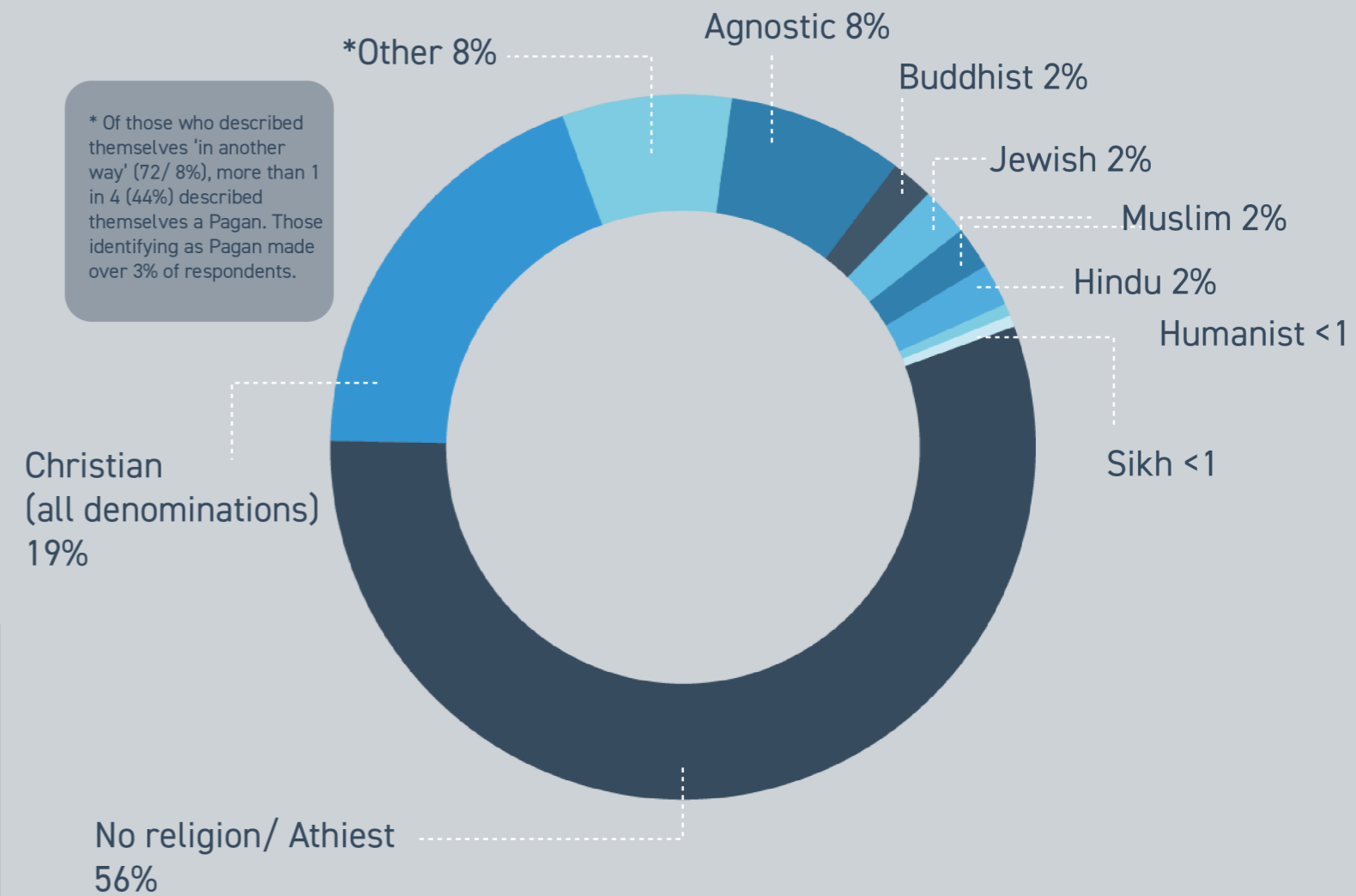
ARE YOU A CARER?



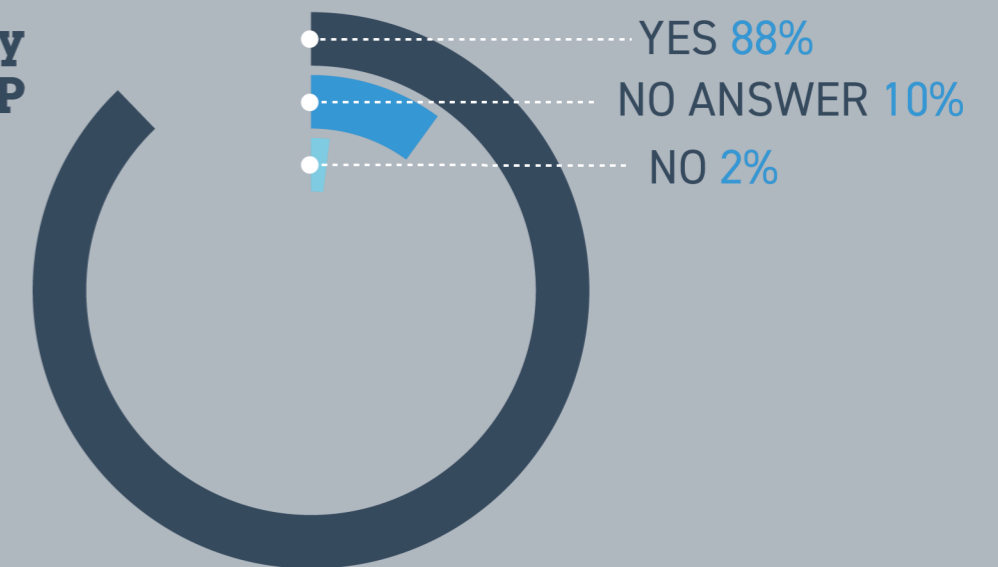
Total responses **965**

# DEMOGRAPHICS

RELIGION

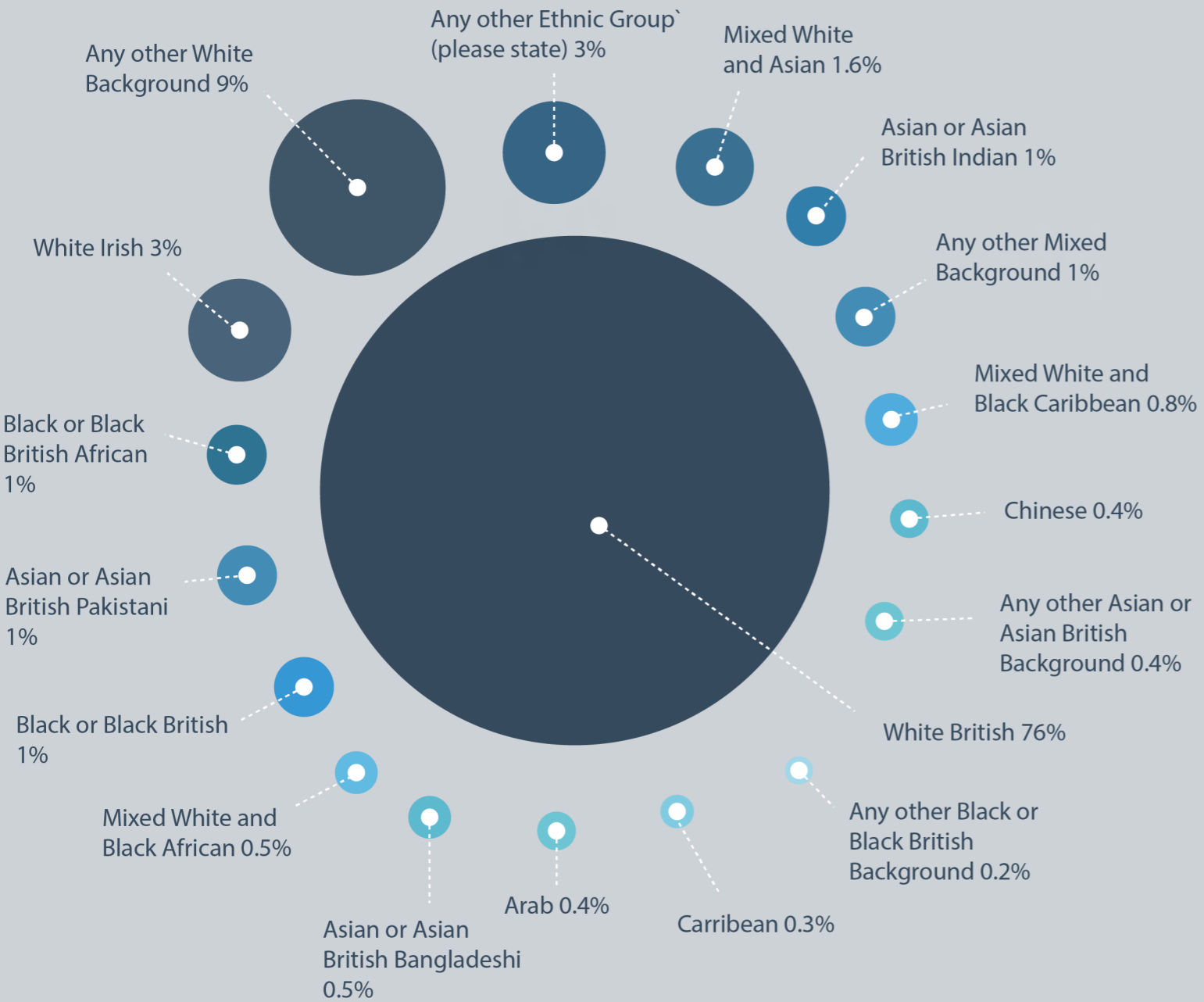


Are you currently registered at a GP practice?



Total responses **965**

# DEMOGRAPHICS



## Access to Primary Care

90% of patient interaction takes place within a primary care setting with over 300 million patient consultations each year compared to 23 million visits to hospital A&Es.

Our Hidden Figures report highlighted that access to care has become more difficult for LGBTQ+ people following the Covid-19 outbreak. Many LGBTQ+ people report being unable to access medication, feeling unsafe in their current living environment, and being unable to access healthcare for reasons unrelated to Covid-19.

This section will explore LGBTQ+ peoples' access to general practice, dentistry, community pharmacy and optometry. It will also examine barriers to access and will take into account intersecting identities.

Our survey found that QTIPoC and disabled LGBTQ+ people often faced more significant barriers to access and had poorer experiences and outcomes compared to white and non-disabled LGBTQ+ people.

97% of respondents were registered at a GP practice, 53.9% were regularly using a dental practice, 64% were regularly using an optical practice and 83% were regularly using a community pharmacy. 1% of respondents were not regular users of any primary care service. The percentages for each of these statistics have slightly decreased compared to our 2019 survey.

Younger LGBTQ+ people are less likely to be registered at primary care services than older LGBTQ+ people. The average age of people not registered at a GP practice was 6 years younger than those who are registered at a GP practice, compared to 5 years younger in our 2019 survey data. Those not registered at a dental practice were on average 7 years younger than those who are, the same as our 2019 survey, and respondents not registered at an optical practice were 4 years younger than those who are, also the same as our 2019 survey. Respondents who did not use community pharmacies were on average 5 years younger than those who did, compared to 8 years younger in our 2019 survey.



# Intersecting Identities: QTIPoC

11.5% of survey respondents were QTIPoC, compared to 7% of respondents to our 2019 survey. Overall, we found that QTIPoC were less likely to have their healthcare needs met compared to white LGBTQ+ respondents.

QTIPoC respondents were over three times less likely to be registered with a GP practice compared to white LGBTQ+ people. QTIPoC respondents were also less likely to be registered with a dentist or optometrist, and less likely to be using regularly using a community pharmacy. QTIPoC respondents were less likely to feel that their needs were met in primary care compared to white LGBTQ+ people.

## GP Practice

QTIPoC were less likely to be registered with a GP practice compared to white LGBTQ+ people. 34% of QTIPoC said that their GP did not meet their needs compared to 41% of white LGBTQ+ people.

QTIPoC respondents were more likely to consider anonymity when choosing their GP practice than white respondents, who were more likely to consider convenience, reputation, and the recommendations of others.

40.4% of QTIPoC respondents had shared their sexual orientation with their GP compared to 38.8% of white respondents. However, only 50.3% of trans people of colour (TPoC) had shared their trans status with their GP compared to 61.8% of white trans people. QTIPoC respondents were nearly twice as likely as white respondents to have experienced discrimination or unfair treatment based on their sexual orientation or trans status at a GP practice. Despite this, only 1 in 10 QTIPoC respondents felt able to make a complaint compared to nearly 4 out of 10 white respondents.

## Dentistry

43% of QTIPoC people who responded to the survey were registered with a dentist compared to 56% of white responders. 75% of QTIPoC respondents felt that their dental practice met their needs compared to 76% of white LGBTQ+ respondents, a gap of 1% compared to the gap of 19% identified in our 2019 survey.

14.9% of QTIPoC respondents had shared their sexual orientation with their dental practice compared to 7.9% of white people. Conversely, only 3.6% of trans people of colour shared

their trans status compared to 11.1% of white trans people. No QTIPoC respondents were ignored when sharing their sexual orientation or trans status, however QTIPoC had a lower rate of positive responses and a higher rate of negative responses to sharing an LGBTQ+ identity compared to white respondents. We found that 28% of QTIPoC who shared their sexual orientation with a dentist had a negative or very negative response, compared to 1.5% of white respondents.

QTIPoC people were ten times more likely to report experiencing discrimination or unfair treatment based on their sexual orientation, gender identity or trans status at the dental practice compared to white respondents.

83.3% of QTIPoC respondents who experienced discrimination at their dental practice felt they could complain or challenge this behaviour compared to 42.9% of white LGBTQ+ respondents.

## Community Pharmacy

QTIPoC were less likely to be regular users of a community pharmacy (77.6%) compared to white LGBTQ+ people (83.6%).

Two out of every five QTIPoC respondents said that their community pharmacy did not meet their needs as an LGBTQ+ person. This compared to one in four for white respondents.

10% of LGB respondents had shared their sexual orientation with a community pharmacy and 25% of trans and non-binary people shared their trans status. Of those who had, QTIPoC were just as likely as white people to have shared their sexual orientation, and just as likely to have shared a trans or non-binary identity.

A similar proportion of QTIPoC and white respondents shared their trans status: 14.3% of QTIPoC and 15.7% of white trans people. Our previous survey found that white trans people were 5 times more likely to share their trans identity compared to trans people of colour.

When they did share an LGBTQ+ identity within community pharmacy, QTIPoC respondents were far more likely to receive a negative response from a pharmacist or staff member compared to white LGBT people. No TPoC respondents told us

about a positive response to them sharing their trans status within community pharmacy. 30% of QTIPoC reported a negative response when sharing their sexual orientation in community pharmacy compared to 4% of white respondents.

QTIPoC respondents faced discrimination at their pharmacy based on their sexual orientation, gender identity or trans status within the past twelve months at a rate over three times higher than white LGBTQ+ respondents (7.4%, compared to 2.5%). This is a change from our previous survey, where the proportions were similar. Of all those who experienced discrimination, 85.7% of QTIPoC respondents felt they could complain or challenge this behaviour compared to 23.8% of white LGBTQ+ people.

## Optometry

Out of all primary care services for which data was collected, optical practices were the only service at which QTIPoC were more likely to be registered (58.8%) than white LGBTQ+ people (55.9%).

72.7% of QTIPoC respondents felt that their optical practice met their needs compared to 76.2% of white LGBTQ+ respondents, a reduced gap compared to our previous survey.

13.8% of QTIPoC shared their sexual orientation with their optical practice compared to 5.8% of white people. Conversely, only 3.6% of trans people of colour shared their trans status compared to 15.1% of white trans people. QTIPoC respondents were significantly more likely to have an overall negative reaction to sharing an LGBTQ+ identity and less likely to have an overall positive reaction compared to white LGBTQ+ people.

9.6% of QTIPoC respondents had experienced discrimination based on their sexual orientation, gender identity or trans status at their optical practice within the last twelve months, compared to 1.2% of white respondents. 7.4% of QTIPoC respondents who experienced discrimination felt they could complain or challenge this behaviour as opposed to 4% of white LGBT people, though it is important to note that 79.8% of QTIPoC respondents who faced discrimination and 83.4% of white respondents who faced discrimination did not answer this question.

# Intersecting Identities: Disabled LGBT People

Out of 963 respondents who answered this question, 36.2% identified as disabled LGBTQ+ people. Across the board, disabled LGBTQ+ people were more likely to be registered at primary care services and less likely to have their needs met compared to non-disabled LGBTQ+ people.

## GP Practice

92% of disabled respondents were registered with a GP compared to 85.2% of non-disabled respondents. This is a change from our previous survey which found fewer disabled respondents were registered with a GP compared to non-disabled respondents. 56.5% of disabled LGBTQ+ people reported that their GP practice meets their needs compared to 60.9% of non-disabled respondents.

44.1% of disabled people shared their sexual orientation with their GP compared to 35.8% of non-disabled people, a change from our previous survey where the proportions were roughly equal. Similar to our 2019 findings, the proportion of disabled and non-disabled respondents who shared their trans status with their GP was roughly the same: 60% for disabled people and 60.1% for non-disabled people. Of those who shared their sexual orientation and trans status, disabled people were more likely to have a negative response from a health professional or have their disclosure ignored compared to non-disabled people.

Over the past twelve months, 11.2% of disabled people faced discrimination based on their sexual orientation, gender identity or trans status at their GP practice compared to 8.8% of non-disabled people. This is a drop of roughly 3% for disabled people compared to our previous survey, while the percentage for non-disabled people has stayed the same. Out of those respondents who faced discrimination, more disabled LGBTQ+ people (43.6%) felt they could complain or challenge the behaviour than non-disabled LGBT people (37%), which is a reversal of our previous survey where

disabled LGBTQ+ people were less likely to feel they could complain or challenge discriminatory behaviour.

*“I am disabled and housebound, but sexually active when I can be. It is high impossible to attend [the only STI-clinic in my area]. I need sexual-health support at home or via video-chat. There has never been any offer of any LGBTI support services. But then again, I am disabled and chronically ill, and no support services have been offered in relation to this area neither.”*

*56 year old, demisexual cis man, Trafford*

## Dentistry

Disabled respondents were slightly more likely to be accessing dentistry; 50.4% of disabled respondents were registered with a dentist compared to 47.2% of non-disabled respondents. However, disabled respondents were less likely to feel that their dental practice met their needs as an LGBTQ+ person; 72.6% of disabled respondents felt that their dentist met their needs compared to 78.2% of non-disabled respondents.

10.9% of disabled people shared their sexual orientation with their dentist compared to 7.2% of non-disabled people, and 10.7% of disabled trans people shared their trans status compared to 10.1% of non-disabled trans people. Of those who shared their sexual orientation, disabled people were more likely to have a negative reaction or have their disclosure ignored compared to non-disabled people. This is different to our previous survey where reactions were similar for both disabled and non-disabled people. No disabled or non-disabled respondents reported a negative reaction from a dentist when sharing their trans status, although disabled respondents were more likely to be ignored when sharing their trans status.

2% of disabled respondents faced discrimination based on their sexual orientation, gender identity or trans status at their dental practice in the past twelve months compared to 1.1% of non-disabled respondents although this question received a low response rate. Out of those who faced discrimination, disabled people were more likely to feel they could complain or challenge behaviour compared to non-disabled people.

## Community Pharmacy

83.4% of disabled LGBTQ+ people were regularly using a community pharmacy compared to 69.1% of non-disabled LGBTQ+ people. 67.4% of disabled respondents felt their needs were met compared to 76.7% of non-disabled respondents.

8.9% of disabled respondents shared their sexual orientation with a pharmacy professional, more than the 4.9% of non-disabled respondents who had disclosed an LGB+ identity. 15.3% of disabled respondents and 15.1% of non-disabled respondents shared their trans status with a pharmacy professional. Disabled respondents were more likely to experience a negative reaction from a pharmacy professional when sharing their sexual orientation or trans status compared to non-disabled respondents.

As with our previous survey, we found disabled respondents were twice likely to face discrimination based on their sexual orientation, gender identity or trans status compared to non-disabled people (5.7% compared to 1.6%). Of respondents who had faced discrimination accessing community pharmacy, disabled respondents were more likely to feel they could complain or challenge behaviour compared to non-disabled respondents with 18% feeling unable to make a complaint..

## Optometry

66.5% of disabled respondents were registered at an optical practice compared to 52.3% of non-disabled respondents. 70.5% of disabled respondents and 79.6% of non-disabled respondents felt that their needs as an LGBTQ+ person were being met in optometry.

9.2% of disabled respondents shared their sexual orientation with their optical practice compared to 5.2% of non-disabled respondents. 14% of disabled trans respondents shared their trans identity compared to 13.8% of non-disabled trans respondents. Disabled people had a higher rate of overall negative responses to sharing sexual orientation trans status with an optometry professional compared to non-disabled people.

Disabled LGBTQ+ people faced discrimination based on their sexual orientation, gender identity or trans status at their optical practice at a rate that was 4 times higher than for non-disabled people over the past year (4% compared to 1%). Of those who faced discrimination, disabled respondents were less likely to complain compared to non-disabled respondents, making optometry the only service where non-disabled LGBTQ+ people feel more comfortable complaining or challenging discriminatory behaviour compared to disabled LGBTQ+ people.

# Homophobia, Biphobia & Transphobia

“The first time I came out to a GP, I was shut down pretty hard. It was actually a few months before I felt I could try again.”

33 year old, pansexual transmasculine person, Stockport

**12%** of respondents had experienced discrimination based on their sexual orientation or trans status from their GP in the last year.

**19%** of trans people had experienced discrimination based on their sexual orientation or trans status from their GP in the last year, 11% higher than cis respondents.

**40%** of respondents who had experienced discrimination from their GP felt able to make a complaint.

QTIPoC people were **nearly twice as likely to experience discrimination** than white people and were less likely to feel like they could make a complaint.

Disabled LGBTQ+ people were **eight times more likely to have experienced discrimination** at a pharmacy than non-disabled respondents.

**13%** of disabled LGBTQ+ people responded that they had experienced discrimination from their GP practice which was slightly higher than non-disabled respondents. Disabled LGBTQ+ people were slightly less likely than non-disabled LGBTQ+ people to feel able to make a complaint at GP practice but felt more able at other services.

“My GP told me I was being dramatic because my people always are - referring to homosexuals”

26 year old, gay cis man, Birmingham

“One GP was constantly dismissive, aggressively calling me Sir while all of my records were female, didn’t listen to my very real issues.”

19 year old, bisexual trans woman, London

“Approached my GP for fertility treatment. The GP arranged an appointment at an NHS fertility clinic. The consultant here was very homophobic, he told us to use a friend to have a baby i.e. have sex with a man. I was horrified and my wife was so upset that she no longer wishes to pursue fertility treatment. The whole experience has been a farce and the GP surgery are now saying we should have never been sent to the fertility clinic as we’re not entitled to free fertility treatment. They quoted NHS policy which suggests we need to have tried six times before seeking treatment.”

46 year old, lesbian cis woman, London

“When talking about mental health issues, at the time I had identified as a lesbian, I was told that it was more likely to just be a phase and very common among people struggling with mental health.”

31 year old, queer non-binary person, London

“My GP dismissed my asexuality completely and suggested it was because of my depression. He was more interested in putting me on long term birth control I didn’t need, because ‘who knows what will happen?’”

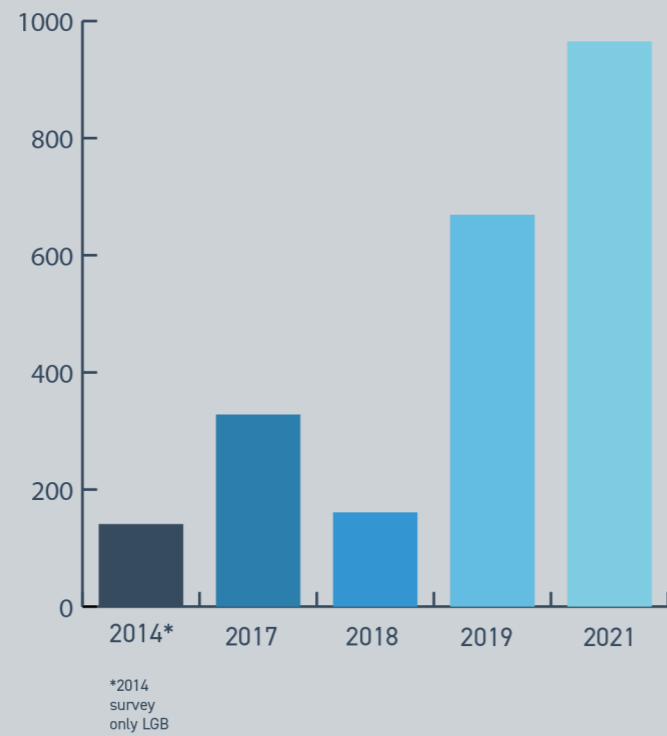
27 year old, asexual cis woman, Portsmouth

“When registering with the practice, I ticked the box that said Bisexual. When the form was translated to the computer system, the administrator actually registered me as Straight. It may be a genuine error, but after decades of feeling invalid for my sexual orientation (not ‘gay’ enough, comments such as ‘You’re not bisexual you’re just attention seeking,’ or ‘You’re just curious that’s all’) I cannot help but think that maybe the administrator doesn’t ‘believe’ in bisexuality and chose to register me as straight because I am currently in a relationship with a man.”

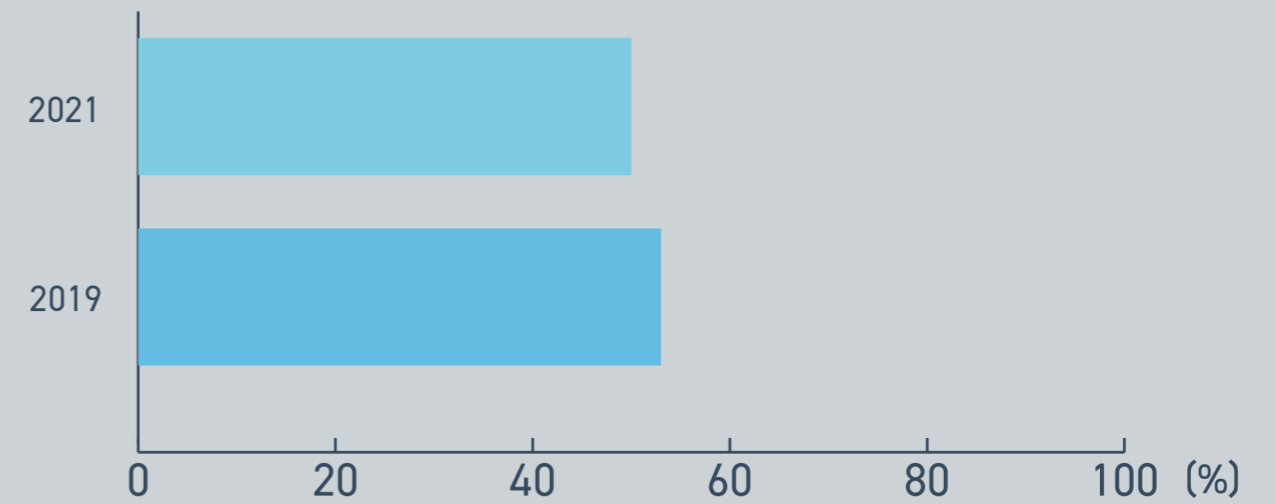
33 year old, bisexual cis woman, Manchester

Comparison with previous surveys

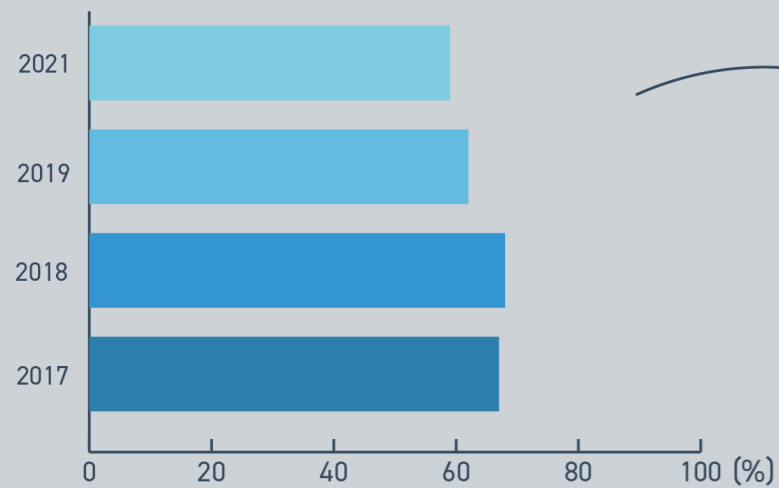
Number of valid responses



Does your GP practice meet your needs as an LGBT person (Trans responses)

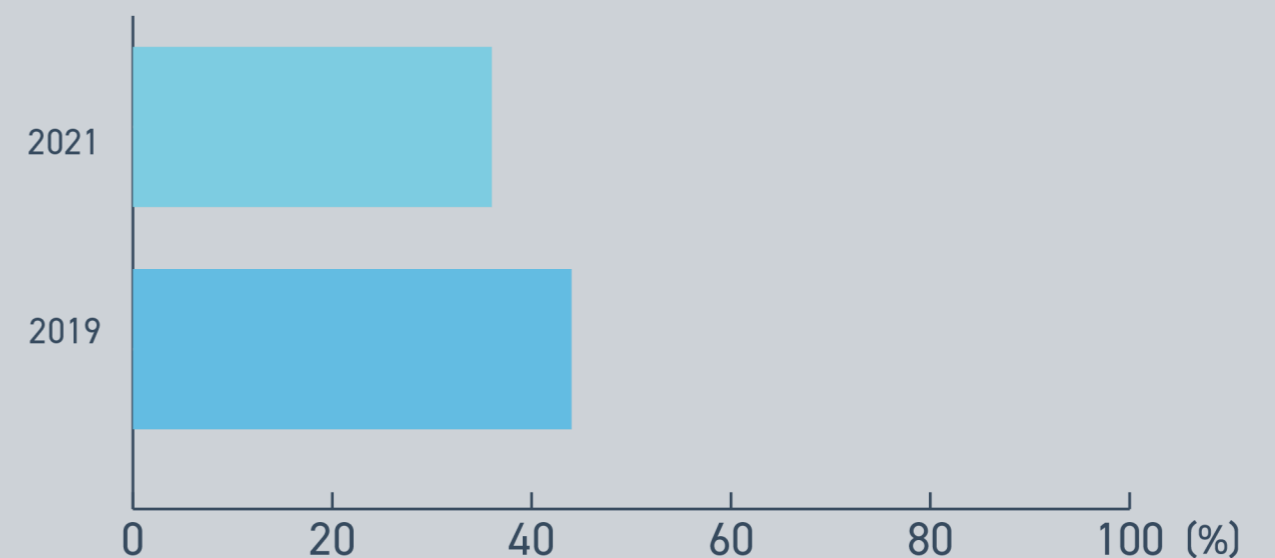


Does your GP practice meet your needs as an LGBT person (national)

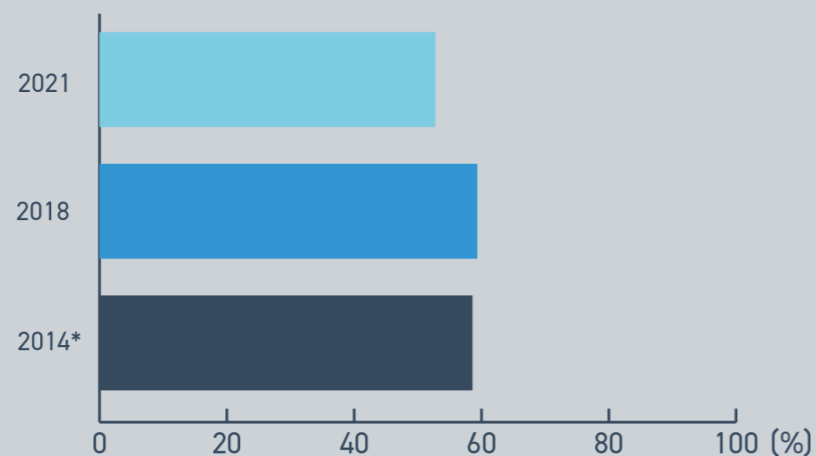


+13%  
Difference between GM and national average

Does your GP practice meet your needs as an LGBT person (non-binary responses)

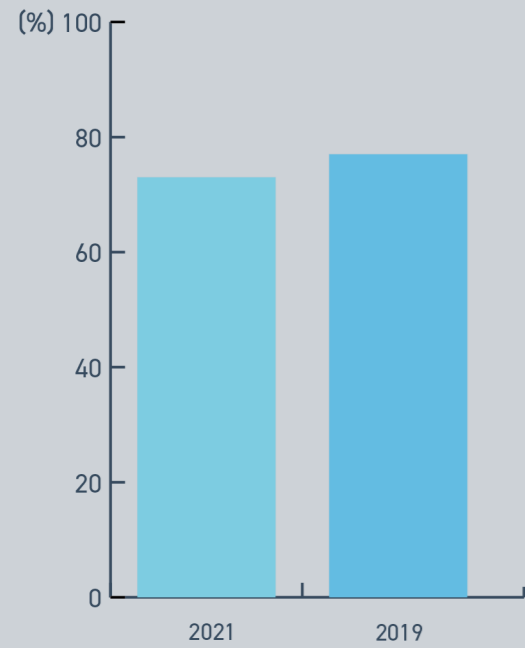


Does your GP practice meet your needs as an LGBT person (Greater Manchester)

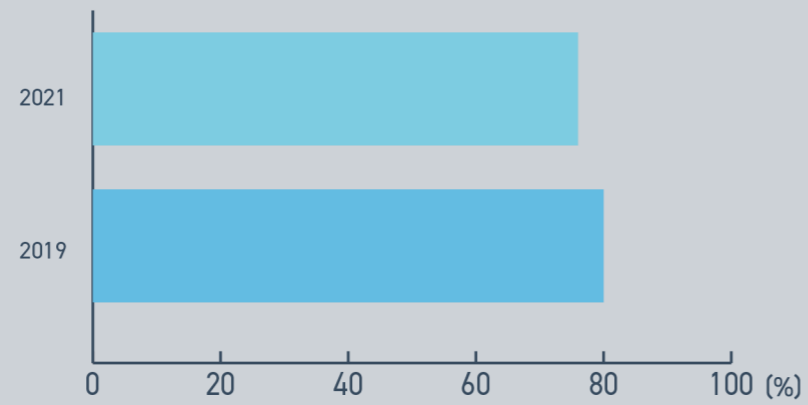


LGBTQ+ people at Pride in Practice registered GP practices were **18%** more likely to say that their GP met their needs compared to people at non-registered practices.

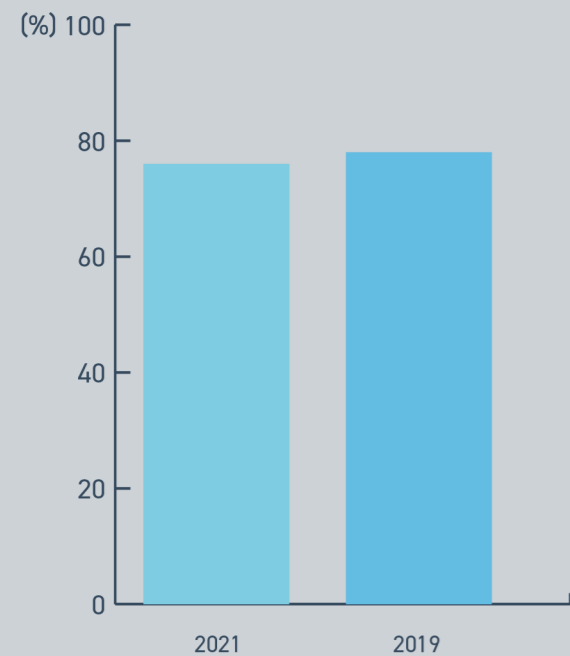
Does your Pharmacy meet your needs as an LGBT person (national)



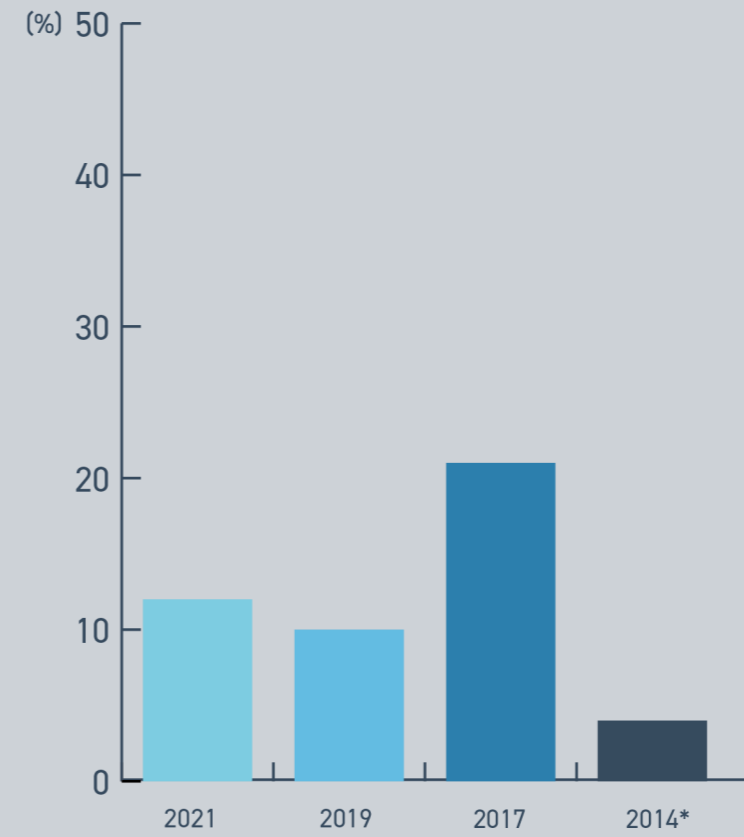
Does your Dental practice meet your needs as an LGBT person (national)



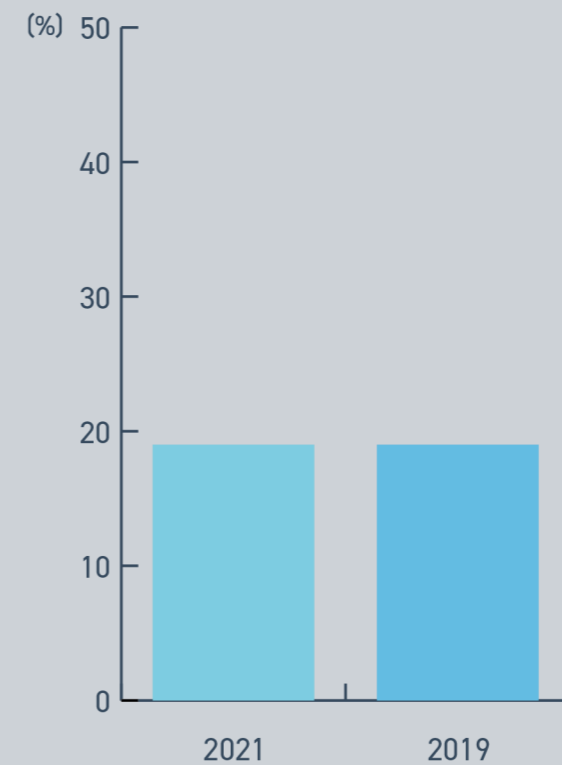
Does your Optometrist meet your needs as an LGBT person (national)



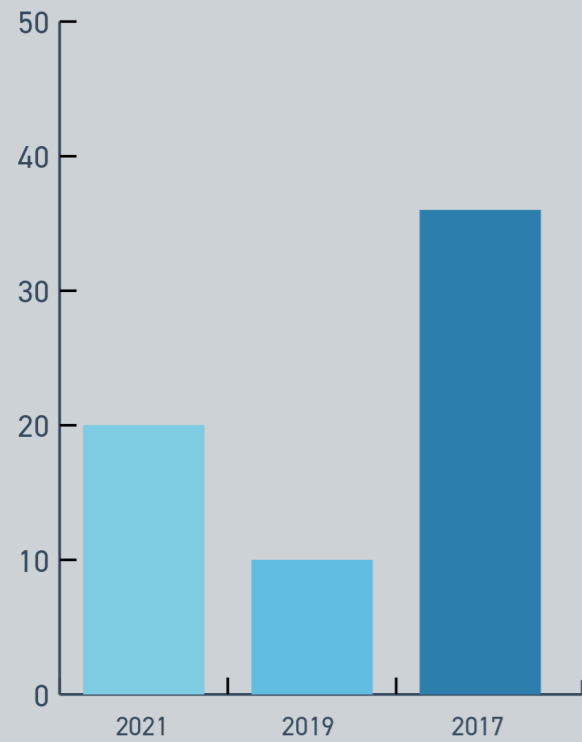
Experience of discrimination or unfair treatment GP (all)



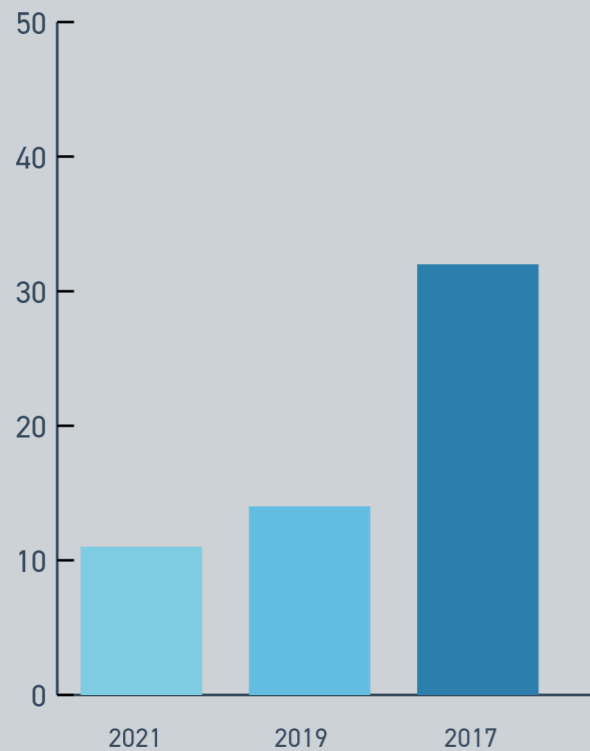
Experience of discrimination or unfair treatment GP (trans)



## Experience of discrimination or unfair treatment GP (QTIPoC)



## Experience of discrimination or unfair treatment at GP (Disabled LGBTQ+ person)



# Improving LGBTQ+ Care

71% of people felt that their needs as an LGBTQ+ person were being met by primary care across the UK. People were most likely to report getting their needs met in dentistry and optometry (both 76%). 72% of people said their needs were met at their pharmacy and 59% at their GP practice.

LGBTQ+ people were 7% more likely to feel their needs were being met in Greater Manchester compared to the UK average. The figures were 13% higher for GPs, 4% higher for dentists, 6% higher for pharmacies and 7% higher for optical practices.

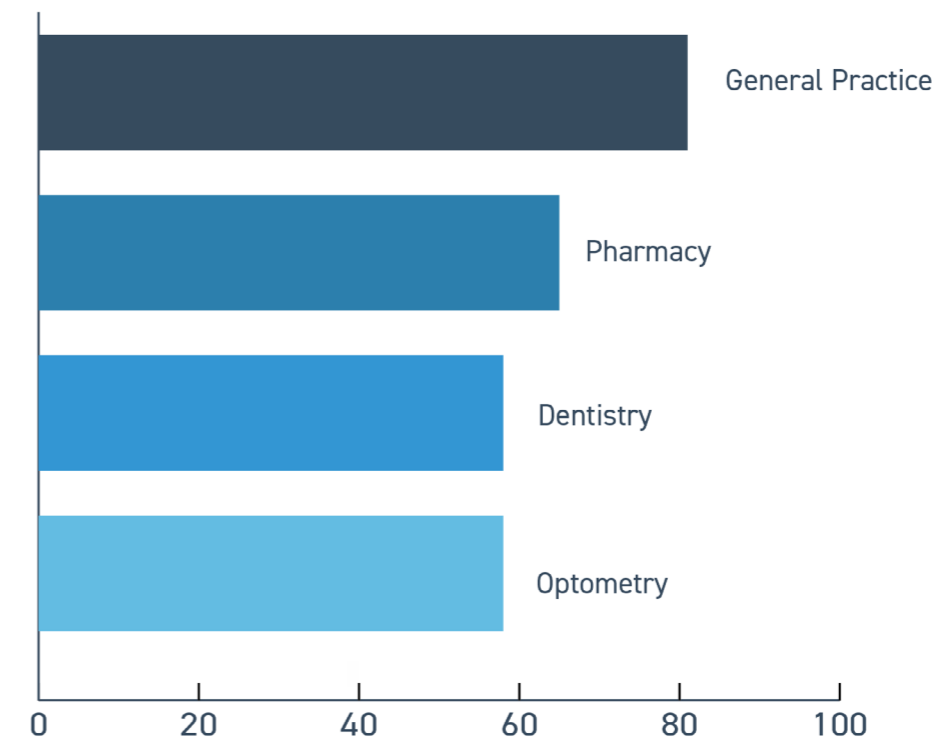
In London, 63% of people said primary care met their needs as an LGBTQ+ person. This was 8% less than the UK average and 15% less than in Greater Manchester. In London, 49% of people

said their GP met their needs and 68% said the same of dentistry. These figures were 63% in pharmacy and 73% at optical practices. All of these were lower than the UK average.

Pride in Practice has been active in Manchester since 2011 and across Greater Manchester since 2016. Patients at Pride in Practice registered GPs are 18% more likely to say that their needs are being met than patients at non-registered practice. Our 2019 survey also found a difference of 18%.

As well as asking LGBTQ+ communities about their experiences, the patient experience survey also provided a space for respondents to tell us what would improve LGBTQ+ inclusion within general practice, dentistry, optometry and community pharmacy.

Do you think that your [primary care services] could improve the services offered to its LGBT patients?



We included an open text box for respondents to share ideas about how primary care services could be improved. We received 796 written responses which covered all areas of primary care.

General Practice	Dental
<b>397</b>	<b>101</b>
Optometry	Pharmacy
<b>173</b>	<b>125</b>

The following themes were most common throughout all of the recommendations we received:

- Visible inclusion
- Signposting to LGBTQ+ affirmative support services, groups and organisations
- LGBTQ+ Staff Champions
- Inclusive language
- Avoiding Assumptions
- Monitoring sexual orientation, gender identity and trans status
- Education and awareness of LGBTQ+ healthcare

## Visible Inclusion, Signposting for Services and LGBTQ+ Champions

“I think it would be helpful to show representative literature in the practice and be open that it’s a safe space. Equally, check in re: demographics every now and again, I have never once been asked about my sexuality in over 20 years at the practice.”

38 year old, lesbian cis woman, Melton Mowbray

There is consistent evidence demonstrating the impact of LGBTQ+ inclusive posters, literature or the displaying of a Pride in Practice award. Many people spoke of the positive impact of seeing these signs of visible inclusivity.

“[Seeing a poster] Instills confidence in me that I could bring my sexuality up with my GP without fear of prejudice or discrimination”

32 year old, gay cis man, Manchester

“It makes me feel more reassured and more safe to ask or request LGBT-specific care.”

24 year old, pansexual trans man, Manchester

Conversely, not seeing representation of visible LGBT inclusion can have a detrimental effect.

“I don’t feel welcomed or safe to be able to disclose my sexual orientation”

37 year old, gay trans man, London

“It means they aren’t safe to be told [about my LGBTQ+ identity]”

46 year old, queer non-binary person, London

“Before coming out to my GP I felt anxious to the point of being physically sick. Seeing even a small amount of support for LGBTQ people would have helped.”

23 year old, lesbian trans woman, Swindon

Across all areas of primary care, respondents were significantly more likely to have had their needs met if the service had achieved a Pride in Practice award or displayed other LGBTQ+ inclusive literature.

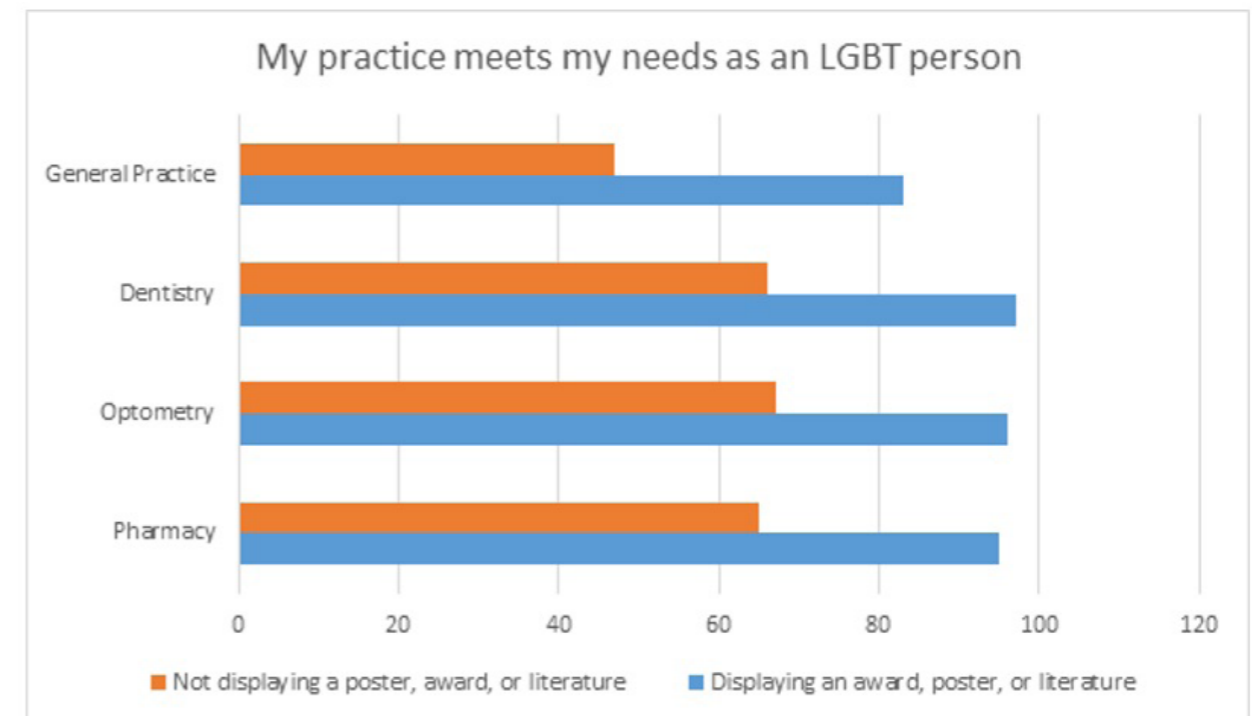
83% of respondents had their needs met in general practice if there was a Pride in Practice award or similar compared to 47% who had their needs met if the service had no LGBTQ+ accreditation.

97% of respondents had their needs met in dentistry if there was a Pride in Practice award or similar while 66% had their needs met if the service had no LGBTQ+ accreditation.

96% of respondents had their needs met in optometry if there was a Pride in Practice award or similar compared to 67% who had their needs met if the service had no LGBTQ+ accreditation.

95% of respondents had their needs met in community pharmacy if there was a Pride in Practice award or similar while 65% had their needs met if the service had no LGBTQ+ accreditation

We found a clear connection between the achievement of a Pride in Practice award or a similar LGBTQ+ accreditation, and improved experiences of care for LGBTQ+ people. Since our 2019 survey, the proportion of people who have their needs met in services with a Pride in Practice award has increased which further illustrates the ongoing value of programmes like Pride in Practice in improving healthcare for LGBTQ+ communities. We intend to build on this data in future surveys, looking deeper at communities who overall are less likely to report their needs being met – especially QTIPoC and disabled LGBTQ+ people. We will continue to review and refine the assessment, accreditation and award process to ensure Pride in Practice meets and champions the needs of multiply marginalized LGBTQ+ patients.



Respondents wanted to see LGBTQ+ people, families and communities included within literature and health campaigns. More than this, people wanted services to have an awareness of what LGBTQ+ groups and services were available locally so that they could be signposted effectively.

“Greater awareness of LGBT support services locally and LGBT-specific parenting groups.”

31 year old, lesbian cis woman, Manchester

“Greater understanding of LGBT issues and mental health, sign posting to local LGBT services”

25 year old, gay cis man, Colchester

All staff members can contribute to ensuring that LGBTQ+ representation is visible within the services reception areas, on digital platforms, or through an awareness of options for signposting. Many practices benefit from having a member of staff champion LGBTQ+ health topics. A colleague does not have to have an LGBTQ+ identity themselves but can highlight the needs of this group of patients within the practice. This could be through ensuring LGBTQ+ visibility on notice board, or promoting the inclusion of LGBTQ+ people within screening programmes, family planning and other health campaigns.

“I feel that the care provided and the representation of LGBT individuals/ community in the waiting room is amazing. I just almost feel that the doctors and nurses have a limited knowledge of the LGBT community and their LGBT patients. Sometimes I feel that it would be beneficial if LGBT patients could see doctors and nurses who are also part of the LGBT community, as they would have that wider understanding of the individual and would be less likely to make assumptions surrounding sexuality and gender identity etc.”

21 year old, lesbian cis woman, Manchester

## Inclusive Language and Avoiding Assumptions

Ensuring that language used by service staff is LGBTQ+ inclusive is as important as ensuring the inclusivity of the physical space. Many individuals reported services and staff assuming that they were heterosexual or cisgender, even when they had previously shared an LGBTQ+ identity with the service.

“There is still a presumption that everyone is heterosexual and every time I call my GP practice for my daughter they always ask about dad? Even though they have her birth certificate of both her female mothers names....They are still reluctant to talk to my partner about our child as she isn't the birth mum despite having a copy of the birth certificate that gives her parental responsibility.”

28 year old, lesbian cis woman, Chelmsford

“Everything just feels like a battle that people at the practice aren't aware of. Some surgery notes came up from a few years ago, where the surgeon had misgendered me throughout (despite them knowing I was trans well in advance), and I said to the GP that that had took me by surprise because I didn't know that my notes had been written up using the wrong pronouns and that it hurt that they had. The GP tried to be sympathetic but didn't really offer any solution. Ideally in that situation I would have liked the GP to have said, “that's not acceptable, I'm really sorry, I will forward this concern on to X and we will try and rectify that for you”

29 year old, bisexual non-binary person, Sheffield

Respondents reported experiencing these repeated incorrect assumptions as microaggressions. Microaggressions are commonplace indirect, subtle slights against members of a marginalised group. Over time, microaggressions contribute to minority stress and are a factor in the poorer health outcomes

and general poorer wellbeing of marginalised communities. In some cases, patients feel able to call out and correct these incorrect assumptions, but in many cases they do not. Several respondents indicated that incorrect assumptions about their sexual orientation, gender or family relationships made them feel as if they were not valued by the services or treated with due levels of dignity and respect.

“The assumption that all patients are straight. You are already anxious when you are visiting the doctor but then having to correct staff on your relationship status is an added stress”

34 year old, lesbian cis woman, Manchester

Presumptions about patients' identities, experiences and families can become barriers to people being open with health professionals. LGBTQ+ people reported that such assumptions often prevented them from sharing relevant medical information with health professionals. Many respondents told us that instead of assumptions, they wanted to be asked open and inclusive questions both in consultations and on monitoring forms.

When open and inclusive language was used, many respondents reported that this made them feel expected and included. This language is important in addressing many of the barriers to care experience by LGBTQ+ people.

Primary care services can develop LGBTQ+ inclusion by using open language and avoiding assumptions. This can be done by making small,

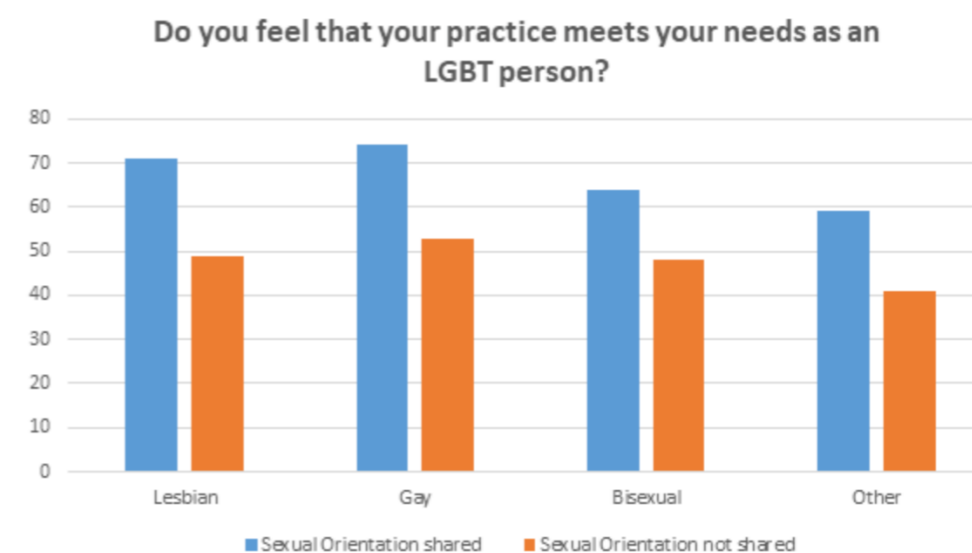
but simple changes to the way questions are asked of how people are addressed. For example, instead of asking if a patient has a boyfriend, girlfriend, husband or wife, try asking if they have a partner. Similarly, if a patient attends an appointment with someone else, try to avoid assumptions about who that person is and instead ask who they have brought with them today. Using gender neutral language and terms like 'parent' and 'partner' are effective ways to use language which is inclusive of LGBTQ+ identities and creates opportunities for patients to share relevant information.

## Monitoring Sexual Orientation and Trans Status

LGBTQ+ communities experience a broad range of health inequalities throughout their lives. Health inequalities arise at different stages of people's lives, and LGBTQ+ people often experience specific further discrimination and marginalisation when accessing services to address these health inequalities.

All health and social care services should be taking proactive steps to improve care, provide equitable access to services and be working to reduce LGBTQ+ health inequalities. Monitoring sexual orientation and trans status is essential for services to understand the specific needs of their LGBTQ+ patients/service users and recognise the ways in which services need to be improved.

The survey found a correlation between patients being given an opportunity to share their sexual orientation at a practice, and how well their needs were met.





People who had been given the opportunity to share their sexual orientation with their service were 19% more likely to say that their practice met their needs as an LGBT person. 67% of those at practices where sexual orientation monitoring was implemented felt their needs were being met compared to 48% at practices where this wasn't the case.

“I came out after registering at this GP so I would appreciate a chance to update my details, and it's always assumed that I'm heterosexual and cisgender in any questions about my health, and I'd like to feel like the GPs were ready to meet and show their awareness of LGBT people without me having to raise it as an exception.”

36 year old, lesbian non-binary person, London

“There is no screening or questions about gender identity or sexuality, there should be. At my last visit although I was able to change my name at no point did this ring any bells with anyone. I only go to the optometrist every two years so I didn't really want to rock the boat, so I didn't say anything as I was misgendered the whole appointment. I think a simple question would sort this out.”

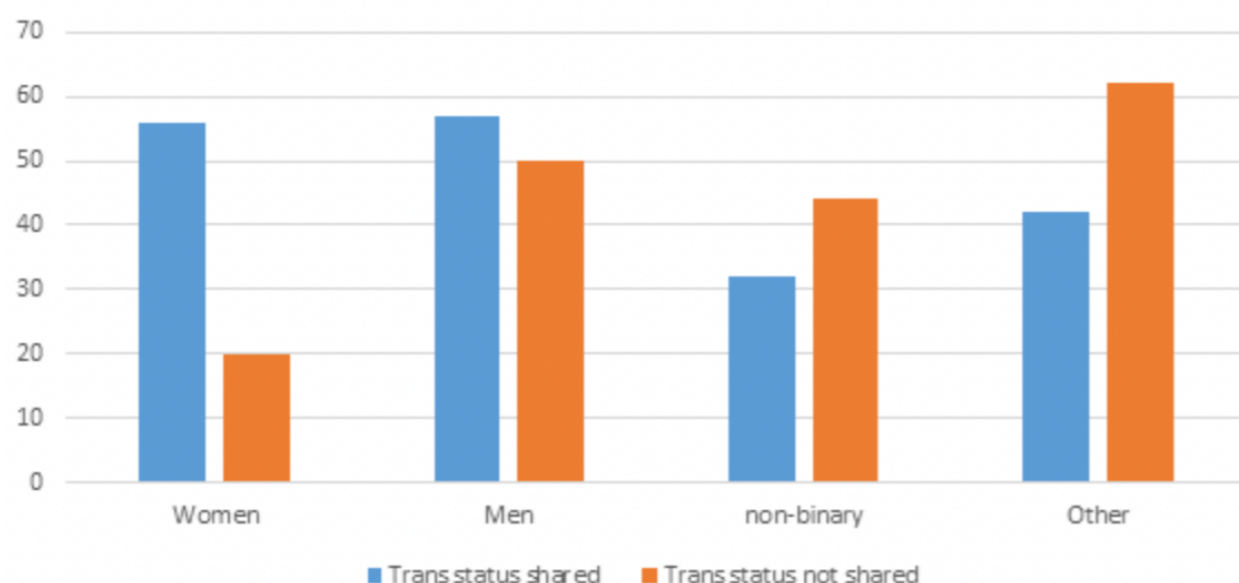
33 year old, bisexual non-binary person, Manchester

Responses were more mixed regarding experiences of trans status monitoring. Trans men and trans women, were more likely to report that their needs as LGBTQ+ people were met when they had shared their trans identity with primary care services.

However, non-binary respondents and those who described their gender in another way, (such as agender, genderfluid etc.) were less likely to report that their needs as an LGBTQ+ person were met if they had shared their non-binary or trans identity with primary care services.

Experiences shared by non-binary and gender nonconforming respondents suggested this was due to services being ill equipped to support people whose gender is not binary, including through IT systems. In many cases these respondents found that their outcomes were more positive if they chose not to disclose a non-binary identity. However, non-binary respondents noted that choosing to hide their identity in order seek a more positive experience when accessing primary care forced them to accept being misgendered.

Do you feel that your practice meets your needs as an LGBTQ+ person?



‘[Pharmacies] could use gender neutral pronouns for people. At the moment, if I go in to collect my partner's testosterone, they assume they are a cis man and use 'he' pronouns. My partner is non-binary trans masc. Then I have the choice of either outing my partner in the middle of a shop with other people around, or allowing them to be misgendered. It's really awkward because we don't want them to be misgendered, but they are at the beginning of their transition after living here for 4 years, and we don't know how local people are going to react to them being trans, and if we will be safe. The whole thing could be avoided if the staff just used 'they' for everyone and didn't make assumptions. It makes me feel really anxious about going in, because the shop is always busy. My partner and I both have mental health issues, and I'm autistic and struggle with social interaction, and transitioning is hard in a transphobic world - we really don't need this extra anxiety when they could fix it so easily.’

43 year old, queer cis woman, Oldham

“I walked out of the opticians because of continuous misgendering. and am looking for a different optician”

65 year old lesbian, cis woman, Halifax

## Education and awareness of LGBTQ+ Healthcare

Many of the recommendations for improvement made above are linked to levels of education and awareness of staff employed within a service. Developing education and awareness of LGBTQ+ healthcare within a service is an integral part of meeting the needs of patients and it is no surprise that increasing education was a common suggestion within the survey.

“At times I think GP are uncomfortable due to a lack of education about terms and specific needs of LGBTQ+ people.”

29 year old, bisexual cis woman, Milton Keynes

“It is important to provide LGBT affirmative practice training in the NHS - to ALL the NHS workers as well as workers in other health services. The LGBT flag visibility is a start - but there needs to be much more education around LGBT issues.”

45 year old, bisexual non binary person, Plymouth

Many LGBTQ+ people find that the onus is placed on them to educate staff at services or else accept microaggressions and inequitable treatment. In many cases, lack of education from staff can add additional barrier preventing LGBTQ+ people from accessing services.

“When my wife and I took our daughter for immunisations we were asked which of us gave birth to her, this was totally irrelevant and showed a serious lack of LGBT education.”

42 year old, lesbian cis woman, Walsall

“There is no HIV testing or education, there are widespread health inequalities in screening programmes that are not being addressed. I feel I can't be open with my GP which means that they are putting me at risk by not being able to understand the whole me as a patient, where LGBT+ people have different risks which may alter diagnosis or treatment.”

36 year old, gay cis man, Manchester

“More medical and practice education on supporting LGBTQ+ patients, meaning that I don't have to be the expert and continually have to educate and guide my own healthcare.”

43 year old, bisexual trans woman, Milton Keynes

This is especially the experience from trans and non-binary people when many people find that they need to be the expert and educate clinicians if they are going to get the healthcare and support to which they are entitled to like any other patient.

“I think the biggest takeaway from my experiences at the GP is that whilst most of them are well-meaning and want to help, a lot of them don't have enough experience with needs specific to LGBTQ+ patients. Several times, I've had to do my own research inform people at my GP practice what they can do to help me based on NHS guidelines, instead of them knowing it themselves. I think basic LGBTQ+ healthcare and awareness education should be mandatory for all GP staff in order to iron out these deficiencies in the system.”

27 year old, pansexual trans woman, Glasgow

“The staff need education, just the way they talk to me is uncalled for. It's clearly on my file that I'm trans yet every time I have a phone appointment they call me miss, or think I'm not who I say I am because my voice is high pitched. More needs to be done for trans people who are waiting 3 years to be seen by a gender clinic, I am currently just being left to it despite expressing severe mental health issues”

25 year old, bisexual trans man, Hull

There are many ways in which services can develop their levels of education to better support LGBTQ+ patients. Reading this survey, as well as other publications relating to LGBTQ+ health can play a significant role in increasing knowledge. As can training provided by Pride in Practice which can be delivered to primary care services alongside an assessment resulting in an accredited award. There are also many more opportunities which can be taken advantage of for developing education around LGBTQ+ health issues such as providing opportunities to discuss the implications of LGBTQ+ patients at internal meetings and training, or providing space for service members who are LGBTQ+ themselves to share their knowledge and upskill colleagues.

## Final Word

The Pride in Practice Patient Experience Survey 2021/22 is our largest survey today and contains a wealth of information, experiences and data regarding the health of LGBTQ+ people living in the UK. In this report, we have tried to provide the most robust, impactful and representative information which was shared by the 965 valid responders but there is still a treasure trove of information which we were not able to include at this time. We are excited by the potential of diving deeper into the data in the coming months and hope to have even more findings to share.

The 2021/22 Edition also provided us with significant data sets from Greater Manchester and London, as well as insight from several other areas of the United Kingdom. We know that many people will be interested in data from their local areas and we will do our best to share this information. As always, the more responses we get, the greater the level of detail available. If you would like to know more about your locality then we would welcome working with you to promote the next Patient Experience Survey which is scheduled for later in 2022.

Once again, we'd like to thank our partners who have helped promote the survey to gain such rich information, and most of all we're grateful to every LGBTQ+ who has shared their experiences and insight. None of this would be possible with you.

In addition to conducting the Patient Experience Survey, Pride and Practice continues to provide training, assessment and accredited awards to primary care services. If you'd like to learn more about how the team can help you develop support for LGBTQ+ people offered by your service then you can contact us by email at [pip@lgbt.foundation](mailto:pip@lgbt.foundation).

Finally, we'd like to thank our funders, partners and commissioners for supporting our work and promoting the survey. Most importantly, we want to thank everyone from the LGBTQ+ community who have shared their experience with us and enabled us to gain such rich and powerful information.

None of our work would be possible without you.

We hope to continue working in partnership with you,

**Thank you,**

**The Pride in Practice Team**



PiPCon2021 - celebrating 10 years of Pride in Practice.

# Glossary

## **BAME**

Abbreviation of the term Black, Asian and Minority Ethnic

## **Biphobia**

Prejudice and discrimination towards, fear, and/or dislike of someone who is bisexual or who is perceived to be bisexual, based on their sexual orientation

## **Bisexual / Bi**

Someone who is attracted to people of the same gender and other genders

## **Cis / Cisgender**

Someone who identifies with the gender they were assigned at birth; someone who is not transgender

## **Chemsex**

Chemsex is a term that is used when people are having sex in combination with the use of one or several drugs (chems). These drugs are typically crystal meth, GHB and mephedrone. People take part in chemsex for a number of different reasons, some find it increases sexual stimulation, for other people it can reduce their inhibitions.

## **Coming out**

The disclosure of one's LGBTQ+ identity to someone else. Coming out is rarely a once-in-a-lifetime event as many LGBTQ+ people may want or need to come out to each new person they meet or may realise different facets of their LGBTQ+ identity over time which they might then choose to disclose

## **Conversion Therapy**

Activities and therapies that are performed on LGBT people in an attempt to change their sexual orientation or gender identity to that which conforms to a cis- and heteronormative view of society

## **Equality Act (2010)**

In the UK, this refers to the Equality Act 2010, which provides people with protection from discrimination and ill-treatment based on sexual orientation, gender, gender reassignment and 6 other protected characteristics

## **GB**

The abbreviation of gay and bisexual

## **GBT**

The abbreviation of gay, bisexual and trans

## **Gay**

Someone who is almost exclusively romantically, emotionally or sexually attracted to people of the same gender. The term can be used to describe anyone regardless of gender identity but is more commonly used to describe men

## **Gender**

The socially constructed and reinforced divisions between certain groups (genders) in a culture including social norms that people in these different groups are expected to adhere to, and a person's sense of self relating to these divisions

## **Gender Assigned at Birth**

The gender that a person is assumed to be at birth, usually based on the sex assigned at birth

## **Gender Fluid**

Someone whose gender is not fixed; their gender may change slowly or quickly over time and can switch between any number of gender identities and expressions, as each gender fluid person's experience of their fluidity is unique to them

## **Gender Identity**

A person's internal feelings and convictions about their gender. This can be the same or different to the gender they were assigned at birth

## **Gender Neutral**

Something that has no limitations to use that are based on the gender of the user

## **Genderqueer**

Someone whose gender is outside or in opposition to the gender binary. Often viewed as a more intentionally political gender identity than some other non-binary genders, through the inclusion of the politicised 'queer'

## **Gender Reassignment**

The protected characteristic which trans people are described as having, or protected characteristic group they are described as being part of, with reference to the Equality Act 2010. A person has the protected characteristic of gender reassignment if the person is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex

## **Heterosexual**

Someone who is romantically or sexually attracted to someone of a different gender, typically a man who is attracted to women or a woman who is attracted to men

## **HIV/AIDS**

Stands for Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome. HIV is a virus which attacks the immune system. It is not curable but is treatable and someone with HIV can now be expected to have a normal life expectancy. Advances in medication mean that someone who is HIV positive cannot transmit the virus while taking medication correctly. It is usually associated with MSM but also has higher than normal prevalence in Black, Asian, and Minority Ethnic communities. HIV progresses to AIDS without treatment. While the person will not die of AIDS itself, the compromised immune system as a result of AIDS means the body is susceptible to infection and unable to fight it, leading to death

## **Homosexual**

A term used to describe someone who is almost exclusively attracted to people of the same gender. Some consider this word too medical and prefer the terms 'gay', 'lesbian or 'queer'

## **Homophobia / Homophobic**

Prejudice and discrimination towards, fear, and/or dislike of someone who is, or who is perceived to be attracted to people of the same gender as themselves, based on their sexual orientation

## **Intersex**

A person whose biological sex characteristics, don't fit into the binary medical model of male and female. This can be due to differences in primary and secondary sex characteristics including external and internal genitalia, hormones, and/or chromosomes

## **LB**

The abbreviation of lesbian and bisexual

## **LBT**

The abbreviation of lesbian, bisexual and trans

## **Lesbian**

A woman who is largely or exclusively emotionally, sexually, and/or physically attracted to other women

## **LG**

The abbreviation of Lesbian and gay

## **LGB**

The abbreviation of lesbian, gay and bisexual

## **LGBT**

The abbreviation of lesbian, gay, bisexual and trans

## **LGBTphobic / LGBTphobic**

Prejudice and discrimination towards, fear, and/or dislike of someone who is LGBT or who is perceived to be LGBT, that is based on their LGBT identity

**LGBTQ+**

The acronym for lesbian, gay, bisexual, transgender and queer (sometimes also used to refer to questioning, usually when working with younger age groups).

**Minority Stress**

Minority stress describes chronically high levels of stress faced by members of stigmatized minority groups. It may be caused by a number of factors, including poor social support and low socioeconomic status, but the most well understood causes of minority stress are interpersonal prejudice and discrimination

**Misgender**

The act of referring to someone as the wrong gender or using the wrong pronouns (he, she, boy, sister, etc.). This usually refers to intentionally or maliciously referring to a trans person incorrectly, but of course can also be done accidentally

**MSM**

Stands for men who have sex with men/men loving men. Men who have sex with men is used as a term within sexual health and other services to make these services more inclusive to men who have sex with other men but may not identify as LGBTQ+

**Non-binary**

Used to describe those whose gender does not fit into the gender binary. The term can be used by some as an identity in itself and is also used as an overarching term for genders that don't fit into the gender binary, such as genderqueer, bigender and gender-fluid

**Outing / Out**

Disclosing someone else's sexual orientation or gender identity without their consent

**Pansexual / Pan**

Someone who is emotionally, sexually, and/or physically attracted to others regardless of gender identity

**PEP**

Stands for Post Exposure Prophylaxis. This is medication taken up to 72 hours after exposure to HIV to minimise the risk of infection. A 28-day course is taken after exposure

**PrEP**

Stands for Pre-Exposure Prophylaxis. This is medication that may be taken on an ongoing basis or as event-based dosing as a measure to prevent HIV. It is usually taken by MSM or other at-risk group members.

**Pride**

Having a positive view of membership of the LGBTQ+ community. Also, a celebration of LGBTQ+ cultures, protest at discrimination currently faced, and a reminder of past crimes and discrimination against the community

**Protected Characteristic**

Under the Equality Act 2010 It is against the law to discriminate against someone because they have a protected characteristic. These are outlined under the act, and comprise: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation

**Queer**

An overarching or umbrella term used by some to describe members of the LGBTQ+ community. The term has been reclaimed by members of the community from previous derogatory use, and some members of the community may not wish to use it due to this history. When Q is seen at the end of LGBTQ+, it typically refers to queer and, less often, questioning

**Sex**

The scientific and/or legal classification of a person as male, female or intersex. A person's sex is usually determined by a combination of primary and secondary sex characteristics including chromosomes, hormones, and internal and external reproductive organs

**Sexual Attraction**

Desiring sexual contact with a specific other person or group of people

**Sexual Orientation**

How a person feels sexually about different genders. The term describes who they are most likely to pursue a sexual relationship with. Sexual activity does not indicate sexual orientation, so people who have sexual relations with someone of the same gender may not necessarily identify as LGBQ+. This is why terms such as MSM are used in some contexts. Sexual orientation is a protected characteristic under the Equality Act 2010

**Sexuality**

Sexuality is a holistic term for someone's sexual behaviours, attractions, likes, dislikes, kinks, and preferences. Sexual orientation makes up a part of someone's sexuality, and sexuality is sometimes used interchangeably with sexual orientation, but it covers more than just who a person is attracted to. Sexuality is what you enjoy and how you enjoy it, whether that be partners or activities

**Trans / Transgender**

An umbrella term to refer to anyone whose gender identity doesn't completely match the gender they were given at birth. This includes, but is not limited to, trans women, trans men, and non-binary people

**Trans Man**

A man who is trans. Somebody whose gender identity is man and who was assigned female at birth

**Trans Woman**

A woman who is trans. Somebody whose gender identity is woman and who was assigned male at birth

**Transition / Transitioning**

Transition relates to the process a trans individual undertakes to align themselves with the gender they are, as opposed to that which they have been assigned at birth. Transition includes some or all of the following cultural, legal and medical adjustments; telling one's family, friends and/or co-workers, changing one's name and/or sex on legal documents; hormone therapy and possibly (though not always) some form of surgical gender affirmation. This is a deeply personal process that may involve medical interventions but does not have to.

**Transphobia / Transphobic**

Prejudice and discrimination towards, fear, and/or dislike of someone who is trans or who is perceived to be trans, that is based on their trans identity

**Transsexual**

An older and medicalised term used to describe someone living as a different gender than the one assigned at birth. This is sometimes used exclusively to describe trans people who have medically transitioned i.e. undergone hormone replacement therapy and/or gender affirmation surgery. The term is still used by some transgender people but has widely been replaced by trans or transgender, as it is nowadays often considered offensive or exclusionary due to its medical and pathologising context

**WSW**

Stands for women who have sex with women/women loving women. Women who have sex with women is used as a term within sexual health and other services to make these services more inclusive to women who have sex with other women but may not identify as LGBTQ+



**Achieving  
Equality**



**Encouraging  
Wellbeing**



**Promoting  
Safety**

**We believe in a fair and equal society where all lesbian, gay, bisexual and trans people can achieve their full potential.**

**[pip@lgbt.foundation](mailto:pip@lgbt.foundation).**

**Published 2022**

**LGBT**  
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