



## LGBT Health and Inclusion Project

### Consultation Report -

### Trans People's Experiences of Hospital Care



#### The LGBT Health and Inclusion Project

Brighton and Hove NHS Clinical Commissioning Group (BH CCG) and Brighton and Hove City Council (BHCC) have commissioned the LGBT Health and Inclusion Project at Brighton and Hove LGBT Switchboard to conduct a series of consultation and engagement activities with local lesbian, gay, bisexual, trans and queer people (LGBTQ) people. The aim is to use the information gathered to feed into local service commissioning, planning and delivery.

***Please note, the following report presents information about the consultation and engagement work conducted by LGBT HIP, and should not be taken as a position statement of Brighton and Hove LGBT Switchboard or of any participating organisation.***

#### Introduction

This report contains an analysis of responses to a survey into trans people's experiences of hospital care. The survey was designed to gather information on issues and inequalities faced by transgender people who live, work, or use services in Brighton & Hove. Parallel to this survey, Right Here have also undertaken a consultation into young transmasculine people's experiences of hospital care. LGBT HIP and Right Here have shared the results of their respective consultations and collaborated on the development of a set of joint recommendations which are included in the conclusion of this report.

#### Background

The main provider of hospital services in the city is Brighton & Sussex University Hospital NHS Trust. The Trust currently operates a number of policies premised upon the gendered provision of care, including the BSUH *Privacy and Dignity Policy*, dating to 2005 and currently pending review, which dictates that:

- Male and female adult patients must not be cared for in the same bay or open ward area
- Every effort should be made to separate the sexes
- Particular care should be taken to maintain the patient's privacy & dignity, particularly during intimate procedures
- All patients should be asked for their preferred name in pre-assessment or on admission and addressed accordingly
- Patients are encouraged to maintain their individuality/identity throughout their stay in hospital through use of their own clothing, toiletries and make-up.
- Staff do not assume that a patient's partner is of the opposite sex and should use gender-neutral terminology to refer to partners' where their gender is not explicitly stated as being male or female.

In October, the Trust's Equality, Diversity and Human Rights department released a list of 10 tips for improving services for Trans People. While these are referenced within the report, these were released after the consultation had been initiated. Recommendations acknowledge the positive steps taken in the development of these ten tips, but also suggest further, targeted organisational strategies for addressing inequalities and barriers to access faced by trans people using hospital services in Brighton & Hove.

In terms of national standards for best practice, the Gender Identity Research and Education Society (GIRES) recommendations for the provision of hospital care for trans people state that care should not be presumed but agreed with the individual<sup>1</sup>. Privacy, confidentiality, dignity and respect are of the utmost importance. The recommendations also state that patients should be accommodated according to their presentation though it is heavily stressed that this may not accord with the appearance of a patient's chest or genitalia.

From a local perspective, the recent Brighton & Hove Trans Needs Assessment<sup>2</sup> suggested that trans people in the city have on average lower rates of satisfaction with hospital care than the general population (65% vs 85%). 21% of respondents were reported to be dissatisfied or very dissatisfied with hospital care in the city.

Highlighting the role of staff attitudes and behaviours towards LGBT people in shaping that community's experience of healthcare, Stonewall recently conducted a national survey into the views and experiences of healthcare professionals around LGBTQ issues. The resulting report, 'Unhealthy Attitudes' stated that one in five practitioners state that they would feel uncomfortable about asking patients monitoring questions about their gender identity; raising key questions around how patients' gender and pronoun preferences are ascertained, and subsequently observed/respected where accessing services.

## Method

The survey questions were designed by the LGBT HIP Support Officer under the supervision of the LGBT HIP Project Manager. Questions were shaped by background knowledge of the subject area and in response to a request to conduct research into patient experience of hospital care.

The survey was hosted on SurveyMonkey and promoted on Switchboard's facebook page, promoted in the LGBT HIP newsletter and promoted independently via email to the LGBT HIP Mailing list & Organisations mailing list. The LGBT HIP Support Officer also took hard copies of the survey to Trans groups in the city and encouraged/supported attendees to complete the survey.

The data from this survey was collated, reviewed and analysed by the LGBT HIP Support Officer, who has put forward formal recommendations, sponsored by the LGBT HIP Project Manager, and some recommendations which have been negotiated and submitted in partnership with Right Here – in response to the findings from their consultation exercise.

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<sup>1</sup> <http://www.gires.org.uk/health/hospital-accommodation-of-trans-people-and-gender-variant-children>

<sup>2</sup> [http://www.stonewall.org.uk/sites/default/files/unhealthy\\_attitudes.pdf](http://www.stonewall.org.uk/sites/default/files/unhealthy_attitudes.pdf)

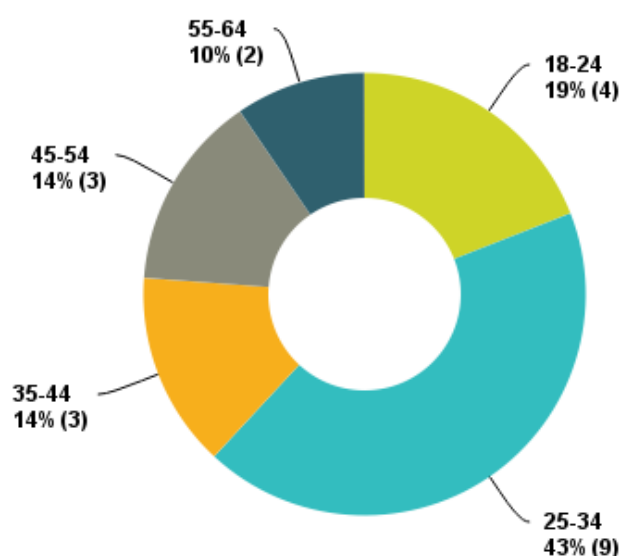
## Demographic

Participants were all first presented with an initial screening question, which limited the sample, by self-exclusion of participants who did not meet certain criteria. The screening question limited the sample to *'trans people who live, work, study or socialise in Brighton and Hove'*. After this question there were a total of 31 eligible respondents.

At the end of the survey, data was collected on participants' age, sexual orientation, gender identity, ethnicity and disability.

### Age

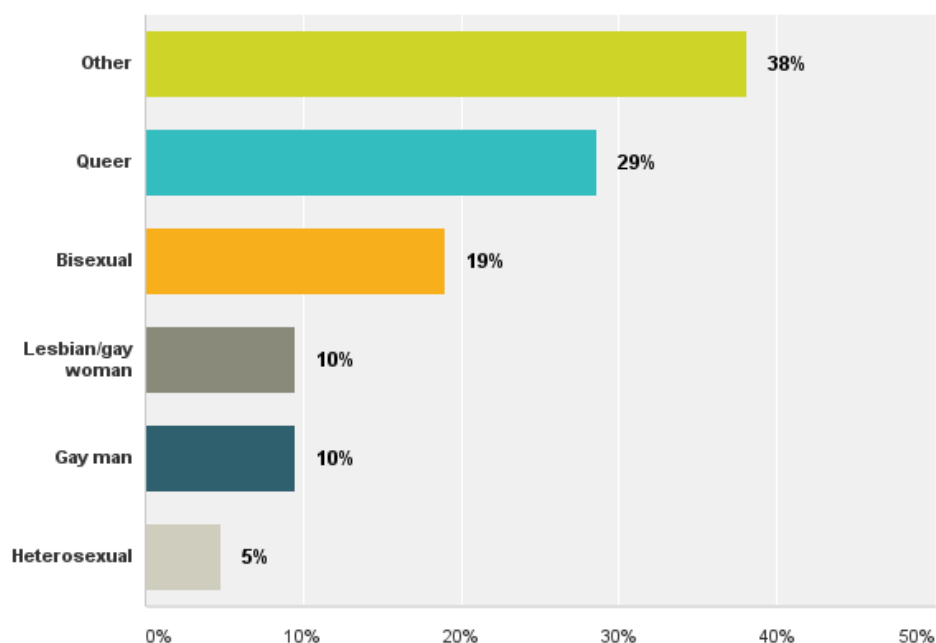
(21 respondents)



The majority of respondents (62%) were under the age of 35. The largest single age group was 25-34 year olds (43%) and the second largest age group was 18-24 year olds (19%).

### Sexual Orientation

(21 respondents)

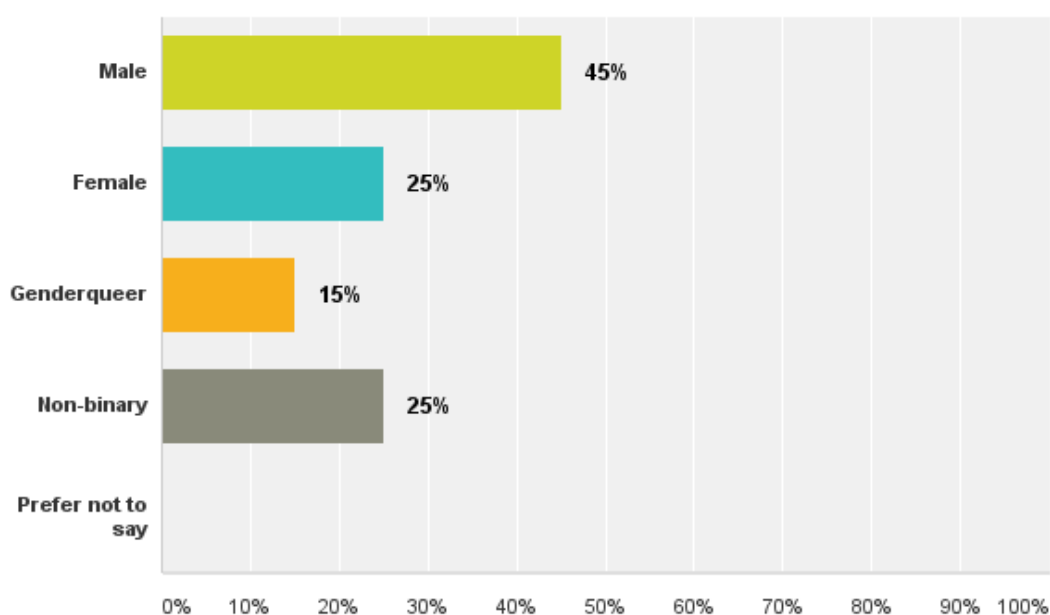


Participants were asked to select which of the orientations listed described them and were permitted to select more than one option

38% of respondents (the largest percentage of any group) indicated that they identified with an 'other' orientation – i.e. an orientation which was not listed.

One respondent suggested that their sexuality was flexible and responsive to their gender identity, another identified as asexual, one identified as pansexual, and one respondent stated that they were 'still deciding'. One respondent stated that they identified their sexuality as a 'trans man' – suggesting some personal association between gender and sexuality.

### Gender Identity (20 respondents)



Participants were asked to select which of the gender identities from the following list listed best described them –

Male, Female, Genderqueer, Non-Binary, Other, or prefer not to say.

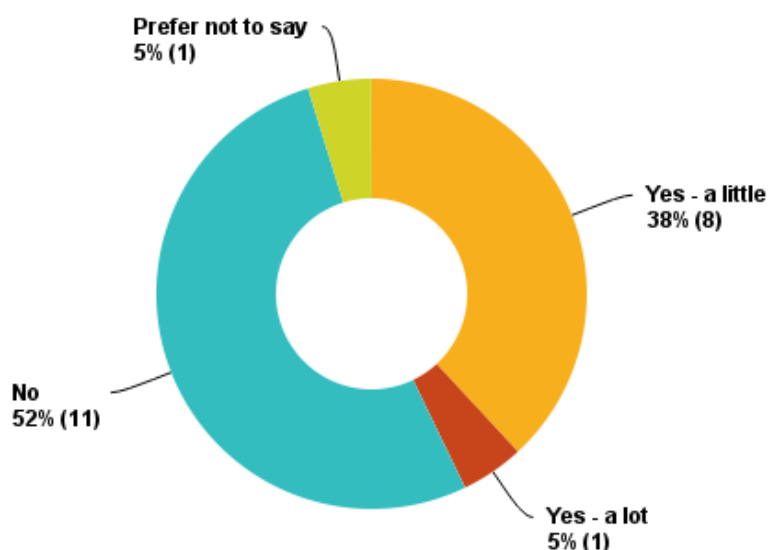
Respondents were permitted to select more than one option and were also presented with an open field in which to describe other gender identities which did not fit into those options.

45%(9) of respondents identified as male, 25%(5) of respondents identified as female, 25% of respondents identified as non-binary, 15%(3) of respondents identified as genderqueer and one respondent completed the 'other' field as 'trans male' – suggesting a gender in which the respondent's trans identity was a significant factor.

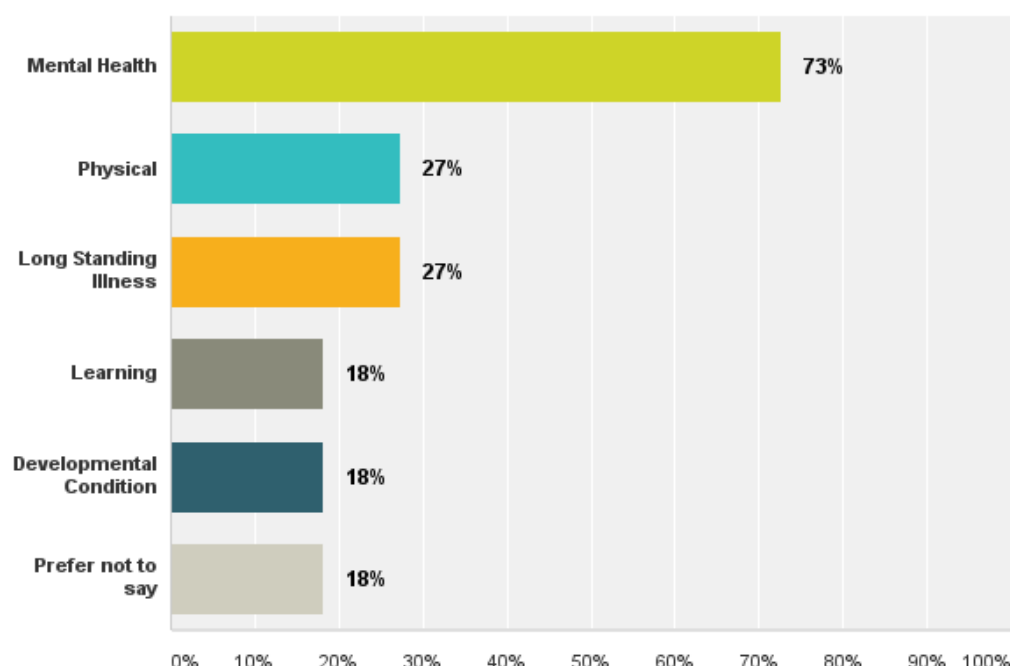
### Disability/Long Term Health Condition (21 respondents)

Participants were asked: *Are your day to day activities limited due to being a disabled person?*

43%(9) of respondents indicated that their day to day activities were limited due to a disability, 38%(8) indicated that their day to



day activities were limited a little and one respondent indicated that their day to day activities were limited a lot.



Of those respondents who indicated that their day to day activities were limited due to a disability, 73% (8) indicated that they had a mental health condition, 27% (3) indicated that they had a physical impairment, 27% (3) indicated that they had a long standing illness, 18% (2) indicated that they had a learning disability and 18% (2) indicated that they had a developmental condition.

None of the respondents indicated that they had a sensory impairment.

### *Ethnicity*

(21 respondents)

Respondents were asked to select from a list of terms to describe their ethnic background. 76% (16) identified as being of White British heritage, with 67% (14) of all respondents identifying as being of White British heritage only, one respondent identifying as being of mixed White British and White Irish heritage and one respondent identifying as being of mixed White British and Other White heritage. A further two respondents identified as being of Other White heritage only (with the total number of respondents identifying as being of mixed or exclusive Other White heritage standing at 14% (3)). One respondent indicated that they were from an Asian or British Asian Other background, bringing the total number of respondents identifying as being of BME heritage to 33%.

### *Neighbourhoods*

(20 respondents)

Respondents were asked to indicate the first part of their postcode. The geographic distribution of respondents is indicated in the table below.

Postcode Area	BN1	BN3	BN3	Other
#Respondents	30% (6)	30% (6)	35% (7)	5% (1)

## Recent Experiences of Hospital Care

Participants were asked: *Have you visited a hospital over the past five years?*

**(q1: 31 respondents)**

- 87%(27) of respondents indicated that they had visited a hospital over the past five years.
- 13%(4) of respondents indicated that they had not visited a hospital over the past five years.

## Recent Experiences of Hospital Accommodation

The 27 respondents who indicated that they had visited a hospital over the past five years were presented with a definition of day admissions and inpatient admissions and were asked: *Have you been admitted to hospital as a day patient or inpatient at any time over the past five years?*

**(q2: 27 respondents)**

- 85%(23) of respondents indicated that they had been admitted as a day patient or inpatient over the past five years.
- 15%(4) of respondents indicated that they had not been admitted as a day patient or inpatient over the past five years.

The 23 respondents who indicated that they had been admitted as a day patient or inpatient over the past five years were asked a series of questions about their experiences of hospital accommodation (Q2a-h)

In their responses to these questions, a number of respondents indicated that they had been treated in a private hospital. Though this was not a factor considered in the initial design of the survey, we have observed some significant correlations between those respondents who indicated that they had received private hospital care and their patient experience. These observations are therefore outlined within this section.

Participants were asked: *When you have been admitted to hospital as a day patient or inpatient...*

*Were you offered accommodation on a single-sex ward appropriate to your gender?*

Respondents were able to choose from responses Yes, No, Unsure and Not Applicable

**(2a: 19 respondents)**

42%(8) of respondents indicated that they had not been offered accommodation on a single-sex ward appropriate to their gender. 21%(4) of respondents indicated that they had been offered accommodation on a single-sex ward appropriate to their gender. 32%(6) of respondents indicated that this was not applicable and one respondent indicated that they were unsure.

Of those 15 respondents who **did not** state that they had received private hospital care, 53%(8) indicated that they had not been offered accommodation on a single-sex ward appropriate to their gender.

*Were you offered accommodation in a separate room?*

Respondents were able to choose from responses *Yes, No and Unsure*

**(2b: 19 respondents)**

63% of respondents indicated that they had been offered accommodation in a separate room, with 37% of respondents indicating that they had not been offered accommodation in a separate room

All respondents who indicated that they had received private hospital care indicated that they were offered accommodation in a separate room. Of those 15 respondents who **did not** state that they had received private hospital care, nearly half, 47% (7), indicated that they had not been offered accommodation in a separate room. Only 53%(8) had been offered accommodation in a separate room.

*Were you consulted on where you would feel most safe and comfortable?*

Respondents were able to choose from responses *Yes, No and Unsure*.

**(2c: 19 respondents)**

89%(17) of respondents indicated that they had not been consulted on where they would feel most safe and comfortable.

None of the respondents who **did not** state that they had received private hospital care indicated that they had been consulted on where they would feel most safe and comfortable.

*Were you able to access necessary toiletries and facilities for daily grooming specific to your gender presentation?*

Respondents were able to choose from responses *Yes, No, Unsure and Not Applicable*.

**(2d: 19 respondents)**

16% of respondents indicated that this was not applicable to them. When those respondents were removed from the sample, 69%(11) of respondents indicated that they were able to access necessary toiletries and facilities for daily grooming specific to their gender presentation, while over one quarter indicated that they were not. Of the 4 respondents who stated that they had received private care this rose to 100%

Of the 12 respondents who **did not** state that they had received private hospital care, 42% (5) of respondents indicated that they were not able to access the necessary toiletries and facilities.

*Were you able to access everyday healthcare items related to trans-specific health needs? (i.e. dilators, prescribed hormones/blockers etc.)*

Respondents were able to choose from responses *Yes, No, Unsure and Not Applicable*.

**(2e: 19 respondents)**

A high percentage of respondents indicated that this was not applicable to them (53%). When those respondents were removed from the sample, one third (3) of respondents indicated that they had not been able to access everyday healthcare items related to trans-specific health needs.

Of the 6 respondents who **did not** state that they had received private hospital care, half (3) indicated that they had not been able to access everyday healthcare items related to trans-specific health needs.

*Were you supported in your regular healthcare routine/grooming by hospital staff where required?*

Respondents were able to choose from responses *Yes, No, Unsure* and *Not Applicable*.

**(2f: 19 respondents)**

A high percentage of respondents indicated that this was not applicable to them (53%). When those respondents were removed from the sample, 44% (4) of respondents indicated that they had been supported in their regular healthcare routine/grooming by hospital staff and the same percentage indicated that they had not been supported.

In patients who **did not** state that they had received private hospital care, only 29%(2) of respondents indicated that they had received support in their regular healthcare routine/grooming by hospital staff, with 57% (4) indicating that they had not.

*Were you satisfied that your needs as a transgender person were met in relation to your accommodation requirements?*

Respondents were able to choose from responses *Yes, No, and Unsure*.

**(2g: 19 respondents)**

Overall, 63% of all respondents indicated that they were satisfied, while nearly one third (32%(6)) indicated that they were not.

All of the patients who stated that they had received private hospital care indicated that they felt satisfied that their needs as a transgender person were met in relation to their accommodation requirements.

In patients who **did not** state that they had received private hospital care, 40% (6) indicated that they were not satisfied that their needs as a transgender person were met in relation to their accommodation requirements, 53% (8) indicated that they were satisfied, and one respondent indicated that they were unsure.

Notably, non-binary respondents were the least likely to feel satisfied that their needs had been met with 75%(3) of non-binary respondents indicating that they did not feel that their needs as a transgender person were met in relation to their accommodation requirements.

Participants were asked *Do you have any further comments on your experiences of hospital accommodation as a trans person?*

**(2h: 13 respondents)**



Four respondents indicated that their experiences were related to a **private hospital care provider**. Of these, one respondent said that their care was from a private provider paid for by the NHS while the other three explicitly named the Nuffield hospital. Of those that named the Nuffield hospital, one of these stated that their treatment was under an NHS care pathway while the other two explicitly stated that their experience was related to treatment for gender-related surgery. Half of the respondents who stated that their experience was of private hospital care did so in neutral terms and the other half did so in very positive terms.

*I received superlative care from a fantastic team.*

*The staff, whether medical or administrative never once mis-gendered me or made a big deal of me being transgender.*

Three respondents who did not indicate that their experiences related to private hospital care offered **positive feedback** on their experiences - one as a post-surgical inpatient at the Princess Royal following a hysterectomy, and two others describing admissions unrelated to their trans status where this had not presented any issues for them.

*My trans status wasn't discussed and I was placed on a mixed ward which was fine for the period of time*

*It wasn't treated as anything odd or unusual at all.*

This was not, however, reflected in the experiences of many respondents. One respondent suggested that they felt judged, '*not by what was said but by their shortness tone of voice and body language*'. While non-verbal hostility can be hard to quantify, others recalled specific experiences of direct and indirect discrimination.

A number of comments outlined particularly stressful incidents in which hospital staff would forcibly arbitrate over trans patient's records, accommodation and treatment in a highly violating fashion, **breaching patient dignity and consent**. One trans woman recalls:

*I was made to stay in a male ward and the nurse went to 'change forms into the correct gender' when she found out I'm trans.*

Another Non-binary respondent reported:

*I was [...] forced an HIV test*

For non-binary respondents in particular, ward allocation and administration was a dominant issue. While one non-binary respondent indicated that they had taken steps to proactively address this issue in their pre-op consultation, they also suggested: '*I don't know if it would have come up otherwise*' – a concern reflected in the experiences of other non-binary respondents.

*They kept changing my notes from Mr to Miss regularly. Every 30 mins to be precise.*

*Completely disregarded my gender.*

*No gender neutral facilities available. I have been admitted as both female and male. no option to reflect my gender.*

## Meeting Trans Patients' Needs

Participants were asked: *When visiting hospital in the past five years, do you feel that the care you have received has adequately met your needs as a trans person?*

Respondents were able to choose from responses Yes and No, and were prompted for detail with the provision of a comment box asking *Why/Why Not?*

### **(q3: 22 respondents)**

55%(12) of respondents indicated that they did not feel that the care they received had adequately met their needs as a trans person, with only 45%(10) indicating that they did feel that the care they had received had met their needs.

Male-identified respondents were the most likely to feel that their needs had been met at 67%(6). Female-identified respondents were less likely to feel that their needs had been met, with 60%(3) feeling that their needs had not been met. Non-binary identified respondents were the least likely to feel that their needs had been met with 80%(4) indicating that they felt their needs had not been met.

In the comments elaborating on why they felt that their needs as a trans person had or had not been met, misgendering of patients was a key issue, sometimes expressing itself through **verbal misgendering**, and sometimes through **inappropriate ward allocation**.

Some comments also suggested instances of misgendering which indicated staff's refusal to acknowledge the trans patient's identity on the basis of their privileged access to highly sensitive information such as exposure to patients' bodies or previous names. One respondent directly commented on how they found this to be intimidating; the damaging impact this had on the patient/staff relationship and the resulting impediment to patient/staff communication

*I was misgendered after they found out I had breasts under my binder. They kept calling me Miss and once 'she/he'*

*I was constantly called by my birth name even though i had legally changed it and had my new name on my health records, and I was never asked if I had preferred pronouns and felt scared to tell them.*

Two respondents indicated that they had been subject to inappropriate questioning, with one elaborating:

*Medical professionals require health information understandably, but my doctor puzzled me on lower surgery and quizzed why I will/won't be having it - despite my visit being completely unrelated. I found this invasive.*

Other respondents reported that they had experienced incidents of direct, phobic discriminatory behaviours from members of staff. These were, however, generally contextualised in contrast to examples of more sensitive and appropriate behaviours in other contexts, indicative of an inconsistency of standards.

*Just felt like I was treated as if I was a loony tune or a joke and not treated like a regular person. Maybe because of the individuals personal beliefs and lack of exceptance, as other staff where very nice [sic]*

*Doctors/Nurses: I have never had any problem from medical professionals. That's all fine. Admin Staff: have had open hostility from admin staff and I feel my care has suffered because of it (Basically after a negative encounter with a transphobic admin bod a whole load of admin problems followed – my change of address wasn't registered, letters went missing, it caused lots of stress.*

*The hospitals are not prepared or understand non-binary identities. However I have been present when trans friends who are binary have been admitted and they were respectful of their needs.*

## Trans People's Confidence in/ Concerns About Hospital Care

Participants were asked: In the past five years, have you experienced any anxiety in relation to receiving hospital care as a transgender person?

Respondents were able to choose from responses Yes and No.

**(q4: 25 respondents)**

80%(20) of respondents indicated that they had experienced anxiety in relation to receiving hospital care as a transgender person with only 20% (5) indicating that they had not.

Respondents who indicated that they had experienced anxiety in relation to receiving hospital care as a transgender person were asked: *Are there any specific concerns related to this anxiety?* To answer this question, respondents were presented with a list of potential concerns and were asked to rate their level of concern in each area, and were also provided with an open field box to state any concerns which were not listed.

The list of potential concerns consisted of the following:

- *I am concerned about being misgendered.*
- *I am concerned about being misgendered on the basis of my body's appearance.*
- *I am concerned about disclosing my trans status.*
- *I am concerned that I will experience discrimination from members of staff.*
- *I am concerned that I will experience a lack of understanding from members of staff.*
- *I am concerned that my care will be negatively affected as a result of discrimination.*
- *I am concerned that my care will be negatively affected due to a lack of understanding.*
- *I am concerned about receiving intimate care.*

Respondents were asked to rate their level of concern for these areas from the following options: *Not concerned, A little concerned, Moderately concerned and Very concerned.*

These ratings were collected as weighted values attributed to each concern – with those rated as being the lowest concern being weighted as 0 and those rated as being the highest concern being weighted as 3. A mean weighted value was then calculated for each area of concern across respondents.

**(4a: 18 respondents)**

	Not Concerned	A little concerned	Moderately concerned	Very concerned	Averages	
	0	1	2	3	Median	Weighted Mean Average
I am concerned about receiving intimate care.	6% 1	11% 2	11% 2	72% 13	Very Concerned (72%)	Very Concerned (2.50)
I am concerned that I will experience a lack of understanding from members of staff	0% 0	11% 2	39% 7	50% 9	Very Concerned (50%)	Moderately Concerned (2.39)
I am concerned that my care will be negatively affected due to a lack of understanding	6% 1	11% 2	28% 5	56% 10	Very Concerned (56%)	Moderately Concerned (2.33)
I am concerned about being misgendered	11% 2	11% 2	28% 5	50% 9	Very Concerned (50%)	Moderately Concerned (2.17)
I am concerned about being misgendered on the basis of my body's appearance	17% 3	6% 1	33% 6	44% 8	Very Concerned (44%)	Moderately Concerned (2.06)
I am concerned that my care will be negatively affected as a result of discrimination	11% 2	28% 5	33% 6	28% 5	Moderately Concerned (33%)	Moderately Concerned (1.78)
I am concerned that I will experience discrimination from members of staff	0% 0	44% 8	33% 6	22% 4	A little concerned (44%)	Moderately Concerned (1.78)
I am concerned about disclosing my trans status	22% 4	33% 6	17% 3	28% 5	A little concerned (33%)	Moderately Concerned (1.50)

In relation to all of the given concerns but one (disclosing trans status), over 50% of respondents were moderately concerned or very concerned – although still in this category 45% of respondents indicated that they were moderately or very concerned about disclosure. The largest single concern was receiving intimate care with 72% (13) of respondents indicating that they were very concerned about this area of care.

Notably, a far greater proportion of respondents were moderately or very concerned that their care would be negatively affected as a result of a lack of understanding (84%:15) than were moderately or very concerned that their care would be negatively affected as a result of discrimination (61%:11), suggesting that respondents felt that their care may be more likely to be negatively affected by a lack of understanding than by direct discrimination.

The two other concerns submitted in response to this questions outlined more general concerns which offered some wider context to the specific concerns outlined in the question

*Being in hospital one is often in quite a vulnerable and exposed position and it can feel very much that you are at the mercy of staff. Lack of understanding can have a detrimental effect but can be very difficult to address as a patient.*

*Whilst I had excellent care from the private hospital, it was for trans-specific surgery. I worry about how an ordinary NHS hospital will see my body.*

Respondents who indicated that they had experienced anxiety in relation to receiving hospital care as a transgender person were asked: *Have you ever avoided accessing hospital care as a result of this anxiety?*

**(4b: 18 respondents)**

61%(11) of respondents to this question indicated that they had avoided accessing hospital care as a result of that anxiety – representing almost half of respondents overall.

### Levels of Confidence in Accessing Hospital Care

Participants were asked: *Would you feel able to complain about direct or indirect discrimination or harassment you may have experienced in hospital on the basis of being transgender?*

Respondents were able to choose from responses Yes and No.

**(q5: 23 respondents)**

61%(14) of respondents indicated that they would feel able to complain about discrimination or harassment while a substantial 39%(9) indicated that they would not feel able to complain.

Participants were asked about their levels of confidence around disclosing their transgender identity and/or preferred name and pronouns in a hospital setting. They were asked to rate their levels of confidence around disclosure on a scale from 1-5 in relation to the following scenarios (one being not at all confident and 5 being very confident):

- Disclosure where *asked by administrative staff as standard procedure*.
- Disclosure where *asked by clinical staff as standard procedure*.
- Disclosure where *not asked*.

Confidence ratings were collected as weighted values awarded to each scenario – with ‘not at all confident’ being weighted as 0 and ‘very confident’ weighted as 4. A mean weighted value was then calculated for the level of confidence in each scenario across respondents.  
(q6: 23 respondents)

Responses suggested highly variable levels of confidence across respondents, reflecting a variety of previous experiences and positions. There appeared to be a greater level of confidence in disclosure to clinical staff than to administrative staff – possibly due to a perception of clinical staff having a greater understanding of trans issues and identities, and higher standards of professional practice.

	Not at all confident		Very confident			
	0	1	2	3	4	Weighted Average
<b>Asked by administrative staff as standard procedure</b>	17% 4	13% 3	17% 4	30% 7	22% 5	2.26
<b>Asked by clinical staff as standard procedure</b>	10% 2	19% 4	24% 5	14% 3	33% 7	2.43
<b>Not asked</b>	48% 10	10% 2	24% 5	5% 1	14% 3	1.29

Crucially, however, the key variable in terms of levels of confidence related to being asked in the first place. Nearly half of all respondents indicated that they would not be at all confident in disclosing their transgender identity and/or preferred name or pronouns if they were not asked.

## Misgendering

Participants were asked: *In the past five years have you ever been misgendered by hospital staff?*

Respondents were able to choose from responses Yes and No.

(q7: 23 respondents)

61%(14) of respondents indicated that they had been misgendered by hospital staff

The 14 respondents who indicated that they had been misgendered by hospital staff over the past five years were asked a series of questions about their experiences of being misgendered (Q7a-d)

Participants were asked: *If you have been misgendered by hospital staff in the past five years...*

*Have you ever felt that this was deliberate?*

Respondents were able to choose from responses Yes, No and Unsure

**(7a: 14 respondents)**

36%(5) of respondents felt that misgendering was deliberate

36% (5) of respondents felt that misgendering was not deliberate

29% (4) of respondents indicated that they were unsure whether or not misgendering was deliberate

*Have you ever felt that this was related to a lack of control over your physical appearance in a hospital environment?*

Respondents were able to choose from responses Yes, No and Unsure

**(7b: 14 respondents)**

64%(9) of respondents indicated that they did feel that misgendering was related to a lack of control over their physical appearance in a hospital environment

21%(3) of respondents indicated that they did not feel that this was related to a lack of control over their appearance

14%(2) of respondents indicated that they were unsure

*Have you ever felt that this was due to a lack of awareness and understanding?*

Respondents were able to choose from responses Yes, No and Unsure.

**(7c: 14 respondents)**

93% of respondents indicated that they felt misgendering was due to a lack of awareness and understanding

3% of respondents indicated that they were unsure whether misgendering was due to a lack of awareness and understanding.

*If the member of staff was aware that they had misgendered you did they apologise and/or correct themselves?*

Respondents were able to choose from responses Yes, No, Unsure and Not Applicable.

**(7d: 14 respondents)**

50%(7) of respondents indicated that members of staff who were aware that they had misgendered someone did not apologise and/or correct themselves.

29%(4) of respondents indicated that members of staff had apologised and/or corrected themselves.

14%(2) of respondents indicated that they were unsure whether the member of staff had apologised and/or corrected themselves.

Participants were asked to rate their prospective levels of confidence in correcting staff who had misgendered them on a scale from 0-4 (0 being not at all confident and 4 being very confident). The question was posed: *If you were misgendered by hospital staff, how confident would you feel in challenging or correcting them?*

Respondents were also presented with an open field text box and prompted for any further specific comments on this issue.

**(q8: 23 respondents)**

Not at all confident		Very Confident			
0	1	2	3	4	Weighted Average
22% 5	26% 6	13% 3	22% 5	17% 4	2.48

A number of respondents suggested concerns that they would not be taken seriously because they were at an early stage in their transition and/or not taking hormones. Supporting these concerns, one respondent reflected upon the way in which their situation and level of confidence had developed over the course of their physical transition:

*I present fully as male, don't get misgendered at all these days so I'm not really sure how I'd react to it now. Probably I'd assume it was a mistake rather than being rude really. Back when I did get misgendered regularly it would have been very different, upsetting and I doubt I'd have had the confidence to say anything. Now I do have the confidence but it doesn't happen, which is probably related - it doesn't happen so I'm more confident, I'm more confident so it doesn't happen.*

Many written comments suggested a strong sense of vulnerability associated with a lack of confidence, exacerbated by the medical environment and the presence of medical staff as authority figures. One respondent in particular, who had indicated that they would not feel at all confident in challenging or correcting misgendering stated that their experiences related to treatment in a psychiatric ward.

In many of the responses there was a sense of disempowerment and a lack of accountability – one respondent specifically recommended:

*There should be an easily accessible complaints procedure and staff should be given more information and training to adequately and respectfully meet patients emotional and physical needs.*



## Sharing Personal Information

Participants were asked if they had been formally asked for their preferred Name, Gender identity or preferred pronoun by hospital staff in the past five years, and whether this information had been observed and respected. The question was posed: *In the past five years, have you ever been formally asked for any of the following information by hospital staff?:*

- Preferred Name,
- Gender Identity,
- Preferred Pronoun

Respondents were able to choose from responses:

- Yes, and this has been consistently observed and respected
- Yes, but this has not consistently been observed and respected
- Yes, but this has not been observed and respected
- No, I have not been asked
- Not sure

**(q9: 23 respondents)**

	Yes, and this has been consistently observed and respected	Yes, but this has not consistently been observed and respected	Yes, but this has not been observed and respected	No, I have not been asked	Not sure	Total
Preferred Name	26% 6	9% 2	0% 0	65% 15	0% 0	23
Gender Identity	13% 3	9% 2	0% 0	74% 17	4% 1	23
Preferred Pronoun	0% 0	4% 1	9% 2	83% 19	4% 1	23

For all three; preferred name, gender identity and preferred pronoun; the majority of respondents had not been asked. In no instances where respondents asked for their preferred pronoun had this information been consistently observed and respected.

Participants were asked: *How comfortable would/do you feel about members of staff sharing information about your gender identity and preferred pronouns (as well as your transgender identity where appropriate) within your medical notes?*

They were asked to rate their levels of confidence around disclosure on a scale from 0-4 in relation to the following scenarios (0 being not at all confident and 4 being very confident). Respondents were also provided with an open text box following this question and prompted for any further comments on this issue

**(q10: 23 respondents)**

Very Uncomfortable		Very Comfortable			Weighted Average
0	1	2	3	4	
17% 4	4% 1	26% 6	17% 4	35% 8	2.48

Written comments were broadly supportive of the sharing of information where this was appropriate and necessary. One respondent who had, in a previous question, reported that they had been placed in a ward inappropriate to their gender commented:

*If they listened to me, it wouldn't have happened.*

Other respondents echoed prospective benefits to the sharing of their personal information, though many were very keen to stress the importance of appropriate sensitivity and strict information governance around any such record sharing.

*I'd be happy for this information to be shared if it would help to improve staff's behaviour and understanding of my personal circumstances, but it would be important that this was handled in a sensitive way and that it was properly and consistently observed*

*If it means I don't have to go through the same questions over and over I'd rather they wrote name and pronoun down, but they should do that for everyone (eg do you prefer to be called by your first name or title and surname?), not just trans people. Trans status is only important where it is relevant to either the reason I'm in hospital or the treatment/assistance I need while there. They may well need to know initially to rule out involvement, but if they've ruled it out then it doesn't need to be in the notes.*

*No problems with gender identity / trans history being in medical notes as long as confidentiality was maintained. Has been relevant to the reason I was admitted to hospital in the past so I didn't see it as a problem for it to be recorded.*

Participants were asked: *Have you ever been asked if you identify as Lesbian, Gay, Bisexual or transgender during monitoring by hospital staff?*

Respondents were able to choose from responses Yes and No, and were provided with an open text box within which they were prompted to comment on if and why they felt that this was appropriate and sensitively handled.

**(q11: 23 respondents)**

65%(15) of respondents indicated that they had not been asked this question with only 35% (8) of respondents indicating that they had been asked.

Of the four respondents who offered text comments in response to this question, one stated that they wished they had been asked, while another felt that they should not have been asked in the presence of a friend. The other two respondents criticised the way in which such data was collected, suggesting that the format of data collection presented a barrier to access in itself:

*I felt the form was clumsy in its data collection, it did not employ best practice and found it very difficult to fill in.*

*I don't think I've been asked verbally by staff but I have completed monitoring forms. I understand the need for monitoring but the same forms often ask for one's sex or gender in an entirely binary way which erases me as a non-binary trans person, so I generally avoid completing them altogether as it's quite stressful and dysphoria inducing.*

## Improvements/Final Comments

Participants were asked: *What changes, if any, would you like to see in the way trans people are treated and cared for in hospitals in Brighton & Hove?*

Respondents were provided with an open field text box in which to respond to this question.

### **(q12: 13 respondents)**

An increased level of awareness, understanding and respect, and all that entails was by far the highest priority, with several specific priorities within this remit set out across the range of comments. As well as training and staff development, there was also a demand for an improved awareness and respect of patients' individual needs and identities. A number of respondents suggested that all patients' Trans / LGBT status, as well as personal pronouns etc should be more openly addressed and respected, and should not be prefigured by poorly informed generalisations:

*I would like to see a higher level of awareness when it comes to dealing with transgender patients. An awareness that anybody could potentially be transgender regardless of age/race/class/disability/ or anything else. I would like all hospital staff to be trained in how to treat a transgender patient with respect.*

*I'd like to be asked if I'm LGBT to avoid an uncomfortable situation arising, rather than always having to battle my case.*

*Non-binary and trans people are forced into wards which do not represent their gender expression, which can cause a lot of psychological stress. Understanding of this and letting people chose their ward or 'co-gendered' wards.*

*More awareness of non-binary identities. Asking all patients their preferred name and pronouns so the patients (trans especially) don't feel that they have to challenge and correct staff.*

*Staff to be better informed about trans needs and identities. Staff not to gender and address patients on the basis of an ill-informed, cissexist personal judgement on their appearance or their body type.*

*More widespread training for staff for helping people understand simple concepts and terminology & respectful ways to approach trans people/ ask questions*

Participants were asked: *Do you have any further comments relating to your experience of hospital care or accommodation as a transgender person?*

Respondents were provided with an open field text box in which to respond to this question.

### **(q13: 11 respondents)**

The comments in this section all reflected the various themes which had emerged throughout earlier questions. A number of respondents reflected on positive

experiences of hospital care while some others described or reasserted previous or ongoing incidents which were indicative of a lack of understanding and sensitivity.

*I have been asked by doctors before in A&E personal questions that I felt weren't relevant to my care such as 'why did you want to become a man?' and whether or not I have had surgeries. I also had an experience where a nurse who was caring for my post hysterectomy didn't know I was transgender or what surgery I had, when asked by a doctor (a conversation I overheard them having at reception).*

There were also a couple of responses which again called for a greater degree of accountability – expressing clear frustration against the iniquity of abuses experienced in hospital care settings.

*There needs to be a good complaints system procedure as a lot of abuse goes on but, I feel like there is no where to turn and nothing gets done about it. I feel there is no justice.*

*The kind of respect and understanding I would like to see from staff is really very basic and should be upheld as standard practice in the NHS. It's degrading to have to ask and we shouldn't have to. As a patient I shouldn't have to educate the people responsible for my care about my basic needs. I shouldn't have to assert my right to respect and privacy - it should come as standard. I shouldn't have to feel intimidated and out of place in a medical environment purely because of staff ignorance.*

## Key Themes

### Inconsistent Standards

There are examples of trans people having positive experiences of hospital care, particularly in the private sector (as shown in the breakdown of responses to question 2) – one respondent described the care they received as ‘superlative’(q2h), however these standards appear to be highly variable with a number of respondents indicating that they had been misgendered, accommodated on wards inconsistent with their gender, subjected to inappropriate and invasive questioning (q13), or other experiences respondents found humiliating.

The prevalence of positive experiences clearly demonstrates that a high standard of care and dignity for trans patients is achievable, prospectively offering a model of best practice which might be used to develop areas in which these standards are not consistently met. The responses to this survey demonstrate very clearly that in order to provide a hospital care environment where trans people feel secure and supported it is crucial for all members of staff to adhere to a clear, uniform set of standards around patient dignity which address the needs of trans patients. This is strongly reflected in responses to question 12 which asks what changes trans people would like to see in hospital services in Brighton & Hove with ‘Respect’ and ‘Patients’ being the most used words across all responses, while awareness, training and understanding formed a parallel central theme.

### Hostile Behaviours

Even where staff may appear to deliver an adequate standard of clinical care, and are not directly discriminatory, patients can often feel bullied, intimidated and undermined by non-verbal actions and behaviours which compromise the trust of the patient – prospectively leading to a breakdown in communication and a compromised standard of care. While one respondent described feeling judged, ‘*not by what was said but by their shortness tone of voice and body language*’(2h), other patients described staff behaving in a presumptive or dismissive manner and failing to deliver an adequate standard of patient-centred care by disregarding patients’ gender expression, preferred pronouns, right to privacy and dignity and other needs. It is notable that this correlates with relatively low levels of confidence in challenging or correcting instances of misgendering, with one respondent commenting that their level of confidence : ‘*depends on how the doctor/nurse comes across (body language and tone etc.)*’. Another respondent commented:

*I was constantly called by my birth name even though i had legally changed it and had my new name on my health records, and i was never asked if i had preferred pronouns and i felt scared to tell them.*

Another reflected:

*I present fully as male, don't get misgendered at all these days so I'm not really sure how I'd react to it now. Probably I'd assume it was a mistake rather than being rude really. Back when I did get misgendered regularly it would have been very different, upsetting and I doubt I'd have had the confidence to say anything. Now I do have the confidence but it doesn't happen, which is probably related - it doesn't happen so I'm more confident, I'm more confident so it doesn't happen.*

### Lack of Knowledge and Understanding

The greatest single issue for the majority of respondents appear to be rooted in a lack of staff knowledge and understanding. Staff may be ignorant of trans identities, needs and

issues which may impede their ability to support and care for trans patients appropriately. This emerged as a key theme throughout the open-ended qualitative questions, mirroring the high quantitative percentage of respondents who indicated that they were concerned that their care would be negatively affected by a lack of understanding (84%:15). It is notable that this figure significantly exceeded the percentage of respondents concerned that their care would be negatively affected as a result of discrimination (61%:11) – although this figure was still high.

Some staff may have an awareness of the limitations of their own knowledge and experience, and may seek the patient's guidance around issues of their care. Many trans patients will welcome this honesty and will appreciate the opportunity to have a constructive input in this area. A key, concise response to question 12 – what changes respondents would like to see – was simply 'staff to listen to patients', while other responses also indicated that respondents were keen to be asked appropriate questions which might result in an improved patient experience. However, questions which are unrelated to the patient's care, and which are instead motivated by staff curiosity are generally perceived as invasive and inappropriate.

Other members of staff may be unaware that there are gaps in their knowledge and understanding – often resulting in a careless and/or misguided approach to trans patients. In all instances, regardless of staff's level of clinical knowledge, the most important factor is to have a well developed understanding of how to approach trans patients in a sensitive and appropriate manner. One respondent, who reported persistent misgendering commented 'if they listened to me, it wouldn't have happened'.

#### Poorly-Informed Assumptions Resulting in a Lack of Openness and Environmental Support

Treating trans patients with dignity and respect requires staff to acknowledge and respond appropriately to a patient's gender identity as they might for any other patient. However, as the responses to this survey have clearly indicated, this is frequently something which is arbitrarily judged or measured incorrectly. Many respondents reported that they had been misgendered; that staff had incorrectly presumed or projected their gender or needs as a trans patient which resulted in an inadequate standard of care. Responses to question nine clearly demonstrated that trans patients are rarely asked about their gender, pronouns or even their preferred name directly. Other responses within the survey suggest (and even directly state) that as a result, patients can feel intimidated and unable to assert themselves, resulting in an environment where they can feel exposed, afraid, intimidated and even violated; stripped of their dignity and subjected to the erasure of their identity.

#### Indirect and Institutionalised Discrimination

Many of the responses to this services make it very clear that there is a gap in the provision of care for and accommodation of patients with non-binary identities. One respondent states outright that: *The hospitals are not prepared or understand non-binary identities*. Another reflects upon how the standard gendering of forms results in outright disengagement:

*I understand the need for monitoring but the same forms often ask for one's sex or gender in an entirely binary way which erases me as a non-binary trans person, so I generally avoid completing them altogether as it's quite stressful and dysphoria inducing.*

Policies and facilities are dominated by the mandatory arbitration of the patient's identification as male or female which results in non-binary people suffering from discrimination, loss of dignity and an inadequate standard of care. Non-binary respondents

within the survey repeatedly reported the lowest levels of confidence in and satisfaction with hospital care across the majority of questions.

Further to this, across various demographics there emerged a sense of frustration around a lack of accountability, leaving trans patients not only faced by a disarming lack of awareness and understanding from hospital staff, but also feeling unsupported in addressing the challenges they may face in accessing hospital care as a result.

Central to all of these themes is a concerning breakdown of patient trust and confidence within the trans community. In a community repeatedly identified as having some of the poorest health outcomes(PHE LGBT Public Health Outcomes Framework Companion Document), it is of significant note that one third of **all** survey respondents indicated that they have avoided accessing hospital care as a result of anxiety around concerns specifically related to accessing hospital care **as a trans person**. As such we propose the following recommendations in partnership with Right Here, in response to the combined findings of both consultations:



## Recommendations

### 1. Getting Names & Pronouns Right

Both LGBT HIP & Right Here consultations identified correct usage and respect of trans patient's name and pronouns to be central to patient trust and confidence. Conversely, this has also been found to be chronically lacking in the previous experiences of many participants.

We welcome the Trust's recognition of this issue through its inclusion within the internally circulated '10 Tips for Improving Services for Trans People'. However, both consultations further found that many patients were not given the opportunity to safely communicate this information to staff. **As such we recommend that preferred names and pronouns of all patients should be requested as standard procedure, in order to promote a safe and inclusive environment for trans patients.** Such requests should not be dependent upon staff perceptions of patient presentation (i.e. whether a patient is perceived to be trans), and should be universally applied.

### 2. Developing Privacy & Dignity Policy to Acknowledge Privacy & Dignity of Trans Patients

While the Trust's *Privacy and Dignity Policy* is rightly designed to promote an environment in which patients' gender identity is acknowledged and respected, the current wording and application of this policy appears to prescribe a hospital environment structured around the binary gendered provision of care (i.e. it presumes that there are only two genders and that these will align with a patient's sex). This can be open to discriminatory or trans exclusive interpretation, reinforcing the policing of gender on the basis of sex. Furthermore it can be seen to prescribe an environment from which non-binary individuals (neither male nor female) are excluded.

**We recommend that the policy should acknowledge and incorporate the privacy and dignity requirements of trans patients.** These requirements should be thoroughly researched and assessed in ongoing consultation with the trans community, and may include the following, as identified by our consultations:

- Asking all patients for their preferred name and pronouns; respecting and observing these without question.
- Respecting patients' gender identity independent of the staff's judgement of patient appearance or anatomical presentation.
- Supporting patients to maintain their gender presentation; particularly where in hospital accommodation. Taking active steps to ascertain if such support is necessary.
- Supporting patients in maintaining medical treatment related to their trans care pathway such as hormone therapy, dilation etc; taking active steps to ascertain if such support is necessary.
- Facilitating access to appropriate toiletries and personal care products, discretely where necessary.
- Ensuring that trans patients are placed in accommodation appropriate to their gender identity and in which they feel safe and secure. This should be established through consultation with the patient upon or prior to admission wherever possible.
- Ensure that sensitive information can be disclosed safely and discretely.

We understand that this policy is already under review, and submit this recommendation in the hope that the updated policy will meet the above standards.



### 3. Promoting consistent standards of conduct and promoting best practice throughout hospital policy

Further to the development of the *Privacy and Dignity Policy*, **we recommend that the wider institutional establishment of standards of conduct and best practice for the care of trans patients be wholly integrated into wider hospital policy to promote consistently competent standards of care and practice.**

Equality Impact Assessments for all hospital policies must meet the highest standards of awareness around issues faced by this community in healthcare settings. In support of this aim the Trust may wish to consider ongoing consultation with local trans community organisations such as the Trans Alliance.

We observed that a number of participants in both consultations reported positive experiences of hospital care, suggesting good practice in some areas. To promote consistency, **we strongly recommend identifying existing models of best practice and promoting local and national knowledge sharing to develop standards in this area.**

### 4. Reviewing & Standardising Monitoring Practices

One particular area for development identified by both HIP and Right Here consultations was the collection & monitoring of patient information including gender identity. **We feel that development in this area is a key opportunity for trans inclusive practice to be demonstrated across departments.**

Data collection can often be found to conflate sex and gender, and/or marginalise transgender and non-binary patients by failing to include non-binary and other gender identities, while presenting trans identity as being mutually exclusive to the options male and female.

Both LGBT HIP and Right Here are happy to offer further direction and advice regarding the formatting and/or wording of any monitoring questions upon request.

### 5. Training & Development

Both LGBT HIP and Right Here found that participants had strong concerns around and/or poor experiences of a lack of understanding from staff. This was found to be a major factor in a lack of patient trust and confidence in accessing hospital services, resulting in disengagement from key services.

Although some staff appear to have a high level of awareness, even isolated instances of poor standards can undermine otherwise positive relationships and experiences. **As this appears to be an area in which current provision may be lacking we recommend a mandated programme of staff training and development around meeting the needs of trans patients to promote a consistent standard within the workforce.**

### 6. Visible Support of Trans Patients From the Trust

**Further to improving the internal standards of knowledge and understanding, to promote trust and confidence in hospital services we propose the development a cohesive plan of positive action targeted towards making trans patients feel acknowledged, respected, and supported by the Trust and within the hospital environment more broadly.**

This work should be implemented across all points of patient/public contact, and may include:

- acknowledging and signposting the needs of trans patients in appointment letters (including information about any sensitive questions which may be asked, requirements to remove sensitive garments or sensitive procedures which may be undertaken)
- placing trans-affirmative posters and literature in visible positions across hospital sites
- including information for trans patients on the Trust and CCG websites
- publishing written statements of support
- training and supporting staff to challenge transphobia from patients and other colleagues
- adopting trans inclusive recruitment practices.
- promoting trans engagement and representation on patient representative boards.

## 7. Trans Patient Information & Resources

Both LGBT HIP & Right Here's consultations found that patients lacked awareness of their rights within the hospital environment, as such **we recommend that steps be taken to ensure that all trans patients are properly informed of what to expect, their rights and responsibilities, and recourse to patient support and representation (including third party representation).**

All patients should be informed of any potentially sensitive procedures or other requirements in correspondence around scheduled appointments. We also strongly recommend the development of a visible and accessible patient resource providing accessible information around the issues listed above, as well as any other information which may help empower trans patients to take an active role within their own care.

## 8. Statement of Support From Patient Support Services

To promote patient confidence in services, and awareness of the representation and mediation available to them, **we recommend that that the local Clinical Commissioning Group should coordinate and promote a statement of support from the Trust PALS service, ICAS, Healthwatch, and any other advocacy services.** This should acknowledge the specific needs of trans patients and areas in which patients may benefit from representation, and affirm commitment to a cohesive culture of partnership working to best serve the needs of the trans community.

## 9. Patient Centred Care

Both Right Here and LGBT HIP consultations found that many participants had negative experiences as a result of approaches taken by staff which failed to account for their needs as individuals, and the role their trans status may play in shaping those needs. A number of incidents were reported in which trans patients' needs and identities were either dismissed or incorrectly presumed to the detriment of their experience and the standards of care provided.

Both consultations also found that participants had experienced inconsistent standards of care and trans awareness within key care pathways, and between primary and secondary care. We feel that these experiences contradict the core NHS values of patient centred care, and propose that the local NHS considers this impact in their ongoing work to promote these values.

While acknowledging that work to promote trans-inclusive and patient-centred care within the local NHS will be ongoing, **we propose that Clinic T's model of trans-centred healthcare presents a key opportunity for the accelerated development and provision of hospital care which centres the needs of trans patients.** This model offers the potential to allow trans patients access to a range of hospital services from which they may have otherwise disengaged.

## 10. Compliance

A key finding of both LGBT HIP and Right Here's consultations was an inconsistency of staff trans awareness and behaviours, in spite of standards set out by existing Trust guidelines and Trust provision of trans awareness training e-learning modules.

**Our final recommendation is therefore that compliance with all existing and future policies and training should be monitored and enforced throughout the Trust. This measure will help to ensure that trans patients accessing hospital care can expect to be met by consistent standards of care, dignity, safety, privacy and respect.**

## Acknowledgements

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## Key Contacts

*LGBT HIP Project Manager:* Meg Lewis  
[meg.lewis@switchboard.org.uk](mailto:meg.lewis@switchboard.org.uk)

*LGBT Switchboard Director:* Natalie Woods  
[natalie.woods@switchboard.org.uk](mailto:natalie.woods@switchboard.org.uk)