LGBTQ Kitemark Consultation

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 (LGBTQ) communities. 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.

1. Introduction

The need for an LGBT kitemark has been evidenced in several reports from consultations with LGBT communities in Brighton and Hove. In LGBT HIP's 2015 report on LGBT People's Views on Changes to Primary Care, we found that having a certified standard of LGBTQ awareness in services was a high priority for respondents. This need was again highlighted in our report on LGBT People's Experiences and Opinions on the Wellbeing Service (2016), where a key recommendation was for the Wellbeing Service to develop a scheme for LGBT people to easily identify LGBT-inclusive practitioners. Further to this, a recurring recommendation in most of our consultations is for clinical and non-clinical staff to undertake LGBT awareness training, which could be monitored under a quality assurance scheme.

In addition to the needs highlighted above, the Trans Alliance has recently received funding to develop a trans-specific kitemark for Brighton and Hove. Through discussions with the Trans Alliance, it was decided that LGBT HIP and the Trans Alliance would work together to develop an LGBT kitemark, with trans-specific criteria for statutory and private sector in Brighton and Hove.

This report documents the findings from our consultations with LGBT communities in Brighton and Hove to shape the kitemark scheme.

1.2 Background Research: Quality Assurance Schemes

As part of this consultation, we have undertaken a thorough review of existing LGBT quality assurance schemes in the UK. We have detailed a summary of findings from three of these schemes in *Table 1.*

All of the schemes included sit within LGBT organisation and are supported by paid workers. Two of the schemes charge a fee for participating service providers and the third scheme is looking to introduce this.

All of the awards require review and renewal after a set period of time, although this ranges from one to three years. Two of the existing schemes have a bronze, silver and gold level, and one has a single level for the award. All of the schemes follow the same model of having a list of criteria for services to meet.

Table 1 Existing LGBT Kitemark Schemes

	Pride in Practice	LGB&T Quality Mark	LGBT Charter of Rights
Design			
Organisation/ Group	LGBT Foundation	Lancashire LGBT	LGBT Youth Scotland
Fee for members	Free in for practices in Greater Manchester. GPs outside of Greater Manchester pay £350. Discounts for groups of 5 GPs or groups of 10.	£250- £350	Currently Free – although under review at the moment due to the amount of administration
Expiry	1 Year (Possibly extending to 3 years)	3 years	1 Year
Levels	Bronze, Silver, Gold	Single level	Foundation, Bronze, Silver, Gold
Process	Surgeries apply to take part in the scheme and will receive a training session, supported assessment and areas for improvement. At the end of the assessment, surgeries decide whether they would like to go for a bronze, silver or gold award. They receive support from a worker for 12 months. After 12 months, it is recommended that they have refresher training.	Organisations receive an application form and audit tool. Organisations complete a free audit tool and submit with evidence. They then work with Lancashire LGBT to develop an Action Plan- at which stage they are awarded a 'Working Towards…' charter mark (valid 2 yrs) On successful completion, they are awarded a full kitemark.	Organisations apply to become part of the scheme and undergo training which enables them to join the scheme. Whilst joining the scheme is free, however, the organisation pays for the training they have to undertake.

	Pride in Practice	LGB&T Quality Mark	LGBT Charter of Rights
How is it audited/ maintained?	The scheme started off based on self-assessment but has developed to be supported by a worker. Now a worker will visit the surgery for joint- assessment to ensure quality and consistency for practices.	Organisations submit an audit, along with evidence that they meet the criteria. Evidence can include copies of policies or procedures, photos of waiting rooms, content of training or copies of communication with LGBT content. Examples of types of evidence are included in the application pack. The administrator will go through the evidence and work with the service to develop an action plan to improve- whilst they are working towards this, they can use a 'Working Towards' kite mark. Once they have met all the actions in the action plan they can use the quality mark.	The audit itself is completed by service users of the organisation, these young people are asked to write a review of the service based on their experience of the setting, this takes into account location of building, accessibility, LGBT materials in the waiting area, LGBT awareness amongst staff etc... The service user writes a review and this is then fed back to the organisation by a staff member at LGBT Youth Scotland.
Content/ Criteria	[Currently being updated] Audit covers policies, reception environment, medical consultation, legislation, patient voice & sexual orientation monitoring.	The audit covers HR, welcoming environment, monitoring, feedback mechanisms, HIV, health screening, fertility referrals, staff development, changing records/names, equality act and public sector duties. There is also a question about whether the service has had a claim for discrimination around gender identity or sexual orientation in the past five years.	This is being reviewed at the moment. Currently it focuses primarily on the environment of the service and the way staff treat and respond to users.
Workers	Two full-time workers	One part-time administrator	19 staff work on the project part & full time.

1.3 Background: Other relevant LGBT Audits

London Friend

London Friend have a range of self-audit tools for commissioners and service providers (*pg. 89 of report*). They are designed to identify any areas that need immediate attention within the service, as well as identifying any policies that may need re-designing as a result of issues found within the self-audit. The audit is broad, and covers polices, operational planning, personal objectives for team members as well as team objectives.

London Friend also supply a guidance document to go alongside the checklist which provides the rationale of the audit. The audit is part of a package of LGB&T support interventions and the charity actively encourage people to get in touch with them if they need support with the audit.

The key headings/topics of the LGB&T audit for substance misuse providers are:

- Creating an LGB&T welcoming environment
- Interventions and referral pathways
- Demographic monitoring
- Professional Development
- Compliance with public sector duties

Stonewall Equality Index

The Stonewall Equality Index uses an index tool to benchmark the top LGB&T employers; it has been in place for 12 years with 2016 being the first year that trans inclusion was built into the Index. The Index has 100 employers listed in order of inclusiveness alongside several 'star' performers who are deemed to have shown consistent and outstanding levels of commitment to inclusiveness.

It is free for employers to enter the index and involves each entrant submitting a demonstration of their inclusion against Stonewalls best practice guide.

The headings in the guide cover the following areas:

- Employee policy
- Training
- Employee network group
- All-staff engagement
- Career development
- Line managers
- Monitoring
- Procurement
- Community engagement
- Additional work

3D Third Sector Support for Derbyshire

3D is a consortium of voluntary and community support agencies who work together to support the Third Sector community in Derbyshire. They have an equalities and diversity tool. The tool is not exclusive to LGB&T people as it covers different areas of diversity such as BME, learning disabilities etc.

It was developed by the consortium and is available to all Third Sector agencies in the area. They suggest that it should be in used throughout the sector and in particular for all commissioning processes. The Equalities & Diversity Checklist is designed as a self-checklist with a basic list of things that should be in place for each diverse client base. It's been in place since 2010.

LGBT Health & Wellbeing

LGBT Health & Wellbeing have an audit tool designed for people caring for older people who may be LGBT. It's called LGBT Age and was produced in 2015. The audit comes with a resource pack as well as a document with the research and context behind the audit.

The audit is based on a points model and has five categories:

- **Category One:** Staff providing the service are supported to develop an awareness of working with LGBT people
- **Category Two:** The service is safe and accessible for LGBT people
- **Category Three:** The service has relevant policies and procedures to support LGBT inclusive practice
- **Category Four:** The service undertakes relevant equality monitoring with sexual orientation and gender identity included
- **Category Five:** The service is proactive in developing promotion, publicity and engagement

2. METHOD

2.1 Focus Groups

We held two general focus groups for LGBT community members. Both were co-facilitated by the LGBT HIP Project Manager and a facilitator from the Trans Alliance.

In addition to the two general focus groups, an LGBT HIP sessional worker and a HIP volunteer facilitated a third workshop for LGBTU young people at Allsorts Youth Project on the 6th September 2016.

2.2 Survey

Following the focus groups, an online survey was developed by LGBT HIP based on the initial findings identified in the focus groups. The survey was conducted over a period of two weeks in September 2016. The survey was open to LGBT community members who live, work or socialise in Brighton and Hove.

The survey was hosted on Surveymonkey and promoted independently via email to the LGBT HIP Mailing list & Organisations mailing list.

2.3 Meeting with GP Clinical Lead

The LGBT HIP Project Manager arranged a meeting with a GP Clinical Lead to discuss the preliminary findings in the report and gain clinical insight into how the kitemark scheme might be received by GPs. A summary of these discussions are included in Section 4.3 of this report.

3. Demographics

3.1 Focus Groups

The first focus group was held on the 22nd July as part of a Trans Conference. Eleven people attended with an apparent gender representation in the group. A high number of participants identified as trans through the discussions. Some individuals attended in a personal capacity, others represented Brighton and Hove City Council, CCG and LGBT Organisations.

The second focus group was held at Community Base in the evening. It was advertised on the LGBT Switchboard Facebook page, Twitter and the LGBT HIP mailing list. Five people attended with an apparent gender representation in the group. A number of participants identified as trans through the discussions. Some participants identified as having disabilities and one identified with having a learning disability.

Eleven people attended the young people's focus group, with an apparent gender representation in the group. Participants were between the ages of 16 and 26 years old. A high number of participants identified as trans through the discussions.

3.2 Internet Survey

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 '*Lesbian, Gay, Bisexual, Transgender and Queer people who live, work, study or socialise in Brighton and Hove'*. After this question there were a total of 98 eligible respondents.

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

Age
(70 respondents)

Participants were asked to select their age from a range of banded options. The age distribution was fairly evenly spread across the groups with the highest proportion of respondents (31%) between the ages of 45 and 54.

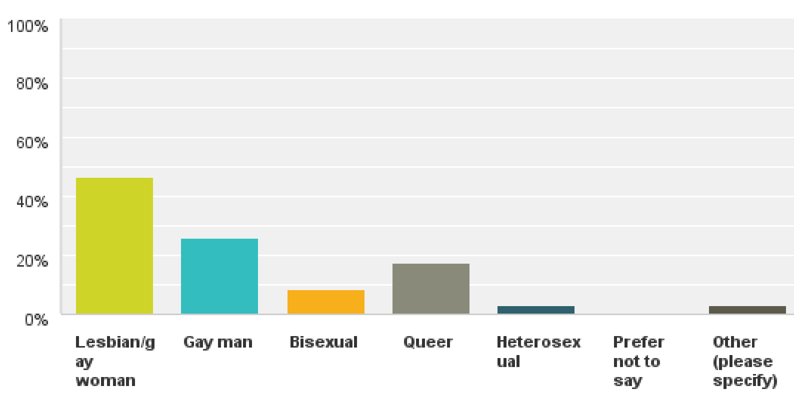
Table 2: Age distribution

Age Groups	Response Percent	Response Count
18-24	0.0%	0
25-34	20.0%	14
35-44	28.6%	20
45-54	31.4%	22
55-64	7.1%	5
65-74	10.0%	7
75+	1.4%	1
Prefer not to say	1.4%	1

Sexual Orientation

(69 respondents)

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



46% (32) indicated that they identified as a lesbian or gay woman

27%(18) indicated that they identified as a gay man

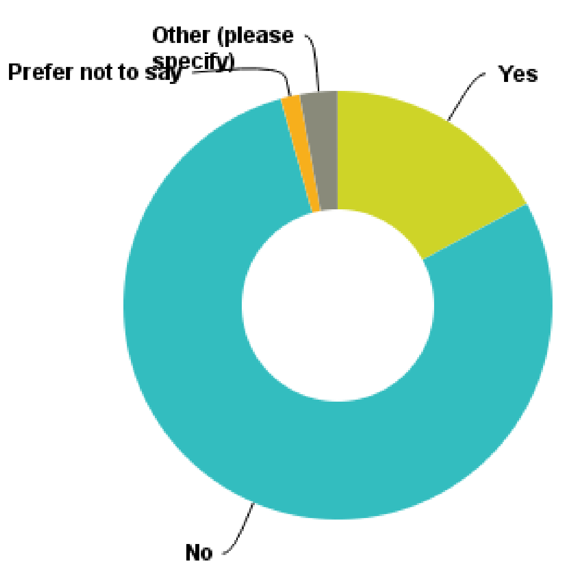
17%(12) indicated that they identified as queer

9% (6) indicated that they identified as bisexual and 3% (2) identify as heterosexual.

3% (2) of respondents indicated that they identified with an 'other' sexual orientation which was not listed. These included two who identified as homoflexible lesbian, and one who identified as asexual.

Transgender

(70 respondents)

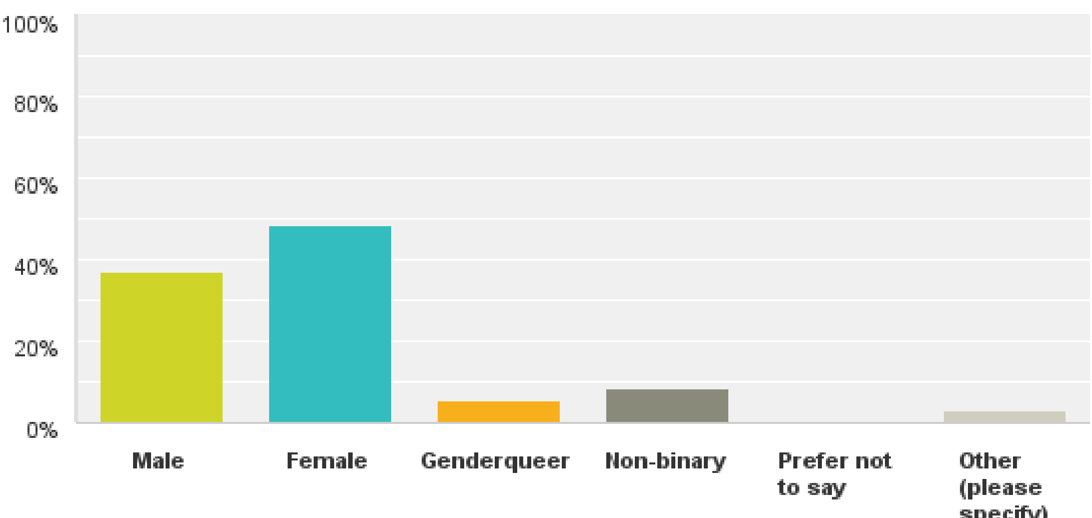


Participants were asked: 'Do you identify as transgender or trans*, or have you in the past?'

17% (12) of respondents to this question indicated that they did identify as transgender or trans* or that they had in the past.

Gender Identity

(70 respondents)



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

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

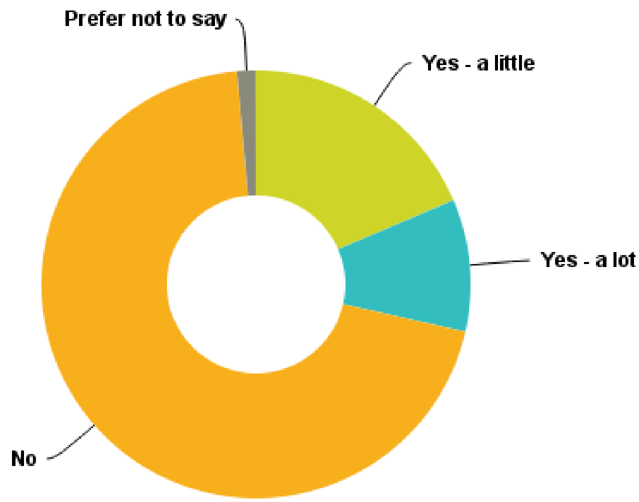
Respondents were permitted to select more than one option and were also presented with an open field in which to describe other gender identities which did not fit into those options.

37% (26) of respondents identified as male, 49% (34) of respondents identified as female, 6% (4) of respondents identified as genderqueer, 9% (6) of respondents identified as non-binary, one respondent completed the ‘other’ field as ‘woman’, and another completed the ‘other’ field as ‘Agender’

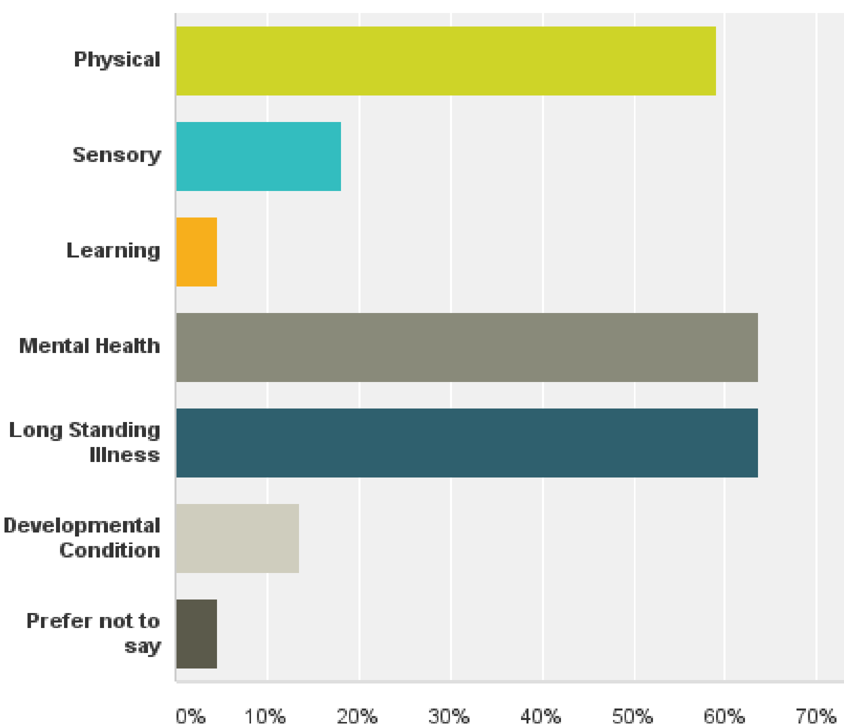
Disability/Long Term Health Condition

(70 respondents)

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

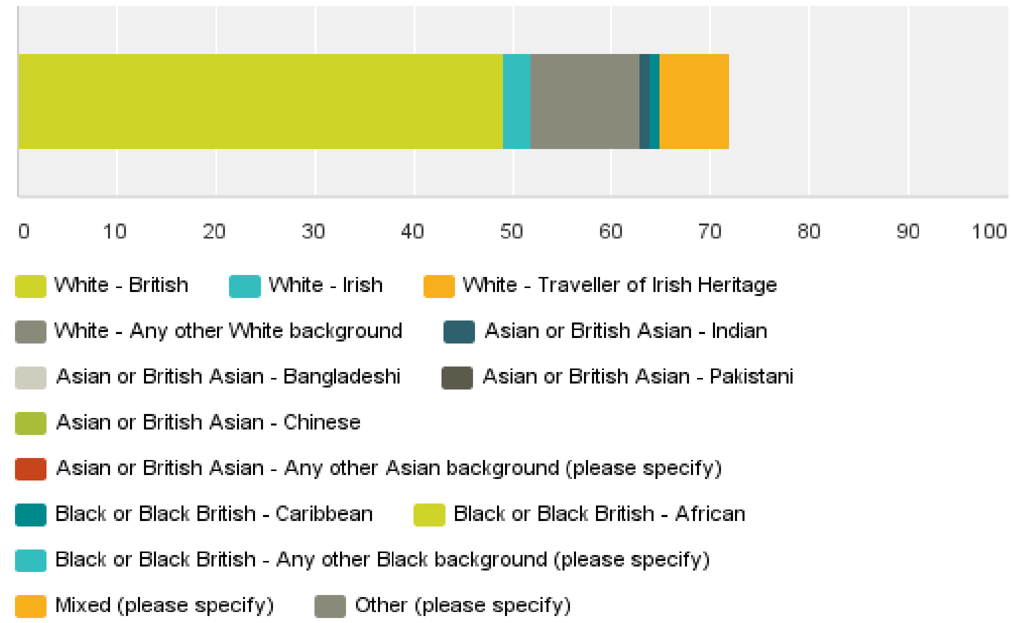


In total, 29% (20) of respondents indicated that their day to day activities were limited due to a disability,19% (13) indicated that their day to day activities were limited a little and 10% (7) indicated that their day to day activities were limited a lot.



Of those respondents who indicated that their day to day activities were limited due to a physical impairment, 64% (14) indicated they had a mental health condition; 64% (14) indicated they had a long standing illness; 59% (13) indicated that they had a physical disability; 18% (4) indicated that they had a sensory disability; 14% (3) indicated that they had a developmental condition and 5% (1) indicated that they had a learning disability.

Ethnicity
(70 respondents)



Respondents were asked to select from a list of terms to describe their ethnic background. 70% (49) identified as being of White British heritage. 4% (3) of respondents identified as being of White Irish heritage. 16% (11) of respondents identified as being from any other White background. 10% (7) of respondents indicated that they were of mixed heritage; Anglo-Sinhalese; Polish/Swedish/Irish/African and multiracial. One participant identified as Asian or British Asian-Indian and one identified as Black or Black British- Caribbean. The total percentage of respondents identifying as being of BME heritage was 29% (20)

Neighbourhoods
(40 respondents)

Respondents were asked to indicate the first four digits of their postcode. 13% (8) of respondents indicated that they lived outside of Brighton & Hove. The geographic distribution of the remaining respondents is indicated in the table below:

Table 3: Geographical distribution

Answer Options	Response Percent	Response Count
BN1 1	4.9%	3
BN1 2	8.2%	5
BN1 3	8.2%	5
BN1 4	0.0%	0
BN1 5	3.3%	2
BN1 6	1.6%	1
BN1 7	1.6%	1
BN1 8	1.6%	1
BN1 9	0.0%	0

BN2 0	3.3%	2
BN2 1	6.6%	4
BN2 3	0.0%	0
BN2 4	4.9%	3
BN2 5	4.9%	3
BN2 6	3.3%	2
BN2 7	0.0%	0
BN2 8	1.6%	1
BN2 9	3.3%	2
BN3 1	6.6%	4
BN3 2	8.2%	5
BN3 4	1.6%	1
BN3 5	4.9%	3
BN3 6	1.6%	1
BN3 7	3.3%	2
BN3 8	0.0%	0
BN41 1	0.0%	0
BN41 2	3.3%	2
BN41 3	0.0%	0
BN41 4	0.0%	0
BN41 5	0.0%	0
BN41 6	0.0%	0
BN41 7	0.0%	0
BN41 8	0.0%	0
BN41 9	0.0%	0

4. FINDINGS

4.1 Focus Groups

The facilitators ran the focus groups and started with introductions and a pronoun circle (where participants share the pronouns that they use) and an explanation about the kitemark scheme. Workshop participants were asked to think of criteria for a new LGBT-inclusive kitemark for Brighton and Hove. They were then invited to share whether they thought each point should be bronze (basic standard), silver (medium standard) or gold (high standard), by putting coloured stars next to the criteria. The key points from the general workshops are listed in *Tables 4 & 5* and the key points from the young people's workshop are listed in *Table 6*.

Table 4: Workshop 1 Findings

Criteria	Bronze	Silver	Gold
Evidence of training for clinical and non-clinical staff	1		
LGBT staff network and support		1	
Continual training of staff		1	
Monitor for LGBTQ identities		1	
Analyse and respond to equalities monitoring		1	
Training on asking monitoring questions		1	
Put in place procedures to talk about sexual orientation and gender identity		1	
Processes to remind trans people of relevant screenings	1		
Evidence of being proactive about talking about sexual orientation and gender identity		1	
LGBT/ Trans champion	1		
Named person for LGBT patients to talk to		1	
Information about complaints procedure inclusive of LGBT- related complaints	1		
Promotion of complaints services.	1		
Understanding of mental health and suicide prevention	1		
ASSIST training for staff		1	
Advocacy – publicising services		1	
Signposting/ promoting LGBT services	2	1	
Working with LGBT services	1		1
Publicising the right to ask to see doctor of choice for LGBT people (to avoid having to give Trans 101 to each doctor)	1		
Commitment to consistency of care	1		
Visibility: LGBT posters, leaflets, magazines	1		
Information: LGBT health leaflets/ information	1		
Asking new patients about pronouns	1		
Regularly checking trans patients pronouns			1
Recording pronouns- pin to top or in pop-up- not hidden in notes	1		
Sharing good practice			1
Welcome sign/ statement	1		

Table 5: Workshop 2 Findings

Criteria			
LGBT & BME people/ couples on publicity		3	
Non-gendered/ unisex toilets with appropriate signage	3		
Explicit trans inclusion info near toilets	1		
Ability to talk confidentially/ privately with receptionists and pharmacists		2	
Training on language and pronouns	4		
System to ask all patients what pronouns they would like to use	2	1	1
Ask patients their preferences as to how they would like the doctor to call them in	3		
Not using gendered terms	2	1	
Resources from LGBT groups for a range of ages in waiting rooms	2	2	
LGBT magazines and health info on display	1	2	
Non-gendered login system		2	
Use social terms- not medical (homosexual etc…)	3		
Monitoring for sexual orientation as part of assessment	4		
Monitoring for gender identity as part of assessment	2	1	
Training about how to ask monitoring questions	3		
Be mindful of diagnostic overshadowing in relations to SO/ GI	1	1	
Having LGBT navigators or volunteers	3	1	
Developing a paid LGBT advocacy worker role for clusters			2
Basic LGBT awareness training for clinical and non-clinical staff	4		
GPs undertake trans awareness training- online	1	1	2
Advertise right to choose/ change GP	4		
Evidence of LGBT & Trans training- keep it regular	1	2	
LGBT champion role	2	1	1
Not make assumptions about sex and the types of sex people might be having	3		
Being able to talk about sex and sexual health with LGBT people	3		
Cancer screening- systems to ensure that Trans people are reminded about relevant screening	2	3	

Table 6: Young People's Workshop

Criteria			
Staff should have greater awareness of different gender identities	1	1	
Staff should not make assumptions about sexual health based on gender appearance	1	1	
Gender Neutral bathrooms available	1	1	
Display posters which are not cisgender	1		1
Materials available which are inclusive to all identities		1	
Staff aware of all aspects of LGBT identities	1	1	
Staff should attend regular training on LGBTQ awareness	1	1	

Staff should use biological and gender terminology separately		1	1
Booklets and leaflets on LGBT identities should be available	1	1	
They should work with other surgeries and help train them too			1
Materials available in waiting areas should be check by LGBT focus groups		1	
Option on registration form for 'name you wish to be known as'	1	1	
More signage promoting issues with LGBT mental health	1	1	1
Better communication between doctors	1	1	
Be able to choose an LGBT identified GP/optometrist		1	1
Staff should be trained on the big 'what nots to say'	1	1	
A system that if parents are called the young person is not outed	2	1	
Preferred pronouns next to name on forms	1	1	

4.2 Key Discussion Themes

Continuity of Care

A key point of discussion in two of the focus groups was for continuity of care to be a priority for LGBT people. This is especially important for trans people, as a number of focus group participants shared experiences of having to 'educate' their GP or nurse about gender identity in order to have their needs met. For some trans people, current systems of seeing a different GP each time they make an appointment means they have to educate a number of different GPs, which can be a burden and detract from the health issues at hand.

Telephone Appointments

Telephone consultations were highlighted as a problematic area for some trans people who experience being mis-gendered on the phone. Some participants said that this led to them feeling anxious about telephone consultations, which could be a barrier to accessing health services.

Language

In two of the focus groups, participants discussed the use of biological, medicalised and gendered terms. A number of participants in the young people's focus group felt that GPs should be using biological terms instead of gendered terms. For example GP could say "because you have a penis you should have this test" rather than "because you are actually male you should have this test."

In one of the other focus groups, participants talked about the use of medicalised terms for LGBTQ identities. Some participants had heard their GPs say homosexual, which was seen as pathologising and outdated.

Confidentiality (Young People)

Participants in the young people's focus group spoke about issues of confidentiality and parental contact. Some participants had experienced GPs/Hospitals contacting their parents using the name and pronouns that they had supplied. This presents an issue when young people are not out to their parents. Participants discussed ways that surgeries could hold a patients gender identity information in a way that didn't out them to their parents, but also made sure that the surgery was using the preferred pronouns.

4.3 Internet Survey

We asked 98 people from the LGBTQ Community in Brighton and Hove to have their say on the findings from our focus groups in order to have a wider consensus. We collated the findings from the focus groups and put them into seven categories, we then asked survey respondents to rate each point as bronze, silver or gold, or identify that it should not be included in the kitemark scheme. Criteria that had an equal percentage of ratings for gold and bronze, were graded as silver. In addition to rating each point, participants had the opportunity for additional comments in each section. To see data tables for the percentage of people who rated the criteria as bronze, silver or gold, please see *Appendix 1*. We also asked people if they would feel increased confidence using services displaying an LGBT kitemark.

4.31 The Need for a Kitemark Scheme

Participants were asked if they would feel more confident using a service that displayed an LGBT kitemark.

89% (87) of LGBTQ respondents said they would feel more confident using a service that displayed an LGBT Kitemark.

9% (9) said they would not feel more confident using a service that displayed an LGBT kitemark and 2% (2) selected 'other.'

One respondent raised the question of how the kitemark could be implemented to hold services that are not meeting basic requirements to account:

> " I like the idea of a 'carrot' kitemark in some ways. However this must be accompanied by a 'stick', eg. what action/supportive intervention will be undertaken with care-providers that fail to meet the 'bronze' basics, many of which would appear to be minimum requirements under the Equality Act? Will contracts be withdrawn, or payments reduced? Could you also give some thought to whether having a small number of eg. GP practices known as 'supportive' of LGBTQ+ patients, and others that LGBTQ+ patients/service-users avoid and therefore lapse into worst practices, is necessarily the best strategy?

One participant expressed concerns throughout the survey about whether the body moderating the kitemark would be qualified to do so:

> " I don't agree with the bronze silver gold model. It will place some as winners and losers, which will perpetuate inequality. Also who is making the judgements? Are those who will be making the judgements excluding some LGBT support groups?

4.32 Environment

	Bronze	Silver	Gold
Welcome sign or statement for LGBTQ people in waiting rooms	✓		
LGBT & BME people on publicity (posters, leaflets etc)	✓		
LGBT magazines and health info on display in waiting rooms		✓	✓
Non-gendered/ unisex toilets with appropriate signage			✓
Explicit trans inclusion statement near toilets			✓
Provision to talk confidentially/ privately with receptionists			✓
Non-gendered login system (you do not need to register your gender on arrival)			✓
Ask patients their preferences as to how they would like the doctor to call them in			✓

Table 7:Environment

The criteria relating to trans-inclusion (non-gendered toilets, trans inclusion statement and non-gendered login system) were rated as gold standard by the overall group of respondents, as well as rated gold standard by respondents who identify, or have identified in the past as trans.

In the comments section, three participants noted that all of the criteria should be a basic requirement of surgeries:

> “ I have put these all as Bronze because they seem to me to be absolutely basic requirements!

In addition, one participant noted a concern that some of the criteria seemed generic and not specific to LGBTQ communities.

> “ The things you highlight should be standard good practice not 'specialised'. I'm concerned about being identified as having 'special needs' rather than the same basic needs as the rest of the community.

Another participant suggested additional criteria under the Environment category:

> “ Gold - statement that the venue/service employs a proportionate number (reflecting the local population) of employees who fall within the LGBT (incl. BME) identity category. Gold - Visible signs that the space is LGB and Trans* inclusive in terms of decor, way that service provider speaks/writes copy for their flyers (i.e. inclusive language using them/they/gender neutral). Visible signs that the space is also BME LGB and Trans* friendly and that xenophobia of any kind will not be tolerated. Silver - visible posters from police on reporting hate crime.

4.33 Clinical Knowledge

	Bronze	Silver	Gold
Clinical staff do not make assumptions about sex and the types of sex people might be having	✓		
Clinical staff are able to talk about sex and sexual health with LGBT people		✓	
Evidence of being proactive about talking about sexual orientation and gender identity			✓
Understanding of mental health and suicide prevention			✓
ASIST (Applied Suicide Intervention Skills Training) training undertaken by clinical staff			✓

Table 8:Clinical knowledge

Again, there seemed to be a suggestion that the criteria listed may be generic and not specific to LGBTQ communities.

> Should all be standard stuff! My suicide prevention plan is formed around a standard suicide prevention plan format. I don't have mental health issues because I'm trans I have mental health issues because of others reactions/society putting unnecessary boundaries on what I can do.

Three participants suggested additional criteria for the kitemark under Clinical Knowledge.

> As a basic (bronze) requirement, Clinical staff should: Have a demonstrable awareness of trans healthcare pathways and standards of care, and be prepared to undertake shared care agreements/prescribe hormone therapies under guidance from a GIC. Have an awareness of HIV specialist care pathways, multidisciplinary approaches and appropriate primary care management of co-morbidities/ medical contra-indications etc. As a silver requirement, GPs should be able to reliably offer informed and up-to-date general advice to Transgender and HIV+ patients…

> Silver - clinical staff demonstrate competence and knowledge of intersectional issues specific to LGB and Trans* identified individuals (i.e. recognising race, gender, disability, class etc.) Gold - clinical staff proportionately represent the LGB and T population of the locale in terms of numbers. Or evidence that the organisation has equity training when it comes to employing staff from different identities and that it advertises jobs wide enough to capture all identities.

> LGBT equal access to fertility treatment and preservation including IVF inclusion criteria in Sussex- this is still a huge unmet area of need & inequality and effects all areas of care including primary care, first responses and awareness from GPs.

4.34 Community Links

	Bronze	Silver	Gold
Practice has good systems in place to signpost and refer to LGBT services	✓		
Practice proactively works with LGBT services and groups			✓
Practice publicises advocacy services for LGBT people			✓

Table 9:Community Links

Two participants commented that criteria listed would be bronze, but made suggestions that face-to face engagement and LGBT specific spaces would move into the silver and gold criteria.

> The majority of the standards listed (in this category and others) seem to me to be part of 'basic' good quality/person-centred care (and I have therefore ticked 'bronze'). Asking services to proactively engage with LGBTQ+ communities, be represented at events (Pride/s etc.), targeted advertising (incl. recruitment for own staff) would seem to be more silver/gold-ish.

> Silver - practice regularly holds awareness days and surgeries for everyone so that people are in general aware of LGBT issues - this can help those who are (a) not out (b) come out later etc. It is about creating a safe space.

4.35 Procedures & Systems

	Bronze	Silver	Gold
Systems in place to ask all new patients which pronouns they use	✓		
Systems in place to record pronouns (such as pin to top of patients notes)	✓		
Promotion of complaints services	✓		
The right to choose/ change GP is well publicised	✓		
Systems in place to regularly check trans patients pronouns		✓	
Framework for clinical staff to talk about sexual orientation and gender identity		✓	
Systems in place to remind trans people of relevant screenings		✓	
Information about complaints procedure are inclusive of LGBT- related complaints		✓	
Clinical and non-clinical staff avoid using gendered terms to refer to patients			✓
Provision for LGBT people to see a doctor of choice consistently			✓
Evidence of commitment to consistency of care			✓
Practice shares good practice with other practices			✓

Table 10:Procedures and Systems

Two participants raised the idea of consistency of care and the right for patients to see their chosen/ named doctor, and the right to change doctor or request to see a different one:

> “ Everyone should have the choice to see the same Dr consistently. It's a pain having to explain the situation EACH time you see Dr whatever the on going health issues.

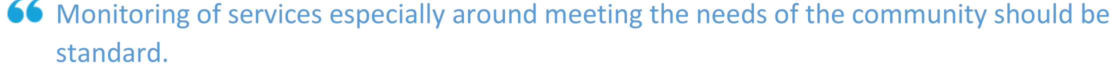
> “ It is important that people should be allowed to talk to or see the doctor of their choice in phone calls or home visits and not just automatically give the doctor they have been registered with. This happening to me and I am finding it distressing because the GP does not connect with me and I find him intimidating

4.36 Monitoring & Evaluation

	Bronze	Silver	Gold
Training on asking monitoring questions	✓		
Monitoring for sexual orientation as part of assessment	✓		
Monitoring for gender identity as part of assessment	✓		
Analyse and respond to equalities monitoring		✓	

Table 11:Monitoring & Evaluation

The data suggested that LGBT respondents expect monitoring for sexual orientation and gender identity a basic level of service, with surgeries analysing and responding to data in order to achieve a silver level accreditation.



> “ Monitoring of services especially around meeting the needs of the community should be standard.

4.37 LGBT Roles

	Bronze	Silver	Gold
Practice has network and support for LGBT Staff		✓	
Practice has an LGBT champion who keeps up to date with LGBT issues and legislation			✓
Practice has a Trans champion who keeps up to date with Trans issues and legislation			✓
Practice has named person for LGBT patients to talk to			✓
Practice has LGBT navigators or volunteers to support LGBT patients			✓
Practice has developed a paid LGBT advocacy worker role for clusters			✓

Table 12: LGBT roles

LGBT specific roles were generally rated as a gold level standard and one respondent suggested the idea of having area champions, which could fit in well with GP clusters.

> “ Be great if every practice has a champion in every area/groups of areas

4.4 Meeting with GP Clinical Lead

The LGBT HIP Project Manager met with a GP Clinical Lead, to discuss the preliminary findings from the community consultation. The GP Clinical Lead could see the value in the kitemark to improve care and engage surgeries. They gave feedback as to potential challenges and suggestions of how the kitemark could be implemented in the most effective way.

Some of the concerns noted included:

- The different levels of the kitemark could be problematic, as surgeries may not want to have a bronze rating.
- There are demands from all the equalities/ protected characteristics groups and adopting this kitemark might make it seem that LGBT-inclusion is prioritized over other equalities groups
- GPs are under enormous pressure at the moment and this may add to the strain.

The GP Clinical lead suggested the following suggestions on how the kitemark could be presented to GPs in order to gain buy-in.

- Include the offer of support (for instance offering to train staff, supply posters) so that they can achieve the kitemark.
- Frame the kitemark in terms of supporting surgeries rather than scrutinising them.
- Ensure that the criteria listed are specific to LGBT communities and are not generic or already assessed by the CQC.

5. Summary of Findings

The focus groups carried out with LGBT communities have identified key areas that would make LGBT people more comfortable in accessing primary health services. The internet survey has put this out for wider consultation and has given a clear indication as to LGBT people's priorities and ratings of the criteria.

It is worth being mindful that the criteria developed in the focus groups, and included in the internet survey, may not be exhaustive but give a good indication of the patient experience.

From the comments included in the consultation, there was not a uniform method of grading criteria, so it is important to note that respondents may have rated criteria as bronze, silver or gold for different reasons. Due to this, we are unable to conclude if there was a consensus on the different levels and decision makers should be mindful of this when compiling the final kitmark criteria. It is worth noting that participants seemed less likely to rate criteria as 'silver.'

Also highlighted throughout the comments, is that some community members would like the criteria to include more points around HIV specialist care, the trans care pathway and IVF and fertility treatment.

There are particular issues faced by LGBT young people around confidentiality when accessing health services that need to be addressed, either through the kitemark or training.

In addition key concerns were raised around accessing health services via the telephone for trans people who can experience being mis-gendered from health practitioners based on assumptions.

6. Recommendations

These recommendations have been developed out of the findings of the online survey and the focus group. It is hoped that the following recommendations may act as a guide for the CCG:

Recommendations for the development of the LGBT kitemark:

1. The CCG should use this report and the criteria from the internet survey as guide to further develop the LGBT kitemark in collaboration with LGBT HIP and the Trans Alliance.

2. Further consultations should be taken with key stakeholders in primary care to explore the viability of the scheme and potential support offers for participating surgeries. We recommend that the report is shared and discussed at the Practice Managers Forum.

3. LGBT HIP, the Trans Alliance and other partners should consider this report and any findings from consultations with clinical staff to establish a working partnership to administer the kitemark scheme and offer a package of support to participating surgeries.

4. LGBT HIP and the Trans Alliance should explore options to fund the scheme, potentially including membership fees and funding bids.

5. The CCG should work with LGBT HIP and the Trans Alliance to identify a GP Cluster to pilot the LGBT kitemark scheme.

6. The CCG should continue to work with LGBT HIP, the Trans Alliance and other partners to refine the kitemark criteria and develop specific criteria relating to the Trans care pathway, HIV specialist care pathways and IVF and fertility for LGBT people.

7. The CCG should work with LGBT HIP and the Trans Alliance to explore how the kitemark addresses issues of intersectionality and sits within the wider equalities framework.

Further recommendations from the consultation findings:

8. This report gives a good indication of priorities on good practice from LGBT communities. These priorities should be communicated with service providers independently of the kitemark scheme.

9. Health service providers should receive guidance on supporting LGBT young people, with special regards to confidentiality and communication with parents to ensure that they do not disclose trans status.

10. The CCG should continue to work with partners to develop trans-inclusive guidance for delivering health services over the phone, to be integrated into the kitemark scheme.

Key Contacts

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