

Ensure we meet the standards expected of general practice set out by the GMC/ NHSE in terms of LGBTQ+ healthcare.
Ensure 100% of our transgender and non-binary patients had been invited to their appropriate cancer screening.

BACKGROUND

3.7% of the UK population identify as being in the LGBTQ+ community. Discrimination and inequalities are reflected in poorer healthcare outcomes. A significant proportion of these patients had a negative experience with health services that they felt was related to their sexual orientation or gender identity. Clearly there is a need to improve services for this community to achieve better long-term health outcomes.

RESULTS

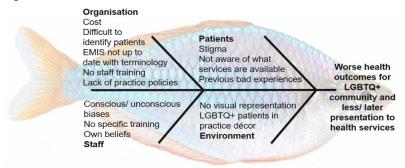
60% of staff found the teaching useful and 40% thought further teaching would be beneficial. 8 gender diverse patients were identified on EMIS (aged 14-43). Only 2 patients were old enough for cancer screening, but they had been called appropriately. We could be missing data from older patients where coding may not be accurate. Within 24-hours of the LGBTQ+ information display being put up we had positive verbal patient feedback.

Improving LGBTQ+ Equality in Primary Care

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METHODS

A fishbone analysis of possible contributing factors was done and the findings are shown below. We then looked into areas that we could make improvements to following this.



The project was discussed with clincal staff and GP partners during the clinical meeting. Non-clinical members of staff gave their views on the project via an online survey.

EMIS SNOWMED codes were searched to identify gender-diverse patients and their clinical notes were used to assess if they had received the appropriate cancer screening.

Changes made:

- ENVIRONMENT Increase visual respresentation of LGBTQ+ community in waiting rooms and clinical areas e.g. leaflets, posters, safe-space window sticker, pronoun badges for staff.
- STAFF Improve knowledge: cancer screening guidance sheet for gender diverse patients created; teaching session to both clinical + non clinical staff by trainer with specialist LGBTQ+ interest and feedback gained after this.
- ORGANISATION Change in terminology on registration form to be more inclusive e.g. chosen pronouns and explanation around why sex-assigned at birth information is asked. LGBTQ+ Equality practice policy created.
- PATIENTS Increase awareness of services: Information posters created on cancer-screening for gender diverse patients, as well as useful contacts for local LGBTQ+ services and groups.

CONCLUSIONS/ RECOMMENDATIONS

Inequalities in healthcare of the LGBTQ+ community exist and should be addressed. It can be difficult to obtain objective measures of change for projects such as this one, but even making small changes are likely to have a positive effect. The changes made in this project could be easily implemented in other practices. As a practice we were up to date with NHSE guidance on cancer screening for trans and non-binary people, although the sample number was small.



YOUR NAME