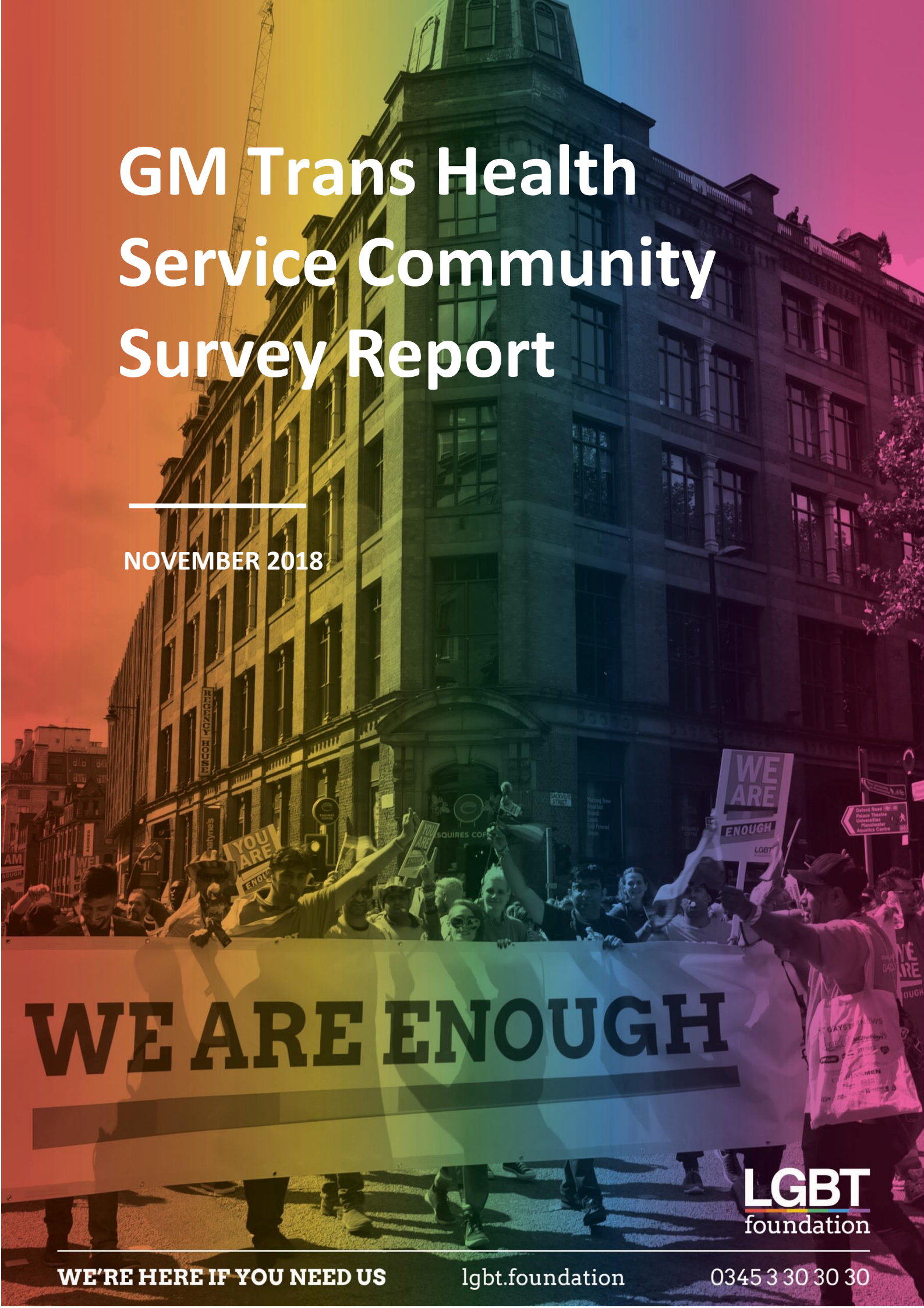
GM Trans Health Service Community Survey Report

NOVEMBER 2018



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About the survey

The current delivery model for gender identity services is unlikely to deliver additional clinical capacity in response to increasing demand. This means that waiting times are likely to remain unacceptably high across the country, with un-even geographical spread.

NHS England wants to explore alternative models for delivery that may offer better opportunity for increasing clinical capacity across the country, thereby reducing waiting times and improving the patient experience.

One of the proposals that NHS England (NHSE) will develop is for a properly trained multi-disciplinary team based in a primary care setting, delivering the types of care currently restricted to a specialist gender clinic. NHS England will co-develop this proposal with the Greater Manchester Health & Social Care Partnership (GMHSCP), and with stakeholders more generally in Greater Manchester (GM).

The focus will be on designing a unique service appropriate for the particular needs of the population of Greater Manchester, but in a way that enables NHSE to evaluate its potential for wider adoption across the rest of England. The working name for this model is Trans Health Service (THS).

This survey was designed and promoted in partnership with Pride in Practice, LGBT Foundation's quality assurance and social prescribing programme for primary care services. Pride in Practice is funded by GMHSCP and NHSE.

Parameters of survey

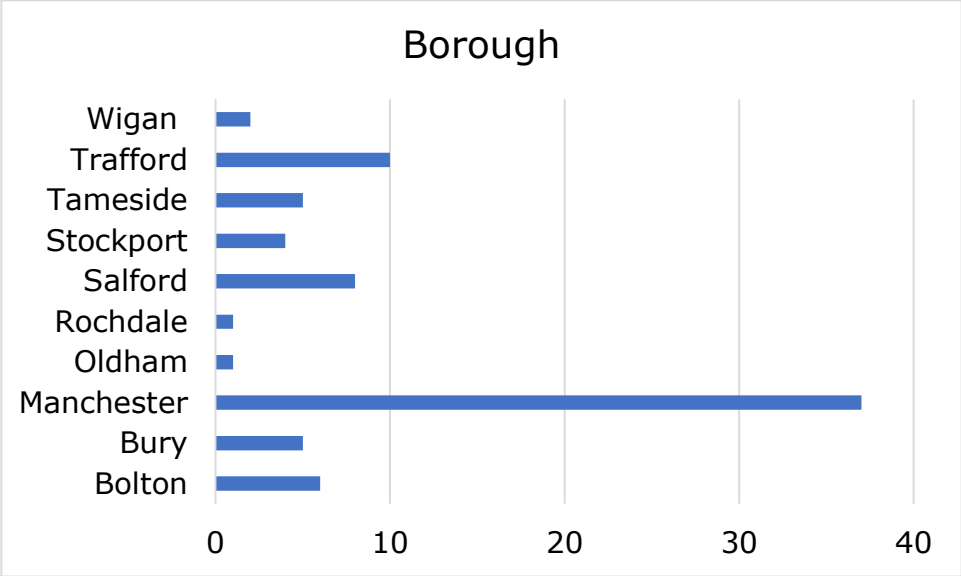
The survey was targeted at trans and non-binary people currently living in Greater Manchester who would like to access a Trans Health Service in GM. Respondents self-selected whether they identified as a trans and/or non-binary person, and whether they lived in GM.

Following these filtering questions, eligible respondents were directed to the full survey questions while ineligible respondents were filtered to a thank you message that explained why they were not eligible to take part in the research and how they could access further support from LGBT Foundation.

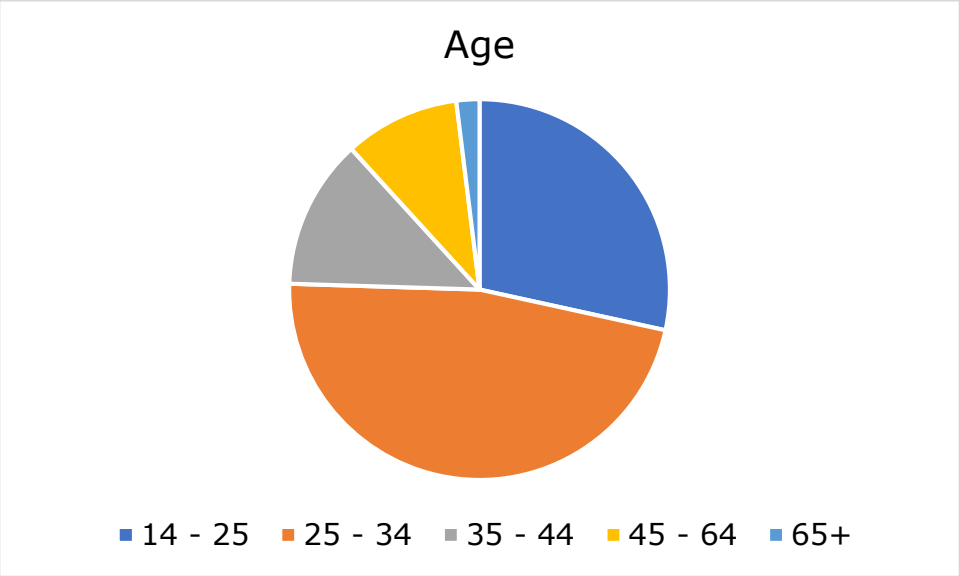
Demographics of respondents

The survey elicited 145 valid responses from trans and non-binary people living in GM who would like to access a THS in GM.

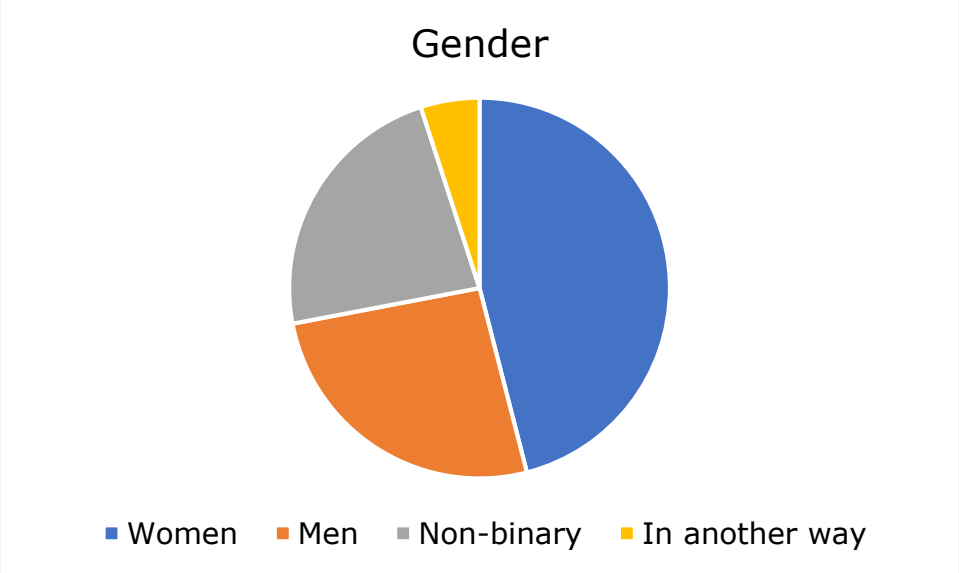
The majority of respondents (66%) were living in Manchester, while Rochdale and Oldham had the lowest number of respondents (2%) per borough.



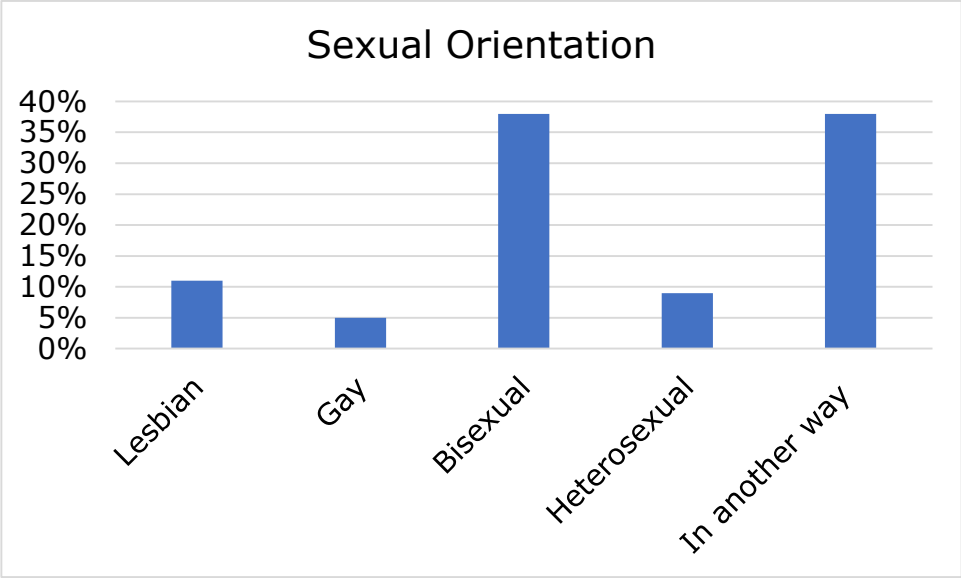
Most respondents were aged between 14 and 34, while fewest respondents were aged 65 or over.



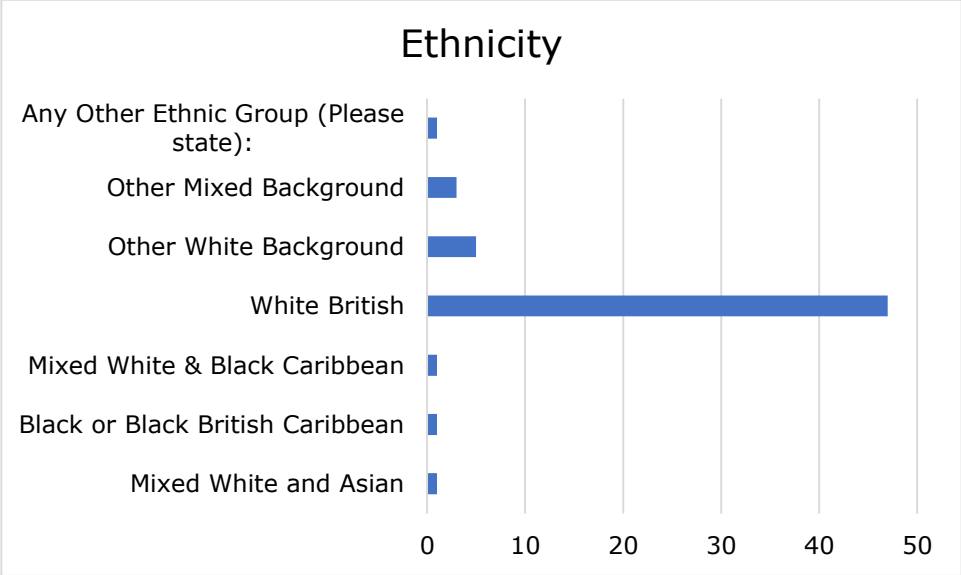
46% of respondents were women, 26% were men and 23% were non-binary. 5% described themselves in another way, including trans masculine and intersex.



11% of respondents were lesbian, 5% were gay, 38% were bisexual, 9% were heterosexual and 38% described their sexual orientation in another way. The most common responses within this category were queer, asexual, and pansexual.



89% of respondents were white, and 11% were Black, Asian, or Minority Ethnic (BAME). Notably, no respondents were from Black African or Black British African backgrounds.

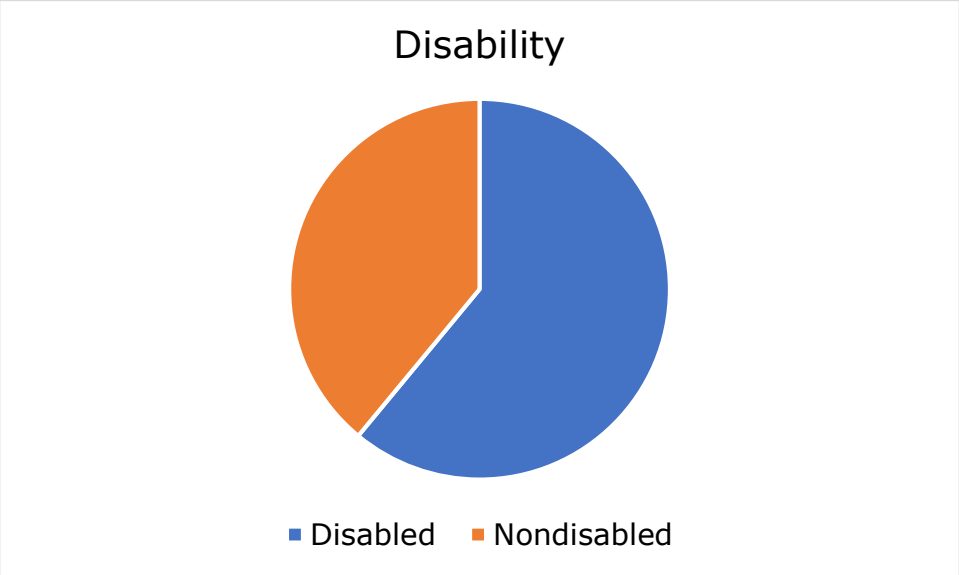


A significant majority of respondents (61%) were disabled compared to 39% of non-disabled respondents.

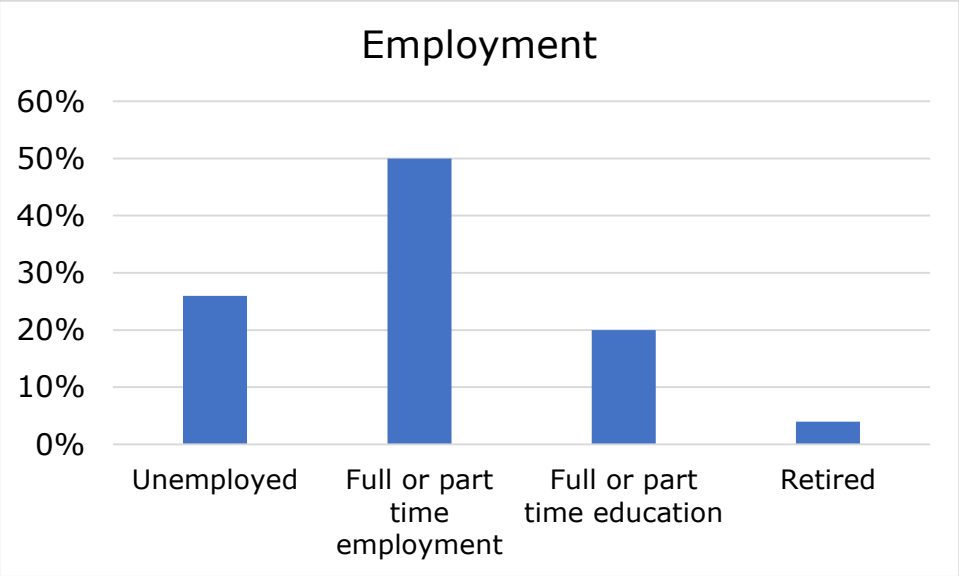
This suggests that accessibility and inclusion of disabled trans and non-binary people is a key consideration for the service and that there is potential for the majority of those using the service to be disabled and/or living with long te[illegible]

conditions and mental health conditions. Prior research into the UK trans population has suggested a higher prevalence of disability[1].

Unemployment was high among respondents; 26% were unemployed, 51% were in full or part time employment, 22% were in full or part time education,



and 4% were retired. These findings correlate with existing evidence regarding employment in trans and non-binary communities[2],[3].



A significant number of respondents had caring responsibilities (17%) while 9% were parents.

None of the respondents told us they were living with HIV, however 9% of respondents disclosed that they did not know their HIV status and 40% chose to skip the question.

Most important to respondents

The four most important considerations to respondents of the survey were:

1. Good transport links
2. Clear communication
3. Holistic and personalised service
4. To feel safe accessing the service

Trans and non-binary people told us that clear communication was key, including information about what to expect from appointments with the THS.

Respondents wanted the THS to be easily located with good transport links and accessible to disabled service users with differing needs, including wheelchair users, neurodivergent people and those with sensory impairments.

Non-binary respondents told us that the service should be completely inclusive of all gender identities.

Trans and non-binary people wanted a service that was personalised to each service user and for everyone accessing the service to be able to make a personal plan for their treatment based on their choices and needs. Respondents felt it was important to be able to change or update this plan if necessary.

"There should be a strong emphasis on what individual service users find useful, rather than a one size fits all approach to providing clinical interventions." **Non-binary Intersex Person, Manchester**

Location of THS

Half of the trans and non-binary people surveyed wanted the services provided by the THS to all be available in one place and half wanted the support to be accessed in different places.

30% of trans people who wanted to access services in different places wanted some services to communicate about their care and 70% wanted all services to communicate about their care.

Respondents who did not want all services to communicate about their care cited breaches of confidentiality and breaches of the Section 22 nondisclosure provisions of the Gender Recognition Act 2004 as their main concerns.

People who wanted all the services to be available in one place believed it would be more convenient and easier to access.

Respondents who preferred this option expressed concerns about the potential for administrative errors in a service with multiple sites. Many told us that these concerns were based on their personal experiences with administrative errors within current GIS.

Respondents who preferred one location told us that they wanted a local service and not to be required to travel outside of GM to access some aspects of the THS.

"It's convenient for all parties if support was offered local and to a great extent mainly because money is a rare precious thing! Also, lots of transgender people can't get to some of the places (like GIC in London) it's just not possible due to injury, work or just random human stuff." **Non-binary Person, Manchester**

Respondents were also concerned that having multiple sites would lead to confusion for service users who already struggle to navigate services.

"Sometimes when someone needs help it's difficult to find help, and having lots of sources can be confusing when you're in that mental space." **Non-binary Person, Manchester**

Disabled people, parents, those with caring responsibilities and those who are working or studying full time would prefer a THS with services offered across multiple sites.

Respondents who preferred this option told us that the most important thing was that each aspect of the service took a collaborative approach and

communicated about their care. They felt that multiple sites could reduce some of the 'bottlenecks' that arise within the current delivery model.

"There is too much placed upon just one centre, and only so much they can do. Numerous places can take away some of the bottle necks that one centre provides. Also as long as everyone is communicating with each other nothing should be lost." **Trans Woman, Manchester**

"I think it's unrealistic to access all support in one location but I don't want to have to keep telling my story to every new person I see. I want who I'm seeing to have looked at my notes and know about me before I see them." **Non-binary Person, Manchester**

People who would prefer to access support from different places believed that each place would provide better services if they could each focus on a specific purpose.

"I think different organisations could potentially offer a better service than an all in one service." **Trans Woman, Manchester**

Some people wanted the service to be in different places so if they had negative experiences with one service they can still access support at others. They also felt that this offered better patient choice.

"I want the ability to choose different places if I find some of them are lacking in certain areas of support or expertise." **Trans Woman, Rochdale**

Feel of the THS

40% of respondents would prefer the THS to feel like a clinical environment and 50% would prefer the THS to feel like a community centre. 10% want a mixture of the two, with clinical services provided in a clinical space and non-clinical services in a community space.

People who wanted the THS to feel like a community centre either some or all off the time wanted the THS to be an open and welcoming place where people could share their experiences. Some suggested that it should feel similar to a café or library. Respondents who preferred this option were primarily

concerned with feeling comfortable to be themselves and having the opportunity to feel safe within the THS before beginning to access services.

"It should be friendly and a place to be who I am, not a place that tells me who to be." **Non-binary Person, Manchester**

People who wanted the THS to feel like a clinical environment some or all of the time wanted the THS to feel safe, secure and professional. Many of these people reported previous issues accessing GIS, including being asked irrelevant and intrusive questions and having confidential information about them shared without their consent.

"Clinicians who don't feel like they can just ask any personal questions they want - e.g. I have been asked if my brother is gay and if my partner has had bottom surgery - neither are relevant to if I can have top surgery or not." **Non-binary Person, Salford**

"The service should be polite and formal, and avoid unnecessary inquiries into personal things that are not intimately relevant to medical and social support." **Trans Woman, Manchester**

Respondents who preferred this option also cited a lack of knowledge and cultural competency from existing specialist GIS clinicians, noting this may come as a result of a historical lack of co-production with trans communities in service design and delivery.

"It should be run by trans people or at least have a significant amount of input from the trans community, as often cis people even with great intentions can miss the mark." **Non-binary Person, Manchester**

Those who wanted a mix of clinical and community feel told us that this option could utilise the strengths of both clinical and community-focused approaches most efficiently.

"I think certain elements need to be in one place, eg the medical elements. I think there needs to be some options to access other elements there too, so people don't have to afford to travel all over the place to access things. However some things could be separate such as a social group, as it will be offering holistic and social support, not medical intervention. Cross working would be important, so the service could signpost to sexual health screenings

but also perhaps have a pop up clinic or stall at the GIC every so often. It is important that signposting & referral pathways are strong between the services and that they communicate about the offer. However they should keep information about individuals accessing services confidential, and this should be made clear to individuals. This is because in the current system, if a person disclosures that they are somewhat unsure to a GIC it can have a massive implication on their waiting time which is already huge. However it is vital that we have space to air these uncertainties in a safe & supportive environment that is confidential and which won't punish us for needing to talk about such a big decision." **Non-binary person, Manchester**

Staffing

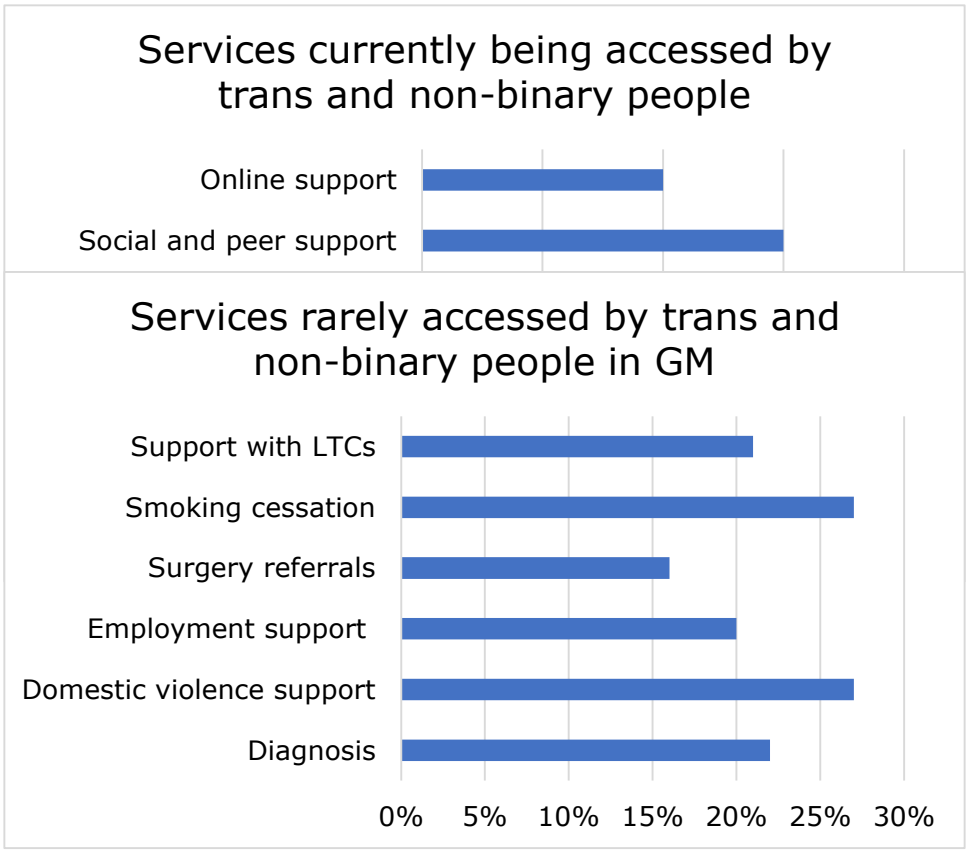
Respondents told us that it was important to them that the THS creates employment and inclusion opportunities for trans and non-binary people.

31 respondents to the survey (21%) were interested in being part of a THS advisory group, indicating strong support for a new model of THS in GM from trans and non-binary communities.

"Keep trans people involved in the conversation, have us at the meetings, employ us in the new service - we have a wealth of knowledge about this which will save time, money and distress when designing this service… this service is life-saving and absolutely vital so it's great that this work is being done."
Pansexual non-binary person

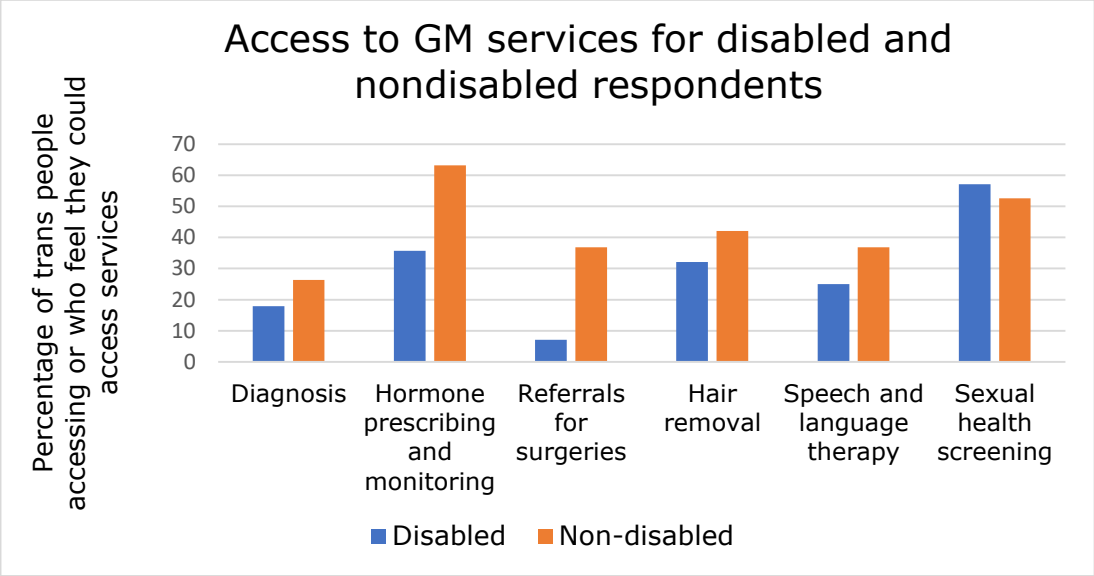
Services

Over half of trans and non-binary respondents are accessing or have accessed counselling (63%), HIV testing (62%), sexual health screening (53%), sexual health information and advice (53%), and social and peer support groups (60%) in GM. 60% also have access to online support.



Services which fewest trans and non-binary people felt able to access in GM were diagnosis (22%), domestic violence support (27%), employment support (20%), legal support (20%), referrals for transition-related surgeries (16%), smoking cessation (27%), and support with long-term conditions (21%).

Men overall had increased access to non-clinical services such as social and peer support whilst women tended to have greater access to clinical services such as diagnosis. Non-binary people had reduced access to social and peer support groups and to referrals for transition-related surgeries.



Nondisabled trans people currently have greater access to transition-related services in GM compared to disabled trans people. However, disabled respondents were 5% more likely to access sexual health screening.

Clinical support services

Respondents were asked to prioritise clinical services based on order of importance to them. The highest priority was 1 and the lowest was 11.

The most important clinical services to potential trans and non-binary users of the service were:

1. Diagnosis
2. Hormone prescribing and monitoring
3. Referrals for surgery
4. Hair removal
5. Sexual health screenings and speech and language therapy

Across all ages, genders, ethnicities, disabilities and sexual orientations, the two most wanted clinical services from the THS were diagnosis (58% rated this their highest priority) and hormone prescribing and monitoring (32% rated this

their second choice and 40% rated it their third choice). There was a 0.17% difference between sexual health screenings and speech and language therapy and thus these have been given an equal rating.

Variance was low, with the scores given to the clinical services being similar for most respondents. Exceptions to this include hair removal, which was more important to trans women than other respondents, and HIV testing which was more important to trans men.

Non-clinical services

Respondents were asked to prioritise non-clinical services based on order of importance to them. The highest priority was 1 and the lowest was 11.

The most important non-clinical services to potential trans and non-binary users of the service were:

1. Counselling
2. Advocacy
3. Drop-in sessions
4. Social and peer support groups
5. Domestic violence support

Across all demographic groups, counselling was the most important service to respondents.

Variance was high regarding non-clinical services; every non-clinical service was listed as very important for some respondents and as not important to others.

However, within demographic groups patterns did emerge. Legal support was important to non-binary people, employment support and befriending were important to trans women, and hate crime reporting and befriending were important to trans men.

People under 25 rated employment support and hate crime reporting services as high priorities, while those over 25 were more likely to prioritise legal support and a helpline service.

Domestic violence support was the third most important non-clinical service to respondents with caring responsibilities and was more important to carers than any other demographic group.

Hate crime reporting and a helpline were priorities for heterosexual trans people, while gay and lesbian trans people were more likely to place importance on legal support and sexual health information and advice. Bisexual trans people prioritised employment support and befriending, and those who described their sexual orientation in another way (such as queer or asexual) were most likely to rate a helpline as the most important service.

Other services

When asked about other services that they would like to see as part of the THS, trans and non-binary people told us that community pharmacy was important. Respondents felt that community pharmacy had a role to play in being an inclusive and welcoming place where trans and non-binary people could discuss hormone prescriptions, discuss difficulties in accessing prescriptions licensed for a person's sex assigned at birth, and to openly discuss any health and wellbeing concerns.

Trans people also told us they wanted a confidential advisory service that supported people in choosing the right products for them such as prosthetics, wigs and binders. Respondents felt this service could incorporate support with their social transition and where people could discuss treatment options and thoughts and feelings about their identities openly in a supportive environment with peers.

Finally, respondents raised the importance of trans-specific and trans-inclusive sporting activities, noting that sport and exercise can be particularly difficult for trans people to access. Respondents felt the THS should support trans and non-binary people in GM to improve their physical and mental health, particularly as this can relate to people's suitability for hormone prescription and can influence surgical recovery.

[1] LGBT Foundation, 2016. Transforming Outcomes.
[2] Crossland Employment Solicitors, 2018. https://www.crosslandsolicitors.com/
[3] Onrec, 2018. Transphobia rife among UK employers.