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CliniQ with King’s College Hospital NHS Conference 25 October 2019

'CliniQ provides a queer inclusive and non-judgemental holistic well being and sexual health service to trans people.'

Event Details

Trans Health Matters: A Time for Change
An Afternoon Event 12:pm to 5:pm 25th October 2019
What do we mean by ‘Best Pratice’?
Discussions, talks, recommendations and community voice.
12pm to 1.pm: We invite you to join us for lunch & networking **1pm to 5pm** Introduction, talks and panel discussion, community voice.

- Trans Health Matters is a series of conferences by cliniQ CIC Holistic Wellbeing, Sexual Health and HIV service.
- This event is delivered in partnership with King's College Hospital NHS Foundation Trust
- Our aim is to advance and share best practice and to continue to build and develop services for trans and non-binary people that are inclusive, respect diversity and address health inequalities.
- The event is for clinicians, commissioners, policy makers, community organisations, the voluntary sector and for trans, non-binary and gender diverse people.
- We will have a strong rights and equalities focus and will look at specific health needs and issues surrounding trans and non-binary people’s inclusion in the planning and delivery of health and social care services, with a view to reducing barriers to services and moving towards an inclusive approach to trans health matters.

12:00 – 13:00	**Registration and Networking Lunch**
13:00 – 13:15	**Mzz Kimberley: cliniQ Patron –** Welcome and introduction to speakers **Damien Egan: Mayor of Lewisham –** Address to delegates
13:15 – 13:25	**Dr Michael Brady:** **National Adviser for LGBT Health, NHS England –** Understanding and addressing health inequalities for trans and non-binary people
13:25 – 13:40	**Public Health England (PHE) –** Data: What needs to change? HARS: An example in good data collection
13:40 – 13:55	**Michelle Ross: Founder of CliniQ and Director of Wellbeing Services-** **& Octavian Starr –** What do we mean by Good Practice and Best Practice?

Conference blurb promised:

'We will look at specific health needs and issues surrounding trans people’s including in the planning and delivery of health, public health, and social care and primary care services.'

13:55 – 14:10 **Jacob Bayliss & Gretel My:Pride in Practice Manager, LGBT Foundation – Delivering best practice in Primary Care**

14:10 – 14:30 **Panel Discussion – Best Practice**: What needs to change?

14:30 – 14:50 *Comfort Break*

14:50 – 15:35 **Breakout Sessions**

Breakout 1	Breakout 2	Breakout 3
What do we need to do to improve support for trans people in primary care?	**What should be done to improve mental health for trans populations**	**How we can ensure the best data collection to deliver high quality inclusive services?**
Session Leads: Sarah Phillips, Leo Robinson	Session Leads: Chai-Yoel Korn Octavian Starr	Session Leads: Harri Weeks Dr Igi Moon

15:45 – 16:00 **Juno Roche: Writer and Campaigner, author of 'Trans Power' – Mzz Kimberley cliniQ Patron**
What is Trans Power? **Chair: Michelle Ross**

16:00 – 16:25 **Feedback from breakout sessions - Action for Change**

16:25 – 16:50 **Community Voice**– A discussion for all attendees including personal reflections on the day and actions to take forward to achieve real change. *Your voice matters.*

16:50 – 17:00 **Michelle Ross and Michael Brady:** Closing remarks

Follow the event on twitter: **#TransHealthMatters2019 www.cliniQ.org.uk**

Perhaps more interesting than what *was* discussed, were the things which weren't. This is the most significant reflection I have to offer on the conference itself.

This would be my agenda for a trans health care conference:

1. Are puberty blockers a viable treatment option for under 16s?
2. What are the risks of cross sex hormone use in adults? How do they interact with other common diseases (diabetes)?
3. Risk assessment and success of gender-confirming surgeries.
4. How do we ensure trans patients receive the correct care if/when pronouns and health care records have been amended to target gender?

Sadly no adults were in da house, so there was 3 hours of navel gazing and victimisation narratives instead.

First speaker was Michael Brady, National Adviser for LGBT Health, NHS England

Most recent LGBT health survey had 108,000 responses, most of which came in 2 days.

Receives money from Equalities Office dept.

Essential that data capture includes trans and NB people and that we don't retreat into heteronormative approach. Essential its done with engagement of community.

Recommendations made at the meeting today would be taken forward.

Michelle Ross, founder of CliniQ.
What is good and best practice?

Binary system hides trans people.
Services need to be intersectional and trans led.
Not having access to healthcare is linked to low self-esteem.
Drs often don't understand issues trans people are dealing with.

Trans people aren’t represented in health promotions.

Things which could improve trans people healthcare experience:
Non-gendered waiting rooms
Gender neutral toilets
Drop-in services
Training for all NHS staff (importance of pronoun use, etc)

Current model of trans healthcare was top-down, patriarchal, whereas the desired model was trans-led and empowering.

Damien Egan, the mayor of Lewisham, offered his and Council’s unwavering allyship. Egan said Piers Morgan's recent discussion of gender identity and felt that

it was unacceptable and hateful. Thanked trans community.

Pride in Practice described their national pilot for primary care delivery (i.e. GP services). Project funded by the LGBT Foundation. Project started in Manchester with good success and now being rolled out in London.

A bit like Stonewall training, but for GPs, practices can sign up to trans awareness training, they are then assessed on how they are doing, given recommendations of how to do better, and then they get a gold, silver or bronze award.

Project also being funded by Govt’s Equalities Office. Have had good results - 100% of trans people surveyed felt supported by GPs.

70% of GPs rated as excellent in Manchester by CQC had been involved with Pride in Practice.

Pride in Practice want to broaden interaction with health providers to include opticians, dentists, etc.

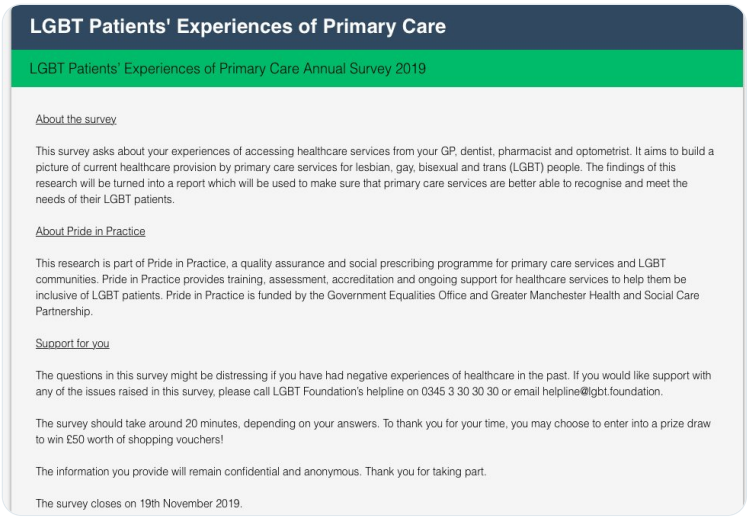
Lewisham has highest LGBT population and HIV diagnosed people.

GPs often not aware that there needs to be a psychiatric referral prior to gender identity clinic referral.

Very few patients are normally asked about sexual orientation or gender identity. NHS issues with poor IT systems means there is often inflexibility in collecting data.

There is 'NB erasure' in healthcare but there are also people trying to right this.

Pride in Practice is currently running a survey about LGBT experiences in Primary Care.
surveymonkey.co.uk/r/VYJTXS7



LGBT Patients' Experiences of Primary Care

LGBT Patients' Experiences of Primary Care Annual Survey 2019

About the survey

This survey asks about your experiences of accessing healthcare services from your GP, dentist, pharmacist and optometrist. It aims to build a picture of current healthcare provision by primary care services for lesbian, gay, bisexual and trans (LGBT) people. The findings of this research will be turned into a report which will be used to make sure that primary care services are better able to recognise and meet the needs of their LGBT patients.

About Pride in Practice

This research is part of Pride in Practice, a quality assurance and social prescribing programme for primary care services and LGBT communities. Pride in Practice provides training, assessment, accreditation and ongoing support for healthcare services to help them be inclusive of LGBT patients. Pride in Practice is funded by the Government Equalities Office and Greater Manchester Health and Social Care Partnership.

Support for you

The questions in this survey might be distressing if you have had negative experiences of healthcare in the past. If you would like support with any of the issues raised in this survey, please call LGBT Foundation's helpline on 0345 3 30 30 30 or email helpline@lgbt.foundation.

The survey should take around 20 minutes, depending on your answers. To thank you for your time, you may choose to enter into a prize draw to win £50 worth of shopping vouchers!

The information you provide will remain confidential and anonymous. Thank you for taking part.

The survey closes on 19th November 2019.

Dr Alison Brown from Public Health England talked about capturing trans patients who were HIV+.

Data collection on HIV pts began in 80s and currently monitors suppression outcomes. Data helps inform prevention services.

Data collection for trans pts comprised of 2 questions a) how do you identify? b) is this different to sex assigned at birth?

Collection via HARS data set since 2013 - 97% of clinics are signed up. Data search in 2015 suggested presence of 15 HIV+ trans pts unaccounted for.

Further probe to find more showed there could be around 609, but ultimately it was confirmed there were 178. Represent 0.19% of pts in care (approx. 100,000 people in UK with HIV diagnosis).

Of these 178 pts:
80% TW
7% TM
11% NB
Rest classify as ‘other’

123 people were studied, 90% TW, 56% London-based, tended to be aged 50+ (age in line with general trend of UK HIV pts).

Found trans people received exceptional good care with 100% diagnosed appropriately, 98% on ART, 97% virtually suppressed (in line with gen. trend).

Trans people could have more clinically complex problems due to psychiatric issues. 2017 survey of HIV pts showed trans people more likely to be depressed/anxious 41% (compared to 23% for general pop), suffering bad health 38% (compared to 26%), and ADLs 38% (compared to 13%).

In 2018 there were 152 new diagnoses made of HIV - 124 of these had arisen from heterosexual sex. I think she also said none of them were trans.

[So it seems HIV education needs to be focussed on general population, *not* LGBT]

Dr Brown asked for recommendations on how to use more appropriate language.
Currently the 3 ways of contraction of the virus is classed as:
Sex between gay and bisexual men
Heterosexual sex
Injection of drugs

Could potentially change language to:
Anal
Vaginal
Needle

But Dr Brown acknowledged reducing people to body parts may be problematic.

[Frankly if most new transmissions are happening man to woman (& obv vice versa) they should be shifting their focus from trans people who account for only 0.19% of current pts]

Question & Answer session for panel

Michael Brady said he was humbled to see experience of trans & NB people using CliniQ services (receiving hormone treatments and monitoring). Kings unique service.

Woman who said she was NB, & working in population research, asked if there was a research gap for trans & NB population.

Suggestion of shared working agreement for agreed language to describe trans people.

Biggest problem was the long wait to get hormone therapy (?5 years)

Michael Brady agreed that waiting times were ‘disgraceful’ but said that Gender Identity services were being re-tendered very soon.

How could GP support trans people waiting for hormone treatment? By doing 'bridging' prescriptions ahead of consultations with GI specialists!

GPs needed more support and information about issuing these ‘bridging’ prescriptions. After all GPs prescribe hormones for other conditions with no problems.

[Should GPs be put in the uncomfortable position of prescribing when they disagree with treatment plan?]

GPs would benefit from national training programme, esp older GPs. Pride in Practice working with Royal College of GPs.

New survey on trans & NB health will be commissioned by NHS England in 2020.

One attendee said they helped trans people recover post-surgery and there was lack of surgeons have understanding of SRS post-op care and would benefit from trans awareness training.

Breakout session:
What should be done to improve mental health for trans populations

Trans-specific problems:
-more likely to experience discrimination
-lack of access to support in wider community and/or isolation
-difficult to access specialised care

-fear of exposing existing mental health problems when trying to access hormone treatment
-lower quality of life, unemployment, drug misuse
-developing sex specific health conditions
-more likely to receive borderline personality disorders diagnosis
-transphobia in media

Suggestions for improvements:
Improve social prescribing
Separate health services
Agreed meaning for phrase ‘trans friendly’-More education for family members
Mandatory training for all NHS staff (particularly around importance of pronoun usage and effect of transphobia)

Confidence that disclosures can be made without judgement (i.e. not have hormones withdrawn for mentioning other mental health problems)
Train trans journalists to combat transphobia

Ensure funding remains in the LGBTQ stream, rather than going to LGB only (i.e. ref. to new LGB Alliance group, one poor man said he spent half his life ‘fighting terfs’ on twitter)
Trans led and should be properly waged (currently a lot is volunteer work).

Juno Roche:
What is trans power?

Juno received HIV diagnosis 26 years ago and was offered terminal benefit support (DS1500). Juno doesn’t want to hear ‘I’m cis but an ally’ as this implies trans is broken.

Read extract from book - wanted ‘trans ecstasy’ and realised had to give up the words ‘real, woman and vagina’. Surgeon measured their ‘cunt depth’ the day after surgery and realised then that vagina was not real. Wants a T on their passport.

Didn’t want to write a book about transition, wanted to write a book about aspirational aspects of being trans.

Juno’s first book was Queer Sex, and 3rd book comprised of interviews with trans kids (as young as 4 yo). Wants them to realise there doesn’t need to be one path.

[The above I took to mean, kids don't need to pursue drugs and surgeries]

Surgeon told Juno on the way to surgery “I’m going to make you as real as possible”. You don’t inhabit ‘looking real’, you only inhabit your own body.

Juno encouraged people to ask surgeons questions about actual function of SRS surgery, rather than what it looks like (as it definitely won’t look real) as in “Can I be fucked hard?

Will I have any sexual function?”

Juno appreciates allies, but trans people don’t exist to be saved. Once a gay man said “I’ve got your back”, Juno responded “I was sucking cock before you were born. You can leave this table.”

(This last anecdote fell flat on its arse, thus no questions from the audience.)

Final general feedback

One trans person reported they had been turned down for SRS surgery because of high BMI and that this was discrimination.

[In fact many surgeries require an appropriate BMI, but no one was prepared to state the obvious]

Ben Vincent recommended his own book ‘Transgender Health: A Practitioner's Guide to Binary and Non-Binary Trans Patient Care’ which was a ‘one-stop shop for GPs’ in dealing with trans & NB pts.

Vincent said there was currently 3 projects for trans & NB people in healthcare (under-18s, 18-25, over 18s). The latter he was working on and it had received 700K in funding.

Vincent said he had 3 books coming out next year! His last book had been shortlisted at BMA book awards. The people from Pride in Practice and a GP praised his current book.

It was acknowledged that kids had been left out of the conversation at the conference, and also much older people too.

The NHS needed to start to understand that more transmen were going to be experiencing pregnancy and react to that.

A transman spoke about being diagnosed with breast cancer and not getting proper recognition of the illness. Similarly transwomen experienced prostate cancer.

Trans people should be sought to share their expertise, rather than their life stories and personal issues. Trans people should always be paid for their time.

Juno Roche said that trans people shouldn’t have to say ‘please’ when asking for better promotion of trans health issues. It was up to GPs to realise that their care was sub-par and say “As a surgery we are failing trans people”.

Juno was sick of seeking funding - this is the job of Primary Care providers. Juno doesn’t have a GRC and doesn’t want to get one. Juno doesn’t want doctor to ask if they need cervical cancer screening - education on issues has to be better.

Michael Brady gave closing remarks that it had been a brilliant day full of energy and that summary report would be prepared and recommendations taken forward. Another conference is being planned for next year.

In conclusion, in my opinion, based on what I heard today:
-LGBT healthcare is well funded
-HIV data shows that there is no difference in standard of care for trans pts

-GPs are prescribing hormones, making oft-used argument that trans people have long waits for treatment

slightly disingenuous
-pressurising GPs to prescribe seems unprofessional and dangerous way to practice, yes CliniQ offers blood test monitoring, but when people come to sue clinical responsibility will be more difficult to determine

-Lastly, as I said at the beginning, how can a trans healthcare conference fail to mention any of the side effects of hormone treatment nor the surgeries? How?

It is almost as if it is blasphemy and they know the whole house of cards will come tumbling down if they do.

I almost forgot to add that a most comprehensive lunch was provided for (approx 150- 200 people ball park figure)

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