



LGBT SEXUAL HEALTH CONFERENCE FEEDBACK REPORT

Hull Pride

GenderShift
Promoting Fairness. Respecting Difference.

Cornerhouse
an effective response to sexual health needs



NHS

City Health Care Partnership

April 2010

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1. Acknowledgments

The LGBT Sexual Health conference was organised to tie in with World AIDS Day (1st December) and took place on the 3rd December 2009 at Quality Royal Hotel in Hull.

Thanks need to be made to partnership organisations such as Hull and East Riding Sexual and Reproductive Healthcare Partnership, NHS City Health Care Partnership, Cornerhouse, LGBT Forum, GenderShift, Hull Pride, Hull City Council and East Riding of Yorkshire Council for their involvement, support and time in organising this event and making it happen.

Thanks also need to be made to the LGBT population in Hull and the East Riding of Yorkshire as without them this conference wouldn't have succeeded.

2. Introduction

The following report provides an outline of the feedback from the LGBT sexual health conference held in Hull, which includes recommendations for future development. These will be presented to the commissioners in Hull and the East Riding of Yorkshire.

3. Recommendations

The following section presents recommendations for the commissioners for both Hull and the East Riding of Yorkshire and future developments to meet the local needs of LGBT community. The recommendations are drawn from comments/suggestions ascertained from the LGBT conference.

1. Additional funding and support is required for the development of HIV testing in the community settings (e.g. 167 Centre, local sauna, local gay venues/events etc) in line with locally developed guidelines and National Performance Indicators (NPI) – www.medfash.org.uk
2. Provide funding for the Sexual Health Promotion Team to develop new resources detailing why – and how – people should be tested for HIV infection and to promote local sexual health services to the LGBT community (e.g. leaflets, posters, radio campaign etc).
3. Prioritise the need of HIV clinicians to develop a clinical pathway for rapid testing for HIV in order to increase early diagnosis and treatment.
4. Support the Sexual Health Training Team through an explicit commitment to training within sexual health and primary care settings to raise awareness of the issues relating to the sexual health needs of the LGBT community.
5. Promote and support the delivery of transsexual awareness workshops for sexual health staff to embed key messages and improve practice.
6. Support the Sexual and Reproductive Healthcare Partnership to scope the feasibility of providing dedicated sexual health clinics to support the needs of the local LGBT community.
7. Support the Sexual and Reproductive Healthcare Partnership in maintaining and developing links with appropriate LGBT groups in Hull and the East Riding of Yorkshire through partnership working.
8. Encourage and support engagement with the LGBT community through PPE (Public and Patients Engagement) activities in order to inform service development.
9. Support the Sexual and Reproductive Healthcare Partnership to scope the feasibility of providing an interactive website that enables the LGBT community to interact with sexual health professionals.
10. Support the Sexual and Reproductive Healthcare Partnership to develop a business case for the post of a dedicated LGBT sexual health worker to drive forward improvements in sexual health services for the LGBT community.

11. Support the CASPHER team to promote Chlamydia screening through increased provision of testing kits in appropriate venues (e.g. gay venues, gyms etc).
12. Continue to fund and support the Gay Men's Condom Distribution Scheme and increase uptake through the provision of a wider choice of venues, condoms and dental dams.

4. Background

The Sexual and Reproductive Healthcare Partnership in association with the LGBT Forum, Cornerhouse, GenderShift and other agencies identified the need to undertake a one-day conference aimed at the local LGBT community and their issues surrounding sexual health and services.

The LGBT sexual health conference aimed to explore and raise awareness of issues relating to the local LGBT community and sexual health services in Hull and the East Riding of Yorkshire. This was a great opportunity for delegates to collect information, gain knowledge, share experiences and gain a deeper understanding of sexual health in the LGBT community, and also to break down any stigma that still exists in wider society.

Delegates who attended the conference were from the LGBT community, local support groups, statutory and voluntary organisations such as NHS staff, sexual health staff, commissioners, public health etc.

Delegates were offered a choice of five different topics, all of which were chosen by the LGBT community. The topics were as follow:

- HIV testing/PEP (Post Exposure Prophylaxis)
- Lesbian sexual health
- Sexual assault
- Gay Men's sexual health
- Transgender sexual health

Clinicians from the Sexual and Reproductive Healthcare Partnership gave presentations on the topics above in the morning and the afternoon session took the form of workshops picking up on the themes from the morning. Also each participant was able to choose two of the workshops.

During the day delegates attending the conference were able to look around various exhibitor stands which included the Lollipop group (East Riding of Yorkshire), Shout group (Hull), Body Positive Hull and East Riding, Condom Kiosk (CHCP), Cornerhouse, LINKS, GenderShift, Erectile Dysfunction, LGBT and HIV awareness.

The conference was advertised at local gay friendly venues and radio stations several days before the actual day. Also the HERSRHP and partnership agencies ensured that the event was promoted in the wider local LGBT society through leaflets and posters.

The conference was undertaken for the first time in the area and proved to be innovative to the service and more importantly to the community.

5. Feedback

The following section presents feedback, comments or suggestions from the delegates who attended the LGBT conference in regard to the presentations, workshops and whole venue.

The total number of attendees at the conference was 85; 45 people who booked a place did not attend and 13 attended without booking a place. The number of evaluation forms completed in total after the event was 26.

The whole event (including venue, food/refreshments, accessibility, organisation on the day etc) was evaluated as either excellent or good.

Comments/suggestions on the LGBT conference as a whole event

The delegates were asked if they had any comments/suggestions, what they found most useful about the day and what they will take away as a result of the conference.

What did you find most useful about the day?

- communication with people never met before
- to see a good mixture of professionals and service users, everyone could network in a relaxed environment
- transgender and women to women presentation
- new knowledge of issues
- to observe what Hull and Humberside sexual health projects are currently undertaking
- getting an insight on the issues concerning the LGBT community and ideas about what we need to do to raise awareness

What will you take away with you as a result of the conference?

- more up-to-date information and maybe some voluntary work I could get involved in
- look forward to further events
- better knowledge
- networking

- information
- relevant contacts
- the greater need for communication within a multi-agency approach to service delivery
- a lot to think about
- peoples' passion for change and to improve services for the LGBT community

Feedback from the workshops

The purpose of the workshops was to elicit information, thoughts, ideas and recommendations for the strengthening and improvement of sexual health services for the LGBT community of Hull and the East Riding of Yorkshire.

Each workshop was related to a separate issue, e.g. HIV, Gay men's sexual health etc, and ran as two separate sessions run over one hour. It was important to try to keep the group focussed on the specific issue.

The groups were asked to decide on 'quick wins' (something that can be achieved quickly), 'slow burners' (something that may take longer to achieve) and priorities for change. They were also asked what current services they would keep, what they would change/improve and what they would lose.

A. Lesbian sexual health workshop

Quick wins:

- Interactive site that enables lesbians to send questions and receive answers from sexual health providers
- More communication/promotion around what is available for lesbians
- Lesbians to be LOUD

Slow burns:

- Education/training for workers (including local authorities, the public and health authorities)

Priority for change:

- Stop discrimination and making assumptions about lesbian sexual health

When asked *what services would you keep*, the groups felt that there were no services specifically for lesbians – and two people did not know of any sexual health services in Bridlington. However, the groups came up with the services that they were aware of and the reasons why they should be kept.

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Cornerhouse – Accessible, friendly, confidential, free and well publicised, regardless of sexual orientation/gender. The service is person centred and should offer inclusive approaches.

Youth groups – Advice and signposting and very helpful as a support groups.

CASPHER – STI testing, contraception and support

LGBT Forum – views heard, events

The Warren and Shout group

Due to time constraints the group was asked to miss **what would you loose** and go onto changes and improvements.

Regarding **what would you change/improve**, the groups came up with the following ideas/suggestions:

- Have a system in place to prevent repeating life story over and over.
- Stamp out prejudice
- No discrimination surrounding medication (i.e. the pill)
- Separate clinic for the community
- Education for professionals
- More support about sexual orientation in schools
- Training issue about lesbian sexual health needs
- GUM not only based in hospital
- Developing a safe internet site (interactive)
- Have female workers to do smear tests and other personal examinations
- Health workers should not make assumptions
- Lesbians to have a greater voice in the community
- Services/conferences should be more accessible
- Provide safe spaces
- No discrimination over sperm donations

Also one of the groups raised the issue about the fact that although staff may well attend anti-oppressive/equality training. It was felt that sometimes they are non-judgmental because “they have to be”.

B. Transgender sexual health workshop

Quick wins:

- Training for sexual health staff and GPs
- Better networking between Trans organisations and sexual health teams in Hull and the East Riding of Yorkshire

Slow Burns:

- an information system for GP`s and acute care providers to provide the information they need (particularly around sexual health not associated with stated gender

Priority for change:

- Continue a dedicated training programme to embed key messages and change practice.

C. LINKS workshop

Quick wins:

- More networking needed between services
- Better marketing of available services
- More awareness of services needed

Slow Burns:

- GPs awareness of anti-discrimination practice

Priority for change:

- Sexual health provision needs to be improved for women
- More awareness of sexual health services needed, both in Hull and the East Riding of Yorkshire

When the group were asked *what would you change/improve* they came up with the following suggestions/ideas:

- Marketing strategy
- More awareness of services
- GPs understanding of issues affecting LGBT community
- Labelling – GPs assessing cases in terms of patients' sexuality rather than individual matters
- Increase accessibility of services
- Encouraging patients to 'Speak Out' and supporting them

There weren't any suggestions/ideas regarding what would you keep and what would you loose.

D. HIV workshop

Quick wins:

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- HIV testing in the community
- LGBT information into community
- Dissemination of awareness, literature etc

Slow Burns:

- Changing the attitudes of staff
- Improve cultural awareness

Priority for change:

- Joined up working
- Education, training and improving awareness

When the group was asked *what you would keep*, they suggested as follows:

- Open access to screening
- Pre-test `counselling`
- Locations of GUM services
- Access to written information
- Access to specialist services (i.e. trained professionals/voluntary sector)
- Infectious Diseases services (i.e. Castle Hill)
- Counselling services
- Support services (i.e. Body Positive, Cornerhouse)
- Raising awareness in schools, colleges (education in general)
- Choice of where to go and who to see
- Specialist social workers and HIV Prevention Officer and Health Advisors
- Choice of tests and results process
- Conifer Drop-in

When asked *what you would loose*, they suggested as follows:

- Ad hoc provision – hospital, GPs, GUM – not working together
- Ignorance around Highly Active Anti-Retroviral Therapy (HAART)
- “Rules” around blood donation
- Waiting times
- Lack of communication between services
- Lack of information
- Lack of transport
- Location of Conifer House (should be more private/discreet)
- Multi-functionality at Conifer House

When asked *what you would change/improve*, suggestions were as follows:

- HIV testing within the community
- Improved training for staff, public, school and organisations

- Life insurance
- Staff/patient relations, empathy etc
- Knowledge of risk (who, when etc)
- Non-blood tests
- Offer postal tests
- Friendlier services
- Mandatory training at schools
- More awareness of testing
- More specialist nurse services – HIV specialist nurse
- Attitudes
- Ethos
- Recognition of diversity of groups
- Better training for health professionals
- Access to care and medication
- Support for people living with HIV and those who work with them
- Testing methods
- Availability of dental dams
- GUM/sexual health services need to be improved
- Start young; drop-in at schools
- Better advertising
- Confidentiality issues
- Promote rapid testing
- Multi agency working
- Variation of contraception (different type/size of condoms)

E. Gay men's sexual health workshop

Quick wins:

- Training of reception staff
- Interpersonal skills
- Move drop-in to ground floor
- Have testing kits in toilets and changing rooms

Slow Burns:

- Appoint LGBT sexual health workers
- Improve education

Priority for change:

- Create a new culture so that sexual health is not considered a topic on its own

When asked *what you would keep*, the suggestions were as follows:

- Gay men's condom distribution scheme
- HIV testing/outreach testing
- PEP
- Agency relationship with LGBT community

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- Drop-in
- Anonymity
- Free condoms/lube
- Confidentiality
- Keep marketing/change brand

When asked *what you would change/improve*, the suggestions were as follows:

- More networking needed between Hull and the East Riding of Yorkshire LGBT support groups and other services
- More support for LGBT groups in the East Riding of Yorkshire (Bridlington in particular)
- GPs labelling – making referrals based on sexuality not individual case
- Create new culture in the community
- Education; de-stigmatise 'sex' itself
- Change British sensibility

When asked *what you would loose*, the group answered that stigma attached to gay men.