

Pride in Practice Feedback Report

Service name: Stratford Health Centre & The Forest Practice

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About this report

This report has been designed to highlight what you as a practice are doing already to support LGBTQ+ inclusion, and to give you options for next steps which can be used for further development.

Pride in Practice awards are evidence based. This means that the grading you will see on this report is based on the evidence we have seen up to this point. It is not a final mark, and your award level can be upgraded at any time within the project to reflect the submission of additional evidence.

When a practice has demonstrated evidence towards a criteria, this will be highlighted on the report below using green.

If a practice does not meet the criteria essential for an award, but it can achieve this through working on suggested action points then this will be highlighted using yellow.

Pride in Practice co-ordinators assess evidence in one of five categories.

No Award – This is used to highlight where a practice may be if they are not currently reaching the essentials for a Pride in Practice award.

Bronze Award – A bronze award recognise information, knowledge and behaviours which we believe are fundamental for a practice to gain an award in LGBTQ+ inclusion. Certain criteria must be reached for a practice to gain a bronze award or above. These criteria are marked with a single asterisk*.

Silver Award – These are areas where evidence is needed to demonstrate that a practice has gone beyond the basic expectations for LGBTQ+ inclusion. They recognise

areas where a service has extended beyond foundational knowledge and developed further excellence in LGBTQ+ healthcare. Certain criteria must be reached for a practice to gain a silver award or above. These criteria are marked with a double asterisk**.

Gold Award – Gold award criteria recognises what we view as reasonable best practice expectations for all services. They are things which we feel are achievable and expected by all practices who are committed to excellence in LGBTQ+ healthcare. Certain criteria must be reached for a practice to gain a gold award. These criteria are marked with a triple asterisk***.

A practice will gain a bronze, silver, or gold Pride in Practice award if:

1. The practice has achieved 50% or more of the relevant criteria

AND

2. Submitted evidence of all of the essential criteria of that award and those below.

Example: A medical practice has been graded as meeting 80% of the silver criteria and 45% of the gold criteria. The practice has submitted all the essential evidence for a bronze award but have not yet shared all evidence essential for a silver award. This means that they will be awarded a bronze at this time.

If the practice submits evidence of the essential silver criteria, they will be awarded a silver award.

If a practice submits evidence of the essential silver criteria, and submits additional evidence towards the gold award, and meets the essential criteria of bronze silver and gold; then they will be awarded a gold award.

Beyond gold criteria

Since the Pride in Practice award started in 2010, we have seen many services go above and beyond what we recognise as being essential criteria of a gold award. These practices have demonstrated initiative and a commitment to LGBTQ+ excellence and have gone beyond the expectations we would place on an average practice. We also have many high performing practices who have met our gold criteria and want to know what more they can do to continue developing LGBTQ+ healthcare excellence. We have created a category beyond gold to recognise this work, and to provide additional next steps to practices.

This category is called 'beyond gold' however **it is not** an additional level of award but an opportunity for practices to use this feedback as an action plan for further development.

Assessment

Question	No Award	Bronze	Silver	Gold	Beyond Gold
<p>Q1. What have you done so far to develop LGBTQ+ inclusion?</p>	<p>New to LGBTQ+ inclusion, or Pride in Practice is a first step</p>	<p>Some members of the practice have engaged with LGBTQ+ health topics, although nothing has been done practice wide.</p>		<p>The service has independently done some practice wide work regarding LGBTQ+ health, have previously done Pride in Practice, or some other form of practice wide LGBTQ+ inclusion training ***</p>	<p>The practice has a strong evidence base demonstrating a commitment to LGBTQ+ patients over a sustained period of time.</p>
<p>At the practice, all new starters are required to complete EDI (Equality, Diversity, and Inclusion) training, which is refreshed annually to ensure ongoing awareness. Additionally, a manager-specific module covering sexual orientation is also completed to further reinforce inclusive leadership.</p> <p>To foster empathy, an empathy video is shared from YouTube to promote a more compassionate approach to patient care.</p> <p>Tip cards are displayed around the workplace to help staff understand LGBTQ+ terminology and to guide them on how to respect and engage with different identities. They also encourage open conversations about sexual orientation, with openly LGBTQ+ staff members taking an active role in building an inclusive culture. Team activities and events are organised to facilitate these discussions in a supportive environment.</p> <p>Given that their patient cohort is predominantly Muslim, they are mindful of cultural sensitivities while promoting inclusivity. They also make it a priority to celebrate everyone's birthdays and religious events to ensure that the team feels valued and included.</p> <p>The practice has an open clothing policy which encourages staff to wear what they wish, allowing everyone to express themselves authentically. They also proudly sponsor the local Pride event in Forest Gate, further supporting LGBTQ+ visibility in the community.</p> <p>Additionally, the practice offers bereavement leave to all staff, including for pets and chosen family members, recognising the importance of personal connections in times of loss.</p>					

Question	No Award	Bronze	Silver	Gold	Beyond Gold
<p>Q2. Does the service give patients the opportunity to share their sexual orientation or trans status?</p>	<p>There are no structures in place to support patients to share their sexual orientation or trans status at the practice – although the practice may be aware of some of their LGBTQ+ patients.</p>	<p>The practice has sexual orientation monitoring on their new patient registration forms. *</p>	<p>The practice has trans status monitoring on their new patient registration forms. **</p>		<p>The practice has evidence that existing patients have been given the opportunity to update their details.</p>
<p>The practice has made it mandatory to ask patients about their sexual orientation and trans status on both paper and electronic patient registration forms, a policy which was introduced around 18 months ago.</p> <p>In addition, they have launched a campaign to encourage patients to sign up for the NHS app. The app features an 'Update Your Details' section, where patients can easily update or input important information, including their sexual orientation and trans status, giving them more control over their personal data.</p> <p>Reminder As sexual orientation monitoring (SOM) has been an NHS information standard since 2017, implementation of this is an essential criteria for a practice to gain a bronze award. While trans status monitoring (TSM) is an essential criteria for any practice to gain a silver award. For more information, see the resource below.</p> <p>TIP: NHS England said practices can capture the data they want by using a new online tool that enables them to add any of their own supplementary questions as a follow-up.</p>					

Question	No Award	Bronze	Silver	Gold	Beyond Gold
<p>Q3. If the service is carrying out SOM or TSM, how has this information been used to support patient outcomes?</p>	<p>Nothing specific is done with this information</p>	<p>Demographic monitoring used to better understand their patients, to identify particular groups (i.e. trans men who may have a cervix), or to support signposting to other services.*</p>	<p>The practice has evidence about how feedback from LGBTQ+ patients has been used to develop services.</p>		
<p>The service uses SOM and TSM data to tailor health campaigns and provide personalised care. For instance, trans men undergoing transition are actively included in cervical screening campaigns. The practice offers one-to-one support to these patients to ensure they are aware of and do not miss vital screenings, addressing potential barriers in a considerate manner.</p> <p>In addition, campaigns have been developed to promote men’s health screenings, with a particular focus on prostate cancer awareness. These campaigns specifically target gay men, who are at a statistically higher risk, ensuring this group receives appropriate information and encouragement to attend screenings.</p> <p>Key Resource If we’re not counted, we don’t count - This guide to implementing LGBTQ+ inclusive monitoring shares the importance of offering patients the opportunity to share their sexual orientation and trans status at practices. There is also information of how this can be imputed with systems such as EMIS.</p>					

Question	No Award	Bronze	Silver	Gold	Beyond Gold
<p>Q4. (Clinical) In general, what areas of health may LGBTQ+ people experience a higher prevalence of conditions, poorer outcomes, or additional barriers?</p>	<p>The practice is not aware of any specific areas or barriers where LGBTQ+ people's experiences would be different to the general population.</p>	<p>Aware of limited health topics (i.e. sexual health and trans and non-binary related health care) or a broad understanding of barriers (i.e. aware that poor mental health) may have wider effects.</p>	<p>Significant understanding of specific areas of inequality and an awareness that LGBTQ+ health covers all health **</p>	<p>Understanding that people may be multiply marginalised and have poorer outcomes than others in the wider LGBTQ+ community ***</p>	<p>Aware of up-to-date clinical information, accessing and using latest resources, working to promote inclusion at other practices and networks.</p>
<p>The service has demonstrated knowledge in several areas where LGBTQ+ people experience a higher prevalence of conditions or face additional barriers, including:</p> <ul style="list-style-type: none"> • Mental health challenges • Homelessness • Higher rates of HIV • Barriers in accessing support services • Increased prevalence of sexually transmitted infections • Isolation due to religious or cultural stigma <p>To promote inclusivity and raise awareness, the service celebrated Pride with the entire team, incorporating decorations and sharing educational materials. This included playing a clip from Hidayah, a support group for LGBTQ+ Muslims, to highlight intersectional experiences and encourage dialogue.</p> <p>Key Resources</p> <p>Below are some key links to information relating to LGBTQ+ health:</p> <ul style="list-style-type: none"> • LGBT Health in Britain – Stonewall (2018) • Supporting Trans Patients: A Quick Guide for GPs – Trans Actual • Hidden Figures – LGBT Foundation 2019 and 2021 • Pride in Practice Patient Experience Surveys from 2017, 2018, 2021 and 2022 are all available at lgbt.foundation/publications <p>We also recommend practices sign up to our Pride in Practice newsletter. The newsletter shares new information and resources relevant to LGBTQ+ health.</p>					

Question	No Award	Bronze	Silver	Gold	Beyond Gold
Q5. How is LGBTQ+ inclusive language used at the practice to reduce barriers to LGBTQ+ people, their families or partners?	No examples of inclusive language	Aware that some trans and non-binary people may be misgendered and have taken steps to use inclusive language	Use of language like 'partners' and 'parents' Use of gender neutral language like 'this patient', or 'there is someone in the waiting room' Asking about the relationship between two people as opposed to making assumptions	Other examples of open language such as asking people who they would like to be referred, or introducing themselves with their pronouns Understanding that people may use different language to refer to parts of their body and supporting this in practice	Use of pronouns on staff badges and email signature

The practice encourages staff to use language that ensures everyone feels comfortable and respected. They maintain an open approach to feedback, inviting individuals to share concerns if inappropriate language is used. This is reinforced by a zero-tolerance and anti-bullying policy, creating a safe and inclusive environment for staff and patients alike.

Staff are trained to use sensitive and affirming language, particularly when discussing patients' bodies. They allow patients to define the terms they use for their own body parts, avoiding assumptions and adapting their language to align with the patient's preferences.

Here are some links to examples of gender neutral language that we encourage staff to use when possible:

1. <https://www.grammarly.com/blog/gender-neutral-language/>
2. <https://www.nih.gov/nih-style-guide/inclusive-gender-neutral-language>

Next steps/ points for development:

Review inclusive language with colleagues where appropriate:

- Using gender neutral language if you do not know a person's pronouns (they/them, this person/patient, using a patient's name)
- Also use gender neutral language in wider areas, i.e. 'partner' as opposed to 'husband or wife', 'parent' as opposed to 'mother or father' etc.
- As questions to give the patient the opportunity to share relevant information. Such as:

- How would you like me to refer to you?
- What is your relationship to each other?
- Who is with you today?
- What gender are your partners/ what kind of sex are you having? (when checking a patient's sexual history)
- What language would you like me to use to describe parts of your body?*

*This is context specific. Some trans and non-binary people may experience dysphoria or anxiety using heteronormative language to refer to parts of their body. A trans man with a child may prefer to use terms such as 'chest feeding' for example.

Key resource

[King's College London ABC of LGBT+ Inclusive Communication](#)

[Inclusive Language in the NHS](#)

[Gender Inclusive Language When Referring to Body Parts](#)

ACTION: Remind staff that they can add pronouns to their email signature and show them the steps of doing this.

ACTION: Consider offering all new starters the option to include pronouns into their name badge.

Question	No Award	Bronze	Silver	Gold	Beyond Gold
<p>Q6. How is cervical screening promoted to all eligible LGBTQ+ people?</p>	<p>Nothing beyond automatic recall</p>	<p>Aware of trans and non-binary patients and evidence that these people are invited specifically (opportunistic invitation or alerts on patient records)</p> <p>Aware that cisgender LGB women may also be less likely to attend screenings.</p> <p>Aware that people living with HIV will need an annual smear test.</p>	<p>Able to use demographic monitoring to identify patients with a cervix who may not be listed as female, or to cisgender LGB women who may also be less likely to attend screenings.</p>	<p>Taking specific steps to reduce barriers experienced by LGBTQ+ people (i.e. addressing anxiety, not using the term 'virgin speculum')</p>	<p>Targeted campaigns promoting screening inclusive of LGBTQ+ people.</p>
<p>Cervical screenings are promoted through the national recall system for all patients listed as 'female' on the practice's records. For trans men and intersex individuals, the practice maintains a separate list and manually contacts these patients to ensure they are included in screening invitations.</p> <p>The practice adopts a proactive and persistent approach to recalls, aiming to maximise attendance and reduce missed appointments. As a result, they are performing 10-15% ahead of the national average for cervical screening uptake.</p> <p>ACTION: Please provide evidence of any previously run cervical screening campaigns that target LGBTQ+ people.</p> <p>Further recommendations</p> <p><u>Update Systems for Inclusivity:</u> Collaborate with system providers to allow more accurate coding for trans and non-binary patients to ensure their needs are met without requiring separate manual lists.</p> <p><u>Provide Tailored Information:</u> Develop inclusive cervical screening materials, such as leaflets or videos, that specifically address concerns of LGBTQ+ patients, particularly trans men and non-binary individuals.</p> <p><u>Ongoing Staff Training:</u> Offer regular training sessions for staff on how to sensitively discuss cervical screening with LGBTQ+ patients, addressing potential anxieties or misconceptions.</p>					

Additional information

- [LGBT Foundation](#)
- [Jo's Trust](#)
- [NHS England](#)
- [GOV.UK](#)

Organisations that will provide you with posters and resources:

[Out Patient – Videos and information on call outs for trans and non-binary patients](#)

<https://screeningsaveslives.co.uk/cervical-screening/downloadable-materials/>

<https://www.dean.st/trans-non-binary-2/>

<https://cliniq.org.uk/>

- ▶▶ When discussing body parts with patients, also ask about their preferred terms as these may vary.
- ▶▶ If carrying out sexual orientation and trans status monitoring, you can consider using this data to see if there is a link between people who do not attend cervical screening and people who are members of the LGBTQ+ community, this can help tailor conversations or communication regarding recall.
- ▶▶ When you are implementing trans status monitoring, you will be able to use this for identifying male patients who were assigned a different gender at birth and this report can aid you in targeted recall.

Question	No Award	Bronze	Silver	Gold	Beyond Gold
<p>Q7. What is the practice's role in conversations around sexual health and in reducing the spread of HIV?</p>	<p>No specific role due to signposting to local GUM clinics.</p>	<p>Signpost or provide a HIV test if someone requests or demonstrates symptoms</p> <p>Will not assume type of sex people are having when providing advice. (e.g. will ask 'what kind of sex are you having', or 'what gender are your partners'</p> <p>Will identify the gender of sexual partners before giving contraceptive advice</p> <p>Aware of PReP and PeP</p>	<p>Aware of different groups which may be at high risk of contracting HIV and what behaviour or backgrounds could make somebody more vulnerable to HIV transmission.</p> <p>Will ask people if they know their own HIV status, when they last had a test, and do they know the status of their sexual partners.</p>	<p>Aware of the HIV prevalence in the area</p>	<p>Offering free condoms</p> <p>Actively promoting HIV awareness (i.e. HIV testing week/ awareness day), reducing stigma</p> <p>Knowledge around supporting people with a compromised immune system (i.e. ongoing medication)</p> <p>Offers HIV tests for new patients</p>
<p>The practice provides HIV testing to all patients, which can be easily accessed at reception. Every December, the practice sends a text message to patients to encourage testing during HIV Awareness Day and Testing Week, and they also include information on their website to raise awareness. In addition, tests for chlamydia, gonorrhoea, syphilis, and hepatitis A, B, and C are also available.</p> <p>With an HIV prevalence of less than 1%, the practice focuses on high-risk groups, including:</p> <ul style="list-style-type: none"> • People from Sub-Saharan Africa • Sex workers • Those engaged in high-impact sexual practices such as fisting and "red sex" • Men who have sex with men (MSM) <p>The practice has excellent links with the local sexual health clinic, ensuring that they can provide effective signposting and support services. They frequently encourage gay men to visit the sexual health clinic, recognising the intersectional identities that can increase vulnerability to HIV transmission. Free condoms and HIV screening are available through the local GUM clinic.</p>					

Additionally, the practice has a strong understanding of PEP (Post-Exposure Prophylaxis) and PrEP (Pre-Exposure Prophylaxis). If a patient and clinician identify a need, the practice can make referrals or provide signposting to the local sexual health clinic for these services.

ACTION: Show evidence of messages and promotional materials used to promote HIV testing.

ACTION: Share the following document with the wider team: [A Guide To Taking a Sexual History](#)

Further recommendations

- ▶▶ We recommend practices keep themselves informed on HIV data for their areas. The best way of doing this is by reviewing the NHS data through the PHE Fingertips resource.
- ▶▶ More information on high risk groups can be found here
- ▶▶ We recommend practices look for opportunities to promote HIV testing at the practice. A good way of doing this is during HIV Testing Week (February) or HIV Awareness Day/ World AIDS day (1st December).
- ▶▶ We recommend practices are aware of PrEP and PeP and can signpost patients towards additional information if needed.

Question	No Award	Bronze	Silver	Gold	Beyond Gold
<p>Q8. What support does the practice offer to trans and non-binary patients?</p>	<p>Not aware of having and trans or non-binary patients at the practice</p>	<p>Understanding of the importance of not misgendering people, or of using gender neutral terms</p> <p>Able to refer to a Gender Identity Service</p> <p>Actively following shared care protocols from a gender care specialist</p> <p>Able to offer clerical support including changing gender markers, inviting for screening and providing passport letters.</p> <p>Aware of referral process for trans and non-binary young people</p>	<p>Able to offer signposting for further support including online and local groups and helplines, resources and information on gamete storage</p>		<p>Willing to consider bridging prescriptions (may be on a case by case basis)</p>

The practice allows trans and non-binary patients to have their preferred name recorded in the system, which can be updated at registration or at any point during their care. Staff are trained to be mindful of language and its impact on patients, ensuring that communication is respectful and affirming.

Additionally, the practice can signpost trans and non-binary patients to local services that offer further support, including gender-affirming healthcare and counselling services.

Further recommendations

- ▶▶ Enhance Training on Gender-Affirming Care: Regularly update staff training on trans and non-binary specific healthcare needs, including awareness of gender-affirming treatments and services.
- ▶▶ Expand Signposting Services: Strengthen relationships with local gender clinics and LGBTQ+ support services to ensure patients are offered a wider range of resources.

- ▶▶ Information on how to change a patients gender marker on the system can be found in section 5 of the document titled '**The Gender Identity Toolkit**' and [can be found here](#)
- ▶▶ See document titled '**Guide GP Trans guide**' sent to you in the email containing this feedback report.
- ▶▶ More information on responsibilities for prescribing between primary and secondary/tertiary care [can be found here](#)
- ▶▶ We discussed bridging prescriptions for patients when appropriate. It is not a requirement of this accreditation that practices offer bridging prescriptions, but we do expect clinicians [to be aware of the guidelines](#) from the General Medical Council.

Question	No Award	Bronze	Silver	Gold	Beyond Gold
<p>Q9. What is the practice understanding of legislation which protects LGBTQ+ people and are any of these included within the practice's documents and policies?</p>	<p>Not aware of any particular legislation, and policies and documents not actively inclusive of LGBTQ+ communities.</p>	<p>Aware that the Equality Act 2010 protects LGBTQ+ people from discrimination</p> <p>The practice's Equality and Diversity policy includes a list of protected characteristics *</p> <p>The Zero Tolerance policy or statement implicitly protects LGBTQ+ people from discrimination. *</p> <p>Practice staff recognise and address LGBTQ+phobia</p> <p>Aware of parental/ guardianship rights in relation to children and dependents</p> <p>Aware of next of kin/ decision making rights for partners</p>	<p>Aware of the Gender Recognition Act 2004 and how this protects a person's gender history</p> <p>The Zero Tolerance policy/statement is displayed publicly**</p> <p>The Zero Tolerance policy or statement includes reference to LGBTQ+ phobia, or homophobia, biphobia and transphobia **</p>	<p>Publically display a confidentiality statement to reassure patients that their records (including gender history and HIV status) are treated appropriately.</p>	
<p>ACTION: To send over your Zero Tolerance Policy - if it is on display in a public area then show evidence</p> <ul style="list-style-type: none"> - To send over your Confidentiality Policy - if it is on display in a public/staff area then show evidence - To send your Equality and Diversity Policy <p>ACTION: As numerous staff members stated within the training that they're not aware of the Gender Recognition Act 2004, your action manager will supply you with a condensed version of this for you to share with your team, which can also be found below.</p>					

Notes and comments

As best practice, we recommend that practices are aware of the Gender Recognition Act and its relevance to patient confidentiality.

As many Confidentiality Policies do not discuss specific characteristics, we recommend placing this information within the legislation section of the practices' Equality and Diversity Policy

Gender Recognition Act 2004

The 2004 Gender Recognition Act (GRA) makes it a criminal offence to disclose an individual's transgender history to a third party without their written consent if that individual holds a Gender Recognition Certificate (GRC). Patients do not need to show a GRC or birth certificate in order for the GRA 2004 to be in effect, so it is best practice to act as though every trans patient has one. This means always obtaining a trans patient's written consent before sharing details about their social or medical transition, sometimes also called gender reassignment, with other services or individuals. This includes information such as whether a patient is currently taking hormones or whether they have had any genital surgery, as well as information about previous names or the gender they were given at birth. Consent should always be obtained before information relating to the patient being trans is shared in referrals and this information should only be shared where it is clinically relevant, e.g. it would be appropriate when referring a trans man for a pelvic ultrasound but not when referring him to ENT

We recommend staff are familiar with the Gender Recognition Act and understand how these impacts on patient confidentiality.

As best practice, we recommend that practices staff understand the definitions of the nine characteristics, especially those which may be related to LGBTQ+ identities.

Gender Reassignment

Sometimes, 'gender reassignment' may be misunderstood as only relating to a person who has undergone a legal or clinical process to change their gender from what it was listed as previously and this is not the case. Anyone can qualify under the characteristic if they are trans and non-binary under the legal definition:

Gender reassignment

(1)A person has the protected characteristic of gender reassignment if the person is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex.

As best practice we recommend listing this characteristic within your policy as:

- Gender reassignment (including trans and non-binary status)

Sex

The Equality Act definition of 'sex' is:

Sex

Sex is defined in the Equality Act as:

- a. *a reference to a person who has a particular protected characteristic is a reference to a man or to a woman; (b) a reference to persons who share a protected characteristic is a reference to persons of the same sex.*

This definition is inclusive of trans people (although not inclusive of non-binary people), as trans men and trans women share many of the same characteristics as cis men or cis women.

We recommend using this inclusive definition and also using the term 'gender' to be more inclusive also. This avoids any confusion of a person's sex as being different to their gender.

As best practice we recommend listing this characteristic within your policy as:

- Sex (including gender)

Sexual Orientation

The Equality Act definition of 'sexual orientation' is:

12 Sexual orientation

- (1) Sexual orientation means a person's sexual orientation towards—
 - (a) persons of the same sex,
 - (b) persons of the opposite sex, or
 - (c) persons of either sex.
- (2) In relation to the protected characteristic of sexual orientation—
 - (a) a reference to a person who has a particular protected characteristic is a reference to a person who is of a particular sexual orientation;
 - (b) a reference to persons who share a protected characteristic is a reference to persons who are of the same sexual orientation.

We recommend understanding sex (gender) and therefore sexual orientation in a more inclusive way.

Sexual orientation – to whom a person is attracted to romantically and/or sexually.

This definition acknowledges that a person may be attracted to people of a different gender to themselves, or the same gender, but avoids using binary words such as 'opposite'.

Further recommendation

Further on LGBTQ+ family planning information can be found here:

- [Ways to become a parent if you're LGBTQ+ \(NHS\)](#)
- [New Family Social: charity for LGBTQ+ adoptive and foster parents](#)
- [IVF information \(NHS\)](#)
- [Brilliantbeginnings.co.uk/surrogacy-for-male-same-sex-parents/](#)
- [Gamete Storage \(GIC information\)](#)

Question	No Award	Bronze	Silver	Gold	Beyond Gold
<p>Q10. How confident would the practice feel signposting to additional information for LGBTQ+ services, support and resources?</p>	<p>Unsure of where to signpost, or all signposting is left to other services</p>	<p>Would signpost to LGBT Foundation</p>	<p>Aware of:</p> <ul style="list-style-type: none"> Local group and services Online groups and services Support for LGBTQ+ people experiencing domestic and sexual violence Where to signpost for support reporting hate crimes Groups and services supporting LGBTQ+ people with substance use Parenting options including IVF, adoption, fostering and gamete storage Helplines, talk therapy and counselling options The experiences of LGBTQ+ people as they age (i.e. living with HIV, dementia, cancer, caring etc.) Other groups relevant to people who may experience multiple marginalised characteristics 	<p>Evidence of proactively signposting to LGBTQ+ inclusive services through information at the practice, on the website, or during consultations</p>	<p>Evidence of direct line of communication and feedback with local LGBTQ+ patients, communities and groups</p>
<p>Notes and comments Aware of some signposting opportunities. I will attach further signposting information as an attachment. See also other resources and information sign posted above.</p>					

Question	No Award	Bronze	Silver	Gold	Beyond Gold
Q11. What plans does the practice have to continue to develop LGBTQ+ inclusion at the practice?	No concrete plans for further work	<p>The practice plans to implement recommendations from the report</p> <p>Will display LGBTQ+ poster and/or literature (may include a noticeboard or on the website)</p>	Designated LGBTQ+ lead or champion**	<p>Will invite patients to update their records with SOM and TSM</p> <p>Will encourage feedback on services by LGBTQ+ patients by encouraging participation in the PPG, complete friends and family forms, or provide feedback in other ways.</p> <p>Will continue training relating to wider equality and inclusion (e.g. anti-racism training, autism awareness, dementia friends etc) and discuss with relation to LGBTQ+ identities</p> <p>Regular internal meeting to discuss monitoring and LGBTQ+ inclusion.</p>	<p>Will use SOM and TSM data to measure patient feedback over a period of time</p> <p>Having leads or champions on wider health needs which are LGBTQ+ inclusive (i.e. parenting, cancer, living with HIV etc.)</p>

The practice intends to paint the door in rainbow colours to signal a visible commitment to LGBTQ+ inclusivity.

If you are looking to celebrate any LGBTQ+ key dates and events that here is a LGBTQ+ cultural calendar: <https://lgbtyouth.org.uk/lgbt-cultural-calendar/>

Commented [ST1]:

Further recommendations

Create Safe Spaces for Feedback: Develop specific channels for LGBTQ+ patients to provide anonymous feedback to ensure they feel safe and confident in sharing their experiences.

Expand Partnerships with LGBTQ+ Organisations: Collaborate with local LGBTQ+ charities and support groups to ensure that the practice is meeting the diverse needs of the community and to enhance the resources available to patients.

Monitor and Evaluate Progress: Establish clear metrics for measuring progress in LGBTQ+ inclusion, ensuring that actions are continuously evaluated and refined based on patient and staff feedback.

Visibility and Representation: Ensure that the practice's staff reflect the diversity of the LGBTQ+ community, including hiring practices that prioritise inclusion.

Scoring

Category	Essentials Y/N	Score
No Award		
Bronze	Y	24/24
Silver	Y	22/22
Gold	Y	15/18
Beyond Gold	N	6/15

Summary and Next Steps

The practice has demonstrated a strong commitment to LGBTQ+ inclusion, both before and throughout its involvement in the Pride in Practice Accreditation Programme. It stands as a leading practice in North East London for supporting LGBTQ+ service users, with well-established systems in place to meet the needs of trans and non-binary patients. The team was highly engaged during training, and Chris has been outstanding in embracing new ideas and driving positive change. It's truly inspiring to see a practice so dedicated to its community and the well-being of its LGBTQ+ patients.