Provider Pack

Breaking down the barriers to LGBTIQ+ inclusive cancer care

Registered Charity 1190756

OUTpatients
The UK's LGBTIQ+ Cancer Charity

About this booklet

OUTpatients is the UK's LGBTIQ+ cancer charity, proudly led by and for our community. We're here to shake up the system, advocate for equity, and stand up for every LGBTIQ+ person affected by cancer.

Our goal is to help patients, survivors, partners and caregivers feel welcome and supported in cancer services. Through peer support, education, campaign development, policy work, and building strong partnerships across the sector, we are working to transform cancer care into a more inclusive environment for everyone.

Our unique expertise has been sought internationally across different cancer settings, where we work closely with professionals across the whole spectrum of cancer care from clinical research, cancer services across primary and secondary care, through to support and social prescribing.

We have created this booklet as an overview of some of our core information and training to help you begin to improve the LGBTIQ+ inclusivity of your services. We encourage you to use it alongside our education sessions, which explore different areas of LGBTIQ+ inclusive cancer care in greater depth. If you would like to commission some education sessions or explore other ways we could work together, please email us at **contact@outpatients.org.uk**

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We aim to update this booklet in line with any new information or developments within the field of LGBTIQ+ cancer health and care. For this reason, we recommend that you keep regularly updated with our resources to be sure you have the most current version. You are currently viewing Version 2. You can be notified of the publication of any updates to this document or additional resources by registering for our mailing list via our website **outpatients.org.uk**

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Glossary

Ace
An umbrella term to include variations of an absence of sexual or romantic interest.

Agender
A lived experience that does not relate to gender.

Ally
A person who supports and advocates for LGBTIQ+ people.

Assigned/ Registered Female at Birth
Any person whose sex registration at birth resulted in a declaration of "female". Shortened to AFAB.

Assigned/ Registered Male at Birth
Any person whose sex registration at birth resulted in a declaration of "male". Shortened to AMAB.

Biphobia
Prejudice, discrimination, fear or dislike towards someone that is or presumed to be bisexual based on their identity.

Bisexual
An individual who is attracted to more than one gender.

Chosen family
A non-biologically related group of people established to provide ongoing social support.

Cisgender
A person whose gender identity aligns with the sex they were registered at birth.

Deadname
A trans person's previous or birth name. It is considered offensive to use this name. 'Deadname' can be used as both a noun and a verb.

Enby
A community term for someone non-binary.

Gay / Homosexual
A general label for exclusive or preferential same-gender attraction. Most commonly used with men.

Gender
A social construct informed by the norms, roles and behaviours that we attribute to being masculine, feminine or third gender.

Gender affirming care
Healthcare that supports transition. This may include care that is medical, surgical, psychological, and therapeutic.

Gender dysphoria
The discomfort or distress felt due to an incongruence between one's gender and their sex registered at birth. This may relate to mental, physical or social factors.

Gender fluid
A form of gender and expression that is not fixed.

Gender identity
An individual's personal sense of having a particular gender.

Gender minority
People who do not identify as cisgender.

Heteronormative
A system of attitudes or beliefs that assumes or favours relationships and attraction between men and women.

Heterosexual
A person who is romantically or sexually attracted to someone of a different gender.

Homophobia
Prejudice, discrimination, fear or dislike towards someone that is or presumed to be homosexual based on their identity.

Intersectionality
Theory introduced by Prof. Kimberlé Crenshaw to describe how multiple aspects of a person's identity can combine to make unique forms of oppression and discrimination.

Intersex
A community term for people with a variation in their sex characteristics.

Lesbian
A woman who is exclusively or preferentially attracted to other women in an emotional, sexual and/or physical manner. Some non-binary people may also identify with this term.

LGBTIQ+
Initialisation of Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, and others. Used to refer to the broader sexual and gender minority community. It is also common to see LGBT used.

LGBT-phobia
Prejudice, discrimination, fear or dislike towards someone that is or presumed to be LGBT based on their identity.

Non-binary
A term for people who do not identify with the discrete categories of male and female. This term includes a variety of gender identities and gender expressions.

Outing someone
Identifying someone as LGBTIQ+ without their consent. This is considered extremely harmful as there may be social factors or issues of safety involved in a person's choice to be discreet.

Pansexual
A person whose attraction to others is not constrained by sex or gender.

Pronoun
A word that takes the place of a noun in a sentence. The most common third-person personal pronouns we encounter are 'he', 'she' and 'they'. Correct pronoun use corresponding to a person's gender is important.

Queer
Used both as a personal identity and an umbrella term for LGBTIQ+ people. Also refers to a mode of critical theory and political discourse. It is a reclamation of a slur and not accepted by all in the community.

Sex
The underlying biological profile of a person. It influences a range of bodily responses that are important in tackling infection or disease.

Sexual minority
People who do not identify as heterosexual.

Sexual orientation
A person's sexual feelings towards certain genders. Sexual activity does not always align with orientation as some people will have same-gender sexual activity for various reasons and may not classify themselves as LGB+.

SOGI
Shorthand for sexual orientation and gender identity. Typically used in conversations relating to data.

Stealth
Community term describing the ability to live as your gender without disclosing your transition.

Third Gender
A distinct form of gender from male or female. Often culturally-tied with a rich history such as the Hijra, Māhū, Fa'afafine, Two-Spirit, and Muxe.

Top surgery
Community term for bilateral mastectomy with masculine chest reconstruction.

Transgender man
A man who was registered female at birth.

Transgender woman
A woman who was registered male at birth.

Transfeminine
A person who was registered male at birth but whose gender identity is more female than male.

Transgender
An umbrella term for a person whose gender identity differs from the sex they were registered as at birth.

Transmasculine
A person who was registered female at birth but whose gender identity is more male than female.

Transphobia
Prejudice, discrimination, fear or dislike towards someone that is or presumed to be transgender based on their identity.

The basics

There are many different ways that people choose to describe their sexual orientation, gender identity, and any variations in sex characteristics. When we refer to the community in general, we tend to consolidate these identities in the easy to remember initialism LGBTIQ+.

The initialism '**LGBT**' refers to Lesbian, Gay, Bisexual and Transgender people. Being lesbian, gay or bisexual is an example of a sexual orientation, whereas being transgender refers to gender identity. You may see 'LGB' used in research or publications when referring only to sexual orientations.

LGBT is used as a collective term for all sexual orientations and gender identities, but there are variations of this initialism that reflect local or community specific versions with third gender representation such as Two Spirit (LGBT2S). Sometimes you may see a plus to refer to 'others' (LGBT+), or a 'Q' added for queer (LGBTQ). At **OUTpatients** we opt for **LGBTIQ+** to include intersex people.

Sexual Orientation (SO) is how a person feels sexually about different genders. Sexual activity does not always indicate sexual orientation. Because of this, you may see the terms women who have sex with women (WSW) and men who have sex with men (MSM) used as inclusive labels of sexual activity in research and medical contexts.

Sex refers to the biological characteristics that we typically use to define people as female or male. There can also be variations of sex characteristics (VSC; also known as Differences of Sex Development, DSD). People with a VSC may also choose to identify with the label **intersex**.

Gender Identity (GI) is how an individual identifies and labels their personal sense of having a particular gender.

A lack of alignment between a person's sex registered at birth and their gender identity is what gives us an indication that they may identify as **transgender (trans)**. A person who is **cisgender** will have a sex that aligns with their gender, whereas a person who is trans will have a sex that does not align with their gender.

Non-binary people may also identify as trans if they experience this lack of alignment, but it is important to note that they do not identify their gender within the binary constructs of 'male' and 'female'.

Gender incongruence can lead to feelings of discomfort or distress that may be experienced physically, mentally and socially. We call these feelings **gender dysphoria**.

Some trans and non-binary people may **transition** in order to bring their body and/or gender expression in line with their gender identity. This might include social transition (i.e. presenting and living as your gender), or more specialised **gender affirming care** such as medical transition (i.e. hormone therapies), and/or surgical transition (i.e. gender affirming surgeries).

CEO statement

Hello there! I'm Stewart, the founder and CEO of **OUTpatients**. Now that we've covered the basics, allow me to help set the context of LGBTIQ+ cancer care as I provide a brief overview of what we currently know and the direction still untravelled.

Strength in numbers

One of the primary barriers we face in LGBTIQ+ cancer care is the lack of large-scale data, particularly within the electronic patient record (EPR). In 2018, the Government Equalities Office along with NHS England, committed to improving sexual orientation and gender identity (SOGI) monitoring in healthcare, but flash forward five years and we are sadly no closer to this goal.

With the little data we do have, like the annual NHS GP Patient Survey, we know that in 2023 the survey found that 5% of its respondents were LGB+ and 0.8% identified as transgender. These percentages greatly vary by age, with the younger respondents between 16-24 reporting rates of 14% LGB+ and 2.4% trans. Rather than seeing this as a 'rise in LGBT+ patients to prepare for', I challenge people to think about the older generations of people already within the healthcare setting today who do not feel safe to disclose who they are, even in surveys.

Despite the introduction of new EPR systems like Epic, the Digital Transformation of Screening, and the NHS Digital Terminology Server presenting possible new horizons for patient data, we still see little progress on SOGI monitoring. Our call for better data echoes across the sector, with numerous reports and statements speaking to the intersectional nature of healthcare inequity. Only with this improved monitoring and data for all patient groups will we have the ability to provide granular analysis on the experiences and outcomes of those most affected. Of course, this drive for data at a systems and policy level must include work to gain the trust of the communities that we reach. To avoid medical and data mistrust we must prove that we can collect and hold this data safely, with sensitivity, and always work in patients' best interest.

Who is at risk?

Research shows us that our community has poorer experiences of and access to screening, with trans people in particular not having safe and clear routes to access the routine screenings they are eligible for. We also know our community is more likely to smoke, drink, and have viral infections that can increase cancer risk, such as HPV and HIV.

UK Biobank data suggests that LGB people have a higher incidence of lung cancer, whilst an American survey goes on to show that LGB people self-report a higher incidence of rare and less common cancers including gynae, thyroid, bone, skin, bladder, kidney, and blood cancers.

In transgender people, cancer risk can be affected by their gender affirming care. In transfeminine people taking oestrogen we see a rise in breast cancer risk, but a decrease in prostate cancer. In transmasculine people, testosterone and chest masculinisation surgery (top surgery) reduces breast cancer risk, but the potential risk of testosterone on the endometrium is still under investigation.

In intersex people, certain variations of sex characteristics can increase cancer risk. We know that people with Klinefelter syndrome have an increased risk of developing non-Hodgkin lymphoma and breast cancer. In Swyer syndrome, there can be an increased cancer risk in the gonads (the tissue that becomes testicles and ovaries). However, many intersex patients report GPs being unprepared to support their health.

Despite these factors, our community faces systemic barriers to accessing information and preventive or early diagnostic care, and has lower levels of trust and higher levels of avoidance.

> **From my experience, and the experience of friends who have routinely skipped screenings, whether that's for breast cancer, or cervical cancer, it's always been because of a really deep-seated fear of how they're going to be treated at the GP's office.**
>
> Focus group attendee

Shouldn't we treat everyone the same?

In short, no. Personalised care teaches us to take a tailored approach that appreciates 'what matters' to the patient and their individual strengths, circumstances, and needs. Think of it like this: If you made everyone the same cup of tea without checking a person's needs or preferences you might give out cups that could trigger allergies, intolerances, or be unacceptable on grounds of religion, culture, or belief.

Beyond the metaphor, The Cancer Patient Experience Survey shows us year on year that our community is not having the same experience of cancer care. Common themes that come out of the data are people feeling less informed, supported, and being less likely to be told they could have loved ones around them. When looking deeper into the data, we see that bisexual people are the most affected by these issues.

Research also supports the finding that LGBTQ+ patients are more likely to report that no family or friends are involved in their care. Though family and friends are key to both emotional and social support, it should be noted that LGBTIQ+ people may have their own definitions of family that extend beyond biological relations. We call this our Chosen Family. It is important that they are included and respected to avoid overlooking their wellbeing.

Even in the palliative setting, 74% of LGBTQ+ people report that they do not feel confident that health and social care services could provide inclusive and sensitive end of life care. This is important as two thirds of trans and gender diverse people said that their plans or instructions in some way related specifically to their gender identity. LGBTIQ+ people also experience challenges following bereavement with significantly more psychological distress and being at greater risk of experiencing complex or disenfranchised grief.

How can we improve the situation?

It is important for a patient's wellbeing for them to be their authentic selves. Despite this, many people do not choose to disclose their identity due to fear of discrimination. Some patients may even go 'back into the closet' to expedite their care and support.

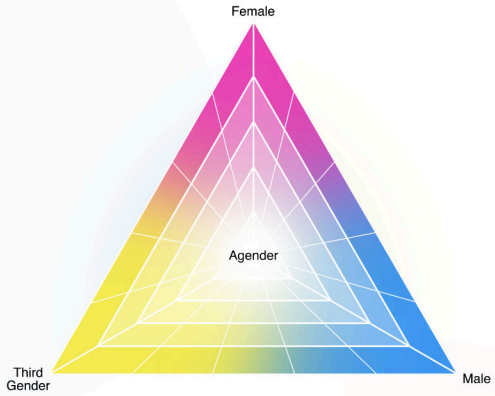
Support groups and services are better accepted by our community when they are aware of, accepting to, and inclusive of our identities. The use of peer support in our community is a key source of information, support, and belonging and I am proud to share that I have seen this for myself within our own peer services. But these services are rare, and not well publicised. Supporting them to reach more people can, in some circumstances, be a lifeline.

I want to do my part!

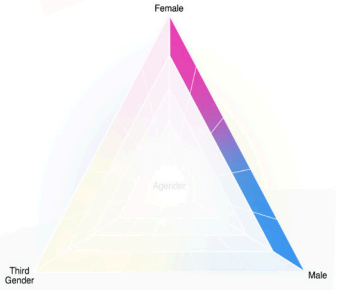
We're glad to hear it! Research has shown that healthcare providers tend to report confidence regarding LGBT+ affirmative care despite gaps in their knowledge. Even when confident, very few professionals ask about sexual orientation or gender identity, often waiting for the patient to volunteer the information if it feels relevant. Though many patients become experts in their experience, we can't expect this of them. It is our duty as professionals to create an environment that is not only aware, but is informed and safe for their individual needs.

That is why we have created this document for you and your colleagues. We also have our highly successful webinars on all manner of cancer specific topics. Ultimately, we want to give you the knowledge and tools to excel, with confidence, at providing LGBTIQ+ inclusive cancer care. We believe it is possible, and with your help, we're even more certain.

Gender Triangle



The Gender Triangle depicts the spectrum between the three most common socially defined genders: ‘female’, ‘male’, and ‘third gender’. Introduced by Stewart O’Callaghan in 2020, this model allows us to think in new ways about gender identity and how we might describe ourselves.



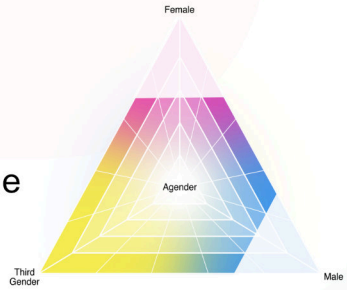
Away from the binary

Other popular models of gender identity often rely on a single line that places ‘male’ and ‘female’ at polar opposite points. This approach makes the assumption that male and female are absolute values of gender and that any others must exist somewhere between them on this line. This view is too simplistic and fails to represent the breadth and nuance of the transgender and non-binary experience.

Third gender

By including people who are third gender, we acknowledge their identity and broaden our understanding of the gender spectrum. There are many third genders in the world such as the Fa’afafine of Samoa, the Hijra of India, the Muxe of Latin America, the Two Spirit of North America, and the Burrnesha of Balkan tradition, to name a few. These are distinct forms of socially upheld gender identity with varied histories and cultural importance attached. Their existence is evidence that gender variance is a global feature of human experience and has been recorded for centuries.

Non-binary



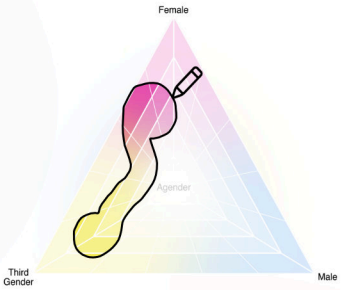
Assuming that all non-binary people are somewhere on a fixed line between ‘male’ and ‘female’ may lead us to assume that all non-binary people will be androgynous in their gender expression. However, this is not the case and there are many varied ways that non-binary may identify, as demonstrated by the model to the right. Some of these identities may include those who have no relationship to gender (agender), a partial feeling of gender (demigender), and people who are third gender. By using this visual model, we present an opportunity to describe one’s own gender identity anywhere between these points. It also allows us to share our identity without the need for labels which may support those who may feel restricted by, or do not identify with them.

Agender

The Gender Triangle allows for a meaningful inclusion of agender people. It is also important to note that being agender is not always absolute and there can be multiple levels of intensity for gender identity. In this model, the scale of agender experience is demonstrated by placing ‘agender’ centrally in the broader gender spectrum. The further from the centre the person identifies, the stronger the experience of their gender is in that direction.

Gender fluid

For some people, their gender identity may be fixed and inflexible. In the Gender Triangle, this may be shown as a small circle or point on the spectrum where the person identifies their gender. For others, their gender may be more fluid, involving or moving between multiple points of the model. To visualise this, a person might identify themselves within a larger circle or personal, unique shape that covers the areas the feel represents their gender.

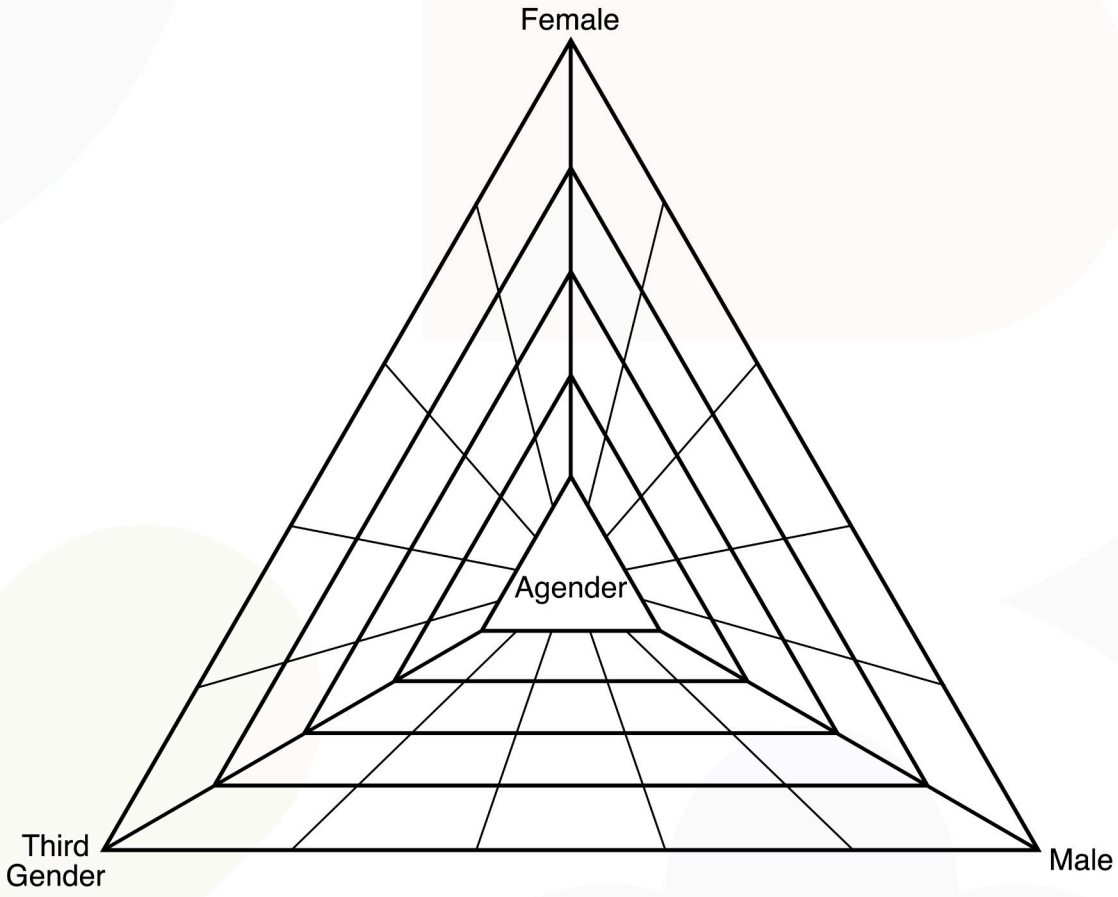


A note on colours

The colours used in the Gender Triangle are arbitrary placeholders to represent the differences between genders and how they may overlap. This model is informed by western ideas of gender and related colours, but we appreciate that particular colour-coding of cancers and resources can alienate some people. We encourage people to not only draw their own personal shape on the Gender Triangle but also to assign themselves the colours that feel are most correct to them.

The Gender Triangle and you

We hope that this model helps to foster a greater understanding of the gender spectrum. We encourage you to think about how the The Gender Triangle might represent your own gender identity and what shape and colour you might use to express yourself. Here we have a blank diagram, so why not try it out for yourself?



Pronouns

Correct pronoun use is important for everybody but especially for trans, non-binary and gender diverse people. Although pronouns are nothing new, some people may be unfamiliar with discussing how they are used. This page provides information and examples to help everyone comfortably talk about pronouns in their own daily conversations. By normalising the discussion around pronouns we can help to create an inclusive environment for everyone.

The most commonly encountered pronouns are:

Subjective	Objective	Possessive	Example
She	Her	Her(s)	**She** is a good boss. **Her** team appreciates her.
He	Him	His	**He** is a good listener. People like **him**.
They	Them	Their(s)	We appreciate **their** skills. **They** are valuable.

We often use 'singular they' in English when we don't know the gender of the person we're talking about. Some people in our community prefer to use 'singular they' as their main personal pronoun, embracing this genderless option.

Not sure? Just ask!

You should not assume a person's pronouns based on their appearance. To check someone's pronouns you can politely ask "Can I check the pronouns you use?"

Share your own pronouns

Letting someone know your pronouns signals that you are an LGBTIQ+ inclusive professional. Remember, you don't need to be trans to share your pronouns. People with gender-neutral names can also benefit from this! When we share our pronouns, we most commonly write it in brackets after a person's name like these examples: Toby (he/him), Sarah (she/her), Chris (they/them).Why not try sharing your pronouns in emails, social media, video calls, or your name badge?

Multiple pronouns

Some people have flexibility in their personal pronoun use. For example, a person may like to use both 'she' and 'they'. When this is the case, it will be written in the same format as before, for example: Claire (she/they).

If you make a mistake

Mistakes can happen, but it is our recovery that matters. Remember, a person's pronouns may change in the time that you have known them, so it is important to remain open to this and continue to be respectful. If you do misgender somebody by using the wrong pronouns, we suggest that you:

Acknowledge your error and apologise
Ask which pronouns they use so you can get it right
Correct yourself and demonstrate your changed behaviour
Commit to using their pronouns consistently

Disclosure

Stonewall reports that 1 in 5 LGBT patients are not out to any healthcare staff and 1 in 7 have avoided healthcare for fear of discrimination. Encouraging and supporting safe disclosure can lead to better health, engagement, satisfaction and access to cancer services.

There can be many things that help or hinder disclosure, here are some examples:

Barriers	Facilitators
Heteronormative assumptions	Challenging assumptions
Fear of breach of confidentiality	Inclusive language
Fear of poorer care and discrimination	Open body language
Staff lack LGBTIQ+ knowledge	Accepting visual cues
Unwelcoming location or setting	LGBTIQ+ staff

Three opportunities to welcome disclosure include:

1) Introductions: Welcome your patient with your name and your pronouns. This will set the tone for the conversation to be LGBTIQ+ inclusive and affirming.

2) Small talk: Ask if they have a(ny) partner(s). Avoid making assumptions based on the details shared. Let the patient explain their identity in their own words.

3) History taking: Ask respectfully about sexual orientation and gender identity. Position questions in the interest of patient health. Be clear about the reason for asking to avoid being seen as inappropriately curious.

Patients are not always aware of their health risks. Expecting them to lead disclosure based on their knowledge of community or identity based risk is a flawed model of practice. It is the healthcare provider's responsibility to consider their patient's identity and how it may relate to their care.

Disclosure can be encouraged but should never be forced or coerced. Outing someone is a harmful act and in the case of a trans person's gender history, **it can be against the law if they have a Gender Recognition Certificate.**

Ask patients who have disclosed their identity if they want this recorded. Explain to them where it will be stored, who will see it and how it may be used.

Coming Out: Voluntary self-disclosure of one's LGBTIQ+ identity
Outing Someone: Revealing a person's identity without permission

The goal is to make an environment where LGBTIQ+ patients feel safe enough to disclose and support them when they choose to do so.

You can help to create a visibly inclusive environment by placing LGBTIQ+ leaflets or posters in waiting rooms, a rainbow sticker in the window, wearing a rainbow badge or lanyard.

Intersectionality

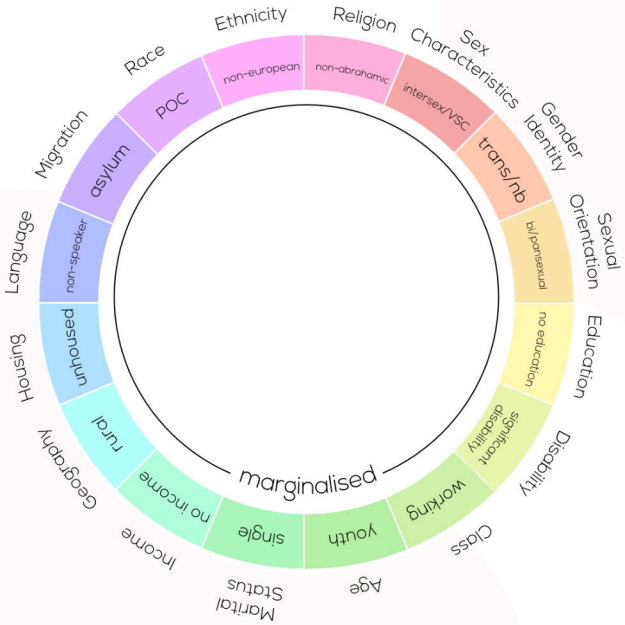
Introduced by Prof. Kimberlé Crenshaw, intersectionality is a framework that helps us to understand how the social barriers we face can overlap, or intersect, to create distinct, new forms of discrimination.

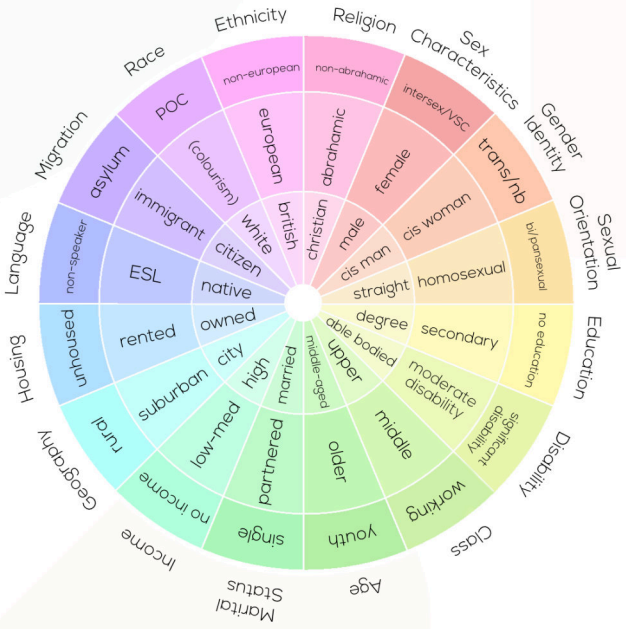
For example, a Black woman may face both sexism and racism, but the experience of being both Black and a woman together leads to unique barriers not faced by Black men and other women.

Intersectionality is an important tool to help us appreciate the social and structural barriers affecting LGBTIQ+ people when they are accessing healthcare. In addition to being LGBTIQ+, there may be other factors we need to consider and how they might intersect.

To the right, we have provided a model of who might be most likely to face barriers in our society. Consider these individually, but also how they might intersect. For example, what unique barriers might the people listed below face in society and healthcare?

- A disabled, non-binary person
- A bisexual, South Asian woman
- An older, unhoused, trans man





Naming power or privilege can sometimes be an uncomfortable task for people. To break down that barrier, try the activity below:

Look at the expanded version of our model. We have added examples of who we tend to centre in society and may be considered as having the more social power or privilege.

Reflect on where you sit in this model. When are you nearer the centre? When are you nearer the edge?

If you find yourself mainly in the centre, how can you use this position to help others on the edge? Where do you have the most power or influence to help others?

When addressing inequalities:

- **Appreciate all parts of a person's identity**
- **Be aware of compound barriers to accessing healthcare**
- **Consider the context that the inequality is operating within**
- **Try to address both the individual factors *and* how they intersect**

Telephone appointments

These top tips were developed to compliment the 'PATIENTS' virtual consultation guidance produced by the South East London Cancer Alliance. Please consider these points before virtual and telephone appointments with trans patients.

T — Treat me with respect

Every good conversations begins with respect. It is important that I feel that I am accessing a service that values me and my health without judgment. Asking me if there's anything you could do that might make me more comfortable can be a great start.

R — Read my notes

Before calling me, make sure that you have read my notes thoroughly. There may be information on my file that could prepare you for our conversation regarding my gender or what support I might need when attending appointments.

A — Ask my name and pronouns

It shows me that our conversation is going to be affirming of who I am. It also gives me an opportunity to use the name that is safe for the environment I am in when you call. There may be times where I cannot use certain details for personal safety or discretion.

N — Never assume my identity

When we are on the phone we lack the visual information that helps us to appreciate who we are speaking to. That is why it is important not to make any assumptions about me or my health based on characteristics like my voice.

S — Speak fluently and confidently

Awkwardness or hesitation when discussing my identity or my care may be interpreted as discomfort or judgment. It is important that you are able to speak in a way that shows me that I am being treated fairly and with respect.

Quick audit

Having an LGBTIQ+ inclusive environment allows people to feel safe, seen, and supported. It facilitates disclosure and can help you to deliver person-centred care. To help you assess your workplace, we have created a 'quick audit' to check your current environment for LGBTIQ+ inclusion.

Put a tick next to all of the actions that you and your team currently do to support LGBTIQ+ patients in your care:

☐ **Staff have LGBTIQ+ training**	☐ **Gender-neutral toilet available**
☐ **LGBTIQ+ policies up to date**	☐ **Sanitary bins in all toilets**
☐ **LGBTIQ+ in equality strategy**	☐ **Patients can use chosen name**
☐ **Equalities officer on staff**	☐ **Pronouns respected**
☐ **Inclusive code of conduct**	☐ **'Chosen family' included**
☐ **SOGI on patient forms**	☐ **Patients can report concerns**
☐ **LGBTIQ+ posters on display**	☐ **Fertility discussed with LGBTIQ+**
☐ **LGBTIQ+ information available**	☐ **Psychosexual needs supported**
☐ **LGBTIQ+ support options known**	☐ **Rainbow badges or lanyards**
	Score: /18

How did you do? Did your score surprise you? We recommend that you make the unticked items your action points to improve your workspace. In six months, you can test your progress by coming back, retaking the quick audit and seeing if your score has improved!

Does your team need training? You can request a webinar or set up your own bespoke education package directly from us here.

Do you need posters to make your workplace more visibly LGBTIQ+ friendly? Complete this short form and we will get some posters and leaflets out to you.

Are you looking for a rainbow badge? You can order our inclusive rainbow ribbon pin from our friends at Pin Prick. All profits are donated back to our charity.

Visible commitments

Creating a Visible Commitments poster allows you to demonstrate your understanding of LGBTIQ+ issues and your commitment to patient centred, affirming care. Pledges or statements shared on these posters should be describe actions or attitudes that promote inclusion that LGBTIQ+ patients can hold you to.

We suggest that you work with your colleagues when designing your pledges visible commitments. It can be a fantastic activity to bring a team together and align common goals for equity, diversity, and inclusion.

If any patients question the purpose or need for the poster, we suggest that you remind them that the pledges are there to create a more inclusive environment for all.

Posters can be created by trusts, wards, or special interest groups and societies. We have provided a template poster within the Provider Pack for you to start making your visible commitments. Alternatively, you can use it for inspiration as you design something more bespoke. We recommend writing one pledge per coloured line.

If you are struggling to draft your visible commitments, consider asking for patient input either directly, via a questionnaire or a focus group. Co-production through patient and public involvement is a fantastic way to create authentic goals and resources at the same time as improving connections and trust with different communities.

We recommend that your poster is

- **Creative** Your poster embraces all the colours of the rainbow flag
- **Easy to read** Pick someone with the best handwriting or use a printer
- **Backed up by training** We can help with this one! Book your training here
- **Signed by everyone** It's powerful to see everyone's support, from all levels of staff
- **Simple** A list of single, positive actions is better than a paragraph of complex ones
- **Positive** Pledges that are affirming and achievable are best
- **Proudly on display** Display your poster in a place where everyone can see it
- **Wipe clean** Laminate your poster and keep it clean from any spills or scribbles
- **Reviewed** Revisit your pledges periodically and consider if they need to be updated, expanded, redefined or if any additional training is needed to meet them

Pledges might include

- We treat everybody with respect
- We have a gender neutral toilet which can be found *(location)*
- We ask for and respect names and pronouns
- We continue to train staff regularly on LGBTIQ+ inclusion
- We provide private consultation rooms for those in need

EVERYONE
IS WELCOME HERE

We strongly believe in celebrating inclusion and taking steps to help all people access our services with fairness and dignity. We do this by:

SIGNED

Re-registering gender

A transgender patient may wish to change their details on their patient record. Some aspects are relatively easy to change, such as the patient's name. When details to be changed involve the patient's gender, there can be some additional steps required.

A patient can choose to re-register their gender on their patient records via their GP practice at any time. They do not need to have undergone any form of gender transition related treatment. The patient does not require, or need to present, a Gender Recognition Certificate or updated birth certificate for this change to be made.

Patient's titles (Mr/Mrs/Ms) usually need to remain consistent with the gender of the medical record, unless the patient requests the gender neutral Mx. Any update to the patient's gender marker will kick-start a series of actions that will vary slightly depending on which part of the UK they are in.

The process in brief

Patient requests gender re-registration from GP practice
GP practice follows process outlined by relevant national body
GP practice transfers the patient's history to the new record
GP practice supports patient in navigating barriers to screening

In England and Wales

The patient's GP practice will notify their local Primary Care Services who will issue a new NHS number and deduct the old patient record. The patient must then be registered as a new patient at the practice. It is advised to have a discussion with the patient to explain the consequences of the change, including how any potential further gender re-registrations will create another new record even if returning to the previous gender. The conversation should be documented. GP practices will need to manually transfer the patient's previous medical information into the newly created record. This process should be completed within five working days of receiving the new NHS number. Once completed, the old patient records should be filed with Primary Care Support England (PCSE) or the Business Services Centre (BSC) in Wales.

In Scotland

Once medical records have been updated to reflect the patient's changed gender, Practitioner Services Division (PSD) Registrations will write to the patient confirming the changes and asking them to speak to the GP practice about the implications for their future care. Once the gender is changed on the patient's CHI number, a new CHI record is started which is linked to the previous one, then known as the 'historic' record. The GP records should be updated and moved to the new CHI number.

In Northern Ireland

The GP practice should contact Business Services Organisation (BSO) to request a new medical record and Health and Care Number for the patient. The GP will then need to transfer the patient's GP record into the new patient record.

Transferring patient information

When a patient is given a new record as part of their gender re-registration, their previous medical information needs to be transferred into the new record. When discussing this, GPs should make it clear which information should be copied over to ensure continuity of care and avoid clinical risk.

In some cases, it might prove very difficult to transfer all medical information to the new record. Transgender patients may have extensive medical records covering their transition, mental health, and physical health.

It may be useful to provide reassurance to the patient that any notes relating to gender transition will be treated confidentially. The GMC advises that you should treat the gender status or history of the patient with the same confidentiality as any other sensitive information.

It is advised that the patient's previous name and any gender specific terms should be removed as should the previous NHS/CHI/H&C number. If the process needs to be done manually, electronic notes should be printed, redacted, and re-scanned onto the new patient record. A black marker can be used to redact the record.

To remove all references to gender might be almost impossible and may render the notes incomplete or incomprehensible. In these cases, it is advisable to work with the patient to find a solution. For instance, if you are not able to remove clinical information that reveals a previous gender identity you might try to summarise important events in a way that is gender neutral. Always involve the patient in decisions about their medical notes and ensure that a full discussion takes place and is documented.

Screening invitations

Transgender patients can face systemic barriers to screening due to the way we automate our screening invitation process. These issues also deprive trans patients from receiving the same level of information prior to attending for screening.

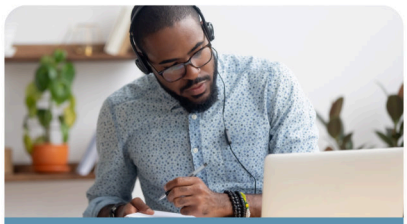
Screening invitations are based on the sex marker of the patient record. Because of this, a re-registration of the patient's gender will affect some automated invitations to screening. The automated invitations for breast and cervical screening are summarised below. For more information about screening for trans and non-binary patients check out our website, information page, and screening campaigns.

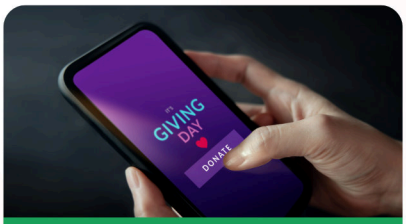
Patient record	Cervical		Breast	
	Cervix	No cervix	No top surgery	Top surgery
M	**Not invited** *Request via GP*	**Not invited**	**Not invited** *Request via GP*	**Not invited**
F	**Automatically invited**	**Invited until removed from list**	**Automatically invited**	**Invited until removed from list**

Useful links

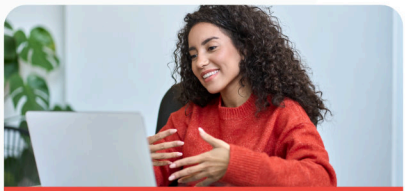
At OUTpatients, we are proud to have a wide variety of resources and campaigns to help you improve your practice. Click on these examples below to explore:


Book training

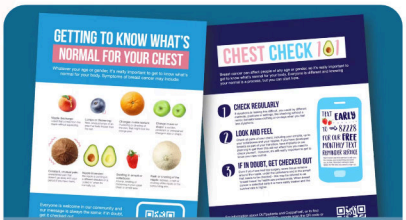

More resources



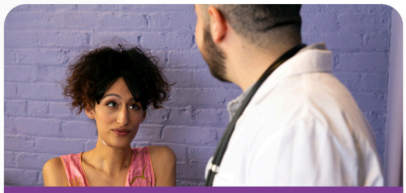
Donate


Patient research opportunities


Peer support



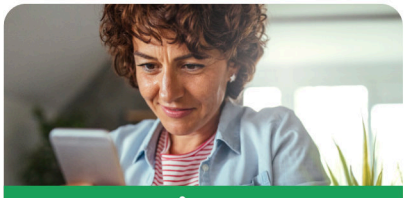
Order posters

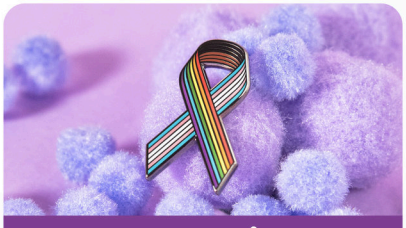

UK Cancer and Transition Service


Trans screening information


Order LGBTQ+ cancer booklet w/ Macmillan


Intersex people and cancer


Join our newsletter


Buy a pin

Plus many more on our website!