

Nottinghamshire



Nottingham City and  
Nottinghamshire County



# In the Pink

**Providing Excellent Care for  
Lesbian, Gay and Bisexual People in  
Nottingham City and Nottinghamshire County**

A practical guide for GPs and other health practitioners

**IMPROVING HEALTH FOR ALL  
Valuing difference and promoting equality**



# In the Pink

Dear colleagues and communities,

First of all, let us say how delighted we are that this booklet has been produced. "In the Pink" is an excellent product of our collaboration with the Department of Health Pacesetter Programme - a national initiative committed to tackling health inequalities and Stonewall Healthy Lives programme for Nottinghamshire.

This booklet is designed for all local health care providers - including GPs, dentists, optometrists and pharmacist - to help support better access and use of health services for all members of the community. As you will see "In the Pink" highlights the additional health issues experienced by some lesbian, gay and bisexual people. With this in mind, it provides clear and simple advice to enable and enhance engagement with the health service.

The Primary Care Trust (PCT) and six Clinical Commissioning Groups (CCGs) are pleased to endorse this guide for GPs and other health practitioners, highlighting the importance of health issues and vulnerabilities of this group of patients. This document will be of use to all health practitioners, particularly in this time of change for our health services. It is a timely reminder that equality in health care is a central concern, not a second tier one.

We very much hope that you will take the time to read "In the Pink" and we are sure that you will find it tremendously useful in helping you to continue to deliver and develop further accessible and effective services.

**Andrew Kenworthy, Chief Executive Officer**

**Kate Davies, Executive Lead for Equalities**

**NHS Nottingham City and Nottinghamshire County**

Lesbian, gay and bisexual (LGB) people are estimated to make up around 6-7% of the population; this means there are about 65,000 LGB residents in Nottinghamshire. Some of us are very recognisable, but many will not be visible when meeting healthcare professionals.

The last few years have been a time of significant change for the LGB community, with new legislation bringing greater legal equality. Service providers, including healthcare professionals, must now ensure that they are not discriminating on the grounds of sexual orientation.

The Department of Health has been proactive in promoting equality, not least with its Pacesetters project and Stonewall Healthy Lives Project (under which this booklet has been developed), which seeks to reduce health inequalities for minority groups. However, the effects of homophobia and discrimination are still being felt. Many LGB people will have experienced isolation, rejection, fear or even violence. These multiple experiences of discrimination can impact profoundly on health. Negative experiences in the past can also make people wary of accessing healthcare, or of disclosing relevant information to practitioners.

This booklet sets out a summary of the most relevant medical information when providing care for the LGB community. But more than that, it demonstrates a few basic steps we can take in our day-to-day practice that will ensure that we are providing excellent care for all our patients. I hope you find it useful.

## Top 10 Tips for Providing Inclusive Healthcare



- 1 Respect the individuality of lesbian, gay and bisexual (LGB) people - LGB people are as unique and diverse as everyone else.
- 2 Don't make assumptions about a patient's sexual orientation or gender identity.
- 3 Be aware of the language you are using when talking to patients, does it presume heterosexuality? Try to use gender neutral language, listen to how people describe their identity and reflect this.
- 4 Behaviours will not always match labels. Someone may present as heterosexual but have same-sex partners or vice versa. Be open to this possibility.
- 5 Create a welcoming atmosphere where lesbian, gay and bisexual patients feel comfortable discussing their health concerns. For example, display a statement in your waiting room explicitly demonstrating commitment to fair treatment for all, irrespective of sexual orientation: display information (leaflets, posters etc) about useful LGB services.
- 6 Promote respect of diversity amongst all staff and encourage an environment where homophobia and heterosexism (actions based on the assumption that everyone is heterosexual) are unacceptable and can be challenged.
- 7 Be aware of specific health issues for different groups – you'll find more information later in this booklet.
- 8 Don't forget that families and friends of LGB people can be affected by the sexual identity of others and that specific support is available to them.
- 9 Think about confidentiality - consider discussing with the patient what you record in their notes about their sexual orientation, this information is potentially very sensitive.
- 10 Use and refer to specialist LGB services - when in doubt contact or refer to the specialist services listed in the back of this booklet.

# The Health Care of Lesbian, Gay and Bisexual People

It is important to remember that lesbian, gay and bisexual people are patients like any other patient and share many of the same health needs as everyone else, e.g. heart health, diabetes and muscular/skeletal problems.

However, it is also important to recognise that there are particular health issues that affect lesbian, gay and bisexual people and that there are additional risk factors and barriers to healthcare that can and do impact on their health and well-being.

Research tells us that LGB people are less likely to be proactive in their healthcare and are more likely to avoid regular health check ups. Experience or fear of homophobia and discrimination in the health system can make it more difficult for them to access the health care that they need or to be open with health care staff about their sexual orientation and lifestyle.

If people are comfortable in letting their doctor know about their sexual orientation, it will be easier for them to talk more openly about their life, relationships and health concerns.

Less than half of gay and bisexual men are “out” to the staff in their GP surgery.

20% of lesbian and bisexual women said that their healthcare workers had assumed they were heterosexual.

Almost all LGB people who had told their doctor that they were lesbian, gay or bisexual were happy that they did so.



Providing Excellent Care for Lesbian, Gay and Bisexual People

You cannot tell whether someone is lesbian, gay or bisexual just by their appearance. LGB people are as diverse a community as the heterosexual population. They may be young, old or disabled. They may be from a black or minority ethnic community or from any faith or belief group. They may be living with a person of the same or opposite sex. They may or may not have children.

The only way to know which of your patients are lesbian, gay or bisexual is to ask them. In the same way that your service collects monitoring information on ethnicity, disability etc. you should include a question on sexual orientation as well. For advice about best practice about diversity monitoring, see page 16.

A major issue for lesbian, gay and bisexual people is when healthcare staff presume heterosexuality - this is a real barrier to open dialogue and may suggest to them that the member of staff is at least ignorant of LGB issues or prejudiced or homophobic. It is really important to use gender neutral language when asking questions about relationships etc (e.g. use the term “partner”).

Staff should also consider patient confidentiality. For some LGB people it will be important to them for their sexual orientation to be recorded in patient notes to ensure that they receive appropriate care. Others, however, will be concerned about who will get to see this information. Consider who needs to know this information and discuss with the patient what information will be recorded and where.



## How can you make improvements?

- Ensure that your practice or service is welcoming of and respectful towards lesbian, gay and bisexual people - consider staff training on the impact of heterosexism and homophobia.
- Don't make assumptions about sexual orientation and avoid presumption of heterosexuality unless you are told otherwise.
- Check that any displays, leaflets, service/practice information are representative of all patients, including your LGB patients.
- Be aware of the additional risk factors/specific health issues that may affect lesbian, gay and bisexual people.

# Sexual Health for Women who have Sex with Women (WSW)

50% of lesbian and bisexual women have never been tested for STIs.

A quarter of lesbian and bisexual women who had been diagnosed with a sexually transmitted infection had only had sex with women in the past five years.

Bacterial Vaginosis (BV) is more common in women who have sex with women and can be transmitted between them (commonly by sharing sex toys).

Many women encounter questions around sex that presume they are heterosexual, this can be an alienating experience. Unfortunately most lesbian and bisexual women will have never received any relevant sex education or advice.

Remember many WSW have current or previous sexual relationships with men, some may require contraception. Just like all communities, WSW may engage in a wide variety of sexual activities including oral sex, penetrative sex with fingers, hands (fisting) or toys and anal sex. The key is not to make assumptions about the type of sex women have with women.

## How can you make improvements?

- Use open questions that don't assume sexual orientation or sexual behaviour.
- Remember BV is more common in WSW and can be sexually transmitted.
- Be prepared to give relevant safer sex advice.

## Safer Sex Advice for Women who have Sex with Women



- Although the risk of transmission of HIV between women is very low, the risk of transmission of other STIs between women (including bacterial infections, genital warts and herpes) is much higher.
- Use dental dams for oral-vaginal or oral-anal sex.
- Use condoms where appropriate on sex toys or thoroughly wash sex toys between partners or use separate sex toys for each partner.
- Women should be advised to wash hands before and after sex.



# Sexual Health for Men who have Sex with Men (MSM)

41% of those diagnosed with HIV in 2007 were men who have sex with men.

60% of people diagnosed with syphilis in 2006 were men who have sex with men.

In England nearly 50% of gay and bisexual men have had some form of unprotected sex in the last year.

Men who have sex with men (MSM) are still at a higher risk for HIV infection - around half of those living with HIV in Britain are gay or bisexual men.

Gay and bisexual men may also be at higher risk for other sexually transmitted infections (STIs) including syphilis, gonorrhoea and genital warts. Some men who have sex with men do not identify as gay or bisexual, but many still may be at risk. Conversely, not all men who have sex with men will be in a high risk category. For example, some gay men never have anal sex and many gay men are in long term monogamous relationships.

Post-exposure prophylaxis (PEP) may be available for patients who have been exposed to the HIV virus, within 72 hours of contact. PEP can be obtained from A&E and GUM Clinics.

## Safer Sex Advice for Men who have Sex with Men

- Men should be encouraged to always use well-fitting condoms and water-based lubricant for anal sex. Healthy Gay Nottingham and Terrence Higgins Trust Nottingham supply free packs which contain both - see pages 20/21 for contact details.
- Although the risk is lessened, HIV and other STIs can be passed through oral sex, particularly if there are cuts in the mouth. Advise men to avoid brushing teeth just before sex and to consider using a barrier method.
- Sexually active men should be encouraged to attend for regular STI testing.
- Advise men who have sex with men to get vaccinated against Hepatitis A & B.

## How can you make improvements?

- Avoid making assumptions about sexual behaviour based purely on sexual identity. If you need to know what kind of sex someone is having, ask them!
- Be prepared to give relevant safer sex advice (see left).
- Consider advising patients about Post-Exposure Prophylaxis (PEP).
- Remember that sexual health is about more than preventing the transmission of STIs. Gay and bisexual men may have other sexual health needs that require investigation/treatment e.g. erectile dysfunctions or (for men who have receptive anal sex) alternative treatment of haemorrhoids that are having an effect on sexual enjoyment.



# Cancer

As we know, one in three people will contract cancer in their lives. However, there are certain cancers which may be more prevalent in the LGB community, or which lesbian, gay and bisexual people may have been erroneously advised they are not at risk of contracting.

HPV is transmitted in sexual fluids, including contact with genitals, hands or toys and therefore can be transmitted between women when having sex. Despite this, lesbians are often advised that they don't need smear tests. Many women who identify as lesbian will have had sex with men in the past or have partners who have. Although the risk of cervical cancer is lower within this group, women who have sex with women should still be advised to have regular smear tests.

10% of lesbians have abnormal smears - this includes 5% of lesbians who had never had penetrative sex with a man.

Men who have sex with men are more likely to contract anal cancer. HIV positive men have double this increased risk of developing anal cancer.



Some studies show that breast cancer is more prevalent in women who have sex with women, possibly because they are less likely to have given birth. 20% of lesbians say that they never self-examine their breasts and only 30% say they do so every month.

Anal cancer is strongly linked to HPV transmission and is very treatable when caught early. The incidence of anal cancer is estimated as high as 37 per 100,000 in gay men (which is similar to the rate of cervical cancer in women before the introduction of regular cervical smear testing). This rate almost doubles amongst HIV positive men. There is ongoing research into anal smears that shows promise at detecting early anal cancers.

One in twelve lesbian and bisexual women aged between 50 and 79 have been diagnosed with breast cancer, compared to one in twenty women in general.

## How can you make improvements?

- Ensure that all patients have access to information and screening programmes.
- Advise lesbians to have regular smears, regardless of whether they have ever had intercourse with a man.
- Encourage all women to regularly self-examine their breasts, and to attend screening sessions if they are over the age of 50.
- Consider discussing the risks of anal cancer with men who have sex with men (many will never have heard of this) and keep in mind the increased incidence in this population. This is especially important for men who are HIV positive or have a high number of sexual partners.

# Mental Health, Self Harm and Suicide

Gay and bisexual men are over four times more likely than heterosexual men to attempt suicide.

20% of lesbians have had an eating disorder compared to 5% of all women.

LGB young people are four times more likely to self-harm and are three times more likely to suffer from depression than their heterosexual counterparts.

Mental health issues are more frequent in some groups in society because they experience significantly greater stress, e.g. Most LGB people experience homophobia - often repeatedly.

Anxiety, depression, self-harm and suicidal feelings are more common among LGB people than among heterosexual people. Experiences of mental health services are mixed. Many patients report problems ranging from instances of overt homophobia and discrimination to a perceived lack of empathy around sexuality issues on the part of clinicians. Some LGB people may experience discrimination on multiple levels, for example they may be disabled or older. This can exacerbate the impact on a patient's mental and physical health.

## How can you make improvements?

- Acknowledge that for some people, their sexual orientation and experiences of homophobia may cause distress. Where possible take time to listen and talk to patients about their experiences, being led by them and what they feel comfortable discussing.
- Be aware that for some LGB people, their sexual identity has a very positive impact on their life.
- For many patients at times of distress, referral to a practice therapist will be appropriate. However, some LGB patients may prefer to see a therapist who is known to be LGB" friendly" and able to offer specialist advice.



# Drug and Alcohol Use



Research shows that lesbian, gay and bisexual people are 2-3 times more likely than heterosexual people to suffer from drug and alcohol addiction. They are also far more likely to continue to use or misuse drugs and alcohol for longer periods of time than heterosexual people for whom this tends to decline after the age of 30.

It needs to be noted that people experiencing greater than normal stress are more likely to seek relief through drugs and alcohol; this has not been helped by the commercial gay scene traditionally being alcohol-based, and centred around bars and clubs. This has only recently begun to change.

## How can you make improvements?

- Create an atmosphere where a patient feels comfortable discussing concerns about substance misuse and able to seek advice.
- Be aware of increased risks but remember that, as with any population, there is a wide range of lifestyles within the LGB community so avoid making assumptions.
- Brief interventions can be very effective in helping people to talk about their drug and/or alcohol use.

Lesbian and bisexual women are more likely to have used alcohol in the past month, are more likely to have episodes of binge drinking in the past year and consume a higher than average of alcoholic drinks than their heterosexual counterparts.

Gay men and lesbians are more likely to have used a range of recreational drugs compared with heterosexuals.

Gay men are more likely to take part in poly-drug use (e.g. poppers and viagra) than heterosexual men.

# Getting Older

The fear of discrimination, homophobia and ignorance can be a real barrier for some older, lesbian, gay and bisexual people in accessing support.

Many older LGB people will have lived the majority of their lives in far less liberal times and this can have a profound impact on their willingness to disclose their sexual orientation to service providers. Older LGB people are unlikely to discuss their sexual orientation if health and social care staff assume heterosexuality and fail to mention LGB issues.

Older lesbians, gay men and bisexuals have significantly diminished support networks when compared to the general older population.

Up to 78% of older LGB people live alone - compared to 33% of the general older population.

# Smoking

Lesbian gay and bisexual people are more likely to smoke in comparison to heterosexuals, but are less likely to access services that assist them to give up.

The NHS estimates that 12,000 gay men die from smoking related diseases every year, much more than die from HIV/AIDS.



A study carried out amongst gay and bisexual men for the NHS Smoking Helpline has found that 41% of gay and bisexual men are smokers, rising to 80% for 25-34 year olds - well in excess of the national average of 25%. A further study by Stonewall discovered that just over a quarter of lesbian and bisexual women currently smoke.

Smoking is most common among gay and bisexual men with HIV. They are also the most likely to be heavy smokers - despite higher rates of smoking-related illnesses and HIV disease progression in smokers with HIV.

Two thirds of lesbians and bisexual women have smoked compared to half of women in general.

## How can you make improvements?

- When talking with a patient who is lesbian, gay or bisexual about their smoking history, acknowledge the possible links between homophobia/discrimination and the role smoking may play in self-esteem or self-worth belief systems.
- Get community groups involved with stop smoking initiatives.
- Stop smoking information and publicity should reflect the experiences of the LGB community and be targeted to areas where the LGB community meets or socialises.



## How can you make improvements?

- Don't assume heterosexuality unless you know otherwise - use inclusive language about relationships in assessment processes.
- Consider opportunities for maintaining social networks when planning care.
- Be clear about issues of confidentiality - check whether the patient is happy for information on sexual orientation to be included in their records/notes.
- Do recognise the enormous impact of bereavement on a gay or lesbian couple which might have less societal recognition than their heterosexual counterparts.

Older LGB people are five times less likely to access services for older people than their heterosexual counterparts.

One of the biggest concerns for all older people is the possibility of needing residential care. For older LGB people this can be an isolating experience - concerns about possible negative reactions from other residents and from staff can lead to them hiding their sexual orientation and can contribute to isolation and depression.

# Monitoring Sexual Orientation

## Why Bother?

If you avoid monitoring, you will never have a full picture of the people who use your service. The fuller the information, the more effective and efficient your service can become.

It is important to remember that people from certain groups have particular health needs, for example: there are higher rates of breast cancer among lesbians; there are higher rates of STIs, particularly syphilis, amongst gay men.

There are several key points to consider when monitoring sexual orientation:

You need to be confident, not apologetic about monitoring and be able to explain clearly why it is important. The booklet "What's it got to do with you?", from Stonewall, provides an excellent starting point.

Many LGB people are sensitive about having their sexual orientation recorded. In the past, insurance companies have been able to gain access to medical records. People need to be reassured that the Equality Act now prevents this.

There are tested "dos and don'ts" which can be applied when monitoring.



## The "DOs and DON'Ts"

The Office of National Statistics has produced some research/advice on monitoring diversity. They use the Home Office as an example. When following the procedures set out below, the Home Office increased its success rate in monitoring sexual orientation by over 60%, achieving a 98% rate. (Some of their advice is shown below).

They also provide strategies that encourage a fuller response when monitoring is done by interview. Details of this and of the "What's it got to do with you?" booklet, can be downloaded from a link on Nottinghamshire's Rainbow Heritage website

<http://nottsrh.webeden.co.uk/#/monitoring-sexual-orientation/4553686138>

They found it to be more successful if they avoided headings and, where possible, let the question define itself. E.g. NOT a heading "sexual orientation", but "which of the following words best describes you".

They offered no get outs/prefer not to answer on any of their questions. Their choices were: "gay/lesbian", "bisexual", "heterosexual/straight" and "other".

They used gay/lesbian together, not separately. This wording is sensitive to those women who do not want to describe themselves as lesbian. They added "straight" to heterosexual - some people will not know what heterosexual means.

By empirical testing they found that they got a better take up of sexual orientation monitoring if it was placed before religion/faith.

# Transgender Issues

The frequent use of the LGBT acronym can cause confusion as it suggests a close link between lesbian, gay and bisexual people and trans people. It is important to remember that LGB issues are those relating to sexual orientation, whereas Trans issues are gender-related.

Trans people have a particularly poor history of interaction with the NHS. It is hoped that the 2004 Gender Recognition Act and the Equality Act are helping to improve this. Gender reassignment, the process of transitioning from one gender to another, is one of the nine "protected characteristics" in the Equality Act.

## The Gender Clinic

Mandala Centre  
Gregory Boulevard  
Nottingham  
NG7 6LB  
T (Mandala Centre) 0115 960 2820  
W [www.nottinghamshirehealthcare.nhs.uk/our-services/gender-clinic/](http://www.nottinghamshirehealthcare.nhs.uk/our-services/gender-clinic/)

This service incorporates psychiatric and psychological assessment, endocrine assessment and treatment, and supportive therapy. They work according to their clinic protocol (see the website), which is largely based on the Good Practice Guidelines for the Assessment and Treatment of Gender Dysphoria by The Royal College of Psychiatrists Intercollegiate Committee.

The service has close links with surgical services providing gender reassignment surgery. Referrals are usually made via the person's GP. Referrals from local psychiatric or psychological services are also accepted, although they would like the GP of the person referred to support the referral.

# Transgender Support

## Re-Creation

New Foresters  
18 St Anns Street  
Nottingham  
NG1 3LX  
T 07940 761160 - Davina Daniels  
E [recreationtrans@hotmail.co.uk](mailto:recreationtrans@hotmail.co.uk)

A support/social group for over 18 year olds. All trans people over 18 who are affected by gender identity issues are welcome to join this group. Various activities planned. The group meets Wednesdays 6:00pm to 8:00pm at the New Foresters.

## Nottingham Chameleons

Cross dressing group meeting on the second and fourth Thursdays of each month at:  
Temple Community Centre  
Nottingham Road  
Nuthall  
Nottingham  
NG16 1DP

Anyone requiring further information is welcome to ring the dedicated Nottingham Chameleon mobile (07896 133461) which will be answered by one of the organisers of the group on Thursday evenings. There is a recorded message at all other times.

W [www.nottinghamchameleons.moonfruit.com](http://www.nottinghamchameleons.moonfruit.com)  
E [nottinghamchameleons@yahoo.co.uk](mailto:nottinghamchameleons@yahoo.co.uk)

## Websites

**Safer sex post sex reassignment surgery**  
[www.thebody.com/content/whatis/art48763.html](http://www.thebody.com/content/whatis/art48763.html)

## Press for change: Transequity

The UK's Leading Authority on Transgender Law  
<http://transequity.co.uk/default.aspx>

# Local Organisations

## Healthy Gay Nottingham

12 Broad Street,  
Nottingham, NG1 3AL

**T** 0115 947 6868; Monday to  
Friday, 9:00am to 5:00pm

**W** [www.healthygaynottingham.org.uk](http://www.healthygaynottingham.org.uk)

**E** [healthygaynottingham@nottinghamcity.nhs.uk](mailto:healthygaynottingham@nottinghamcity.nhs.uk)

For gay and bisexual men. Testing for HIV, Chlamydia, Gonorrhoea, Syphilis and Hep B. Free condoms and lube. Free Counselling and Psychotherapy and accepts self-referrals as well as referrals from other agencies.

## The Health Shop

10 Broad Street,  
Nottingham, NG1 3AL

**T** 0115 947 5414

**E** [healthshop@nottinghamcity-pct.nhs.uk](mailto:healthshop@nottinghamcity-pct.nhs.uk)

Advice for women who have sex with women. Advice and help with sexual health, drug use domestic violence, etc. The service is free and open to women of all ages.

## Breakout

C/o Healthy Gay Nottingham,  
12 Broad Street, Nottingham,  
NG1 3AL

A social and support group for gay and bi-sexual men. Meets each Tuesday 8:00 pm. Has presentations, discussions, quizzes, social outings.

## Notts Lesbian and Gay Switchboard

7 Mansfield Road, Nottingham,  
NG1 3FB

**T** 0115 9348485 or 01623

621515 Monday to Friday 7pm to  
9.30pm. Text 07624 809360

**E** [notts@lgswitchboard.fsnet.co.uk](mailto:notts@lgswitchboard.fsnet.co.uk)

**W** [www.nottslgs.org.uk](http://www.nottslgs.org.uk)

Write c/o the above address  
Provides information and support for lesbians, gay men, bisexuals and trans people. Information on social/support groups, pubs, clubs, accommodation, sexual health, legal issues or for those just needing to talk.

## Outburst

Base 51, 51 Glasshouse Street,  
Nottingham, NG1 3LP

**T** 0115 952 5040

## Base 51

A group for lesbian, gay, bisexual and transexual/transgender young people up to the age of 25. An opportunity to meet with other people of a similar age and sexuality, and to share common views and to have some fun. The group meets weekly on Mondays, 5:30pm to 8:00pm.

## WOW

The Centre Place, Abbey Street  
Community Centre, Abbey Street,  
Worksop, Nottinghamshire,  
S80 2LA

**T** 01909 479191

Text: WOW to 07977 673167  
or 07815 289606

**E** [info@centreplace.org.uk](mailto:info@centreplace.org.uk)

Meets Wednesdays, 6:30pm to 8:30pm. Free confidential support for young people aged 16 to 25 who are lesbian, gay, bisexual, transgender or who are questioning their sexuality. Free sexual health information and contraception.

## GU Medicine at City Hospital

Gate 2, Hucknall Road,  
Nottingham, NG5 1PB

**T** 0115 9627744

Testing and treatment for all STIs, vaccinations and advice for all ages. Post exposure prophylaxis for HIV available.

## GU Medicine at Kings Mill Hospital

Mansfield Road, Sutton in  
Ashfield, Mansfield, NG17 4JL

**T** 01623 672260

Testing and treatment for all STIs, vaccinations and advice for all ages. Post exposure prophylaxis for HIV available.

## Terrence Higgins Trust

Unit 1, 12 High Pavement  
Nottingham, NG1 1HN

**T** 0115 882 0121

**E** [info.nottingham@ttht.org.uk](mailto:info.nottingham@ttht.org.uk)

Rapid HIV testing, testing for other STIs, free condoms and lube.

## LiNK-Notts

LiNK (Lesbians in Nottingham Konnected) has been set up by and for lesbians in the Nottingham and surrounding areas to LiNK up with other lesbians for on and off-scene activities. A very useful source about what's going on locally, set up as a Yahoo group at <http://groups.yahoo.com/group/linknotts>

# National Organisations

## London Lesbian and Gay Switchboard

Information, support and referral services for LGB people from all backgrounds through the UK.

**T** 0121 7837 7324

(daily 10am -11pm)

**W** [www.llgs.org.uk](http://www.llgs.org.uk)

## Broken Rainbow

The UK's only organisation offering support to LGBT victims of domestic violence and abuse. Runs a confidential helpline.

**T** 0845 280 4460

**W** [www.broken-rainbow.org.uk](http://www.broken-rainbow.org.uk)

## Pink Parents

National project aiming to reduce the isolation and discrimination that LGBT families and families-to-be face.

**T** 01380 727 935

**W** [www.pinkparents.org.uk](http://www.pinkparents.org.uk)

## Pink Therapy

Hosts a directory of qualified therapists around the UK who adopt a sexuality affirmative stance and who do not see sexual or gender variation as sickness.

**T** 020 7434 0367

**W** [www.pinktherapy.com](http://www.pinktherapy.com)

## Stonewall

National campaigning organisation for LGB people

**T** 08000 502020

**W** [www.stonewall.org.uk](http://www.stonewall.org.uk)

## UK Lesbian and Gay Immigration Group

Provides advice on immigration and seeking asylum for LGB people.

**T** 020 7922 7811

**W** [www.uklglg.org.uk](http://www.uklglg.org.uk)

## Families and Friends of Lesbians, Gays and Bisexuals (FFLAG)

Information, resources and support for parents and families of LGB people.

**T** 0845 652 0311

**W** [www.fflag.org.uk](http://www.fflag.org.uk)

# Useful Documents, References and Websites

## General

### Health with Pride

Website aimed at providing LBG people and their healthcare providers with information on a range of healthcare issues.

**W** [www.healthwithpride.nhs.uk](http://www.healthwithpride.nhs.uk)

### Reducing health inequalities for LGBT people – briefings for Health and Social Care staff

A series of NHS guides available to download from the Publications section of [www.dh.gov.uk](http://www.dh.gov.uk)

### Real stories: Real Lives

5 short downloadable films from the Dept. of Health about LGBT health and what services need to better support their LGBT patients. Available from the National Archives

**W** <http://webarchive.nationalarchives.gov.uk>  
**E** [info@europarchive.org](mailto:info@europarchive.org)

### Prescription for Change

Lesbian and bisexual women's health check 2008 Results of a survey of over 5000 women. Download from [www.stonewall.org.uk](http://www.stonewall.org.uk)

## Sexual Health

### Healthy Gay Nottingham

12 Broad Street, Nottingham, NG1 3AL

**T** 0115 947 6868; Monday to Friday, 9:00am to 5:00pm

**W** [www.healthygaynottingham.org.uk](http://www.healthygaynottingham.org.uk)

**E** [healthygaynottingham@nottinghamcity.nhs.uk](mailto:healthygaynottingham@nottinghamcity.nhs.uk)

### Terrence Higgins Trust

National Charity dedicated to tackling HIV/AIDS and improving the nation's sexual health. Their website contains many useful resources.

**W** [www.tht.org.uk](http://www.tht.org.uk)

### Yes, you do need a smear

Leaflet aimed at lesbian and bisexual women explaining the importance of regular smear tests. Download from [www.lgbthealth.org.uk](http://www.lgbthealth.org.uk)

## Mental Health

### Mind

Mental health resources for LGBT people, patients and staff [www.lgbtmind.com](http://www.lgbtmind.com)

### Mental Health & Social Well-being of Gay Men, Lesbians & Bisexuals in England and Wales

Download from Mind [www.mind.org.uk/help/people\\_groups\\_and\\_communities/lesbians\\_gay\\_men\\_and\\_bisexuals\\_and\\_mental\\_health](http://www.mind.org.uk/help/people_groups_and_communities/lesbians_gay_men_and_bisexuals_and_mental_health)

### Closing the Gap - service needs and prohibitions to access:

the LGB community, self-harm, suicide ideation and suicide  
Download from [www.volition.org.uk](http://www.volition.org.uk)

## Drugs and Alcohol

### Talk to Frank

A website with advice and information about drug use [www.talktofrank.com](http://www.talktofrank.com)

### Drugfucked

This website (produced by the Terrence Higgins Trust) gives information on drugs, drug effects and access to help and support for gay and bisexual men.

<http://drugfucked.tht.org.uk>

## Nottingham City

A comprehensive guide to drugs and alcohol for Nottingham City can be downloaded from [www.referrersguide.com](http://www.referrersguide.com). Many services are listed, but for referral purposes there are basically two single points of access.

For alcohol this is the Last Orders Triage Service at the 8-8 walk-in health centre 79a, Upper Parliament Street.  
**T** 0115 970 9590

For drugs it is the duty worker at the John Storer Clinic. Ropewalk House, 115 The Ropewalk, Nottingham, NG1 6DU  
**T** 0115 941 8964

## Nottinghamshire

For referrals into drug & alcohol treatment in Bassetlaw – Bassetlaw Drug & Alcohol Services  
**T** 01909 487169 / 01909 480988

For referrals into drug & alcohol treatment for the rest of the County, Direct Access  
**T** 01623 633510

## For families, friends and carers...

Regents House provides a service for families, friends & carers of substance misusers across Gedling, Rushcliffe and Broxtowe – their contact is:  
**T** 0115 9128050  
**E** [j.mccallen@carersfederation.co.uk](mailto:j.mccallen@carersfederation.co.uk)

Hetty's provides the same for the other areas of Nottinghamshire (Mansfield, Ashfield, Newark & Sherwood and Bassetlaw)  
**W** [www.hettys.co.uk](http://www.hettys.co.uk)  
**T** 08000 850 941  
or Text : 07896 228547

## Smoking

### New Leaf

Ashfield, Mansfield, Newark & Sherwood, Gedling, Rushcliffe, Broxtowe & Hucknall:

**T** 0800 389 7712

Bassetlaw:

**T** 0800 328 8553

Nottingham City:

**T** 0800 561 2121

**W** [www.stopsmokingnotts.nhs.uk/newleaf](http://www.stopsmokingnotts.nhs.uk/newleaf)

New Leaf is a service that offers advice and support for smokers who want to quit.

## Cancer

**Macmillan Cancer Information and Support services** are available at

Nottingham City Hospital  
Kings Mill Hospital Mansfield  
See [www.macmillan.org.uk](http://www.macmillan.org.uk)  
This website also has information on how relationships can be affected by cancer – go to the "Living with and after" section of their website.

Information about

Lung Cancer Support Group, Nottingham  
Breast Cancer Support Groups: Newark, Nottingham, Worksop, Sutton in Ashfield  
African Caribbean Cancer Support, Nottingham  
Prostate Cancer Support Group, Nottingham  
PASIC - Parents' Association for Seriously Ill Children, Nottingham  
Oesophageal Patients' Association  
Heads2gether (Head and Neck Cancer Support Group)  
Ekta Lunch Club and Cancer

Support Group, West Bridgford  
Cancer Self Help Support Group, Mansfield

Can be obtained from Self Help Nottingham  
**W** [www.selfhelp.org.uk](http://www.selfhelp.org.uk)  
**E** [info@selfhelp.org.uk](mailto:info@selfhelp.org.uk)  
**T** 0115 911 1661, c/o Self Help Nottingham Information Service, Mon-Fri, 9:00am - 1:00pm

## Getting Older

### Age UK

Information and downloadable resources for older LGB people. Available from the Health and Well-being section of [www.ageuk.org.uk](http://www.ageuk.org.uk)



We wish to acknowledge the work of NHS Leicester City, the Leicester LGBT Centre and Trade - Men's sexual health in producing the original booklet from which this has been adapted by Nottingham City and Nottinghamshire County PCT Cluster in conjunction with Nottinghamshire's Rainbow Heritage and the Nottinghamshire Stonewall Healthy Lives Steering Group.

This document is available in different languages and formats.

For more information, please contact **01623 673128**.

