When it comes to understanding health inequalities in the UK, particularly for marginalised groups like LGBTQ+ people over 50, accurate data on protected characteristics is vital. “Protected characteristics” is a legal term referring to personal attributes safeguarded under the Equality Act 2010 — including age, sexual orientation, gender reassignment, race, disability, religion or belief, sex, and pregnancy or maternity. Yet across health and social care, significant **data gaps on protected characteristics** persist. These gaps are more than an administrative headache: they stall efforts to reduce discrimination, improve outcomes, and tackle isolation among vulnerable communities.

What Are the Data Gaps, and Why Do They Matter?

The NHS collects data on many demographic factors, but LGBTQ+ status, for example, is often missing or inconsistently recorded. This hinders the *health inequality measurement* essential for identifying where care isn’t equitable. Organisations like Opening Doors, which supports LGBTQ+ people over 50, and even community resources like the Gay London Life Events Diary highlight lived experiences that datasets commonly miss.

But why exactly are these gaps so critical? Here are some core reasons.

1. Trust and Discrimination in Healthcare

Many LGBTQ+ people, particularly older adults, avoid disclosing their identities to healthcare professionals due to fear of discrimination or misunderstanding. Without explicit data on sexual orientation and gender identity, healthcare providers remain unaware of systemic biases. This lack of clarity prevents targeted training and policy changes.

For example, an older trans person might hesitate to discuss hormone therapy or mental health concerns. If services do not systematically record and then act upon these protected characteristics, inequities persist. Patients lose trust; health outcomes worsen.

Ask This Question:

- Does your local NHS trust offer inclusive training that promotes accurate data collection about protected characteristics, and how can you advocate for it?

2. Late Presentation and Worse Outcomes

Data gaps contribute to late diagnosis of conditions linked to poor prognosis. Without disaggregated data, “hidden” patterns remain invisible. For example, older LGBTQ+ adults face documented higher risks of depression, certain cancers, and cardiovascular diseases, yet if their identity isn’t recorded, NHS systems can’t detect these trends or tailor early interventions.

This late presentation leads to worse outcomes and higher healthcare costs — a lose-lose situation.

3. Isolation and Living Alone

Older LGBTQ+ people are more likely to live alone and experience social isolation. Traditional data collection often captures “household” or “family” but misses the nuances of chosen family networks — crucial support networks outside of biological relatives. Isolation correlates strongly with poor mental and physical health.

Community groups like Opening Doors offer vital social activities and connection points that NHS data alone cannot quantify. Proactively including protected characteristic data can illuminate where risks of loneliness concentrate and guide resource allocation.

4. Chosen Family and Legal Standing

Legal recognition of relationships affects access to healthcare decision-making and benefits. Many older LGBTQ+ people rely on chosen family—close friends or partners without formal legal status—for support. Data systems ignoring this overlook critical care dynamics and potential inequalities in legal protections.

Accurate data helps advocate for changes in legislation and NHS policies that acknowledge chosen family arrangements, ensuring equitable access and respect.

How to Bridge These Data Gaps

Bridging data gaps requires collaboration across healthcare and community sectors, combined with practical tools to empower individuals.

1. NHS Record Improvements

The NHS must improve routine recording of protected characteristics in patient records. This includes:

- Consistent questions on sexual orientation and gender identity across services
- Staff training to sensitively ask and use this information
- Data confidentiality safeguards to build trust

2. Community Input and Partnerships

Organisations like Opening Doors play a vital role in reaching populations the NHS may miss. Partnerships between healthcare providers and LGBTQ+ groups enable the gathering of qualitative and quantitative data that reflects lived realities.

3. Use of Technology for Awareness and Sharing

Community events featured in resources like the Gay London Life Events Diary can be powerful platforms to raise awareness about the importance of data in improving services.

Additionally, https://gaylondonlife.co.uk/ageing-well-a-health-and-wellbeing-guide-for-londons-lgbtq-community/ sharing educational content via tools like **WhatsApp** and **Pinterest** supports peer-to-peer learning and empowerment within the community. Imagine a London-based LGBTQ+ over-50s group sharing a blog or leaflet via WhatsApp, or pinning infographics about healthcare rights to Pinterest boards — these user-friendly sharing options boost engagement beyond clinical settings.

Summary Checklist: What to Ask and Advocate For

1. **Ask your GP or NHS clinic:** Do you routinely collect data on sexual orientation, gender identity, and other protected characteristics? How is this data used?
2. **Check community services:** Are local LGBTQ+ organisations, like Opening Doors, working with healthcare providers to improve data collection?
3. **Share information:** Use WhatsApp or Pinterest to spread awareness among your networks about the importance of disclosing and recording protected characteristics safely.
4. **Support legal recognition:** Advocate for NHS policies that recognise chosen family members as legitimate decision-makers.
5. **Promote inclusion:** Encourage local health councils or Patient Participation Groups to demand better training on LGBTQ+ health needs.

Conclusion: Tackling Data Gaps is Key for Better LGBTQ+ Outcomes in the UK

Data gaps around protected characteristics are not just a technical flaw; they underscore deep trust issues, reinforce discrimination, and perpetuate isolation and poor health outcomes among LGBTQ+ people in the UK, especially over 50. The NHS, community groups like Opening Doors, and social resources such as the Gay London Life Events Diary each have roles to play in closing these gaps.

By improving data collection, increasing visibility, and harnessing modern tools for community sharing, we can make measurable progress on equity in healthcare and social wellbeing. And that means better, more respectful outcomes for all.