healthwatch

What trans and non-binary people told us about GP care

July 2025

Contents

Executive Summary

As the public's health and social care champion, we help those who experience the worst health outcomes to speak up. Our aim is to help policymakers understand if the NHS is meeting its duty to tackle health inequalities and what improvements may be needed.

Background

Evidence already suggests that transgender and non-binary individuals often experience poorer health outcomes than the general population. After transgender and non-binary people shared with Healthwatch concerns about their interactions with the NHS, we examined the issue by focusing on people's experiences of GPs.

GPs are the first point of contact for new physical and mental health issues. They also serve as the entry point for referrals to specialist clinics and prescriptions for gender-affirming healthcare.

Launched in 2024, our project also aimed to understand the impact of the 2018 LGBT Action Plan – a cross-government initiative that pledged to tackle health inequalities. Steps included issuing new advice to GP surgeries and the appointment of a national LGBT+ adviser at NHS England. The government has yet to evaluate its success.

We conducted our research from October to December 2024 and analysed it before the Supreme Court ruling on sex and gender in April 2025. We developed our recommendations after the judgement, but ahead of expected updated statutory guidance for the NHS and other public bodies on adhering to the Equality Act for people with protected characteristics, including gender reassignment and sex. At the time of publication, the EHRC had run a consultation on updated guidance but had yet to present to Parliament for approval. NHS England had not yet updated its own guidance on single-sex services.

Key findings

In 2018, the previous government's LGBT action plan said that they wanted "LGBT people to easily access healthcare when they need it most".

However, our findings – based on the experiences of 1,393 trans, non-binary and gender-diverse people – indicate that this ambition is yet to be realised.

A common thread running through the stories people shared is that, at every stage of care, many trans and non-binary people feel they face unnecessary hurdles. These issues are often in addition to the everyday difficulties we hear about from the general population, such as trying to reach a GP practice by phone.

This is especially the case when in the process of changing gender identity. Respondents often described the accumulative burden of 'transmin' – a term sometimes used in the trans and non-binary communities to describe the administration, bureaucracy and self-advocacy required when seeking support and respect from the NHS while changing gender identity.

Trans and non-binary people can have different experiences to cisgender people at the GP front door.

- They face the possibility of being outed or made to feel uncomfortable when they book appointments, check in for appointments at the surgery and are called in for appointments.
- While half (50%) of our survey respondents said GP receptionists treated them with respect, nearly one quarter (24%) disagreed with this statement.

Our survey respondents often experienced administrative hurdles if they wanted to change their name, pronouns and/or gender markers on their GP record.

- Just over 40% (565) said they had formally changed their gender marker on their GP record, 38% of whom said they had no change in their medical experience after the marker was updated.
- But 28% (of 565 respondents) said they had lost access to their previous NHS record, 16% had experienced disrupted prescriptions, and 18% were misgendered in NHS written communications.
- In a separate question about continued access to sex-based healthcare such as invites for cervical screening, just over one in five (21%) of respondents who changed their gender marker said the NHS stopped offering this sort of care, and only 13% automatically continued to receive it.

Respondents reported a mixed experience of GP care.

- Only just over half (53%) of people answering our survey rated their GP as good or very good for the general care services[1] they had sought. This is

[1] General care – any type of care that wasn't gender-affirming care

lower than the proportion of trans and non-binary respondents (68%) and overall respondents (74%) to a similar question in the most recent national GP Patient Survey.

- However, when it came to support with gender-affirming care, less than a third (32%) of respondents to our survey rated their GP as good or very good.

Those who have received good care told us about healthcare professionals treating them with respect and compassion.

- This included taking the time to learn how to provide trans and non-binary people with the care they need and prescribing the necessary gender-affirming medications.

Respondents to our survey experienced problems accessing gender-affirming care via their GP due to different interpretations of various guidelines.

- Under a third (30%) of those who tried to access hormone replacement therapy (HRT) via their GP (1,179 respondents) told us that this had not been delayed, stopped or interrupted at any point.
- We also heard about GPs being unwilling to refer people to Gender Dysphoria Clinics (GDCs) or issue bridging prescriptions during the long wait for gender-affirming care, not accepting shared care agreements with GDCs, and/or stopping continuing gender-affirming care.

The impact of poor GP care on trans and non-binary people can be profound.

- Overall, two in five (39%) told us they were not at all confident in using their GP for their healthcare needs.
- We heard that people had to move to find or keep good care.
- People also mentioned the impact on their mental health, physical health impacts including involuntary detransitioning, and financial impacts of paying for private gender-affirming care.

These findings show that there is more to be done to fulfil the goal set by the 2018 Action Plan, for 'LGBT people to easily access healthcare when they need it most'.

In addition, trans and non-binary people need the NHS to clarify how their rights will be retained and how services might change the way they work in response to the Supreme Court ruling on sex and gender.

Summary of our key recommendations

Trans and non-binary people must be treated by their GP surgeries with respect, dignity and privacy, and without discrimination, in accordance with their rights.

- GP surgeries should ensure all employees, particularly administrative staff, are trained to understand and know how to adhere to the Equality Act 2010 and the Public Sector Equality Duty.
- GP surgeries should take steps to ensure all patients feel welcomed and respected, through staff education, language, behaviours and the physical environment.

Trans and non-binary people should be protected from a loss of sex-specific healthcare (such as invitations for screening) if they change their gender.

- The Department of Health and Social Care (DHSC) should instruct NHSE to cease the practice of giving people a new GP record and NHS number if people request a change of gender on their GP record.
- DHSC should introduce a single NHS record that includes details on both biological sex and any change to gender identity, in a way that ensures privacy, dignity and respect over any identify change, but ensures clinicians can view a person's sex and tailor any sex-specific clinical care accordingly.
- Regardless of its policy, the DHSC should improve IT and screening systems to ensure trans and non-binary people don't miss out on sex-based healthcare.

The government should develop a new LGBT+ health strategy.

- This should address the holistic needs of trans and non-binary adults, provide clarity on shared care arrangements and bridging prescriptions, and take action to cut long waiting lists for gender dysphoria clinics and support people while they wait.

Glossary

In this report, we refer to the people who took part in our research as 'trans and non-binary people', 'trans and non-binary community' or 'respondents'. This includes people who have a trans history or are gender-diverse.

For more terminology and further descriptions, please see TransActual's comprehensive glossary.

Bridging prescription: A temporary prescription of, in this case, gender-affirming hormones (e.g. oestrogen for trans women and testosterone for trans men) given by a GP to a trans person who is waiting to be seen by a Gender Dysphoria Clinic.

Cisgender/cis: Someone whose gender matches the sex they were assigned at birth – someone who is not transgender.

DIY/self-medicating: Where trans people obtain and self-administer gender-affirming hormones without medical supervision.

Gender-affirming care: Healthcare that helps trans people to live in the way that they want to, in their preferred gender identity. It encompasses a range of social, psychological, behavioural, and medical interventions.

Gender-diverse: Individuals whose gender identity is at odds with what is perceived as being the gender norm for that particular person, including those who do not place themselves as trans or non-binary.

Gender dysphoria: A medical diagnosis that someone is experiencing discomfort or distress because there is a mismatch between their sex and their gender identity. Also described as **gender incongruence.**

Gender Dysphoria Clinic (GDC): Previously known as Gender Identity Clinic (GIC) A specialist service to support people with gender-affirming care. GDCs have a multidisciplinary team of healthcare professionals, who offer ongoing assessments, treatments, support and advice.

Gender identity: A person's internal sense of their own gender. This does not have to be man or woman. It could be, for example, non-binary.

Gender markers: Information in health records about someone's gender.

Hormone Replacement Therapy (HRT): A form of gender-affirming care used by trans and non-binary people to align their physical appearance with their

gender identity. Trans men may take testosterone and trans women may take oestrogen.

LGBT/LGBT+: An abbreviation used to refer to lesbian, gay, bisexual and transgender people. Often used as an umbrella term for any minority sexual orientation or gender identities, such as asexual or non-binary.

Misgendering: Intentional or unintentional use of words, names or pronouns that don't align with a person's gender.

Non-binary: An umbrella term used to describe gender identities where someone does not identify exclusively as a man or a woman. They may regard themselves as neither exclusively a man nor a woman, or as both, or take another approach to gender entirely. There are many included within this, such as agender, genderqueer and gender fluid.

Pronouns: Words used to refer to a person, according to their sex and/or gender – for example, 'he', 'she' or 'they'.

Sex: Registered by medical practitioners at birth based on physical characteristics. Sex can be either male or female. Assignment is based on hormones, chromosomes and genitalia.

Shared care: Shared care for gender-affirming care involves collaboration between a GP and a Gender Dysphoria Clinic. This involves the GP taking over aspects of care, like prescribing hormones, while the specialist continues to monitor and provide expertise. It's not mandatory, and depends on all parties (the GP, the GDC and the patient) agreeing to it.

Trans/transgender: An umbrella term used to describe people who have a gender identity that is different to the sex recorded at birth. This might lead to gender dysphoria or incongruence. Non-binary people may or may not consider themselves to be transgender.

Transitioning: The steps a trans or non-binary person may take to live as, or be seen as, the gender they identify with.

Transmin: A colloquial term used within the trans and non-binary community to describe all the admin, paperwork and bureaucracy that's involved in changing identity or transitioning.

Background

While there is some uncertainty over the figures, around one in every 200 people aged 16 and over in England may be trans, non-binary or another gender identity that differs from their sex at birth, according to 2021 Census data.[2]

They are protected by law from discrimination under the Equality Act 2010. Gender reassignment is one of nine protected characteristics under the Act, regardless of whether or not people have had medical treatment or acquired a Gender Recognition Certificate as part of their gender transition.

This protection extends to how trans and non-binary people are treated by public services, like the NHS. Under the Public Sector Equality Duty, services must tackle unlawful behaviour among staff towards people with protected characteristics, advance equal opportunities and foster good relations between all types of people.

However, equality in law does not guarantee equality in everyday life, as a government report concluded in 2018. This presented findings of a survey of 108,000 LGBT+ (lesbian, gay, bisexual, transgender and other identities) people, showing that 40% of trans respondents had had a negative experience when using health care services.

In response, the then government published a national LGBT action plan, saying it wanted 'LGBT people to easily access healthcare when they need it most, and feel comfortable disclosing their sexual orientation or gender identity so that they get the best possible care'. It appointed the first national adviser on LGBT healthcare, based within NHS England, who has been in post since 2019.

Since then, the British Medical Association (BMA) has published guidance for GPs on managing 'gender incongruence', while the General Medical Council has produced advice on delivering high quality, inclusive healthcare for trans people.

Most recently, the Royal College of GPs issued a new position statement in March 2025, which states that for people who are trans or questioning their gender identity, their GP may be the first person that they confide in about their gender identity or uncertainties about this.

[2] We say 'may be' given the limitations of the questions used in the Census, as addressed by the ONS in 2024: Better understanding the strengths and limitations of gender identity statistics | National Statistical

Despite this, the experiences of trans and non-binary people at their GP surgery have remained relatively unexplored in great depth, although some organisations have attempted to fill the gap:

- Nearly half of trans people (45%) and 55% of non-binary people surveyed by TransActual in 2021 said their GP did not have a good understanding of their needs, while one in seven of all respondents said they'd been refused GP care at least once because of their gender identity.
- According to LGBT Foundation surveys, the number of LGBT+ people who felt their needs were met by their GP practice had decreased, from 68% in 2018, to 56% in 2022.
- An academic study in 2023 found that trans and non-binary people reported a higher prevalence for 10 out of 15 long-term conditions (including mental health and autism) but were less likely to be involved in decisions about care and treatment with their GP.

The current government has not yet evaluated the previous government's national LGBT action plan to check whether it has met its original goals. In 2019, the parliamentary Women and Equalities Committee called for the plan to be updated with targets for tackling key inequalities in LGBT health. It also called for the GMC to review its guidance to medical schools to embed LGBT content across all areas of training and not just sexual health.

Policy on LGBT healthcare has tended to be discrete, rather than holistic. In 2024, the previous government asked the public to comment on whether transgender women should be placed in their own side rooms of wards rather than alongside women in single-sex hospitals. Later that year, NHSE launched a review of England's seven specialist adult gender dysphoria clinics, following concerns raised by a separate review of children's gender care about how adult clinics dealt with people with 'complex presentations' and undiagnosed conditions, and a lack of evidence on their outcomes for patients.

Against this background, and as an organisation committed to listening to the voices of people who experience health inequalities, we instigated this research to explore in more detail how confident trans and non-binary people felt using their GP for both general and gender-affirming care.

We also wanted to understand the impact of 'transmin'[3] – a term sometimes used by trans and non-binary communities to describe the bureaucracy or

[3] Highlighted in Healthwatch Lewisham's 2024 research

relentless efforts involved in pushing for their needs and gender identity to be recognised and respected by various services.

Methodology

We ran our own online survey covering different aspects of GP care for trans and non-binary people between 14 October and 1 December 2024.

We promoted the survey through our online platforms and via other stakeholders, including those who represent the trans and non-binary community.

To boost our sample size and to ensure geographical spread, we commissioned ten local Healthwatch to gather responses in their communities. These were:

- Healthwatch Brighton and Hove
- Healthwatch Dudley
- Healthwatch Gloucestershire
- Healthwatch Liverpool
- Healthwatch Leicestershire
- Healthwatch Milton Keynes
- Healthwatch Oxfordshire
- Healthwatch Sheffield
- Healthwatch South Tyneside
- Healthwatch Suffolk

The criteria for taking part in the survey were:

- Being 18 years old or more.
- Identifying as trans, non-binary or another diverse gender identity, or considering yourself to a have a trans history.

The survey was self-selecting, meaning that we relied on those people who were willing to complete the questions and had the ability to complete an online survey. It is not, therefore, nationally representative sample.

We received **1,393 complete responses** in total.

Key themes by chapter

Our chapters walk through key steps that may be part of a trans or non-binary person's journey through GP care.

Chapter 1 looks at trans and non-binary people's experience of booking a GP appointment, arriving at the surgery, interacting with receptionists and online booking-in screens, and waiting in the waiting room to be called in for their appointment.

Chapter 2 looks at trans and non-binary people's experiences of changing their names, pronouns and gender within general interactions at their surgery, or formally changing their gender markers on their GP record and receiving a new GP record and NHS number.

Chapter 3 looks at trans and non-binary people's experience of care from their GP in general.

Chapter 4 looks at trans and non-binary people's specific experience of gender-affirming care.

Chapter 5 looks at the impact of poor GP care on trans and non-binary people.

The report ends with our conclusions and recommendations.

1: At the GP front door

In this chapter we assess the experiences of trans and non-binary people when they book an appointment and arrive at the surgery.

Booking an appointment

While we know that many people across England struggle to book GP appointments over the phone, being gender-diverse can add pressure to that experience. People told us they can feel worried about how they'll come across on the phone and whether they will be misgendered:

"It is very difficult to get an appointment, you have to call on the day and as my voice gives me a lot of dysphoria this is uncomfortable. I also regularly get misgendered."

People who need same-day appointments will need to be triaged by administration staff. This means being asked a number of potentially sensitive questions on the phone or in a waiting room where other people can hear. The trans and non-binary people who responded to our survey explained how this can make them feel uncomfortable:

"The staff covering reception are often unkind and they're not trained to ask the very personal and sensitive questions they ask in order to triage. This is really important as they are the first point of contact. It has … often been the reason for me to avoid seeking medical care."

Checking in for the appointment

Checking in for appointments can also be a difficult experience for trans and non-binary people. This could involve speaking to receptionists and giving their name and title, which may not be the same as those on their surgery records:

"Reception staff have a very old school attitude towards identity. When they call me by the wrong pronouns and I point it out they don't even

bother to apologise and act as if I'm being the rude one to point out their mistake."

Some GP surgeries use electronic booking-in systems to reduce the workload of reception staff. This can involve confirming your name, date of birth and a choice of male or female gender on screen. Trans and non-binary people who responded to our survey said they found this can cause gender dysphoria:

"When I arrive to my GP and blood test appointments I have to sign in using the digital system on the screen. I have to choose between 'male' and 'female' gender on the screen. It says gender – not biological sex. I have to select the wrong gender in front of everyone to sign in which is very nerve wrecking [*sic*] and embarrassing. It gives me anxiety. The GP receptionist will not change it."

Being called into appointments

Being called into appointments can also be difficult for trans and non-binary patients. It might involve the healthcare professional or receptionist calling the patient by name or a notice on a digital screen which flashes up patient names and titles for everyone to see.

"I feel as though having a gendered title (Mr, Miss etc.) called out on the screen is unnecessary, and causes me discomfort as a non-binary person who looks very androgynous. I don't think patients' genders need to be broadcast to others in the waiting room, and it could put them at risk."

Perhaps not surprisingly, respondents described feeling anxious while they are waiting to be seen or having to have a conversation with the receptionist to book appointments or find out results of blood tests. People described not feeling safe with other patients. We heard examples of very worrying situations:

"The most transphobic hate speech I have ever received was from another patient in the reception area. None of the practice staff intervened as I was verbally and physically threatened."

Other interactions with GP receptionists

People may need to pick up blood test forms from GP receptionists, ask for test results and follow up referrals as well as book appointments. This may mean interactions with receptionists in a busy waiting room with little or no privacy. Trans and non-binary people can find this particularly problematic:

"Problems include admin loudly repeating my request about information on my referral to a gender clinic in a packed waiting room (I'd only came out two months before and was struggling with huge issues of shame)."

How receptionists treat trans and non-binary people

Half of our respondents (50%) said they agreed, or strongly agreed, that the receptionist at their GP treated them with respect. However, a quarter (24%) either disagreed or strongly disagreed.

Half said receptionists treated them with respect

For trans and non-binary respondents, part of being treated with respect is the use of their preferred name and pronouns. We heard that receptionists do not always use patients' preferred names and pronouns. One in five (20%) respondents told us that receptionists do not always use their preferred name, while one in two (50%) told us receptionists do not always use their preferred pronouns.

- One in five said that receptionists don't always use their preferred name
- Half said that receptionists don't always use their preferred pronouns

"A year ago, I was repeatedly misgendered on a phone call with the GP surgery; I repeatedly corrected the person I spoke with, but they persisted. I wrote to complain to the GP."

At the front door we have seen that the way pronouns, titles and names are used can cause difficulties when going to appointments. In the next chapter we look at what the experience is like for trans and non-binary people to change their gender markers, names and pronouns on their GP and medical records.

Recommendations

Trans and non-binary people must be treated by their GP surgeries with respect, dignity and privacy, and without discrimination, in accordance with their rights. To do this, GP surgeries should:

- Ensure all employees, particularly administrative staff, are trained to understand and know how to adhere to the Equality Act 2010 and the Public Sector Equality Duty.
- Take steps to ensure all patients feel welcomed and respected, through staff education, language, behaviours and the environment. This could involve:

- Using gender neutral language and avoiding titles such as ‘Mr or Mrs’ when a patient’s name is displayed on GP waiting room screens used to call people in for their appointment
- Avoiding making assumptions about a person’s gender based on their voice, dress or other ways they present
- Avoiding asking questions about a person’s gender identity and/or sexual orientation unless it is related to their health problem or the way their personal details are recorded
- Displaying LGBT+ materials and/or the practice’s policies on equalities, diversity and including within waiting rooms
- Applying for a Pride in Practice Award from the LGBT Foundation
- Educating staff on gender terminology and the difference between gender identity and sexual orientation
- Respecting requests by a person to use their preferred pronoun
- Upholding patient confidentiality and privacy, and avoiding ‘outing’ anybody without their consent

Existing guidance advises on how the above can be achieved in practice. For example, this inclusive communication guide was funded by the National Institute for Health Research (NIHR).

2: Updating your NHS record

Trans and non-binary people have to interact with GP receptionists if they want to change their name, pronouns and gender markers on their NHS record. This is an aspect of transmin.

What are gender markers?

A gender marker is how the NHS records patients' gender on their GP records. At present, the gender marker options are male or female and there is no non-binary option. There is no distinction between sex and gender in the GP record.

GP surgeries have to make a request to Primary Care Support England (PCSE) to amend an adult patient's gender on their GP record. PCSE will then issue a new GP record in the patient's preferred gender, and a new NHS number. The practice is required to add any details from the previous record to the new one, but with any reference to the previous gender marker redacted.

Not everyone wants to change their gender marker on their GP record, and people in the trans and non-binary community have varying opinions about doing this. Over two in five (44%) trans and non-binary people who took part in our survey had successfully changed their markers in the GP records. Nearly one in ten (9%) had unsuccessfully attempted to change their gender markers.

Different ways of overcoming issues with gender markers and records are being discussed and explored. Most recently, an independent review commissioned by the government recently said that lost NHS data on sex was putting people at risk over missed screening and other clinical care. It was also causing research data problems in not properly showing health outcomes by sex and by gender identity.

The review called for a stop to the issuing of new GP records and new NHS numbers when people requested gender marker changes, and also called for demographic information to be collected in a new and different way by all public bodies. As a result, the Secretary of State for Health and Care has stopped allowing under-18s to change gender markers on GP records and is reviewing the policy for adults.

Impact of changing gender markers

Those that had managed to change their gender markers had mixed experiences. Over a third (38%) said that everything appeared the same as prior to changing. However, others experienced negative impacts, such as losing access to their GP records.

- Over a quarter (28%) of those that changed their gender markers lost access to their GP records.
- One in five (18%) of those that changed their gender markers were misgendered in written medical communication.
- 12% of those that changed their gender markers experienced discrimination.
- 16% of those that changed their gender markers experienced disruptions to their prescriptions. While 13% had treatment for ongoing conditions disrupted.

Losing access to GP records and experiencing disruptions to prescriptions and ongoing treatment has harmful health impacts. People with existing conditions faced not being able to order repeat prescriptions, leaving them without vital medication for long periods of time:

"I changed it and it was a nightmare. No-one told me it involved DELETING MY WHOLE OLD RECORD AND MAKING A NEW ONE FROM SCRATCH. This meant when I went to repeat my medication (like antidepressants with nasty withdrawals) I seemed to have just disappeared altogether. It took about three months and multiple visits to different GPs to ascertain what had happened and get the medication. Awful."

Ten respondents told us their gender markers had been changed without their consent. Some said they had opted not to change their marker due to concerns they would lose access to continuing care:

"I have a serious, poorly understood, complex chronic illness. Since the surgery forcibly changed my gender marker, half my medical records have gone missing, and the other half are unlabelled and undated, so effectively useless. I had heard that this might happen, hence not requesting my gender marker to be changed."

Staff that changed gender markers without patient consent may have had the patient's best interest at heart. But without staff being properly informed on the implications for individuals of changing gender markers on NHS records, this caused more harm than good.

Screening invitations

A final major impact resulting from changing gender markers was the potential to lose access to cancer screenings related to sex-specific anatomy. As mentioned, these include cervical screening, offered to all women, and non-binary people or trans men with a cervix between the ages of 25 and 64.

Just over one in five respondents (21%) who had changed their gender marker lost access to sex-specific care after changing their gender marker, opening them up to potential risk of harm without action. This is because a new NHS number is issued after changing a gender marker, so the screening programme does not automatically view you as eligible for screening you accessed before.

Access to care related to sex-specific anatomy	Count	%
I do not access this sort of care as it makes me dysphoric.	31	5%
I only accessed this sort of care after I chased my GP to ensure I was opted in to continue to receive screening invitations.	34	6%
I was automatically given the correct screening (e.g. I have a cervix and was sent invitation letters for cervical screening).	74	13%
I'm not sure/ I'm not aware that I needed it.	81	14%
The NHS stopped offering me this sort of care to me after I changed my gender marker.	117	21%
Other	147	26%
Don't know/prefer not to say	53	9%

Skipped	28	5%
Total	565	100%

We also heard that the opposite can happen, i.e. people may be invited for screening that is not appropriate for their gender identity. While this does not have as potentially detrimental impacts as missing screening, it can cause emotional distress, due to gender dysphoria:

"I'm getting pointless reminders about smear tests as I'm down as female now, but no marker to show I don't need this – this is emotionally difficult for me."

Updating personal details: pronouns

Some trans and non-binary people update their pronouns to reflect their gender identity and for use in general interactions with staff. This process is not as complex or contentious as updating gender markers on GP records, but it comes with its own concerns.

"I have tried to get my pronouns put on my file so letters can reflect this but it seems impossible. They asked me when I changed my title to Mx what my pronouns were but I haven't seen or heard anything since. And hospital letters are vastly over feminine using terms such as 'polite young lady' as if it's a school report."

Just under two thirds (63%) of respondents had notified their GP practice of the pronouns they would like to be used. Under a third (29%) had not notified their GP of updates to their pronouns.

Reasons why people haven't spoken to their GP practice about changing their pronouns on their records	Count	%
I have changed my pronouns but haven't told my GP practice because I'm not comfortable doing so.	101	19%

I have changed my pronouns, but I haven't told my GP practice because I'm not sure how to.	109	20%
I have changed my pronouns, but I haven't told my GP practice because I don't want to.	36	7%
I have not changed my pronouns, and I don't intend to.	16	3%
I have not yet changed my pronouns, but I would like to.	33	6%
Other (free text)	250	46%
Total	545	100%

Just under a fifth of respondents (19%) had not told their GP practice because they were not comfortable doing so. A further fifth (20%) did not know how to tell their GP practice.

Almost half (46%) answered 'other' and explained why they had not told their GP practice. We heard varying opinions – people did not think pronouns were important in their care, people had their requests ignored, others had didn't need to speak about pronouns because they were automatically accepted. An overarching theme was that there were other, more important concerns when it came to care:

"I use they/them pronouns, but I feel I receive better care when I 'let' people call me the pronouns they assume I use (this is never they/them)"

Updating personal details: names

Trans and non-binary people may choose to change their first name to reflect their gender identity as part of their transition. Just over two thirds (68%) of trans and non-binary people who responded to our self-selecting survey had changed their first name at their GP surgery and just over three in ten (31%) had not.

Of those who hadn't changed their first name, over a quarter (28%) didn't intend to change it. Small numbers had experienced problems: 4% said they had had issues with changing their name, and 1% had asked but were still waiting to hear the outcome. Nearly one in ten (9%) said they hadn't as they didn't feel comfortable doing so.

People explained how difficult it could be to have a conversation with administrative staff about changing their name in a waiting room with little or no privacy:

"The only thing is my GP practice has an open reception, and the waiting room is often quiet but busy. This makes private conversations difficult to have with reception staff, particularly about changing name and gender marker and it's not possible to have these conversations privately as far as I know."

Recommendations

- Trans and non-binary people should be protected from a loss of sex-specific healthcare (such as invitations for screening) if they change their gender. This should be done by:
    - Ceasing the practice of giving people a new GP record and NHS number if people change their gender marker
    - Introducing as soon as possible a single record to cover both biological sex and any change to gender identity This should be done in a way that gives patients privacy, dignity and recognition of their gender but that ensures clinicians can view the patient's sex and tailor clinical care accordingly, if relevant
    - Retaining access to sex-specific screening programmes
- Until this change is made, GP surgeries should ensure administrative staff:
    - Are trained on processing requests for changes of gender on GP records
    - Know that they can't do this without consent
    - Explain to patients how to opt in to relevant screening programmes
- The NHS should also work towards an automatic enrolment system for affected patients for all sex-based screening.

3: Trans and non-binary people's experience of general GP care

In this chapter we look at how trans and non-binary people rate GP care, both for general healthcare and for gender-affirming care.

Our evidence shows that leaving the reception and entering the consultation room does not guarantee an improvement in experience for trans and non-binary people.

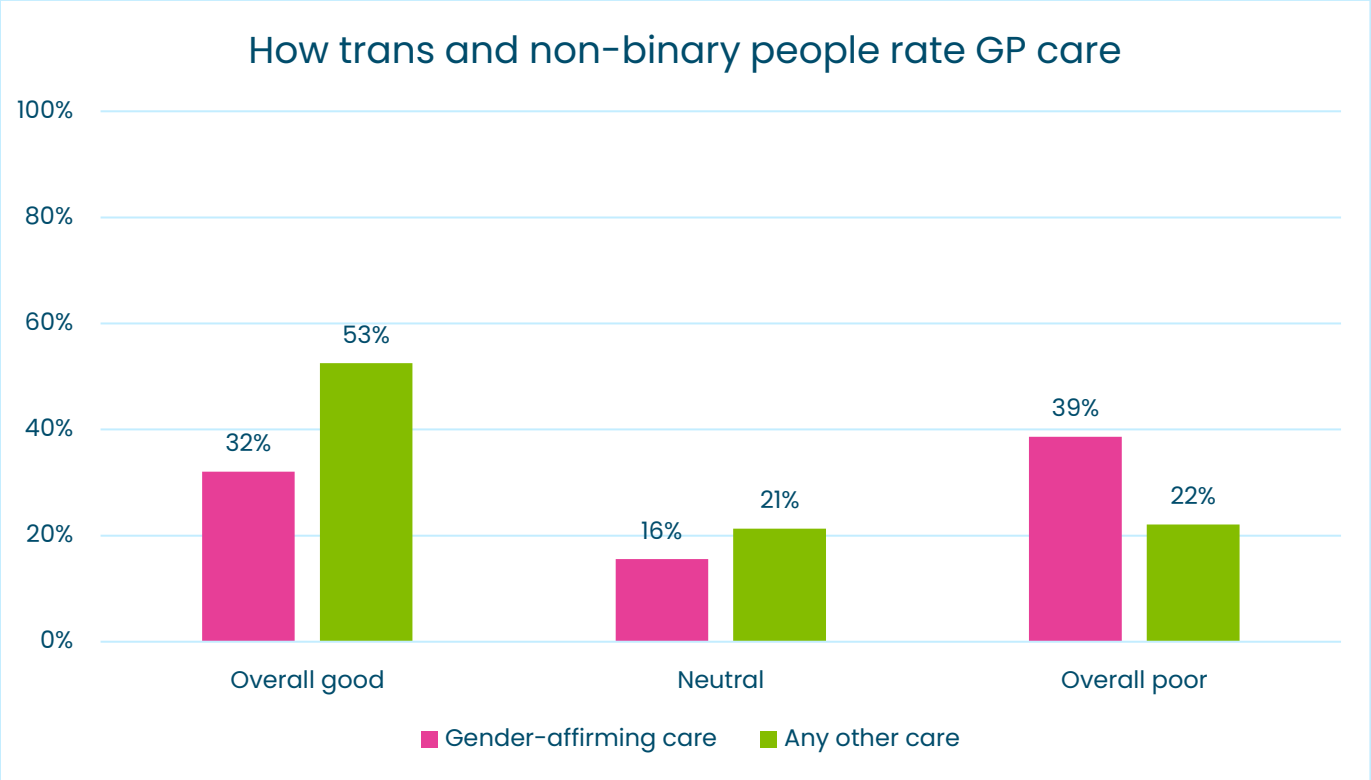
How trans and non-binary people rate GP care

Existing research shows that trans and non-binary people are less likely to report positive experiences of their GP than the general population. For example, the most recent NHS GP Patient Survey (GPPS) found that 74% of the general population rated their GP practice as 'good', compared to 68% of trans and non-binary people.[4] The LGBT Foundation found that 47% of transgender people felt their GP met their needs, compared to 61% of cisgender people.

We asked our respondents how they rate the care they receive through their GP. We wanted to understand people's experience of both general healthcare and gender-affirming care.[5]

We found that ratings for general care are fairly low. Only just over half (53%) of respondents rated their GP as good or very good for the general care services they had sought. Only a third (32%) of respondents rated their GP as good or very good for gender-affirming care.

[4] The 68% figure is from respondents who said their gender identity is not the same as the sex that they were registered at birth. Of those who preferred not to say about their gender identity, only 57% rated their GP as 'good'.
[5] 1,203 respondents accessed, or attempted to access, gender-affirming care.



While the question asked in our survey is not directly comparable to the GPPS, our results suggest that trans and non-binary people may generally be less satisfied with their overall care at their GPs than the wider population. Satisfaction with gender-affirming care is particularly poor.

When it works well

Though we heard lots about negative experiences of overall care at the GP, over half rated their overall care as good.

We heard feedback from respondents about staff trying to make them feel comfortable and welcome.

"It's very much dependent on which individual GP you obtain an appointment with. The last GP I saw (who is new to the practice) introduced himself with his pronouns. A first!"

Some respondents acknowledged that their GPs wanted to help them but didn't necessarily have the knowledge to do so. Good care can be achievable if the practitioner is willing to learn and the patient is able to proactively advocate for their own care.

"They honour the instructions of consultants but are largely uneducated about gender care and services and will not act unless a gender clinician instructs them. It requires me to educate them about their own systems, responsibilities and the treatment & show them the relevant policy or legislation."

However, good care for trans and non-binary people should not be reliant on their own efforts – especially as there are many people who may not feel confident or be able to instruct their GPs.

When considering gender-affirming care specifically, this concept of trans and non-binary people shouldering the knowledge burden of their care develops further.

Trans broken arm syndrome

Respondents told us that their general care experience at the GP can be impacted by their gender identity, because their doctor views all their health through the lens of being transgender. This is colloquially known as 'trans broken arm syndrome' and is a form of medical bias.

"All my health is viewed through the lens of being transgender when it rarely is relevant. It can mean tests are misinterpreted so I have to check every test and everything that is written about me."

While this may not be deliberate, making assumptions due to miseducation can leave people untreated or wrongly treated. It can fall to the trans or non-binary patient to ensure they are being properly listened to and receiving the correct care, another aspect of transmin:

"My GP is usually good, but the occasional "trans broken leg syndrome" experience has been a barrier to receiving appropriate or timely medical care, where a GP does not refer me to the appropriate service because they are fixated on my gender history instead of addressing the unrelated medical issue I am seeking help with, or the information sent

to a specialist is not always complete enough, or alternatively contains unnecessary information that violates my privacy."

Some healthcare staff lack understanding of trans and non-binary people, their treatment and the resulting care needs. We heard about GPs making assumptions about trans and non-binary people's lifestyles and health problems that were unfounded:

"I have had several doctors over the last few years make exceptionally presumptuous assumptions about my lifestyle, implying that I engage in risky sexual activity and drug abuse when I was suffering from a kidney stone. I can't remember the last time I met a new doctor and they didn't ask me a probing question about my sexual history, and regardless of my answer, seeing it met with visible judgement."

In some cases, this led to poor care:

"I had a tumour on my thyroid which was causing hyperthyroidism and other problems. I needed it removed but it was only spotted when I moved GP surgeries after three years and had a sympathetic doctor. I was showing very obvious signs of hyperthyroidism (as well as the tumour being very visible looking back at photos), but because of my age and gender presentation (genderqueer) I was told I must just be partying too much and should get more sleep."

Lack of respect for gender identity

Trans and non-binary people may face other medical bias due to some healthcare staff who simply do not respect their identities.

"Lack of knowledge and training. Disrespectful tone and language – obvious scepticism about my ability to narrate my own experiences. I don't feel listened to or taken seriously."

This lack of respect can include behaviour and actions such as misguided assumptions about trans and non-binary identities, or irrelevant invasive questioning. Respondents felt there was often a difference between how the GP treated them pre- and post-transition:

"Since my coming out I have noticed a shift in received support in any healthcare area, seemingly being treated as mentally unstable, like I am dramatising my health complications. There is noticeable difference in how I was treated pre-transition."

4: Trans and non-binary people's experience of gender-affirming care

Following on from the previous chapter consideration of general GP care, here we look specifically at what trans and non-binary people told us about gender-affirming care.

What is gender-affirming care?

Gender-affirming care covers a broad spectrum of treatments so that a person can align their body with their gender identity.

Hormone replacement therapy (HRT) supplements or blocks hormones trans and non-binary people already have.

Other gender-affirming care can include laser hair treatments and various surgeries (e.g. on chest, genitalia or face).

Trans and non-binary people engage differently with various aspects of gender-affirming care – for example someone may want to take HRT, but not have any surgery.

What is the GP role in gender-affirming care?

In England, GPs are not responsible for diagnosing and deciding treatment for gender-affirming care. They are, however, a gateway for gender-affirming care, from making referrals to gender dysphoria clinics (GDC), to providing continuing care and ensuring that trans and non-binary people can get the prescriptions they need for gender-affirming hormones.

GPs can provide gender-affirming care via shared care agreements either with an NHS GDC, or a private gender clinic. This is when prescribing responsibility and/or blood tests may transfer to a GP. The BMA states that "GPs should

approach shared care and collaboration with gender identity specialists in the same way as they would any other specialist".

However, waiting times to be seen at a GDC are as long eight years, according to figures compiled by the charity TransActual, and far in excess of the NHS 18-week referral-to-treatment target.

This means trans and non-binary people often seek bridging prescriptions from GPs during these waits for gender-affirming hormones. Guidelines from the Royal College of General Practitioners (RCGP) state that bridging prescriptions are not a core part of a GP's role in transgender care, and while some GPs will have developed their own expertise in this area, many will not feel confident or competent enough to initiate this kind of treatment.

The college also points to GMC advice that while GPs are able to issue bridging prescriptions if they wish, the professional regulator "does not require doctors who do not feel that prescribing would be of overall benefit to a patient to go down a particular treatment route".

When GPs do gender-affirming care well

Just under a third (32%) told us gender-affirming care from their GP was good. People told us that good gender-affirming care from their GP involved being listened to, being forward thinking and treating them with respect:

"I am lucky to have an excellent, forward thinking, compassionate GP practice. They have been proactive in my transition and the care which I require.

"For example, when the practice administrator contacted me to ask if I should like to proceed with changing my gender marker and NHS number, she said, 'We want to do everything to make your transition easier, so would you like us to update your gender marker and NHS number?' All the staff have treated me with the utmost respect and the practice provides shared care including requesting regular HRT related blood tests, prescribing HRT and administering my regular 12 weekly testosterone blocker at the surgery."

We heard comments from respondents that illustrate how GPs can deliver good gender-affirming care even if they do not feel fully informed on how to do it.

"My GP [practice], although [they] are not educated in trans care, have been supportive and have gone above and beyond to assist me in accessing HRT, contraceptives, mental health support, dietician support. They contact my gender service and endocrinologist when unsure of my requests and have actively taken on helping me access help via dieticians due to struggling to access their services and receive the care/prescription needed."

A common theme among respondents who are now receiving good gender-affirming care is that they had to go through a negative experience, or multiple experiences, before finding their current satisfactory GP.

"My current GP practice has been good, prescribing this shared care with a private endocrinologist. My previous GP practice was awful and wouldn't help me at all with anything trans related."

These experiences show gender-affirming care can be done. However, often good care depends on personal effort from the trans or non-binary patients themselves. This may take the form of educating their GP on trans health issues, how to provide good gender-affirming care, or changing GP surgeries until they find one that is supportive. Unfortunately, responses to our survey showed people were more likely to experience poor care.

Transmin and gender-affirming care

Navigating care as a trans or non-binary person can be harder due to lack of clarity coming from mixed messaging around GPs' roles in gender-affirming care and the high variability in different guidance for GPs.

Accessing gender-affirming care is likely the most burdensome part of the trans and non-binary primary care process.

According to views shared by our survey respondents, more often than not, GPs are not aware of the processes explained in this section, or do not have the confidence to act on the knowledge they have. While there is provision for this in the General Medical Council's guidance on gender-affirming care to GPs, the recommendation is ultimately to find a way to provide a patient the care they need:

"If you are uncertain about your competence to take responsibility for the patient's continuing care, you should ask for further information or advice from the clinician who is sharing care responsibilities or from another experienced colleague. If you are still not satisfied, you should explain this to the other clinician and to the patient, and make appropriate arrangements for their continuing care." — GMC

However, what we have heard from our respondents suggests that GPs are not always following this guidance. Instead, it is up to the trans or non-binary person seeking care to shoulder this burden and advocate for the gender-affirming care they need.

"Took ages to get initial appointment, had to explain the process about referring to a GIC myself. Whilst I'm now receiving HRT from them, it feels like I often have to chase it up myself, and flag issues."

As a result, trans organisations have had to provide guidance for trans and non-binary people on how to educate their GP on their gender-affirming care options.[6]

Respondents had difficulties accessing gender-affirming care for a number of reasons, which we explore below.

Difficulty accessing HRT

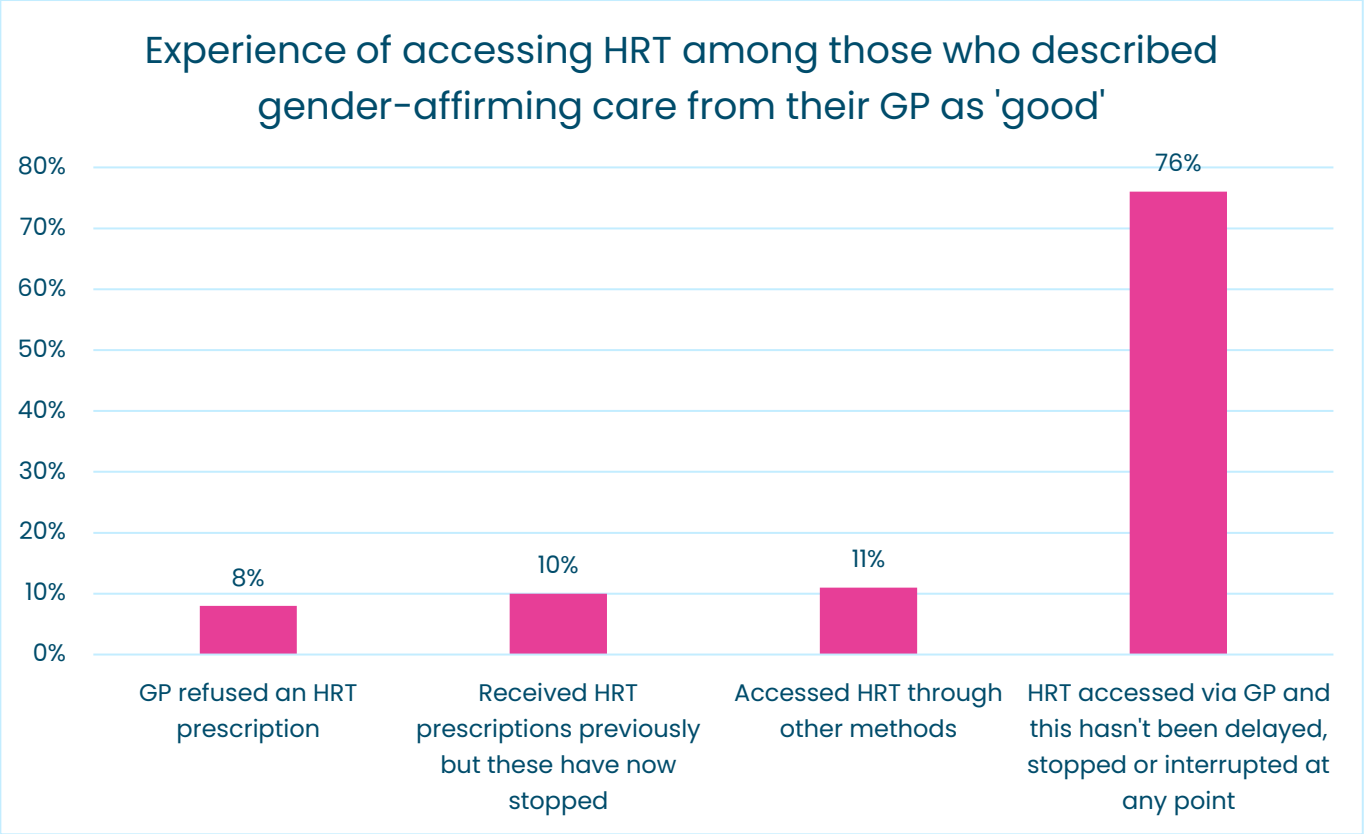
Access to HRT seems to be a particularly acute issue. Of those that have tried to access HRT through their GP, 8% have been refused a prescription for HRT through their GP, while 15% have experienced delays in getting the medication. Under a third, 30%, have been able to get HRT through their GP without it being delayed, stopped or interrupted at any point.

Even for that 30%, we heard about difficulties relating to HRT. Respondents told us about the difficulty of getting it in the first place, with some having to go private or register with another GP to be able to access HRT.

[6] For example, this TransActual advice: Common healthcare issues (and what to do) – TransActual, or on specific issues Bridging Prescriptions – TransActual.

"I was refused a prescription of HRT through my GP and a shared care agreement with a specialist first, then the second GP, I have accessed HRT since April 2024 and as of CURRENT, this has not been delayed or stopped."

Our results suggest that difficulty accessing HRT medication is a driver of rating gender-affirming care as 'poor'. Those who have been able to access HRT without any delays or interruptions have a much better rated experience (76% 'good' rating) than those who have been refused a prescription (8%), or experienced their prescription being stopped (10%).



It is important to note that even those who have been able to access HRT through their GP may have had a long and arduous process in getting to this point. The stories shared with us indicate it is rare that anyone experiences a seamless process when trying to access gender-affirming care within the NHS.

These difficulties in accessing HRT appear to result from three issues:

An unwillingness to refer to GDCs

We heard that GPs could be unwilling to refer trans and non-binary people to GDCs. Often respondents to our survey faced having to make multiple requests over many years for referrals:

"My GP shrugged off issues around my gender as a teen, then in my twenties said they did not think I needed to be referred to a GIC. When I returned to ask again, they insisted I first go for a mental health assessment. The mental health assessor met with me and wrote back to the GP that I did not need a mental health assessment, and they should refer me to the GIC. I was eventually referred, but this delayed my access to care for many years."

As GPs act as the gateway for GDC referrals, this can put patients in difficult positions.

An unwillingness to write (or issue) bridging prescriptions

While there are no official figures on waiting times for a referral to an NHS Gender Dysphoria clinic, data gathered by TransActual suggest this could be as long as 99 months. Not every trans or non-binary person can afford to pay for private gender-affirming care, so access to bridging prescriptions can be vital for people who are trying to access HRT while they wait.

Trans and non-binary people who responded to our survey told us that it could be a losing battle convincing their GP to issue bridging HRT prescriptions.

"I first asked my GP to be referred to a gender identity clinic in Summer 2019. I followed up roughly once a month until Spring 2021 when I was finally referred to a GIC. As of Autumn 2024 I still haven't heard back from them. In face to face meetings with my GP she compared bridging prescriptions for HRT to enabling heroin addicts."

GPs are not required to provide bridging prescriptions if they're not confident in prescribing gender-affirming care. However, we heard that some GPs conveyed this information in a way that made respondents feel that they were doing so

because they disapproved of providing gender-affirming care. This is despite guidance by the RCGP that GPs are expected to approach the care of trans people "openly, respectfully, sensitively and without bias".

"Asked for bridging treatment whilst on the waiting list. Was laughed at and told we don't do that here"

One person drew a comparison with other health concerns: if someone needed medication for another condition, but the waiting list to see a specialist was years long, would it be acceptable for the GP to refuse to prescribe lifesaving medication in the meantime?

An unwillingness to enter into shared care agreements with gender dysphoria services.

Shared care agreements involve the GP taking over prescribing on behalf of a specialist. This is a method used in many areas of care – for example, prescribing ADHD medication.

However, we heard many instances of GPs refusing to enter into shared care agreements.

"My GP originally agreed and signed a shared care agreement with the NHS GIC, over a year ago. As soon as I was recommended hormones and sent the treatment plan from the GIC. The GP practice have gone back on their word and refused to treatment and won't prescribe."

GPs may be asked to do shared care only for standard blood tests, but these may also be refused.

"Refused to comply with a shared care request to handle blood tests/results. Forcing me to go private, which is very expensive in my area."

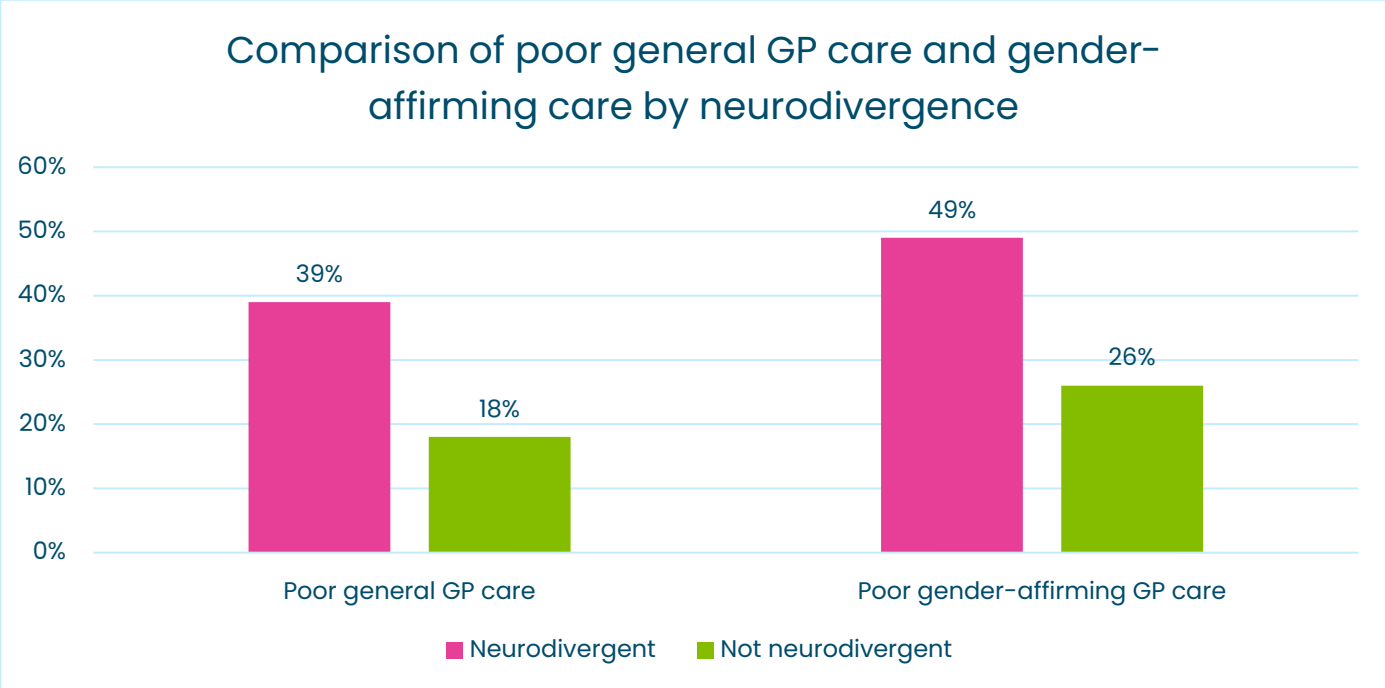
Unwillingness to continue care

We heard about experiences where people were receiving gender-affirming care and had it stopped. This experience is potentially becoming more prevalent. Respondents identified the increase in attention on trans healthcare surrounding the Cass report[7] has correlated with losing access to prescriptions they previously had.

"He called me a man. Said he didn't understand people like me. He just abruptly stopped my prescriptions. I had a blood test booked, and he shouted, very aggressively at me that it would be the last time, and I wasn't to ever ask again about anything to do with trans healthcare."

Neurodivergence and poorer GP gender-affirming care

Half (50%) of respondents to our survey told us they are neurodivergent. Previous evidence shows a high correlation between adults who identify as gender-diverse and are diagnosed as neurodiverse. These intersecting identities have been linked to poorer health outcomes.



[7] Independent Review of Gender Identity Services for Children and Young People NHS England » Children and young people's gender services: implementing the Cass Review recommendations

We found that people who are or identify as neurodivergent (including those who are autistic, dyslexic, have ADHD or have Tourette's syndrome) were more likely to rate their GP's gender-affirming care poorly than people who are not neurodivergent.

Difficulty in self-advocating has been suggested as a factor in these poorer health outcomes. Neurodivergence has been (broadly) shown to make administrative tasks such as these more difficult, due to difficulties with executive functioning. People who are neurodivergent can therefore find issues around transmin a struggle:

"Still getting around to changing my gender marker. My ADHD often leaves me procrastinating on important things."

Recommendations

- The government should develop a new LGBT+ health strategy that considers the holistic needs of trans and non-binary adults, provides clarity on shared care arrangements and bridging prescriptions, and takes action to cut long waiting lists for gender dysphoria clinics and support people while they wait.

  This strategy should be informed by a national review of disparities in NHS provision for gender-affirming care and examples of innovative service models. The GMC should review whether the medical training it approves adequately equips prospective GPs to provide care to trans and non-binary people, including training on avoiding 'trans broken arm syndrome'. The CQC, RCGP and BMA should also strengthen the core role of GPs in this area to include active signposting of patients they lack clinical confidence to support, to GP colleagues that do. This should be supported by integrated care board mapping and promotion of GP

surgeries that have expertise or special interests in providing gender affirming care.

Having a negative experience of accessing gender-affirming care can cause multiple issues for a trans or non-binary person, as can the poor experience of GP care in general. In the next section, we will explore some of the impacts of the poor experience of GP care that many trans and non-binary respondents report.

5: Impact of poor GP care

As we have seen, many trans and non-binary people who took part in our survey had poor experiences of GP care. This can have a negative impact in several ways.

Overall confidence in GPs

Two in five trans or non-binary people weren't at all confident in using their GP surgery for their healthcare needs

Many of our respondents have recent experience of using GP services. Over two thirds (68%) of respondents had been to the GP in the past six months – a figure close to the national average of 70% of the national population. Over half (51%) had been to their GP specifically for gender-affirming care in the past six months.

However, we found that two in in five (39%) of the trans and non-binary people we heard from were not at all confident using their GP services. Only 12% were extremely confident using their GP services.

Two in five trans or non-binary people weren't at all confident in using their GP surgery for their healthcare needs

This lack of confidence led some respondents to avoid GP services completely, or as much possible, because they have lost faith in receiving unbiased, quality care.

"I've had a large number of very negative interactions, and healthcare discrimination, from previous GP practices. This led me to change GP practices repeatedly since transitioning, and I have lost all faith in primary care. Consequently, I avoid interacting with GPs as far as possible. Therefore, at my current GP I have had neither positive nor negative interactions, as I've treated myself or sought out care outside of the primary care system."

Moving to find (or keep) good care

Even when relaying positive experiences, respondents often expressed a sense that good care as a trans and/or non-binary person is precarious. Many participants described themselves as 'lucky' to receive good care, as if it is like finding a needle in a haystack.

"I am quite aware that I have been lucky with my GP so far and that others have had far less accepting experiences. I have since moved jobs from the area, and one of the reasons we haven't yet moved and I

commute is that my healthcare is in a good place with this GP and I am reluctant to risk changing GP and losing out."

The idea that you are fortunate as a trans and/or non-binary person if you receive good care even impacts people's lives outside of healthcare. We heard from people who haven't moved house because they fear they will lose the good care they currently have if they move.

"I'm scared to leave this GP practice even though I've now moved out of the area as I doubt I'll have good experiences elsewhere."

While some may not want to move in case they lose their care, others have had to exercise their Right to Choose, by moving GP surgeries in search of a GP who will provide the gender-affirming care they need.

We heard from respondents who left their GPs after a certain moment of discrimination, or prolonged negligence and refusal to provide care.

"Other workers I interreacted with at GP practice when trying to change my name were rude (like I was wasting their time), pronouns were continually misused. When I asked my GP if they would honour a shared care agreement as I had sought hormones privately they had said no as they didn't feel equipped to deal with my care. I eventually moved GP practice due to this and as I felt uncomfortable to interact with staff."

There are resources that can help trans and non-binary patients find GPs that may be more supportive in their care, namely Pride in Practice. However, the necessity of searching for a GP that will help adds another burdensome layer of transmin to a patient's journey. Sometimes the processes detailed in this report have to be repeated multiple times at different GP surgeries before trans and non-binary people can access the care they need.

Mental health impacts

Lack of access to gender-affirming treatment can lead to high rates of suicide ideation and attempts among trans and non-binary people. A 2014 report found that 48% of trans people had attempted to take their own lives.

A respondent describes the impact of gender dysphoria on their life:

"Life is awful without HRT, the way I stand, the way I walk, the way I talk, the way I hold myself as a person is all negatively impacted. HRT is life saving, gender dysphoria is debilitating and without HRT in [*sic*] that uncomfortable I can't leave the house."

People talked about how the lack of understanding that staff at their GP showed them had a negative impact on their mental health:

"I have lost confidence in my GP practice since I transitioned. I was their first trans patient, and their lack of knowledge and understanding has had negative effects on my mental health."

Physical health impacts

Lack of consistent access to HRT has an impact on trans and non-binary people's physical health. Stopping or gaps in HRT medication can result in trans women experiencing menopause symptoms and trans men experiencing menstruation restarting. When people no longer have access to their gender-affirming hormones, their bodies can start to remasculinise or refeminise, often causing dysphoria as well as endangering them by potentially making them more 'noticeably trans':

"My GP withdrew testosterone from my prescription as they wouldn't enter into a shared care agreement with the Gender Dysphoria Clinic. Although the clinic wrote to my GP asking to continue to prescribe hormones, I was still refused a prescription.

"I have been prescribed HRT since 2019. Removal of access to this medication will mean that some of the changes I have experienced to my body will be reversed. I'm particularly worried about being forced to detransition against my will, losing my facial hair, muscle mass, experiencing body dysphoria, redistribution of body fat, experiencing peri-menopause and menopause, as well as putting me at the same increase health risks as a post-menopausal woman."

I will start to have the appearance of a woman again despite living and working as male for the past five years."

Respondents also described having other impacts on their physical health because of their GP changing their HRT:

"In one instance where my gender clinic recommended me to be placed on a less harmful, but more expensive androgen blocker my GP refused. A few years later I developed hypothyroidism. My cheaper androgen blocker had interfering with my hypothalamus as one of the side effects."

Financial implications

Respondents talked about the financial implications of not being able to get gender-affirming care from their GP. If they couldn't get HRT as an NHS prescription, trans people had to pay to access it whether via private gender care, sourcing it via the black market or by other means. Costs could be quite substantial, with one person telling us that it cost them nearly £500 every three months. People also had to pay for private blood tests, syringes and needles if they were unable to get NHS gender-affirming care:

"I feel very strongly that the policy to refuse to prescribe HRT is morally and medically wrong. It called me enormous distress and stress. I have had no alternative but to pay for private prescriptions creating financial hardship for me and my partner."

People also experienced financial impacts if they had to miss work or were unable to work because of mental distress. Whether related or not, 14% of our self-selecting sample were unable to work due to health issues. This is significantly higher than the national average of those economically inactive due to poor health.

Shortages of medication

People told us they had lost HRT access for some time due to shortages and delays of their medication. Testosterone and masculinising HRT was most likely to be delayed.

This meant people had to ration their supply of HRT without medical advice. People described the distress of having to deal with the physical and mental impact of detransitioning:

"There were often shortages of HRT medication that meant I was unable to get my prescription. When not able to access HRT, my body changed in distressing ways and I experienced mood swings and severe depression and suicidal thoughts. I would sometimes not be able to leave the house."

We heard that people had to search for alternative unregulated sources of medication, or stockpile medication to get round shortages. This led to potentially harmful situations:

"I turned to DIY after being refused access. My bloods aren't monitored which terrifies me. I inject my hormones subcutaneously, and had to learn how to do this online without being able to get any feedback on if I'm doing it right. I've had a minor allergic reaction every time, but because of how I have to source it I can't change to a source with a different carrier liquid. If I could have just got it through my GP in the first place then I'd be able to medicate safely."

Trust in healthcare

Ultimately, and as the statistics at the outset of this chapter indicate, this all impacts the confidence of trans and non-binary we heard from in using their GP for any healthcare needs.

Recommendations

- The CQC should publish its planned update to its 2022 guidance, "The adult trans care pathway: what CQC expects from GP practices", to help promote more consistent standards of service.
- NHS England should publish clear guidance for patients around medication shortages, including information and advice about what to do (and not do) if people find themselves unable to get medication they need.

Conclusion

Our findings suggest that trans and non-binary people are less satisfied with care from their GP than the general population and face a variety of challenges when using NHS services. Inconsistent access to gender-affirming care and inconsistent respect from NHS staff means trans and non-binary people face an extra burden at their GP compared to the general population. The ambition of the 2018 Government LGBT action plan, to enable "LGBT people to easily access healthcare when they need it most", has not been realised.

For this community, this involves 'transmin' - extra self-advocating for care they need, educating clinicians with little knowledge of official guidelines or transitioning pathways, correcting staff who misgender them or tackling any prejudice or bias from staff. Transmin may be particularly difficult for gender-diverse people who are also neurodivergent.

In addition, trans and non-binary people live in a society where public and political discourse over their rights is often divisive. The Secretary of State for Health and Social himself has called for "less heat and more light" when discussing healthcare for this group of people.

As well as a clear spotlight on the issues, the national policy landscape on trans and non-binary healthcare needs greater cohesion and clarity.

Updated RCGP guidelines on transgender care endorse GPs entering into shared care agreements – but not usually with private clinics, and with caution about whether surgeries should agree to provide ongoing blood tests for patients to monitor hormone levels.

The college also says that it's not generally GPs' place to provide bridging prescriptions unless they have the individual expertise and confidence to do so. The GMC says GPs can feel free to provide bridging prescriptions, but they're not obliged to, leaving it to personal discretion.

Both the BMA and RCGP are concerned that inadequate specialist provision needs to be urgently tackled to take the pressure off surgeries to manage people who have yet to be seen. "Until waiting lists are shorter, patients are likely to continue to fall between service gaps and it is incumbent upon commissioners to take urgent action to address this," the RCGP states.

However, waiting list times for GDCs are not published and an NHS England review of adult GDCs – initially expected to report in March 2025 – has not yet

been made public. The review planned to interview GDC staff and look at case notes and patient feedback held by clinics, but it did not issue a public call for evidence from trans or non-binary people. It is unclear if it will make any recommendations about new or innovative primary care provision.

At least one primary care network is known to have created a monthly gender clinic run by supportive professionals, to which its practices can refer patients seeking gender-affirming care (such as bridging prescriptions). The RCGP is also generally supportive of the idea of GPs with Extended Roles running such clinics, with supervision from a consultant.

The Care Quality Commission is updating 2022 advice on transgender care for adults, but this could be some time as it undertakes a wider transformation of the way it assesses all health and care services.

In the meantime, the recent Supreme Court ruling on the definition of sex and gender means that new statutory guidance will soon be issued for the NHS and other public bodies. This could impact the way they deal with trans and non-binary people administratively and practically.

This policy environment leaves trans and non-binary people in limbo and could damage their confidence in the NHS even further.

Healthwatch England believes it is time for the government and NHSE to develop a comprehensive LGBT+ healthcare strategy.

Such a strategy would shed much-needed light on the health needs of trans and non-binary people and lift the burden of responsibility that has weighed too heavily on their shoulders to get the care they need.

Summary of recommendations

1. **Trans and non-binary people must be treated by their GP surgeries with respect, dignity and privacy, and without discrimination, in accordance with their rights.**

   To do this GP surgeries should:

   - Ensure all employees, including administrative staff, are trained to understand and know how to adhere to the Equality Act 2010 and the Public Sector Equality Duty.
   - Take steps to ensure all patients feel welcomed and respected, through staff education, language, behaviours and the environment. This could involve:
     - Using gender-neutral language and avoiding titles such as 'Mr' or 'Mrs' when a patient's name is displayed on GP waiting room screens used to call people in for their appointment. (This guidance: ABC of LGBT+ Inclusive Communication A guide for health and social care professionals funded by the National Institute for Health Research may be useful)
     - Avoiding making assumptions about a person's gender based on their voice, dress or other ways they present
     - Avoiding asking questions about a person's gender identity and/or sexual orientation unless it is evidentially related to their health problem or the way their personal details are recorded
     - Displaying LGBT+ materials and/or the practice's policies on equalities, diversity and inclusion within waiting rooms
     - Applying for a Pride in Practice Award from the LGBT Foundation
     - Educating staff on gender terminology and the difference between gender identity and sexual orientation
     - Respecting requests by a person to use their preferred pronouns and making it clear how someone can notify their GP of their pronouns

    - Upholding patient confidentiality and privacy and avoiding 'outing' anybody without their consent

2. Trans and non-binary people should be protected from a loss of sex-specific healthcare (such as invitations for screening) if they change their gender.

- DHSC should instruct NHSE to cease the practice of giving people a new GP record and NHS number if people change their gender marker.
- DHSC and NHSE should introduce a single NHS record to record both biological sex and any change to gender identity. This should give patients privacy, dignity and recognition of their gender, but ensure clinicians can view the patient's sex, tailor clinical care accordingly, if relevant. It should also ensure patients retain access to sex-specific screening programmes.
- Until this change to records policy is made, GP surgeries should ensure administrative staff:
    - Are trained on processing requests for gender changes on GP records
    - Know that they can't do this without patients' consent
    - Will explain to patients how to opt in to relevant screening programmes

Regardless of its policy, the DHSC should improve IT systems to ensure trans and non-binary people don't miss out on sex-based healthcare.

3. The government should develop a new LGBT+ health strategy that presents a coherent offer to trans and non-binary people from the NHS through primary, secondary and mental health services.

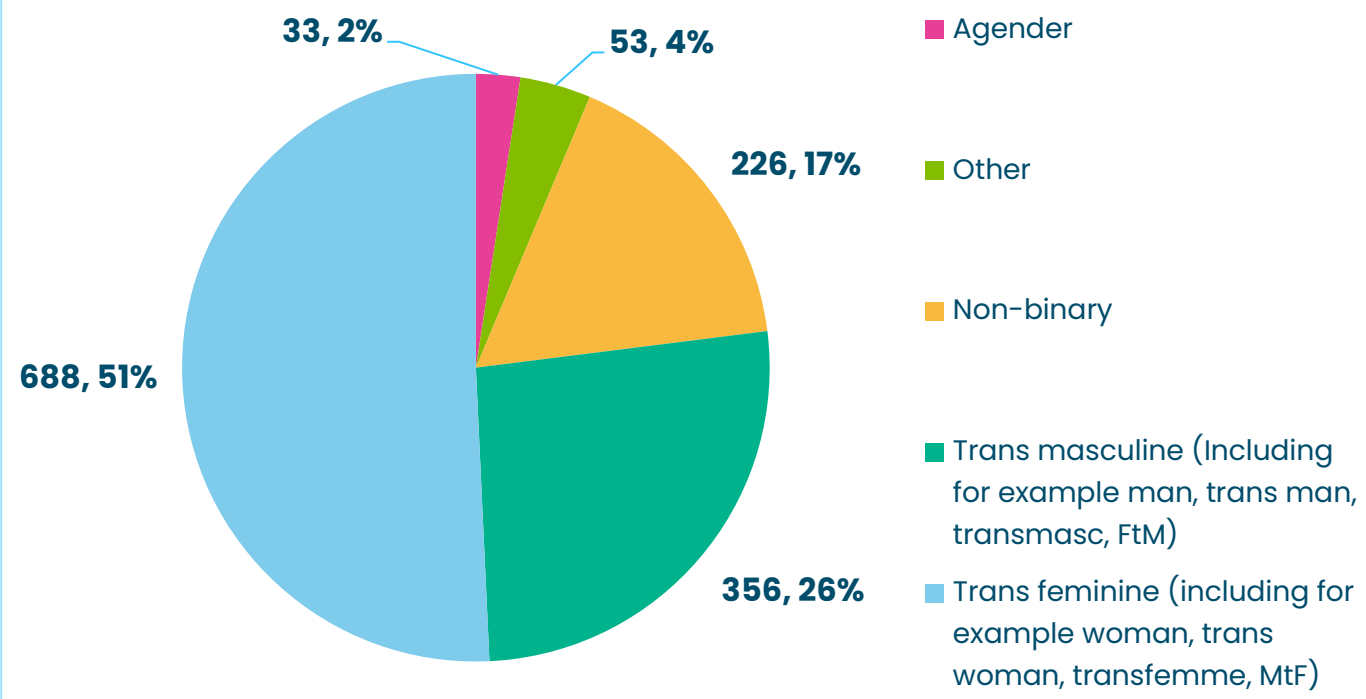
This strategy should aim to:

- Address barriers such as long waiting lists
- Set minimum levels of care within each part of the NHS
- Provide clarity on how recent legal changes affect care and the rights that remain
- Measure and track the experience and confidence that gender-diverse people have with NHS services

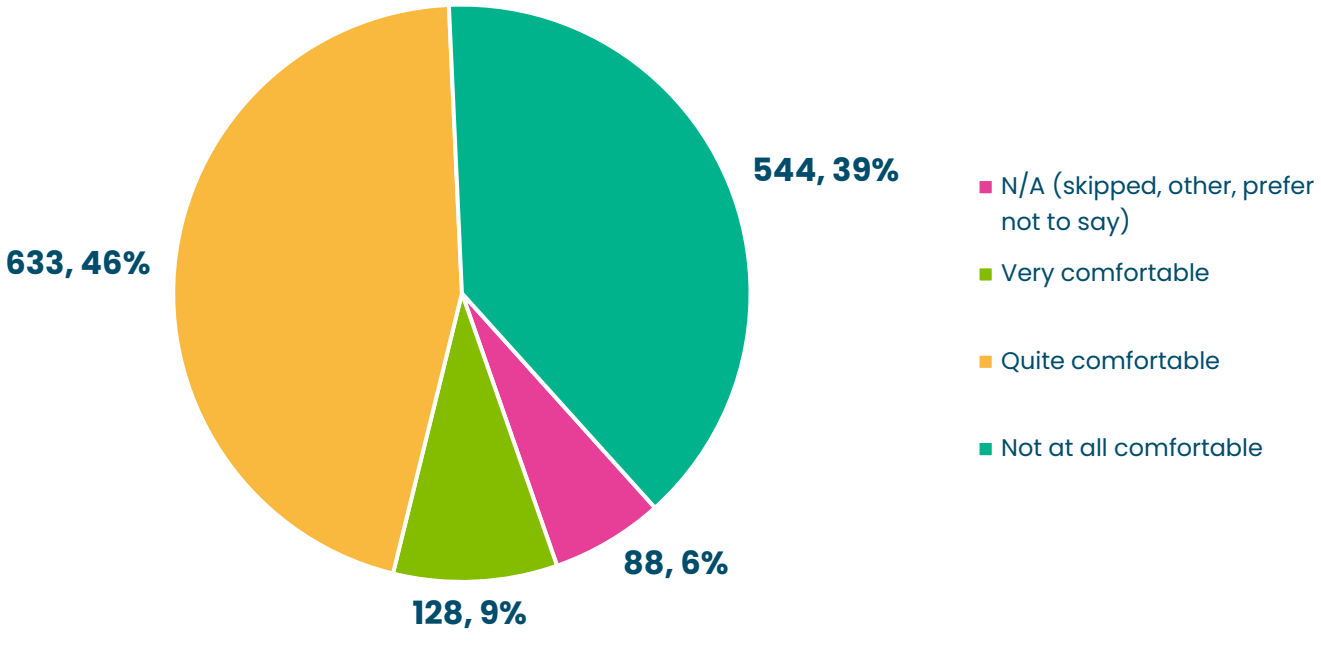
Appendix

Who we heard from: demographics

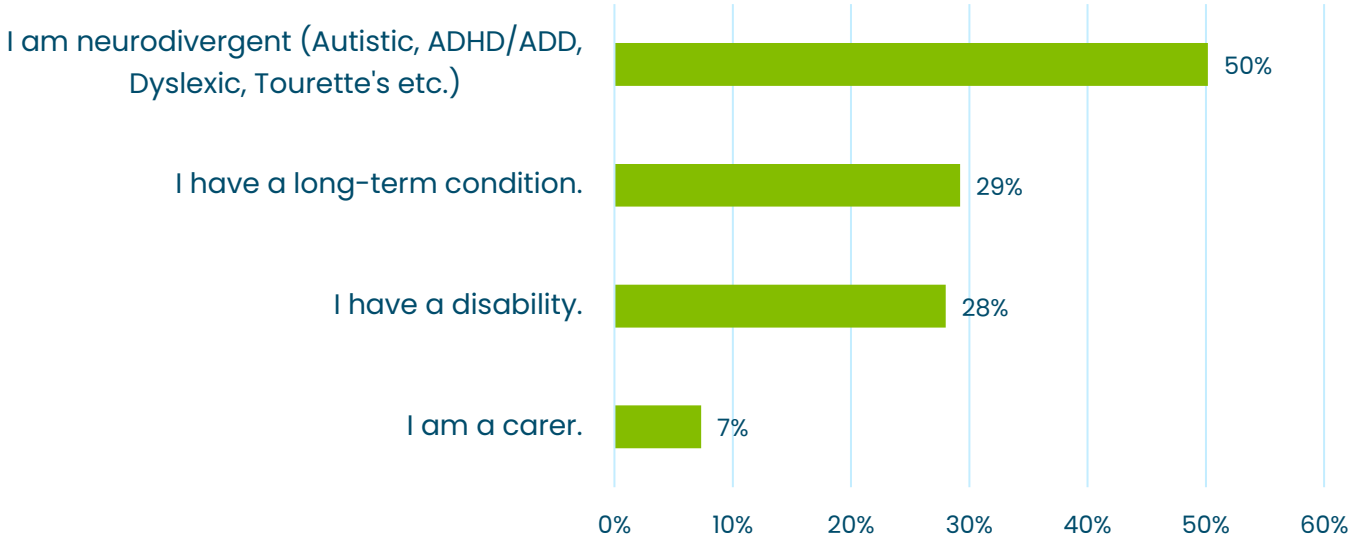
Respondents' gender (categorised)



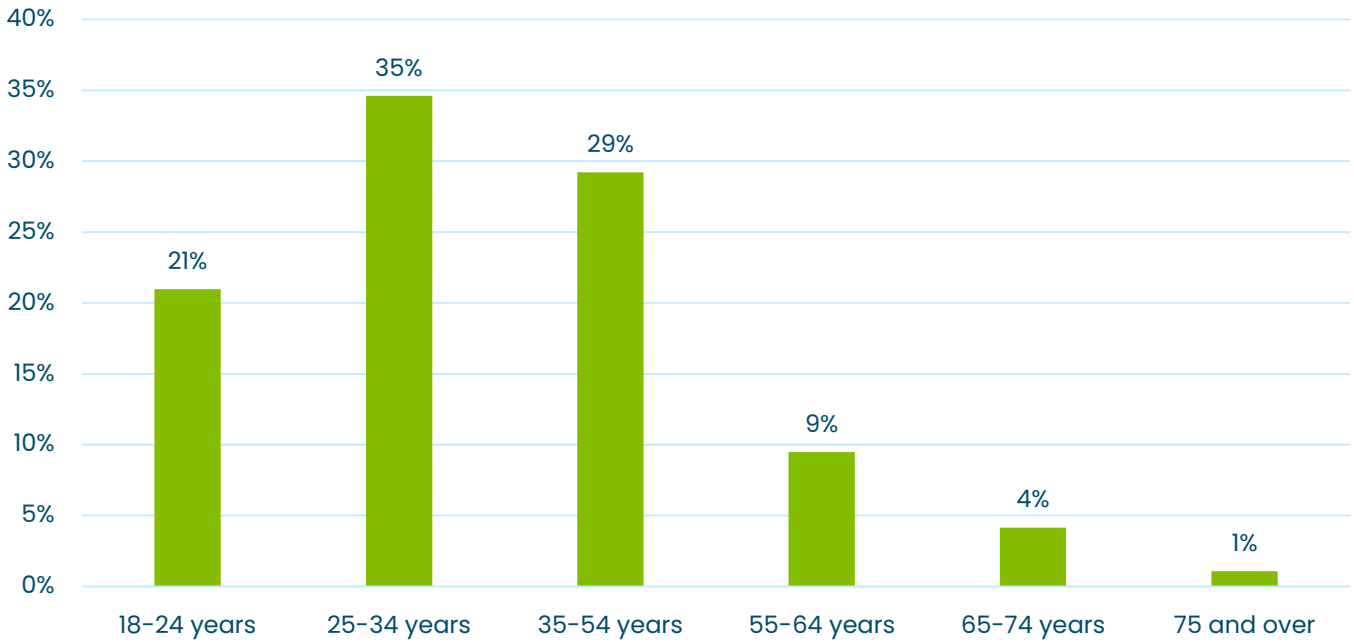
Which best describes your current financial situation?



Respondents' health or carer status (% of 1,393 total)



Age of respondents (% of 1,393 total)



When did you last seek gender-affirming care from your GP practice? (1393 respondents)	No. respondents	% respondents
6 months ago, or less	717	52%
Between 7 months and 2 years ago	230	17%
Over 2 years ago	256	18%
I have never sought gender-affirming care from my GP	157	11%
Skipped/ prefer not to say	33	2%

Experiences of people who have accessed, or tried to access HRT through their GP.	Number of respondents	% respondents
Skipped	11	1%
Don't know/prefer not to say.	13	1%
I have been seeing a gender specialist but not been prescribed HRT yet.	24	2%
Other	52	4%
I have been prescribed the HRT that I need previously, but the prescription has been stopped.	60	5%
I have been refused a prescription to HRT through my GP.	95	8%
I am waiting to be prescribed HRT through my GP after a referral to gender specialist.	98	8%
I have accessed HRT through other methods e.g. DIY, internet sources, friends (not through a healthcare provider).	143	12%
I have been prescribed the HRT that I need but have experienced delays in getting my medication.	171	14%
I have accessed HRT through private health care routes (not through my GP)	180	15%
I have accessed HRT through my GP and this has not been delayed, stopped or interrupted at any point.	356	30%
Sum	1203	100%

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