

Trans and non-binary people's experience of GP care in Kirklees and Calderdale

July 2025



Contents

Glossary	3
Introduction	6
Methodology	6
Who we heard from	6
Findings	7
1. At the GP front door	7
2. Updating your NHS record	7
3. General GP care	8
4. Gender-affirming care	8
5. Impact of poor GP care	8
Overall themes	9
Conclusion	9

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.

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.

Introduction

In July 2025, Healthwatch England published their report [What trans and non-binary people told us about GP care | Healthwatch](#), which captured the experience of over 1,300 people nationally. They asked trans and non-binary people about their experiences at their GP surgery. The aim was to understand how well GP services are working for people who need general healthcare and gender-affirming support, like hormone prescriptions or referrals to gender clinics.

Healthwatch Kirklees and Healthwatch Calderdale are now able to publish the findings from local data which was shared with Healthwatch England. We received 36 responses: 18 from Kirklees and 18 from Calderdale. By comparing national themes with local insight, we aim to highlight what's working well in Kirklees and Calderdale, where challenges remain, and how services might improve.

Methodology

We did all our engagement in person, out in the community, talking directly to trans and non-binary people. We used Healthwatch England's survey to gather responses.

Who we heard from

Respondents spanned a range of age groups, with the majority aged between 25 and 54. Most identified as trans masculine, trans feminine, or non-binary.

- 50% said they are neurodivergent (autistic, ADHD, dyslexic, etc.)
- Around 30% said they have a disability or long-term condition

- Just under half described their financial situation as 'not at all comfortable'

Findings

1. At the GP front door

Many respondents told us that everyday tasks like booking an appointment, talking to reception, or sitting in the waiting room can be uncomfortable or upsetting.

Some people described being misgendered or having their name or identity disrespected when checking in or being called for appointments.

"Accessing appointments is stressful but attending has been okay once past reception." – Calderdale

"Reception staff wouldn't make eye contact. I felt like I wasn't welcome there." – Kirklees

2. Updating your NHS record

Changing names or gender markers at the GP is a key step for some trans and non-binary people, but it often comes with challenges.

People mentioned delays, staff not knowing how to help, or worries about losing access to screening or medical history.

"It wasn't clear who to speak to, and I didn't want to have that conversation in front of a queue of people." – Kirklees

"Even after updating my records, I still get letters with the wrong name and gender." – Calderdale

3. General GP care

Only 4 out of 36 respondents rated their general GP care as poor, but most responses were neutral.

"They were respectful but clearly didn't know how to help – I had to explain what to do." – Kirklees

"I needed mental health support and felt like they didn't take me seriously once I mentioned I was trans." – Calderdale

4. Gender-affirming care

Gender-affirming care was rated more negatively: 10 people rated it as 'poor', 3 were refused HRT, and 11 accessed HRT privately or DIY.

*"Shared care agreement was denied despite hormone recommendation from the gender clinic."
– Calderdale*

"I had to go private. The GP said they weren't trained and couldn't help me." – Kirklees

5. Impact of poor GP care

People told us that poor GP experiences affected their health, confidence and wellbeing.

"I avoid the GP now unless it's urgent – I don't feel safe going in." – Kirklees

"I've skipped treatment because I don't want to go through being misgendered again." – Calderdale

Overall themes

1. Trans people often feel they must educate GPs about their care.
2. Reception and admin staff play a big role in patient experience.
3. Access to HRT is a major concern for many respondents.

Conclusion

The feedback we received in Kirklees and Calderdale echoes many of the national themes seen in Healthwatch England's July 2025 report. Locally, people also described needing to educate their GP, struggling to access HRT, and facing misgendering or stigma at the GP front door.

Compared to the national findings, local respondents appear to report similar levels of dissatisfaction with gender-affirming care but gave more neutral or moderate ratings for general care. However, the burden of 'transmin'—the admin and self-advocacy work trans and non-binary people do to access care—remains significant.

This reinforces the need for consistent, respectful and informed care across GP services in both areas.

Recommendations

The following recommendations are for individual GP practices and/or Primary Care Networks in Kirklees and Calderdale:

1. Provide all GP practice staff – including receptionists – with annual training on gender identity, respectful communication, and the Equality Act 2010.

2. Introduce a simple, private process for patients to update their name, pronouns or gender marker at reception or online.
3. Add a standard field for pronouns and preferred name on patient records, visible to all staff.
4. Display visible statements of inclusion in waiting areas (e.g. Pride in Practice status, posters, or rainbow lanyards).
5. Establish a named GP lead for gender-affirming care within each practice, supported with clear guidance on shared care and bridging prescriptions.
6. Work with local ICBs to map and promote practices with trans-inclusive services and identify where additional support or peer learning is needed.
7. Monitor trans and non-binary patient satisfaction annually to track progress and identify areas for improvement.