

Trans and non-binary people's experiences of GP services in Oxfordshire

Are you getting the GP care you need?

Have your say

We want to hear from trans, non-binary and gender-diverse people about accessing and using GP services

To share your views in our anonymous survey scan the QR code below or visit www.smartsurvey.co.uk/s/HWOxfordTransGP

To talk to us, or to request a paper, large print or translated survey, call **01865 520520**

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Trans Pride 2025

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“Put simply when we are supported to transition to who we really are, we thrive.”

October 2025

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Acknowledgements

Many thanks to everyone across Oxfordshire who shared their experiences and supported us with this project.

Executive Summary

Trans, non-binary and gender diverse (trans+) people are more likely than the general population to experience poor physical and mental health, and to face barriers in getting the health and care they need.¹ As part of a national study, Healthwatch England commissioned Healthwatch Oxfordshire to listen to local trans, non-binary and gender diverse people in the county. We wanted to hear about their experiences of using GP services. Healthwatch England published [its report](#) in July 2025, which found that many trans and non-binary people have negative experiences at the GP front door, face administrative hurdles to changing their name, pronouns or gender-markers, and have lower satisfaction with their GP care than the general population.

For this work, we heard from people via an online survey and through in-person outreach and in-depth phone conversations. In total, we heard from 45 trans+ people in Oxfordshire.

We asked people about:

- Accessing gender-affirming care through their GP
- Using GP services as a trans+ person
- Changing personal details such as name, title, pronouns or gender-marker with the GP practice.

Key findings

Our report shows that there are examples of good practice across Oxfordshire, where trans+ people are treated with respect and dignity, and able to access the care they need.

However, this is inconsistent. We heard that some of the trans+ people we spoke to do not feel confident using their GP practice. Many of the trans+ people we heard from have experienced barriers to accessing gender-affirming care, including where GPs act as gatekeepers to this care. People told us about long waits for NHS Gender Dysphoria Clinics (GDCs) and a lack of support while waiting. For some people, even once they were seen by GDCs, they experienced challenges around a 'postcode lottery' of access to gender-affirming hormone therapy. People told us about the significant impact these challenges had on their mental health and wellbeing.

¹ See, for example, LGBT Foundation's [2023 Hidden Figures report](#)

We heard that not all GPs have enough understanding of, or confidence in, trans healthcare to provide the support people need. There is also a lack of clarity and transparency in terms of what trans+ people can expect from GP practices and how to access care and support.

We heard that people's experiences of getting help for other health concerns was mostly positive, but some people had had experiences of not being respected or being misgendered by practice staff.

We heard that some people experienced long delays and challenges as a result of changing their personal details with their GP practice, including losing their previous NHS records, being misgendered at the practice or in communications, and losing access to preventative screening.

Throughout, we heard about the positive difference it makes when:

- GP practice staff are compassionate, respectful and willing to learn
- GPs support people to access and navigate gender-affirming care, for example through referrals, bridging prescriptions, shared care or blood tests
- Administrative changes are made quickly and effectively.

Recommendations

We would like to make the following recommendations based on what we have heard and people's suggestions.

- Recommendations are for response and comment for **Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)**, as commissioners of GP services in Oxfordshire, as to how they will address them.
- This report is also being shared with system partners including Oxfordshire GP Network, Oxfordshire County Council Public Health, and the Oxfordshire Mental Health Concordat Partnership and Oxfordshire Place Based Partnership to note our findings and recommendations. We will also share this report with Oxford Health NHS Foundation Trust and Oxford University Hospitals NHS Foundation Trust for information.

Being treated with respect and dignity

- Improve understanding and competency in trans healthcare across primary care, for example through training for both clinical and non-clinical staff, and policies ensuring consistent approaches – for example enabling people to be referred to by their preferred name, pronouns or title even if these have not been formally changed²
- Support for more holistic and integrated care, particularly for trans+ people waiting for treatment, for example linking with appropriate mental health services and community support, and ensuring that signposting resources (such as LiveWell Oxfordshire) are up to date.

Access to gender-affirming care

- Improve clarity, consistency and transparency around BOB ICB's policies on shared care agreements and pathways for access to gender-affirming hormone therapy for trans+ people³
- Provide guidance and support for GPs – both those who choose to prescribe gender-affirming hormone therapy and those who choose not to – as how best to support people in this case, as well as how to support people waiting for specialist care from Gender Dysphoria Clinics (GDCs)

² See CQC guidance: [Adult trans care pathway – what CQC expects from GP practices](#)

³ See for example [guidance on prescribing for gender dysphoria by NHS Norfolk and Waveney ICS](#)

- Explore policy development and/or strategic commissioning to reduce health inequalities by addressing the 'postcode lottery' of access to gender-affirming hormone therapy, for example by providing funding or training to support GPs to provide bridging prescriptions, prescribe gender-affirming hormone therapy on the advice of GDCs, or enable harm reduction.
- Work with the Department of Health and Social Care and GDCs to facilitate development of agreed shared care protocols between GDCs and GPs.

Changing personal details

- Improve clarity, for both staff and patients, around the process for changing personal details, including a clear mandate for obtaining patients' consent to change details
- Work with the Department of Health and Social Care to improve data privacy and continuity of care for those who change their NHS gender marker, including joining up records between services (primary, community and secondary care), and ensuring access to appropriate screening and the NHS app.

Patient voice

- Listen to and involve trans+ people in order to develop care pathways, particularly following the publication of the current review into adult gender dysphoria services
- Co-produce an information resource with trans+ people setting out relevant information about pathways to gender-affirming care in the Oxfordshire context and what support is available to trans+ people both from health and care services and the community and voluntary sector.

1. Why did we do this research?

Trans, non-binary and gender diverse people are more likely than the general population to experience poor physical and mental health. Trans+ people are particularly at risk of suicide – a 2018 report by Stonewall found that 46% of trans people in the UK had had thoughts of suicide in the past year and 12% had attempted suicide in the past year.⁴ Trans+ people are also more likely to experience long-term health conditions including dementia, a learning disability, mental health conditions or higher likelihood of being neurodivergent.⁵ As well as these poor health outcomes, trans+ people have been shown to be more likely to have negative experiences of using health and care services⁶ or to report that their health needs had not been met by health and care services.⁷

Like everyone, trans+ people have the right to high-quality and inclusive healthcare.⁸ Trans+ people are also protected by the Equality Act 2010, under the protected characteristic of gender reassignment.

In 2024, as part of a national survey, Healthwatch England commissioned Healthwatch Oxfordshire to listen to local trans, non-binary and gender diverse people about their experiences of using GP services.⁹ GP practices are usually people's first point of contact for physical and mental health concerns, and are the main entry point for referrals to specialist services for gender-affirming care in England, as well as the access point for people to change the personal details used by the NHS for them, such as name, title and NHS gender marker. Other forms of gender-affirming care that GPs can provide include contraception, signposting, referrals to mental health support or a nutritionist, support with identity documents, and fertility treatment and preservation.

⁴ Research cited in LGBT Foundation's [2023 Hidden Figures report](#)

⁵ Saunders, CL, et al. [Demographic characteristics, long-term health conditions, and healthcare experiences of 6,333 trans and non-binary adults in England: nationally representative evidence from the 2021 GP Patient Survey](#). *BMJ Open*; 2 Feb 2023; DOI: 10.1136/bmjopen-2022-068099

⁶ Kings Fund blog: [Trans people and the NHS: the heat of the debate needs the light of evidence](#)

⁷ *The Lancet Public Health*, [Addressing health inequalities in gender diverse people](#), *The Lancet Public Health*, Volume 9, Issue 2, e68

⁸ See [General Medical Council guidelines on trans healthcare](#)

⁹ See Healthwatch England report, [What trans and non-binary people told us about GP care](#), July 2025

Trans+ people in Oxfordshire

Oxfordshire is home to a large and diverse community of trans, non-binary and gender diverse people. Oxford city has the *country's highest proportion* of people outside of London whose gender identity is different from their sex registered at birth. According to the Census 2021, 3,477 (0.6%) of Oxfordshire residents aged 16+ identify with a gender which differs from their sex registered at birth, which is *higher than the national average*.¹⁰ Of these, ≤ 1,420 (0.24%) did not identify as cis-gendered, but gave no write-in response, ≤ 598 (0.10%) identified as a Trans man, ≤ 548 (0.90%) identified as a Trans woman, ≤ 616 (0.10%) identified as non-binary and ≤ 295 (0.05%) wrote in a different gender identity (Sources: Census 2021, and Oxfordshire JSNA 2023).

2. What did we do?

Healthwatch England developed a standardised online survey to hear from trans+ people about their experiences of using GP services, including making changes to their name, pronouns and NHS gender-marker. Healthwatch Oxfordshire was commissioned to help share this survey building on local networks and relationships. In October–December 2024, we shared the Healthwatch England survey widely using our local connections including Oxford Pride, Witney Pride, Oxfordshire Youth, Banbury Young Homeless Project, and My Life My Choice. We also shared the survey with Abingdon Queer Action, Banbury Pride, Chipping Norton Pride, Wallingford Pride, Thame Pride, Oxford University LGBTQ+ Society and LGBT+ Staff Network, Oxford Brookes LGBTQ+ society and LGBTQ+ Staff Forum, Molly's, Rainbow Families, Oxford LGBT Book club, Oxford Poetry Library, Oxford Trans Social, Topaz, Proud to Be Me, Oxford Proud Voices and Tart Productions.

We shared posters and flyers with QR codes linking to the survey in various locations including the Jolly Farmers queer pub and the Old Fire Station arts centre. As always, we provided paper copies and the option to complete the survey over the phone or in another language on request.

We heard from people in person at a Fruit Salad meet-up for trans and non-binary people in November 2024, as well as at Oxford Pride and Thame Pride in

¹⁰ Although note that the Office for National Statistics has issued [additional guidance highlighting potential issues with the accuracy of this data](#)

June 2025. We also carried out in-depth phone interviews with two survey respondents who contacted us to share their story in more detail.



Figure 1: Copy of poster used to share the survey locally

Healthwatch England published [What trans and nonbinary people told us about GP care](#), based on what they heard from 1,393 people across the country, in July 2025. They shared anonymised data from respondents in Oxfordshire with us. This report is based on our own qualitative analysis of that data, as well as what we heard through in-depth and in person conversations with local trans and non-binary people.

3. Who did we hear from?

We heard from a total of 45 people across Oxfordshire. All those we heard from identify as trans, non-binary or another diverse gender identity, or consider themselves to have a trans history. We heard from people between the ages of 18 and 64, though most were under 34 years old.

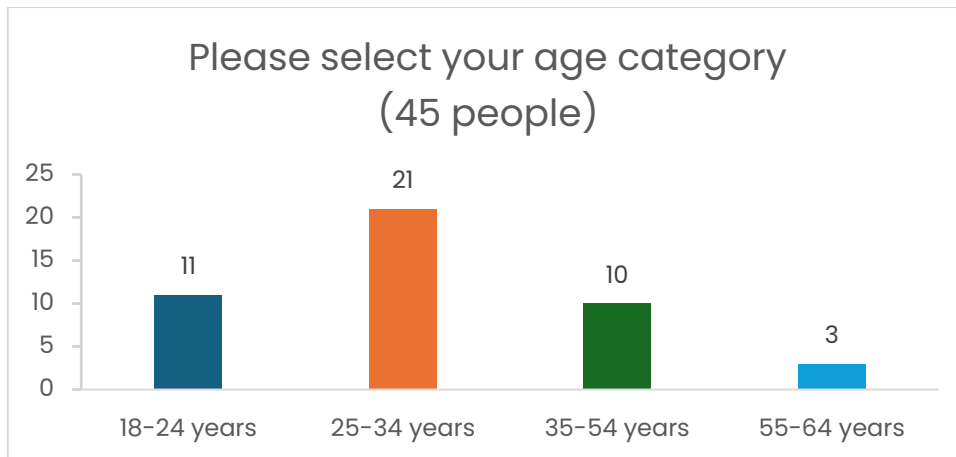


Figure 2: Bar graph showing ages of respondents (45 people)

We heard from a slightly higher proportion of people who identify as trans feminine (19 people, 42%), and similar numbers of people who identify as trans masculine (13 people, 29%) or non-binary (13 people, 29%).

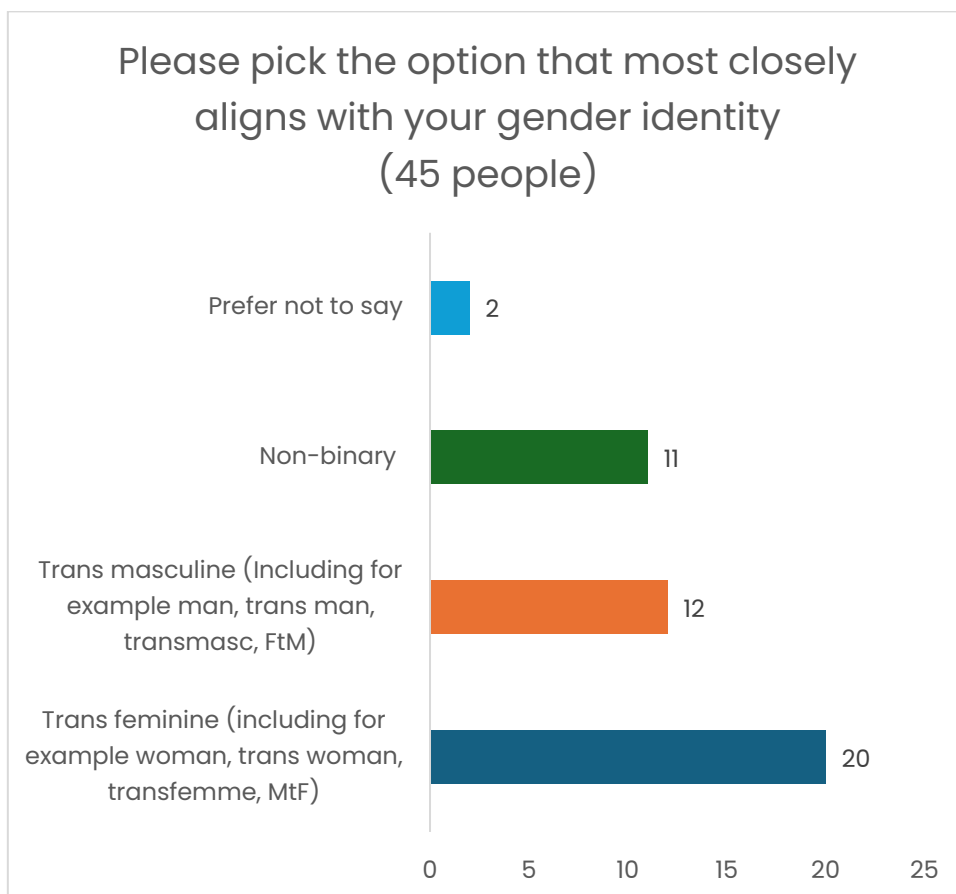


Figure 3: Bar graph showing the gender identity that respondents most identify with (45 people)

Most of those we heard from are White British (34 people, 76%). We also heard from people from ethnic groups including mixed Black Caribbean and White, mixed Asian and White, Hispanic, White Irish and other White backgrounds. 62% of respondents told us they are neurodivergent (28 people, 62%) and one in five (18 people, 40%) are disabled and/or have a long-term condition.

4. What did we hear?

We heard from people about several key aspects of accessing and using GP services as trans+ people: accessing gender-affirming care, using GP services for other health concerns, and changing personal details with the practice. Throughout, we heard about both positive and negative experiences, demonstrating **inconsistencies in trans+ inclusion and approaches to pathways** for gender-affirming care.

Above all, we heard about the difference that being **treated with empathy and without judgement** by practice staff, being able to get timely access to the right care, and being able to make administrative changes without difficulty, made to people's experiences.

Overall experiences

We heard that many trans+ people **do not feel confident using their GP surgery**, with 20% (9 people) saying they felt 'slightly confident' and 40% (18 people) saying they felt 'not at all confident'. While over a quarter said they felt 'quite confident' (13 people, 29%), only one person said they felt 'extremely confident'.

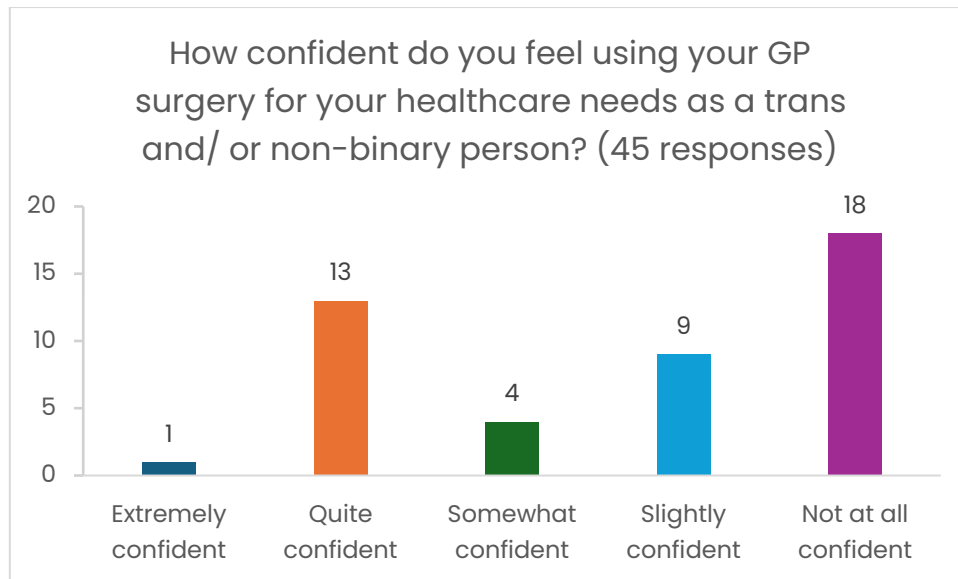


Figure 4: Bar graph showing survey responses about how confident people feel using their GP surgery as a trans and/or non-binary person (45 responses)

This may be linked to people’s experiences of how they feel they are treated by NHS staff at their GP practice. While over half of people ‘agreed’ or ‘strongly agreed’ that they had been treated with respect by GPs (25 people out of 45, 56%), practice nurses (24 people out of 38 who had interacted with practice nurses, 63%), or GP receptionists (23 people out of 45, 51%). However, there was also a high proportion who neither agreed nor disagreed with this statement (13 people, 29% for GPs; 11 people, 24% for receptionists) and several who disagreed or strongly disagreed (7 people, 15% for GPs; 8 people, 18% for receptionists). Fewer people had interacted with practice pharmacists or practice managers, but the proportion of negative experiences of these interactions was higher.

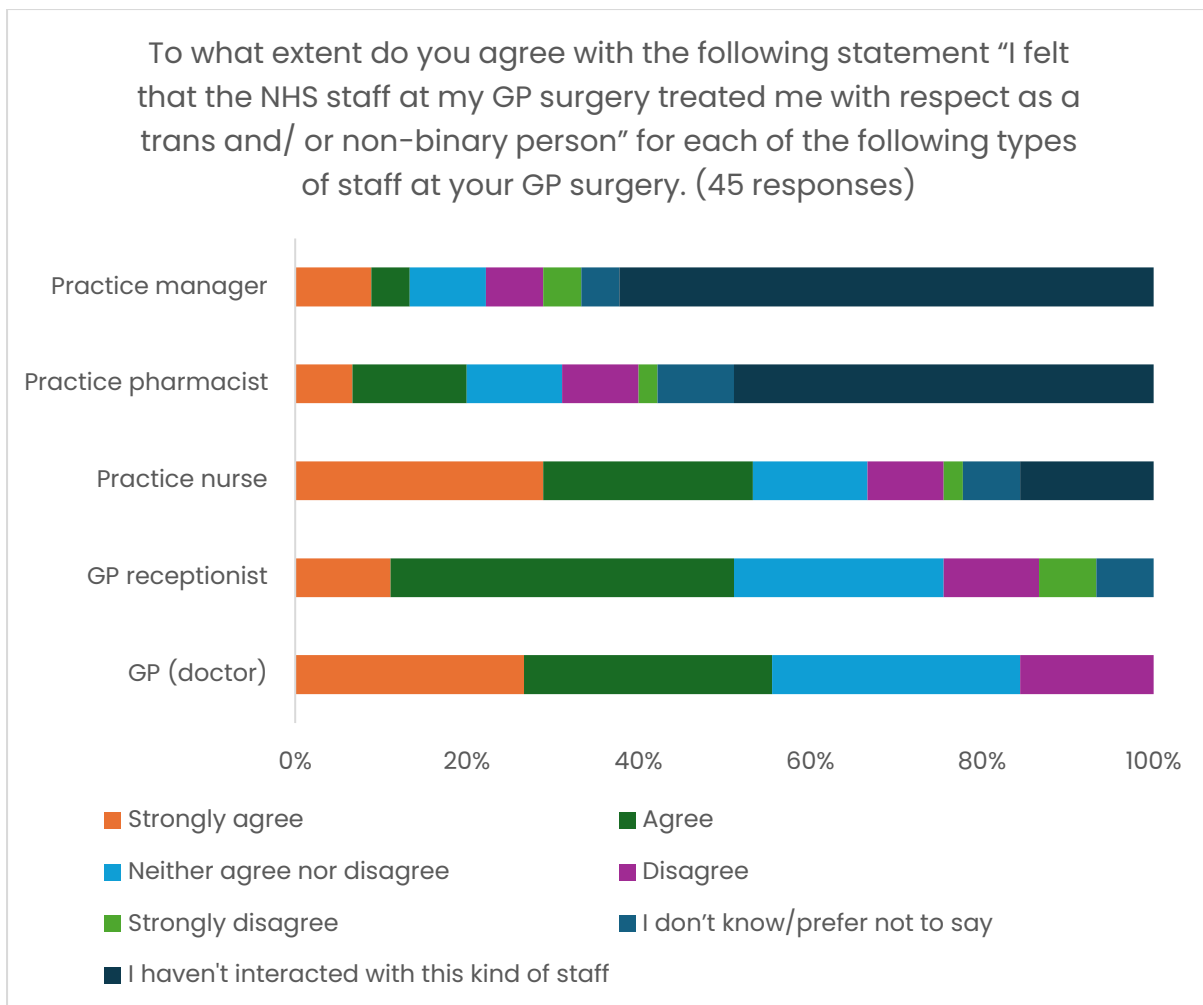


Figure 5: Bar graph showing percentages of responses to the statement “I felt that the NHS staff at my GP surgery treated me with respect as a trans and/or non-binary person” for different GP practice staff. (45 responses)

Accessing gender-affirming care

In England, access to most gender-affirming care for adults is through specialist Gender Dysphoria Clinics (GDCs, formerly known as GDCs). People can be referred to a GDC by a GP or other health professional. People can choose which GDC they wish to be referred to – it doesn't have to be in their local area. It is possible to self-refer to some GDCs, but this usually still requires input from the person's GP.

GDCs make the formal diagnosis of **gender dysphoria** or **gender incongruence** in adults, and prescribe or recommend gender-affirming treatment. This can include gender-affirming hormone therapy (sometimes referred to as hormone replacement therapy, HRT), gender affirming surgery such as genital reconfiguration surgery, facial hair reduction, or speech and language therapy.

These may be offered under a shared care agreement with the person's GP (see more about [Shared care agreements](#) below).

Waiting lists for GDCs are currently well over the national 8-week target.¹¹ We heard about the impact of these waits on their lives, their mental health and their finances.

"I need to wait 6 years to have my first GDC appointment. I have a private diagnosis for Gender Dysphoria dating back to childhood. It's ridiculous that I will walk into my first GDC [appointment] passing as the man I am, beard etc, yet will most likely be asked 'What makes you think you might be trans?' [...] Being on HRT has transformed and saved my life. I contribute to society so much more effectively. I am in long term employment, I am a parent, I am involved in my local community. Denying trans people the support to transition is massively unfair. [...] Put simply when we are supported to transition to who we really are, we thrive."

Some GPs offer temporary bridging prescriptions of gender-affirming hormone therapy to people on GDC waiting lists, to alleviate the symptoms of gender dysphoria while waiting for care. The General Medical Council advises that GPs prescribe bridging prescriptions only where there is a high chance of the patient self-medicating, there is a risk of self-harm or suicide, and the doctor seeks advice from a gender specialist and prescribes the 'lowest acceptable dose in the circumstances'.¹² However, GPs are not required to do so, and we heard from one person who was already self-medicating whilst feeling disapproval from their GP about this.¹³

¹¹At time of writing, [The Tavistock and Portman NHS Gender Identity Clinic website](#) stated that there are over 16800 people on the waiting list and first appointments are currently being offered to people referred in September 2019. There is considerable variation in waiting times for different GDCs – at time of writing, Nottingham Centre for Transgender Health was offering first appointments to people referred in March 2023. Note that current NHS practice is to require at least two appointments to confirm the diagnosis of gender dysphoria before prescribing gender-affirming hormone therapy or other gender affirming care; Nottingham CTH, for example, currently has a 12 month wait between first and second appointments.

¹² [General Medical Council webpage on ethical guidance for trans healthcare](#); [British Medical Association advice on managing patients with gender dysphoria](#)

¹³ People self-medicating may access medication through internet sources, friends or peer support networks. They may access monitoring and information about how to self-medicate safely through online and local peer support networks and harm reduction organisations such as [Dandelion DIY](#) and [Sapphic Bison](#).

“I have experienced negativity towards my self-medication due to the fact that it is not being monitored by a professional. While I understand that it does not follow NHS guidelines, it is a requirement for me to live, and so I cannot stop. And to suggest that I wait over five years to receive the same medication via official channels is absurd.”

Other forms of gender-affirming care that GPs can provide include contraception, signposting, referrals to mental health support or a nutritionist, support with identity documents, and fertility treatment and preservation.

The majority of respondents (30 people, 67%) had sought gender-affirming care from their GP within the last 2 years, including many (19 people, 42%) who had done so in the last 6 months.

People’s ratings for the gender-affirming care they sought from their GP ranged from ‘very good’ to ‘very poor’, though the most common ratings were ‘good’ (10 people, 26%), ‘neutral’ (9 people, 24%) and ‘very poor’ (10 people, 26%).

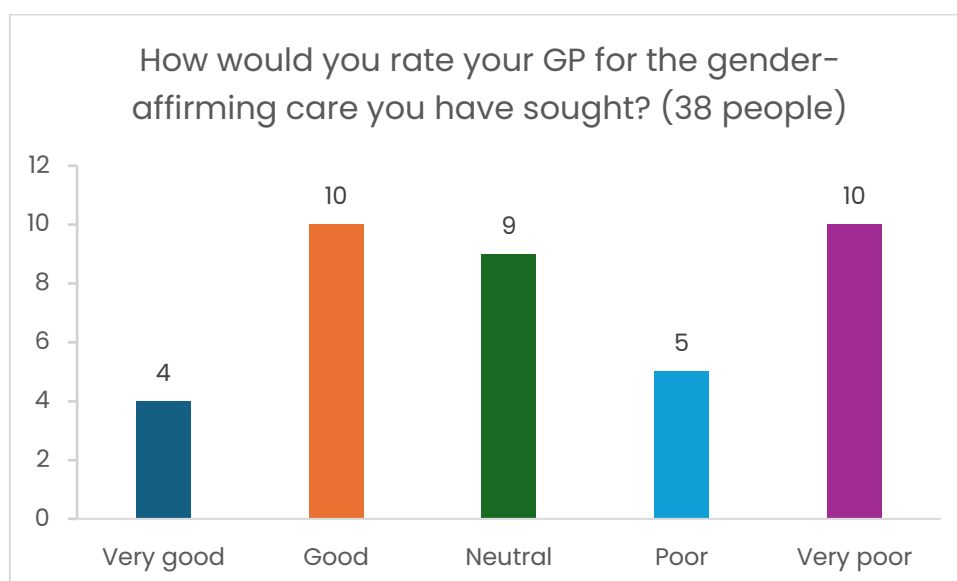


Figure 6: Bar graph showing people’s ratings for their GP for the gender-affirming care they had sought (38 responses).

Reasons for positive responses included experiences with GPs who were compassionate and willing to learn about trans healthcare and gender-affirming care, and who were willing and able to offer bridging prescriptions or enter shared care arrangements with NHS gender dysphoria clinics or private gender clinics.

More negative experiences that people shared with us included interacting with GPs who were seen to not have enough understanding of trans healthcare to provide the care they needed, who expressed bias against gender affirming care, or would not prescribe gender-affirming hormone therapy recommended by GDCs (discussed in more detail below). We heard particularly about the impact this could have on how long people had to wait for gender affirming care. These are discussed in more detail below.

GPs' understanding of trans healthcare

People told us about experiences where they felt their GP did not to have enough understanding of, or confidence or competency in, trans healthcare to provide the care they needed. We heard about examples of people feeling the onus was on them to educate their GP about being trans and the care they needed, or to advocate for themselves.

"GP did not feel qualified to do anything and relied on me to get informed."

"Because he did not feel he had enough knowledge of caring for transgender people. I explained to him the care required. He even refused to prescribe [hormone blocker] as recommended by the GDC whilst I am waiting for my initial appointment (4 years and counting)."

"Receptive to what I asked for/asked about, but I needed to advocate for myself a lot and ask a lot of questions. Low initiative on handling referrals, letter updates, possible things that could be wrong with me. [...] The only slight strange thing is when I interact with a new member of staff who, on finding out I'm trans, usually has a while of expressing some surprise/seems not quite sure what to do with me. [...] I need to be extremely confident interacting with my surgery to make sure I get what I need, as they often seem confused/out of their depth."

One person told us they had been refused help with trans healthcare by their GP.

"In a session with my previous GP, they told me that being transgender was not a medical issue and that the NHS is for medical issues only."

What makes a difference?

We heard that people appreciated GPs who were willing to learn and educate themselves about trans healthcare – both from the patient and from other sources. It also made a positive difference where GPs were friendly, supportive and proactive about finding out more.

“My GP was willing and welcoming, but very inexperienced with trans healthcare.”

“My GP is empathetic and has been proactive in learning about things that are less familiar and chasing up possible avenues for me to receive some specific procedures.”

“My Dr listened, suggested counselling, called round some places but none of them specialised in gender, then made a referral to a gender dysphoria clinic. She was affirming and supportive.”

Accessing gender-affirming hormone therapy

For many trans and gender diverse people, gender-affirming hormone therapy is a key form of gender-affirming care that can relieve feelings of gender dysphoria and increase wellbeing. Gender-affirming hormone therapy may include taking hormone blockers, as well as hormones (often called ‘masculinising’ or ‘feminising’ hormones) that affirm the person’s gender identity. As noted above, it is usually prescribed following a diagnosis of gender dysphoria by a GDC – either directly by the GDC or by a GP – but it can also be offered as a ‘bridging prescription’ while waiting to be seen by a GDC.

Healthwatch England asked respondents about their experience of accessing prescriptions gender-affirming hormone therapy (referred to in the survey as HRT) through their GP. Of the 37 people who had tried to access HRT, a significant number experienced delay. Only 8 (22%) said that their access to HRT through their GP had not been delayed, stopped or interrupted at any point. Six people (16%) said they had been refused a prescription to HRT through their GP, while others told us they were accessing HRT through private health care routes (4 people, 11%). Some people told us they were accessing HRT through other routes, but not through a healthcare provider (5 people, 14%). Another four people said they had experienced delays and disruption to medications, two people (5%) had previously been prescribed HRT but had this stopped, and 8 people (18% of the total of 45 responses) said they had not tried to access HRT at all.

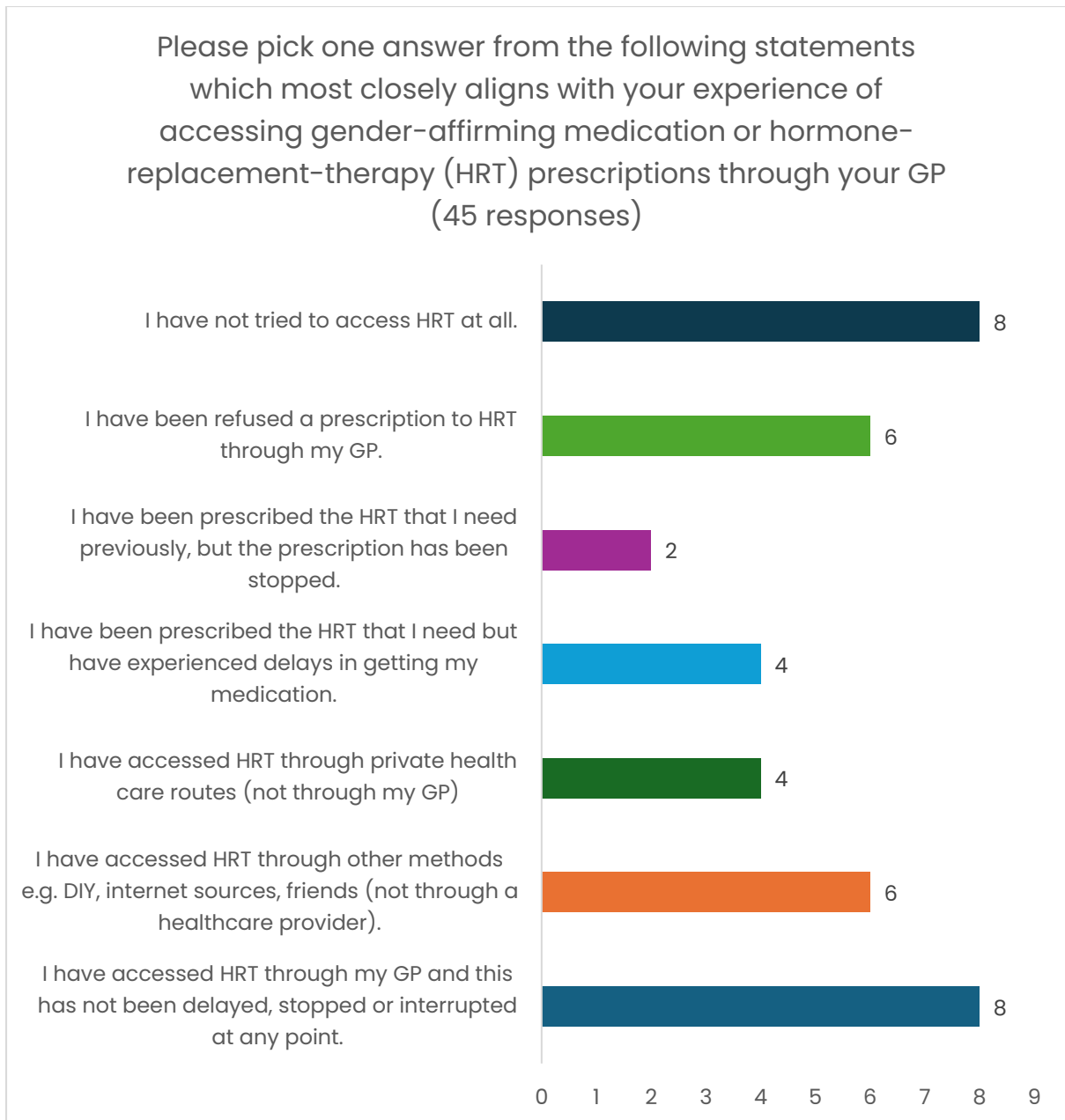


Figure 7: Bar graph showing responses to online survey question about experiences of accessing HRT (45 responses)

We also heard from someone who had been prescribed HRT by their GP in another country but had been unable to get it prescribed after moving to the UK, and someone who said their GP had refused to refer them to a GDC.

“As soon as you ask them to do anything other than fill out a piece of paper they can’t help.”

Shared care agreements

People were asked what reasons their GP gave for not prescribing HRT. Common reasons were around shared care arrangements. Local commissioning guidelines currently recommend that GPs only prescribe HRT for trans people under shared care arrangements with specialists. Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board, which makes recommendations about prescribing and shared care in Oxfordshire, says that “the decision as to whether to prescribe [gender-affirming] hormone therapy is down to individual clinicians” but discourages GPs from prescribing gender-affirming hormone therapy where there is not a shared care protocol in place with the GDC.¹⁴ While some NHS GDCs may offer formal shared care protocols including monitoring blood test results, some do not, instead recommending treatment before discharging patients back to primary care.

People we spoke to in Oxfordshire affected by this included those who had been seen by NHS GDCs, often after a long wait – leaving them essentially unable to access gender-affirming hormone therapy via the NHS. We heard this was particularly difficult for people living in rural areas with less choice about which GP practice they could register with. This left people feeling they had to choose between not accessing hormone therapy, paying considerable, ongoing costs for private healthcare, or facing the costs and potential risks of self-medicating without support from a healthcare provider.

“I was told that GPs were not commissioned for that service and that they were unwilling to prescribe off-licence hormones with no support from BOB ICB. I’ve since been told that they also believed that the GDC would not offer monitoring support for blood tests and recommendations for HRT treatment, which differs from what I was told by the GDC themselves.”

“They have routinely refused to provide prescriptions as recommended by my gender specialists. [...] I was so excited to finally be seeing progress after a 4 year wait only to be stopped at the final hurdle with repeated back and forth between my GP and Specialists trying to argue my case. My mental health has been at its worst since the refusals, including sick leave off work due to mental health issues.”

“[In 2021,] I attended a GDC and received a diagnosis of gender dysphoria (that I’d been on the waitlist for since 2018). The GDC produced a care plan

¹⁴ BOB ICB Medical Optimisation team, pers. comm., August 2025. See [also BOB ICB and Frimley ICB Priorities Committee Clinical Commissioning Policy Statement on Treatments for Gender Dysphoria](#), January 2024.

for prescribing HRT. My GP refused to prescribe on the grounds that the then CCG, now Buckinghamshire, Oxfordshire and Berkshire ICB, didn't commission that service and would not support GPs prescribing off-licence. I was left with no option but to pay for private treatment, until I could no longer afford it. I now buy my hormones online from the same sites that bodybuilders use to get hold of steroids. I don't get blood tests done, which should happen at least once a year, because I can't afford to pay for them."

"My GP seems okay with my identity but was not comfortable with continuing my testosterone prescription without specialist involvement even though I have been discharged by the NHS GDC back into the care of the GP."

"There needs to be more understanding from GPs about patients that are under the NHS GDC. I have had to fight for my prescriptions before as GPs do not understand or respect that the GDC is a part of the NHS and that there is no reason to deny medication that is requested/signed off by a specialist. The GDC website has resources to assist GPs in the care of trans patients and this should be widely known tool. GPs are also able to email the GDC at any time with queries."

For those who choose to seek gender-affirming care from private gender clinics, or to self-medicate, we heard about a wide variation in the extent to which different NHS GPs support people choosing these options. For example, some GPs accept proof of a gender dysphoria diagnosis from approved private gender providers and are then willing to prescribe gender-affirming hormone therapy. Other GPs may offer support to those self-medicating or accessing prescriptions privately, such as through blood tests or performing injections.

People also voiced frustrations about the refusal of some GPs to provide shared gender-affirming care with private providers – with one person noting a difference between their GPs approach to gender-affirming care compared to other healthcare. People who had been prescribed hormone therapy in other countries also noted differences in whether GPs supported continuing care, in some case resulting in having to stop treatment.¹⁵

"I'm annoyed that they don't prescribe HRT to new patients who have private prescriptions, it shows a clear lack of understanding of the struggles trans people go through waiting literal years for NHS gender

¹⁵ See [TransActual guidance on prescribing and continuity of care](#).

care. Many trans people have no choice and are then left with a financial burden getting private prescriptions. I believe that HRT should be bridged for trans people waiting for NHS gender care.”

“They tell me they have no experience and don't understand what to do or how. They can offer no support during the 5 year wait on the GDC waiting list. I am left in limbo in the meantime with nothing or relying on private treatment that my GP won't work with on a shared care basis. They were happy to work with a private dermatologist on a shared care basis because the NHS wait was 1 year and my skin was awful.”

“I was still denied blood testing for private HRT prescribed hormones. They did in the end after receiving a written request from the prescriber, begin to provide 3 monthly blood tests. Prior I had to pay privately for these at a cost of £150+ every 3 months, plus private costs for gender affirming treatment over the last 4 years, whilst awaiting GDC first appt. I have a further 3 years to wait for my first GDC appt. I am now some years into my transition and pay for all my gender affirming treatment privately other than NHS blood testing.”

“I already had a diagnosis from my doctor in the United States and had been on HRT for two years. Despite having copies of all my medical records and prescriptions, the GP would not refill my prescription or help me send blood tests to my doctor in the US. I was instead told to get refills when I returned to the US--this would require monthly trips, as HRT is controlled--or move to a private practice, which I could not afford. In the end, I had to quit taking HRT with no idea when I might be able to begin again.”

The different approaches taken by different GPs can mean that some people experience a 'postcode lottery' in terms of whether or not they will be able to access gender-affirming care through their GP, and moving to a new area can be a source of stress.

“I was with GP who was excellent and was happy to prescribe HRT under shared care agreement. Moved to my current GP who cut me off without warning and now won't even do my routine blood monitoring.”

We also heard that different GPs within the same practice might have a different approach. Some people said they had experienced a lack of clarity or mixed messages about whether their GP would agree to shared care or not.

"I was asked whether I had considered 'going private' for my hormone therapy, at which point I told the GP I would not be comfortable doing so without assurances that a shared care plan would be put in place. My GP responded to this by stating 'We routinely do shared care agreements'. I took this to be a green flag and signed up to become a member at [private gender clinic], only to be strung along by my GP surgery and declined any involvement in shared care. Meaning that I have been left footing the entire bill of my hormone expenses when I had assurances that shared care would be provided."

"They did not agree to shared care; misinformed me about funding for fertility treatment; gave poor, unhelpful, and at times combative answers to questions about their gender affirming care policy."

People also told us about a sense of precarity about the care provided and anxiety about whether or not it would continue, particularly in the context of the increasing scrutiny of gender-affirming care and contestation of trans rights, including the 2024 ban on the prescribing of hormone blockers to under-18s and 2025 EHRC guidance on trans people's access to single sex spaces.

"They decline shared care prescribing however were providing bloods. Last appointment there was a silence after asking why they were doing bloods leading me to believe they will cut this off next time they're due."

"Although my GP surgery does my blocker injections, I have had some negative experiences. At one point my blocker was changed and during the injection appointment the nurse started quizzing me on the operations of [private gender clinic] such as how often I have follow-up sessions with them. I gave her all the information I could, answering truthfully, and I did get my injection. But the interaction made me worry that my GP surgery would stop providing care, especially since this was shortly after the NHS announced it would stop routinely prescribing puberty blockers. When I got home from my appointment I sat in a sort of frozen fear for about an hour and a half before being able to go back to work. [...] the interaction reminded me how precarious my access to healthcare is."

Other barriers and delays

We heard about other barriers and delays experienced by people living in Oxfordshire in accessing gender-affirming hormone therapy, including no or slow responses to questions about shared care, and medication shortages.

“There has been a shortage of [testosterone replacement medication] recently which has meant I have been up to 5 weeks without my shot. This delay has caused me stress as I was concerned my periods may return. Finding my medication became so difficult I ended up switching back to testosterone gel as it was more widely available.”

One person, who chose to go elsewhere, said they had not sought hormone therapy through their GP because they did not want to go through the NHS-approved pathway of being diagnosed with gender dysphoria, which they found degrading.¹⁶

“I was told if I wanted support with transitioning then I would have to go down the NHS route (or if private then GenderCare which operate on their model). I initially agreed then subsequently cancelled my GenderCare appointment before it happened because I didn't fancy going through that process and found it degrading.”

The impact of not being able to access gender-affirming hormone therapy

We heard about the impact of a lack of access to hormone therapy had on people's lives and wellbeing – particularly on their mental health – and the positive changes resulting from finally being able to access this care.

“It made me feel suicidal. I have a history of chronic depression and anxiety, which my GP and the GDC were fully informed about. Trying to fight my complaint through the ICB has left me feeling that my life was worthless.”

“I realise now how bad my mental health was and how I didn't see the future I would book holidays hoping I would make it there but not knowing for sure. I had lots of suicidal ideation during teen up until I realised my gender identity didn't match and finally began to lessen a few months into HRT.”

Those accessing gender-affirming care privately spoke of the impact of paying for their care on their finances, with knock-on impacts of stress and anxiety.

¹⁶ Other countries and providers offer an 'informed consent' rather than diagnostic model of gender-affirming care; see for example, [Cavanaugh et al \(2016\) 'Informed Consent in the Medical Care of Transgender and Gender-Nonconforming Patients'. AMA Journal of Ethics 18\(11\): 1147-1155.](#)

We also heard how lack of support for gender-affirming care could affect people's trust in the NHS and willingness to seek help for non-gender-related concerns.

"I have other mental and physical health needs that do require medication and appointments. I still try to keep engagement to a minimum. I know they're trying with those aspects of my health but I don't really have a trust relationship with them because they've never offered support with my HRT when I most needed it. It's like they sort of ignore the 'transgender part' of me unless I bring it up."

What makes a difference?

People we spoke to in Oxfordshire told us about positive experiences of support to access hormone therapy from their GP. Examples of this included providing bridging prescriptions, accepting shared care arrangements with GDCs or private providers, or supporting people to self-medicate or access private care safely, for example by administering injections or providing blood tests. We also heard appreciation for other forms of gender-affirming care such as providing a supporting letter to enable someone to change their passport.

"My GP does my blood tests, which I give to a private service so they prescribe me my hormones. GP are very good and efficient at doing this."

"GP was able to do what he could, change of name, referral, letter for passport. He has never had a trans patient so is learning."

General health care

People's ratings of the other health care they had sought from their GP practice were generally much more positive than their experiences of seeking gender-affirming care. Over half of people rated their GP as 'good' or 'very good' (27 people, 60%) and only one person rated their GP as 'very poor'.

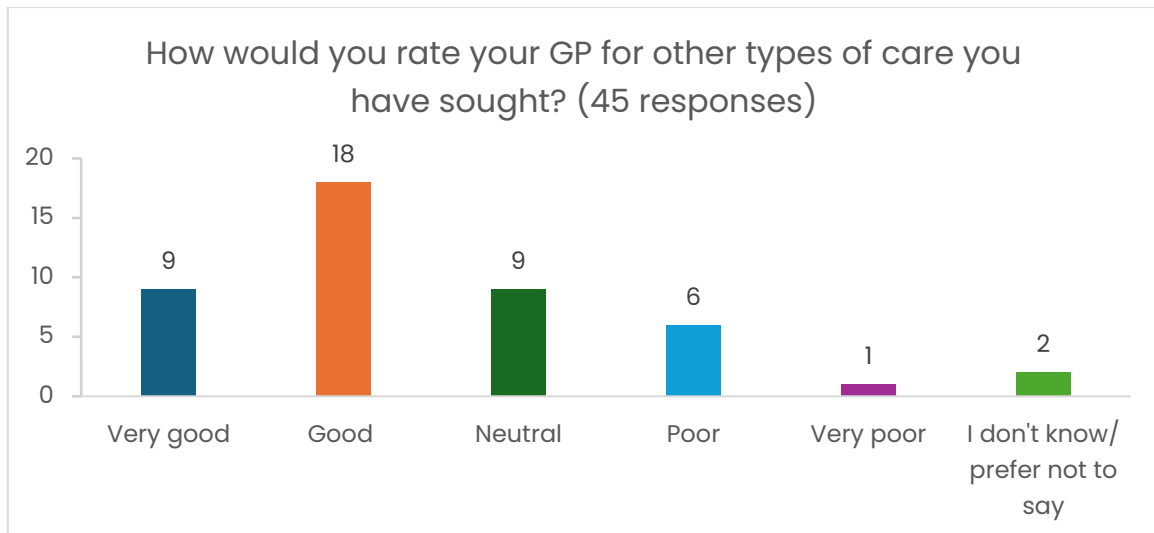


Figure 8: Bar graph showing ratings people gave their GP for other types of care (45 responses)

Comments about other care included similar themes we hear from the wider public, including praise for compassionate, effective care and challenges around accessing appointments and support for people with chronic or long term conditions.

“With other forms of care, my GP has been proactive and efficient.”

“They were very helpful at the appointment that I managed to get, but getting the appointment was a nightmare! Also, for another issue I requested an appointment for, they tried calling me twice during a work day when I couldn't answer, didn't provide a number to call back, and then left a message saying that they assume I don't need their help as I wasn't answering.”

We also heard that a lack of confidence, understanding or respect in interacting with trans people – for example in how to discuss sex assigned at birth with a trans patient – could affect people's care.

“My assigned GP is great but I have had issues with other GPs for emergency appointments or when I can't see my assigned GP. Usually issues around not knowing correct terminology and questioning my use of testosterone. I recently had a GP who was very awkward about the fact that I am assigned female at birth and I could tell she didn't know how to say that to me even though my assigned sex was important due to the nature of the appointment. It just showed that much more training needs to be taken to just understand how to talk to trans people and that we are

aware that we have an assigned sex. On the other hand, I had my first smear test there this year and I felt very safe in the appointment and no dancing around me being a trans man.”

“Despite obvious gendered outfit and clothing and notes on the system, GP misgendered repeatedly when speaking with a colleague about my case within earshot of me. Was dismissive about issues, assuming it was gender/weight related.”

Changing personal details

As part of their gender transition, some trans+ people change their first name, title and/or NHS gender marker with their GP practice. People might also want to request a change in the pronouns used to refer to them by practice staff and in written and verbal communications. Using a person’s preferred name, title and pronouns is a basic gesture of respect and can positively affect their sense of self and wellbeing.

There is currently no standardised procedure for changing your first name or title with the NHS: some GP practices require a legal name change document like a deed poll or photo ID. Some GP practices will not change someone’s title to one that does not match their NHS gender-marker; some GP practices accept Mx as a gender-neutral title.¹⁷

Healthwatch England asked people about their experiences of changing these details with their GP practice.

30 respondents (67%) we heard from in Oxfordshire had changed their first name with their GP practice. Those who had not done so had not changed their first name, or had changed it while with a previous GP practice. Two people said that they had changed their first name but hadn’t told their GP practice because they were not comfortable doing so. Of those who had changed their name, all but one said that the practice staff they interact with ‘always’ used the name they had asked them to use.

28 people (62%) had told their GP practice about a change of pronouns. Reasons for not doing this included not feeling comfortable doing so (5 people out of 17, 29%), or not being sure how to (5 people, 29%). Six people said they had ‘never’ or ‘rarely’ been referred to with the correct pronouns by GP practice staff.

¹⁷ [Primary Care Support England webpage on gender reassignment](#)

Only 13 people (36%) had successfully changed their NHS gender-marker. We heard from five people who had tried to do so but not been successful, and three people who were currently waiting for their gender marker to be changed. The length of the process varied from less than a month (6 people, 35%) to more than a year (3 people, 18%).

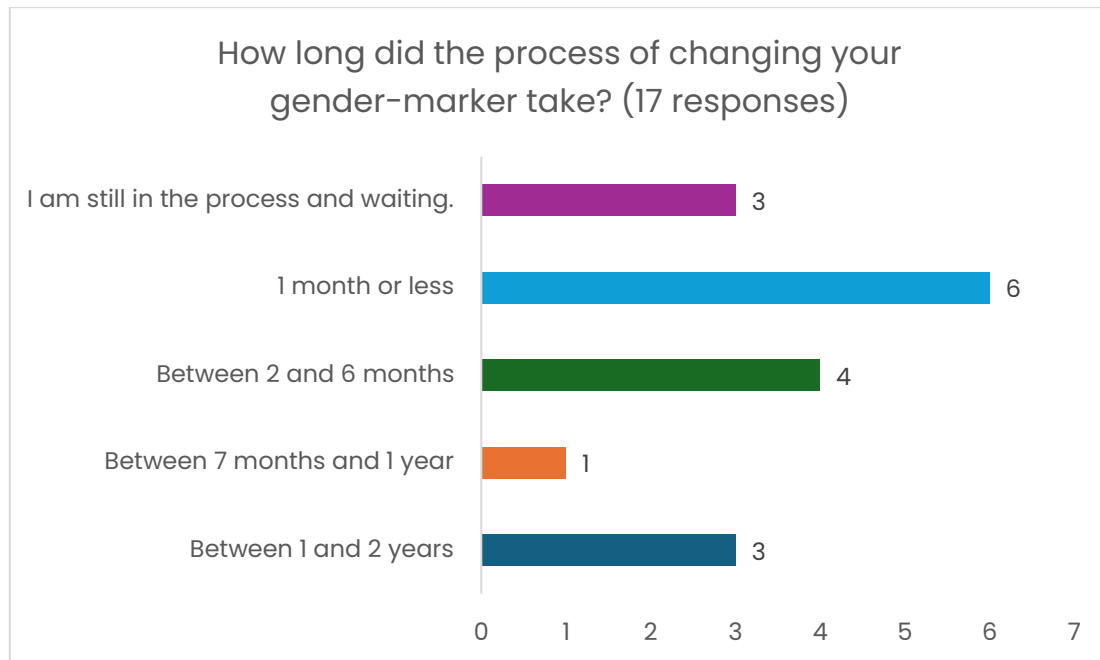


Figure 9: Bar graph showing online survey responses about how long it took to change the person's NHS gender-marker (17 responses)

Delays and barriers

We heard about challenges in making changes to name, title and gender marker, including delays, fatigue from having to remind people, and inconsistencies and errors in records – for example between primary and secondary care settings.

"The GP I was with also promised to set up a new NHS record with my new name and gender but never actioned this, told me they would call me to 'discuss their concerns further' but then never called and never provided any updates."

"I mentioned [my pronouns] but I don't generally point it out as people can be difficult and it's tiring to constantly be having conversations about it."

"You can change your title however the system is not good and it frequently switches back and forth."

“Some practitioners in hospital settings often mistaken or same my name and pronouns incorrectly e.g. using my deadname [former forename rather than preferred name] or not referring to my initially as he/him and needing to be told by myself even though labelled in my document my preferred pronouns.”

Some people were told they were not able to change their title without changing their gender-marker.

“I tried to change my title and was told I couldn't change it from Mr to Mrs without also changing my gender marker.”

Others told us they did not feel confident changing their details with their practice, for example worrying about the impact it might have on their care.

“I just haven't felt comfortable coming out as non-binary in that situation so I'm still treated as female, which is frustrating...not sure I would ever build up enough trust or enough of a relationship with the practice to ever do so given I can't get appointments!”

“I know it's a hassle within the system and I worry that having anything other than the standard in there might impact care as I get older (for instance, get missed out in calls for cervical screenings) and impact my ability to access fertility treatment.”

“Uncomfortable discussing with GP, who seemed unclear whether it should refer to sex or gender.”

“I don't want to have to change NHS number and have a new file. I have lots of other health issues which it would disrupt.”

We heard that some people did not know it was possible to change their details, and had not been offered the choice to do so by practice staff.

“I supposed it was not possible and I could not face being told ‘No, you are a man.’ It has not been offered to me despite presenting obviously femme and being referred to GDC.”

Non-binary people pointed the lack of an NHS gender-marker option that reflected their gender identity.

"I'm trans femme non-binary, on feminising hormones, but I don't feel I'm necessarily a woman? And changing markers to another incorrect one seems a bit weird. Although I feel more close to woman than man. So perhaps I should change."

"I am non-binary and until non-binary identity is recognised in law I would rather not go through the rigmarole of changing my name/gender marker in officialdom. So I haven't tried is the short answer."

"My preferred gender marker is not available, and I decided not to change at all because my assigned gender at birth is more appropriate for some screening that is done based on gender. If non-binary or preferably a no gender option was available, I would change it instantly."

Concerningly, we heard of three instances where people's gender marker was changed without their consent.

"I am happy that my gender marker was changed on my NHS records however I was not informed that this change had been made."

"Enquired about changing it, Practice Manager advised what problems would happen if I did so I withdrew the request to change it. They then changed my gender marker without my consent and I have been unable to access Patient Access or NHS app since, I don't know if it has impacted any ongoing referrals, and I haven't got a satisfactory answer about why this happened."

"My GP changed my gender marker without my consent or asking me if that was what I wanted at the time. I hadn't started transitioning medically and I would have preferred to wait as I was going through health issues and this just made things more difficult to explain to NHS specialists outside of transition related care. I didn't even know my NHS number would be changed due to my gender marker changing so I had two NHS numbers for 9 months whilst they processed it. I also never sent them anything more than my deedpoll."

Impact of problems and delays with changing details

We heard about the impact of being misgendered on people's sense of safety while receiving healthcare, which in turn could affect their willingness to seek help for health problems.

"I required a number of surgeries during the time I changed my gender marker. I received inpatient care at a local hospital. Some of that care was outstanding which I was grateful for. However a small number of staff nurses consistently and quite deliberately misgendered me during my treatment. Despite my male name and male gender on my wrist tags and all my notes. Some of those experiences were humiliating and traumatising. There were a number of times at my most physically vulnerable, post surgery, I did not feel safe. I think a questionnaire for inpatient care could be very useful."

"It is pretty scary to be outed as trans every time I go to the surgery given that I have suffered public harassment and abuse for being trans. I don't think the staff at the surgery really have any sense of this. This process was long and arduous. [...] Quite early on in the process I became ill and developed a cough. I did not contact the GP surgery about this because I was sick of being misgendered. However, the cough lasted 3 months and stopped me sleeping properly for most of that time, very negatively affecting my quality of life."

"It is an exhausting experience which I wouldn't wish on anyone. I have felt utterly disrespected, humiliated and unseen in a lot of my interactions with the NHS, and it makes me want to avoid using the service as much as possible."

"I literally can't use the sign in service at my GP and have to talk to the reception because the automated system can't make these distinctions."

Some people told us about how the process of changing their gender marker had affected their access to and experience of healthcare: for example, four people (22%) said they had lost access to their previous NHS record. Four people had been misgendered in written medical communications and three people had been misgendered in the GP practice.

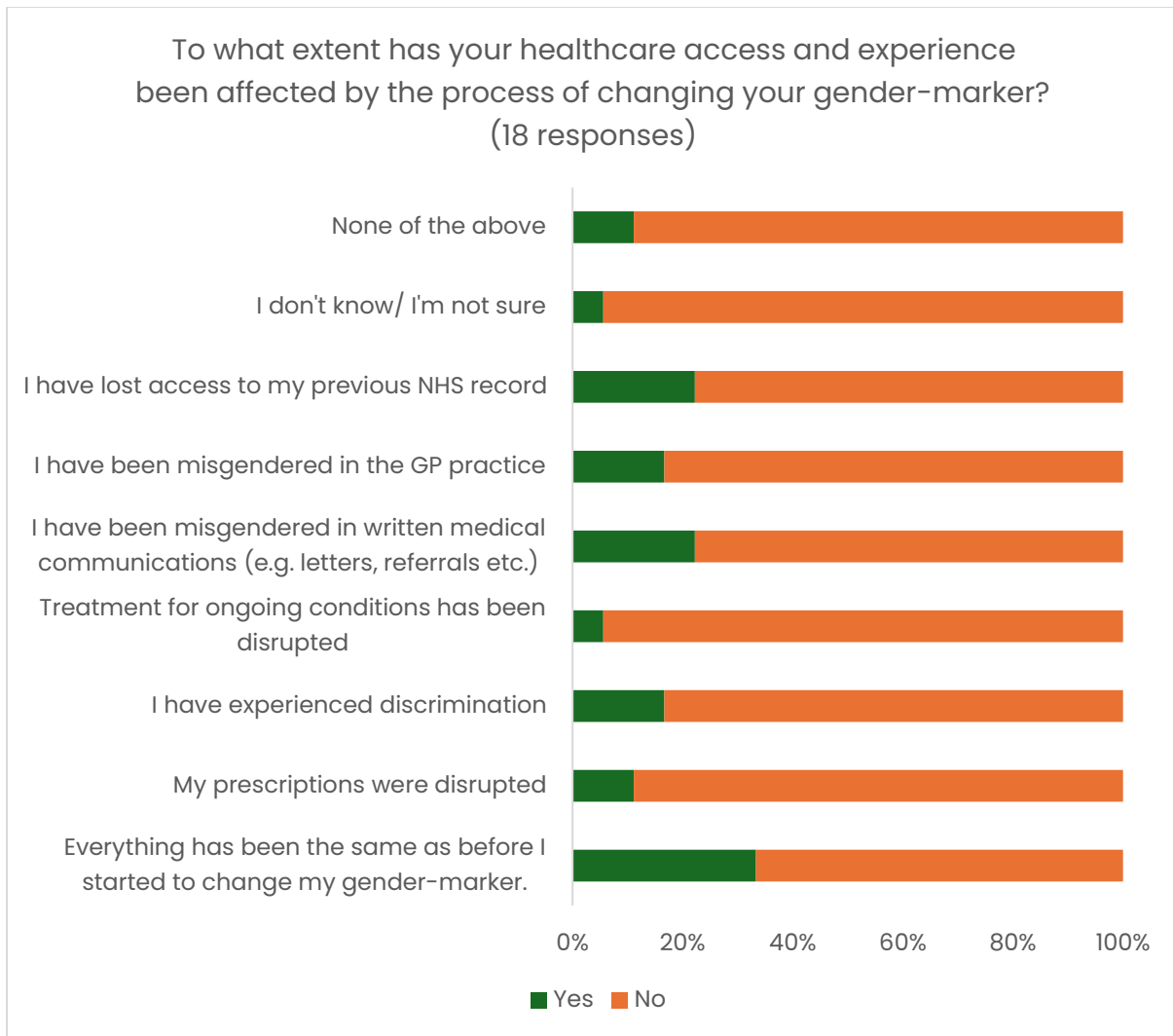


Figure 10: Bar graph showing responses to online survey question about how people’s healthcare access and experience has been affected by changing their gender-marker (18 responses)

Impact on access to screening

People also told us that changing their NHS gender-marker had resulted in changes to their access to the screening they need (for example, cervical screening for people with a cervix). Only two people had automatically been given the correct screening for their anatomy. Others had stopped being offered the screening they needed, had had to chase it, or were not sure what they needed. Two people said they do not access screening because it causes them to feel dysphoric. Several people told us about being invited for anatomy-specific screening that they did not need – which could be distressing too.

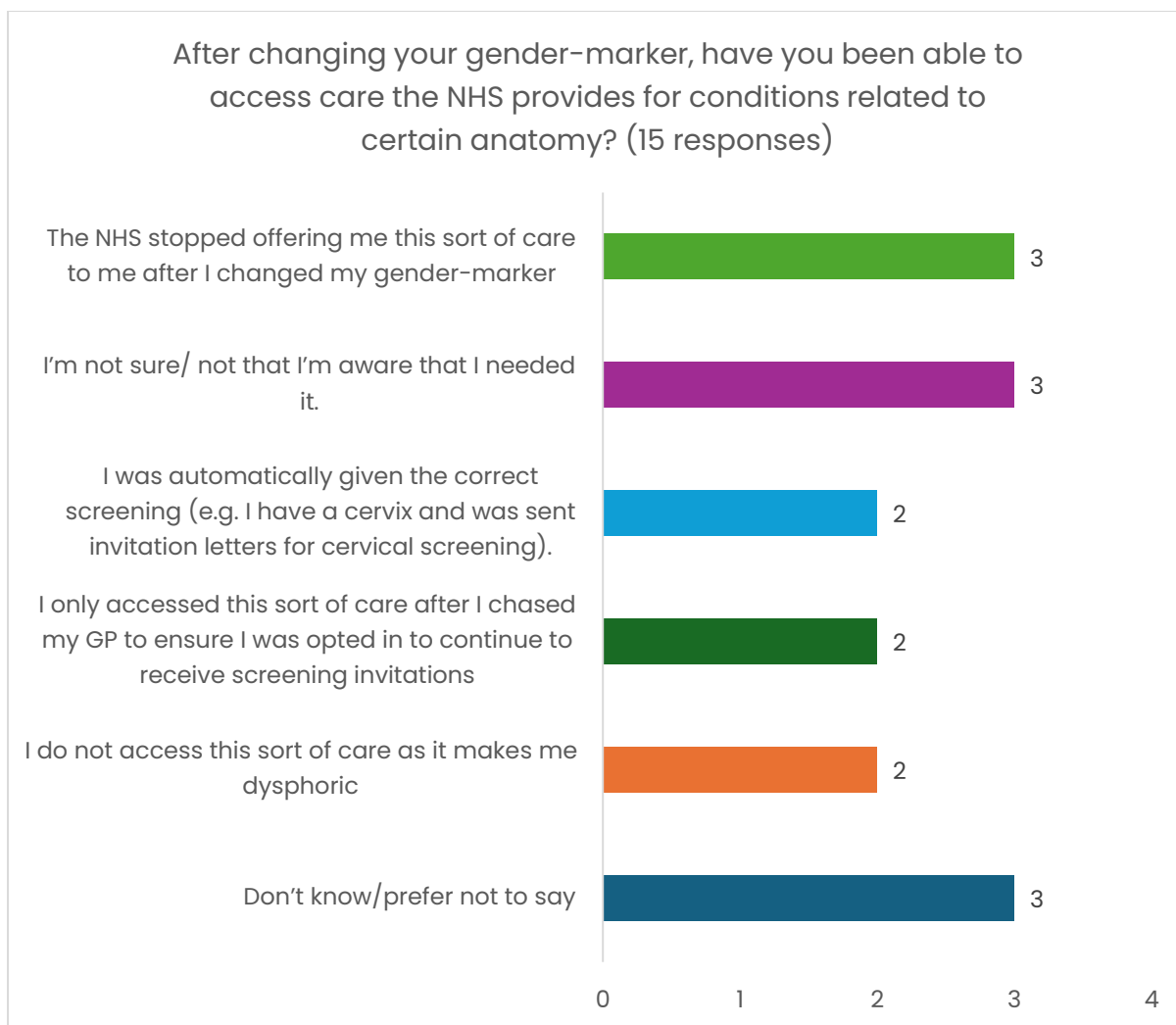


Figure 11: Bar graph showing online survey responses about how access to NHS screening has been affected by changing gender-marker (15 responses)

We also heard that notes on people’s medical records in order to make sure they got offered the screening needed reduced their privacy by potentially ‘outing’ them as trans to anyone accessing their record.

“In order to receive invites for screening my GP surgery has me listed as “Identifies as male.” This isn’t ideal as it outs me to any new medical person I see in the practice, as does the nature of the screening. It also feels somewhat invalidating.”

What makes a difference?

We heard appreciation for staff who went above and beyond to make sure the correct personal details or pronouns were used and that trans+ patients were included.

“The GP manager has made a special effort to adapt the language of their official communications to be more inclusive of gender diversity.”

“We appreciate all the hard work to be inclusive, accepting, patient and understanding. Every doctor has checked my name and pronouns.”

“When I was pregnant, the midwife I was seeing was very understanding around me being non-binary and wrote THEY/THEM in highlighter pen at the top of every page of my paper file to make sure it was visible and avoid misgendering through any upcoming care with others.”

Patient voice

Finally, we heard that trans+ people valued the opportunity to give feedback about their care, as well as a concern that as a small minority it was difficult for them to share feedback anonymously. Healthwatch Oxfordshire provides that opportunity to give feedback to an independent group.

“I think there is a high need for a questionnaire like this for hospital outpatients and especially inpatient care. Feedback forms after discharge do not offer the space to comment. I'm pleased this survey is being circulated amongst our community. There is a massive discrepancy between the treatment available to cisgender vs transgender people via GP Services.”

“I don't want to complain or share feedback about my GP practice because I feel I would be identifiable as a gender non-conforming person.”

Useful links

- Healthwatch Oxfordshire [links and resources for LGBTQIA+ people](#)

Local support for trans+ people in Oxfordshire

- Local events and organisations for trans+ people in Oxford oxfordtransrights.org/trans-in-oxford
- Abingdon Queer Action **@abingdonqueeraction** on Instagram and **@abingdonqueer** on Facebook
- Topaz – social group for LGBT+ young people www.topazoxford.org.uk
- Silver Pride – Age UK events for older LGBTQ+ people in Didcot and Banbury. Contact community@ageukoxfordshire.org.uk or **01235 849434**
- My Life My Choice LGBT self-advocacy group – for LGBT people with a learning disability mylifemychoice.org.uk/lgbt-group

Mental health support

- **Mindline** Trans+ ⇒ **0300 330 5468**
- **Switchboard** LGBTQIA+ helpline ⇒ switchboard.lgbt or **0800 0119 100**
- **LGBT Foundation** ⇒ lgbt.foundation or **0345 3 30 30 30**
- **Oxfordshire MIND** – for information about mental health and services ⇒ www.oxfordshiremind.org.uk or **01865 247788**
- **Oxfordshire Safe Haven** – open every day for people experiencing a mental health crisis ⇒ Call **01865 903037** or email osh@oxfordshiremind.org.uk
- Call **Samaritans** for emotional support on the phone, 24 hours a day 365 days a year by dialling **116 123** free from any phone

National organisations – healthcare

- TransActual – advice on accessing healthcare transactual.org.uk/healthcare-trans
- Terence Higgins Trust – resources on sexual health for trans+ people www.tht.org.uk/sexual-health/trans-people/resources
- Refuge Restrooms: directory of accessible, inclusive bathrooms www.refugerestrooms.org

Glossary

- **GDC** – Gender Dysphoria Clinic – specialist service for gender-affirming care (formerly known as a **GIC** – Gender Identity Clinic)
- **Gender-affirming care** – healthcare that affirms people’s gender identity, which could include things like hormone replacement therapy, genital reconfiguration surgery, long-term hair removal or voice training
- **GRS** – genital reconfiguration surgery
- **HRT** – hormone replacement therapy
- **Trans+** – in this report we refer to trans+ people, which includes those who are transgender, non-binary, or both, as well as those with other diverse gender identities such as agender, genderfluid and genderqueer people.

Appendix 1: In depth stories

“I live in hope”: Story 1

“My previous GP refused to do blood tests to support my private HRT. I moved to my current practice after contacting them and receiving an assurance that they would help. 6 months later, I was again refused. They told me that, contrary to their earlier communication, they would offer no assistance of any kind until I had been seen by a GDC. After that point, they would be only too happy to help.

A year and a half later, I received private GRS [Genital Reconfiguration Surgery]. My GP practice again refused to assist (with e.g. prescribing lubrication gel for dilation), but again told me that this was temporary – once I’d been seen by the GDC, they would provide any assistance they could.

At this point, I heard that a GDC other than the one to which I had been referred had a much shorter waiting list. I contacted them regarding a transfer of referral and was asked to have my GP complete a new referral form. I asked my GP practice to do this. They told me that they would do it, but had made no progress when I called back 2 months later. I ended up completing the form myself on my surgery’s behalf – they just signed and sent it (after another week of chasing).

9 months later, I was seen by the new GDC. At this point I had done everything privately; all that was needed was for the NHS to take over my blood tests and prescriptions. The GDC duly asked my GP to do so.

At this point, my GP surgery said that they would have no role of any kind in my gender-affirming care: any prescriptions would need to come directly from the GDC, and for blood tests, the GDC would need to refer me to an endocrinologist at the Churchill Hospital. I was angry and distressed – for two years now, I had been forced to cajole them to do anything at all, on the promise of actually receiving care once I had been seen at the GDC. Now that I had, they were changing their stance to deny me this incredibly basic help yet again.

I made a complaint, wrote to my MP, and contacted the GDC yet again. It took several months and numerous calls, but eventually the surgery agreed to help me with blood tests and prescriptions. That was 3 years ago now, and I have had no substantial* trouble since.

Nevertheless, I am astounded and outraged at the amount of effort it took me to receive the care that I am due. Caring for transgender patients is incredibly easy: simply take a blood test, check whether the number is within range, and prescribe accordingly. There is no need for GPs to constantly defer, dissemble, and deny their patients such a basic yet essential service, particularly when the waiting list for a first appointment at a specialist clinic is measured in decades.

* my GP practice and pharmacy regularly change my title to 'Mx'. There is no reason for them to do this; I am not and have never been Mx. I have also yet to receive a new NHS number, despite having made my request in 2018. I have a written assurance from the practice manager dated 2021 that both of these issues will be resolved at the earliest opportunity. I live in hope."

"You either have to pay a lot, or you have to do some risky stuff": Story 2

"A few years ago I moved to Oxford and changed GP. One of the first things I did was ask to be referred to the gender clinic. I was aware that waiting lists were multiple years, and I could not wait that long. So in my GP appointment I said, "Look, I'm going to be self-medicating. I would like it if you could provide blood tests so that I can be safer doing it." The GP seemed all right with it and seemed to accept it, but a month later, when it came to actually doing it, I got a call from the receptionist, saying, "Hey, the doctor wants to check that you're having your results checked by a professional." Which hadn't been what I had agreed to. I lied and said, "Yes, I do have a professional," and they accepted that. But I'm planning

on moving away in the next year or so, and I'm scared that I'm not going to be able to get the same thing at my next GP practice.

One of the things that happened in that first appointment that was sort of positive was that the GP said that they could change my gender, which was really great, and I said, "Cool – can you change it to non-binary?" and she was like, "No." For that reason, I haven't changed it, because one, it isn't who I am, and two, if I'm down as female, I'm going to be getting requests for pap smears. If I do it, it's going to give me a worse medical experience. The issue is though, that I won't get called for breast screening. Honestly one of the biggest things that would improve care, not just for non-binary people but anyone who has had prostate cancer, or breast cancer or anything, is for the gender to be simply a label, and opt-in body parts, different body parts, potentially arrays of stuff. Just having estrogen-based or testosterone-based doesn't work. That's one thing I would like to see the NHS change.

In the initial appointment I said that I was planning on starting with Gender GP, and the GP said that they don't like people going with them, and they have other private groups that they preferred, but I looked up the other groups that the NHS were more happy to work with, and they were both significantly more expensive, and seemed to me, at the time, to offer a lower quality of care for the patient – doing what the NHS wanted rather than what would be best for the patient. I was an apprentice [at the time] making £4.15 an hour, so I couldn't afford anything. It's not something I've experienced yet, but I'm scared of it happening – there have been hundreds or thousands of cases around the country, where GP practices have all of a sudden stopped blood testing. Removing that care and claiming that they don't have the necessary qualifications to do it, when they do. It appears to be a very transphobic action – that GPs don't want to deal with trans patients. So it's something I'm worried about happening – that they can always pull the rug out from underneath me.

I haven't changed my name [with my GP practice] because I haven't changed it legally. For me personally, I don't have much gender dysphoria about my name, and I work in a very male-dominated [setting]. Partially I don't feel safe coming out at work, and partially I'll have an easier life by not coming out at work. I'm out with my community, and that's all I need. So I don't plan to change my name with my GP surgery and I don't plan to, partially because I would probably get worse care because of it.

I got on the waiting list [for a Gender Identity Clinic] I think 3 or 4 years ago now, and I realised earlier this year that I'm moving away, and I'm going to be moving away from the GDC. And the one that I'm going to be moving near to, if I had

applied there when I applied for the other one, I would already be being seen. Now I'm hopefully less than 5 years away from it, but it's still slightly annoying. I had a text a couple of weeks ago from Tavistock and Portland [GDC] saying, "often people don't want to be seen anymore after they've not been seen for a few years," and you have to say yes to still being seen, so it seems like they're trying to clear out their lists, which isn't great for people who haven't been contacted in years because they're still waiting. I feel like kicking people off the list shouldn't be a text message, it should be positive confirmation rather than just "you did not respond".

My GP practice has been doing blood tests every 3 months, it comes to my NHS app, it looks to me like the GP does a once-over of all the tests, because Vitamin D has been tested – they do batches of tests, so Vitamin D is tested automatically, and because I had low Vitamin D levels I got called in and prescribed that. The most recent result says 'secondary care follow-up' which I think means I'm meant to show that result to the people monitoring my [hormone] levels.

Initially I was self-medicating, then I started with Gender GP. There have been some really negative things that have happened with Gender GP, both with me and other people's experiences, but it's a safe supply of hormones. It's a relatively expensive supply, and when I was doing DIY it was a bit cheaper, so I'm debating leaving them, but I'm staying with them because it's working, and if it stops working then I'll look at other things.

My medication through Gender GP is posted, it's done from an online pharmacy so I believe they have bigger stock. I have not experienced a lack of supply, except when I forget to reissue the prescription. But I know people on testosterone who find it much harder.

[Question: What improvements would you like to see around support for trans people from GP practices?]

Primarily just providing blood tests to people who are doing DIY to become standard, because they're cheap, they're fast, and it's very hard to get them elsewhere – you either have to pay a lot, or you have to do some risky stuff – and it would be the biggest thing that would help safeguard trans people.

Secondly, providing bridging hormones. As I understand it, if you're expecting to get certain hormones once you're with a GDC, it's providing hormones before that, while you're on the list, because it's recognised that you can't wait that long, and the number of people that die or kill themselves because they can't wait that long is insane.

Other things that would help would be safe needle sources, that would help towards harm reduction. It would also help with people that have drug addiction problems – it's something that would help a large range of people with a safe, reliable supply of needle sources. It's part of how HIV is such a big thing is sharing needles. The last major thing is to be able to not have a title on forms. I don't want any title, my partner doesn't want any title. Having to have something is not nice, and it's not necessary either.

“It feels like a very precarious position”: Story 3

About three and a half years ago, when I first got in contact with my GP, I said that I wanted to be referred to an NHS GDC, but also asked about a kind of shared care agreement with private providers. There's a whole range of experiences of trans people and shared care agreements – I know some people have shared care agreements, some people's GPs are happy to just prescribe while they're waiting but others aren't. My GP basically just said flat out that they wouldn't. I know it's her choice but there certainly are GPs out there who will prescribe. It's a lottery. So that was a bit unfortunate because that means I then have to pay privately for all of my medication, and that's kind of a couple of £1000 a year.

She did look into referring me to Nottingham because their wait times are significantly shorter than Tavistock in London. I don't know what it is now, but the number of people waiting at London, which includes me, is like something like 12,000 people waiting for a first appointment! They see about 60 people a month for first appointments, so if you were to do the maths on it, then basically if you joined today and you went at the back of the queue, you'd be waiting something like 20 years for an appointment! Nottingham was more around the 2 to 4 year mark – still a lot.

So, I asked to be referred to Nottingham, but then my GP got back in touch with me and said that Nottingham would still need my GP to prescribe HRT, which she didn't want to do. She then asked, was it OK if she referred me to Tavistock instead? At the time, I knew a lot less about the NHS than I do now. I don't think I really appreciated the difference at that point so I said that was fine.

A bit after that, I looked at the GDC website and saw that Tavistock don't prescribe the HRT directly either. They also have to have a GP to prescribe it. So the reason for not referring me to Nottingham equally applies to London and Tavistock, but the London clinic can take, like 5 or 10 times longer! To be honest, I don't really understand and that's kind of resulted in me waiting for longer with no benefit at all.

I've been on that waiting list for a bit over three years. It might still be worth asking to change to Nottingham, but I don't know, I just have such low expectations of

any trans healthcare from the NHS that I don't even know if it's really worth it to be honest.

The thing I could do that would probably actually improve my access to healthcare is to try and find a better GP. That would probably be the one likely thing that could actually improve my situation, because there's some people who are very happy to help and try to get involved in shared care agreements with private clinics or help the issue by bridging prescriptions etc. If that was the case, that would at least help in terms of lessening the financial burden and would probably be the thing that would really help the most.

Another issue I've faced is when asking my GP to officially change my name - that was a little bit of a nightmare to be honest.

I asked my GP to update like some of my GP records like name and pronouns at the same time that I asked to be referred to the GDC and so I gave them that information. But unfortunately, the very first thing that they said was, 'oh well some people might not use your pronouns properly'. That was like literally the first thing that they said after taking this information down! It's funny because I think people think that there's this perception that trans people are really sensitive to incorrect pronouns being used for them. And then like people, worry so much, like 'we might not use the right pronouns', but, in reality, trans people, nonbinary people, are used to being misgendered like this. Because that happens sometimes or all the time. That's just part of my life.

The GP practice successfully updated my name, but they didn't get my title right. So, basically, whenever I went in for checkups, they would get my title wrong. I have an agreement where my GP surgery agrees to do my bloods and my injections, but they don't prescribe anything. So I go quite frequently because I have both my blood tests and injections once every three. They have this system where they flash up your name on a TV with your title to tell you to go to your appointment. And so, then it would say 'Mr [name] go to this appointment.' There was this one time when there was just one man in the waiting room who got very grumpy and agitated and checked because he thought he was the only man there. He was confused because there was, like, 'Mr [name]' flashed up on the screen, which wasn't him. Then he was like that's not my name, but there were no men here. And then I stood up and went to my appointment and he was then like 'Oh, it's so hard to tell people with long hair.' It's very weird.

I eventually got on to try to change my title and I tried to update it to Ms. I was actually non-binary at the time I was using that. And I was using the title Mx which is kind of often used by nonbinary people as a sort of gender-neutral alternative

to like Mr and Miss but it isn't used consistently across the NHS as far as I can tell. For example, I've had sick notes before and there's like options for titles and you can only pick one of them and there's not like a Mx option.

I encountered that as well with like organ donation stuff as well. I encountered things like 'We can only use the title, which is on your ID'. It just seems like such a contrast to other services, where updating my name and title is easier. I recently updated my title with my bank and the process was very simple; I rang my bank, I asked them to update my title and they immediately did it and when I went online on my account 5 minutes later, it was updated.

I didn't want to be outed as trans every time I got called to an appointment. Sitting in the waiting room, like, that's quite personal information to me and there's been lots of times when I've got lots of harassment and abuse in public for being trans. I've had, you know, people shout slurs at me, people grab me and all of this kind of crap. So, I don't necessarily want to announce to a room full of strangers that I'm trans just because I am waiting to get health care treatment, which I need.

So basically this nonsense went on for like about 3 months or something last summer where it was just like, very, very tricky to get them to correct my title. And I had a really bad cough at that time, but I just didn't want to go into the GP practice. It wasn't just that your name flashed up on the screen, they then started like shouting at you as well and it was shouting you with your title. It would be like 'Mr [name], Mr [name], go to room X' and it's like, I don't want to keep going through that. I was like, 'Can you please just change my title?' and the message they sent was like, 'Oh, I'm sorry it's so challenging' ...but they're the ones who are making it a challenge!

So that was fun. I eventually managed to change all of my details and then I got locked out of the NHS app because all of my stuff has been moved across. I think technically you can keep the same NHS number if you like, but it's a more complicated process. But generally, if you have that, you have that the gender on your NHS record. In general, you get a new NHS number, which I think is for privacy reasons. You then have to wait for your medical record to be transferred over and wait for them to set up your stuff on that etc... And it's kind of tricky because a lot of communication was via the NHS app. A lot of the communications, they were sending to me, would come through the app so there was a lot of stuff I wasn't getting. I wasn't getting texts because they already thought I could just see everything on the app.

Eventually I could get back onto the app, but I don't know if this is standard across different surgeries, but there is also this thing called Patient Access as well, which

is another online thing where depending on your surgery you can book appointments or other things on this website. Anyway, I managed to go onto the Patient Access thing and the information is just wrong. For example, it's listed as 'biological sex' or your 'sex assigned at birth'. I'm listed as female, but the description in terms of like 'sex at birth' as female is wrong. It's just bad information collection. I don't really know why this has happened and I don't know why it doesn't just say 'your gender on medical record' or something. I don't really know why it's labelled that way. Someone I don't know, who has access to this, would be being misinformed essentially about things such as how my body works, which is not really ideal.

But it's also weird, because when I changed my gender, I was also told they were going to put 'no cervix' on my medical record. I don't know exactly why, but I assumed was so I wouldn't get, bombarded with unnecessary screenings etc... but in reality, what's happened is that I do get bombarded with unnecessary screening invites, which I'm currently trying to sort out. This actually needs dealing with because it's quite annoying. Surely if that information is relevant, like then why wouldn't you use it to not invite me for screenings, but that really isn't happening. What's the point of using the information that I'm trans if it isn't to improve my medical care? If you're collecting information on me so that it's used to improve my medical care, then I'm on board with that. But that's not what's happening.

I have this interesting setup that I mentioned earlier, where my GP basically won't prescribe me HRT. In Oxfordshire, GPs don't need to enter shared care agreements with NHS GDCs, which is not good. Even if I got through this 20-year waiting list, there's no guarantee that my GP would even prescribe based on that.

Interestingly though, they are willing to do blood tests for me, and they are willing to do injections for me and I guess the blood test didn't really require a shared care agreement because I just get my blood results and I kind of send them off myself to my private clinic.

But you can only get the injection prescribed by a private clinic if they know that there's someone who can administer the injection. It's actually not super tricky, and you can learn to do it yourself, but I prefer to get someone else to do it. So, my GP surgery are willing to do the injections, but they're not willing to prescribe. I order all of my drugs online and then I take my like my injection to my GP to administer.

I think it just showed like what sort of lottery or Wild West situation this is. I don't actually know of anyone else who's in this situation because I think it's usually like,

they either do or they don't. A lot of GPs will do your blood test for you, even if they don't do anything else. But I don't know anyone else who has injections where you bring your own injection into the surgery and then they do it for you. That's a really wild situation. But at least they do do something for me, I guess.

At one point the drug that was being used for my injection was changed by my provider. I took the new injection to my GP practice, as I routinely have been doing, at that point they did do the injection, but when I got to the appointment and they were administering it to me, they began quizzing me quite a bit about like it. They were asking me things like, how often do I have sessions with my private clinic. It seemed off. I answered all of these questions, but it seemed a little inappropriate in a session where I'm getting my injection done. I don't think they should be quizzing me about my standard of care while I'm at a nurse's appointment. I feel like if you want to have that discussion, we can have it, that's fine. But it didn't feel like this was like that. It was almost like 'we're going to quiz you about your interactions with your private clinic, an area of medicine which we have admitted that we have poor knowledge of and will not do any prescribing for you, and we're going to try and judge.'

It seemed like they were asking for information to see if everything was sufficient enough for them to continue doing these injections. Timewise, it was also just after the NHS announced it would stop routinely prescribing puberty blockers for trans children, and the medication that I take is technically the same thing as the puberty blockers. It's all just kind of to block your natural hormone. I don't know all of the politics, but it all felt kind of linked. It wouldn't be the end of the world if I had to start doing my injections myself. But it's just like why, when everything is already feeling so precarious, is there just another thing you start getting quizzed about a routine injection.... It just felt off. I did follow up with them later and sent them through my letter from my private clinic, showing that my blocker had changed so that they had some kind of record of it.

It feels like a very precarious position. Which I guess kind of feeds into the stress of it all. Like fundamentally having your ability to have control of your own body just like brought into question and like it's no longer guaranteed. That is very stressful and none of this is going to stop people from transitioning. It's just going to make it more difficult to transition and it's going to make it more dangerous to transition. For a lot of people, it feels scary, to be honest.

Like what if there becomes a ban on my on my blockers? I'm paying £2000 at the minute. I worry that if they get banned and I have to go on holiday every time I want to pick up my prescription, that's going to be more like £3000 or £4000. It would also take time out of my annual leave, it just adds more pressure.

And then what for people who don't have that option because they can't afford to do it, what happens then? People are going to start buying pharmaceuticals directly from like suppliers in India where they don't necessarily care if you have a prescription, you just order from them and they send it, and it's not clear whether that's legal or not.

But that's what people do because people want control of their own bodies. People want to access the healthcare that they need. Like this is it's not some kind of cosmetic procedure, it's not just like some sort of whim. It's a fundamentally vital aspect of who you are and how people interact with you.

The attempted suicide rate is so high, around 40%. One of the one of the main things that can help with that is having access to the health care that you need. It's one of the medical interventions which has the lowest regret figures. I think it's something like 90% of people continue treatment. And in terms of people who stop treatment, it's not necessarily that they regret that. And then you go and look at something like knee surgery and it's like 37% of people regret having knee surgeries - yet we're not forcing people to wait 20 years to get knee surgeries!

Healthwatch Oxfordshire our friendly staff are here for you to help answer questions or give you information on health and care services in Oxfordshire. If you need more information or advice call us on **01865 520 520** from 9-4 pm Monday to Friday

Visit our website www.healthwatchoxfordshire.co.uk (with translation facility) email us on hello@healthwatchoxfordshire.co.uk

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