

TransForum & Building Health Partnerships

# Trans \* Patients' Experiences of their GP Surgery - Annual Survey 2013

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Celebrating 10 Years Tel: 0750 074 1955

**TransForum**  **Manchester**

**TRANSGENDER SUPPORT GROUP & DISCUSSION FORUM**

TransForum Manchester is a discussion group and mutual peer support forum for all Trans\* gender people and those in any way questioning their gender, together with their partners, family, and friends.





## Introduction

This survey was designed to gather information about Trans\* patients experiences of accessing healthcare services from their GP. It aims to build a picture of current healthcare provision by GPs for Trans\* people in Manchester and beyond. The findings will help to inform the work necessary to insure that that GPs are better equipped to recognise and meet the full health needs of their trans\* patients, and commissioners have an understanding of the services they need to commission.

The survey was designed and conducted with the support of The Lesbian & Gay Foundation. It closed on 30th October 2013 after being open for approx. 1 month and in that short time attracted 70 responses.

TransForum aims in 2014 to have the survey open for a much longer period to encourage a higher response rate.

### Trans\*

An umbrella term used to describe the full range of individuals who have a conflict with or a question about their birth assigned gender, and those who are experiencing gender confusion but don't know exactly where they fall along the gender spectrum. Also relating to or describing a person whose identity does not conform unambiguously to conventional notions of male or female gender but who combines or moves between these or identifies as multi- or non-gendered.

## Executive Summary

This survey found that there is still much work to be done in raising the awareness of trans health issues, not just in assisting those who wish to transition to the opposite gender to that assigned at birth, but also importantly their and those Trans\* people not seeking medical / surgical transitions, having their wider and on-going health care also provided in a consistent and respectful manner.

Unfortunately most GP practices are not only totally unaware of the special health needs of Trans\* people, but also misunderstand when dealing with other non-Trans health issues that it is both unnecessary to raise or involve the patients Trans Status, or history and that doing this can cause much distress to the patient.

In accordance with previous studies, it was also found that at best the majority of GPs are ignorant of how to treat and refer Trans\* patients to the gender identity services and at worst are obstructive and discriminatory.

As in past surveys many respondents felt that much more work on the training of GPs and their practice staff was the principal key to improving service provision to Trans\* people.

Survey respondents comments:

*"Uninformed, out of date, potentially dangerous. Unwilling to listen to my own guidance"*

*"My GP ridiculed my face as being typically masculine (following my feminisation surgery). He ridiculed my hair as being receding. He ridiculed my voice as being masculine. He refused to help in any way and offered the advice that I would be putting my health at risk by taking hormones. I left the surgery in tears and decided to kill myself. This was 4 years ago. I have been self-medicating ever since, since this seemed the better option"*

However there were a number of examples of willingness to learn and on-going good practice:

*"GP hasn't had any support from NHS but is extremely willing to learn and hungry for information to help me"*

*"Incredibly helpful. She knew exactly what to do without having to find out and referred me to the local psychiatrist who then referred me on to [name] GIC"*

# Detailed summary of results

## 1. Demographics of respondents

All the respondents identified as Trans\* but 10% identified as not in the standard gender binary. Some respondents (13%) chose more than one identity and 24 (34%) identified as having a non-binary identity. There was also a spread of sexual orientation with 25% identifying as heterosexual.

North West respondents formed 37% of the sample with nearly half (46%) of respondents aged between 40-60 years. Reflecting the average age of transitioning still being over 40. Thus in total 63% are 40+ with 37% less than 40. Just over 50% stated that they had no religion (including atheist and agnostic) and there was no BME representation.

Almost 25% identify as disabled compared with 16% in the UK working population, and 87% identify as carers, which seems an unexplained statistic.

The survey showed that 80% are employed (50%), in full time education (10%) or retired (20%), as too often Trans people have difficulty in retaining or getting employment after transitioning or coming out as Tran\*s; however unemployment is still high at 18.5%.<sup>1</sup>

## 2. Main Survey results

Almost 80% identified the GP practice they use - a high level of confidence in the confidentiality of the Survey. Only 7.0% had been at their current GP practice for less than a year. 58% more than 5 years with 68% having a regular GP. 75% of the respondents were prepared to disclose their gender identity on a monitoring form at the GP surgery (e.g. when first registering there, or when updating details) and an overwhelming 90% would be encouraged to disclose with the right provision of confidentiality and when there is a valid need to monitor. 9% wouldn't disclose their gender identity at all.

There was also a high level of confidence in coming out to their GP with almost 95% having done so, after which 11% encountered a negative response from the GP. 22% received a positive response and 48% received a very positive response. This resulted in a high level of positive comments by respondents. Thus 62% in total were positive but 9.4% were negative and so almost 40% were not positive about the following consultation with the GP after coming out. This is a very brave and difficult move for most Trans\* people and needs the support of a positive and knowledgeable GP.

Over 80% (82.5%) of respondents have discussed transitioning with their GP, and 80% found this positive or very positive! However, less than 50% of the GPs gave good advice

So the community has a great lack of confidence in their GP's knowledge of Trans\* health issues.

Even so it seems that it's the most difficult times when a patient is finally able to discuss their transition or gender identity difficulties with their GPs and other health professionals.

Such as 30% came out in times of stress, 25% in times of counselling and 11% after suicide attempts, 6% after sexual assault or abuse and fortunately 16% at time of Cancer Screening. The comments on this process again showed a great lack of knowledge and understanding of how to help the Trans\* patient at this very difficult time.

It still seems that on average GPs are not making the correct referrals without much pressure from the patient and thus relying on the patient's specialist knowledge.

Unfortunately over 20% of respondents have experienced discrimination, transphobia, homophobia or unfair treatment based on their gender identity from their GPs and / or other members of the GP practice they use.

### Comment

*"I can't think of any other medical requirement where a GP would refuse to find out about the condition in order to be able to write a simple, standard prescription that is part of the standard NHS guidelines. I've also experienced poor treatment from other GPs"*

*"It also seems almost impossible to complain"*

*"No. Complaining is only going to end up with you being treated in an even worse manner, and risks the issue spilling out into the community. The ~TransDocFail campaign holds out some hope, but the BMA takes forever to do anything. The one thing that you can do is go private".*

<sup>1</sup> Ref: Engendered Penalties: Transgender and Transsexual People's Experiences of Inequality and Discrimination Authors: Stephen Whittle, Lewis Turner and Maryam Al-Alami <http://www.pfc.org.uk/pdf/EngenderedPenalties.pdf>

Over 80% of GPs did not refer patients to specialist Trans\* support services including both NHS specialist services and community support networks and resources

Most GPs recognised Trans\* people as such, reinforcing that much of Trans\* people's lives is about acceptance to gain access to services.

Even with these difficulties with their GPs, most (64%) Trans\* people still select their GP practice mainly on convenience, with only 4% doing the selection on "Trans\* support" and informed choice.

## Comments

*"Been registered there since birth; Have been in the surgery for at least 30 years"*

*"I wrote to 5 GP practices and considered their responses"*

*"Only GP surgery in the area (5 miles from home)"*

This lack of informed choice is reflected in the finding that 25% of respondents said that their GP did not meet their patients' needs as a Trans\* person.

## Comment

*"I do not blame the GP themselves, I blame a lack of training in trans issues, and while that should not be my fault I don't really know if it is the GPs either"*

However almost 60% felt their GP Surgery could improve the services offered to its Trans\* patients.

## Suggestion from Survey Respondents:

*"A bimonthly drop-in clinic for health issues specific to transpeople (eg. breast health awareness and prostate care for transwomen, or gynecological awareness for transmen) would be a good idea..."*

*"By having greater awareness of services available to trans people outside of a medical context e.g. signposting to trans support groups."*

*"Work with LGBT Community to offer more joined up services and better information."*

*"There is plenty of good quality equality training available in the region. I think the surgery staff could benefit from attending it."*

There were also examples of good practice:

*"They seem to know exactly what to do"*

*"They did All that is required to make my transition as painless as possible"*

*"They provides info on local support groups, is proactive in trying to deal with problems that have come up due to the mess that is the pathway to care for gender reassignment"*

## Recommendations

The survey has shown that there is still a great lack of knowledge of how to treat Trans\* patients and knowledge of the protocols for this; both in the NHS, GP surgeries and amongst the Trans\* community itself.  
[www.england.nhs.uk/wp-content/uploads/2013/10/int-gend-proto.pdf](http://www.england.nhs.uk/wp-content/uploads/2013/10/int-gend-proto.pdf)

There is also still much Discrimination and Transphobia amongst GPs and their practice staff which needs to be tackled with proper awareness training and knowledge of how to comply with the Equalities and Human Rights legislation, and particularly that gender reassignment is a protected characteristic under the Equality Act.

Therefore our recommendations are:

- ▶ All GPs and their staff to receive Trans\* awareness training
- ▶ GPs to receive training on the current new protocol for Gender Identity Services issued by NHS England for the central commissioning and provision of the service as part of their CPD hours.
- ▶ Training can be done through the e-learning course GIRE (Gender Identity Research and Education Society) have produced and by the Trans\* community itself to help build capacity and co-production
- ▶ Repeating the Trans Study day held in Manchester last December which had 80 participants.
- ▶ Greater collaboration between GPs, practice staff, commissioners and the Trans\* community and referral to its resources as has happened in the Building Health Partnerships project which would greatly enhance the on-going support for Trans\* people
- ▶ Regular running of this survey each year by TransForum to check progress and that the right issues are being addressed.
- ▶ Next survey to try and include a greater proportion of responses from young people and the wider BME community.

# Gender Terminology

Term	Definition
Sex (Biological Sex)	<p>The biological classification of people as male or female.</p> <p>At birth, infants are assigned a sex based on a combination of bodily characteristics, including chromosomes, hormones, internal reproductive organs and genitals.</p>
Intersex	<p>Intersex describes a person whose biological sex is ambiguous.</p> <p>There are many genetic, hormonal or anatomical variations which make a person's sex ambiguous. Parents and medical professionals usually assign intersex infants a sex and perform surgical operations to confirm the infant's body to that assignment.</p> <p>This practice has become increasingly controversial and is being used less often.</p>
Gender identity	<p>Gender identity is understood to refer to each person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth, including the personal sense of the body (which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical or other means) &amp; other expressions of gender, including dress, speech and mannerisms.</p>
Gender Dysphoria	<p>Gender dysphoria is a recognised medical condition in which the distress caused by a mismatch between biological sex (birth assigned sex) and the gender a person feels them self to be, causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.</p>
Transsexual	<p>A transsexual person is someone with a strong and persistent feeling of gender dysphoria. Many transsexuals seek to alter their bodies to more closely match their gender identity by hormones and surgery. Those that have completed the process may not regard themselves as transsexual people but as men and women, having resolved the conflict between their gender identity and gender expression. It is also used by the Equality Act 2010 to define transsexual people as those people who fall within the definition of having the protected characteristic of gender reassignment. The legislation states "A reference to a transsexual person is a reference to a person who has the protected characteristic of gender reassignment".</p>
Transgender (often abbreviated to "trans") and Trans *	<p>This is an umbrella term used to describe a whole range of people whose gender identity and/or gender expression differ in some way from the gender assumptions made about them at birth and the consequent biological sex assigned to them. This applies not only to those who identify as transgender or intersex but to anyone who feels that the gender assigned to them at birth incompletely or doesn't at all describe their own gender identity.</p>
Trans *	<p>Trans* is an umbrella term to describe a whole range of people whose gender identity or gender expression differ in some way from the gender assumptions made about them when they were born.</p> <p>Trans* is felt to be a more inclusive term as it includes all expressions of gender diversity, gender non-conformity, gender queer, agender and non-gendered people</p> <p>The terms transgender people, Trans people and Trans* people can each include, but are not limited to: cross-dressing and transvestite people, trans women, trans men, transsexual men and transsexual women, people with a trans history, people identifying as androgyne, polygender, genderqueer, gender non-conforming, dual gendered, and non-gender identifying people, gender questioning people, gender variant and gender diverse people, transgender people and intersex people and anyone who feels that the gender assigned to them at birth incompletely describes or does not at all describe their own personal gender or non-gender identity.</p>
Cis-Gender	<p>The opposite of Trans gender; that is someone who is NOT transgender and is happy with their birth assigned gender and associated biological sex.</p>
Transition	<p>A trans woman is someone who was registered as a male child and later undertakes the transition to presenting as a woman because she wants to be regarded and treated as the woman she feels inside. Similarly a trans man is someone who was born with female anatomy and undertakes the transition to present to the world as a man. Altering one's gender presentation is not a one-step procedure: it is a complex process that occurs over a long period of time. Transition includes some or all of the following cultural, legal and medical adjustments, telling one's family, friends and/or co-workers, changing one's name and/or sex on legal documents,; hormone therapy and possibly (though not always) some form of surgical gender affirmation.</p>

Gender reassignment	Under the Equality Act 2010, a person has the protected characteristic of gender reassignment if they are proposing to undergo, are undergoing or have undergone a process (or part of a process) for the purpose of reassigning their sex by changing physiological or other attributes of sex. This is a deeply personal process that may involve medical interventions but does not have to.
Transphobia	A fear and dislike of transgender people which can lead to hatred resulting in verbal or physical attacks or abuse.
Gender Expression	External manifestation of one's gender identity, usually expressed through 'masculine', 'feminine', or gender variant behaviour, mannerisms, clothing, haircut, voice or body characteristics. Typically transgender people seek to make their gender expression match their gender identity, rather than their birth-assigned sex.
Gender queer	Gender queer (GQ; alternatively non-binary) is a catch-all category for gender identities other than man and woman, thus outside of the gender binary and cis-normativity. Genderqueer people may identify as one or more of the following: <ul style="list-style-type: none"> <li>● Having an overlap of or blurred lines between gender identity and sexual and romantic orientation.</li> <li>● Having Two or more genders (bigender, trigender, pangender);</li> <li>● Not having a gender (non-gendered, genderless, agender; neutrois);</li> <li>● Moving between genders or with a fluctuating gender identity (gender fluid);</li> <li>● Third Gender or other-gendered; includes those who do not place a name to their gender</li> </ul>

## Local and National Trans\* Support Groups & Trans\* Resources

### Local Resources

#### TransForum-Manchester

Trans Discussion Group [www.transforum.org.uk](http://www.transforum.org.uk) 07500-741955 [jennyannebuk@yahoo.co.uk](mailto:jennyannebuk@yahoo.co.uk)  
Meeting on 4th Saturday of month at 3.30pm at the LGF, 5 Richmond St. Manchester M13HF

#### Butterflies Drop-in Group

Alternate Wednesday afternoons at 2.30 -7.00pm The Joyce Leyland LGBT Centre Sydney Street, Manchester M1 7HB  
[www.butterfliesdropin.co.uk](http://www.butterfliesdropin.co.uk) Liz [mapleleaf65@hotmail.com](mailto:mapleleaf65@hotmail.com) or Jenny-Anne [jennyannebuk@yahoo.co.uk](mailto:jennyannebuk@yahoo.co.uk)

#### NW TransListings

Monthly e-zine of all NW & North Wales Trans\* Resources & Events Free Download at [www.transforum.org.uk](http://www.transforum.org.uk)

#### Manchester Concord

[www.manchesterconcord.org.uk/Mary](http://www.manchesterconcord.org.uk/Mary) [Mary@manchesterconcord.org.uk](mailto:Mary@manchesterconcord.org.uk)  
Every Wednesday Evening 7:30pm Upstairs Bar Villagio's Canal Street, Manchester M1  
Social Group for Transvestites, Cross dressers and Transsexuals

#### Manchester Trans Youth

[www.lgym.org.UK/transweb/index.htm](http://www.lgym.org.UK/transweb/index.htm) LGBT Joyce Layland Centre Sydney Street Centre, Manchester.  
Sally Carr [lgbyouthnorthwest@yahoo.co.uk](mailto:lgbyouthnorthwest@yahoo.co.uk)  
Afternoon TEA every other Sunday afternoon

#### MORF Manchester

The group for Female to Male Transsexuals [www.morf.org.uk](http://www.morf.org.uk) Tel:07786-783298 e-mail [morf@morf.org.uk](mailto:morf@morf.org.uk)

#### TREC

Trans Social group meets on the 3rd Friday evening of the month 7pm at LGF, 5 Richmond St. Manchester M1 3HF  
[www.transcentre.org.uk](http://www.transcentre.org.uk)

#### Press for Change

Political and legal aspects of TG Prof. Steven Whittle MMU [www.pfc.org.uk](http://www.pfc.org.uk)

#### Unique

TG support Group (N.Wales & West Cheshire) e-mail [elen@uniquetg.org.uk](mailto:elen@uniquetg.org.uk)  
Web [www.uniquetg.org.uk](http://www.uniquetg.org.uk) Information Line- 01745-337144 Weekday Evenings 7:00pm-9:30pm Meeting 3rd Thursday 8:00pm  
Rhyl Directions: [www.uniquetg.org.uk/Whereweare.htm](http://www.uniquetg.org.uk/Whereweare.htm)



## National Resources

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### TS Support- mainly Male to Female (MtoF)

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GIRES (Gender Identity and Research Organisation)  
Melverley, The Warren, Ashted, Surrey KT21 2SP 01372-801554  
e-mail [admin@gires.org.uk](mailto:admin@gires.org.uk) Web <http://www.gires.org.uk> Terry & Bernard Reed

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Gender Trust Brighton  
[www.gendertrust.org.uk](http://www.gendertrust.org.uk)

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Gendys Network  
[www.gender.org.uk/gendys](http://www.gender.org.uk/gendys)

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Transsexual UK  
[www.ukonline.co.uk/transsexual.org](http://www.ukonline.co.uk/transsexual.org)

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Chrissy Wilde  
[www.CrissyWild.com](http://www.CrissyWild.com)

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Looking Glass Society  
[www.looking-glass.greenend.org.uk](http://www.looking-glass.greenend.org.uk)

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Sibyls  
Christian Trans\* Group [www.sibyls.co.uk](http://www.sibyls.co.uk) e-mail [enquires@sibyls.co.uk](mailto:enquires@sibyls.co.uk)

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### Female to Male (FtoM)

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GIRES (Gender Identity and Research Organisation)  
Melverley, The Warren, Ashted, Surrey KT21 2SP 01372-801554  
e-mail [admin@gires.org.uk](mailto:admin@gires.org.uk) Web <http://www.gires.org.uk> Terry & Bernard Reed

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FTM Resources Guide  
[www.ftmguide.org](http://www.ftmguide.org)

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QwesT  
National FtM group [www.qwestftmuk.org](http://www.qwestftmuk.org)

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### Support for Young People, Children & Families

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Mermaids  
Families and TG Children & Teenagers up to 19 [www.mermaids.freeuk.com](http://www.mermaids.freeuk.com)

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Gendered Intelligence  
For young Trans people [www.genderedintelligence.co.uk](http://www.genderedintelligence.co.uk)

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TransKids  
Primary School [www.transkids.synthasite.com](http://www.transkids.synthasite.com)

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### Support for Partners and Spouses

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TransPartners UK  
Support for partners & Spouses [www.transpartners.co.uk](http://www.transpartners.co.uk) Tel: 01988 500779 Email: [trans.partners@yahoo.co.uk](mailto:trans.partners@yahoo.co.uk)

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### General Information on Support Groups

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TranzWiki  
Information about groups and organisations around the UK [www.gires.org.uk/tranzwiki](http://www.gires.org.uk/tranzwiki)

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### GIRES and NHS Publications

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NHS publications  
See: [www.gires.org.uk/dohpublications.php](http://www.gires.org.uk/dohpublications.php) for a complete list and download of any or all of the booklets. Includes guidance for Trans people, GPs and Clinicians

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# Appendix 1 Survey Results in Detail

## Part 1 Demographics of Respondents

Gender- Are You?

Gender	Count	Percentage
Female	51	72.9
Male	12	17.1
Other	7	10.0
<b>Total</b>	<b>70</b>	<b>100</b>

10% Identify as not in the standard Gender Binary

Gender identity

Is your gender identity same as at birth?	Count	Percentage
No	70	100
Yes	0	0
<b>Total</b>	<b>70</b>	<b>100</b>

All respondents identify as Trans\*

Do you consider yourself to be within any of the following categories?(please tick all that apply)

Category	Count	Percentage
FTM / trans man	11	15.7
MTF / trans woman	48	68.6
Intersex person	1	1.4
Androgynous / polygender / genderqueer person	9	12.9
Cross-dressing / transvestite person	2	2.9
Non-gendered person	4	5.7
Other type of gender variant person	4	5.7
None of the above	4	5.7
		Total 112.9%

Some Respondents (13%) chose more than one identity and 24 (34%) identified as having a non-binary identity

Please give details of how you identify as a gender variant (GV) person:

Details	Count	Percentage
Not Identifying as GV	67	95.7
Bi-gendered	1	1.4
Gender queer / trans-masculine	1	1.4
Male mentally physically female in looks and actions	1	1.4
<b>Total</b>	<b>70</b>	<b>100</b>

Which of the following options best describes how you think of yourself?

Sexual orientation	Count	Percentage
Lesbian	24	34.3
Bisexual	28	40.0
Gay	1	1.4
Heterosexual / Straight	17	24.3
<b>Total</b>	<b>70</b>	<b>100</b>

A spread of Sexual Orientation that merits further investigation

UK region (based on postcode data)

Region	Count	Percentage
North West	26	37.1
North East	5	7.1
Yorkshire and Humber	2	2.9
East Midlands	1	1.4
West Midlands	5	7.1
East of England	3	4.3
Wales	11	15.7
South West	9	12.9
South East	6	8.6
Greater London	2	2.9
<b>Total</b>	<b>70</b>	<b>100</b>

North West Respondents formed 37% of the Survey

Age

Age has been categorised into approximately five year age groups.  
Nearly half (46%) of respondents were aged between 40-60 years.

Age group	Count	Percentage
Under 16	0	0
16-21	4	5.7
22-25	7	10.0
26-30	7	10.0
31-35	4	5.7
36-40	4	5.7
41-45	5	7.1
46-49	9	12.9
50-55	9	12.9
56-60	9	12.9
61-65	6	8.6
66+	6	8.6
<b>Total</b>	<b>70</b>	<b>100</b>

63% are 40+ 37% less than 40

## What is your Religion or belief?

Religion or belief	Count	Percentage
No religion (incl. Atheist and Agnostic)	34	50.7
Christian (incl. all denominations)	17	25.4
Other	11	16.4
Buddhist	3	4.5
Humanist	1	1.5
Jewish	1	1.5
Muslim	0	0
Hindu	0	0
Sikh	0	0
<b>Total</b>	<b>70</b>	<b>100</b>

Just over 50% stated they have no religion

## Ethnicity- What is your ethnic group

Ethnic group	Count	Percentage
White British	64	94.1
Any other White background	3	4.3
White Irish	0	0
Mixed White & Black Caribbean	0	0
Any other ethnic group	0	0
Any other Mixed background	0	0
Mixed White and Asian	0	0
Asian or Asian British Pakistani	0	0
Black or Black British African	0	0
Any other Asian or Asian British background	0	0
Asian or Asian British Indian	0	0
Chinese	1	1.4
Black or Black British Caribbean	0	0
Any other Black or Black British background	0	0
Mixed White & Black African	0	0
Asian or Asian British Bangladeshi	0	0
<b>Total</b>	<b>68</b>	<b>100</b>

Lack of BME representation

## Disability – Do you consider yourself to be a disabled person?

Do you consider yourself to be disabled?	Count	Percentage
No	52	75.4
Yes	17	24.6
<b>Total</b>	<b>69</b>	<b>100</b>

Almost 25% identify as disabled compared with 16% in the UK working population



## Employment status- What is your employment status

Employment status	Count	Percentage
Employed (Full / Part Time)	35	50.0
Unemployed (eligible for benefits)	8	11.4
Student (Full / Part Time)	7	10.0
Retired	14	20.0
Unemployed (not eligible for benefits)	5	7.1
<b>Total</b>	<b>70</b>	<b>100</b>

The response shows that 80% are Employed (50%), in full time education (10%) or Retired (20%) as Trans people often have difficulty retaining or getting a job after transitioning or coming out as Trans; However unemployment was still 18.5%.<sup>2</sup>

## Carers- Do you provide unpaid care to someone?

Do you provide unpaid care to someone?	Count	Percentage
No	9	12.9
Yes	61	87.1
<b>Total</b>	<b>218</b>	<b>100</b>

87% Identify as carers, an area needing further investigation

## Part 2 Survey Questions

### 1. Which GP surgery are you registered at?

Surgery	Frequency	Percentage
GP Practice NOT Stated by Survey respondent	15	21.4
GP Practice Specific Practice Stated by Survey respondent	55	78.6
<b>Total</b>	<b>70</b>	<b>100.0</b>

Almost 80% identified the GP practice they use - a high level of confidence in the confidentiality of the survey

### 2. How long have you been registered at your GP surgery?

Time registered at GP surgery	Count	Percentage
Less than 6 months	2	3.5
6 months – 1 year	2	3.5
1 – 5 years	19	33.3
5 - 10 years	10	17.5
More than 10 years	24	42.1
<b>Total</b>	<b>57</b>	<b>100</b>

Only 7.0% less than a year. 57.6% more than 5 years

### 3. Do you have a regular GP at the surgery who you see for most consultations?

Regular GP	Count	Percentage
Yes	38	67.9
No	18	32.1
<b>Total</b>	<b>56</b>	<b>100</b>

68% have a regular GP

4. If you were asked to disclose your gender identity on a monitoring form at the surgery (e.g. when first registering there, or when updating details) would you do so?

Disclose gender identity?	Count	Percentage
Yes	42	75
No	14	25
<b>Total</b>	<b>56</b>	<b>100</b>

75% would disclose their gender identity on a monitoring form.

4a. What would encourage you to disclose your gender identity on a monitoring form at your GP surgery?

Factor	Count	Percentage
Seeing evidence that monitoring has been used to improve services	62	88.6
Understanding why this information is being collected	62	88.6
Having trust in the surgery	63	90.0
Understanding the surgery's confidentiality policy	63	90.0
None of the above	0	0
Other	2	1.0

Up to 90% would be encouraged to disclose their gender identity on a monitoring form at the GP Surgery. 9% would not be encouraged to disclose their gender identity.

Other:

"Evidence that the surgery staff are not Homo- / Transphobic"

"If it became relevant to my treatment"

"I wouldn't disclose"

5. Have you ever come out to your GP about your gender identity or gender history?

Out to GP?	Count	Percentage
Yes	54	94.7
No	3	5.3
<b>Total</b>	<b>57</b>	<b>100</b>

Again a high level of confidence to come out to the GP by almost 95%

5a. If "Yes" How would you describe your GPs response?

Response	Count	Percentage
Very positive	26	48.1
Positive	12	22.2
Neither positive nor negative	9	16.7
Negative	6	11.1
Didn't acknowledge my disclosure	1	1.9
<b>Total</b>	<b>54</b>	<b>100</b>

Only 11% negative with 22 % Positive and an encouraging 48% being very positive

Please give details of your GPs response:

Because of the stress I was under supported me to attend a psychiatrist which led to my full transition. She was and still is totally supportive. Wonderful GP.	1
Bemused indifference.	1
Did all he could to help, and the admin staff have been awesome	1
Full support referred me to a Psychosexual therapist after 1st appointment	1
Fully supportive, immediate referral to Gender Identity Clinic.	1
GP had previous experience of trans patients, very understanding and pro active	1
GP was impartial to what I said to them they kept it very business orientated and gave me the info I needed. The secretary on the other hand still refers to me as my female birth name even though I have legally changed my name and shown them documentation to prove so.	1
GP was supportive, and followed up consultation by researching the healthcare pathways involved in transitioning, and set up a referral to a local psychiatrist so that I could then be referred on to a GIC. This was in contrast with my last GP (at another practice) who was unhelpful, telling me that transitioning was a "lifestyle choice". My experiences with my last GP (University Medical Practice, Birmingham) were distressing, and prevented me from engaging with the medical system until I moved out of the area and had a new GP. I first approached this GP in December 2009, after having lived as male for almost 2 years, but it was not until 2011, when I went to see my current GP, that I returned to the medical system and was able to begin transitioning. In this time, I have yet to go to a GIC, in spite of my psychiatrist having referred me last year. This is an experience which I know others in Birmingham have also encountered, and am aware of 4 cases of people self-medicating (who use different medical practices) due to not being able to access treatment on the NHS.	1
GP was very positive in every way, and as help me all the way. Could not have wished for better treatment.	1
Had already transitioned and this was in my notes. Some GPs at practice were "distant" and dismissive; others simply treated me as male. Current GP is tolerant and friendly.	1
Had no idea about new protocols for trans care and initially told me that transgender treatment was no longer funded	1
HAD NO PROBLEM WITH HIM AGREEING TO PERSCIBE FOLLOWING ON FROM LETTER FROM SPECIALIST I HAVE SEENABOUT MY GD	1
Have come out to various GPs from the practice where necessary. Apart from the occasional fleeting look of surprise, they're pretty professional.	1
He didn't know about trans issues, so he learned and called me back a week after, and got everything fixed :) (old surgery. new surgery were very helpful with registering, and allowed me to register without required ID because they understood why I didn't have it)	1
He didn't know what to do - I'm the first he's come across at the very start of transition - so he sent me away for a couple of weeks so he could fully research things. He wasn't negative or unsupportive - just didn't know what he should be doing. At the second appointment he referred me to the GIC and remained supportive. He's even waived the normal fees for me when signing forms so I can get decent photo ID!	1
He is one of the most supportive people I have the privileged to know, he does all he can to help	1
He offered help. Asked what I wanted and since then has continued to be very helpful.	1
He referred me locally but to the wrong place initially. He was very unsure of the process or any knowledge of this area.	1
He said "About time too..... I knew there was some wrong for a very long time...."	1
He was happy to prescribe for my hormonal needs.	1
He was reasonably positive, I think. He said that he'd supported another Transwoman's transition previously, and that it went well. When I mentioned my feelings to him, he said that he was out of touch with current transition protocols, but was willing to read up on it all.	1
Her response that it was years since she'd helped anyone through the process but she would go away and find out who she needed to refer me to and get me referred asap.	1
I am more than a decade post-op and have, of course, been on oestrogen all that time. When I moved to Trowbridge I signed up with the nearest surgery and asked for an oestrogen prescription. My GP declined on the grounds that she did not know enough about my condition to treat me. I sent her a lot of information, but she ignored this.	1

I chose this GP because he already had trans patients so I knew it would be ok. My previous GP in another practice was transphobic and attempted to block everything at every stage of my transition.	1
I had the same GP from birth until age nineteen, GP was very supportive of transition though had little power as I was already under the care of a mental health team and at the time I went to ask for the GPs advice the mental health team were refusing to refer me to a GIC.	1
I had to change GP surgery 2 years ago because the GP at previous surgery was not supportive - The new GP is barely any better - but He's learning	1
I'M THE FIRST PERSON TO DEAL WITH AT THIS GP AS A TRANS PERSON	1
Incredibly helpful. She knew exactly what to do without having to find out and referred me to the local psychiatrist who then referred me on to The Laurels GIC.	1
Initially very supportive and helpful. Things got more difficult when I began asking for specific treatments e.g. Finasteride on prescription.	1
Just took it as part of the treatment	1
My GP doesn't seem to understand the condition!! I feel he thinks it is a lifestyle choice he has referred to me as a 'transgender' on a few occasions. On one occasion I went to see him for a repeat prescription & he outed me to two student doctors without my permission, even though I have a GRC. I left the clinic very upset and in tears, and no longer trust him	1
My GP ridiculed my face as being typically masculine (following my feminisation surgery). He ridiculed my hair as being receding. He ridiculed my voice as being masculine. He refused to help in any way and offered the advice that I would be putting my health at risk by taking hormones. I left the surgery in tears and decided to kill myself. This was 4 years ago. I have been self-medicating ever since, since this seemed the better option.	1
My GP was both helpful and understanding, though this had its limits as my GP was unaware of how to deal with a gender identity issue, but was very happy to do everything he could to find out what steps there were and set me on the path.	1
My GP was very matter-of-fact about my disclosure, since I was not their first trans patient (and my partner, also Trans-identified, was a patient there as well). Also, a significant reason for disclosure was to determine my GPs reaction since I'd had a negative experience at my previous GPs practice, and I wanted to establish their attitude before committing myself to their treatment.	1
My GP was very supportive and wanted to help but my local health authority's position was they had no budget for the treatment of gender identity disorders so advised me to move to another area. I have lived in an FY postcode all my life	1
My GP ihas been outstanding. He's positive, pro-active on my behalf and really empathetic about my situation. I appreciate that he takes the time to really take care of my health as a Trans man, and also how he asks me questions to understand better the care I need.	1
My regular GP is helpful but neutral. The GP I first saw was positive	1
She didn't really know what to do as in terms of referring me to the correct people as she said she has never seen a Trans* person from the beginning of the process, so she sent me away for 2 weeks while she researched it. She was positive though and said she would do everything she could to help, which she has done.	1
She was understanding but apologetic as she hasn't had much experience with trans* people, but was respectful and caring and tried to use the pronouns I am comfortable with	1
The original GP was very matter of fact, and identified this as the core cause of the depression I had presented with, but subsequently he wouldn't prescribe cross-gender treatment.	1
They got confused and then cold.	1
Told me she knew little of what the next step was but soon found out.	1
Totally accepting. This was not my experience with the previous surgery in approx. 1985.	1
Very helpful and has always been there when I've needed them.	1
Very supportive, discussed the options, referred me on	1
Very Understanding and helpful	1
Was treated as quite ordinary/normal	1
Welcoming & accepting to see me.	1



When I first went to GP regarding Gender Identity, the initial GP, although referring me to mental health straight away, was not very supportive otherwise. The GP I subsequently saw was great. So I always now ask for him. He loves that fact that I've chosen him as my regular GP as he sees the experience as a new thing to learn and finds it very interesting and has been extremely helpful and supportive. Apparently I am the only trans person at this surgery. The receptionists and nursing staff are very curious and helpful too.	1
When I registered I had just had my vaginoplasty and obviously the GP was involved in post-operative care. In any event since I could not sit without a doughnut cushion, the GP was bound to ask why, so there was little point in hiding it even if I had wanted to, which I did not.	1
Whilst not having detailed knowledge of Gender Dysphoria my GP was very helpful and was not offended when I placed all the literature the NHS provide for patients and GPs on his desk. After our consultation he immediately referred me to the local Mental Health department for assessment, which after some time has led to me attending the Charring Cross Clinic. Throughout this period he has been helpful and responsive and chased other departments when I thought they were dragging their feet. Also he has arranged the various blood tests without question.	1

Many Positive comments

5b. Did your GPs response influence the consultation?

Influence	Count	Percentage
In a positive way?	33	62.3
In a negative way?	5	9.4
Neither in a positive nor a negative way?	15	28.3
<b>Total</b>	<b>53</b>	<b>100</b>

62 % positive but 9.4% were negative and so almost 40% stated that disclosing did not have a positive influence.

5c. [Respondents who didn't come out] Please explain why not:

Because I was referred to a psychologist by my doctor. My doctor told me he is the top man and everyone else is under his umbrella. I saw this as an opportunity to get well and told him my identity and he laughed at me and then went on to talk about lesbian sex and about a lesbian movie he had watched. Put me off ever telling anyone again. I am not even a lesbian I am male born into a female body and that is what I told him. He made light of it whilst he was laughing and told me I could wear my hair short etc. and that it is worse for M to F. I was horrified by his attitude.	1
I'm still almost entirely in the closet, and I'm struggling to pluck up the courage to come out to friends who I know are LGBT- friendly, let alone to a relative stranger whose views I know nothing about. Also, so far it hasn't been *too* relevant - the small feeling of mismatch I get when they very occasionally refer to me as a 'young woman' (etc.) is, at the moment, still more comfortable than the possible rejection and confusion that might result from me coming out to my GP.	1
So far it has never been relevant. I am non-operative, with no immediate desire to move towards any medical intervention regarding my gender identity. I tend to present using my birth gender for most non-social occasions - no need to unnecessarily complicate life! In the event of it becoming relevant to my health treatment, I would have no problem with discussing my gender identity with medical professionals.	1

6. Have you ever discussed any part of the process (including thoughts or actions) to change from the sex you were assigned at birth to the gender you identify with now, including non-binary gender presentation, with your GP?

Discussed process?	Count	Percentage
Yes	47	82.5
No	10	17.5
<b>Total</b>	<b>57</b>	<b>100</b>

82.5% have discussed with their GP

6a If "Yes" How would you describe your GPs response?

Response	Count	Percentage
Very positive	24	51.1
Positive	14	29.8
Neither positive nor negative	8	17.0
Negative	1	2.1
Didn't acknowledge my disclosure	0	0
<b>Total</b>	<b>47</b>	<b>100</b>

80% positive or very positive

Please give details of your GPs response:

After a number of appointments at the GIC, I was diagnosed as having gender dysphoria and the Clinical Director wrote to my GP requesting that I be given specific hormones. Meeting with my GP, we discussed the reasons, risks and required monitoring, which I already had at the GIC, and he was happy to prescribe and continue to provide monitors.	1
After he learned he sorted referrals quickly	1
After phalloplasty my GP was interested.	1
After the psychiatric report that I was a woman put me hormones and supported me through my consultations at Charring Cross Gender clinic. Supported me in having an operation in Thailand and has been there for me. Didn't know very much when I first told her about my condition but immediately read up on the subject. Answered all my questions or found answers for me. Also supportive to my partner Claire.	1
Again my GP was happy to help, but lacked the knowledge of how to do so, and as a result had to find out which slowed the already long process	1
Already in the process of doing so, so he had little choice but to continue	1
Extremely supportive	1
Fully supportive throughout transition and after	1
Had difficulty getting hold of Sustanon - which is licensed for FtM trans men and went to GP. He let me choose a different product which was similar but not officially licensed for FtM trans men. He allows me to lead on what I need	1
He is one of the most supportive people I have the privileged to know, he does all he can to help	1
He mentioned a few of the things I'd need to do (name change etc.), but he reiterated that he didn't really know how the process worked at the time.	1
He said There would not be any problem about my change of gender in this surgery	1
He said he would refer me at the time and would get further advice. Things were stalled by the PCT refusing funding until I sent an email to CEO of the PCT. He still requires the expertise from the GIC.	1
He was very quick to offer to change the practice's records so I could present how I wanted.	1
He's supportive - isn't experienced in transgender issues but is fully supportive that I be and become who I am.	1
I registered my change of name at the GP and at my first appointment with GP the doctor congratulated me for going forward	1
I was already living full-time in my preferred gender presentation and had already decided on the treatment I required to complete my transition. All my GP had to do was continue to supply my established treatment.	1
My GP has always been very supportive and positive about all aspects of my transition, she was excited when I started testosterone and pleased for me.	1
My GP has been so brilliant. She has been open to listen to what I have to say, asked how they can help support me, and actively helped manage my mental health.	1

My GP has supported my change in every way and has been very encouraging; she has pushed through my referrals.	1
My previous GP could not have been more helpful.	1
Note - I am referring to GPs from over 20 years ago (I transitioned a long time ago)	1
Referrals in to the relevant services were dealt with promptly and professionally	1
See above. The practice was very reluctant to prescribe or to arrange a blood test for me. The blood test was something my GIC eventually had to basically order them to do.	1
She straight away applied for me to see a Gender Specialist.	1
She was amazing and very supportive could not have asked for more	1
She was kind and respectful and wanted to help but didn't have a clue what to do.. I mentioned a referral to a GIC and she said well couldn't my CBT therapist do it? I have been passed from pillar to post.	1
Supportive and he made time to read up on the subject as well.	1
Supportive but limited.	1
This was a different GP, Doctor Helen Payley at Chelston Hall Surgery, Devon. She said she was 'not surprised' then arranged for me to see someone else to determine whether or not I could take things further. I felt a little dismissed.	1
Very encouraging	1
Very helpful and understanding	1
When I 1st asked for a sex change, my GP asked me some brief questions then refereed me to NHS Private for consultation back in year 2000. Nowadays I'm with a private practice. Follow up consultations were trouble free. One GP allotted me double time consultations, but I'm not one who needs long talks.	1
With the current surgery, just some discussions about how things are going on hormones, so not a lot to be positive or negative about!	1

6b. Did your GP provide you with good information and guidance on transitioning?

Provided info and guidance?	Count	Percentage
Yes	21	45.7
No	25	54.3
<b>Total</b>	<b>46</b>	<b>100</b>

Less than 50% gave good advice

If "No" to Question 6 on Information and guidance, Please give details:

At all times, no matter how helpful the GP (and I speak of several) wanted to be they did not have the understanding and information to progress what I asked for. In all cases I have had to explain, suggest what I wanted to happen, provide general information and references for them to research, and provide medical contact details for them to refer me for further assistance.	1
By his own volition his knowledge was hazy on the subject and had little experience in this field, therefore referred me to those who would provide this guidance.	1
DID NOT ASK FOR INFO OR GUIDANCE	1
Gave me no information though I had already done research	1
GP did not know how to help	1
GP is learning from me, not me learning from him. GP hasn't had any support from NHS but is extremely willing to learn and hungry for information to help me.	1
Had no idea about new protocols so was giving me old information regarding treatment	1
He didn't know much about it having never dealt with it before - but we had researched it already and after time to crib up he's made the necessary referral to GIC.	1

He didn't know enough himself	1
He had no expertise in this area. As far as I'm aware there are no NHS leaflets for this at the surgery.	1
He has always taken his lead from me.	1
He said he was lacking in knowledge of the current transitioning protocols, and would be guided by the GIC's advice.	1
He was fairly ignorant of the process, and would not consider prescribing cross-gender hormones as they were off license. The practice's policy did subsequently change after some considerable pressure from me.	1
I did not and still do not expect GPs to do things that even specialist consultants do not do. From heart surgery to sex reassignment, UK consultants leave patients in the dark. We just muddle through and try talking to others who have relevant knowledge. Formally established disease management for patients just doesn't exist. This is something a successful IT programs should & would have provided.	1
I had to tell her what I wanted although she had dealt with two other patients they had not been as prepared as I was.	1
I provided the GP with many of the next step Guidance and to the NHS routes.	1
None	1
Not necessary	1
She knew less about the process than me, but she did check with me so I got the feeling that had I not been educated on the matter she would have helped me find the information.	1
She was kind and respectful and wanted to help but didn't have a clue what to do.. I mentioned a referral to a GIC and she said well couldn't my CBT therapist do it? I have been passed from pillar to post.	1
The doctor sent me to a specialist, but I really didn't know what to expect. I don't remember her asking me any questions, I just felt very quickly passed on to someone else.	1
There were a lot of expressions of support etc. but very little concrete help.	1
Uninformed, out of date, potentially dangerous. Unwilling to listen to my own guidance	1

The respondents' comments indicate a great lack of knowledge of Trans\* health care among their GPs.

6c. If "No" to Q6 please explain why you felt you could not discuss transitioning with your GP.

Again, it hasn't been relevant - currently, the only steps I've taken to transition have been non-physical, non-permanent things, like dressing in a more masculine / androgynous way and changing my haircut to a more gender-neutral look. At the moment, I don't want to make any physical changes that would require me to visit a doctor, so it hasn't been necessary to discuss it.	1
Because I was already fully transitioned when I got here.	1
Because I would have to tell my doctor plus I don't have a network of people supporting me. I feel alone in this.	1
Have already transitioned he describes me as one of the 'best Transgender's he's seen'	1
I'd already transitioned quite a number of years before I became his patient.	1
No reason to	1
Please see my previous answer. To say my GPs response was negative is an understatement.	1
So far not relevant. I am a member of several transgender support Organisations. I feel that my GP probably knows less about gender identity problems than I do, so until I require any treatment that has relevancy to my gender identity there is no good reason to discuss these matters with my GP.	1



They all claim lack of knowledge and rely on gender clinic specialists or endocrinologists to prescribe cross sex hormones, on a shared care basis. I was self-medicating when I first when to a GP. He didn't want to put me onto a safe NHS HRT regime because he had no experience in this matter - I continued to self-medicate with his knowledge but without him taking any responsibility for my HRT regime. Hence I changed my GP surgery.	1
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Lack of confidence in the GPs Knowledge

7. Have you ever discussed your gender identity with your GP at any of these points, or when talking about any of these issues? (please tick all that apply)

Point or issue	Count	Percentage
Sexual Health/STI screening	5	7.1
Stress	21	30.0
Counselling/Mental Health and Wellbeing	18	25.7
NHS health check	9	12.9
First consultation with GP	46	65.7
Registration at the surgery	10	14.3
Other	4	5.7
Suicide	8	11.4
Cancer Screening	3	4.3
Diet/nutrition	7	10.0
Hate crime or incident	2	2.9
Drugs and Alcohol	2	2.9
Smoking	3	4.3
Sexual Assault/Abuse	4	5.7
Breast / Cervical / Prostate / Aorta screening	11	15.7

Other: "Already on the computer screen (as Transvestite)" "Cholesterol management" "Referral to GIC"  
"Told doctor about self-medication with hormones"

8. If you have gone through, or are currently going through, any part of the process to change from the sex you were assigned at birth to the gender you identify with now, has your GP referred you for any of the following services / procedures? (please tick all that apply)

Service/procedure	Count	Percentage
Correct referral for Diagnosis / Counselling / to a Gender Identity Clinic	36	51.4
Shared care with GIC / Private Practice	17	24.3
Endocrinology / Hormone Prescription	26	37.1
Referral for facial hair removal (if applicable)	3	4.3
Referral for voice therapy (if applicable)	9	12.9
Referral for voice surgery (if applicable)	1	1.4
Referral for chest reconstruction or breast augmentation	4	5.7
Referral for genital surgery	6	8.6
Referral for genital hair removal (if applicable)	0	0

Often Much Patient pressure is required for correct referral

9. Has your GP ever assumed that you were not Trans\*?

Assumed not trans?	Count	Percentage
Yes	6	10.9
No	49	89.1
<b>Total</b>	<b>55</b>	<b>100</b>

Further research is needed to be able to draw any definite conclusions

9a. If "yes" Please give details:

AS I SAID BEFORE	1
He knew from the beginning. It was GP himself, who I gave my name change document.	1
I'm not quite sure what you mean by this question. My GP made an appointment with a psychiatrist and from the report she was totally supportive.	1
She did not assume but she did say I did show all the signs of being trans when we first met	1
Unable to answer as the meaning of "trans" is not defined in the question. I am very uncomfortable with the term trans and now 3 years after transition simply define myself as a woman.	1

10. Have you ever experienced any form of discrimination, transphobia, homophobia or unfair treatment from your GP or other member of staff at the GP surgery based on your gender identity?

Experienced discrimination?	Count	Percentage
Yes	12	21.4
No	44	78.6
<b>Total</b>	<b>56</b>	<b>100</b>

Over 20% have experienced discrimination transphobia, homophobia or unfair treatment.

10a If "Yes" please give details:

As mentioned before being referred to as a 'transgender' And having my gender identity disclosed to two student doctors without my permission	1
Back room staff can be a bit homophobic	1
Diagnostic overshadowing, putting a lot of my medical (fatigue and headaches) problems down to my HRT, which is not true, but I can't seem to get them to try anything else.	1
I registered my new name which include the title Ms , the receptionist entered the title Mx which stands for mix , meant to be a gender neutral title but I find this offensive	1
I was told by the receptionist that they couldn't change my gender marker or title on the system until I had had full gender reassignment, so I just asked a nurse to do it in an appointment and she did.	1
Incorrect pronoun use	1
One doctor who has since retired referred to me as "she" and was patronising and abrupt. He also referred to my MTF (post op) partner as "he" and we wrote a letter of complaint to the surgery. This was some years ago (probably 10 years). Since that time all members of staff have been courteous, if not friendly.	1
Only first GP I saw who referred me to mental health. He told me I looked strange. I wasn't impressed, but have refused to see him since	1
See above RE secretary	1
See above. I can't think of any other medical requirement where a GP would refuse to find out about the condition in order to be able to write a simple, standard prescription that is part of the standard NHS guidelines. I've also experienced poor treatment from other GPs, but this survey appears to be about my current GP.	1
see previous answers	1
They argued with me about whether I could have my hormones, for no good reason	1

10b. When you experienced discrimination, transphobia, homophobia or unfair treatment from your GP based on your gender identity, did you feel that you could do anything about it? Please give details:

As above. In addition, my partner and I have both gone out of our way to be friendly to staff and tell them about other experiences we have had in shops, with Student Loans etc.	1
I can now, I talk them into submission	1
I intend to complain about the title change next time I attend the doctors	1
I just had to argue back.	1
I wrote to the clinic and to my local PCT	1
It was very early stages, I didn't know the law and it seemed pointless to do anything about it	1
No,	1
No, it was too upsetting and humiliating to go back.	1
No. Complaining is only going to end up with you being treated in an even worse manner, and risks the issue spilling out into the community. The TransDocFail campaign holds out some hope, but the BMA takes forever to do anything. The one thing that you can do is go private. Thank goodness for Richard Curtis.	1
Nope, don't have the energy to fight it due to fatigue issues.	1
Nothing but complain about it	1

11. When you registered at your GP surgery, which of the following factors did you consider?

Factor	Count	Percentage
Convenience (close to home, opening hours, etc.)	49.0	64.5
Reputation (how it is rated on assessment tools such as NHS Choices)	6.0	7.9
Recommendations (through a friend, family member, neighbour colleague or organisation)	13	17.1
The level of support given to its trans* patients	3	3.9
Other	5	6.6
<b>Total</b>	<b>76</b>	<b>100</b>

64% purely on convenience, only 4% on Trans\* support

Other Comments: "Been registered there since birth; Have been in the surgery for at least 30 years"

"I wrote to 5 GP practices and considered their responses" "Only GP surgery in the area (5 miles from home)"

"I was registered from birth so N/A"

12. Do you feel that your GP surgery meets your needs as a Trans\* person?

Meets needs?	Count	Percentage
Yes	42	75
No	14	25.0
<b>Total</b>	<b>56</b>	<b>100</b>

25% did not meet the patients' needs as a Trans\* person

12a If "No" Please give details:

Honestly, I don't know how to answer this one - as mentioned earlier, I haven't gone to my GP about anything transition-related, so for now this is more of an 'I don't know' or 'N/A'.	1
I am afraid to go back to my GP due to his previous reaction to my coming out, and the fact that I self-medicate.	1
I do not blame the GP themselves, I blame a lack of training in trans issues, and while that should not be my fault I don't really know if it is the GPs either	1
Its a close knit practice and I am familiar with the staff and some of the patients and I know that I shouldn't feel embarrassed about my gender problem but I do. I don't want to be a person that gets gossiped about. I try to fit in; most people think I'm a lesbian.	1
My GP does not want trans people as patients.	1
Needs to get doctors educated on diagnostic overshadowing	1
Not familiar with new protocols still not referred to GIC 3 months after discussing this with GP	1
Now they prescribe they are much more restrictive about consultations and amount of drugs prescribed.	1

There should be NHS Leaflets. Advice on local services especially counselling, support groups and later laser/electrolysis, wigs, hormones, voice and SRS if required. I would like my needs to be met more on a local level as this to me would be more cost effective.	1
Uninformed	1

13. Have you ever been referred by your GP to any specialist trans\* support services?

Referred	Count	Percentage
Yes	10	18.5
No	44	81.5
<b>Total</b>	<b>54</b>	<b>100</b>

Over 80% not referred to specialist Trans\* support Services?

If "Yes" please list the services you were referred to?

- Charring Cross Gender Clinic
- Gender clinic
- GIC
- GIC and Psychology
- Local support group, but I am the person the GP contacts now
- My previous GP in Norfolk referred me to a general psychiatrist in Norwich with an interest in gender identity.
- North East Cardiff Community Mental Health Team
- WLMHT GIC (Charring Cross), Fulham Palace Road, Hammersmith, London.

14. Do you think that your GP surgery could improve the services offered to its trans\* patients?

Improve services	Count	Percentage
Yes	32	58.2
No	23	41.8
<b>Total</b>	<b>55</b>	<b>100</b>

Almost 60% felt their GP Surgery could improve the services offered.

14a If "Yes", what do you think your GP Surgery could do to improve it's services for Trans\* patients?

A bimonthly drop-in clinic for health issues specific to transpeople (eg. breast health awareness and prostate care for transwomen, or gynecological awareness for transmen would be a good idea...	1
Be more consistent	1
Better understanding	1
By having greater awareness of services available to trans people outside of a medical context e.g. signposting to trans support groups.	1
Display trans* support information	1
Doctors to receive basic training on where to refer trans people too. Not just ignoring the issue or asking members of staff that know no better	1
Educate all its Doctors, nurses and receptionists on trans* people. Most of them are great including my own GP, but some staff let them down.	1
Have a policy re: prescribing anti-androgens off-label during early stage transitioning.	1
Have the various NHS leaflets available and an overview of the subject and care pathway	1
I think more training in how to deal with this situation would help, it does NOT make you confident when the person you assume will have the answers has to phone someone else	1
I went through private GIC so I cannot comment on my GP and NHS pathway	1
Include the option of other on registration forms, Not use can Miss xxx come to surgery 3 on the main board and they could have training to understand our needs	1



Join the 21st century.	1
Just more knowledge of the subject	1
Keep in good contact with the GIC when dealing with trans patients.	1
Know what to do with us. Not treat us like spectacles.	1
LEAN MORE	1
Learn about them	1
Listen to them and offer a way forward	1
More info on support groups	1
More understanding	1
Read new protocols provided by myself	1
Remove the Mr on the board when it calls the next patient	1
Start to consider us as human beings.	1
Stop putting Mr. on the board when it calls the next patient	1
The partners of the surgery should have trans awareness training, and ensure that the nurses, registrars and student doctors also have similar training.	1
They're not bad, but they're not great either.	1
Train GPs better so that they know what to do when Trans* patients need help.	1
Understanding and training	1
Work with LGBT Community to offer more joined up services and better information.	1

14b If "No" What does your surgery already do in its delivery of services for trans\* patients?

Again, I don't know, so consider this an N/A or 'I don't know' answer.	1
All that is required	1
All that is required to make my transition as painless as possible	1
Be very supportive	1
Dealt with my referral promptly and then took the guidance of my gender specialist	1
Does all it can within the constraints of the limitations imposed by the NHS	1
DONT KNOW	1
Everything Necessary to access treatment	1
I don't know apart from treating us like humans!	1
It has been totally supportive of me. I don't know of any other patients who are Transgender and haven't asked.	1
It treats me with understanding and respect,	1
Provides info on local support groups, is proactive in trying to deal with problems that have come up due to the mess that is the Welsh pathway to care re gender re assignment	1
Referral, share care	1
Referrals and full support	1
Referrals, HRT prescriptions and blood tests.	1
They seem to know exactly what to do	1
TrTThey treat you with respect and dignity	1
Unknown. Hopefully others get the benefit of their knowledge of myself and my partner.	1
Well, they seem fine to me.	1

15. Is there anything further that your GP surgery could provide to help Trans\* patients feel more welcome & comfortable?

Asking about pronouns etc. rather than just assuming that I'm a cis woman would be nice, as would use of terms like 'female-bodied people' rather than 'women' when talking about, for instance, how common a given condition is for a particular sex. I'm sure there are other things for those who are physically transitioning, but I wouldn't know.	1
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Doctors could have more discretion when involving trans patients and student docs	1
Don't know	1
Have been treated with respect and understanding by all in the surgery. Cannot fault the surgery.	1
Having some form of indication that it is a trans friendly practice which patients can observe prior to disclosing trans status.	1
I don't think so	1
It is a large practice and I have no experience of any other doctor. I have been treated for an unrelated condition by a GP Registrar at the practice, without any hassle, so it is likely that the practice as a whole is supportive	1
It would be useful and make trans* patients feel more welcome if the surgery included some trans* support information leaflets among all the posters etc. that are displayed in the waiting room.	1
Just stopping using Mr	1
Keep doing what it does already	1
Leaflets explaining confidentiality and how you would like to be addressed or not. There should be NHS Leaflets. Advice on local services especially counselling, support groups and later laser/electrolysis, wigs, hormones, voice and SRS if required. I would like my needs to be met more on a local level as this to me would be more cost effective.	1
More conspicuous displays of advisory information produced by NHS North West and sent to the practice (see link below): <a href="https://equalitycumbria.org/outreach-cumbria/news/nhs-north-west-trec-gp-practice-research-trans-people">https://equalitycumbria.org/outreach-cumbria/news/nhs-north-west-trec-gp-practice-research-trans-people</a>	1
My experiences of fighting for treatment go some way back, so they might be better now. I've never had any particular problem other than the refusal to prescribe, and in certain areas they were very helpful.	1
My surgery supports a small very rural population; I feel the help they offer is proportional to the needs of their community. They are also open and helpful to everyone based on their clinical need. I think this stands them well in helping trans* patients.	1
No	1
No	1
NO	1
No, they are doing fine.	1
No, very good	1
No.	1
Perhaps have some leaflets or information for trans people, as there are none. There don't seem to be any groups one can be referred to in my area.	1
Privacy. Private consultation without being presented in front of a whole bunch of people over a loudspeaker & dealing with assertive staff. Some help and support at least.	1
Remove the Mr. on the board when it calls the next patient	1
The reception area is very public and other patients waiting can quite easily overhear any confidential conversation with the reception staff. Those trans patients who wish privacy when, for example, requesting to have their name and gender changed on records have to ask specifically for privacy during that conversation. A more private means of talking to reception staff would be better.	1
There is plenty of good quality equality training available in the region. I think the surgery staff could benefit from attending it.	1
This is a practice in the countryside. Good general healthcare is what is provided. Greater knowledge by all GPs would certainly be helpful.	1
Use preferred title on communications and not use title MX	1

16. Would you recommend your GP surgery to friends and/or family?

Recommend GP surgery	Count	Percentage
Yes	47	85.5
No	8	14.5
<b>Total</b>	<b>55</b>	<b>100</b>

Even with all the difficulties 85% would recommend their existing surgery

16a If you answered "No" to Q 16, please explain why not:

Getting an appointment when needed is not possible	1
Like many NHS services, it's more or less luck of the draw whether you get a doctor who's competent or not (and there have been some *very* incompetent people at times...), and often many of the male doctors seem overwhelmed and out of their depth when I talk to them about the medical issues, I've been having with my vagina and vulva (chronic pain in an organ I'm not sure I ever wanted in the first place, woop woop!). There's often an initial 'Oh gosh, lady parts!' reaction that's hastily covered up by referral to a specialist or even just a female GP.. I've had similar experiences with other surgeries, so I don't think it's a problem with mine specifically, maybe more to do with the training that GPs receive.	1
Not if there are Trans*	1
They are totally money driven and as a result extremely wary of offering any assistance which might cost them something. In my case, I ask for nothing as I am self-supporting, but a little help, advice and support would have gone a long way. I have put my own health at risk as this was my only alternative in the absence of a sympathetic ear.	1
Trans* friends obviously should avoid it. And if they are not prepared to treat trans patients fairly there's an open question as to what other parts of society they might want to exclude.	1

## Appendix 2

### Building Health Partnerships

## A Focus on Health for Trans Men

The BHP programme steering group identified a need to facilitate an opportunity to hear from trans men specifically about their experiences of health services and to understand their priorities for change, as there were fewer respondents who identified as male compared to those who identified as female or other in the Trans Patient Experience survey conducted in October 2013. This reflects other research which suggests that fewer people may identify as trans men than as trans women and that trans men are a hard to reach minority within a minority.<sup>3</sup>

Attendees: 8 trans men<sup>4</sup>

Facilitators: Charlotte Pace, Institute of Voluntary Action Research (IVAR), Associate  
Val Bayliss-Brideaux, Senior Engagement Manager,  
NHS North, Central and South Manchester Clinical Commissioning Groups

#### Aims:

To maximise the opportunity presented by the Building Health Partnerships programme and the clinical links made with South Manchester Clinical Commissioning Group (CCG) to hear specific issues affecting trans men around their access and experiences of local health services.

#### Outcomes:

An improved understanding for:

- GP practices in Greater Manchester (GM)
- GM Local Area Teams
- GM Voluntary & Community groups
- CCGs across England
- NHS England Equalities team
- NHS Hospital Trusts across the North West

And how:

- Using CCG learning environments
- Building Health partnerships event (4th April 2014)
- CCG weekly bulletins
- Training for Practice staff

Ground rules were agreed for the session around confidentiality, respect, listening and contributing.

*For context - the background to Building Health Partnerships was provided along with an outline of the new local health structures via the Kings Fund video. [www.kingsfund.org.uk/projects/nhs-65/alternative-guide-new-nhs-england](http://www.kingsfund.org.uk/projects/nhs-65/alternative-guide-new-nhs-england)*

<sup>3</sup> Reed, B. et al. Gender variance in the UK: prevalence, incidence, growth and geographic distribution. GIRES: 2009.

<sup>4</sup> The focus group was open to people living in and around Manchester whose identity is on the female-to-male (ftm) trans spectrum. This includes people who identify as men, ftm, trans men, genderqueer, gender neutral, and so on.

## Discussion on the results of the recent trans health survey (circulated) and their reflection of the main issues regarding the quality of, and access to, healthcare

### Key issues:

Five main themes were found in the focus group discussions with trans men: information and knowledge, dignity and respect, administrative matters, mental health support, and ownership of care. Here is an overview of the views shared by the focus group participants:

#### 1. Information and knowledge

- a. GPs often don't know anything about trans health issues. However, they can be open to learning and doing research guided by the patient.
- b. All GPs and practice staff need basic trans awareness training.
- c. Patients and professionals lack information about what each Gender Identity Clinic does, what the referral process entails, and what services are available. Trans patients recognised that a GP is a generalist and therefore will not know everything, but thought that GPs should be pro-active about researching the issue and responding to patients in a timely manner

#### 2. Dignity and respect

- a. Giving a good service is all about having a positive attitude and approach to trans health issues.
- b. One participant shared a story about an inappropriate exchange that took place when he was 19 years-old and early on in transition. He brought a friend along to his appointment for support. Instead of asking the patient about his experience directly, the doctor instead asked his friend questions (in front of him) like 'does she wear boy's clothes?'. The doctor also made references to sexuality by asking if he was 'a lesbian' and asked about sexual behaviour such as masturbation. The patient found the exchange inappropriate, intrusive, irrelevant, and infantilising.
- c. There is a lack of consistency in patients' healthcare experiences. For example, participants said that Nottingham Gender Identity Clinic (GIC) practice required patients to bring someone along to verify the genuine intention to transition. This is not required by some other GIC's. This policy is disliked; it could cause problems if for any reason a patient did not want to disclose their transition to others.
- d. One participant shared that they have been repeatedly questioned by the pharmacist about their testosterone in a public area of the pharmacy (i.e. the pharmacist wanted to make sure they knew what they were taking and why). The pharmacist seems to understand the situation now, but it can cause embarrassment and unintentionally out the trans person.
- e. Some professionals made negative assumptions about a person's transgender identity when they had existing mental health issues in their health records, e.g. borderline personality disorder
- f. Trans men in the group shared that they often feel they are 'treated like children', patronised, and (perhaps unintentionally) humiliated

#### 3. Administrative matters

- a. GPs lack information about how to make a referral. The Interim Gender Dysphoria Protocol (<http://www.england.nhs.uk/wp-content/uploads/2013/10/int-gend-proto.pdf>) clearly lays out a care pathway that reflects changes/ways to overcome many of the poor experiences shared. However, most trans men in the group lacked knowledge about it and did not think that their GPs were aware either. This suggests that information about the protocols and processes are not getting to the right people.
- b. Some participants encountered obstructive policies around changes to registration documentation. In one example, a surgery said that it was not possible to change the gender marker at the same time as name 'until it's all been done' (transition completed). This can result in 'outing' a trans man as they may still have a female name or gender on prescriptions. In another example, a surgery would not change a trans man's name prior to him receiving a gender recognition certificate. Obstructive policies can negatively impact patients' wellbeing and may be discriminatory.
- c. Participants had variable experiences with practice staff: some changed their name and gender on their records and applied for a new NHS card on their behalf, yet others felt that practice staff acted as gatekeepers.
- d. A trans man shared that he had to sit on the 'women's side' of a clinic in a South Manchester hospital because he had not yet fully transitioned to male
- e. The Gender Recognition Act made it an offence to 'out' a trans patient, however in a GP consultation, a patient noticed 'Gender Identity Patient/Gender Dysphoria' on screen.
- f. Information about a person's gender history was also disclosed unnecessarily/irrelevantly in a medical letter early on in transition



#### 4. Mental health support

- a. Participants discussed being discharged from counselling when the support was still needed
- b. Some felt as if one has to reach rock bottom (suicidal thoughts) before help is given
- c. A patient's support counsellor was able to feedback to GP on concerns around their line of questioning and approach
- d. The period in between the GP and Gender Clinic can feel unsettling. Trans people are often not considered in need of psychiatric support as their needs are not serious enough, but the appropriate, (and optional!) mental health support is not in place.
- e. Trans people feel that they must present a particular narrative to get the support they need, i.e. presenting their gender in a certain way or 'say the right thing' so that they are taken seriously
- f. The current mental health support is inadequate and trans people are often caught in a Catch-22. If mental health issues are present, a patient may not be able to transition, which in itself can lead to deteriorating mental health. However, if they are considered completely mentally healthy, the perception is that they may not be able to demonstrate enough dysphoria to warrant a gender transition.

#### 5. Ownership of care

- a. Some people have experienced difficulty in obtaining testosterone because of a lack of ownership between their GP and Gender Clinic, which should be done through the shared care process. Gendercare, a private clinic, will issue a prescription for testosterone, but GPs have refused it until the person has gone through an NHS Gender Clinic.
- b. Some patients had difficulty booking appointments with nurses to get their testosterone injection.
- c. When trans people encounter obstructive GPs, many have switched practices to those recommended by other transitioning people in order to get the care they need.
- d. One nurse at a gender clinic was considered incredibly supportive, not only because she was very knowledgeable and helpful, but also because she takes ownership of their care.

### Summary

Trans men reported that the system and processes involved with trans healthcare are problematic and that simple and practical changes could bring significant benefits (see below). Education, attitudes and a positive approach should not be under-estimated for the impact they could have on a trans patient's wellbeing and could be easily addressed through support, training and guidance, for both General Practitioners and other practice staff.

### The Care Priorities:

- Information and transparency
  - An easier way to negotiate the funding pathway for transitioning – it needs to be clearer and unnecessary waiting can have a negative mental and physical health impact
  - Information on policy/legislation for patients and professionals
  - Improved understanding of gender identity and its treatment (e.g. hormone administration)
  - A clear, step by step time line for transitioning [active use of protocol]
- Improved services
  - Respect shown to the patient
  - A reduction on the waiting times
  - Consistent access to services and care (surgery and hormones)
  - Respectful approaches (e.g. use of male pronoun)
  - Psychological support that wraps around the process as 'to not feel you have to hit rock bottom before support is provided'

### Recommendations/practical solutions:

- A proactive not reactive approach to care and support
- Information for GPs on the Gender Identity Protocol and what they should do
- Professionals should know their roles in the care pathway and take an integrated approach
- Language – use correct/desired title and pronoun in patient records and letters – e.g. cervical screening letters
- Improve dissemination of legislation, policies and protocols to both patients and professionals
- GPs to monitor blood and levels of testosterone when patient is discharged from the Gender Clinic. If unsure about the appropriate dosage, prioritise communication with Clinic staff so that there is as little time as possible between hormone doses.
- Publish a 'how to' guide that captures all the above and more in plain English for trans men and women - to be available on the NHS Choices