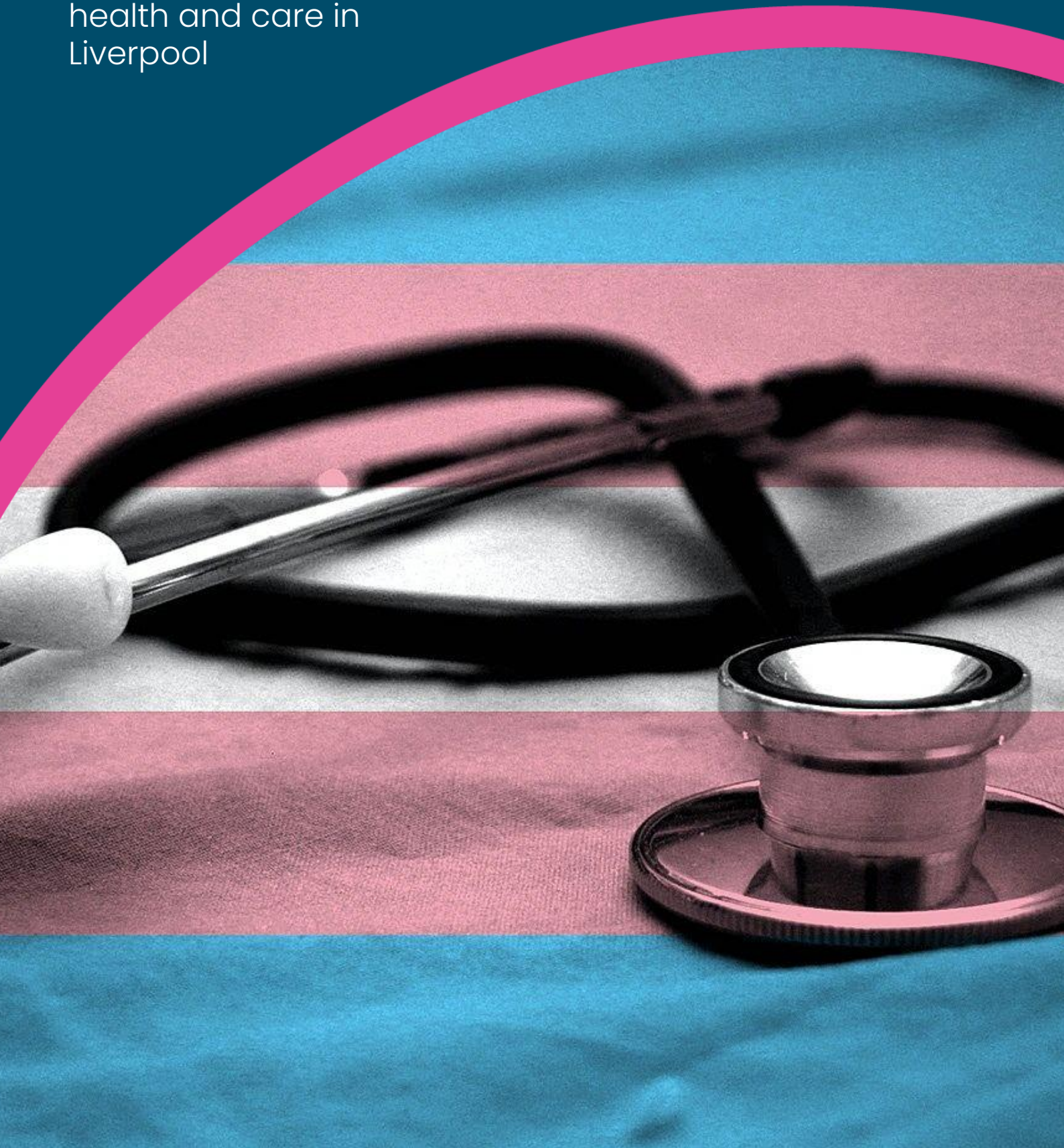
healthwatch Liverpool

Trans Healthcare

Trans people's experiences of accessing health and care in Liverpool



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Introduction

In 2021, Mersey Care NHS Foundation Trust began operating CMAGIC (Cheshire and Merseyside Adult Gender Identity Collaborative), a new gender incongruence pilot for adults. The service brings together clinicians, community groups, and NHS services. It is one of three NHS pilot schemes, based in primary care and sexual health services, which is looking at improving access to gender identity healthcare. Other pilot schemes have been established in London and Greater Manchester.

At Healthwatch Liverpool, we were interested in learning more about CMAGIC as a new health service for trans people living in Liverpool. We have previously received feedback from trans patients locally about the difficulties of accessing gender-affirming care, including long waiting times to be seen by an NHS Gender Incongruence Clinic (GIC) and difficulties accessing a GIC referral.

In 2022, we met with staff working at CMAGIC to learn more about the service and the support and care it provides to trans patients across Cheshire and Merseyside. As a pilot scheme, CMAGIC currently supports patients aged 17+, registered with a GP in Cheshire and Merseyside, who were referred to a GIC prior to 30 October 2020 and have yet to attend a first GIC appointment. We were interested to learn about patients' experiences of CMAGIC. As CMAGIC and the other gender incongruence pilot sites are being evaluated by NHS England, we did not want to duplicate any evaluation. However, we felt that it would be worthwhile to find out what trans patients experiences are like in Liverpool, as there is little published information about this.

National reports and research on trans people's experiences of health and care have highlighted a number of similar issues, including dissatisfaction with lengthy GIC waiting times and a lack of understanding about trans issues among health and care staff. In 2022, local transgender support group, Spirit Level, conducted a survey of GP practices in Liverpool to learn more about how GPs deal with trans patients, including procedures for changing gender markers on NHS records, referrals to GICs, and training available for staff on working with trans patients. Spirit Level received a limited number of responses, and responses they did receive were mixed.

Stonewall's LGBT in Britain Trans Report, published in 2017, found that three in five trans people (62%) who have undergone or are currently undergoing medical intervention are unsatisfied with the time it took to get an appointment. Stonewall also found that almost half of trans people (47%) who want to undergo some form of medical intervention, but have yet to have it, say that long waiting times prevent them from accessing medical treatment. The same piece of research found two in five trans people (41%) said that healthcare staff lacked understanding of specific trans health needs when accessing general healthcare services.

In 2018, Sahir House and MacMillan Cancer Support ran a health survey for all LGBT people in Merseyside. This survey focused on experiences of general healthcare, as well as the health and wellbeing of respondents. Just over half of

trans respondents to this survey (57.14%) reported that they had witnessed or experienced discrimination or poor treatment due to their gender identity or sexual orientation. Examples given by respondents included being misgendered is hospitals, and being asked inappropriate questions about their genitalia.

A 2021 report by TransActual UK found that 90% of trans individuals accessing gender affirming care on the NHS reported experiencing delays. TransActual UK also found that 45% of respondents said that their GP did not have a good understanding of their needs as a trans person.

As well as research by other LGBT-focused organisations, other Local Healthwatch across England have done research into trans people's experiences of health and social care. In 2019, Healthwatch Cheshire West and Healthwatch Cheshire East engaged with attendees at five local Pride events. They reported that trans people they spoke to said there was a lack of signposting of information regarding treatment and support from the NHS and their local GP's websites; a lack of joined-up working between private gender specialists and GPs; and a feeling that some GPs lacked understanding and sensitivity regarding issues relating to trans patients. In 2018, a report by Healthwatch Sheffield highlighted that trans and non-binary people felt there was a lack of awareness around trans and non-binary identities among healthcare workers; that waiting times for specialist gender services were long, that waiting long times for treatment had a negative impact on people's mental health; and that people felt disempowered by treatment and diagnosis from the NHS. A report from Healthwatch Gloucestershire highlighted similar issues around waiting times and communication.

Methodology

As highlighted above, much previous research around trans healthcare and advocacy from the trans community has highlighted a number of similar issues. These themes have been reflected consistently in different research conducted across the years.

Because issues in trans and general healthcare are so well-documented, we felt that, in this project, we wanted to focus more on getting in-depth feedback from trans people, to highlight the impact of issues (such as poor communication from GICs, long waiting times, difficulty accessing treatment) that they may have experienced. We wanted to know about people's experiences of accessing gender-affirming care, and their experiences of accessing general health and social care as trans people.

We conducted semi-structured interviews with individuals. These interviews aimed to explore people's experiences of gender-affirming care, general healthcare, and any experiences of social care services. The semi-structured nature of the interviews allowed respondents to focus on issues that were important to them, whilst ensuring we asked everyone we spoke to a similar range of questions.

Interviews were recorded, and then transcribed. Case studies were created from each interview, highlighting key themes in what people told us. Individuals who took part in interviews were able to feed back on their case studies to ensure they were happy with the case study created.

Transcriptions of interviews were also thematically analysed, to highlight similarities and themes across the interviews conducted.

We also launched an online survey for trans people, after a local trans group suggested this could help get more feedback. Similarly to the interviews conducted, our survey asked people about their experiences of gender affirming care, general healthcare, and social care. Respondents were able to leave their contact details if they were interested in taking part in an interview to tell us more about their experiences.

Findings

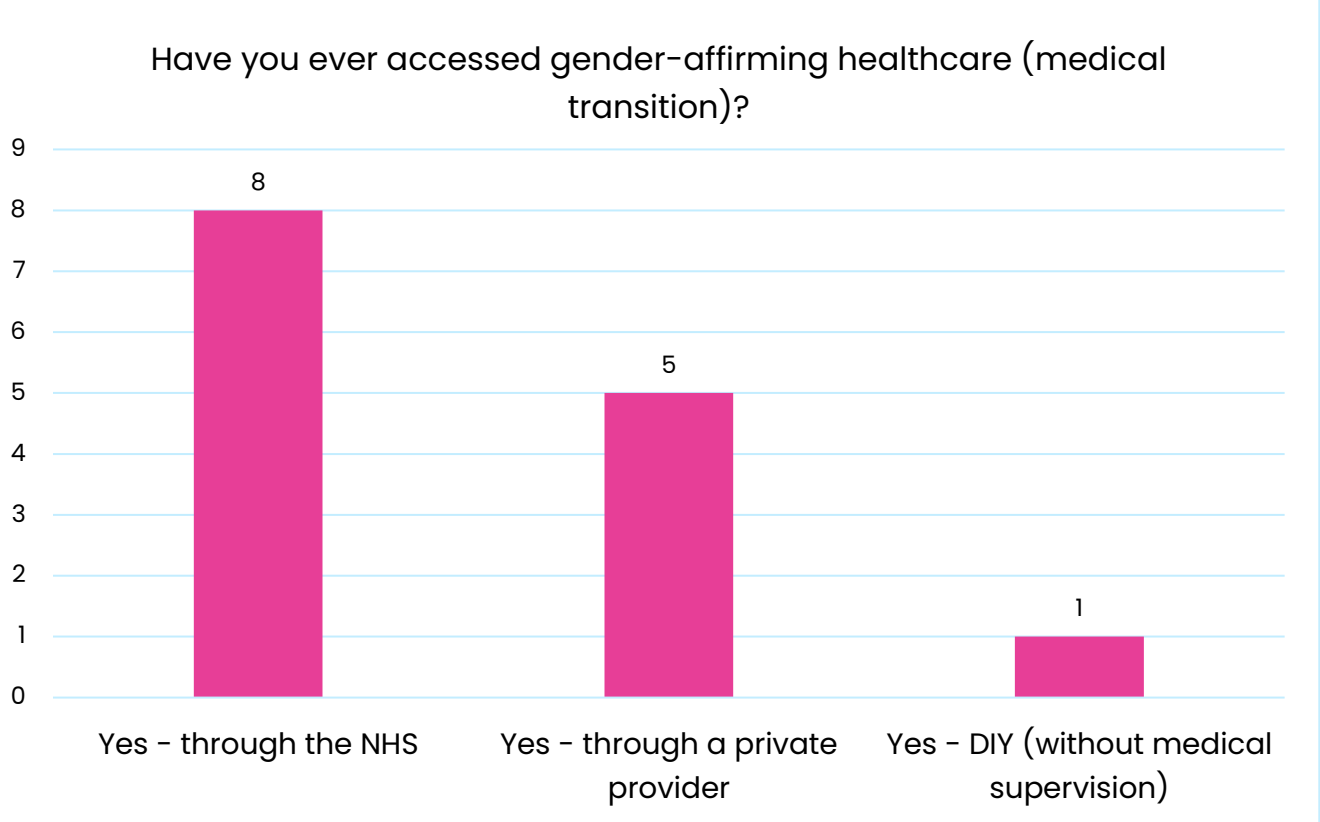
We conducted 4 interviews in total – 3 with local trans people, and 1 with a staff member at a local youth organisation which supports trans young people up to the age of 25. We also received 6 responses to our survey.

People we heard from were aged between 18 – 64, with the majority of people we spoke to stating they were aged 25 - 49. Everyone we heard from had a disability or long-term health condition. All respondents were White, with the majority of people being White British. Our general findings may not be representative of the experiences of trans people of colour, and other previous research has shown that trans patients from black and minority ethnic backgrounds experience worse health outcomes than white trans patients.

Despite the small number of people we heard from, the feedback we received was similar to feedback gathered in previous research from across England.

Experiences of gender-affirming care

Everyone we spoke to had accessed, or tried to access, gender affirming care in the UK. Everyone we heard from had accessed, or tried to access, gender affirming care on the NHS. Some people had also accessed gender affirming care through a private medical provider. One respondent said they had accessed DIY transition.



Most people we spoke to were not satisfied with their experiences of accessing gender affirming care on the NHS. All survey respondents said they were either 'neutral', 'dissatisfied', or 'very dissatisfied' with their experience of transition on the NHS.

One person who we spoke to in an interview had been able to access a bridging prescription via their GP. They were happy about this, and felt it was an example of good practice, but were overall not satisfied with NHS gender affirming care. They felt that the ease with which they had been able to access HRT was not representative of a typical experience of accessing gender affirming care on the NHS, and were critical of lengthy waiting times for GICs and significant variation between GP attitudes to supporting attempts to access gender affirming care.

Respondents generally felt that communication from NHS gender identity services was poor. People told us that communication in the period between asking their GP for a referral and receiving a date for their first GIC appointment was poor. The majority of respondents also felt it was 'difficult' or 'very difficult' to access clear and understandable information about transitioning on the NHS. No one we spoke to said accessing information about transition from the NHS was easy. A number of people found information about transition from outside the NHS.

People who chose to access transition privately or DIY gave the following reasons:

- Long waiting times for NHS services;
- Desired treatments or procedures being unavailable on the NHS;
- Fear of gatekeeping from clinicians at an NHS gender identity clinic;
- Difficulty getting a referral from a GP.

In general, the above were also reasons mentioned by people we spoke to for why they were dissatisfied with gender affirming care on the NHS. Other reasons people were dissatisfied with NHS care were geographic variability in care, poor information about accessing care, dissatisfaction with NHS diagnostic process, and dissatisfaction with the kinds of care and treatment available on the NHS.

When asked what could be improved about gender-affirming care (medical transition), a number of people we spoke to suggested an informed-consent model of care, and for care to be led at a GP level. Other suggestions included more local services, greater resources for gender-affirming care on the NHS, clearer information from the NHS about how to access gender affirming care, and more training for NHS staff, particularly GPs, on gender affirming care and referral pathways.

Waiting times

Long waits for appointments and treatment were given by many respondents as a reason why they were dissatisfied with gender affirming care on the NHS. We asked people who had been referred to an NHS gender identity service how long they had waited for a first appointment. Answers ranged from 18 months to 4 years. Three people had asked for a referral and had not yet had a first

appointment. One of these people had been waiting 18 months, and one for four years. The NHS Constitution sets out that patients should wait no longer than 18 weeks (approximately 4 months) from GP referral to treatment.

People we spoke to told us long waiting times were one of the reasons they turned to private or DIY gender affirming care. One person told us they had decided to seek private healthcare as soon as they decided to seek gender affirming care, knowing in advance that waiting lists for care on the NHS were very long. Others told us they turned to private or DIY care after waiting a long time for an NHS first appointment.

"I did talk to [my GP] about a referral to the gender clinic about four years ago. That never materialised, and by the time I realised that might not materialise the wait lists were like five years or something so that's why I decided to go private." -*Interviewee 2*

"Throughout the first few years of university … [I was] really kind of annoyed that I didn't have any kind of healthcare and that was really affecting me … [when] I would have been about 21-22 and I was like no, actually, I can't do this anymore. I have the funds if I want to get a job and save up and go private, so I was like okay let's go private." - *Interviewee 3*

"We've referred a lot of [young people] to gender identity services … but not a lot of them have been seen … I've been working as part of the LGBT team for over six years and a lot of young people have been on waiting lists all that time and are still waiting to be seen." - *Interviewee 4*

As well as long waits for initial appointments to receive a diagnosis of gender dysphoria on the NHS or to start HRT, respondents also raised long waits for surgical care as an issue. Multiple people told us they had been waiting upwards of 10 years for gender affirming surgery on the NHS.

"It is SLOW! After ten years, I'm still waiting for surgery." – *Survey respondent*

"Besides continuing the HRT, the only remaining aspect of my transition is top surgery … I have been wanting the procedure for over 10 years now. Knowing that this is the last piece of the puzzle and yet it will still take several years between initial, follow-up, and referral, surgical consultations, etc. is honestly infuriating and I wish there was a way to speed up the process" – *Survey respondent*

Communication around referrals and communication from GICs

Multiple people shared experiences of poor communication from the NHS GICs, particularly between the time of their referral and receiving a first appointment. Multiple people we spoke to had talked to their GP about a referral but had not received any communication from a GIC following this.

"I didn't have [any] acknowledgement that the referral has been sent. In the five months since it had been sent I've had no acknowledgement that it's been received by the GIC in question. I only know it's been sent because I got my new GP to check on my records that it had been sent." – *Interviewee 1*

One person we spoke to asked for a referral to a GIC but was unsure if their referral had been lost. They were unsure about what to expect after asking for a referral, and if there were any actions they needed to take to ensure their referral was successfully made.

"[My GP] said they were gonna refer me but I guess they must have lost it or something because I never got a letter. I didn't really know what to expect about that … I don't know if they needed for me to somehow confirm that or not and I maybe failed to do that … maybe they just didn't do it." - *Interviewee 2*

A number of people told us that they did not find information from the NHS about gender-affirming care to be high quality. People told us they would like more clarity from the NHS about pathways for gender-affirming care, and what to expect from them.

"Anything that I found from the NHS has been very basic information … [I'd like to see] more information about the diagnostic process. Saying, these are the things that we might ask you, and explain why as well … reassurance that transition isn't one size fits all, and that there are non-binary people who transition as well … it doesn't feel like they make it clear … that it's not just one process." -*Interviewee 3*

"There's not an obvious [source of] information on any of the websites about what the process [of accessing gender affirming care] is like. The GP doesn't tell, if you're interested in transgender healthcare, call us and talk to us about this" - *Interviewee 2*

Some people told us they would appreciate more information and resources from a lived-experience perspective, particularly around potential changes involved starting HRT.

"It's also useful for [your healthcare provider] to be like, 'Here are accounts from people who have gone through this process' … not one official healthcare source said to me, 'Yeah you might get shorter' and that's one of the first things that happened - I got shorter. For me that's kind of exciting, but getting shorter might really freak someone out … my GP, bless him, gave me a very dry articulation of 'Your emotional range might be different, you might experience things differently, and what … many trans women tell to me is like, 'Honey you'll cry at adverts now' and it's like, okay, right." - *Interviewee 1*

Negative attitudes and treatment when accessing NHS gender-affirming care

Most people we heard from had yet to have a first appointment with an NHS GIC, and therefore could not give feedback on the process. However, respondents were aware of other trans people's experiences, which informed their own views on NHS care.

Respondents who had accessed NHS gender affirming care reported being dissatisfied with treatment. People told us about negative appointments and consultations for surgical care.

"During an appointment with an NHS practitioner, who was one of the people I needed to approve that I was mentally fit for GRS, I was given a list of all the worst case scenarios of the surgery. I was given no 'best case' scenarios, shown any photos or videos, or supplied with accounts of people who had been through this procedure on the NHS. Following this, I was asked the question, 'Are you willing to die for this [surgery]?' Fortunately, I'm good humoured and not easily shaken, so I laughed and replied with an enthusiastic 'Yes!' This exchange sums up my NHS experience: an overwhelming focus on potential negative outcomes, unsympathetic and undereducated staff, a surplus of unhelpful appointments, and all this drawn out along a painfully (potentially dangerous) long timescale." – *Survey respondent*

People also told us that they felt the NHS diagnostic process was invasive, degrading, and pathologizing. Some felt there was a marked difference in approach between NHS diagnosis and diagnosis through private care providers. For some, this was a further disincentive to accessing gender affirming care via the NHS.

"[There are] too many people in [my] GIC that seem to have very outdated views and seem to think we should tell them every detail of our private lives." - *Survey respondent*

"I've heard some really off-putting things [about diagnosis on the NHS] as well, like that they ask you really invasive questions about like your sex life and stuff to see if you like have sex like the gender you think you are and things like that. It's like really gross, and really invasive. I don't want to put myself through that" – *Interviewee 2*

"I went to an appointment with my girlfriend for her initial consultation and the questions that they asked were just ridiculously invasive and disgusting … there's far too many questions about a person's sex life and a person's genitals. Like, how often do you masturbate? What do you think about when you masturbate? What role do you play when you have sex? … When I went private with my appointment I barely had any sex-related questions at all. It was very respectful – where did you grow up? How did you grow up? How was your childhood? When did you first experience dysphoria? And a lot of stuff like that that did seem relevant, rather than the humiliating questions that seemed a bit useless." – *Interviewee 3*

Some people also told us they felt that the amount of appointments they attended with their GIC after they had begun medical transition were unnecessary or excessive. People told us they would prefer to have regular check-ups with their GP, and attend appointment with a gender specialist only when necessary.

"Medical transition on the NHS has felt like a farce - initially, there aren't frequent enough appointments, and when you do get them, tangible support (AKA treatment) is limited, then once you're on the medical pathway, you seem to be heckled with appointments. I've been on HRT via the NHS for maybe 4 years now. In those 4 years, I've had more appointments with the GIC than I have with my Crohn's specialists (some of which have been an hour long telephone appointment discussing such important topics as my career updates or the affect of social media on younger trans people)." – *Survey respondent*

Inflexible treatment options

We also received some feedback regarding what participants felt was a lack of flexibility or an 'all or nothing' approach to gender-affirming care on the NHS. People spoke about wanting a greater ability to shape their care.

"I spoke to my GP about getting a hysterectomy at one point … I've decided not to do it now, but I found out through that process that the gender clinics don't do a hysterectomy alone as like a gender affirming procedure. You have to get bottom surgery to have a hysterectomy, and that seems unfair as well. If you just wanna remove the womb, why should you have to have some other form of bottom surgery to have that happen?" - *Interviewee 3*

"The reason I went with [my private provider] is it's like a buffet – you can choose whatever services you want … obviously you still have to talk to them about why you want hormones and what you're looking for and get blood tests and stuff … but it's less all or nothing than a lot of the other gender services are." – *Interviewee 2*

People told us they felt the disparity between options for gender-affirming care that were available on the NHS and gender-affirming care that could be paid for privately was disappointing.

"Ultimately the lack of investment or provision [of care on the NHS]… just makes me think, I guess that's what I'm saving up for … the disparity between the speed and quality [of gender affirming care] that can be accessed by someone who happens to be born rich … and someone who doesn't have access to that … is disgusting." - *Interviewee 1*

We also heard feedback from one person regarding concerns around the availability of phalloplasty on the NHS. They told us they wanted more clarity on the NHS around what procedures were available, timescales for receiving them, and for more surgeons to be trained to conduct surgical gender affirming procedures.

We also receive feedback on weight limits for surgical care, which people felt prevented them from accessing gender-affirming treatment.

"I would have had surgery but they won't let me as am overweight." – *Survey respondent*

Impact

People we spoke told us a lot about the cumulative impacts of long waiting times, poor communication from the NHS, and feeling the need to seek private healthcare to receive some form of gender affirming care. As well as psychological impacts, people told us about the material impact this had on

their day to day lives, increasing their spending and negatively impacting on their ability to save money.

"This is the difference between someone owning a house or not, that's how life changing it is in terms of materially disadvantaging trans people. And that's just the ones who can scrape together enough money to cover [private treatment]." – *Interviewee 1*

"It's just extra stress, extra money. I literally already pay for the NHS twice as a migrant, I pay the surcharge and taxes, and then I have to go private for my healthcare so I'm paying for my healthcare like three times. Luckily I can afford it, but it's a bit silly when you think about it." - *Interviewee 2*

People also told us about the impact of long waiting times for gender affirming care on their mental health.

"Having to go through dysphoria for so long so unnecessarily means that the change is scary and getting [surgery] is scary, and I'm quite annoyed at them not sort of seeing me sooner to sort that out. Yeah so it it's definitely had an impact as well in terms of my general mental health." - *Interviewee 3*

"If I now was like – I'm now going to wait seven years on the NHS waiting lists, if I materially had to, if I didn't have the money for [private care] I think I would crowdfund to go private, to be honest. But if I had to wait the seven years, I think that would be seven years of that nibbling away at me, seven years of feeling like well I'm wasting seven years of a life I want to lead, and seven years of the chance for that to bleed into other mental health issues." – *Interviewee 1*

Some people we heard from highlighted how they felt the mental health impact of waiting for treatment can also impact on ability to access gender affirming care.

"People are waiting like three years plus and that's not accessible … [it's a] big Catch-22 you know, your mental health needs to be stable in order to engage in this assessment and get a diagnosis but the fact that you've been waiting for three years has destabilised your mental health." – *Interviewee 4*

We also heard from people about the mental health impact of public and political debate around access to gender affirming care. The was particularly in relation to access to care for young trans people, but others we spoke to told us they felt concerned about continued access to gender-affirming care due to public and political debate.

"What if the laws change and I suddenly can't get [HRT] any more? There's sort of that anxiety about the future … what worries me is like the laws out there that they're considering changing with regards to under 18s, I don't expect them to stop at under 18s … I can imagine access to even private trans healthcare could be changed, or limited further, or made more difficult in the future." – *Interviewee 2*

"We're talking about all these things about trans healthcare and we can't deny that there's a significant debate out there about trans healthcare at the moment … that debate has an impact on young people and the services that are trying to support young people as well … we're talking about a small population whose mental health presentations across all research are significantly worse, their outcomes, than their cisgender or heterosexual peers and that's not because there's any pathology in them, it's because of all of the things we've talked about today in terms of the barriers to accessing support and the services that they need as well, and discrimination and all those kind of things." - *Interviewee 4*

CMAGIC

No one we spoke to had accessed services or support from CMAGIC. All the interviewees we spoke to had heard of the service. People we spoke to felt more positively about CMAGIC than traditional NHS GICs. We did receive positive anecdotal feedback about the service from some respondents.

"My friend is taking part in it which is exciting … I haven't heard much from him about what it's like but from what I've heard like it sounds pretty positive … [but] I just wish that they would switch to GP led care." - *Interviewee 3*

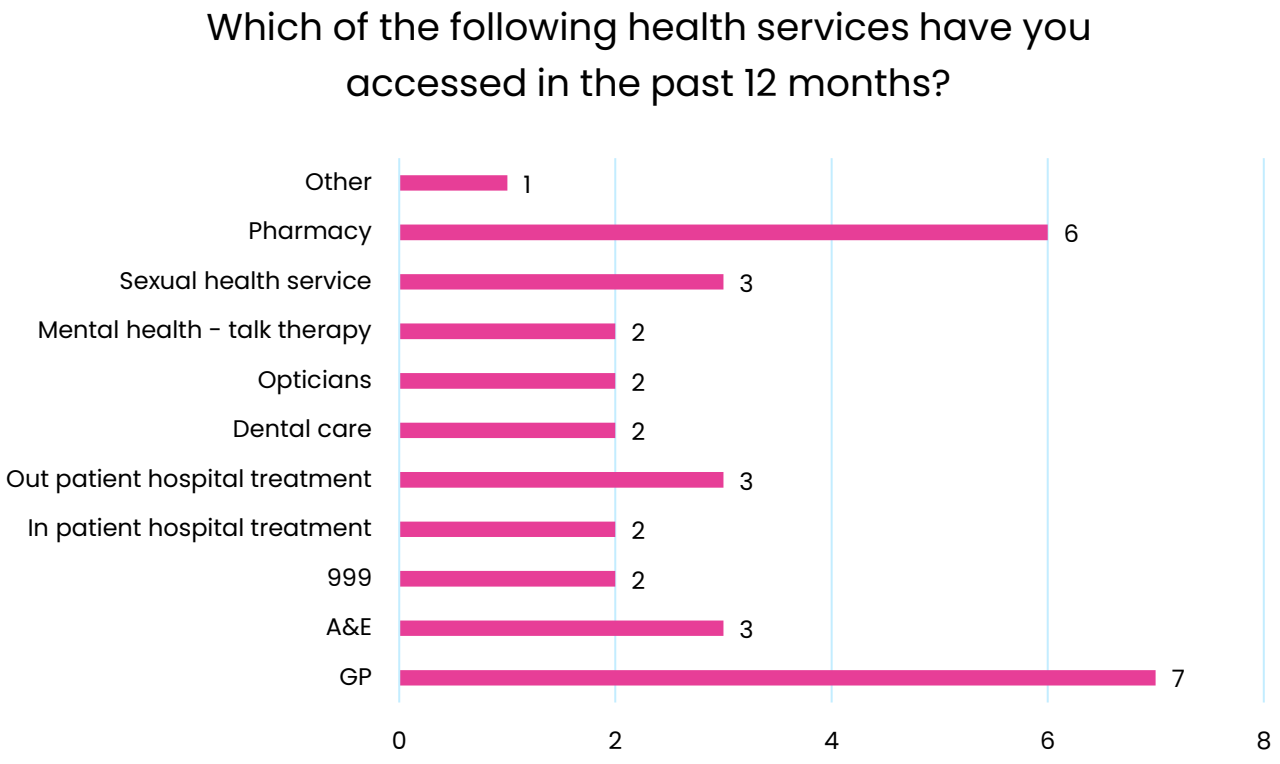
"I've only heard a little about it so I know that it's like an alternative to the GIC that's basically supposed to be better, and less pathologising and more affirming. I think they're taking people who are currently referred to the GIC." - *Interviewee 2*

Experiences of general healthcare

People we heard from had accessed a range of NHS services in the past 12 months. GPs were the most commonly accessed service, followed by pharmacies.

The majority of people said that they were 'usually' treated with dignity and respect by healthcare professionals. A number of people reported experiencing discrimination from medical professionals or patients due to their gender identity. One person reported this discrimination occurring within the past 12 months, and others reported it occurred more than 12 months ago. We also asked people if they had found it harder to access healthcare due to their gender identity. Responses to this were mixed. Some people reported they had never experienced this, and those who said they had experienced this said this difficulty in accessing care had occurred in the past 12 months.

A number of people bought up issues relating to general problems accessing healthcare services, rather than issues accessing healthcare specifically relating to their gender identity. Difficulty accessing or communicating with GPs and GP surgeries since the start of the Covid-19 pandemic in 2020 was raised by a number of people.



With regards to improving experiences of general healthcare for transgender patients, respondents felt that more training around working with trans and LGBTQ+ people across the NHS would be beneficial. People also said they would like improvements in record keeping or in updating personal details on NHS systems, to reduce deadname or misgendering in NHS communication with them.

Updating medical records

Some people fed back about issues around changing their legal name or title with NHS services. Some people fed back about name changes taking a long time to actually take place, receiving misinformation about when they could change their details with their GP, or mix-ups with names and titles after attempting to change their name or coming out to the GP practice as transgender.

"Lots of problems with name changes, being called dead names when [I] went to other parts of NHS. Also being called 'Mr' with female first name. Took about 6 months and two GPs to finally change name and title, I was at first asked if I'd had the surgery and then told by receptionist that I couldn't change name with my GP without having surgery first" – *Survey respondent*

"There is inconsistent titling and labelling. Some of my prescriptions are Mx, which appears to be a title the NHS gives trans people, cos I've never said my title is Mx to my GP or anything." - *Interviewee 1*

Some people fed back that they had not yet changed their name formally with their GP practice, or their gender marker, but were wary of administrative difficulties around doing this.

We also heard feedback about the difficulty of accurately completing e-consult forms, due to the rigid gender options. People told us they would prefer to be able to include more information about their gender when completing an e-consult.

"When you're filling in the e-consult it does ask you 'Are you male or female?' and there's no other option to say, 'Oh well I have this anatomy, but I use these pronouns or I'm receiving this care'." - *Interviewee 3*

One person shared a positive experience of being able to change their details with a general sexual health clinic. Staff at the clinic pro-actively offered the patient the opportunity to change their gender marker when the patient disclosed they were transgender, and explained what this would entail and how information about their medical transition would still be available on more detailed notes to ensure they still received appropriate care.

Trans broken arm syndrome

"Trans broken arm syndrome" is a term which refers to situations where medical professionals attribute symptoms reported by trans people to their gender identity or their gender-affirming care. The majority of people we heard from did

not report experiencing this. However, we did hear from people who had experienced medical professionals attributing symptoms to HRT.

"Some clinicians tried to tell me that my joint pains might be caused by testosterone treatment as it's 'relatively new and there's not enough data about it'." - *Survey respondent*

One interviewee did raise it as a potential concern for young people trying to access other mental health support after receiving a referral to a gender service.

"There's the kind of the concept of the trans broken arm … sometimes it can be a barrier to [young people] accessing the support that they need because they get signposted to the wrong services, or they don't get listened to, or it's like well you're on the GIDS waiting list that's what you need to wait for but like they're asking for something else." -*Interviewee 4*

Different or stigmatising treatment

Most participants did not report being directly discriminated against in healthcare settings. Most people said that medical professionals generally treated them with dignity and respect. However, some people we spoke to felt they were treated different due to their gender identity or gender presentation by some staff or volunteers in healthcare settings.

"Before covid, when I presented as gender non-conforming [at GP appointments] it felt like sometimes I was taken less seriously as a patient because of that. But it's hard to point to any one thing." - *Interviewee 2*

Some people shared specific experiences of being misgendered or treated inappropriately by healthcare staff and volunteers.

"There have been a lot of occasions where I have been misgendered and I don't feel respected or valued … when I went to get my third [covid] vaccine, I was addressed as ma'am … I said to them look, my pronouns aren't she/her, they're he/him or he/they … the vaccinator was a bit flustered … she asked, 'Can I say the word you, can I address you as you?' and I was like, yeah, that's fine. And then she asks me all the questions but then she skips the one of, oh 'Could you be pregnant?'" - *Interviewee 3*

Some participants did report being asked questions by medical professionals about their gender-affirming care which they felt were inappropriate.

"I have been asked by nurses multiple times if I have had the operation when having my decapeptyl [a testosterone blocker] injection" – *Survey respondent*

"I get a lot of doctors asking "who prescribed you this?" when I mention being on HRT." - *Survey respondent*

Social Care

Nobody we spoke to as part of this project said they used social care services. However, people did feed back that they would like to know that social care workers receive trans and LGBTQ+ awareness training.

"It's hard to know if it's something that I would try and reach out to if I felt like I needed it … I'm not sure if I'd be a bit worried about receiving social care on the trans side of things, I don't know how educated social workers are on trans issues and such." – *Interviewee 3*

"I've heard of one LGBT specific retirement complex in the entire country because a friend used to work there in Camden, which sounds amazing and great. I hope by the time I might need that kind of care there's loads of those, because being an older trans person is gonna come with its own specific issues potentially, and I would like to feel like that is kind of catered for. But yeah in terms of accessing social care … not just diversity training, but zero tolerance on transphobia … asking people's name, if that differs from their legal name, preferred pronouns, like that kind of like basic courtesy stuff I think helps." – *Interviewee 1*

Case Studies

As part of the process of interviewing, we created four case studies, highlighting people's experiences of accessing healthcare as a trans person in greater depth.

Case Study 1

C, a trans woman in her mid-30s, shares her experience of accessing gender-affirming care on the NHS.

"The majority of my gender identity as an adult, in terms of how I understood myself and in terms of how I moved through the world, was I'm non-binary and use they/them. I first really came across different articulations of identities that would fall under the trans umbrella online. Genderqueer and non-binary were two that resonated for me at that time … because I do feel and have persistently felt since I was young, and particularly since puberty, that being labelled as a man, being treated as a man doesn't fit with my idea of myself. And that was the case for about 10 years. That said, from pretty much the first point at which I started exploring stuff around gender, I was aware of what I would now understand as a desire to transition. And as is very common, I couched that quite often in terms of ideas of it that were obviously unattainable, and therefore I didn't have to think too seriously about why I kept being drawn to the idea. Such as – 'well, of course if there was a magic button I could push to change gender, of course I would push the button! But there isn't so I guess I'll just get on with it.' And then my partner at the time got really, really ill and I had to be an unpaid carer as well as working full time for years … I was just like you know, I don't have the time or energy [for transition].

"There were three things that happened this year that made me seriously research practically what it would be like to medically transition through an NHS route, and through a private route and then make the decision to do it. And that was … my nan died. I had a health scare that made me consider about wasting time. And I had a very good, long conversation with a very dear friend of mine who is also trans, about being in a very similar position – thinking oh well I've just been turning this question over in my head for years and years and years, and as part of that conversation I thought 'if there's a chance in ten years' time I just feel the same and then regret not having done it ten years earlier, I'm gonna be so mad at myself.' And I decided to go for it.

"As soon as I decided to transition – and I did not expect this to happen – a lot of stuff in terms of identity clicked into place. So, I changed my name and my pronouns and I am a trans woman.

"I did loads of research. There are some extremely good, succinct guides on what the NHS route involves. I was determined to not go the formal NHS route because I didn't want to waste any more time. So I looked at the private route, and I looked at DIY.

> "My old GP stonewalled me, and was like 'we're not going to do shared care with private specialists'."

"I wanted to talk to my GP and make sure that when I did have formal assessment with private trans healthcare experts that my GP would be at least willing to take on the cost of blood tests and prescriptions, so I wasn't paying hundreds of quid every couple of months for those, and to get the referral started for the NHS process. My old GP stonewalled me, and was like 'we're not going to do shared care with private specialists' - even though that is what they would be doing if I went through the NHS system, just seven years down the line – they would be taking direction from an outside psychiatric or psychological specialist about diagnoses, and an outside endocrinology specialist about hormones.

"So I thought, fine, I'll change GPs. Found a trans friendly GP. He was like, if you're thinking about DIYing, we would rather you have a bridging prescription between now and your assessment – and, on what is functionally an informed consent basis, offered me hormones, which I accepted. The looseness of the [NHS] guidance that allowed my old GP practice to refuse shared care also allows my new GP to use their better judgement to give me a bridging prescription. No one in the NHS condones DIYing hormone treatment, but I think progressive GPs understand that when faced with waits creeping up towards the decade mark, lots of trans people feel like there's no other option. So, as part of harm reduction, giving them an NHS prescription and proper blood tests and stuff is a positive first step.

"HRT is going really well. I'm really happy with it, despite the fact that the last month has been pretty rocky, mental health wise – but that's part and parcel of HRT. The fact of it not being unexpected has made it easier to deal with. I felt well briefed on the effects, the side effects, dosage, availability, the importance of scheduling the injections for the decapeptyl every 12 weeks et cetera, et cetera. But that is because my GP knows what he's talking about, because he works with gender specialist endocrinologists in a gender specialist NHS service. Also because I had done my research thoroughly. I had done my research on different types of different delivery methods for oestrogen, I'd done my research on what to expect from transfeminine HRT. I read journal articles on the efficacy of different HRT … [I'd read] things from trans health organisations and charities, and personal accounts. I didn't get any of that information from NHS websites. I don't even know if it's there, but I think it's telling that I didn't even look.

"It's useful for a healthcare provider to say, here are accounts from people who have gone through this process … the weird and wacky stuff that people experience."

"It's useful for a healthcare provider to say, here are accounts from people who have gone through this process about what that was like, psychologically what that might be like, or the weird and wacky stuff that people experience. Not one

official healthcare source said to me, yeah, you might get shorter. And that's one of the first things that happened on HRT, I got shorter. For me that's kind of exciting, but getting shorter might really freak someone out. It's important that someone dryly tells you, for example, your risk of blood clots will roughly double so if you're doing other stuff that increases your risk of blood clots, like smoking, you might want to cut that shit out. Or, you know, growing breasts puts you at risk of breast cancer. It's important to be told the scary stuff, but it's also important to be like have accounts from people being like, yeah, you might find that colours look differently to you. That can be a head-wobbler.

"When we're talking about supplementary – I'm using inverted commas here just so you get that on the transcript – 'supplementary' stuff like facial surgery, or laser [hair removal] which really is quite a fundamental thing I think for trans feminine people doing transfeminine transition, the disparity between the speed and quality [of care] that can be accessed by someone who happens to be born rich, or is lucky enough to plug into social networks where there are enough rich people to put money into their GoFundMe that they can access this stuff, and someone who doesn't have access to that … the disparity is disgusting and runs contrary to the supposed universalism of the NHS. Trans people are passing around the same £10 note to crowdfund for surgery and stuff is the joke we always make. And it's almost a direct result from NHS trans healthcare being so bad. Because if you had an informed consent model, with well-funded, well-trained, well-resourced even just gender reassignment surgery on the NHS that would alleviate the single biggest expense for people [accessing surgery].

> "There are these little islands of good practice [on the NHS] … and I want that to be expanded. To not do that, particularly given the waiting lists … is cruel. And healthcare shouldn't be cruel."

"If I'm going to drive a final point home from my experiences, both as someone recently accessing trans healthcare but as someone who for a long time didn't – and that's partially because of the way it's done on the NHS – it is that there are thankfully these little islands of good practice, and affirmative practice, and helpful practice. I feel very lucky to have stumbled onto one, and I want that to be expanded. To not do that, particularly given the waiting lists and the evidenced effect on trans people who can't access trans affirming healthcare, is cruel. And healthcare shouldn't be cruel."

Case Study 2

G, who is non-binary and transfeminine, shares why they have chosen gender affirmative care from a private provider, rather than from the NHS.

"I first came out probably about seven years ago, and changed my presentation slowly over time. I actually thought about going on hormones quite a while before I did, probably like three or four years before I started taking them. I talked to my GP, and they said they were going to refer me. I didn't really know what to expect, and I never got a letter from the gender clinic. I guess they must have lost the referral? By the time I realised that referral probably wouldn't materialise, the wait lists were like five years long or something, so that's why I decided to go private. But before I started hormones, I'd been thinking about it for at least four or five years.

"I don't know if there was maybe something I needed to do to make sure the referral went through. It was kind of unclear what exactly to expect after I'd asked for the referral. I've heard from other people who've been referred that you get a letter saying that you're on the wait list, but I didn't get one and I wasn't told to expect that. It was just not communicated clearly. I think there's some information on the NHS website about transition, but each GP surgery functions differently – your GP website doesn't say, like, if you're interested in transgender health care, here's what you do, here's what the process is. Covid really messed things up as well. It made it really difficult to actually talk to anyone.

"Setting up private care was pretty straightforward. I have had some issues. It's not always been super clear how I can get my prescription regularly, which has led to withdrawal. Figuring out how to set up shared care is a bit confusing – they ask for your GP's email but I don't have access to that, and I don't have a named GP. Or, I might have a named GP but I don't know who it is. My surgery uses e-consultations, so I filled out the form to talk about shared care, but didn't really get anywhere. They just sent me back a boilerplate email saying like, oh we don't know, it depends on our capacity. I've heard from a friend recently that if you call our surgery and tell them that you want to talk about trans issues, they'll send you to the one GP who will do that – so, if I wanted shared care I could probably get that now, but that's only because a friend told me what I need to do to get it.

"I picked the private care I'm with through word of mouth, basically. I've heard that it's good. You don't have to talk to a psychiatrist or psychologist, and you can choose whatever services you want. If you want an official diagnosis of

gender dysphoria, they will set up an appointment with a psychologist, but if you don't care about that … it's less all or nothing than a lot of the other gender services are. Obviously you still have to have a consultation with them and talk to them about why you want hormones and what you're looking for, and you still need to get blood tests, but you can pick exactly what you want and pay for each thing separately, which is why I went for that.

> "Given the wait list times, I'm not even going to bother thinking about [accessing care from] the Gender Identity Clinics."

"I don't see diagnosis as necessary for me. I've been to counselling multiple times, I have a high amount of self-awareness. I've heard from friends you're often expected to sort of perform your transness in a very stereotypical way, like I'd probably have to wear ultra-feminine clothes to the appointment and make sure to perform my voice very high. Whereas in reality, that's not how everyone is. I've heard some really off-putting things, like that they ask you like really invasive questions about like your sex life and stuff. I don't want to put myself through that. Diagnosis helps if you want to eventually be referred to a gender identity clinic, because they require that before you get that care, but honestly given the wait list times I'm not even going to bother thinking about the Gender Identity Clinics.

"It's not even just the wait times, it's the wait times plus the current politics of the moment… What if like the laws change and I suddenly can't get my hormones? They're considering changing things with regards to under 18s, and I don't expect them to stop at under 18s. I already know that Gender GP [a private trans healthcare provider] has to dance around various laws. I can imagine access to even private trans healthcare could be changed or limited further or made more difficult in the future. That leads to lots of anxiety about the future.

> "I don't think there's anything particularly good about how [gender affirming care] works here. An informed consent model … would be better."

"The only good thing about trans healthcare is that I can get it. I don't think there's anything particularly good about how it works here. An informed consent model, at the source of primary care would be better. That's literally how other countries do it. That seems like it would both be a lot better for trans people, and also a lot easier for the healthcare system."

Case Study 3

Frank, who is non-binary and transmasculine, shares why he opted for private and DIY treatment after waiting years to be seen by an NHS Gender Identity Clinic.

"I went to the GPs when I first realised that I was experiencing gender dysphoria, when I was about 16, 17. The GP referred me to the teenage mental health services, and they said they didn't really know what they could offer me other than counselling. It was a few months after that I realised that initial GP should have transferred me to the gender clinic, so then I went back to my GPs. I saw a different guy and he was really good. I didn't hear much from the GIC for a few months and then I got the consent forms in the post, so I sent them back. And I still haven't had a first appointment.

> "I went to the GP when I first realized I was experiencing gender dysphoria when I was 16, 17 … I still haven't had a first appointment [with the GIC]. When I was about 21, 22 – I was like, no, I can't do this anymore."

"When I was about 21-22 and I was like, no, I can't do this anymore. Not having any kind of gender affirming care was really affecting me - so I was like, okay, I'll go private. It was quite a waiting list even to go private and there were a lot of delays. I wanted to get some therapy, so the psychiatrist was like, "Go get therapy and then come back to me and I'll slot you right in". So I went and had therapy, contacted him again, it took him like a month to respond. I had to delay my appointment with the endocrinologist like five times because I couldn't see the psychiatrist again. During that time I started self-medicating with testosterone. I was fed up of waiting. That was stressful, but I kind of made it work until finally I got to see the endocrinologist.

"Another reason I ended up going private is that I don't think the care that's given at the NHS gender clinics is given in the best way. I went to an appointment with my girlfriend, who's also trans, for her initial consultation and the questions that they asked were just ridiculously invasive and disgusting. There's far too many questions about a person's sex life and a person's genitals – like how often do you masturbate, what do you think about when you masturbate? Some of those questions might be relevant okay if you're going in for a consultation for SRS, but not for another appointment - it's just so humiliating. When I had my private appointment, I barely had any sex-related questions at all. It was very respectful – where did you grow up, how was your childhood, when did you first experience dysphoria? Stuff like that, which seemed relevant rather than any humiliating questions that seemed a bit useless.

> "I don't think the care that's given at the NHS gender clinics is given in the best way. I went to an appointment with my girlfriend … the questions they asked were just ridiculously invasive and disgusting."

"I was also quite worried about how they would treat me at the gender clinic, because I'm non-binary, and I've heard is they don't treat non-binary people with as much respect and as much dignity.

"When I first realised I was trans, when I first realised that I wanted to medically transition my dysphoria was like quite horrific. As time goes on you learn sort of ways to cope with the body that is giving you discomfort … it's like I've gotten used to this body so much, that now the thought of top surgery scares me. I know it's something that I want and something that will benefit me but having to go through dysphoria for so long so unnecessarily means that the change is scary.

"I've heard about the massive issues that people are having with bottom surgery for transmasculine people. I'd rather the NHS be clearer in explaining what is happening, we're doing this many surgeries every month, and this is the person or the people who are doing it. There's a lot of confusion about what's going on. I spoke to my GP about getting a hysterectomy at one point. He was generally really good about it … I've decided not to do it now, but I found out through that process that the gender clinics don't do a hysterectomy alone as a gender affirming procedure. You have to get bottom surgery to have a hysterectomy and that seems unfair. If you just wanna remove the womb, why should you have to have some other form of bottom surgery to have that happen?

> "I'd like my trans-affirming care to be GP-led, and I think having an informed consent model is really important."

"At the GP, most of the time they can be really good – but also they can be really awful. I think it's a combination of individuals sort of being ignorant and not being educated. I've attended some GP services, like the one I'm with now, where they've said like oh, all of our GPs are really well trained with trans patients, we will treat you with respect and all of this and I have found that to be true. I think if they did more training with GPs everywhere, it would be great.

“I’d like my trans affirming care to be GP-led, and I think having an informed consent model is really important. I feel like it would completely remove waiting lists for like an appointment to get the trans affirming care started. I think it’s also nice to be able to go to a GP who knows you already. If there’s any problems with the care that you’re receiving, or you want to change your dosage, or anything like that, it would be so much easier to be able to go to your GP. Then you don’t have to wait several months to get an appointment with like a specialist. As well, I’d like to see reassurance that transition isn’t one size fits all, and that there are non-binary people who transition as well. It’s not just one process – this is what trans females go, through this is what trans males go through. I’d rather the NHS were clearer with that.”

Case Study 4

P is a LGBT youth worker at a local mental health charity for children, young people, and families. The LGBT service within the charity works with children and young people between the ages of 10-25, and supports a significant number of trans young people in the local area.

"Not all young people who approach us asking for gender identity support want medical transition. A lot of young people are starting with social transition and exploring their gender – they're wanting to change things like names and pronouns and how they identify and how they express themselves.

"However, we do get a number of young people who specifically come in and ask us for help in navigating trans healthcare pathways as they are experiencing barriers in accessing referrals and support. It might be that they've tried to access a referral to specialist trans healthcare through their GP but this has been denied them, either because they've not been listened to or they've not been able to communicate their needs. This is particularly difficult for young people who don't have parental support. Not only will they lack an advocate, but they may also be worried about confidentiality and whether information needs to be shared with their parents/carers.

"Sometimes, healthcare professionals lack knowledge and training on how to support trans young people. They may not understand the referral pathways and often question young people's identity when they turn up and say that they are trans. Sometimes a young person will ask for a referral to a gender identity clinic, but their gender identity is treated as a mental health issue, therefore, they are referred to a mental health service, or, told that is it a requirement that they access therapy and counselling before they can be referred to a gender identity clinic.

> "It's very common for young people to come to us because they have been refused a referral [for gender-affirming care], or because they've been told they need mental health support before they can access that referral."

"I would say it's very common for young people to come to us because they have been refused a referral, or they've been told they need mental health support before they can access that referral. This stigmatised approach can have a big impact upon young people because it can give them the impression that their identity is not valid, or, that there's something wrong with them.

“The most significant impact of these barriers to accessing trans healthcare for young people is on their mental health and emotional wellbeing. Presentations we see include depression, anxiety, low mood and also significant issues with self-harm. The self-harm statistics for trans young people are shocking and really devastating.

“Some young people may already be experiencing mental health difficulties when they go to their GP and request support for their gender identity but their mental health deteriorates because of the barriers in accessing a referral and then having to wait 3 years + for an initial appointment.

“I have referred a lot of young people to gender identity services, but the majority of them are still wating to be seen. I've been working here as part of the LGBT team for over six years, and several young people have been on waiting lists all that time. Some of these young people are now adults in their twenties, who were actually referred to GIDS maybe at 15, and then because the waiting list was so big, they got transferred onto the adult pathway.

“Trans healthcare should be localised. We’ve talked about barriers before, if you’ve got anxiety, social anxiety, and you’ve got to travel to Leeds or London or Nottingham or Sheffield for a one hour first appointment… that would be nerve wracking for anyone, let alone a young adult. And not all young people have got the best support networks around them because of stigma, transphobia, or, a breakdown in family relationships. Localised services would hopefully reduce the barriers to attending appointments due to a fear of travelling somewhere else in the country, or the expense of going to another part of the country.

“You could include gender identity services in primary care services in local areas, so that they can be delivered where people live. It could be multidisciplinary, with specialist workers within GPs, specialist workers within child and adolescent mental health, and links to other services and support. If a young adult goes to Sheffield for their assessment appointment, and they need social support, the likelihood of Sheffield then signposting them to a service in Liverpool is really reduced. If gender identity services were more localised, you would hope it would bring more of a holistic support offer, because services would be able to work together.

> “Waiting years for an initial appointment … can create a Catch-22 situation, whereby a young person’s mental health needs to be stable in order to … get a diagnosis, but the fact they’ve been waiting for years can destabilise their mental health. ”

"For adults, there are pilot gender identity clinics at the moment. CMAGIC, the one in Cheshire and Merseyside - I've heard nothing but positive things about the CMAGIC pilot. We can only hope that those pilots can be something that will be sustained and continued, because the model of having just the seven or so national gender identity clinics is obviously not working if people are waiting five years, sometimes longer, to be seen. NHS guidelines are that from the point of referral to being seen it should be 18 weeks - if someone's waiting years for an initial appointment, that's not an accessible health service. It just adds additional complications and additional problems for the people who are waiting to access appropriate support. It can create a Catch-22 situation, whereby, a young person's mental health needs to be stable in order to engage in the assessment and get a diagnosis, but the fact that they've been waiting for years can destabilise their mental health.

"I think more education for healthcare professionals and training for healthcare professionals on how to work with trans young people and adults would make services more accessible. There's a problem if a GP is not able, willing, or sure about how to refer someone onto the NHS pathway.

"I think there's also a whole issue for young people in general in regards to feeling able and comfortable talking to their GP. It's sometimes really difficult for young people to open up and explain what they want and what they need with regards to healthcare, particularly to a person of authority like a GP. Then add on top of this, being a trans young person worried about how your identity will be viewed. Even things like changing name at the GP is an unnecessarily difficult process. Young people report that GPs either don't know how to do it, or refuse to do. This then impacts upon trans young people's ability to access healthcare in general. If your records are not in the name that you want and if the GP doesn't use the correct name and the pronouns, this can be very triggering for some young people, so they sometimes avoid going to talk to a GP about their general health needs.

"At the moment, there is a significant debate about trans healthcare for young people ... and this has an impact on trans young people's mental health."

"At the moment, there is significant debate about trans healthcare for young people. This debate is extremely toxic at times and this has an impact on trans young people's mental health, and the services that are trying to support them. The narrative that is being pushed is that trans young people don't know who they are and that there should be more, rather than less, barriers to them accessing affirmative healthcare. We know from research that trans young people's mental health outcomes are significantly worse than their cisgender peers and this is a result of stigma, pathologisation and a lack of access to appropriate healthcare."

Conclusions

Our interviews with participants and responses to our survey have identified a number of areas where trans patients' experiences and access to support can be improved.

Impact of lengthy waiting lists for gender affirming care

The impact on trans people of lengthy waits for gender affirming care on the NHS is significant. These impacts can be psychological and material. Significant delays to accessing assessment and treatment impact trans people's mental health. People we spoke to told us about how they chose to access care privately, or 'DIY', to either avoid lengthy NHS waiting lists or to finally access care after waiting long times for initial appointment for NHS services, which has a significant financial impact.

The NHS must continue work to reduce waiting lists for gender-affirming care to improve health outcomes and mental health for trans patients seeking this care. We would like to see the new pilot clinics, such as CMAGIC, extended and expanded so they can see more patients currently on GIC waiting lists.

We would also like to see more NHS clinics established to support transgender young people.

Communication

Communication with patients referred to GICs is poor, and must be improved. Recent research by Healthwatch England on GP referrals has shown that this is an issue wider than gender-affirming healthcare. Greater transparency around the referral process and clearer communication around referrals would benefit patients across the board.

Issues around dead naming, use of inappropriate titles and updating patient records should also addressed. Trans patients should be able to update their details, including their name, title and gender marker, with their GP surgery easily.

Training for administrative staff should address misconceptions that patients need a formal diagnosis of gender dysphoria, gender-affirming surgery, or a gender recognition certificate to change their details with their GP.

Inconsistencies in GP treatment

People raised with us differences in attitude around knowledge and attitude from GPs regarding gender-affirming treatment. This leads to inconsistencies in the quality of care for trans patients. Care should be consistent across the NHS for trans patients. This should involve all patients being able to access a high standard of care.

GPs should be supported by commissioners to work under shared-care agreements with gender-specialists, including where these are private providers,

and to offer bridging prescriptions as a form of harm-reduction where patients are self-administering HRT.

Dignified and respectful treatment from staff

People raised with us issues around healthcare staff asking inappropriate or invasive questions during care. People also told us they felt the NHS diagnostic process for gender dysphoria was degrading, in contrast to diagnostic processes in private clinics.

Staff across all NHS services should be supported to attend training on working respectfully with trans patients. This should also be offered to volunteers with NHS service who also work with patients.

Social care services

While we received no direct feedback on social care services, commissioners and care providers should also work to ensure their services are inclusive and respectful of trans service users.

Glossary

Bridging prescription	A temporary HRT prescription issued by a GP to a patient who is waiting for specialist treatment.
Bottom surgery	Refers to gender-affirming surgical procedures to alter a person's genitalia. See also: GRS, SRS.
Deadname	The name a trans person was known by prior to changing their name as part of their transition. To deadname someone is the refer to them by their former name.
DIY / DIY transition	Medical transition without medical supervision or oversight.
Gender affirming care	Social, psychological, behavioural or medical interventions to support and affirm an individual's gender identity.
Gender dysphoria	Discomfort or distress experienced by a person because there is a mismatch between their sex assigned at birth and their gender identity. This is also a clinical diagnosis for someone who doesn't feel comfortable with the sex they were assigned at birth.
GIC	Gender Incongruence Clinic, also commonly referred to as a Gender Identity Clinic.
GIDS	Gender Identity Development Service, the UK's only clinic for trans and gender-questioning young people. The GIDS waiting list was closed in July 2022, and it is planned to be replaced by smaller, regional clinics.
HRT	Hormone Replacement Therapy. A form of medical transition.
Medical transition	Medical treatments used to affirm a person's gender. Medical transition can include hormone replacement and surgical procedures.
Misgendered	To incorrectly identify the gender of a person, through the use of incorrect titles, pronouns, and other gendered terms.
Non binary	An umbrella term for people whose gender identity doesn't sit comfortably with 'man' or 'woman'.

Phalloplasty	A form of trans masculine genital surgery, involving the construction of a penis.
Social transition	Another aspect of gender transition, which can involve a person changing their name, pronouns, coming out as trans or non-binary to friends, family or co-workers, and changing their appearance.
Top surgery	Refers to gender affirming surgical procedures to change someone's chest.
Trans feminine	A person who is trans feminine is someone who transitions socially or medically in a feminine way. The terms includes non-binary people, as well as trans women.
Trans masculine	A person who transitions socially or medically in a masculine way. The term includes non-binary people, as well as trans men.
Transgender	A person who is transgender is someone whose gender identity is different from the sex they were assigned at birth. Transgender is an umbrella term. See: Trans
Trans	An umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth.
SRS / GRS	Sexual Reconstruction Surgery / Genital Reconstruction Surgery. This is a range of gender-affirming surgical procedures to alter a person's genitalia. See: bottom surgery.

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healthwatch Liverpool

Healthwatch Liverpool
151 Dale Street
Liverpool
L2 2AH

www.healthwatchliverpool.co.uk
t: 0300 77 77 007
e: enquiries@healthwatchliverpool.co.uk
@HW_Liverpool
Facebook.com/HWLiverpool