

What Trans, Non-binary and Intersex People Told Us About Health Services in York

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Content warning

This report contains content that some people may find distressing. This includes but is not limited to: mental ill-health, suicide and suicidal ideation, stigma and discrimination. Please consider your own mental wellbeing when reading.

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Executive Summary

Healthwatch York had heard about poor experiences in accessing local healthcare services from trans and non-binary people living in the city. We wanted to find out if the issues people raised were common for trans, non-binary and intersex people in York.

We worked with local voluntary sector organisations and colleagues in the NHS to find out more. We heard from trans, non-binary and intersex people, their family and friends and healthcare professionals.

We found a mixed picture across all NHS services. Some people told us of gender affirming care from healthcare professionals who were empathetic, caring and wanted to support the people to get the care they needed. However, we also heard from people who had such distressing experiences that they no longer trust the NHS to provide any care for them.

We identified these key findings from the feedback we received:

1. Many people are not treated with respect and dignity. This includes healthcare professionals consistently using the wrong pronouns or names for people.
2. Many healthcare professionals do not have appropriate/effective training around trans, non-binary and intersex people's healthcare.
3. The waiting lists for gender specific care are too long, with little to no support for people while waiting.
4. There is not a consistent approach to shared care in York between GPs and private hormone/gender affirming care.

Some of the feedback we received highlighted good practice. This demonstrates that gender affirming care is not only possible but is already happening in York. It is led by committed and concerned healthcare professionals. This shows that good care for all trans, non-binary and intersex people is possible locally. With leadership and support it could be the rule rather than the exception. We have made a number of recommendations to help this become a reality.

Since we carried out our research and drafted this report, the Levy Review, an operational and delivery review of NHS adult gender dysphoria clinics (GDCs) in England, published its report¹. While much of that report and the recommendations focus on GDCs, both include mention of hormone provision and the need for shared care arrangements with GP practices for this. This report is in line with the recommendations in the Levy Report in that hormone prescriptions should be managed by local primary care services – although the Levy Report recommends that this should be after a year where they are managed by the local GDC. The Levy Report recommendations include developing local hormone prescribing pilots. We strongly endorse this and believe that York is in an extremely strong position to implement a pilot in line with our recommendations.

Thank you to everyone who shared their experiences as part of this project and all those listed above. Without you all this project would not have been possible.

¹ <https://www.england.nhs.uk/publication/operational-and-delivery-review-of-nhs-adult-gender-dysphoria-clinics-in-england/> 18 December 2025

Background

According to 2021 Census data, approximately one in every 200 people aged 16 and over in England may be trans, non-binary or another gender identity that differs from their sex at birth. Data from Humber and North Yorkshire Health and Care Partnership noted that 742 people in York were coded on GP records as trans, non-binary or intersex. This is not the total trans, non-binary and intersex population of the city, just those with the appropriate code on their GP record.

Trans and non-binary people are protected by law from discrimination under the Equality Act 2010. Gender reassignment is one of nine protected characteristics under the Act², regardless of whether people have had medical treatment or acquired a Gender Recognition Certificate as part of their gender transition.

The **Equality Act 2010** says that it is unlawful to discriminate against patients based on protected characteristics, which include gender reassignment and sex. Refusing treatment because a patient is transgender or because of gender-related beliefs would likely constitute unlawful discrimination.

The legal protection extends to how trans and non-binary people are treated by public services, like the NHS. Under the Public Sector Equality Duty³, public authorities must tackle unlawful behaviour among staff towards people with protected characteristics, advance equal opportunities and foster good relations between all types of people. However, equality in law does not guarantee equality in

² <https://www.legislation.gov.uk/ukpga/2010/15/part/2/chapter/1>

³ <https://www.gov.uk/government/publications/public-sector-equality-duty-guidance-for-public-authorities/public-sector-equality-duty-guidance-for-public-authorities>

everyday life, as an Equality and Human Rights Commission report concluded in 2018⁴.

Inequality in everyday life is something transgender and non-binary people face, affecting all areas of their lives. A recent study found “problems associated with discrimination, healthcare, employment, housing, self-esteem and rehabilitation.”⁵

As with the wider population, trans, non-binary and intersex people rely on general practice for general health care. As the Royal College of General Practitioners notes in its position statement of March 2025⁶ “General Practice plays a vital role in ensuring (transgender patients) receive the care they need. GPs are expected to approach the holistic care of transgender people, those experiencing gender incongruence and / or questioning their gender identity as they do with every patient – openly, respectfully, sensitively and without bias.” However, they go on to note the challenges for GPs in providing all aspects of the care required:

“As expert generalists, GPs are not trained to have the specialist skills required to assess and provide care to address specific needs related to gender incongruence... However, once adult patients are under the care of a specialist gender identity service, many GPs are likely to feel able to maintain prescriptions under a collaborative or shared care arrangement.”

For specialist services relating to gender identity, these can be accessed through Gender Identity Clinics. These are commissioned

⁴ www.equalityhumanrights.com/sites/default/files/is-britain-fairer-accessible.pdf

⁵ <https://sciencescholar.us/journal/index.php/ijhs/article/view/7011>

⁶ <https://www.rcgp.org.uk/representing-you/policy-areas/transgender-care>

by NHS England to provide a national support service in line with their service specification⁷.

In June 2024, the British Medical Association published guidance on 'Inclusive care for trans and non-binary patients'⁸. The guidance references the 2018 National LGBT survey⁹ and its findings of negative experiences for LGBT people accessing healthcare services that are reflected in this report. In the introduction to the guidance: 'The BMA affirms the rights of all transgender and non-binary individuals to access healthcare and live their lives with dignity, including having their identity respected. Doctors should work collaboratively with their trans and non-binary patients as they do with any patient: in a respectful, open and sensitive way, free from discrimination or bias.'

The guidance goes on to outline the elements of a trans-inclusive approach for GP practices.

The General Medical Council also has guidance for supporting trans and non-binary patients on its website¹⁰. Similar to the RCGP and BMA, it stresses: 'While transgender and gender diverse people may have specific health needs in relation to gender dysphoria or gender incongruence – their general health needs are the same as anyone else's. As with any patient, it's important that you provide general care to meet their healthcare needs.'

⁷ https://www.engage.england.nhs.uk/survey/gender-identity-services-for-adults/user_uploads/specialised-gender-dysphoria-service-specifications.pdf

⁸ <https://www.bma.org.uk/advice-and-support/equality-and-diversity-guidance/lgbtplus-equality-in-medicine/inclusive-care-of-trans-and-non-binary-patients>

⁹

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721704/LGBT-survey-research-report.pdf

¹⁰ <https://www.gmc-uk.org/professional-standards/ethical-hub/trans-healthcare#confidentiality-and-equality>

In July 2025, Healthwatch England published a report 'What trans and non-binary people told us about GP care'¹¹. Healthwatch England heard from more than 1,300 people from across England. The report's findings are similar to those outlined in this report with mixed experiences for trans and non-binary people accessing GP services.

Those who had good experiences referenced healthcare professionals treating them with respect and compassion. However, much of the feedback was about the challenges and issues trans and non-binary people face in accessing gender affirming care. This led 39% of respondents to say they are not confident in using GP services for their healthcare needs.

The local picture

In 2025, York Health and Care Partnership produced data about the mental health and wellbeing of trans and non-binary people in the city.

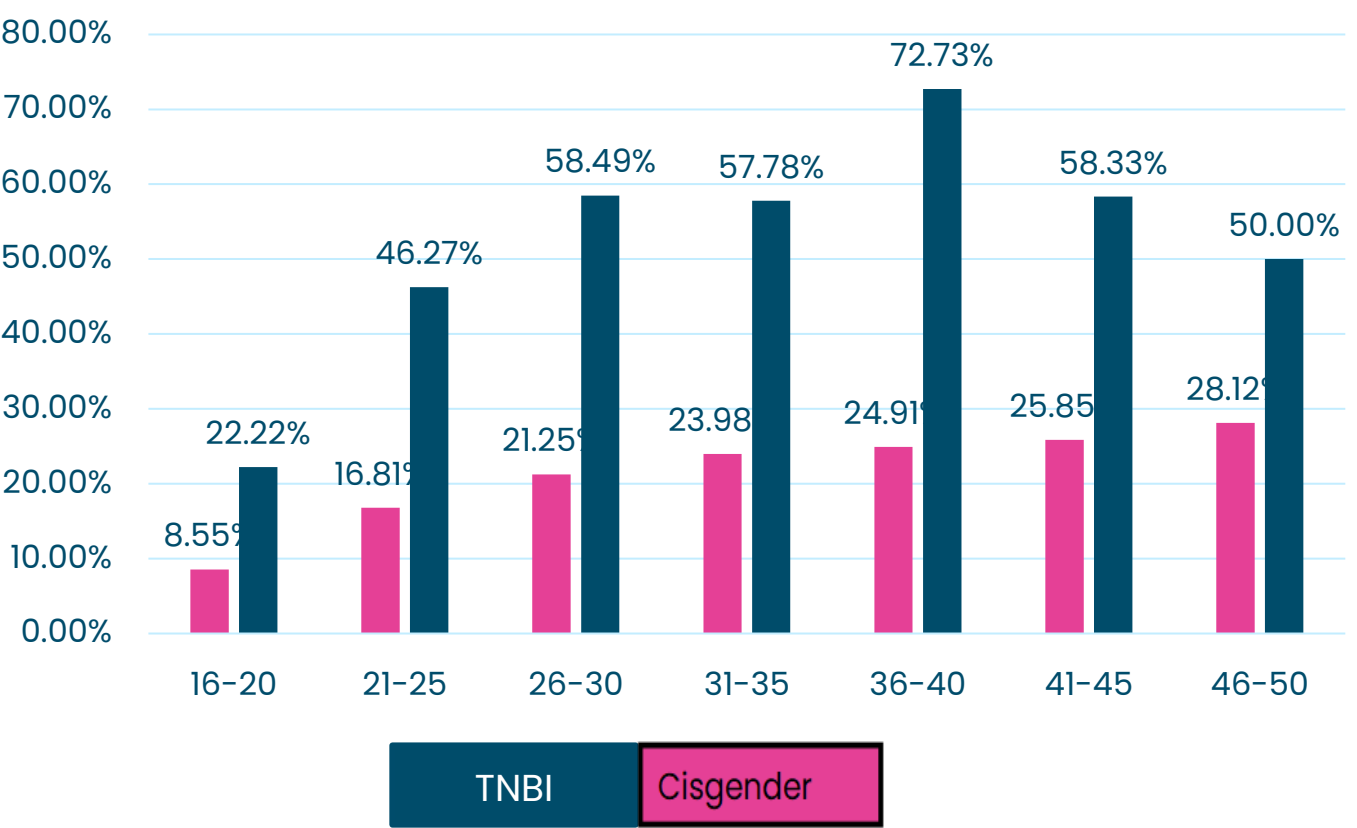
The data shows the difference in York people diagnosed with any mental health condition comparing trans, non-binary and intersex people with cisgender people across age groups. It is important to be clear – being transgender is not a mental health issue. But transgender people experience higher rates of mental ill-health due to the societal pressures, discrimination and violence they experience.¹²

¹¹

www.healthwatch.co.uk/sites/healthwatch.co.uk/files/20250717_Trans%20experiences%20of%20healthcare%20PDF%20%281%29.pdf

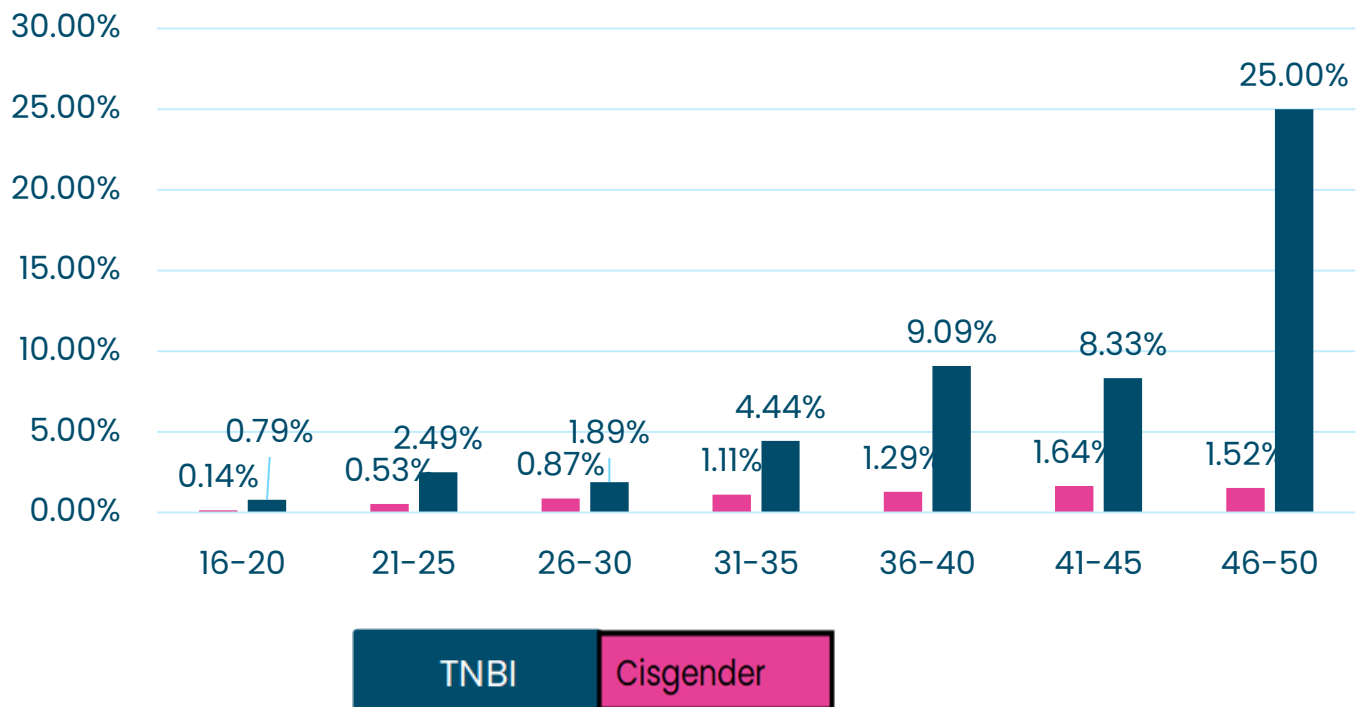
¹² <https://www.healthpartners.com/blog/mental-health-in-the-transgender-community/>

Percentage of patients with a diagnosed mental health condition by 5-year age band (18/03/2025)



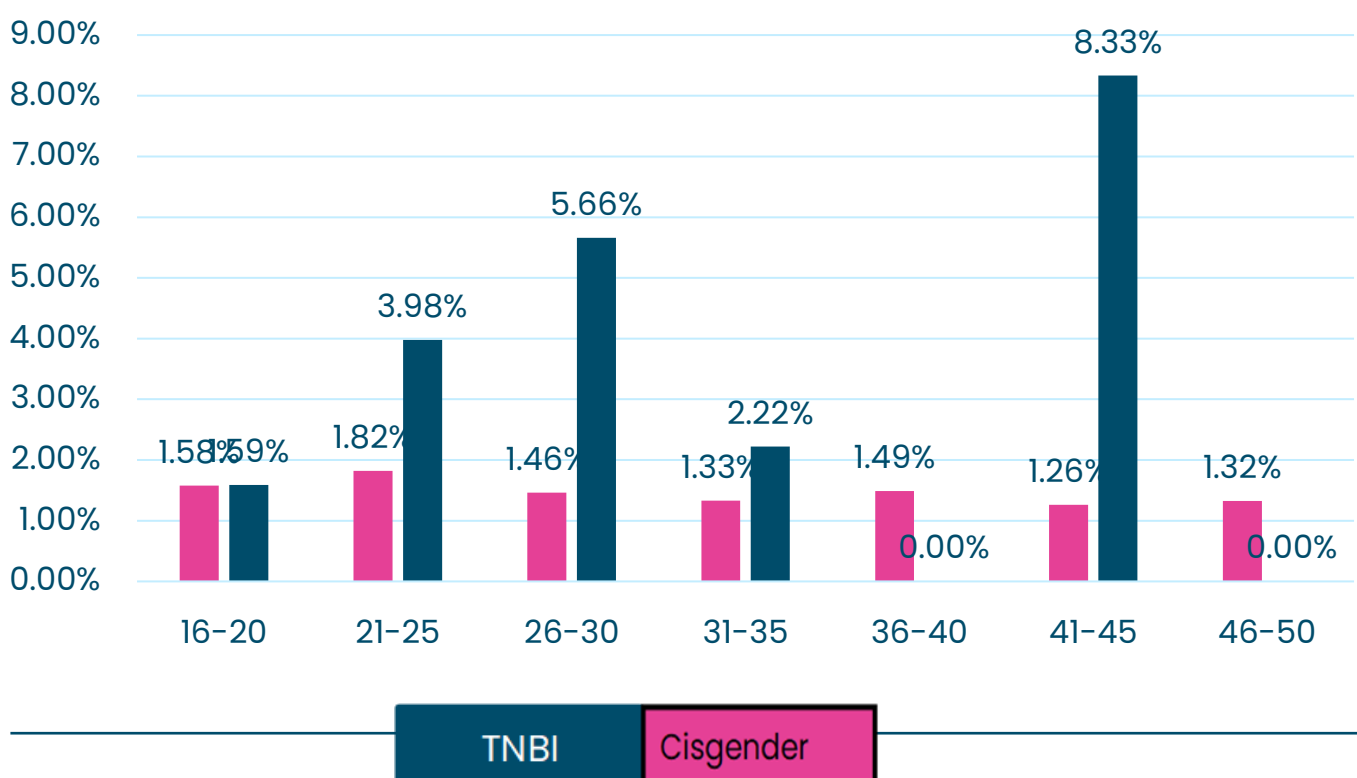
It is clear from this data that trans, non-binary and intersex people across all age groups experience significantly higher rates of diagnosed mental health conditions than cisgender people. This trend is also seen in diagnoses of serious mental illness and particularly stark in working age adults as serious mental illness diagnoses typically increase with age.

Percentage of patients with a severe mental illness by 5-year age band (18/03/2025)



This trend is also reflected in information about eating disorders:

Percentage of patients with an eating disorder by 5-year age band (18/03/2025)



The Humber and North Yorkshire Health and Care Partnership presentation that accompanies the above data recognises that the above disparities are driven by 'minority-stress pathways and structural factors, including discrimination, social exclusion and barriers to accessing gender-affirming care'. This references Puckett et al 2023¹³ and Watkinson et al 2024¹⁴.

Methodology

Feedback Healthwatch York had received in 2024 – 2025 highlighted challenges for trans, non-binary and intersex people in accessing healthcare. This was confirmed by other research (see above) which found that trans, non-binary and intersex people often experience poorer health outcomes than the general population.

We reached out to local LGBTQIA+ support groups and interested healthcare professionals who confirmed the issues we had heard about. In partnership with those and other organisations, we held an open meeting to explore the issues further. As a result, a working group was formed. Together we developed a project to gather more information about local people's experiences.

The project launched in July 2025 with surveys and engagement running between August and November 2025.

We ran three surveys (see below) promoted via LGBTQIA+ support groups, social spaces, the city's two universities, social media, local media, Quiet Pride and more. The healthcare professionals survey was circulated via the York Health and Care Board, GP practice manager meetings and hospital contacts.

¹³ <https://psycnet.apa.org/record/2023-72636-001>

¹⁴ <https://pubmed.ncbi.nlm.nih.gov/38307677/>

The online survey for trans, non-binary and intersex people was supplemented using whispermeter¹⁵. This is a completely anonymous online space for people to post information about a topic. We identified this additional route in response to feedback from partner organisations that some people found the survey overwhelming.

The three surveys conducted were:

1. Trans, non-binary and intersex people's experiences of health services in York.
2. Healthcare professionals' experiences with supporting trans, non-binary, and intersex people in York.
3. Friend and family members' views of trans/non-binary/intersex experiences of health services in York.

The surveys were self-selecting, meaning that we relied on those willing to complete the questions and who had the ability to complete an online survey. Therefore, it is not a locally representative sample.

We received:

- 67 responses from trans, non-binary and intersex people.
- Nine responses from healthcare professionals*.
- 14 responses from friends and family members.

*After we launched the surveys, NHS England announced it would be issuing new clinical guidelines about supporting trans, non-binary and intersex people following the Supreme Court ruling¹⁶. As a result, we heard that a number of healthcare professionals were awaiting updated guidance before responding to the survey.

¹⁵ <https://whispermeter.com/>

¹⁶ <https://commonslibrary.parliament.uk/research-briefings/cbp-10259/>

Key findings:

1. Many people are not treated with respect and dignity.



"My GP surgery would not use my chosen name or pronouns, despite it being recorded on my notes. I avoided doctor appointments for a long time because of this."



2. Many healthcare professionals do not have appropriate/effective training around trans, non-binary and intersex people's healthcare.



"You have to educate every one of the medics you go to since they are routinely ignorant to trans health."



3. The waiting lists are too long, with little to no support while on the waiting lists.



We are currently booking appointments for people who were referred in approximately July 2019.



Leeds Gender Identity Clinic

4. There is not a consistent approach to shared care in York between GPs and private hormone/gender affirming care.

6

During my five years on the GIC waiting list I paid for private gender treatment, including blood tests and medications.

Refused blood tests due to no longer doing shared care.

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What we heard

The information below comes from survey responses, whispermeter responses, conversations and feedback to Healthwatch York as part of its ongoing work. Where appropriate, we have included comments from all the surveys under headings and have indicated which of the three groups it is from. Any comments from friends and family and healthcare professionals that did not fit under these headings is included later.

One of the first survey questions for trans, non-binary and intersex people was whether they felt they faced barriers because of who they are. 82% of respondents said they did. We also asked friends and family if their family member/friend had experienced issues when accessing health services and 92% said yes.

However, while 82% said they had faced barriers, we did hear from people about positive experiences of local healthcare.

We have explored some of the barriers people raised below and included some of the positive experiences to show what good care can look like. We have started with our key themes but also included wider feedback.

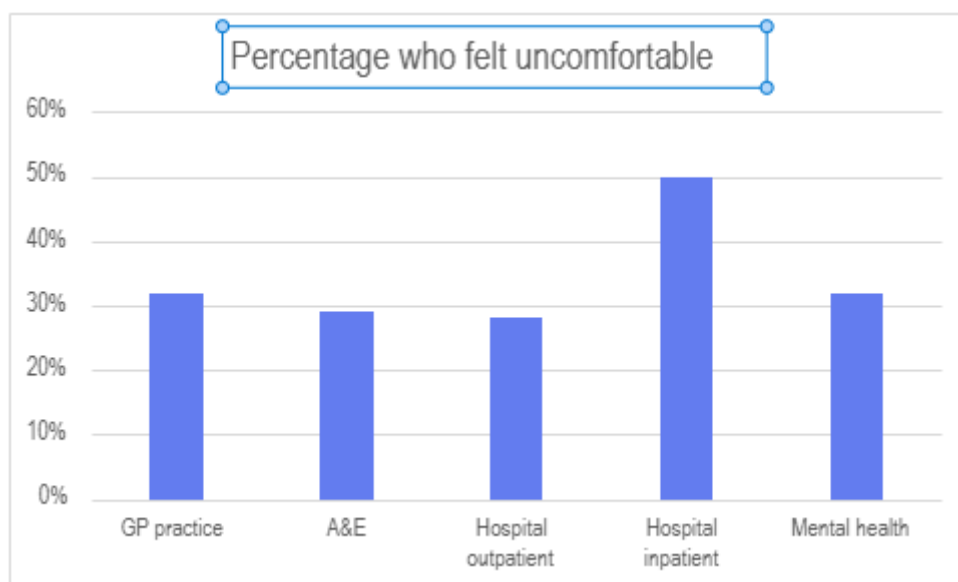
Respect and dignity

As above, a significant majority of respondents said they felt they faced barriers in accessing healthcare because of who they are. We asked about experiences in a range of healthcare settings and had a mix of responses both positive and not. For those who did not have a good experience, healthcare professionals not following a request to use the person's chosen pronouns and name was a significant issue. This is something easy to address and can make a big difference to someone's experience.

Many people feel scared about accessing healthcare as they feel they will be treated differently, that they will be denied services or that any issue they raise will be linked to their gender identity – this is colloquially known as ‘trans broken arm syndrome’¹⁷ where any symptom is put down to someone being trans or non-binary.

More than 50% of survey respondents said they hide their identity to access health services. Some told us that when their gender identity was known, healthcare professionals ask questions about it even when the person felt it had nothing to do with the issue they presented with.

32% of trans, non-binary and intersex respondents said a GP practice staff member had made them feel uncomfortable due to their gender identity; this was 29% for people attending A&E; 28% for people who were hospital outpatients; 50% for hospital inpatients (but note this was a much smaller sample) and 32% for people seeking mental health support.



¹⁷ <https://pubmed.ncbi.nlm.nih.gov/36736052/>

People told us:

- "I avoid doctors as much as possible because I am scared, they will deny me healthcare or take away my existing healthcare."
- "... person used the wrong name and pronouns even though I explained my preferred ones. When they knew I was trans my care seemed to slow down and funding was withheld."
- "GP misgendered me in patient notes and generally gives a feeling of having personal biases against trans people and trans healthcare."
- "In the past have had doctors not look into issues they believe are related to "being trans" even when I don't believe they are related. This has led to the GIC having to tell GPs to manage ordinary conditions "as they normally would"."
- "My GP surgery would not use my chosen name or pronouns, despite it being recorded on my notes. I avoided doctor appointments for a long time because of this."
- "I have also been misgendered in patient notes that I can see through the NHS app, and my repeat prescriptions that I ordered through the NHS app were sent to the pharmacy under my deadname."
- "I have also had a GP tell me that I shouldn't get care on the NHS; she also asked me why I would do this (meaning transitioning) to myself. I have also had a nurse tell me that I'm lucky to get treatment via the NHS when attending an appointment for my hormone blocker injection."
- "It feels like there is always at least one extra step or thing to do with everything, over and above what other people have to do, because of my gender identity. It is exhausting and I experience this on a daily basis with many other aspects of my life so these experiences are cumulative, which takes a toll on my general health and well-being."

- “Healthcare professionals often dismiss non-binary identities, and as a community we have found that this leads to health needs also being dismissed.”
- “Sometimes avoided mentioning gender identity in case doctors get sidetracked from helping me with my actual issues if they see my gender as a problem that they need to fix.”
- “I have chosen to not inform doctors of me being non-binary, as while being misgendered in my medical records and appointments etc is upsetting, my gender identity is not an important aspect of my care, and I do not wish to be treated any differently or denied access to services due to not being cisgender.”
- “I have made the decision not to disclose it when it has not been at all relevant, due to an experience I had when attending the eye clinic at the hospital. I was questioned by the doctor about my gender (I was there because I had something stuck in my eye, very painful and needed removing) and he asked me many, many questions about my gender identity. He said it was so interesting and that he had thought I was just a “normal man”.”
- “York for the most part is very welcoming of LGBTQ+ individuals and so far I have had pleasant experiences both at York hospitals and GPs in regards to my identity.”

Friends and family of trans, non-binary and intersex people said:

- “They have been refused health services due to being trans.”
- “They have had medical professionals make it clear that they don’t support trans identities.”
- “Misgendering, patronisation, GPs and mental health staff refusing to do anything to ease dysmorphia.”

When we asked friends and family if they felt GPs and healthcare teams are well informed and respectful regarding trans / nonbinary /

intersex individuals, no-one said yes, 54% said sometimes and 38% no.

Comments included:

- “Some are respectful, and some are confused.”
- “Some are [respectful] but that seems to be because they’ve made an effort to learn. Others see it as an optional interest, which it shouldn’t be.”
- “Our lived experience is that GPs are not well enough informed, often not respectful and generally try to do as little as possible for our daughter.”

Another issue raised is about medical records. Many people raised the issue that NHS records often only allow someone to state if they are male or female only. Sometimes GP practices will ask if someone’s gender is the same assigned at birth. There are also no options for different gender markers/titles.

- “111 Service ... There is no option to be counted and recognised as the person you are, only the sex you were assigned at birth. I understand the need for medical professionals to know this. However, I feel completely discounted as a human being in my identity when completing this online form. It would be better to have the option to self identify gender, even if that information isn’t used at all and goes nowhere behind the scenes, and still have the assigned at birth question ... so the medical professionals get all the information they need.”
- “Have updated name and title but not gender marker on NHS record, though this was offered by my GP. When updating title I provided one that is not part of their system (Mx) and as a result the title section is blank on my record. Have had practitioners ask for my pronouns due to this, though many still default to an assumption based on my presentation, typically she/her.”

- “Not applicable as there is no option to change a gender to non-binary.”

A healthcare professional said:

“It is sometimes difficult when the gender recorded on the system does not refer to biological sex at birth. I feel it would be more appropriate to have gender at birth and current gender. It has health and treatment implications if staff do not have access to this information. There are potential risks to not having access to this information.”

Some people have changed their medical records and NHS number and have had mixed experiences. Some people haven’t tried as they fear what might happen if they do. Changing an NHS number and identity is very important for some people as part of their new identity. However, there are challenges for the person and for healthcare professionals to make sure that vital health information is carried forward into their new record. Further work is needed to make sure this process is simple and safe in both primary and secondary care.

Feedback included:

- “Yes, it took about a year to complete and there was initial confusion about whether it was possible from GP surgery staff. ... Initially they gave me an invalid NHS number which had to be reissued but that at least was only a couple of weeks before completion. My records were not carried over in the way I’d have expected. They are not easily accessible to GP or hospital and I think are essentially drag and dropped as a single history entry. ... Due to my records not carrying over, I had to tell the GP what medications I was on for them to prescribe. That is absurd that they couldn’t look that up.”

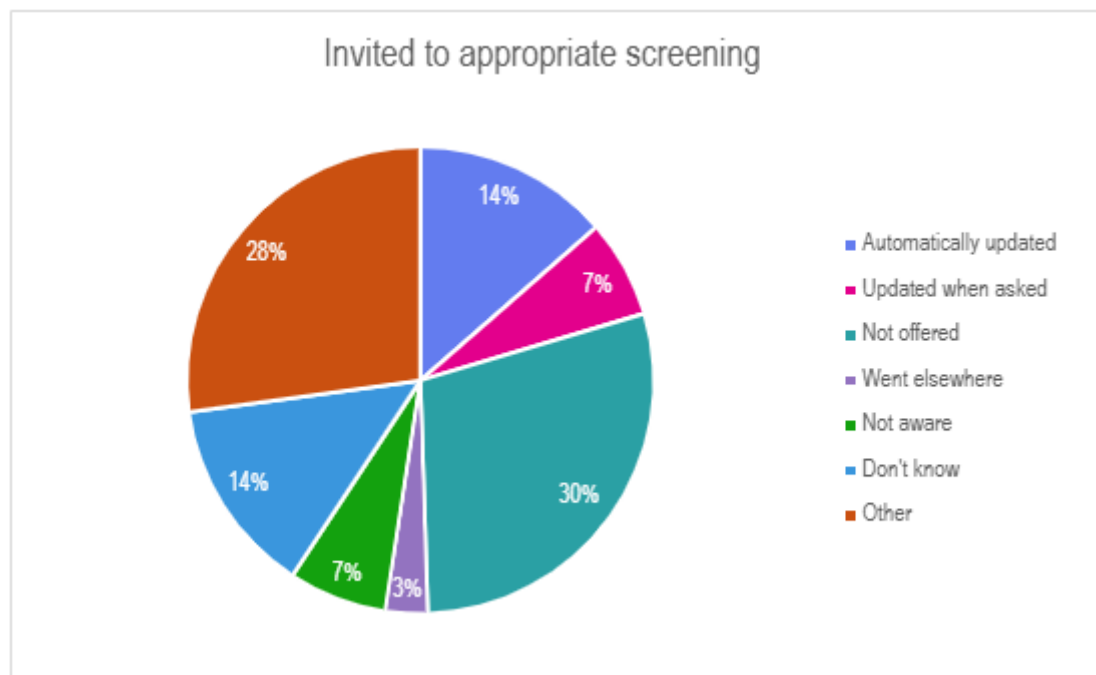
- “I have asked to do so but am told this is not possible/not advised as I will no longer be able to access or be reminded of cervical screening services. I have recently had cervix removed so will attempt to change again. This has caused issues as when interacting with receptionists/staff when looking up my health record as if they put a male filter on they fail to find me on initial searches which forces me to out myself to receptionists and other staff. Also, my title is not able to be changed to Mr with a female sex so I am forced to use Mx which confuses staff as they assume that I am non-binary and try to treat me as such.”
- “... the way it is currently done makes it extremely hard for me to continue the other forms of care that I need as it requires a whole new NHS number. This personally is a very outdated way of doing it. It means I have a sacrifice to make. I have spinal issues that are ongoing and I also have a vascular issue ... that is currently being investigated medically. If I update my gender identity on my NHS record it means my NHS number will change and I will lose all records of the previous care that I am receiving and would potentially mean that I either have to start it all again or wait for an unnecessary amount of time to be able to recover and match the records to my new NHS number. Why we can't just change it on our existing record is beyond me. It would require simple and very quick IT skills to be able to do this and the NHS IT team throughout the county could get this done within minutes.”

Some GP practices have succeeded in changing records and carrying information over:

- “The receptionist at my GP was able to change my gender marker and link my records together.”
- “Yes, contacted by GP practice who asked if I wanted to have my gender marker updated. The practice admin undertook all of the

necessary processes on my behalf, including updating my NHS record number... I believe that due to the IT system architecture, transfer of my records was problematic, but everything was eventually fully completed. I was very impressed with the service which I received from my GP practice.”

We asked those people who had changed their NHS number if they were still invited to appropriate screening related to their sex assigned at birth. It was a mixed response with 14% saying it was automatically updated, 7% getting it addressed when they asked, 30% of respondents not having been offered this and others not sure or seeking screening independently.



Training

Our feedback highlighted people’s perception of a lack of training and understanding around transgender, non-binary and intersex identities. This included the issues above including not using the correct pronouns, deadnaming, general comments about making the patient feel nervous and uncomfortable to express their gender identity.

We heard through the healthcare professionals survey and throughout the feedback from trans, non-binary and Intersex people that often healthcare professionals were wanting and willing to learn and help, but had to get the patient to teach and educate them. When asked what training healthcare professionals get around trans, non-binary and intersex people, they said there is “no formal or mandatory training just optional e-training”.

When asked in the friends and family survey “Do you feel GPs and healthcare teams are well informed and respectful regarding trans/nonbinary/intersex individuals?” every respondent said either ‘no’ or ‘sometimes’. This shows that there is still a lot of work to be done around training and understanding.


Feedback from trans, non-binary and intersex people also demonstrated that they felt there was a lack of basic training stating, “they often fail to meet the low bar of getting pronouns right”. 64% of trans, non-binary and intersex respondents said they didn’t feel that GP practice staff know how to support them in relation to their gender identity.


Positive experiences highlighted the difference when a healthcare professional was informed: “the GP I have now is great and actually listens to me. She has done her own research and is helpful”. It is important to recognise that not every healthcare professional is doing harm, and a lot of healthcare professionals do not want to cause harm. Training and understanding is important so healthcare professionals gain a deeper understanding of the medical processes and treatment of gender care but also the language used and what gender dysphoria is really like for people.

People also told us:

- “No-one seems to understand even a little bit what HRT is and what it does.”
- “I don't feel comfortable disclosing my gender to GPs when dealing with "women's issues", as GPs are often confused.”
- “Trying to book a routine cervical screening examination at my local GP surgery – the only option at the time was to telephone the surgery and ask for an appointment. I have a very male gendered name and a deep voice following hormone treatment. It took a lot of courage to call in the first place because I was worried about being challenged by the receptionist about needing the appointment, which is exactly what happened. I found this very difficult and triggering having to explain myself to the receptionist and convince her I needed the appointment. She would have benefited from some sensitivity training.”
- “According to most people in the NHS I am female despite having a non-binary identity. Non-binary doesn't exist in most settings including GP, hospital, most mental health services. It's just not worth potential conflict correcting people on 'actually they/them, I'm non-binary'.”
- “Some are more informed than others. I'm aware that for the vast majority, they have had very little/no specific training in this area just like many other highly specialised areas. I don't expect my GP to know everything. It is my belief that many GPs simply do not feel sufficiently qualified themselves regarding gender identity issues.”
- “You can immediately tell those who are genuinely happy to deal with trans, nonbinary and intersex people. The rest, at the best case scenario, will exhibit the following types of behaviour (one at a time or, possibly, combined): they will start by smirking suggestively, then move to trying to blame you or your gender identity for your current 'secondary' health issue. Always demonstrating that you are wasting their precious time

with the whole 'basket case' of your existence. ... please train your staff. Until then, only those who are trained and relatively sympathetic should be dealing with us.”

Heavens no. When I first came out my GP asked me if I really wanted to be a woman since from her perspective it seemed to be much worse, which was honestly such a baffling comment – I like that doctor a lot and know it was meant sincerely, but it speaks volumes about how clueless even good GPs can be. GPs are criminally undertrained when it comes to gender dysphoria and the transition process and have to be talked through every stage by patients who usually know much more – a good GP is one who listens to the trans patient and a bad one is one who refuses to allow them access to HRT or referrals to necessary services, but I never expect a doctor to actually know what to do themselves.



One healthcare professional completed a training session delivered by a trans woman and found “... I felt reluctant ... to raise any of my concerns. I would have much preferred training from a disinterested trainer where I could have openly discussed my views.”

Another healthcare professional felt that training on gender care should be mandatory.

Waiting lists

Waiting lists for NHS gender clinics (GICs) have reached up to 20 years in some cases, far exceeding the 18-week target. Leeds GIC (the closest one to York) is currently seeing people who joined the waiting list approximately five years ago. This has led to local speculation that those joining the list now may also face waits of 15–20 years. Many highlighted the lack of support for people waiting years for an initial appointment. Over two-thirds, 69%, of trans, non-

binary and intersex respondents said they had not received any support while waiting.

During their time on the waiting list, a lot of people seek alternative/private care to get hormones and gender treatment.

- “During my five years on the GIC waiting list I paid for private gender treatment, including blood tests and medications.”
- “Seven+ year wait list to access gender clinic plus further waits for treatment.”
- “I am on the waiting list for gender affirming care and expect to be so indefinitely.”
- “I’ve still yet to even get a single NHS gender clinic appointment despite being on the waiting list for more than seven years.”

Support people told us they were offered while waiting included:

- A talk about what to expect from the GIC and what they offer.
- Newsletters/leaflets.
- Occasional conversations with an outreach worker.
- Online information.

The support people said they would find helpful while on the waiting list included:

- Updates (knowing where they were on the waiting list).
- Mental health support.
- Support groups.
- Access to other forms of gender care such as vocal training and laser hair removal.
- Check ins with the GP (even once a year or every six months) to discuss where they’re at with their mental health and on their transition journey.

When asked to share any positive experiences people had had once they had reached the GIC we were given very few and heard some disheartening stories.



After five years, I got my first appointment, arrived early and sat waiting to be seen. Thirty minutes after the appointment time I was still waiting. I asked why. Apparently, the nurse came out looked around and saw me and thought I was the wife of someone else being seen at the hospital. Clearly, he was looking for a man in a frock ... I had three appointments and the only thing I needed was some NHS electrolysis. They said I couldn't have that ... and I was discharged after that saying I didn't need their help, and I was well adjusted.



Family and friends added some comments including:

- “Waiting times are obscene and for suicidal teenagers even five years ... may as well be never.”

Shared care

Currently, there is no formal city-wide shared care arrangement for the treatment of trans and non-binary people in York. One healthcare professional respondent said: “Absence of a Shared Care agreement to allow prescribing is causing a great deal of distress to trans patients”.

Another healthcare professional added: “Lack of a specified service for prescribing/monitoring hormonal treatments. Clinics have expertise but insufficient resource. Primary care is not resourced. Patients become stuck in the middle”.

A limited number of trans, non-binary and intersex people have had shared care from York GPs historically but the numbers are declining. People have reported that these historic agreements, including blood tests for monitoring when someone is getting their own hormones, are now being cancelled and people are being discharged. GPs report feeling that they are in an “impossible situation” – they don’t have the training or support to provide these services and therefore do not feel it is safe to offer shared care but know this leaves people without vital healthcare.

In 2023 the Humber and North Yorkshire Integrated Care Board (ICB) published its Pride in our Health report.¹⁸ One of the report’s recommendations was to: “Support primary care to establish and agree LGBT+ principles of good practice so that models of shared care between GenderGP services, other private trans health care and NHS GPs can be validated and maintained”. This project has shown that the ambition of the recommendation is still needed. This is reflected in our recommendations.

Trans, non-binary and intersex people said:

- “I asked my GP to do blood tests and prescriptions, but they still refused because they no longer do shared care. So, I am still stuck paying for (somewhat inadequate) private care, and for the whole time have been dealing with anxiety that the government might make efforts to shut down even that route to care.”
- “I am trans, and trying to get shared care with my clinic has been really difficult. I am “lucky” because my surgery ... will do blood tests for me, but they will not do shared care so I have to pay for my own testosterone. The people working there that I see for appointments are very supportive, and do not

¹⁸ <https://humberandnorthyorkshire.icb.nhs.uk/wp-content/uploads/2023/05/Item-8-Pride-in-Our-Health-Report-Final-.pdf>

discriminate against me but the organisation and bureaucracy that forbids them from being able to give me shared care does.”

6 I have faced multiple barriers to healthcare because of who I am and what I am. I have faced unnecessary refusals, gatekeeping and barriers to the simplest of healthcare for who I am. Transgender healthcare is not a specialist requirement. It is relatively simple in terms of care especially after a formal diagnosis of gender dysphoria. After this diagnosis it is a case of prescribing HRT and monitoring blood results to maintain a safe regimen of HRT. This is not specialist medical care. This is basic medical care, which is so basic that people DIY it themselves, learn how to interpret their own blood results and are able to administer their own dosages and injections and many people do this successfully. I have been on the receiving end of rejections for even shared care with other NHS services who specialise in transgender healthcare simply because of "practice policy". ... If other places in the country can provide LGBTQ+ healthcare on an informed consent model, then York should be able to too.

6 [X practice] stopped prescribing my HRT out of the blue. There was no medical reason, I'd been prescribed it for years with no issues. They said it was a funding issue. Almost every other GP in York then refused to prescribe my HRT. I was under the care of NHS gender clinics who'd recommended this treatment for me since 2019. [X practice] cut my treatment just before Christmas, six months after my partner killed themselves, and I was really fragile at the time. I didn't find out I could have my HRT back from [a different practice] until they could see me at the end of January. I had panic attacks every day, nightmares about becoming a man, and after a month I'd started to make suicide plans. ... It felt like no doctor valued the importance of these

treatments, and it had become so politicised, that they'd cite that they're doing it out of concern for my safety due to them not being trained in this area. I'd die without my treatments. I'd recovered from gender dysphoria and was happy with myself and considered it dealt with. I'd made so much progress mentally from my partner's death, all of it was lost in a single text message from a doctor. A week before it was taken away, I'd told my mum that I was still grateful in life because at least I had access to my HRT ... Seeing me completely mentally degrade made my parents pay for me to have bottom surgery, which cost over £20,000, just so that I would never have to worry about my testosterone coming back because a doctor will refuse to prescribe the blockers. ..."



Family and friends of trans, non-binary and intersex people said:

- "I am aware many trans people are not getting the healthcare they need. Many are going to private providers, unregulated sources of medications that they are not taking under medical supervision."
- "Access to healthcare is another difficult topic as they often have to battle to get hormones, whilst they have shared care there is the constant threat that it will be withdrawn."
- "... In the end we, her parents, paid for her to access gender affirming care in London and also via Gender GP because of the barriers – prior to this desperation she ordered hormones from the internet which turned out to be very risky. After she was left a legacy from my parents she was able to medically transition and have gender affirming surgery. This has been a life saving process – she would not have been here without this..."

Healthcare professionals added:

- “Absence of a Shared Care agreement to allow GID prescribing – causing a great deal of distress to trans patients. Working to support improving access to cervical screening for LGBTQ+”.
- “Complexities around prescribing hormonal medications and extremely long waits for referral to gender clinics.”

However, one person told us that holistic healthcare for trans people is possible in York and they are receiving it. They explained that they have and continue to receive shared care for hormones, including blood tests all within General Medical Council guidelines. The person feels that their experience demonstrates that effective care can be provided and is happening thanks to supportive healthcare professionals who prioritise the health and wellbeing of their patients.

Wider feedback

GP practices

GPs are often the first line of call for people seeking gender affirming care so how GPs respond and handle this is very important and impactful on the individual seeking the care.

Almost all our survey respondents (91%) had been in touch with their GP practice in the past two years. When asking trans, non-binary and intersex people about their experience with GPs we got a mix of responses. 70% of respondents felt comfortable and safe in disclosing their gender identity to their GP practice. Some people felt it isn't always relevant to share the information and others found it difficult to fully trust GPs in disclosing their gender identity: “Generally, I don't share my gender identity with GP/work due to anxiety surrounding how they would react and finding most still default to seeing me as my assigned sex at birth”.

We also got responses from people that were concerning:

- “I avoid doctors.”
- “I am scared they will deny me healthcare, or take away my existing healthcare.”
- “I worry this [my gender identity] would be held against me and would muddy the waters when trying to get treatment for issues like PCOS (polycystic ovary syndrome).”

As above, we have heard from non-binary people that they feel their gender identity is not recognised or understood:

- “My GP practice doesn’t record non-binary identity or pronouns, there is no official record of my gender identity on my NHS record, I’d essentially have to come out to whoever I speak to every time to tell them, and this would take up time and make me anxious”.
- “To the GP I am female as it’s easier than explaining every time that I’m non-binary”.

There have also been some positive experiences spoken about where patients have been grateful with how they’ve been treated by healthcare professionals.

- “Most GPs and nurses, although not always clued up on terminology or equipped with an in depth understanding of gender identity, have been brilliant. I recently submitted compliments around my latest cervical screening appointment. The nurse was open in saying that I was the first transgender patient she’d done screening for but could not have done more to make the appointment as comfortable as possible. She acknowledged that it must be crap for me having to attend, she took every step she could to reduce discomfort (both physical

and emotional) and was just generally a lovely person who treated me with kindness and compassion”.

- “Everyone I have encountered at the practice has been fully supportive and accepting, including admin staff, receptionists, practice nurses and GPs.”
- “I prefer to see one particular GP as she is particularly good with this and I have been seeing her for many years now, since coming out to her as trans.”
- “The nurses know exactly how to handle the support they give and so do the doctors.”
- “The GP I prefer to see ... has been fantastic over the years and helped enormously, particularly at the beginning of my transition. I think it was in 2013/2014 I wanted to ask for a referral to the gender identity clinic and visited the GP three times for spurious reasons before plucking up the courage and mentioning in passing on the way out of the appointment that I’d like a referral to the gender identity clinic. The GP could clearly see I was very anxious, brought me back in and sat me down taking the time to get to the bottom of why I was really there. She then was very honest with her knowledge of the subject at the time and wasn’t sure of the referral procedure but said she would find out but had experience with trans patients elsewhere. She made an unbearable time in my life feel like it would be okay. From that moment on, I made appointments for all my health issues with this GP and had full confidence in feeling safe and supported.”
- “When I had my first appointment with the GP practice after I moved, the GP checked with me what my preferred name and pronouns were.”
- “x practice will always use my correct name, my correct pronouns and the nurses I see there are always very supportive and complimentary too. They have very good humans working for them. I say “humans” because it is not

the title of "doctor" or "nurse" that makes a genuinely decent person. It is the person themselves."

Friends and family of trans, non-binary and intersex people said:

- "The GP practice I spoke with seemed very supportive, and they expressed frustration with the system and that they were not able to provide the care and services they would like to, but nevertheless, were doing what they can. I hear other practices vary, some are supportive, some not so, and it depends on the individual GP and admin staff that people speak with."

However, one person also highlighted the impact of a lack of continuity of care: "The lack of continuity in healthcare teams/professionals has at times formed a barrier."

Self-prescribing hormones due to lack of help from GPs was mentioned frequently. "All GPs need to do is prescribe and monitor bloods to see that they are in a range that's given by endocrinologists who specialise in this area, the GPs aren't required to make decisions on treatment. Bluntly, I could be my own GP at the stage I am at ... they've forced trans people to become their own doctors".

When we asked trans, non-binary and intersex people what their ideal GP surgery looked like, many reflected the comment: "where they just respect who I am".

Other suggestions reflect the key themes outlined above and included:

- "A form to easily notify of name and pronoun changes. Preferred name and pronouns always used by all staff. Ability to

specify non-binary as a gender marker on record. Not asking invasive questions. Not denying healthcare.”

- “They would work positively with Leeds Gender Identity Clinic about hormones and prescribing. ... There should be more public information about them supporting trans and non-binary people and actions to show their support. And they should be more aware about trans people and issues.”
- “I would like for my GP to provide the blood tests requested by my endocrinologist, and to be prescribed my HRT by the GP under the guidance of the endocrinologist.”
- “Taking the time to listen and not assume everything is actually about gender issues.”
- “Having well-educated, empathetic and supportive practitioners and receptionists who can help guide you through the process and feel confident in doing so. More GPs should also state whether they are trans inclusive or not, so that trans patients know they are entering a safe and supported practice before registering with them. By 'inclusive', this could include a section on their website explaining policies or resources.”
- “To be seen only by trained people.”
- “Making sure that Mx and "no title" are options on the intake form; having boxes for both legal name and preferred name on the intake form; having options to choose which anatomical parts you still have and would like to be reminded of care for (ie invited to smear tests, etc) on the intake form, and having that be something that GPs are able to update throughout your time with the surgery; having options for both standard pronouns (he/she/they) and also a write-in box on the intake form. Ensuring that surgeries are also familiar with prescribing and being responsible for HRT prescriptions, rather than forcing split care. Having surgeries be willing to discuss things like hystos or salpingectomies for trans folks without defaulting to recommending the GIC (given GIC waiting lists).”

Hospital services

We asked trans, non-binary and intersex people about their experience of York hospital including A&E, outpatient appointments and inpatient care. Not as many people had accessed hospital services as GP services.

Of our respondents, 48% had been to A&E in the past two years; 59% had had an outpatient appointment and 18% had been an inpatient.

We asked if services used people correct pronouns and correct names:

Service	A&E	Outpatients	Inpatients
Correct pronoun always used	48%	52%	38%
Correct name always used	62%	60%	88%

Other responses were never, sometimes or not applicable. Similarly to GP services, feedback reflected some very good and kind staff and some rude staff who refuse to use people's correct pronouns or name.

In terms of A&E many of the comments were positive:

- "Yes, the nurses I have seen have always been discreet and understanding. They have asked for example how I would like to handle having cardiac monitoring leads attached for the ECG, am I okay taking my shirt off or do I want to put them on myself, etc."

When we asked what a good, gender informed, A&E service would look like most comments related to making sure staff use people's

correct pronouns and name. People generally said they want to be treated like any other patient, with dignity and respect.

The main issues raised in terms of outpatient appointments were about people's correct pronouns and name being used. One person also explained an extreme reaction from a clinician when they realised the person had had gender surgery, even though previous surgery had no bearing on what they were being treated for.

Again, some people had positive experiences:

- "The staff at York hospital during my visit and incident there (I passed out and a team was called in) was absolutely amazing. The staff there are brilliant, all of them. Not a single one of them mis-gendered me or used my incorrect name. They treated me with the utmost respect. Even complimenting me. All they cared about was my wellbeing and health, they had nothing against me and only had wonderful things to say to me/about me. I have never been treated in such an amazing way by medical staff before in my life. That team (MRI and the team that was called on) was a picture-perfect example of how a medical facility should operate."
- "The nurses who redid my dressings a few days after my surgery were super lovely and made sure to invite me to have my first look at my chest after surgery, because they know from experience how important that moment can be for trans folks. They were really friendly and cheerful and made sure to let me know what to look out for while I was healing – they were just lovely people, and I wished in the weeks afterwards that I could have remembered their names so I could have left feedback."

When asked about what a good outpatient experience would look like, most people reflected the above good practice and wanted it

to be the situation consistently. One person suggested that 'My name is ...' badges should also display someone's pronouns.

We also asked about experiences if people had been inpatients. Only eight respondents had been inpatients. The negative comments related to being misgendered, the person having their trans identity publicly visible and being asked intrusive questions about gender identity when it was not related to the reason they were in hospital.

Some people reported positive experiences. These were often related to kind and understanding staff: "The cancer ward have always treated me well with compassion and respect! I appreciated it a lot! It made me feel safe there."

When we asked what a good inpatient experience would look like, people again said having correct pronouns and name recorded and consistently used. Another person added: "I want to feel safe and be in a ward that matches my lived gender identity. I do not like being in isolated rooms in inappropriate places ... I would feel much better in a main shared ward that matches the identity I have been living fulltime in for the past 22 years."

We have heard that a number of initiatives have happened at York and Scarborough Teaching Hospitals NHS Trust to raise awareness of issues for trans, non-binary and intersex patients and to improve facilities and services. These include:

- Activities within the LGBTQ+ network.
- Better signposting for visitor toilet facilities across main hospitals.
- LGBTQ internal communications campaigns – themed key messages within a set period.
- The Trust's Accessibility Hub:

<https://www.yorkhospitals.nhs.uk/accessibility-hub/> which

provides information about how someone can request reasonable adjustments and provides information about accessibility features.

- Community events including a Trust presence at York Pride and Scarborough Pride with staff nurse 'Ivy Drip' leading the way.¹⁹

Mental health and neurodivergence

We asked survey respondents about other protected characteristics and whether they face additional barriers due to this – often called intersectionality. 77% of trans, non-binary and intersex respondents identified as neurodivergent; 65% identified as experiencing mental ill health and 35% as being disabled.

When we asked specifically about intersectionality, 48% of survey respondents said this was relevant to them.

It is important to understand that this intersectionality compounds the challenges that people experience. For example, Clinical Partners in discussing the overlap between neurodivergence and LGBTQ+ identity state that:

“In the case of LGBTQ+ and neurodivergent groups, both communities already face higher rates of anxiety, depression, and discrimination that can lead to trauma. When someone belongs to both groups, those risks can increase. Making an effort to hide differences when accessing care can take its own toll on mental health over time, so support that affirms both aspects of a person’s identity is essential.”²⁰

Responses about this varied and demonstrate the complexity of intersectionality for trans, non-binary and intersex people and for

¹⁹ <https://www.facebook.com/YSTeachingNHS/posts/staff-from-across-the-trust-enjoyed-a-wonderful-day-out-at-scarborough-pride-on-/880858097480927/>

²⁰ <https://www.clinical-partners.co.uk/insights-and-news/autism/is-there-a-link-between-neurodivergence-and-the-lgbtq-community>

healthcare professionals. For some people there are clear links between their gender, being neurodivergent and/or experiencing mental ill health as all are elements of them as a whole person. Others express frustration that connections are made where they don't feel that they are appropriate. We have also heard from people who have been told that they can be neurodivergent or have gender dysphoria, not both.

It is clear that more research exploring effective holistic support and positive impacts on mental wellbeing is needed in this area.

People told us:

- "I find it hard to untangle gender identity from autistic identity. Overall, I just want to feel safe and believed and supported. Online there is so much information about interconnected conditions and comorbidities and yet the GP doesn't seem knowledgeable or interested. My health care moved on the most a few years ago when I had a lovely and thorough student doctor and I felt that her training was more up to date or had included more about the issues I face."
- "Oftentimes because my gender presentation isn't overwhelmingly stereotypical, I have been put aside and told that this ties into my neurodiversity and/or some other area of my psyche."
- "I have felt in the past that I couldn't access support for mental health as this would interfere with my interactions with the GIC."
- "To access "mental health counselling" I've been advised that gender has no connection with symptoms of depression and should ignore it for the sake of finding the root problem. It's generally led to me feeling dissociated with gender as a concept."
- "I think autism and also being perceived as a female of a certain age impacts how I am treated (or not treated)."

- “I think some medics – even therapists and psychologists – make judgements, for example, since you have ADHD ... they arrive at an irrational judgement that you want to, or did transition because of the ADHD or autism and not because you have/had gender dysphoria (GD). There are many neuro-typical people with GD and many neurodivergent people who do not have GD. There is no direct correlation but even the report done on the Tavistock and Portman stated it as fact. Ergo, the medics' ignorance of the subject causes them to reach erroneous conclusions about treatment pathways.”
- “Find that only one element of identity is acknowledged if at all.”
“Being black and trans means doctors don’t really understand how symptoms could present differently because of my different race and them not taking my gender identity seriously.”
“People assume my mental health is due to singular factors rather than the whole picture of neurodivergence, trans existence, non-binary erasure, workplace stress
- “I suspect I have autism and/or ADHD but do not want to get assessed because I am concerned about a diagnosis making it harder to access HRT and other gender services through the NHS.”
- “It can be very hard to have mental health stuff taken seriously outside of trans things, and vice versa. “Oh you're just depressed right now; once you're feeling better the gender feelings will go away” or “Oh, all trans folks are depressed, that's just part of the trans experience.” It can often feel like because there are high proportions of the trans population who do face mental health struggles, that those are just something you have to deal with if you “opt in” to being trans.”
- “Sometimes there are links between my overlapping experiences, but more oftentimes there are not. It would be good to be heard and taken seriously in my opinion whether they are linked or not. I mentioned briefly before that my experiences of being trans throughout other aspects of my life are cumulative.

This is the same for my experience of being disabled, neurodivergent etc. When you add all of these experiences together through everyday life, it can make day-to-day life difficult to navigate and exhausting. ...”

- “The GP at [x practice] told me they can't refer me to mental health services because I'm trans and they don't help with gender dysphoria, and ignored entirely that I might have mental health issues separate from gender dysphoria, and I was just prescribed anti-depressants which I didn't take. This was back in 2022, she then misgendered me in all my notes and made me feel way worse.”

Family and friends of trans, non-binary and intersex people said:

- “Her intersectionality is far from the reason she feels fear and marginalised – being neurodivergent is much more accepted than being trans and it is less stigmatised, and the ‘debate’ is far less toxic.”
- “Medical professionals often blame everything on autism, so they don't have to provide any help or intervention.”

We asked about people's experience of accessing mental health services. 61% of trans, non-binary and intersex respondents had accessed mental health support in the past two years. Of those, 67% had done so via their GP practice, 37% via the Community Mental Health Team, 29% via the crisis line and 15% through another service. Other services mentioned included talking therapies and private providers.

Feedback about experiences was mixed. Many respondents talked about being misgendered or the wrong pronouns or names being used. As above, others also struggled to get the right care related to the issue, rather than their gender identity.

Comments included:

- “Sometimes my trans-ness is zeroed in on as the cause of my distress – it’s usually my neurodivergence.”
- “Didn’t use my name or pronouns. Didn’t feel like I had a chance to talk about my identity at all and was afraid that would cause me to be treated differently.”
- “I tried using the local NHS service. They told me the practitioner was supposedly specialised to deal with trans people. I never heard so many outdated ideas packed into one session, e.g., ‘Do you hold your mother or your father responsible for your condition?’”
- “I’ve had therapists who aren’t educated/interested in gender issues, and have felt unsafe discussing this aspect of my identity.”

Some people shared positive experiences:

- “Genuinely the best medical experience I’ve received is with my current therapist. She’s been so kind and thoughtful of who I am. My trans-ness has never been an issue.”
- “Mental health staff are generally very good with dealing with LGBTQ+ issues from what I have experienced.”
- “Most recently they have done what I needed and recognise the link between mental health and gender. They can see my gender dysphoria and the fact that by wanting to rip my body apart there is an impact on my mental health. The new staff understand and are trying to reassert what I need to their managers.”
- “Mental health services through my GP practice have been generally positive if a little short-term, addressing the relevant mental health problems without associating everything with my gender identity.”
- “The last batch of mental health help I’ve had finally got me to a place where I feel like I’ve healed from past trauma.”

Comments about what a good mental health service should look like reflect the positive comments above, asking for a gender informed service that treats people with respect. Comments recognise the complexity of intersectionality. They included:

- “They should be more welcoming and actively promote / display signage about supporting trans and non-binary people. They should also ask about the best way to support people, including not shouting out names in waiting areas when that is not appropriate.”
- “The ideal service would fully understand what gender dysphoria actually is, how it works and what it can do to the mental health of a person suffering with it. They would know how to deal with it and know what to do and what sort of help to provide. Take GeneraTe as a prime example of exactly how this works.”
- “To understand the complexity of mental health, to not associate it all with gender dysphoria, recognise how these issues can act adjacent to each other. To address me in my gender identity and not patronise me. Don’t assume I’m neurodivergent, I’m not, and even if I was, I shouldn’t have my identity belittled because of it.”

Feedback from friends and family

Many of the comments from trans, non-binary and intersex people’s friends and family are included above. However, there were other comments that we wanted to include:

- “It worries me greatly what is happening to trans people. They are experiencing the greatest attack and erosion of human rights I have ever seen in the UK.”
- “... fear for their safety. ... I am almost consistently hypervigilant when they go out, particularly if it involves public transport.”
- “It feels lonely being the parent of a trans adult child.”

We asked friends and family about any support they had received or if they would approach healthcare professionals for themselves.

Responses included:

- “I don’t feel they have the appropriate services or training to help.”
- “Whilst I’ve tried to do this, I have ticked no because my GP could not have been more disinterested if they had tried!”
- “Trying to use the correct language without proper guidance and conflicting information is [difficult].”
- “Intersex or VSDs/DSDs – there is very little knowledge, understanding, experience etc in general society, in healthcare settings and in education settings etc.”
- “There is no NHS support for family members ... you need an organisation you can trust.”
- “[We need] someone to talk to who is not judgmental. Someone who can tell me what the NHS provides for my family member including timescales.”
- “Leaflets/booklets or websites with correct, unbiased information would be helpful.”
- “It would be helpful to know what is available locally and nationally for trans people... What services are local GPs and other providers providing?”

For those family and friends where their family member or friend is currently undergoing hormone therapy, only 36% feel they are informed about what hormone therapy is and how it works. Everyone said it would be helpful to have information for friends and family about gender affirming healthcare. When we asked if there are enough support services or groups for family members 42% of respondents said no and the same number said they weren’t sure.

We asked family and friends where they go for information and support. Most (75%) looked online, 67% were in touch with friends or

peer networks, half were in touch with local or national charities, half used social media and 42% accessed books or podcasts. One person commented about finding information:

- “It really depends where you go. Our GP has been next to useless with our family member so I don’t ever go there about that. Some of the groups such as the Good Law Project, Transactual, Mermaids etc re good sources of information. I follow trans activists online and find that helpful, though heartbreaking at times. ... Statutory information is awful and non-existent as is healthcare support for either our family member or us as a family.”
- “There is basically nothing for parents who are not ready to accept the idea that being trans is OK.”

Feedback from healthcare professionals

Many of the comments from healthcare professionals are included above. However, there were other comments and information that we wanted to include.

All the healthcare professionals who completed this survey identify with the same gender they were assigned at birth. Half of the respondents worked in primary care and half at the hospital. Most 87% of healthcare professionals had provided care/treatment to a patient that they knew to be trans, non-binary or intersex.

We asked how confident healthcare professionals feel about providing general care to trans, non-binary and intersex people. Half said quite confident and half, extremely confident. We then asked about providing gender affirmative care/treatment; 12.5% said extremely confident, half said quite confident, a quarter said somewhat confident and 12.5% said slightly confident.

One respondent wanted to ensure that gender critical views are acknowledged:

- “Yes, this is difficult for me. My beliefs are gender critical. ... I believe it is not possible for a human to change sex. ... I would happily see the whole field of gender treatment removed from NHS services.”
- “I think gender affirmative care is an intervention that has not been adequately evaluated on many levels: medical outcomes, legal situation, human rights (my right not to be compelled to say things I don't believe vs the patient's right to be addressed in their preferred manner), logical consistency.”

However, most healthcare professional respondents felt their role is to best support their patients, including trans, non-binary and intersex people:

- “As a practice nurse I regularly see trans/non-binary patients for hormone treatment. It is essential to have that continuity of care and I genuinely look forward to my appointments with my regulars, which I hope they do too. This continuity builds a great rapport, trust and respect between us, making us a great team!”

Only half of our healthcare professional survey respondents said they could signpost people to voluntary sector support. Most respondents would welcome information about services and how to refer people to them.

Experiences from other areas

In our research we looked at healthcare services and support for trans, non-binary and intersex (tnbi) people in other parts of England compared to the service in York. This looked at health services and wider support.

The other areas we looked at were suggested as part of the project. We found:

	TNBI²¹ support/info on local council website	Some GP practices awarded 'Pride in Practice'²²	Easily accessible TNBI information on health service websites	Local LGBTQ+ support groups	Local Gender Identity Clinic
Birmingham	✓	✓	✓	✓	✓
Brighton	✓	x	x	✓	✓
Manchester	✓	✓	✓	✓	✓
York	x	x	x	✓	✓ (Leeds)
Bristol	✓	✓ (one)	x	✓	✓
Nottingham	✓	x	✓	✓	✓
London	x	✓	x	✓	✓

The Sussex trans health hub

We spoke to one of the practitioners at the WellBN Trans Health Hub²³ in Sussex to better understand their approach and how it had developed.

The model is a hub that offers trans affirmative healthcare for anyone in Sussex. It will provide treatment, including hormones for anyone following informed consent and a referral from the local Gender Identity Clinic. The initial idea was to have trans champions in every GP practice in the county

²¹ Trans, non-binary and intersex

²² <https://lgbt.foundation/help/pride-in-practice/>

²³ <https://www.wellbn.co.uk/trans-health-hub/>

supported by a comprehensive training programme. However, as soon as people and GPs knew about the expertise at the WellBN practices, the model shifted to the hub approach.

Patients were more confident going to a GP practice that had trans staff members and clearly understood and supported trans, non-binary and intersex people. Other GP practices were much happier to refer people into a service with specialist expertise that they did not have.

The hub model was developed in partnership with the local ICB as part of work to reduce health inequalities. The hub offers holistic services for trans, non-binary and intersex people including hormone treatment and monitoring in partnership with the local Gender Identity Clinic as well as:

- Cancer screening, sexual health, and fertility services.
- Expertise and support for intersex issues.
- Mental health awareness and support.
- Support for additional issues including neurodivergence.

The service now supports 2,500 people across Sussex and has developed a partnership with Somerset ICB to provide gender care to Somerset patients funded by Somerset ICB.

Lily's experience in north London

We spoke to Lily, a trans woman from north London who transitioned in 2015.

After visiting her GP, they referred her to the Gender Identity Clinic (in central London). There was a one year wait for her first appointment. This worked well for Lily as she hadn't decided if she wanted to transition, if she wanted hormones or surgery. The year gave her time to consider the pros and cons of what she wanted. She was referred to a counsellor in the first year which was helpful.

Within two months of the referral, she spoke to a doctor at the GIC. At the GIC appointment a year after referral she spoke to a doctor who confirmed she was a transgender woman and agreed that she should start treatment. They explained that there would be a wait for treatment. It took three years for her to get the treatment. She was not told how long she would have to wait, just not to expect treatment soon.

During that wait, she was offered counselling (in central London) and voice training (which she had already been doing). Neither was useful for Lily, but she recognises that they could have been helpful. She had previously received counselling and by the GIC appointment she just wanted treatment not more conversations.

The longer she waited, the more frustrating it was (partly as she did not know how long it would be) and the last four months were the worst as she felt the wait was going to be indefinite. This delay related to Lily's GP practice getting things set up to prescribe the treatment for her. She also felt somewhat pressured by a professional to go to a clinic to freeze sperm. She was not allowed to start HRT until it was done. This added an extra six months of waiting. She understood that HRT would make her infertile but would rather have started HRT sooner. She was clear that she had no desire to have children. But she was convinced to go through with it because she was told "you don't know if you will feel that way in the future and you are quite young". The process was ultimately in vain as she did not have the income to pay to have her sample retained for more than the allotted five years that was paid for by the NHS.

Lily was the first person at that practice to transition and so they were not sure what to do and needed help from elsewhere. They did call Lily twice to apologise and throughout they have been helpful and used the correct pronouns, name etc.

She was not given any choice as to the manner of HRT she got given (pills/injections/patches etc.) but doesn't feel that has been a problem.

Once the prescriptions started there have been no problems. Lily's local GP provided injections, with the prescriptions arranged through a local pharmacy. She had blood tests every three months, then six months and now annually and there have been no problems.

Lily has now been on medication for seven years and feels like one of the lucky ones. She has had no problems. She had supportive family, a supportive GP practice etc. She has not been misgendered and has successfully got a new NHS record. She does get invitations to screening for people assigned female at birth, but that is a minor thing.

Support groups and resources

York Support groups and information

- GeneraTe and GeneraTe Plus - <https://generate.org.uk/>
- York LGBT Forum - <https://www.yorklgbtforum.org.uk/>
- Over the Rainbow Café - <https://otrcafeyork.wixsite.com/over-the-rainbow>
- The Portal Bookshop - <https://the-portal-bookshop.square.site/>
- York Carers Centre - <https://yorkcarerscentre.co.uk/>
- Gender Identity Clinic, Leeds - <https://www.leedsandyorkpft.nhs.uk/our-services/gender-identity-service/>
Gender Outreach Workers information and advice line: tel: 0800 183 1486, email: genderoutreachworker.lypft@nhs.net
- York Disability Rights Forum - <https://ydrf.org.uk/>
- York Mind Young People's Service LGBTQ+ group
- <https://www.yorkmind.org.uk/how-we-help/young-peoples-service/lgbtq-support/>
- York Disability Rights Forum Quiet Pride
- <https://quietpride.co.uk/>
- YorSexualHealth LGBT Services
- <https://www.yorsexualhealth.org.uk/our-services/lgbt/>

Many employers and education settings also have LGBT Networks.

Local examples include:

- York St John LGBT Network - <https://blog.yorksja.ac.uk/lgbt/lgbt-york/>
- York Hospital LGBT Network
- <https://www.yorkhospitals.nhs.uk/about-us/equality-and-diversity/>
- University of York LGBTQ+ info
- <https://www.york.ac.uk/education/ed/lgbtqi-/>

Other useful information

A toolkit has been created for families and professionals through a community-based participatory study. This explores the importance of family support in improving mental health outcomes for transgender and nonbinary youth. The toolkit includes co-created digital stories that share how open communication, shared reflection, and inclusive family involvement can reduce isolation, foster empathy, and build stronger connections.

Find the toolkit here: <https://www.ttfntoolkit.com/>

National helplines and information

The NHS is extending targeted support offer to anyone affected by the puberty blocker ban. Children, young people and their families can access this service by contacting agem.cyp-gnrss@nhs.net or calling 0300 131 6775 and selecting option three. Further advice can be found on the [NHS website](#).

Switchboard provides a national LGBT+ helpline to discuss anything related to gender identity and sexuality. The helpline runs from 10am to 10pm every day of the year. Call 0800 011 9100, email hello@switchboard.lgbt or access the chat option via their website at: <https://switchboard.lgbt/>

Mermaids, a trans youth charity, offers a website <https://mermaidsuk.org.uk/contact-us/> and hotline (0808 801 0400) for those in need between Monday and Friday from 1–8.30pm.

DSD (Difference of Sex Development) Families is an information and peer support charity for families. Every year around 150 children are born with differences of sex development. This means around 2,300 children are living with DSD in the UK. They provide a range of information resources and run two Facebook groups for parents. Read more at <https://dsdfamilies.org/charity>; find resources at <https://www.dsdfamilies.org/resources>; email info@dsdfamilies.org

Resources for healthcare professionals

As above, the British Medical Association, General Medical Council and Royal College of GPs all have information and guidance for healthcare professionals providing care for trans, non-binary and intersex patients. This includes:

General Medical Council – <https://www.gmc-uk.org/professional-standards/ethical-hub/trans-healthcare#changing>

- This includes information about how to make GP practices more inclusive, providing good general medical services, referring to a specialist medical service and more. The web pages include information about prescribing, confidentiality and medical records. The latter has information about changing medical records and ensuring someone receives screening appropriate to their sex assigned at birth.

British Medical Association – <https://www.bma.org.uk/advice-and-support/equality-and-diversity-guidance/lgbtplus-equality-in-medicine/inclusive-care-of-trans-and-non-binary-patients>

- This guidance includes information on terminology, core principles of supporting trans and non-binary patients, and actions practices can take to demonstrate a trans-inclusive approach. It also includes information on changing patient records, prescribing and more.

Royal College of General Practice:

- Position statement, March 2025: <https://www.rcgp.org.uk/representing-you/policy-areas/transgender-care>
- Guidelines for the care of trans patients in general practice from the RCGP in Northern Ireland: www.rcgp.org.uk/getmedia/18e6238d-6fff-

[43c7-b027-e3fb2d718fff/RCGPNI-Trans-Patient-Guidelines-for-GPs-2017.pdf](https://www.rcgp.org.uk/RCGPNI-Trans-Patient-Guidelines-for-GPs-2017.pdf)

In addition, there are other resources to support healthcare professionals:

- Practice Index gender identity toolkit for general practice:
<https://practiceindex.co.uk/gp/blog/updated-gender-identity-toolkit-for-general-practice/>
- Primary Care Support England (PCSE) guidance on changing patient records linked to gender reassignment (and adoption):
<https://pcse.england.nhs.uk/contact-us/patient-registrations-enquiry-categories/adoptions-and-gender-reassignment>

LGBT Foundation Pride in Practice scheme

The Pride in Practice scheme was established in 2010. The team has worked with over 1,000 primary care services across the UK, presenting over 650 accredited awards recognising excellence in LGBTQ+ healthcare. Practices must pay to access training and accreditation. (This is a paid for training and membership package and other schemes are available.)

<https://lgbt.foundation/help/pride-in-practice/>

Recommendations

We have identified recommendations under particular health and other organisations below. We have also themed the recommendations under key headings:

- Respect, dignity and patient experience.
- Access to services, care pathways and reducing inequalities.
- Training, knowledge and professional standards.
- Records and administrative processes.
- Partnership working, community engagement and support.

There are not recommendations under all headings for each organisation.

NHS Humber and North Yorkshire Integrated Care Board (ICB)

Respect, dignity and patient experience

- Introduce an approach like the Accessible Information Standard where there is an obligation for every healthcare setting to ask about someone's gender identity, pronouns and the name they want to use; this is recorded on the appropriate system and that information is always used when interacting with that person in every way – face-to-face, by letter, email, phone and text.
- Promote the organisation's support for trans, non-binary and intersex people and include information about this on websites, in information etc.

Access to services, care pathways and reducing inequalities

- Implement the recommendations in the Pride in our Health report and particularly:
 - Support primary care to establish and agree LGBT+ principles of good practice so that models of shared care ... can be validated and maintained.
- Explore the option to introduce a specialist GP-led multi-agency NHS service model for trans, non-binary and intersex people, similar to

the Sussex approach. This specialist service model could be a pilot for York with the potential to expand to the wider ICB region.

- Expand future phlebotomy Local Enhanced Services (LES) contracts to include blood tests and monitoring for trans, non-binary and intersex people as standard. This could include additional funding for a specialist GP-led service to deliver this or be part of the standard LES for all GP practices.

Training, knowledge and professional standards

- Implement the recommendations in the Pride in our Health report and particularly:
 - Identify and invest in training, education and resources to ensure that health care staff and professionals have sufficient knowledge to ensure inclusive policies and practices are developed and maintained across HNY. This should be consistently implemented across all health and care services.
- Work with GP practices to develop an approved private provider list – and from this develop shared care agreements with these agreed private providers.
- Make sure information is available for trans, non-binary and intersex people and for healthcare professionals about treatment options and what is available locally, regionally and nationally.
- Reiterate the necessity for healthcare professionals to follow existing guidelines for the treatment and care of trans, non-binary and intersex patients in line with the RCGP statement.
- Develop guidance for GPs about interpreting blood tests for hormone prescriptions to enable GPs to offer blood tests even if they can't offer shared care at the moment.

Partnership working, community engagement and support

- Work with the voluntary, community and social enterprise (VCSE) sector, to introduce support for people waiting for an assessment at the Gender Identity Clinic. This could include:
 - Therapy or options about how to access therapy if needed.

- Vocal training or information about how to access this if needed.
- Laser hair removal or information about how to access this if needed.
- Peer support or information about how to access this if needed.
- Regular/annual updates on where someone is on the waiting list/when they may be seen.
 - Information about accessing bridging hormones – this should be via the NHS if possible or accredited private providers if not possible via the NHS locally.

GP Practices, Primary Care Networks and GP Federations

Respect, dignity and patient experience

- Promote the practice's support for trans, non-binary and intersex people and include information about this on websites, in information etc.
- Join the Pride in Practice scheme²⁴ or other initiative.

Access to services, care pathways and reducing inequalities

- Make sure that trans, non-binary and intersex people have a named GP and see them where possible. This GP should be interested in and supportive of gender affirming care, trained and up-to-date on the latest information, services and research.
- GP practices should offer blood tests to monitor people on hormones, even if they are not prescribing the hormones.
- Introduce annual health checks for trans, non-binary and intersex people.

Training, knowledge and professional standards

- Introduce mandatory training for all staff that is tiered for roles and prioritised for patient-facing staff. Any training should include information about intersectionality.

²⁴ <https://lgbt.foundation/help/pride-in-practice/>

- Make sure there are disciplinary processes in place and followed for anyone who does not follow the RCGP position statement and appropriate guidelines.

Records and administrative processes

- All new name badges should have an option to include people's pronouns, where someone has an existing name badge, practices should offer staff pronoun badges (widely available) and encourage staff to wear them.
- Make sure that trans and non-binary people are invited to all screening related to their sex assigned at birth.

Partnership working, community engagement and support

- Work with the ICB to make sure GP practices and staff have information about gender informed care and treatment options to inform their work and that can be shared with patients.

York and Scarborough Teaching Hospitals NHS Foundation Trust

Respect, dignity and patient experience

- Make sure people's confidential information remains confidential in healthcare settings whatever the situation. This includes ensuring people's records are not left where they can be seen by other people, information is not discussed in public settings or shared with other healthcare professionals in public settings etc.
- Implement the Trust transgender and gender diverse communities policy at all levels of the trust and review the policy every two years as outlined. Any breaches of the policy should be addressed under the Trust's disciplinary policy as outlined in the transgender and gender diverse communities policy.

Training, knowledge and professional standards

- Introduce mandatory training for all staff that is tiered for roles and prioritised for patient-facing staff. Any training should include information about intersectionality.

- Identify and investigate any disparities in patient experience for people who are trans, non-binary or intersex. Where appropriate introduce interventions to address these.

Records and administrative processes

- New 'hello, my name is ...' badges should have an option to include people's pronouns. Where someone has an existing name badge, the Trust should offer staff pronoun badges (widely available) and encourage staff to wear them.
- Encourage trans, non-binary and intersex people to identify themselves as such on patient records.

Tees, Esk and Wear Valleys NHS Trust

Respect, dignity and patient experience

- Promote the Trust's support for trans, non-binary and intersex people and include information about this on websites, in information etc.

Access to services, care pathways and reducing inequalities

- Introduce more gender inclusive therapists who are trained to support people who are also neurodivergent.

Training, knowledge and professional standards

- Introduce mandatory training for all staff that is tiered for roles and prioritised for patient-facing staff. Any training should include information about intersectionality.
- Make sure all practitioners recognise that gender identity issues are not the same as mental health issues.

Records and administrative processes

- All new name badges should have an option to include people's pronouns, where someone doesn't have a new name badge, the Trust should offer staff pronoun badges (widely available) and encourage staff to wear them.

- Make sure there are disciplinary processes in place and followed for anyone who does not follow appropriate guidelines, eg GMC.

York Health and Care Partnership

Training, knowledge and professional standards

- Develop a signposting document/guide about where people can find support in York. This should include information about screening options and be coproduced.
- Develop a 'how to act' document for healthcare professionals interacting with trans, non-binary and intersex people.

Other local public sector organisations

Respect, dignity and patient experience

- Ensure your organisation, staff and volunteers follow legal requirements in the Equality Act and Public Sector Equality Duty to treat trans, non-binary and intersex people with dignity and respect.

NHS England / national level

While locally it is difficult to influence national policy, we feel there are a number of national actions that are a necessary part of improving local services for trans, non-binary and intersex people. We have included those here. Some of these recommendations also reflect those outlined in the Levy Report²⁵.

Access to services, care pathways and reducing inequalities

- Explore ways to reduce the waiting times for people after referral to gender identity clinics in line with the Levy Report recommendations.
- Clarify the commissioning of tertiary gender services following the abolition of NHS England.
- Implement initiatives to make sure there is no longer a postcode lottery for gender services across England.

²⁵ <https://www.england.nhs.uk/publication/operational-and-delivery-review-of-nhs-adult-gender-dysphoria-clinics-in-england/>

Records and administrative processes

- Amend the gender options for all patient records so there are options other than male/female or an option to say that someone's gender is not the same as their sex assigned at birth.
- Widely promote the existing guidance about people having new NHS records and encourage primary care practitioners to follow the guidance quickly and efficiently when requested.

Partnership working, community engagement and support

- Instigate broader research into the experiences of multiple disadvantage and mental ill-health in the trans, non-binary and intersex community and the extent to which holistic support embracing all elements of a person's identity bring benefits to health and wellbeing.
- Instigate and encourage conversations about sharing good practice.
- Work with NICE to develop guidelines for care for trans and non-binary people, particularly in the context of treatment for anyone who wants to transition and would like medical support.

Conclusion

Despite the fact that the rights of trans, non-binary and intersex people are protected by law, many people have shared poor experiences of national and local health services. People told us that they can no longer trust the NHS to support their health and others are struggling with multiple year waits for gender specific services.

It is clear that trans, non-binary and intersex people often face health inequalities because of who they are and the discrimination and lack of understanding that they face in trying to access services for physical and mental health. The data, shared by the York Health and Care Partnership, about trans, non-binary and intersex people's experiences of mental ill health is stark. It is clear that something needs to be done.

However, while there is some way to go before all trans, non-binary and intersex people in York can experience consistent gender affirming care, people shared pockets of good practice and support from healthcare professionals who do everything they can to provide the support trans, non-binary and intersex people need.

Building on this good practice and supporting it with training and adherence to the national guidelines from the BMA, GMC and RCGP among others will see consistently good care for local trans, non-binary and intersex people.

There is more work to do nationally to tackle extraordinarily long waiting lists for specialist gender services. However, local examples show what is possible working within national guidelines. We believe that a partnership approach can provide trans, non-binary and intersex people with the support they need to trust the NHS to support their wider healthcare with understanding, respect and kindness. As the RCGP statement says, care should be provided: 'openly,

respectfully, sensitively and without bias'. We look forward to seeing that approach delivered across health services in York.

Appendix 1

Glossary

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

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

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

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

Deadname: The act of calling a transgender or non-binary person by their birth name or other former forename (their '**deadname**') after they have chosen a new name. Many transgender people change names as part of gender transition, and wish for their former name to be kept private. Deadnaming is considered offensive and harmful as it misgenders people and potentially outs them, particularly when done in public spaces.

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

DSD: Differences of, diverse (or as doctors might say, Disorder of) Sex development.

Gender-affirming care: Healthcare that helps trans people to live in the way that they want to, in their preferred gender identity. It

encompasses a range of social, psychological, behavioural, and medical interventions.

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

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

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

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

Gender Identity Clinic (GIC): see Gender Dysphoria Clinic.

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

Hormone Replacement Therapy (HRT): A form of gender-affirming care used by trans and non-binary people to align their physical appearance with their gender identity. Trans men may take testosterone, and trans women may take oestrogen.

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

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

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

Outing: the act of disclosing an LGBTQ person's sexual orientation or gender identity without their consent. It may be done for malicious reasons.

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

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

Intersex: An umbrella term for people who are born with one or more traits in their chromosomes, genitals, hormones, or internal reproductive organs that don't fit the typical male or female patterns.

Shared care: Shared care for gender-affirming care involves collaboration between a GP and a Gender Dysphoria Clinic. This involves the GP taking over aspects of care, like prescribing

hormones, while the specialist continues to monitor and provide expertise. It is not mandatory, and depends on all parties (the GP, the GDC and the patient) agreeing to it.

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

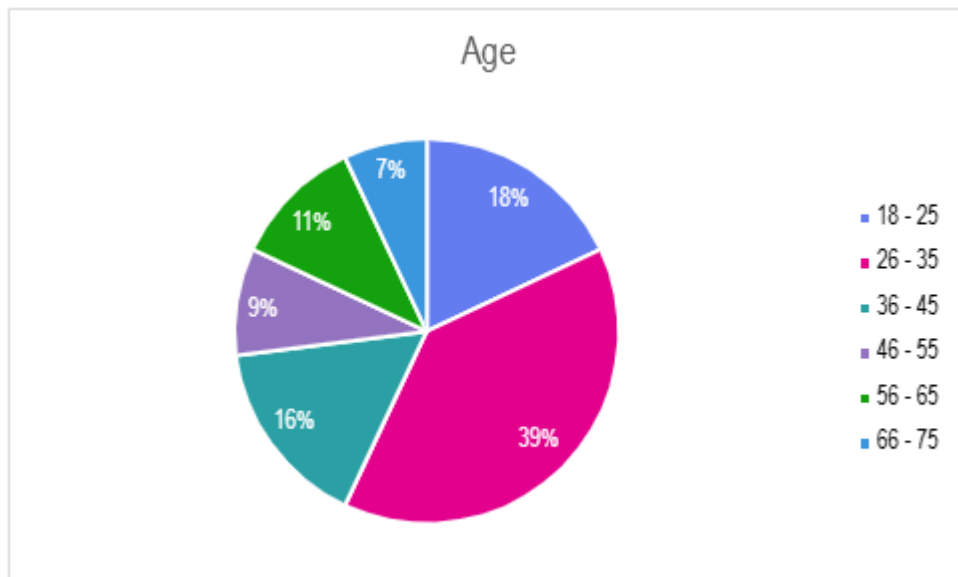
Transitioning: The steps a trans or non-binary person may take to live as, or be seen as, the gender they identify with.

Appendix 2

Demographic information

The information below relates to the 45 people who responded to our survey for trans, non-binary and intersex people.

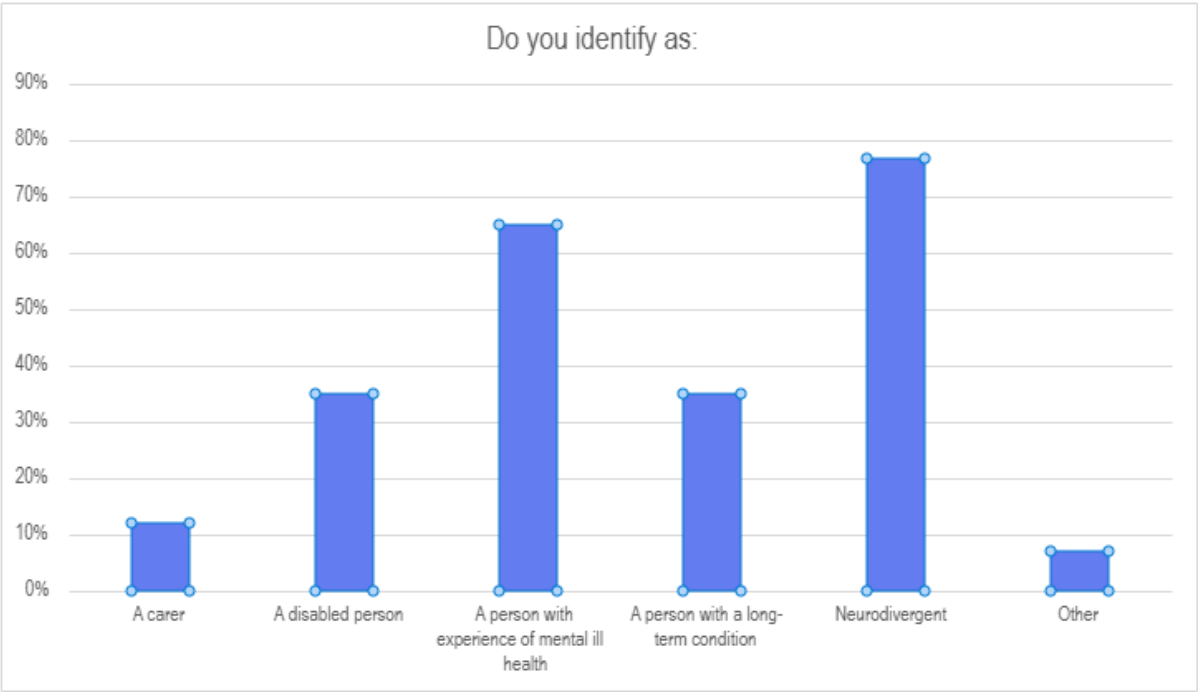
The majority (89%) lived in York. The age of respondents varied from 18 to 71.



We asked people to describe their gender identity. Respondents used the terms they are most comfortable with including:



- Trans man / trans woman
- Non-binary
- Female leaning
- Genderfluid
- Genderqueer

We asked people if they identified with a range of statements:





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