

Template letter to a practice manager

[Your full address]
[And postcode]

[Date]

To the Practice Manager,

I'm writing to complain about Dr [GP name]'s refusal to prescribe me [name of medication].

My NHS number is [NHS number] and my date of birth is [Date of birth].

I attended an appointment on [date] at [practice name] and, when asked to prescribe my hormone replacement medication, Dr [GP name] told me that [he/she/they] is not willing to prescribe it to me. [He/She/They] stated that [insert reason here].

I am a [patient/former patient] of [insert name of Gender Clinic] and they first recommended I be prescribed [name of medication, dosage and frequency] on [date of your first letter asking a GP to prescribe]. I showed this letter to Dr [name] and yet was still refused a prescription.

The NHS Gender Clinics have a contract with the NHS which devolves the provision of prescriptions to Primary Care and, as such, I should expect that my GP will prescribe my HRT medication.

The HRT medications prescribed to trans people are the same as those prescribed to peri and post-menopausal women and to men with low testosterone. As a trans person, I'm protected under the Equality Act 2010 characteristic of gender reassignment. This means that I am entitled to access NHS care without being discriminated against.

If you've not previously been prescribed HRT, please delete this paragraph:

I have been prescribed HRT since [date of first HRT prescription]. Removal of access to this medication will mean that some of the changes I'd experienced to my body will be reversed. I'm particularly worried about [explain what changes you're worried about].

If you've not had lower surgery that involved removal of your ovaries/testes, please delete this paragraph:

I had [insert name of surgery] in [month and year] and, as a result no longer have [ovaries/testes]. Losing access to HRT will cause me to experience peri-menopause and menopause, as well as putting me at the same increase health risks as a post-menopausal woman.

When Dr [name] refused to prescribe my HRT medication, it made me feel [talk about your own thoughts and feelings here. If it has impacted your mental health, please mention it here].

As a result of my complaint, I'd like:

- To be reassured that I will be given access to my [insert name of medication] medication.
- To be given a repeat prescription for [insert name of medication]
- [Insert anything else you'd like to happen].

I await your response and hope that it is resolved quickly. You can contact me at [insert email address and/or phone number].

Yours faithfully,

[Your first name and last name]