

Briefing: Westminster Hall Debate on Provision of Healthcare for Transgender People

Key Lines

- **Trans people across the UK are being failed by the NHS**, not just when accessing gender-affirming care, but also when seeking essential medical care unrelated to their transition.
- Gender Identity Clinic waiting lists are unmanageable in all four nations. More than **48,000 people** are waiting for a first appointment, some waiting **8 years** - with [disastrous effects](#) on trans people's mental health and wellbeing.
- Gender-affirming care like hormones and surgery [have been shown](#) to **improve mental health, gender dysphoria, body satisfaction and self-esteem** and **reduce depression, anxiety, and suicidality** in trans people.
- LGBTQ+ organisations are calling for transition-related care to be **available locally and on the basis of informed consent**, in line with [international best practice](#).
- Everyone, whether they are accessing contraception, abortion care, treatment for the menopause or are transitioning, have an **absolute right to bodily autonomy**: to choose what happens to their bodies, and the healthcare needed to enable that.

Background

- Clinicians, along with trans and non-binary communities, have long [raised concerns](#) around NHS gender care, highlighting **stagnating waiting lists**, treating trans identity as a mental health condition, and **limited options for gender-affirming care**.
- Dr Hilary's Cass [widely discredited review](#) of young people's gender services has been instrumental in **further restrictions of gender affirming care for young people**.
- **Growing NHS waiting lists**, now more than [6 years long](#) combined with an [indefinite criminal ban](#) on the private prescription of puberty suppressing treatments has had a [disastrous impact on the wellbeing of trans youth](#).
- Following [a letter from Dr. Cass](#), Dr. David Levy's [review](#) of adult gender services was launched. The results of that review are expected imminently, with [major implications](#) for **the organisation of gender services, the provision of gender affirming hormones, referrals into gender clinics, the role of GPs**, and other non-surgical aspects of transition-related care.
- The NHS has recently released the research protocol for its [PATHWAYS trial](#) **studying the use of puberty-suppressing hormones (PSH)** by children and young people in the UK, despite [significant international research](#) and [advisory bodies](#) supporting the provision of PSH as a **safe, reversible means of alleviating gender dysphoria and improving psychological functioning and wellbeing** for trans adolescents.

What are the main issues for trans people seeking gender care?

Waiting Lists

- Long waiting times are dangerous, with **87% of trans people saying it has negatively impacted their mental health** and [coroners repeatedly referencing](#) long waiting lists in prevention of future death reports following trans people's deaths.
- **More than half of trans people have accessed private care** as part of their medical transition - creating more financial insecurity for already [economically disadvantaged](#) trans people in a cost of living crisis.

Barriers to care

- In a survey of over 4,000 trans people conducted by TransActual ([report forthcoming](#)), **60% of respondents were refused care for being trans**, with [hundreds of trans people](#) reporting their **GPs have refused to prescribe hormones**, even where NHS gender clinics have recommended them to do so.
- More broadly, [trans people report inconsistent standards and pathways](#) between clinics, **inappropriate questioning** from clinicians, and **chaotic administrative processes**.

Lack of surgical options

- Trans feminine people currently are **not offered facial feminisation surgery, tracheal shave and hair transplants**, despite many trans people saying they would prefer these to feminising lower surgeries that are currently available on the NHS.
- The [current waiting list](#) for trans people for masculinising lower surgeries (which are typically multi-stage) is more than **5 years long**.

Case Study: Alice Litman

On 26 May 2022 a young trans girl named Alice died when she was 20 years old. She had been on the NHS waiting list to receive gender-affirming healthcare for **1,023 days** at the time of her death. She was referred in August 2019 and never received her first appointment. In her prevent of future death report, the coroner pointed to **delays to access in gender affirming care** and poor mental health provision as factors in her death.

Before Alice died she told her GP 'I've been on the Gender Identity Clinic waitlist for over 2 1/2 years with no end in sight. I need an appointment. I am struggling. I am concerned that I have missed out on vital treatment. I often feel hopeless and helpless and feel life is not worth living.'

What are the main issues for trans people seeking general medical care?

Discrimination and stigma

- When accessing general healthcare services, 52% of trans people surveyed by TransActual reported experiencing **transphobia or poor care from primary care staff**, with many being **refused non-transition related treatment** for being trans.

Medical bias

- Trans people [widely report](#) healthcare professionals making **false assumptions about their health** and lifestyle - **misattributing or overlooking symptoms** as a result of viewing everything through the lens of their trans identity, even when irrelevant.

Low confidence and avoidance

- In TransActual's recent survey, just **3% of respondents said that they are confident that healthcare professionals can meet their needs**. As a result, a **majority of respondents reported avoiding the GP and other healthcare services**, even when they are ill.

What comes next?

The publication of the Levy Review is an opportunity to **transform healthcare provision that has been failing trans communities for years**. With existing barriers to care still to be rectified, **trans people are fearful** that this Review will only lead to more difficulties navigating the NHS for gender care and non-transition related care.

LGBTQ+ organisations are calling on the Government and NHS to:

- **Allocate additional funding and implement measures to reduce the waiting lists** for gender care, including **delivering more care through local services**, in line with the [NHS 10 year plan](#).
- **Expand gender-affirming care options** available on the NHS, to reflect the real needs of trans people.
- **Ensure no additional barriers to care are introduced**, such as ending self-referral or requiring unnecessary clinical assessments before accessing gender care.
- **End restrictions on safe and effective evidence-based healthcare** for trans people, including children and young people.
- **Improve access to [high-quality training](#) for GPs** and other healthcare professionals on treating trans and nonbinary patients.

Trans Voices on Healthcare

Below are some testimonials from trans people across the UK to surveys and qualitative research studies that TransActual has commissioned on the subject of healthcare:

Positive Experiences of Gender-Affirming Care

"My body is becoming more and more mine and the near constant dysphoria and disassociation [that] dominated my life are subsiding. I finally feel I can love myself and confidence instead of constant anxiety. HRT [hormone replacement therapy] has helped to improve my quality of life immensely."

"It has honestly been life changing, in the best way possible. Before HRT I was depressed all the time and I couldn't imagine a future with me in it. Since starting HRT, I have been successful in my career, been in a wonderful, healthy long-term relationship, bought a house, and my partner and I are currently trying to adopt to start a family. Without HRT enabling me to live my authentic life, I wouldn't have been able to do any of these things."

"Before I got FFS [facial feminisation surgery] every single day was a struggle for me. It was difficult to impossible to find work, it was hard to make friends, it was difficult to even just leave the house because of how people treated and interacted with me. I learnt very quickly how vulnerable I was and I still live with the mental and physical scars left from that."

Negative Experiences Seeking Transition Related Care

"I would have had urges to harm myself...I put off going to college or getting a job... [Being on the waiting list] stopped me wanting to go in any relationship. It stopped me going out and doing activities I really wanted to do. I thought I'd be dead before I'd access hormones through the NHS."

"By the time I saw an NHS specialist I was already on testosterone this was not well received and I was made to feel that I had done something wrong, all I had done is seek the help I needed privately as the wait, with no contact, was excruciating. I felt like I was being scolded for the entire hour."

"It's knowing the length of time ahead [waiting for phalloplasty] without any hope or communication or support that is so detrimental. I lack motivation to do physical exercise, I drink because I'm in mental pain, I take my anger out on the one friend I have, there is no support from my gender clinic or GP. I'm alone with this and constantly seeing in the media the hatred against trans people....it destroys your soul and your will to live. I'm suicidal every day."

Negative Experiences Seeking Non-Transition Related Care

"I have genuinely never been to one doctor's appointment without my gender or my sexuality being mentioned, as if it was related to any of my diagnosis which I'd come to the doctor's for."

"[Accessing fertility treatment] has been a deeply distressing and difficult process. I wish i knew how much work and effort i would have to put into educating the GPs and making sure things were done the right way. I still don't know what I am doing and nor do my GPs."

For more information

Email Tammy Hymas, TransActual Policy Lead at tammy.hymas@transactual.org.uk