

General Healthcare

Trans, non-binary and non-gender people are entitled to equity of access, and equality of outcomes. Those seeking medical care are protected by equality legislation against discrimination. Your gender identity and presentation should be respected when seeking general medical care.

Your GP Practice

It is important to be registered with a GP surgery where you are treated with dignity and respect. If you are unhappy with your GP, you can usually change to another one in your area. You will need to fill in a new registration form. If you are moving to a new area, you may find local information about recommended GP surgeries from one of the groups listed on the TransWiki page. <http://www.gires.org.uk/the-wiki>

Many GPs are not knowledgeable about trans people and are often guided by their patients. You may signpost them to the free elearning resource for GPs on the Royal College of GPs website. <http://elearning.rcgp.org.uk/gendervariance>

Medical Documentation

Changing your name and gender marker on your medical records may be done by your GP writing to your local Clinical Commissioning Group Registration office (CCGRO), supporting your intention to make this change on a permanent basis, enclosing your Deed Poll or Statutory Declaration documentation, or you may make this application yourself.

The CCGRO then writes to the Personal Demographics' Service National Back Office, where a new NHS number and identity is created. This Office obtains your records from the GP; they transfer these to the new number and return to the GP. The GP then updates all remaining patient information to match the new name and pronouns. Screening appointments which may still be relevant to you will not be automatically scheduled, so your doctor should make specific arrangements for these to continue. You have a right to change your name and gender on NHS records; you do not need a Gender Recognition Certificate. At the moment, non-binary identities cannot be officially recognised, but your GP can make a note of your chosen name and pronouns, and use these when talking to you or about you.

<http://www.gpnotebook.co.uk/simplepage.cfm?ID=x20100810201516329264>

Link for information for GPs in Scotland:

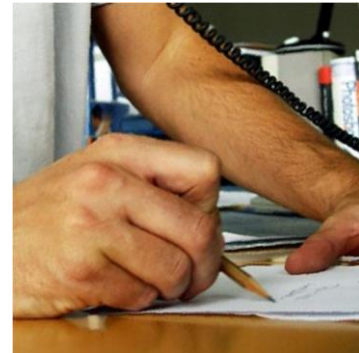
<http://uktrans.info/attachments/article/151/ScotFOIchangeofgender.pdf>

Hormone replacement therapy – blood tests

If you are on hormone replacement therapy (HRT) it is important that you have blood tests annually to check your hormone levels and make sure that you are not developing any conditions which may affect your long-term health.

If you are on feminising HRT the following should be checked:

Blood pressure, full blood count, urea and electrolytes, liver function test, fasting glucose, lipid profile, testosterone, prolactin, serum oestradiol 24hours after a tablet or 48hours after a patch.



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If you are on masculinising HRT the following should be checked:

Blood pressure, full blood count (haemoglobin and haematocrit), urea and electrolytes, liver function tests, fasting glucose, lipid profile, serum oestradiol, prolactin and serum testosterone just before the next dose is due.

Royal College of Psychiatrists Good Practice Guidelines:

http://www.gires.org.uk/assets/Medpro-Assets/CR181_Nov15.pdf

Routine screening:

a) Abdominal Aortic Aneurysm (AAA) screening:

This applies to over 65s and involves an ultrasound scan of the stomach. If you are registered as male on your medical records, you will be invited for a scan, but if you are registered as female, you may still wish to be screened and will need to request this.

b) Breast screening:

This is relevant for those 50-70 years old. If you were assigned female and have had top surgery, you should still have breast screening. If you are registered as male in your medical records you will not automatically get a reminder. If you are a trans woman who is registered as female, you will be invited to be screened every 3 years.

c) Cervical screening

Those registered as female on their medical records will be invited for cervical screening every 3 years from the age of 25 and every 5 years from the age of 50. If you are now registered as male and have a cervix you are still at risk and should be screened. Regardless of surgery, trans women do not have a cervix or require this screening.

d) Prostate screening for trans women

If you are a trans woman aged over 50, you should ask your GP to have your prostate screened. Hormone treatment shrinks the prostate and makes some cancers less likely. However, the shrinkage means that you may not have the symptoms associated with cancer, such as needing to urinate frequently, having difficulty in starting, or in delaying, urination.

e) Bowel screening:

This is relevant to everyone aged 60-74 and involves a testing kit which you use at home.

For more information on what the tests involve see the link to the booklet below:

<http://www.screeningforlife.wales.nhs.uk/sitesplus/documents/1129/Trans%20screening%20v1%20English.pdf>

Access to Appropriate Gendered Accommodation

If you need to spend time in a hospital ward, or care facility, you should be accommodated according to the gender role in which you live. This is **not** dependant on your having a Gender Recognition Certificate and it is your decision to make, not that of family members, or staff, unless this can be clinically justified. This might be when your treatment is specific to the sex you were assigned at birth – for example a hysterectomy, may be safer to be on the Gynaecology ward. However, your privacy must be respected and any special arrangement, perhaps in a side room, should be discussed and agreed with you before admission.

Link to further information

<http://uktrans.info/medical/56-guidelines-on-caring-for-trans-patients/5-transgender-guide-for-nhs-acute-hospital-trusts> (p28)

Dentists, Opticians and Pharmacists

You should tell your Dentist and Optician if you are on HRT because, in some circumstances, it could be relevant to their treatment: testosterone may cause bleeding gums, and oestrogen may cause 'dry eye'.

Try to establish a good relationship with a local pharmacist as this may be helpful in some circumstances (such as obtaining medication for post-op complications), if they are already familiar with your medication and treatment.

The National LGB&T Partnership is grateful for the substantial contribution that Dr Lewis Turner made to this factsheet.

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