

Trans and non-binary peoples' experience of accessing GPs in Gloucestershire

August 2025



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Glossary

Bridging prescription: A temporary prescription of hormone replacement therapy (HRT), typically oestrogen or testosterone, issued by a GP to a patient who is waiting for specialist treatment, usually at a gender dysphoria clinic.

Cisgender: People whose gender identity matches the sex they were assigned at birth.

Cisnormative: Is an assumption that everyone is, or should be, cisgender. This can affect how care is given, or what options are available in health services.

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: An umbrella term for array of gender identities and expressions, including transgender and non-binary, that are not cisgender.

Gender Identity Clinic: Specialist services for individuals undergoing gender reassignment.

Gender reassignment: The medical process of transitioning. This can involve surgery or hormone replacement therapy. Molecules that can affect sexual desires, change emotions, and induce bodily changes.

Hormones: Transgender people will commonly undergo Hormone Replacement Therapy to help them medically transition. Transgender men commonly take a form of testosterone. Transgender women commonly take a form of oestrogen. These can be taken as a pill, gel, or injection.

LGBT+: Lesbian, Gay, Bisexual, Transgender. The plus is used to include other people whose sexuality is not heterosexual or whose gender is not cisgender.

Non-binary: People whose gender identity is not solely male or female and who are not on the gender binary.

Shared care agreement: An agreement between a Gender Identity Clinic and a GP, or a private care provider. The clinic will ask the other provider to take responsibility for blood tests and prescribing, including prescribing hormones.

Transgender (or trans): People whose gender identity is different to the sex they were assigned at birth.

Transitioning: When somebody moves away from the gender, they were assigned at birth toward a preferred gender identity.

Transphobia: A rejection of trans identity and a refusal to acknowledge that it could possibly be real or valid.

About us

Healthwatch Gloucestershire is the county's health and social care champion.

We're here to listen to your experiences of using local health and care services and to hear about the issues that really matter to you. We are entirely independent and impartial, and anything you share with us is confidential. We can also help you find reliable and trustworthy information and advice to help you to get the care and support you need. As an independent statutory body, we have the power to make sure that NHS leaders and other decision makers listen to your feedback and use it to improve standards of care. This report is an example of how your views are shared. Healthwatch Gloucestershire is part of a network of over 150 local Healthwatch across the country. We cover the geographical area of Gloucestershire County Council, which includes the districts and boroughs of Cheltenham, Cotswold, Forest of Dean, Gloucester, Stroud, and Tewkesbury.

Background

According to the 2021 Census, approximately 0.4% of Gloucestershire's population reported a gender identity different from the one assigned at birth—mirroring both regional and national figures. Despite this, the voices of trans and non-binary individuals in Gloucestershire are often underrepresented. Their relative invisibility, particularly in rural areas, contributes to a lack of awareness and understanding of their experiences.

One critical issue for trans residents in Gloucestershire is access to gender-affirming healthcare. Transition-related care typically requires referrals to out-of-county specialist Gender Identity Clinics (GICs), creating challenges in continuity of care and communication between local GPs and external providers. The referral pathway to Gender Identity Clinics/Gender Dysphoria Clinics is a nationally commissioned service and applies across England. These difficulties are compounded by the limited availability of locally commissioned services.

Over the past decade, Healthwatch Gloucestershire has built strong relationships with LGBT+ communities, including trans social spaces and community groups. We regularly participate in Pride events across the county, including the Pride On Tour initiative in collaboration with the LGBT+ Partnership and NHS Gloucestershire. These efforts have helped us connect with individuals in more remote and rural areas.

Healthwatch Gloucestershire is an active member of the Gloucestershire LGBT+ Partnership—a collaborative network of over 30 organisations, services, and groups. The Partnership has a strong track record of community engagement, as

demonstrated in the 2024 report 'Community Mental Health Transformation: Lived Experience Survey Report – LGBTQIA+ Communities', produced in collaboration with Inclusion Gloucestershire and NHS Gloucestershire: <https://www.inclusiongloucestershire.co.uk/wp-content/uploads/Community-Mental-Health-Transformation-Lived-experience-survey-LGBTQIA-communities.pdf>

Since 2016, Healthwatch Gloucestershire has conducted research to ensure that trans voices are heard and represented. In 2017, we began focusing specifically on the experiences of trans patients in their interactions with GPs. The recommendations from this early work are detailed in Appendix 1.

Over the past year, people have shared their life stories with us which bring depth and context to data collected through surveys.

For example, "Annie's Story" [recounts her journey of transitioning from male to female](#), which began in the summer of 2021. Her experience highlights the challenges of navigating Shared Care Agreements and the ongoing struggle to access appropriate healthcare:

"I felt they were arguing rather than listening."

Another powerful testimony comes from a member of the Gloucestershire Health and Care Trust's Youth Experts group (Appendix 2). Their reflection underscores the importance of respecting gender identity and pronouns, and the emotional impact of being misgendered:

"For cis people, gender is something rarely thought about, and more often than not expressed freely without criticism. For trans people, it is confusing and validating and scary and beautiful. It holds deeper meaning because it is discovered rather than known, and so is often held more tightly and closely to who we are."

Why we did this

This report presents findings from a recent survey conducted by Healthwatch England, which explored the relationships trans and non-binary people have with their GPs. Healthwatch Gloucestershire was one of ten regional Healthwatch organisations commissioned to carry out this research at the county level between November and December 2024. As the national survey remains under the ownership of Healthwatch England, references to it in this report should be read in conjunction with the national publication.

<https://www.healthwatch.co.uk/report/2025-07-25/what-trans-and-non-binary-people-told-us-about-gp-care#Assistance>

This report is intended for two primary audiences. First, it is for the trans and non-binary communities of Gloucestershire, to whom we are committed to representing authentically and respectfully. Second, it is for professionals and decision-makers, for whom this report serves as a resource to inform reflection, discussion, and strategic development.

What we did

The aim of this project was to address Trans care in terms of processes, communication and perspectives.

We shared a survey countywide via our networks and social media. The survey constructed by Healthwatch England was offered online and in paper format and allowed for the collection of qualitative and quantitative data.

The support of the LGBT+ Partnership was instrumental in the success of this research and we have utilised all existing relationships with LGBT+ communities and community initiatives in this project.

The survey was live from November to December 2024 and we received 36 responses from 50 downloaded questionnaires. Demographic information is presented on page 18.

1. the survey response rate, for Gloucestershire, stands at 72% (online questionnaire accessed: completed questionnaires – 50:36).
2. The survey was restricted to the experiences of 18-year-olds and upwards.
3. All respondents were anonymous, hence in direct quotations, below, respondents are not named.

Key messages

1. Delays for Gender specialist appointments, meant over a third of respondents had been waiting for over three years for an initial consultation.
2. A key reason for not changing marker was named as the perceived difficulty of the process.
3. 86.7% of respondents have had their name change accepted and utilised by GPs and other surgery staff. However, there was less successful uptake in the use of appropriate pronouns.
4. There is a lack of awareness training for GPs and surgery staff.
5. Communication issues, such as misgendering, leads to trans and non-binary individuals not feeling listened to by their GPs.
6. People felt that the management of multiple health issues by GPs was impacted by the perceived complexity of Trans care.
7. With regard to respondents' confidence in using a GP surgery for general healthcare needs as a trans and/or non-binary person, 63.3% of respondents stated they were not confident.

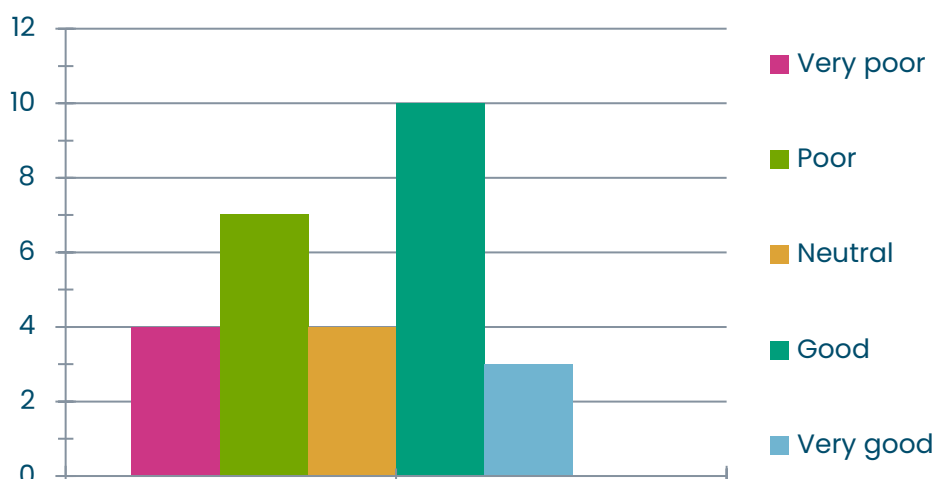
What we found

Experiences of Gender Affirming Care

The first findings are respondents' ratings of their GPs provision of gender-affirming care. As can be seen in graph 1 below, the 28 responses varied in opinion across all categories offered. Positive responses (Very Good/Good) accounted for just under half of the responses. With those respondents registering a 'Good' response being the most popular category (36%).

Areas of concern recorded included the time involved in processes, communication, and the relationship with GP based on perspectives. Regarding the latter point, the perception was that there is not a uniformed response towards Trans individuals. Therefore, the possibility of engaging with a GP who appeared to have a lack of respect or empathy to the patients' position, was often realised. Each of these issues – time involved in processes, communication and GP perspectives were conflated in the experiences of the respondents.

How would you rate your GP for the gender-affirming care you have sought?



Graph 1: Gender-Affirming Care

Time involved in processes

I have been on a waiting list since 2020 and have not received any communications since.

Being a trans patient at my surgery has been awful mentally and emotionally and even extremely dangerous physically and medically (Still waiting for an appointment with Gender Identity Clinic).

I was offered a referral to Tavistock, noting it would be a few years before I was seen.

With reference specifically to time waiting for Gender specialist appointments, 36.4%, had been waiting for over three years. The longest journey which covered the whole process of transitioning took 'over 14 years'. It was not just waiting to see specialists or the whole process of transitioning, but also routine procedures, that led to waiting times:

I received an injection every 3 months as part of my HRT. In the last 12 months, each time I am due for the injection, there has been an issue with the GP surgery sending my prescription to the pharmacy and on 3 of the last 4 occasions the injection has been administered late. Every 6 weeks, I have to fight to get my oestrogen medication, most recently I received notice that I received my tablets but they were not delivered.

Communication

As already indicated in some comments above, communication was poor. This had a negative impact upon both expectations and confidence.

"I have not been booked in for any follow-up wellbeing appointments, not given any signposting, and the GP looked uncomfortable and unprepared the whole time. It did not instill any confidence in my welfare, and I have given up seeking support until my Tavistock referral is hopefully triaged in 6 years' time."

"After I legally changed my name in March 2022 I updated my details with the doctors like everyone else. In August something happened to invalidate my NHS number and I was issued a new one to cut a very long story short, my notes seem to be initially wiped, having to access to anything and then having a new completely blank record with no record of my 18+ medications 20-odd conditions, treatments, test results etc."

Changing names and NHS numbers led to issues for many respondents. 86.7% of respondents have their name change accepted and utilised by GPs and other surgery staff. However, there was less success in pronouns, that the patient identifies with' being used, with only 44% have positive experiences. With regard to communication, mention was made when changing genders marker.

"I managed to do it. But I found the CCG at Sangar House near impossible to work with. A formal request was made by my GP, CCG lost it. I made a formal request later when I realised nothing had been done, they refused and said it had to come from my GP. So my GP wrote to them again, still

not much seemed to happen. By this point I got my GRC and wrote to them myself and said that I was no longer asking, they had a legal duty. Still nothing seemed to happen, then one day I went to order my prescription online and couldn't. Turned out my old NHS number had been deactivated, which is fine, I knew that was the plan... but I didn't have a new one and was running out of my anti-epileptics. So then it was a waiting game to see which would come first, me running out of my prescription, or them issuing me a new NHS number. They did finally issue it, but they lost all my medical history (which thankfully my GP warned it might happen, so I had taken a hard copy). But what a mess. And since I had quite a complex medical history, it seemed irresponsibly that they had lost it all. I then also had issues getting NHS departments to acknowledge my new NHS number with correct title and name. And to cap it all off, about a year later, I got a semi threatening letter saying they didn't know what nationality I was, and if I couldn't prove it, I would be billed for my healthcare. Very incompetent system."

"I'm not aware there is an option for non-binary as a gender marker"

"I cannot change my gender marker because I am non binary"

"I didn't ask for my gender marker to be changed, by my old GP surgery did it at the same time when I changed my name. They didn't follow procedure, either. I wasn't given a new NHS number until years later."

39% of respondents who had not changed gender marker cited the differences between Trans and non-binary and the redundancy of such a change. Other reasons included personal ones such as still being in the 'closet' in various social situations or the issue is not of high priority given other important issues that needed to be addressed. Although such respondents did express a wish for change in the future. A key reason for not changing marker was named as the perceived difficulty of the process,

“The cost and emotional labour involved in finding the evidence, filling in paperwork and waiting on a response. I want to in the future, preferably as soon as possible”

“Honestly it all feels very much like too much and the battles have been hard enough I just feel so drained and defeated I can't face another just now.”

Perspectives

Expectations and confidence in the GP were impacted by the perspectives, or attitudes, presented by surgery staff, especially doctors:

When I first came out to my GP in November 2020 he looked like a deer in headlights...

“My GP at the time referred me to trauma therapy instead of helping with my gender dysphoria. I've been misgendered by my old and new practice, also hospital staff and Nuffield Health staff even though I stated I was transgender male.”

Whilst trans interaction may have been a novel experience to the respondent's GP above, the lack of awareness training is suggested here, and a similar lack of knowledge may have also contributed to the misgendering in the latter quote. However, lack of attention to misgendering was also interpreted in other ways:

“I sense that I am tolerated but that being transgender is not a "real" condition”

The theme of ‘perspectives’ is returned to below (‘Experiences of Care’).

Positive Comments

There are positive comments on the issue of gender affirming care, however, often these positive comments are couched in terms of poor relationships with gender affirming care in general:

"My GP is comparatively good, but the system of care for trans people in the NHS is shockingly bad. The system creates a deliberate bottleneck, leaving trans patients with GPs claiming they are unable to help with what is frankly, very easy prescribing guidelines."

So is my GP good. Yes, she's as good as she can be in a very poor system of care.

"It used to be bad but has come a long way. Still a battle for blood tests but getting better."

"Always receive kindness and its clear there is a priority to provide the best care."

However, there were negative comments, the intensity of which require further analysis:

"GP Very little support, not willing to do blood tests and treated like a criminal or doing something I shouldn't. 3 GPs declined any care for me because they weren't willing to support me and had to move to find a GP who would"

"The GP I had was so supportive. I am not sure about the new ones though they don't have empathy anymore"

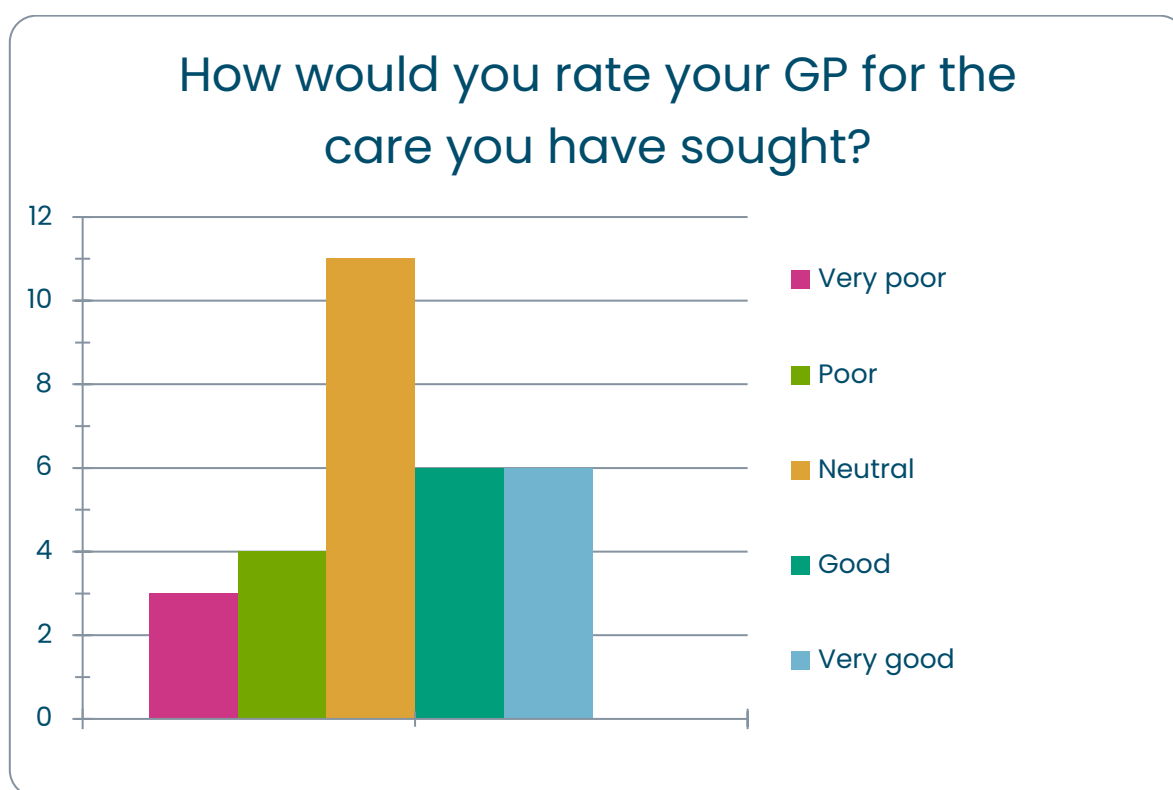
"They basically told me there is nothing they can do, and I'm on the (years long) waiting list for GIC. I then applied for a private assessment and prescription with the shared care, and I had much the same response despite taking on 90% of the costs and responsibilities. "

"I have sought a lot of care over the years, due to nearly dying when a car hit me in 2010. This left me with a few lifelong issues. Here's where I find a worrying and unexplainable difference. Not once has my access to surgeons, medications (some quite powerful ones with little understanding of risks required), therapists, or other services been restricted anything like all access to trans healthcare. The difference is shocking. And I never expected such hurdles, having previously and currently accessed the NHS for a multitude of other services, both at a GP level and beyond."

Finally, maybe most worthy of concern, we heard that a patient was informed by the GP that they would not support the patient.

"I first went to a GP who I was seeing at the time as the practice had put me with him, 'I asked to be referred to Charring Cross and he said no it went against his beliefs'".

Experiences of general healthcare



40% of respondents judged their experiences to be positive. But, approximately one in four gave a negative opinion of GPs provision of general care. The importance of this comes with reflection upon the percentage of those respondents disclosing a disability (50%) or long-term condition (50%). Within these respondents 63.3% are neurodivergent.

Time involved in processes

In comparison with Trans care, there were fewer negative comments regarding waiting times, although it was noted that it was

"slow to get appointments".

A further comment contextualised waiting times with those experienced in Trans care:

'Again [the GP] referred me off to another place on another waiting list'. Finally, one respondent commented on processes 'took longer for them to sort than the gender stuff and now I'm on 3 multi-year waiting lists.'

Communication

"I am disabled and chronically sick. I see my doctor regularly. I continue to be misgendered. I was unaware that only women get regularly asked about contraception. I believe that men ought to be asked what contraception they are using regularly also. Not asking men enforces the societal expectations that contraception is about women's bodies rather than relationships."

Poor communication leading to misgendering is also compounded by Trans individuals commenting they do not have a voice in communicating with their GPs: 'they don't listen to me and treat me like everything is down to anxiety'. However, not all comments were negative regarding communication, as one Respondent states:

"my concerns are always heard and respected"

Perspectives

Perspectives on general health care varied, however, some noted that the management of multiple health issues by GPs was compounded by the perceived complexity of Trans care:

"It is really dependant on what GP I see. I have a few complex health conditions and they are not managed well by most at the clinic...I feel like more needs to be done to get GPs to respect Gender as a protected characteristic to the same degree as any other."

"I have multiple health issues. A GP I saw basically told me I'd have to just live with it and she doesn't have time to deal with every problem I have. I saw another Dr who has now booked me in for an extended appointment to discuss my issues. Though he is concerned some issues may be caused by hormones but doesn't feel confident to take care of me on his own. Unsure why I can't be referred to an ordinary endocrinologist."

"My feeling is that NHS staff immediately change their body language when the word "trans" is mentioned. They stop talking about what treatment options are available and start telling me that there's nothing they can do and I just have to see the GIC, as though that will magically solve all my problems. *They don't seem to be aware that many health issues can easily be solved with GP services and do not need specialist care (emphasis added).* Trans people do not need specialist care."

It is not only the complexity of general health conditions that can lead to problematic situations. One respondent shared their experience of ethnicity:

'I am also a person of colour, and the difference in care and knowledge of how different ethnic groups are at risk of different health complications is truly awful'.

The next comment offers context to the issue of culture which echoes the experience of respondents accessing general care:

"A lot of the problems with my GP practise are more cultural to the whole NHS outside of GIC care, rather than unique to my GP. I find there's little interest in understanding trans-healthcare needs, and a growing frustration with the sense that gender dysphoria is being over-diagnosed along with mental health needs like ADHD. This is extremely ignorant and ignores the precedent in things like dyslexia in the past, where an increase in diagnosis is down to increased awareness and understanding both within practitioners and the general public. I also get the sense that GPs are under pressure to keep each patient's treatment under a certain budget annually - as medicines are routinely downgraded (to inferior but presumably cheaper alternatives with poorer outcomes or worse side effects or simply reducing dosage without checking with my consultant) by my GP practice during "reviews." There is a sense that shared-care agreements with private practitioners are disliked - especially as they have now told my partner that they won't be supporting ADHD shared care

anymore. I fear the same may happen to gender-identity shared care soon too.”

The final question of the survey asked, **‘How confident do you feel in using your GP surgery for your healthcare needs as a trans and/or non binary person?’**.

63.3% of respondents were not at all confident. Positive responses i.e. quite confident (10%) or extremely confident (6.6%) are also of concern. This lack of confidence appears to come from a perceived lack of empathy and respect:

“Over the last 2 years the relationship has deteriorated to the point of being non-salvageable. Not only have I been repeatedly lied to, gaslit, ghosted and made false promises to, about my notes being sorted they still have not been. There are also a myriad of other issues I don’t have the space to go into here (After all the research and learning about existing in the NHS and wider governmental systems as a trans person I have a pretty good idea what has gone on.)”

I would describe it as something I shouldn't have to defend or fight for in what should be an enlightened profession.

Recommendations

Before offering the recommendations, the comments of Silver et al (2025) are worthy of consideration. In recent research, covering the general practice population in southwest England, Silver et al:

- demonstrated inadequacies in the monitoring and health screening of transgender patients. Mental health and neurodevelopmental complexity are common, adding to the challenges of supporting patients on waiting lists for NHS care or navigating the private–NHS interface. There is a demonstrable need for evidence-based primary care guidance for transgender healthcare interventions, adequately resourced and research-oriented services, improved Electronic Health Record design to safely manage the gender transition journey and embedded and consistent systems of coding and monitoring. We anticipate the results of the ongoing review of gender services may address the lack of clarity around Shared Care Agreements, as clear and agreed lines of responsibility are required across all sectors to ensure

transgender patients receive safe, holistic and timely care. (Silver et al, 2025, p.21)

From our research Healthwatch Gloucestershire recommend the following actions, for our local concerns:

- Recognition of the need for local support between referral to a GIC and first appointment, through to diagnosis, and the commissioning of provision of this support. For example, the development of a specific care pathway where people are given details of resources locally to support them, regular review points to identify unmet need and access to local healthcare in terms of blood tests and prescriptions.
- NHS Gloucestershire Integrated Care Board to reflect on processes and look into systems to address issues around changing names and gender markers given the profound consequences it can have when things go wrong.
- Healthcare professionals need to be trained to be aware of the social, cultural, economic, and legal factors that might impact the health (and health care needs) of trans and non-binary people, as well as the capacity of the person to access services.
- Services providing support to trans people should ensure that feedback from people with lived experience is used in the design of services as well as training for all staff. For example, understanding the impact of misgendering.
- Trans and non-binary people, and those who are questioning, should be signposted to support groups and social spaces in their local area. Financial investment in these groups to ensure they are sustainable is crucial.
- Healthwatch Gloucestershire to continue representation within LGBT+ Partnership, ensure Trans and non-binary community views are represented in the Healthwatch Gloucestershire Local Advisory Group, and extend existing networking
- Healthwatch Gloucestershire to continue to promote the role of 'people with experience' within Trans and non-binary communities.

Recent developments

Since the conclusion of our engagement phase in March 2025, the Royal College of General Practitioners (RCGP) has released a position statement titled *The Role of GPs in Transgender Care*. This statement underscores the importance of inclusive, respectful, and holistic care for trans and gender-diverse patients:

- 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.
- The Royal College of General Practitioners (RCGP) recognises that the care of transgender people, those experiencing gender incongruence and/or questioning their gender identity is complex. All GPs should provide holistic care, contextualising a person's presentation of gender incongruence alongside an individual's physical, psychological and social health status within the broader environment, and appropriate primary care related to gender incongruence.

The challenges facing GPs contextualised by the RCGP are as follows:

- However, 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. Although some GPs may have developed additional expertise in this area and therefore may feel competent to initiate prescriptions for adults who are on the waiting list for specialist assessment and treatment, many GPs will not feel confident or competent to assess whether or not a prescription is appropriate, and initiate it if so, without specialist input and advice. This challenge is compounded by the length of waiting times for specialist care and when a patient's needs cannot be met by their GP, they will need to be signposted to a suitable care provider. 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. At all times, prescribing decisions need to be taken in the context of individual patients, their ongoing long-term conditions, and often across a life course as and when health changes occur.

Another significant development is the April 2025 Supreme Court ruling on the legal definition of "woman." Although this occurred after the conclusion of our research, it remains highly relevant to the implementation of this report's recommendations and the broader discourse on gender identity and rights.

As the RCGP notes, trans care is often described as complex. However, one of the aims of this research is to question that assumption and explore whether the perceived complexity is a result of systemic barriers rather than the needs of the individuals themselves. This report should be seen as a foundation for future work—work that continues to challenge assumptions, improve services, and centre the voices of trans and non-binary people.

Survey demographics

Gender Identity:

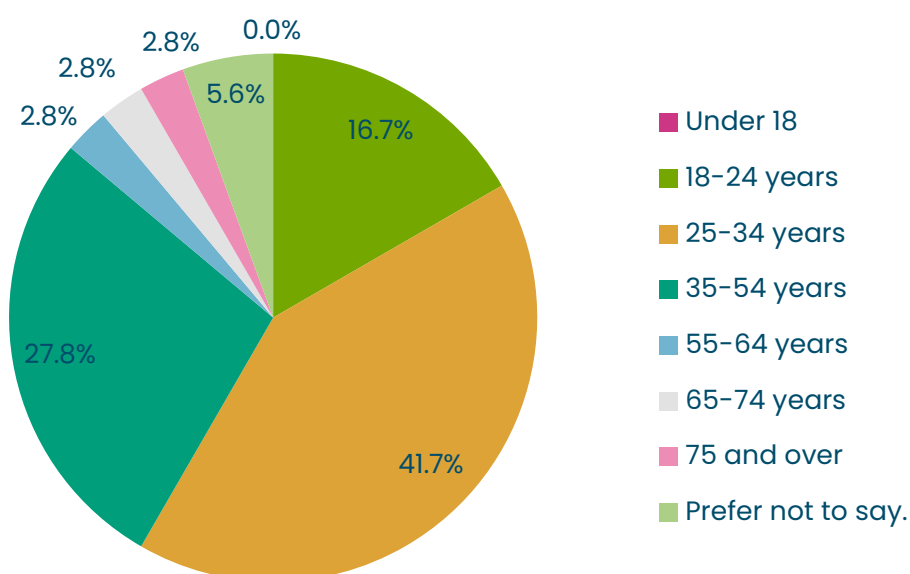
The opening question regarding identity was given as: ‘Do you identity as trans, non-binary or other diverse gender identity, or consider yourself to have a trans history?’ This question solicited a 30:6 (Y:N) ratio. When self-describing gender identity an expanded variety of responses were recorded:

Genderfluid	Female
Trans man	Non-Binary Transgender Woman
transgender female	Trans male
Transgender woman	Trans woman
Trans-masc non binary	non binary, more masculine
Non-binary	Male
Genderqueer trans man	Female
Trans masculine	Transgender male
Transgender man	Genderqueer
Non-binary trans femme	Fluid
trans-masculine	

Age:

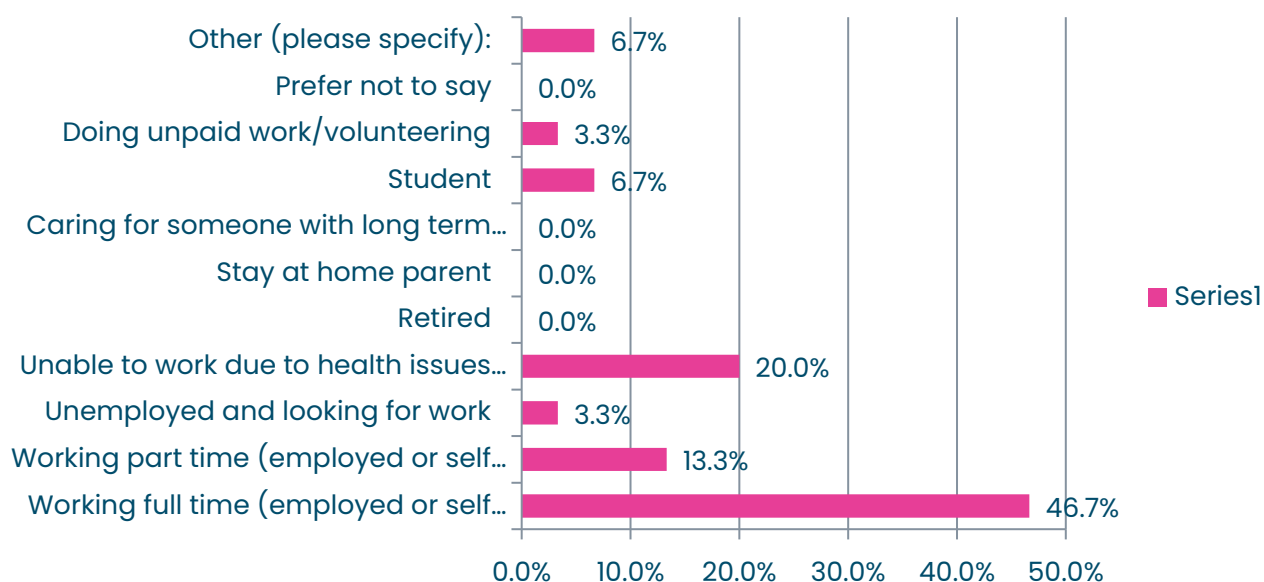
All age ranges (see chart below) were represented, with 86.2% falling between 18-54 years old.

Please select your age category



Employment:

Which of the following best describes your current employment status?



The three largest groups here are full time employed (46.7%) and part time (13.3%) with 20% unable to work due to health issues.

Sexual Orientation:

Nearly two thirds (60%) of sexual orientation fell into the categories of Bisexual, Gay man or lesbian; with the distribution being equal in all three categories. Significantly, over a quarter of respondents 'prefer to self-describe'

Ethnicity:

82.8% of people were White: British/English/Northern Irish/Scottish/Welsh. Other ethnic groups recorded:

- a) White (other, that is not identifying with British/English/Northern Irish/Scottish/Welsh; Irish; gypsy; traveller; Irish Traveller or Roma),
- b) Mixed/multiple ethnic groups: Black Caribbean and white
- c) Mixed/multiple ethnic groups: any other mixed/multiple ethnicities

Stakeholder responses

NHS Gloucestershire

NHS Gloucestershire welcome this report from Healthwatch Gloucestershire and note that the experiences of trans people in Gloucestershire reflect those reported in the Healthwatch England report published in July 2025. It is disappointing to see that problems accessing national specialist care remains unresolved, with very long waits for a first appointment with a Gender Dysphoria Clinic (GDCs, sometimes referred to as Gender Identity Clinics, GICs) and we recognise the failure of NHS services is forcing people to self-medicate and seek private provision.

We are currently awaiting the outcome of a review by NHS England into the operation and delivery of NHS adult Gender Dysphoria Clinics (GDCs) which will inform:

- action plans to improve GDC service quality as needed
- a longer-term quality improvement approach
- the development of the updated GDC service specification

Whilst the expectation is that GDCs will continue to be commissioned at a national level, we hope that the findings of the review will enable us to identify how our local services can best support patients living in Gloucestershire.

We are mindful that the [Royal College of General Practitioners \(RCGP\) published a Position Statement in March 2025](#) on the GP role with respect to transgender

people, those experiencing gender incongruence and/or questioning their gender identity and made recommendations to improve future care for these patients. The [British Medical Association \(BMA\)](#) and [General Medical Committee \(GMC\)](#) have also made recommendations on Shared Care arrangements.

We recognise Shared Care is at the discretion of an individual GP and it is vital that the GP feels clinically competent to prescribe the necessary medicines and well supported by specialist clinics. We understand that GPs may need additional training, resources and support to enable them to offer Shared Care and communication with NHS Gender Clinics can be challenging. The situation can be even more complex when supporting patients who have accessed services from private providers.

Against this backdrop, the ICB has been contacted by a number of trans people who have had recent problems accessing hormone replacement therapy in relation to gender dysphoria and we have been able to support those under the care of an NHS Gender Identity Clinic to access appropriate care and medication.

Looking to the future, we are currently working with representatives from the trans community in Gloucestershire, Gloucestershire Local Medical Committee and local GPs to understand how we might best support patients and our clinical teams once the findings from the NHS England review have been published.

With regard to the process for changing names and gender markers on a patient's NHS record, the ICB (previously the CCG) is not responsible for this process. GPs are required to contact [Primary Care Support England](#) with such a request. In response to the Sullivan Review (2025) NHS England is currently reviewing this process for adults, and further information and guidance will be published in due course.

The Review identified a serious safeguarding risk in the current process of re-assigning gender and sex identity in medical records for children and young people. In response, the Secretary of State for Health and Social Care has directed that the process for changing gender markers and NHS Numbers in relation to gender amendments for children and young people under 18 is stopped.

Thank you

Thank you to the individuals who shared their experiences and provided invaluable insights. We are also grateful to everyone who supported us to share the survey and ensure that these voices could be heard through this report and the national Healthwatch England report. We would also like to highlight the ongoing work of the LGBT+ Partnership in Gloucestershire, and the organisations and support groups that provide community and belonging to trans and non-binary people along with practical advice and guidance.

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Appendices

Appendix 1: Recommendations from Healthwatch Gloucestershire Report: 'Access to health and support services by the Trans community and their families' (2017)

1. Giving GPs simple accessible information, which could bring about positive change

For instance:

Include information about support groups (GAY-GLOS Youth, Gender Identity Research and Education Society (GIRES), Gloscats, Mermaids, Glos Parents of Gay and Trans Youth (POGTY), Transwiki) on G-Care (a locally-developed website designed for primary care clinicians, collating a range of useful local and national information including care pathways, clinical guidance, referral forms, clinical commissioning policies and patient information). This report includes a Directory of information at Section 0

Gloscats to present at one of the Protected Learning sessions for GPs and practice staff

1. Clarification on the Gloucestershire policies regarding changes to genetic markers and NHS numbers
2. Recognition of the need for support between referral to a GIC and first appointment and the provision of this support
3. Introduction of a pathway to enable local access to mental health appointments once a person has had their first appointment at a GIC
4. Recognition of the need for information and psychological support for partners and families, and provision of appropriate support

Appendix 2: Trans Youth Story (shared with Healthwatch Gloucestershire by Gloucestershire Health and Care Trust's Youth Experts)

Non-Binary, Autistic, and Not At All Mentally Stable

Denial. Hiding. Self-hatred. Some pretty intense and nasty words. But they probably got your attention, and for years, these things were my bread and butter (you're gonna see the irony of me saying 'bread and butter' later, don't worry). I could go in a thesaurus and list a bunch of words I found under 'bad,' and it wouldn't be completely dishonest, but it would also be quite reductionist.

So let's start at the beginning: some things that have always been true of me, even if I didn't know, or have the words to describe. I am autistic. And I am nonbinary. These two things are fact, unavoidable; maybe they make life difficult sometimes, but they are not objectively bad, in actual fact, if the world was set up better, they could even be superpowers. Everything else about me came later, and can largely be seen as a result of how the world interacted with these two undeniable facts. Therefore they could probably have been avoidable, which is why I'm writing this.

I've heard tell of a lot of people who always knew they were different, gender-wise, and who, despite not knowing the term 'transgender,' had a deep knowledge that they didn't align with the gender they were assigned at birth. For me it wasn't like that: I am AFAB (assigned female at birth) and growing up I always really liked "girly" (massive quotation marks!) things. I was lucky enough to be able to go to dance classes, my uncle always got me a Disney princess dress for my birthday, I would spend hours designing outfits, and I really loved these things. I didn't have any reason to suspect that I existed outside of the gender binary we have all had thrust upon us. Sure, I was described as a 'tomboy' reasonably often, but so was my mum, and so I always accepted it was just part of being a girl. That being said, I never had grande delusions that I fitted in. Quite frankly, I was weird: I wore the same headband every single day of primary school from reception to year 6, I full-heartedly believed I was a mermaid for multiple years, and a solid chunk of what I said was just TV quotes. So naturally, I wasn't the kid who got passed to in PE. And that was fine until it wasn't. As much as I wish I could say I am some super evolved human who was able to rise above the politics of school friendships, I really did want to be liked. And I wasn't. Then one day, in year 4 when the homework had been to bake a volcano shaped cake and someone brought theirs in, I declined a piece. This in itself did not have entirely murky motives, the cake just had strawberry laces running down the side and I couldn't stop imagining that there were sticky fingerprints on them from where my classmate had put them across the icing. I'll admit I was not completely innocent here - I had had the standard childhood comments about being tubby and eating too much, and I had the probably non-standard thought that 'I'm not gonna waste calories on something not even good' - but on the whole, I did genuinely think it looked gross. But as soon as I

turned down that one piece of cake, I began to be seen as the 'healthy' one. Looking back, it is truly astounding to me how big a deal teachers made of the fact that an 8 year old declined a singular piece of cake, but as the weeks went by and I didn't eat a single piece of grimy volcano cake (the homework was spread across the term, and everyone picked one task each week to do off of a themed list, so there was a whole run of them) I was told I had 'discipline,' teachers said 'I wish I was as good as you' and for once people seemed to look at me positively. So I stopped buying at Friday cake sales; I ran laps of the field and the playground; I ate less at lunch times. And I got thinner, and I had 'so much self control.' I take things literally, and I find that once I have taken them, I don't let go easily, and so from this point in, my self-worth was tied tightly to my food intake.

By the time I was in year 7, I had already formed very deep beliefs that I was not good enough, that I was too much and that I was unlikeable. I did manage to make some friends at secondary school, but my eating disorder had been emerging steadily for years, and I was tired. Then COVID hit, and some time away from it all actually sounded quite appealing. Like most everyone else my age, I spent a lot of time online in lockdown. Among other things, this led me to 'the gay side of TikTok.' I started to learn words I had never heard before: bisexual, transgender, non-binary - oh what a sheltered life I had led up to this point! By now, I was feeling quite a disconnect with myself and my body. It was hard to tell which of my thoughts were real, but I did know with an absolute certainty that the term 'nonbinary' lit up something inside me. The idea that I didn't have to fit into one of two boxes was a freedom I had never yet allowed myself to feel, and it clicked immediately. I internally started using they/them pronouns and brainstormed gender neutral names; I realised that I didn't have to belong to the person I had always been seen as. I never went searching for an explanation as to why I didn't fit in, it was almost delivered to me. I was (and am!) non-binary.

Of course, this didn't really fix my issues - it would be naive to say that my gender-queerness completely explained why I had always felt like an outsider, and it wouldn't be until I was 15 and got my autism diagnosis that I would have a few more answers about that - but a piece of the puzzle had slotted into place. Great. Except now I had another thing to hide, to take with me when I buried food at the bottom of the bin. Not only did this desensitise me to hiding things from my family (a skill that comes in very useful when you have depression and anorexia), but it also put me constantly on edge, because I felt I was not being completely honest with the people around me. I want to stop and quote my favourite book here (before you think I am an academic, it's 'Red, White and Royal Blue') and say that 'the forced conformity of the closet cannot be answered by the forced conformity of coming out of it.' No queer person owes it to anyone to come out, and remaining closeted is by no means a lie. But in that moment, that's what it felt like to me, and so I spent every minute feeling guilty and anxious that I was keeping a secret.

What I have realised recently is that it actually wasn't my transness that created issues for me, it was the hiding it, and eventually the reaction of the world when I decided to stop. While I was online, I was reassured that no, I wasn't crazy, wasn't

completely disgusting for being non-binary. But when I was in the 'real world,' throw-away comments and normalised expectations of me told me the exact opposite. The contradiction of that played on my mind a lot. My relationship with my family is not perfect, but I want to be clear that my parents are not evil, transphobic monsters, they are just cisgender people living in a system (cis-tem if you will) that has taught them not to consider gender-queerness. Another thing to clarify is that I had the immense privilege of knowing that being openly trans would not make me homeless or in physical danger at home – my story is of someone who got extremely lucky, and is actually quite a narrow viewpoint, so please do not see this as representative of all the nuanced difficulties facing trans kids. However, coming out was not a perfect experience for me: my dad refused to accept that I am not a girl, and things did get intense for a while there. But actually what I want to focus on is my mum's reaction, because while I'm sure we can all see how my dad's response could have caused harm, I think my mum's is more of a learning opportunity. She was kind, but really clueless, and also, just a human. She had no idea what being trans meant, for me or in a wider sense, and yet after a really rather short adjustment ("Oh my goodness, what is my child? What have I done wrong?") period, she supported me – something I am eternally grateful for. And sure, the ideal would be that she would have supported me straight away (and hopefully anyone taking the time to read this would do so) but in reality, that is not what happens. So now, with hindsight and processing time, I see this reaction as positive. But for the sake of learning, I do feel the need to focus on the negatives.

Once my mum had come to terms with me being non-binary, she made it very clear that she accepted my gender, but still constantly got my pronouns accidentally wrong. She had been calling me 'she' for 14 years, and it is completely understandable for this to have been the case, but that didn't mean it didn't hurt, it didn't mean that a piece of me didn't feel like it was getting sawed away each time I was referred to as such. I stopped correcting people when they misgendered me, because it always ended in tears, and this contributed to me feeling small and not worthy of being listened to. And I am not saying "never misgender someone" – that is simply not realistic, and as long as you are trying to improve, with a view to not misgender anyone in future, I think it's okay. But I am saying not to be defensive, not to dismiss the pain this causes. Good intentions don't necessarily add up to good outcomes, and getting mad when this is the case is just not helpful. For me, this led to a triple-pronged affect: misgendering meant my gender didn't add up with how people would ever see me, misgendering meant people didn't care enough about me to try and get it right, misgendering meant I was a burden on everyone. None of these things were true, but all of them became embedded in how I saw myself. Now I have more queer friends, I find this is a common experience – even in supportive families, the lack of awareness of the actual harm mistakes can cause leads to problems.

For neurotypical people, a casual conversation is like words written in the sand: undeniably there, but washed away with the coming and going of a few waves. For autistic people like me, everything said gets chiselled painstakingly into the

rocks on the beach, where it is vivid and important-looking and stays for years and years of waves and storms before it is eroded.

For cis people, gender is something rarely thought about, and more often than not expressed freely without criticism. For trans people, it is confusing and validating and scary and beautiful, it is of deeper meaning because it is discovered rather than known, and so is often held more tightly and closely to who we are.

So growing up trans and autistic in a world that doesn't understand either of those things, I (and countless other people) learn to hate ourselves. We get depressed, and burnt-out, and anxious. We find other ways to cope, other ways to be seen as normal - and these methods are often unsuccessful and unhealthy. There are other factors in my story, other events and beliefs and genetics, and I know that being trans and autistic are not the only causes of my mental health struggles. But they are a big part of it, because they are the things that make up me, that are unchangeable and intrinsic to my being and so any attack on them hurts. Trans kids deserve understanding. Autistic kids deserve understanding. And I guess that's the point of me writing all of this. I hope people will learn that assuming their words are inconsequential is dangerous. I hope trans, autistic people achieve world domination (just kidding!). But most of all, I hope you are able to use my story as a reminder that everything you say has power and potential.

Thank you for reading!



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