

Health in Hackney Scrutiny Commission

17th July 2023

Whilst illegal to outright discriminate against a trans person based on their protected characteristic of gender reassignment, there remain many barriers to complete, holistic, effective and *human* care for trans people throughout the health service, both logistical and interpersonal. Sexual health services across the country — and particularly in London — are faring much better for trans people than in other healthcare settings e.g. primary care and specialised services¹. However, NHS care overall is overwhelmingly more subpar for trans people than our cis peers.

Why we think this is important

As a leading trans-led organisation working towards improving the lives of trans and gender diverse people in the UK, Gendered Intelligence's staff and users are well placed in knowing first-hand the obstacles trans people face while accessing NHS care, and speaking to those. It's important that there is a universal and high level of care for all people accessing NHS services.

Why this is important for Hackney

In addition to basic legal and statutory duties, Hackney local authority has, across England and Wales, the fourth largest percentage of people who answered that they have a different gender than their sex as assigned at birth (10.72%) on the latest census². Whilst this does not mean that over 10% of Hackney's population is trans or gender diverse, it does mean there is a heightened statutory and moral duty to an ostensibly outsized population. Gendered Intelligence can put some of our users in contact with Hackney to speak more on their experiences, if useful.

Overarching issues:

- Trans broken arm syndrome
- Multiply marginalised trans people fare worse than their peers: disabled trans people, for example, face multiple barriers to accessing care
- Active levers of discrimination/exclusion from healthcare services:

¹ NB we won't go into details about issues with GICS/GIDS as these are widely known and outside of the scope of localised groupings).

²

<https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/genderidentity/bulletins/genderidentityenglandandwales/census2021>

- Poorly trained receptionists e.g. who refuse to change a name/title
- GPs who bring personal biases to the consulting room, sometimes overtly. Refusing to refer to GICs or GIDS.
- Gendered norms acting as barriers to care e.g. particular gendered expressions being read by gatekeepers such as GPs as meaning a non-seriousness about transition
- Clinical Commissioning Groups (CCGs), now Integrated Care Systems (ICSs) – being used as cudgels, especially for people coming from private care (and being refused blood tests as too costly; GPs as above refusing shared care and using ICSs as the reason)
- Hormones not being prescribed in regular primary care
- Practice vs guidance

Remedies:

- Complete training of all staff at all levels who will come into contact with trans patients
- Shift to primary care - direct commissioning by healthboard for localised services, inclusive of voice work, therapy
- empowering GPs
- Trans leaders within services including primary care
- Disaggregation on records between sex and physical features - bottom up policy demand