**UP-TO-DATE TRANS HEALTHCARE HACKS
for adults in England**
(last updated May 2020)

**GPs**

* You have the right of immediate **referral** to a gender clinic of your choice by your GP. You do not have to be referred to a local mental health team first, although a mental health team can also refer you.
* **Changing GP** is easier than lots of people think – you just go sign up at the new surgery and your records get transferred over. It’s often a more effective solution to a bad GP than a PALS ([Patient and Liaison Services](https://www.nhs.uk/service-search/other-services/Patient-advice-and-liaison-services-%28PALS%29/LocationSearch/363)) complaint.
* Your GP may be under the impression they need **funding** from the local CCG (clinical commissioning group) to treat you. This hasn’t been true for about a decade and shouldn’t impede your transition-related care (though it is still true for trans people’s gamete storage).
* If you need to **complain**, PALs complaints can take time to follow up on; tweeting, emailing the practice manager, and getting local LGBTQ orgs involved are often good strategies.

**GENDER CLINICS**

* If you qualify as having low income and/or are on benefits, you can [claim back **travel expenses**](https://www.nhs.uk/using-the-nhs/help-with-health-costs/healthcare-travel-costs-scheme-htcs/) on the NHS to travel to a gender clinic or NHS surgeon.
* You can occasionally speed things along for hormones by bringing a **blood test and deed poll** to your first and second gender clinic appointments. The list of bloods normally asked for [is available on the Gendercare website](https://gendercare.co.uk/faq.shtml); you can get this done at your GP practice or many walk-in clinics.
* You do not have to **come out** to your parents/family to access care. This was clarified in [last year’s update to the GIC guidelines](https://www.england.nhs.uk/wp-content/uploads/2019/07/service-specification-gender-dysphoria-services-non-surgical-june-2019.pdf) with the caveat that gender clinicians may push you to do so – you still don’t have to!
* Gender clinics are obligated to treat **nonbinary** **people**. However, some NHS surgeries (especially bottom surgeries) are only accessible if you’ve been on hormones, and many gender clinicians make it harder for nb people. The Laurels clinic has a slightly better reputation on this front.
* Telling a gender clinician that you smoke, drink heavily, use drugs, have a history/present of suicidal ideation or self-harm, or have severe mental illnesses or learning disabilities is likely to result in further **gatekeeping** e.g. an extra appointment. We usually stress that people do with this info as they will, but keep in mind that gender clinicians ask you these questions to assess your ‘fitness’ for medical transition, *not to* [*provide therapy*](https://www.pinktherapy.com/) *or support*.

**SAFETY & GETTING HEALTHCARE HELP**

* Any transition-related healthcare provider besides a surgeon should *not* be conducting **physical examinations**, especially of your genitals! Lots of people don’t know this and we know of several doctors who take advantage of that fact. Your GP may take some physical measurements when referring you to the gender clinic.
* There is almost no situation in which healthcare providers should **stop your hormones** unless you have a serious physical health problem arise, or are told to pause before a surgery. If a therapist or GP tries to stop your care, make a complaint, contact your gender clinic or ask your provider to do so for guidance, and get trans orgs involved/aware.
* We strongly recommend bringing a trusted friend and/or **advocate** to appointments. Queercare and Action for Trans Health occasionally provide training and advocacy services, but even an untrained advocate can take notes for you, help you navigate questions as needed, and record the appointment for posterity.
* [CliniQ](https://t.umblr.com/redirect?z=https%3A%2F%2Fcliniq.org.uk%2F&t=NWI1MzA2ZDEzMmQ4NGY0ZjRkYWE1YzIzYmZkYWJlOTg1YmU2ZGE5MSw5ZjE5N2RhMzZjYTQ0ZDc1MDc4YjExZDUwN2FkM2VkNjE1ZDViNTI5) (London) and [Clinic T](https://t.umblr.com/redirect?z=http%3A%2F%2Fbrightonsexualhealth.com%2Fservice%2Fclinic-t%2F&t=ZWI4Y2U5N2Q2NTg3YWI2YmJlZTU3NTZjOTM5ZjMwYTY1YTgzN2EyOSwyNWQzNjVhYTA4YWYyYmQ1YzYyNzBiYzY0NzRiMzJlNGRjZjk4ZDU3) (Brighton) provide sexual and transition-related healthcare specifically for trans and nb people. CliniQ’s site also has good up-to-date resources re issues related to trans healthcare, including housing, substance abuse, counselling, etc.

**CURRENT ALTERNATIVES TO THE NHS WAITLIST:**

* **Go private**: Current active options are [Gendercare](https://t.umblr.com/redirect?z=https%3A%2F%2Fgendercare.co.uk&t=OGFmMGMzNTA0MjMwMDRhODU2YzgzOTA4MjAxMjI3ZGFmMDBjZmU1NCxjZDg5ZjU1ZTc0Zjc5ZWY3ZWJlM2RjY2QyNTQxZGFiNzkyNmUxYTA3) and the [London Transgender Clinic](https://t.umblr.com/redirect?z=https%3A%2F%2Fwww.thelondontransgenderclinic.uk%2F&t=NjBkNmE0M2UzYjFlODJiNDNlMzE0ZGMzMGE0N2Q2MDJhOGUzZGE4NSxjYWQ1YzdhZDEyODVmNDdkMmU5NTk3NTViNTg4ODk2NjU2MDUyYmI4) (London) and [Your GP](https://t.umblr.com/redirect?z=http%3A%2F%2Fyour-gp.com%2Fservices%2Fsexual-health-gender-clinic%2F&t=MTMyN2VlMzc0NWFlMjI4YjI1ZWYzM2NkOGU1YzRjZTNkYjI0YmYzYSxkNzJjMTE5MzkzMTAyYmFhN2NkOTIwMDgzNmJiMzA0YTkxNWNmNGUw) (Edinburgh). [GenderGP](https://t.umblr.com/redirect?z=https%3A%2F%2Fgendergp.co.uk%2F&t=Y2Y4MWZlODYxY2Y5NjIwNmVhY2U2ODczZmYwMTMxYzQyMGU0ZjRkMyxmNmI0NDBhN2EzZDMxYWEwMTI0YmIwZjljMDQ1Y2E4OTczODQ0NTY0) (online) has been under fire recently (again) but is still taking patients online. Prices (for accessing hormones) vary from about £250-700. No UK private insurance companies currently cover trans healthcare.
* **Bridging prescriptions**: The [GMC guidelines for trans-related care](https://www.gmc-uk.org/ethical-guidance/ethical-hub/trans-healthcare) officially recommend that if a patient is in danger of/currently self-medicating, their GP prescribe and monitor ‘bridging’ hormones until a patient is seen by the gender clinic. Actually **self-medding** is not ideal ([transit.org.uk has good guidelines](https://transit.org.uk/hrt-internet.html) if you need them), but you can ask your GP if they’ll consider it. Ukftm.tumblr.com has [guidance and evidence for GPs about bridging prescriptions here](https://ukftm.tumblr.com/post/131703317401/bridging). It’s at a GP’s discretion to say yes or no; many docs say no, but worth a try.
* **Endocrinology referral**. Lots of people are currently getting referred to Dr Peter Hammond, an NHS endocrinologist in Harrogate. Endos can technically prescribe HRT without the approval of a gender clinic; unlike most providers Hammond is actively willing to do so and experienced with trans care. Wait times for Hammond are currently a few months – though a note that he reportedly has plans to retire at the end of 2020. You might also ask regional trans groups about any positive experiences with local endocrinologists.
* **Organise for the informed consent care model**, because this shit is not going to get easier until we start doing that en masse.

**COMMON NON-HEALTHCARE ISSUES**

* You do not need to pay for a deed poll or have it ‘enrolled’ to have your name changed on most formal documents (banks, university, etc.). You can print out and use the free template on the UK government website (often heavy/official-looking paper saves you some grief) and that’s all legal.
* If you need a DBS check for your job and don’t want to out yourself, check ‘no previous names’ on the application and email **sensitive@dbs.gov.uk** explaining you’ve submitted a DBS check and are trans. They will ensure your employer never sees your previous name.