



Department
of Health

Your Ref: WO/Costin/70788

PO-1060871

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From Nicola Blackwood MP
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Dear Rebecca

Thank you for your letter of 17 November on behalf of Ms Gina Costin, Chair of Transpire, about support for transgender people.

Discrimination against transgender people in the NHS is unacceptable. The NHS Constitution commits the NHS to providing a comprehensive service without discrimination. However, we do recognise that discrimination does still take place and we are working to combat this. The Women and Equalities Committee highlighted that GPs in particular often lack an understanding of transgender identities, of referral pathways into gender identity services and of their own role in prescribing hormone treatments. The Committee concluded that in some cases these problems in general practice lead to appropriate care not being provided.

The General Medical Council (GMC) has acted on the Committee's recommendations by publishing new guidance on the responsibilities of GPs in treating transgender people. The guidance provides doctors with advice on issues such as confidentiality and respect. It also advises that an individual who requests treatment for gender dysphoria should be referred to a specialist gender identity clinic without delay.

The GMC's guidance also confirms the role of GPs in prescribing and monitoring hormone treatments for transgender people, and confirms that it is safe and appropriate for them to do so. GPs who fail to follow this guidance are at risk of being referred to the GMC, which regulates medical practitioners.

Since the Committee's report, NHS England has also published new guidance for GPs that reiterates the GMC's position on the prescribing and monitoring of hormone treatments for transgender people in primary care. NHS England is currently developing new service specifications for gender identity services for the purpose of public consultation. The draft service specifications will confirm that GPs should refer individuals who request treatment to a specialist gender identity clinic without delay, and the specifications will provide clarity on referral pathways into gender identity services.

In order to address cultural awareness issues in the NHS, Health Education England has recently publicised a planned programme of work that will make recommendations for the training and development of the future workforce in the field of gender identity. This will focus on new core competencies for staff working in gender identity services, professional standards for continuing professional development, establishing new trainee placements within gender identity services and recommendations for general awareness-raising amongst NHS staff. This work will include engagement with patient groups and people who use gender identity services.

The Government welcomes initiatives by individual clinical commissioning groups (CCGs) to educate GPs in issues relating to gender identity, such as the online guidance published by Brighton and Hove CCG earlier this year.

I have asked NHS England, as the body responsible for commissioning specialised gender identity services and primary care services, to look into the problems that Ms Costin has raised in regard to GPs in South Essex.

I hope this reply is helpful.

Best wish

Nicola

NICOLA BLACKWOOD