

# The Lottery of Primary Care

Young people and their families' experiences of  
GP support  
in relation to gender identity

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GP support  
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# Introduction

In 2020, Mermaids and De Montfort University launched a survey to find out more about the experiences of children, young people and their families when visiting the GP for support relating to gender identity.

Over 200 people responded to the survey, illustrating the vast differences in the support experienced when accessing gender identity support in primary care. What struck us about our findings was that many felt as though the quality of support they received was a result of how lucky or fortunate they were. In essence, finding out what quality of support you would receive feels a lot like entering a lottery.

*“We have been lucky. Getting good affirmative treatment should not come down to luck or lottery.”*

Some key findings:

- Over half of young people felt, or somewhat felt, that they had to dress in a particular way in order to access support from their GP.
- Two thirds of respondents reported that their GP surgery had no visible signs of LGBTQ+ support.
- Almost one third of respondents reported needing to visit more than one GP to access support relating to gender identity.
- Almost two thirds of respondents felt that their GP would be open to learning more about gender identity.
- Respondents whose GP had previous experience supporting transgender/gender- diverse young people tended to rate their quality of support higher.
- A quarter of respondents felt that they either had, or possibly had, been treated unfairly or with bias by their GP.

It was initially our hope for this research to provide an effective platform to amplify the voices of Mermaids' young people and their families. We are filled with gratitude for each contribution and for your willingness to share your stories so openly.

It is our hope now that moving forward, conversations around primary care will be more inclusive of those it impacts most greatly. The information you read below will provide an insight into people's lived experiences. Please listen to them and consider them in future discussion around primary care relating to gender identity.

We thank you for reading and welcome any thoughts, comments or feedback.

Susie Green

CEO



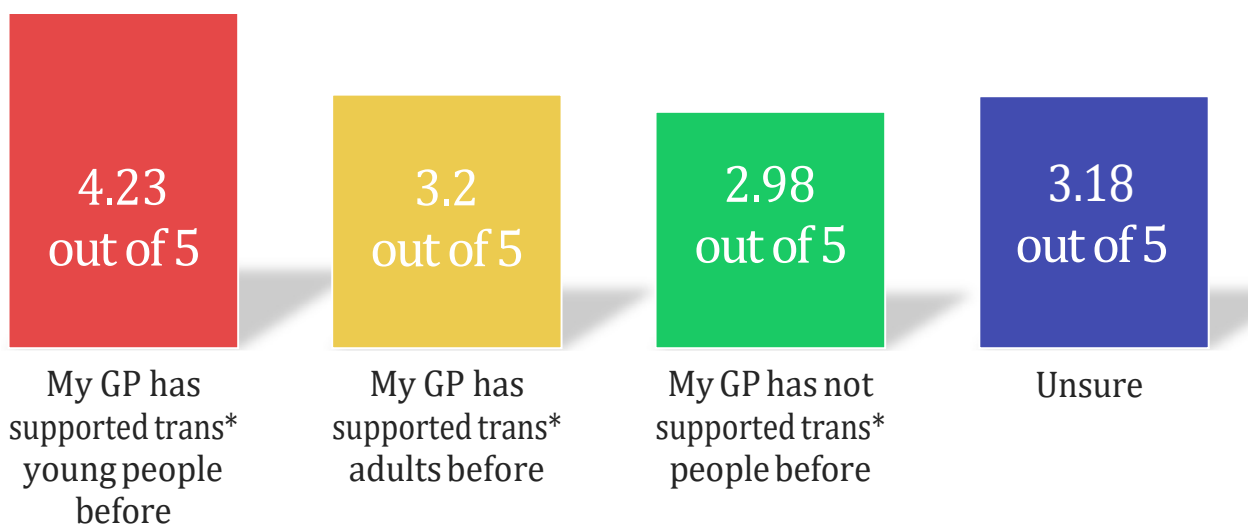
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# Key Findings

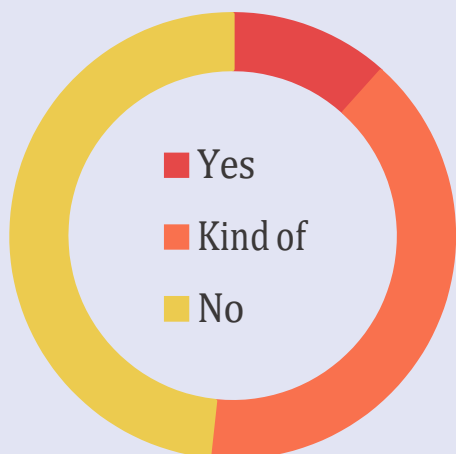
## Average ratings of GP support (out of 5)

Young people, parents and carers were asked to rate the general quality of their GP's support out of 5 (1 being terrible, 5 being excellent). We found a few connections between these ratings and some other factors. One of these was whether or not the GP had supported trans\* children or young people before. As shown in the chart below, average ratings out of 5 were higher for GP's who had this experience, with lower than average ratings in each of the other groups.

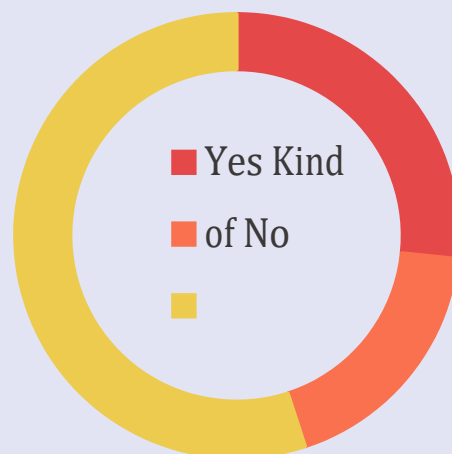


We asked young people whether they felt it was necessary to dress and/or act in a particular way to access support from their GP. Over half of young people (51.7%) said 'yes' or 'kind of' to feeling the need to dress in a certain way, while almost half (45%) said 'yes' or 'kind of' to feeling the need to act in a certain way.

Did you feel you had to dress in a particular way to get help from your GP?



Did you feel you had to act a particular way to get help from your GP?





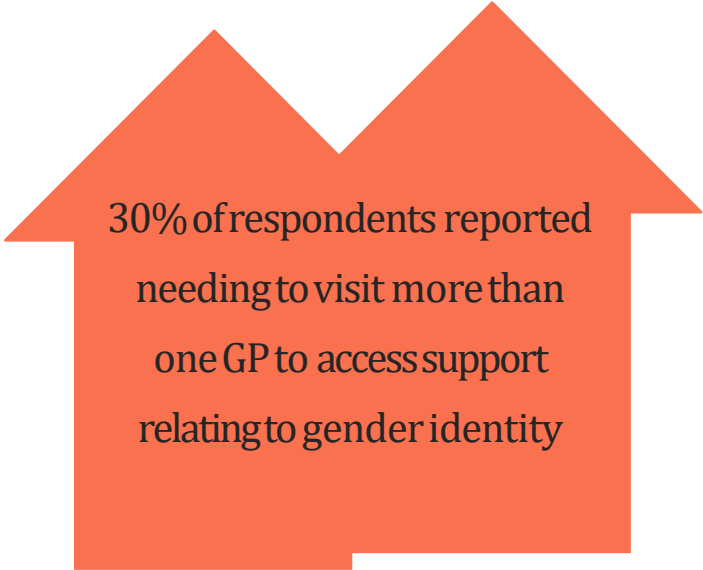
2 in 3 respondents reported that their GP surgery had no visible signs of LGBTQ+ supportive materials

When asked whether their GP surgery had visible signs of LGBTQ+ supportive materials, 9.7% of respondents said yes, 24.3% were unsure, while 65.9% said no.

For those yet to access GP support, signs of visible LGBTQ+ support was a factor that respondents said would make primary care more accessible.

Almost a third (30%) of respondents reported needing to visit more than one GP in order to access support. Some reasons for this included:

- Their prior GP was unsupportive or unsympathetic,
- Their prior GP refused to offer any practical support, or complete a referral to gender services,
- Their prior GP refused to engage with private gender services,
- Practical reasons, e.g. moving house, separated parents, locum GP's, practice appointment procedures.



30% of respondents reported needing to visit more than one GP to access support relating to gender identity

1 in 4 respondents felt that they either had, or possibly had, been treated unfairly or with bias by their GP



63% of respondents felt that their GP would be open to learning more about trans\* identities and healthcare

$\frac{1}{4}$  (24.6%) of respondents felt that they either had, or possibly had, been treated unfairly or with bias by their GP.

*For more information on how this bias presented itself, please visit pages 10 and 15.*

The good news is that almost two thirds of respondents (63%) felt that their current GP would be open to learning more about gender identity.

# Experiences of Young People

## EXPECTATIONS 'V' REALITY

We asked young people if the support they had received from their GP matched their expectations.

The chart (right) shows young people's responses to this question (n=60).

43.3% of young people felt the support they received matched their expectations, while 41.7% felt the support they received was worse than their expectations. 15% of young people reported that their GP's support exceeded their initial expectations.



"I had very low expectations of them, especially when they told me they had never helped any trans people before, but they were willing to learn, and supportive of my choices."

"I wasn't expecting my GP to have any idea what to do with me and I was right."

"I had expected invasive psychological assessments and all sorts of jumping through hoops but my GP was professional, efficient and sensitive."

"He just referred me to another place in a city, I was expecting to get advice on how to handle dysphoria until that time but he didn't."

"I expected them to know more about the basic concept of it. They knew what to do in terms of next steps for me, but not really how it works."

Young people's written responses generally indicated that their expectations had been low, although some said they had expected their GP to know more about trans identities and the options available for support. Individuals' expectations were often informed by either their own past experiences, or those of peers. Past experiences tended to include those within educational settings or in relation to other healthcare providers.

Many young people found their GP to be accepting and supportive, although some were surprised by this due to their initially low expectations. Some young people were impressed by their GP's knowledge, however the majority of written responses discussed the GP either lacking knowledge or being misinformed about how to best offer support relating to gender identity.



## EXPERIENCES OF SUPPORT

Young people were asked to rate their GP's support out of 5 [1 being terrible and 5 being great]. The bar chart to the right shows how many young people chose each rating.

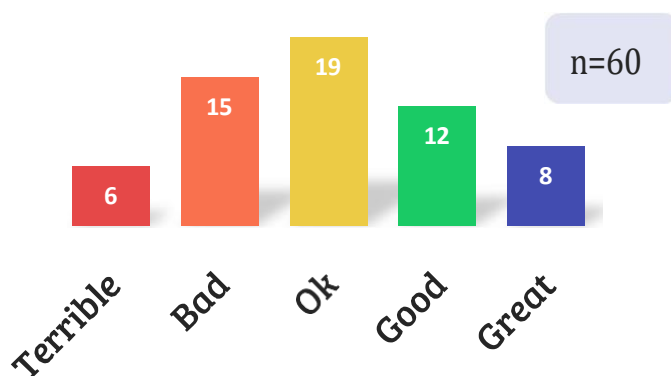
The written responses alongside these ratings generally discussed:

- The GP's initial response or attitude
- The GP's knowledge regarding relevant support or processes
- The appointment outcome relating to support offered or referrals completed

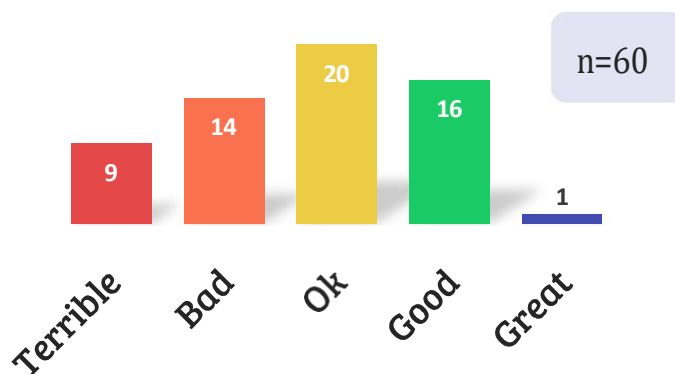
Young people also rated their GP's knowledge out of 5. The bar chart (mid right) shows the ratings for the GP's knowledge of gender identity, and the chart (lower right) shows ratings for the GP's knowledge of the care pathways and support available for trans patients.

Overall, the ratings for quality of support were higher than those for GP knowledge relating to gender identity and care pathways/available support. This is supported by a number of written responses, within which a theme was identified around GP's being supportive and accepting, whilst also lacking knowledge and understanding around supporting trans patients.

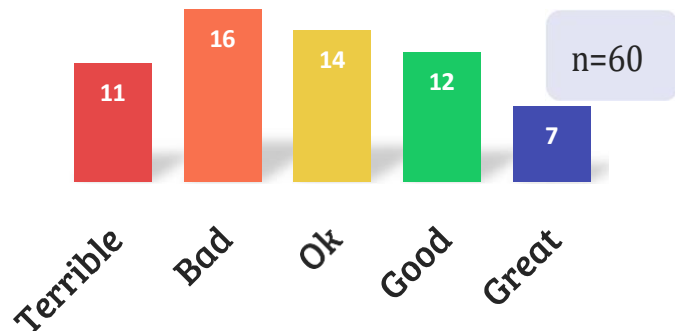
### Ratings of GP support



### GP's knowledge of gender identity



### GP's knowledge of care pathways/support



“Overall, my GP was good. There were some moments due to a lack of knowledge that were frustrating for me, but this was due to a lack of experience dealing with trans patients, which was understandable.”



## SOME EXPERIENCES SHARED BY MERMAIDS' YOUNG PEOPLE

"My GP was truly incredible, even though I was their first transgender patient, they were willing to find resources and to make sure I was given the support I needed."

"They spent about 20 minutes clarifying with me what the process was going to be like. 10 minutes asking me simple questions such as how long I've known etc. Then walked me through the referral process."

"I was anxious before the appointment, because I was expecting to have to explain a lot of things. I was also worried I'd be questioned a lot or have to answer very personal questions. In reality, my GP realised very quickly what I was there for, and he ran me through the options and the process without prying or asking very personal questions. He understood that would be the job of the people at the gender clinic, and he just wanted to help me get there."

"My GP has been great so far, but I'd say I'm in the minority in my experience, and that's completely ridiculous and beyond unacceptable."

"My GP has generally been good at handling my gender identity. Some particular staff have had less tact than others, but I have not felt dismissed."

"She was accepting but didn't have a clue what to do about me going to a GIC. She slips up on my pronouns occasionally but not my name which did upset me at first but not so much now as I just correct her."

"They didn't know what to do but after my mum showed them their own NHS website and what that site told them to do my GP happily referred me."

"He wasn't bad or anything, just not very useful either. It took him several months to even get me a referral as he kept filling out the forms wrong."

"My GP didn't seem to understand what I was saying. They didn't come across as very supportive and knowledgeable."

"He didn't offer much help at all. He was very dismissive and didn't have much to say."

"My GP did not suggest any further support or action, and simply passed it off."

## EXPERIENCES OF BIAS

Over half of young people (51.7%, n=60) reported that they felt, or somewhat felt, the need to dress in a particular way in order to access GP support.

Young people explained that this felt necessary in order to get their GP to take them seriously and believe what they were saying. Explanations also included to decrease the likelihood of being misgendered or misunderstood.



45% of young people (n=60) reported feeling the need to act in a certain way to access support from their GP.

Young people felt the need to:

- Exaggerate masculine or feminine traits
- Conform to cisnormative expectations
- Conceal or exaggerate struggles with mental health
- Portray more confidence than feels comfortable
- Talking in a different pitch



"He treated me like a child and made me feel like I wasn't being listened to. He always suggested I was too young to know myself and what I needed."

"She was not taking my best interests into account, she was just doing what she thought was easiest."

"She treated my needs as if they were not as important because they were going on inside my head and not physical."

"I felt like I was judged for being who I wanted to be."

Over a quarter of young people (26.7%, n=60) felt that they either had, or had potentially, been treated unfairly by their GP. Their written responses discussed GP's being rude or dismissive towards them, making them feel like a hindrance or a burden. Many young people did however make a point of saying that they had always been treated fairly, as reflected in the 58.3% who said they either probably or definitely had not been treated unfairly.

COMMON CONCERNS

① Being outed to parent's/family members

A common concern for young people was a fear of being outed to parents or other family members. Young people suggested that having the option to visit the GP without parents, or having reassurance that records of their discussion would not be accessible to parents, would make it easier for them to access support. Young people also said it would be useful to have information about what support the GP could offer, prior to making an appointment.

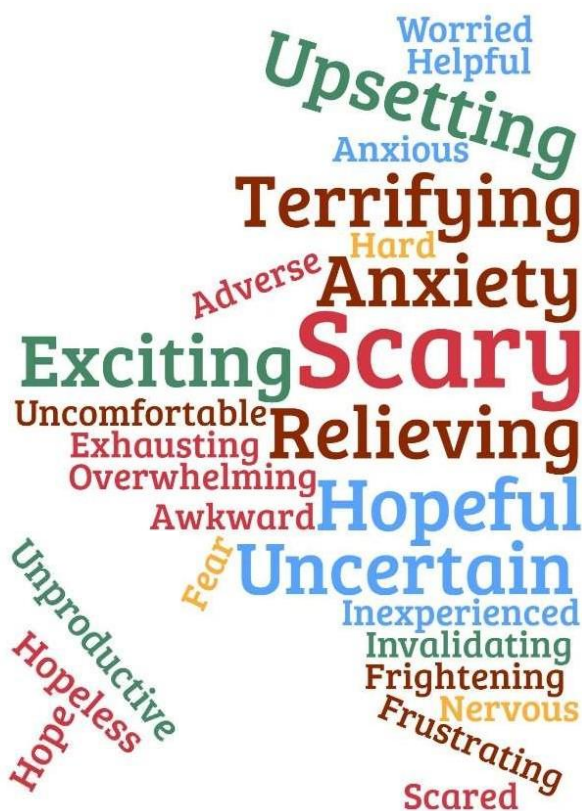
② Being misunderstood, or having their gender identity invalidated

Another concern amongst young people was that a GP may misunderstand what they were trying to communicate, resulting in a potential misdiagnosis. This linked to worries that the GP would not understand their gender identity and that the experience would be invalidating.

③ Being turned away, or not being believed

Young people also reported concerns relating to the response that they anticipated from their GP. Young people worried that their GP may be rude or mean about their gender identity, and may turn them away or refuse to help them. Young people were also concerned that their GP would not believe them, thus preventing them accessing the support they were seeking.

FEELINGS ABOUT ACCESSING GP SUPPORT



“I’m not sure if my GP has dealt with trans healthcare in the past, and the fact that I don’t know just makes me worry. If they don’t believe me or tell me I’m wrong, I don’t think I could keep going there.”

“I feel the waiting room areas should show support to all members of the LGBTQ+ community through promotion of their healthcare to show it is a safe space.”

# Experiences of Parents and Carers

## EXPECTATIONS 'V' REALITY

We asked parents and carers if they felt the support they had received from their GP, relating to their child's gender identity, had matched their expectations.

The chart to the right shows their responses to this question (n=125).

Responses were split fairly evenly, with 36.8% reporting that the support they received was better than they had expected it to be, while 30.4% said the support had matched their expectations. 32.8% reported the support to be worse than they had expected.



"I didn't know what to expect. But my GP has supported both us and our child throughout this. He has been open and honest that this is the first time he has dealt with it and through that I trust him more."

"Given that we live in a large county town, I thought that since we have a sizeable LGBTQIA+ population, our GP would be at least aware of trans healthcare issues, yet they are wilfully, it seems, ignoring trans people and their needs."

"The support by our current GP has gone far beyond our expectations. They took us away from the private provider, referred my daughter to an endocrinologist who determined an appropriate prescription and then took over her prescriptions and monitoring. Our first GP was much worse than expected."

"Although our GP is very supportive, she feels restricted about the practical support she can offer, e.g. not prescribing. This is what I expected - sadly, my expectations weren't that high!"

Compared to young people, there was greater variation among parents and carers in relation to their expectations of GP support. Many had expected and hoped that their GP would know how best to support their child. Others were more sceptical, having undertaken their own research or from having heard about negative experiences within peer support groups. Some simply did not know what to expect.

Often parents and carers discussed anticipating resistance from their GP. For some, their expectations were correct but others were pleasantly surprised by their experience. Many parents and carers had initial concerns that their GP would not be supportive, however this was certainly not always the case. Many GP's demonstrated support and positivity in their attitudes, despite varying levels of knowledge and experience.

## EXPERIENCES OF SUPPORT

Parents and carers were asked to rate their GP's support out of 5 [1 being terrible and 5 being excellent]. The bar chart to the right shows how many people chose each rating.

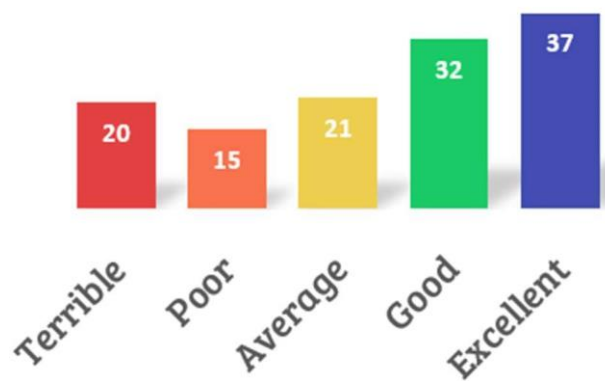
Written responses suggested that the factors impacting people's ratings of support were generally:

- The GP's attitude when initially approached on the topic
- The GP's approach to offering support
- The GP's willingness to follow the requests of the patient

Overall, GP support received an average rating of 3.4 out of 5 (n=125), while GP's knowledge of gender identity received an average rating of 3.1 out of 5 (n=121). The lowest average rating was GP's knowledge of care pathways and support, with an average rating of 2.8 out of 5 (n=118).

Much like with young people, a common theme emerged around GP's being kind and supportive, but either lacking in knowledge or being constrained by NHS protocols so failing to provide adequate support for the trans\* young person.

### Ratings of GP support



### GP's knowledge of gender identity



### GP's knowledge of care pathways



"I felt reasonably supported, and the GP was open to learning. I feel like this is pretty good in the current climate, although it would be well below my expectations for any other major area of health."

"Mental support is excellent, knowledge is nil."

"The GP was absolutely fantastic during my daughter's appointment. However subsequent errors resulted in her referral being delayed by 6 months."



## SOME EXPERIENCES SHARED BY MERMAIDS' PARENTS AND CARERS

"Whilst our experience with our current GP is exceptional, our previous experience and that of another trans teen I am supporting is woefully poor."

"I thought my GP would know how to get support for my child. I thought he would have up to date information about hormone blocking treatments for teenagers and any local therapists. I thought I would have a better understanding about how we could move forward following our visit but I left feeling like the GP wouldn't help until my child was older."

"Our experience was devastating and extremely damaging to us as a family. It was the source of huge distress and had a massive impact on my son's mental health and hence on the whole family. Because he refused to prescribe hormone blockers we had to do this through UCLH which meant travelling into London every 8 weeks for an injection with took less than 5 mins to administer within a 3 hour round trip. Because he refused to write the 2nd medical report for a GRA application we had to source this privately at our own expense. We have now changed GP."

"My GP surgery's approach has left me in tears of frustration and helplessness. They simply refuse to help us, while seemingly being supportive and friendly. Vague words are not enough; they need to actually DO something."

"She is now the 'trans' specialist at the surgery because of her experience and willingness to learn. It would be good if every GP knew how to support, and it not be just on luck and the personality of the GP."

"I know with absolute certainty that we have been incredibly lucky to find a GP that is willing to support both affirmative care and shared care within both NHS and private trans care settings. Even within the same GP surgery opinion was divided."

"I know many parents have had bad experiences with their GP, we haven't...it seems to be a bit of a "post code lottery" depending of which GP you have."

"We have been so lucky with our GP, perhaps not surprising as they are outstanding in all other respects too. They may not know everything but are willing to learn."

"Our current GP is lovely and says they have treated trans patients before but they don't seem to know anything."

"I think we have been extremely lucky to be supported by our GP when so many others are not."

"No family should be made to feel the way my daughter and I felt the first time we met with the GP regarding my child's transgender identity. My daughter is afraid to visit the GP now because of that experience."

## EXPERIENCES OF BIAS

More than 1 in 5 parents and carers (23.6%, n=123) felt that they had been treated with bias by their GP's. This bias displayed itself in a number of ways:

- Being treated with hostility
- GP's sharing their opinions on the morality around gender identity
- Being treated unfavourably by other staff in the surgery
- Refusal to offer support or participate in shared care agreements
- Refusal to update records to reflect the young person's gender identity

Below are some of the experiences of Mermaids' families when visiting the GP to access support in relation to their child's gender identity.

"The GP is not helping my son; he's treating him like an anomaly who does not need support. I think sometimes that he doesn't see our son. He just sees the word 'trans' on legs. It is infuriating and very painful. And hard work to make sure my son doesn't see what's happening and holds out hope for solutions."

"The GP refuses to refer my child to GIDS without a report from a (non-specified) gender expert proving that my child is trans. Some of the GPs deadname my child when talking to me, even though the records are clearly marked with the new name. They display little knowledge of or compassion with trans issues and no inclination to change. They sound afraid of it when they talk about it, like my child is an alien newly-arrived from Mars."

"The reaction to my child was not supportive and with underlining hostility, which I think to be honest came from GPs who had not dealt with a transgender child and therefore were "scared" to support anything medical. They kept repeating that the medication was "off label" and there weren't enough studies etc."

"The first GP we saw was awful. She was visibly upset by the announcement that my daughter saw herself as female. She heavily implied that my child had "got the idea from external sources" and would not refer directly to GIDS and insisted she be referred to CAHMS to have her assessed first. She hurried us out of her office, very flustered and made my daughter and I feel awful about the whole experience. It was very upsetting indeed."

"I've had to jump through lots of hoops, it's taken a long time and I still have to explain myself over and [over] again. It's tedious at best and upsetting at worse."

"GP is without any knowledge. She asked me if my child was picking up on a media trend to become trans. My son was 4 at the time."



## DIFFERENT VIEWS ON SUPPORT

While the vast majority of parents responding to this survey sought gender affirming support from their GP's, this was not always the case. It is important that different views are recognised and represented, as an individual's perspective on what classifies as good quality support will impact both their ratings and the overall findings. The impact of parent's differing views on good quality support would benefit from more focused research on the topic, and would be worth discussing directly with GP's.

Some parents felt that a referral to an alternate service (e.g. CAMHS) was preferable than one directly to GIDS, while others favoured a 'watching waiting' approach. The term 'watchful waiting' takes on a different meaning to many, but generally refers to delaying the affirmation of a child's gender identity or their access to gender affirming healthcare. Whilst leading medical experts in countries such as the US, Canada, Australia and New Zealand recommend an affirming approach to trans healthcare for young people, there remains uncertainty amongst medical professionals in the UK. Some respondents referenced this in their answers by discussing GP's who wanted to offer support but felt unable to do so due to uncertainty around NHS protocols. There were also multiple mentions of GP's who were unsure if referrals to specialist gender services fell within their remit, as well as GP's who feared repercussions from facilitating access to gender affirmative care, more specifically blockers/hormones.

"Our GP supports a "watchful waiting" approach, which makes us feel comfortable as parents. Our child asked for a referral, the GP asked whether we supported this, and then gave it."

"The GP was able to advise us on the treatment paths, and appropriately pointed us to CAMHS who have undertaken an extensive therapeutic process with our child which we feel will give her very lasting benefit, self-knowledge and inner resources, whatever steps she may take later on with regard to her gender identity."

"I feel completely let down by our GP who took the oppositions position and said we "really needed to" affirm our daughter as a boy even though this had a detrimental impact on her mental health. Children need to be treated as individuals on the NHS and not automatically shunted down the GIDS route as soon as gender issues are raised."

## PARENTS WHO HAVEN'T ACCESSED SUPPORT

This research welcomed all parents and carers to participate, regardless of whether or not they had accessed GP support relating to their child's gender identity.

Only 2 of the 127 of the responses came from parents and carers who had not accessed GP support, and therefore data has not been included in this report. This data will be included in an academic paper which will be submitted for peer-review. If this paper has been published at the time of reading, there will be a link to it on the Mermaids website.

# Individual GPs

## ATTITUDE

The attitude of the GP, and particularly the attitude displayed initially, appeared to play a large role in determining the way in which individuals perceived the quality of the support they had received.

“Having known us for 20+ years I was very surprised by their attitude.”

In order to access the health care and support we need, it’s crucial that we are able to be open with our GP about what we’re experiencing. The attitude displayed by a GP can have very real implications for those accessing support, particularly in relation to how open and honest individuals feel they can be.

Only 45% of young people (n=60) reported being able to fully tell their GP the truth about how they felt, while 43.3% said most information they shared with their GP was true.

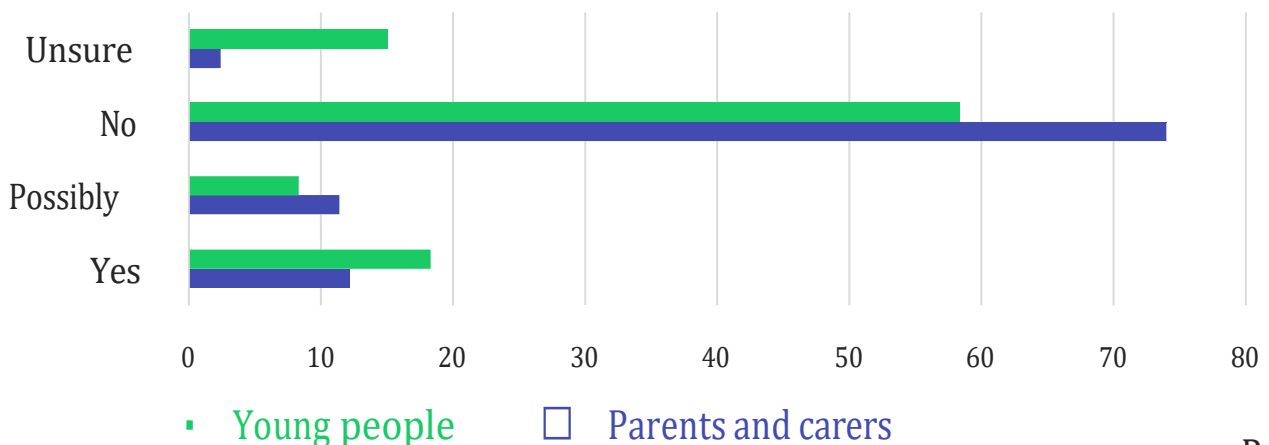
10% were able to share some true information with their GP, while 1.6% felt unable to share anything true about how they were feeling.

83.2% of parents and carers (n=125) were able to be completely open with their GP. 7.2% were able to be mostly open, 3.2% somewhat open, 5.6% not very open and 0.8% not open at all.

“My child was very anxious about talking to the GP but GP was very supportive and did everything they could to help him feel at ease.”

We asked respondents if they felt their GP had ever treated them unfairly or with bias. While most people said no, almost 1 in 5 young people felt they’d been treated unfairly. More than 1 in 10 parents and carers also felt that their GP had treated them and their child with bias.

Percentages of respondents who felt they’d been treated unfairly by their GP



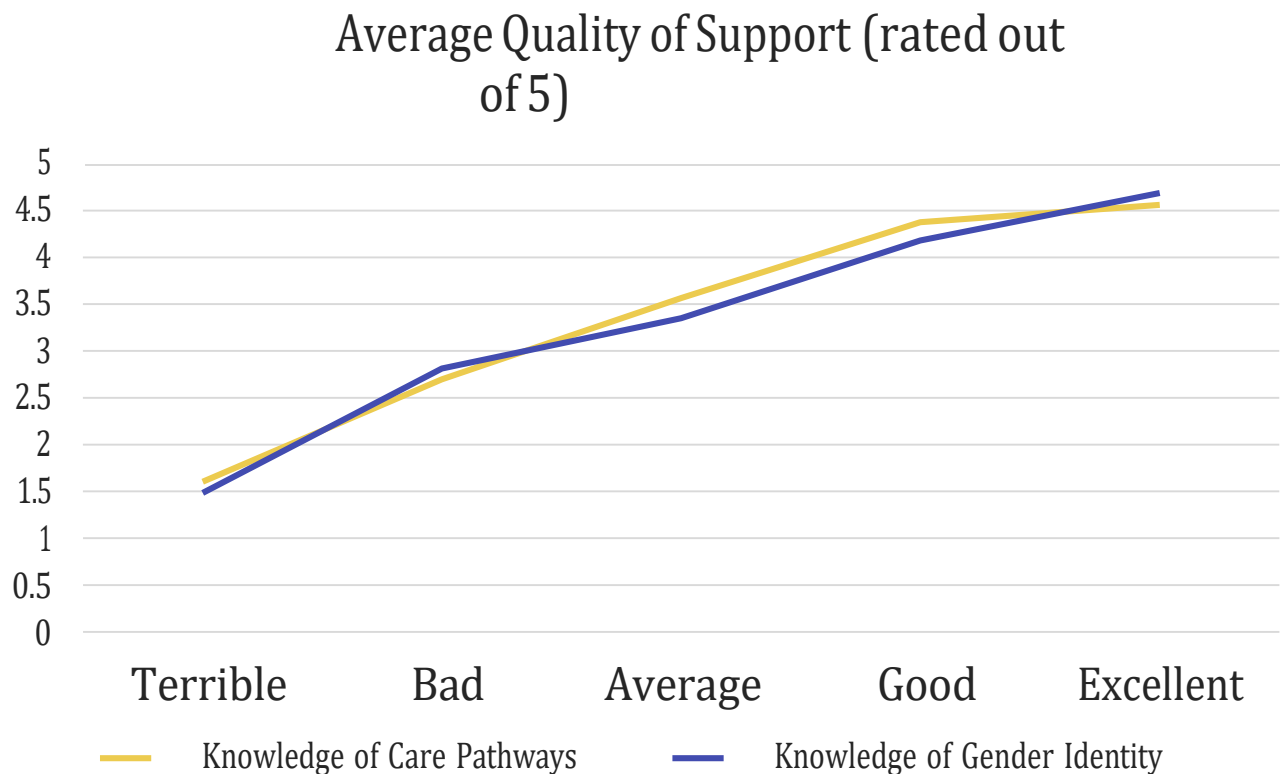


# Individual GPs

## KNOWLEDGE

On average, the ratings for quality of support were higher than those regarding GP knowledge. This suggests that it is not solely GP knowledge that determines how a patient reflects on their quality of support. There does however appear to be some link between quality of support and quality of knowledge.

The graph below shows what the average rating of 'Quality of Support' were, for each of the categories of GP knowledge. The yellow line shows the average ratings of support in comparison to the GP's knowledge of care pathways and support available. The purple line shows the average ratings of support in comparison to the GP's knowledge of trans\* identities. For those who rated their GP's knowledge to be stronger, the average ratings of quality of support were higher and vice versa.



63% of survey respondents (n=184) felt that their GP would be open to learning more about trans\* identities and healthcare options.

## CALLS FOR MORE TRAINING

A theme that came through clearly from both young people and parents and carers was a call for more training for GP's. These suggestions included GP's needing to know more about gender identity itself, but mostly about how to effectively support trans children, young people and their families.

Below are some quotes from survey responses in relation to this topic.

QUOTES FROM YOUNG PEOPLE

"From my experience, you have to get an appointment with a doctor that understands to get anything [support]."

"I think all GPs should have training about trans people, and how to help out in their transition. I would hate for anyone to go through what I did the first time. It was awful and really destroyed my confidence."

"I feel GPs do not understand what being trans actually is and how it works. It came across that she did not understand gender dysphoria. I feel they need to be educated about how it works and other ways to help. As well as understanding what shared care is, so they do not feel like they're doing something wrong by agreeing to shared care."

*For more on shared care, please visit page 27*

"They need to know good etiquette for trans people, especially trans kids, as that has made all the difference for me. They need to know about suicide rates in trans people — again, especially kids — and the seriousness of the situation must be hammered into their heads so they don't do something stupid like have a chat with some kid's incredibly transphobic parents or interrogate a trans kid on their identity outside of the necessary evaluations for Tavistock."

"I believe with the correct training GPs would be able to offer more hands on and local support for young trans/non binary people."

"More training for GP's about the damage the delays and lack of help do to young people. Case studies showing GP's the happy and well-adjusted young people they become when they can be true to themselves. Using positive examples from overseas to demonstrate best practice."

"I need my GP to be the expert and to find out more and take these issues on - not leave it to me as the parent to fumble around in the dark because I actually have no idea what I am doing yet I am the only person actually helping my child."

"Make sure reception staff have good training too. Our awkward moments have been at the front desk, trying to explain things with other patients listening."

QUOTES FROM PARENTS/CARERS



# Individual GPs

## EXPERIENCE

One of the factors which seemed to most greatly impact the way in which a young person or parent/carer perceived the quality of their primary care related to whether or not the GP had previously supported trans children or young people.

Quality of support relating to GP's prior experience:  
the average ratings of all respondents

"My GP claims to have supported trans adults yet at the same time completely refuses to support my child in any way, even refusing to carry out routine blood tests in case they have to be responsible for problems arising from the results."

"Our GP said he had supported many other trans individuals, had a good sensitive and proactive approach and was happy to share care with both NHS and private Gender Specialists."

"Our GP is the 'go to' person for members of the trans community in our area."

Prior experience supporting trans children and young people (n=30)

4.23/5

Prior experience supporting trans adults only (n=15)

3.2/5

No prior experience supporting trans people (n=56)

2.98/5

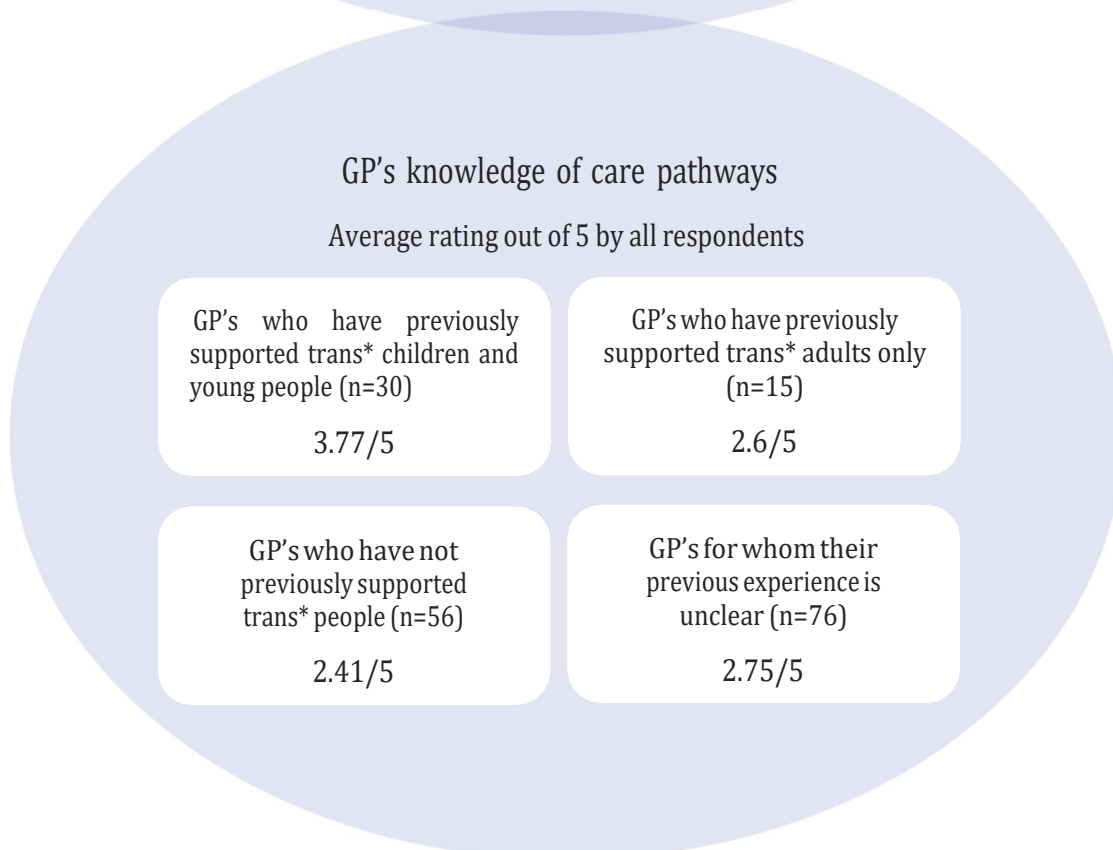
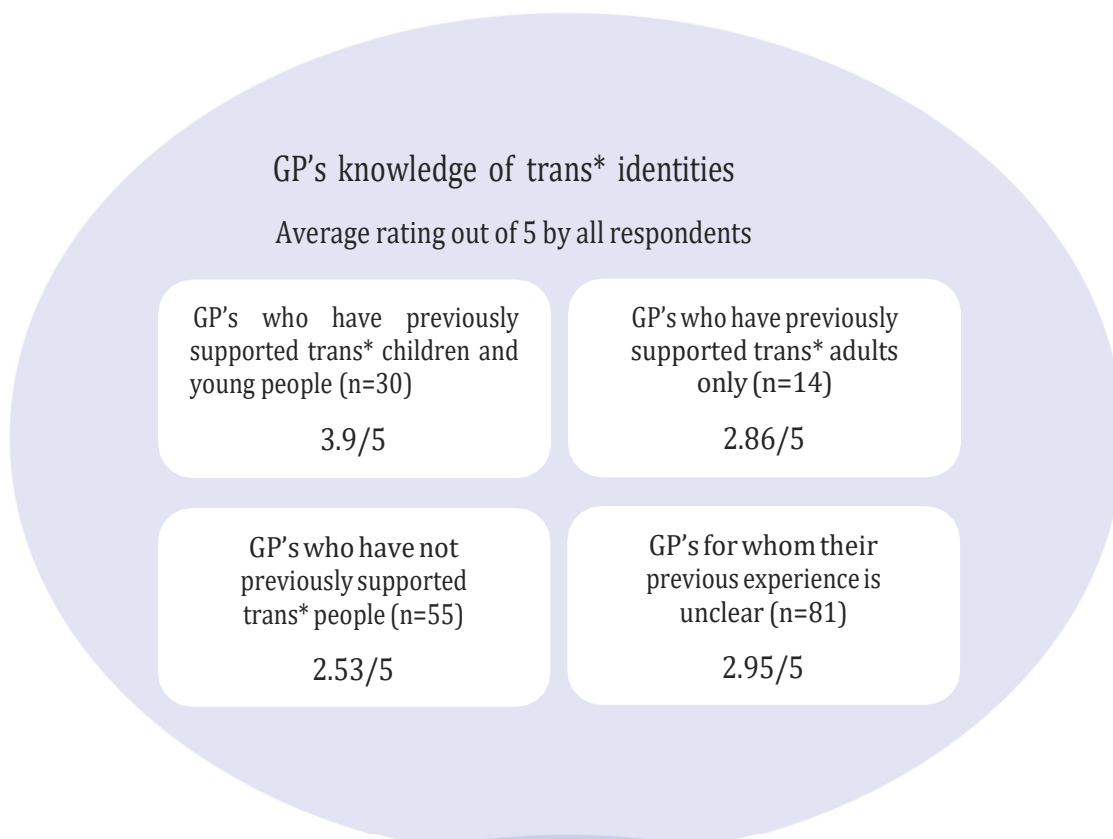
Unclear about prior experience (n=56)

3.18/5

"My GP specifically told us she has never encountered any trans patients and knows nothing about what to do next."

"The second GP we saw was shocked as he had only ever dealt with trans people much older than my daughter."

GP's prior experience also appeared to reflect in the respondent's ratings of their GP's knowledge, both of gender identity and of care pathways. As shown in the average ratings below, knowledge related ratings were far higher for GP's who had previously supported trans\* children and young people.





# Primary Care Practices

## ENVIRONMENT

65.9% of respondents reported that their GP surgery had no visible signs of LGBTQ+ support. 24.3% were unsure, while 9.7% said that their surgery did have signs of support. Signs of support appear to be noticed more by young people. 28.8% of parents and carers responded to this question by saying they were unsure, as opposed to only 15% of young people.

Written responses by young people also tended to include more details about what resources were visible.

In the bubbles to the right are the average ratings out of 5 for quality and support.

Numbers in **GREEN** are the average ratings for GP surgeries with LGBTQ+ supportive materials.

Numbers in **RED** are the average ratings for GP surgeries without LGBTQ+ supportive materials.

Numbers in **YELLOW** are the average ratings for GP surgeries for whom it was unknown about LGBTQ+ supportive materials.

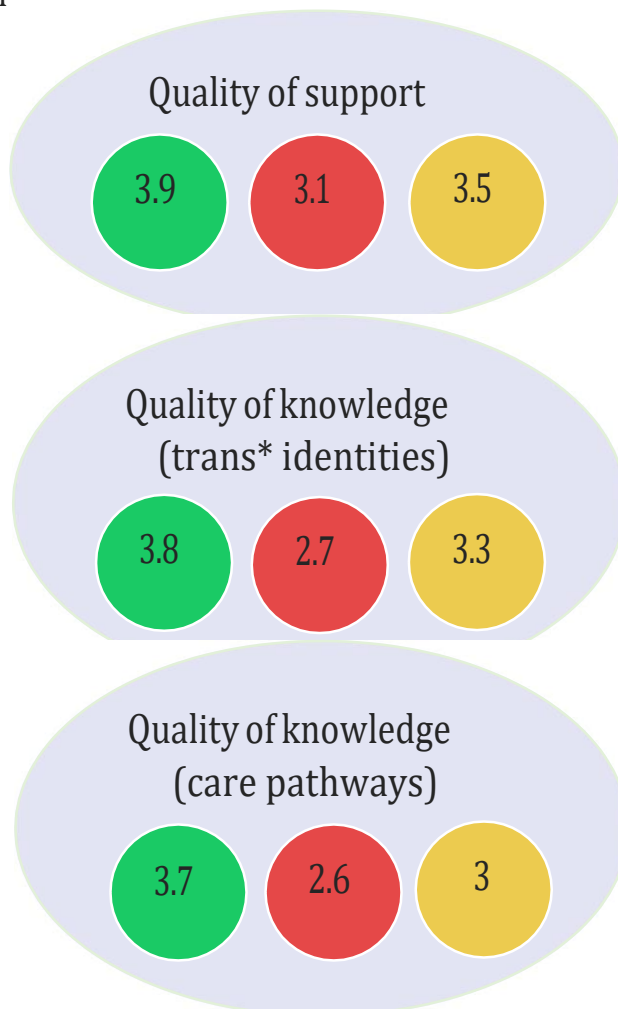
Young people said the following would make it easier to access GP support:

“A sign from the surgery that they accepted LGBTQ+ people.”

“More LGBT representation.” “LGBT posters.”

“Knowing that the GP is a safe space.” “If the GP was LGBTQ+ themselves.”

Are there any signs of LGBTQ+ supportive materials at your GP surgery?



# Primary Care Practices

## SYSTEMS AND PROCEDURES

There were certain systems in primary care practices that seemed to contribute to respondents' negative experiences. A number of parents and carers reported incidences in which their child had either been misgendered or outed by the electronic appointment system. Having a

previous name appear on a screen in front of a waiting room full of patients does not appear to be an uncommon scenario, and understandably causes distress to those impacted. The distress was often not alleviated by primary care staff, many of whom said they were unable to or didn't know how to fix it. One GP did however preempt this scenario and decided to override the system by physically calling out the young person's new name, until the electronic system would reflect the name change.

"The third GP we saw did not want to update their records to show my daughter's name correctly and misgendered her on the screen inside the office."

"During my child's first appointment, the name flashed up on the screen in reception for everyone to see."

"We informed him of my son's gender change and submitted evidence and asked them to change records and when his name came up on the screen it said "Miss" thereby 'outing' him in front of a packed waiting room. My son was extremely suicidal after this experience and directly because of it."

"When we went to the GP for the first time she told us that until my child's name was changed on their system she would come out and call them by their preferred name so they didn't get embarrassed by their birth name and she also amended the records to show the pronouns that should be used."

"Whenever I sign in that I am in the waiting room on the machine it says all the usual things like date of birth but it only has two options for gender. It makes me feel not accepted because I never know what to put as I am both and neither."

Another common theme among respondents related to their GP feeling restricted by, or not having a full understanding of, the NHS guidelines relating to trans healthcare for young people. People discussed their GP's being fearful of being sued, or individual GPs wanting to help but feel restricted due to decisions made by practice managers or the consensus of the practice as a whole. More clarity for GP's about what they can and can't do seem to be a common suggestion. Some of this related to referrals (more on page 25) but mostly related to whether protocol around prescriptions and shared care agreements (more on page 27).

"Initially our GP said she was willing to assist, and would need to discuss at a Practice meeting. I then received a phone call saying they could not assist. On the phone I was told 'if your daughter changes her mind, she would sue us, not the Tavistock or UCLH.'"

"She is helpful, but very worried to get dragged into the current situation that puts GPs at danger. All decisions are taken by a practice manager, and the GP just refers to the manager not allowing to deviate in any way from the NHS guidelines. But I am not sure they fully understand said guidelines."

"Our current GP is nice to talk to but unable to help in any way due to practice restrictions, i.e. the practice as a whole has decided not to help anyone who has not yet been seen by a GIC."

# Working with Gender Services

## REFERRALS

Referrals were mentioned frequently among responses and generally for the following reasons:

- Being refused a referral altogether
- GP's being unaware of how to complete a referral, or where to refer to,
- GP's completing referrals incorrectly resulting in delays,
- GP's completing referrals to the wrong place,
- Parents/young people showing GP's how to complete referrals,
- The GP agreeing to complete a referral but that being the extend of the support they would offer.

"I'd really appreciate more training so that GPs knew what the process was to refer me to the GIC, especially given the small time window I had to get onto the GIC."

On average, those respondents whose GP were the one to recommend a referral tended to rate their GP's quality of knowledge higher than those for whose GP's did not recommend a referral. This was particularly clear in relation to GP's quality of knowledge around care pathways. It was also clear from our findings, that despite this, it was a far more common scenario for GP's not to recommend a referral to a gender service than to recommend one.

	GP's who recommended a referral	GP's who did not recommend a referral
Quality of support	4.1/5 (n=13)	3.2/5 (n=172)
Quality of knowledge (gender identity)	3.8/5 (n=13)	2.9/5 (n=168)
Quality of knowledge (care pathways)	4/5 (n=13)	2.7/5 (n=165)

	GP's who completed a referral	GP's who refused to complete a referral
Quality of support	3.6/5 (n=600)	2.1/5 (n=133)
Quality of knowledge (gender identity)	3.2/5 (n=599)	2.2/5 (n=133)
Quality of knowledge (care pathways)	3.1/5 (n=588)	2.2/5 (n=133)

Those respondents whose GP completed a referral on average rated the quality of their GP's support higher than those whose GP refused to complete a referral, indicating that this may bear relation to the way patients reflect on their experiences of support. This was also a pattern suggested in the ratings of quality of GP knowledge, albeit to a slightly lesser extent.

It is worth considering that a smooth referral process doesn't necessarily rely solely on the GP responsible, and can be altered by other factors, such as other members of staff's knowledge.

"The brilliant approach by the GP was somewhat marred by the failure of the surgery to submit the referral that the GP had written."

There was also a theme among responses that suggested once a referral to gender services was completed, young people and their families then faced the lengthy wait for a first appointment with no support offered.

"As we have now been waiting for 2 years to hear from GIDS we need more local support in the meantime to offer help and advice. Otherwise it just feels like you're in a black hole waiting for GIDS to make contact, which is where we are now."

"Currently if you're lucky enough to have a charity nearby then limited support is available if not families and the child/young person are cruelly left to swim in dark waters."

"The waiting list for gender services is ridiculous and if we did not use a private service I may not even have a daughter today due to mental health issues around this."

# Working with Gender Services

## SHARED CARE

Where shared care was mentioned, there seemed to be a great deal of confusion around what shared care was and best practice in relation to it. Out of those who have accessed GP support, only 30% of parents and carers reported their GP facilitating full or partial shared care agreements with a gender identity service. The same was true for 20% of young people.

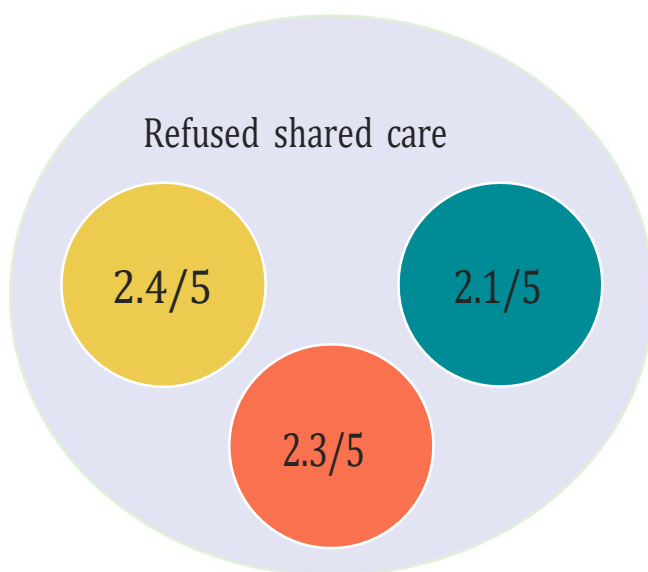
The uncertainty amongst GP's means there is an element of fear, particularly in relation to the prospect of potentially being sued. It seems that for GP's need a better understanding of what is and is not appropriate in relation to shared care, as well as what is within their duty of care to their patient, so that they can have confidence when supporting trans patients.

"I think it's possible my GP thinks we may sue if something goes wrong. I've read the shared care agreement and don't understand why they are concerned."

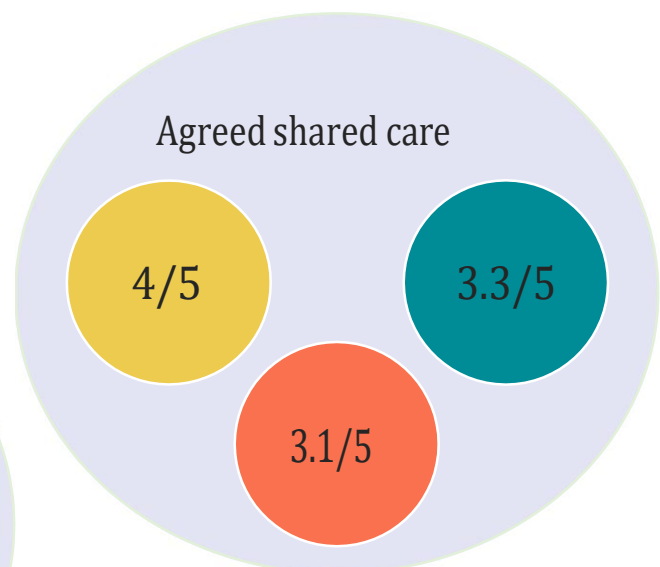
"I believe GP's would be willing to help if they weren't so scared of what may happen to them if they do."

"Many are confused/worried about the extent to which they can be held responsible for prescribing for HRT and if they could be sued for any reason because of it. Some clarity on this may be helpful."

### Quality of knowledge and support in relation to shared care experiences



Average rating out of 5



# Methodology

Over the course of July and August 2020, Mermaids ran an online survey asking about experiences of GP support in relation to gender identity.

205 people responded to the survey:

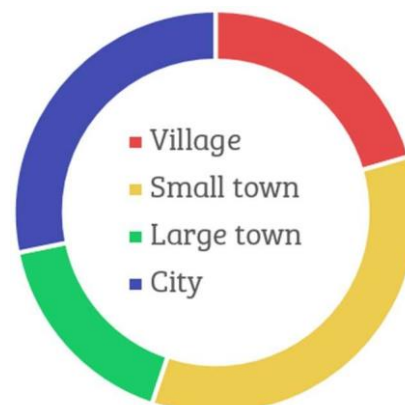
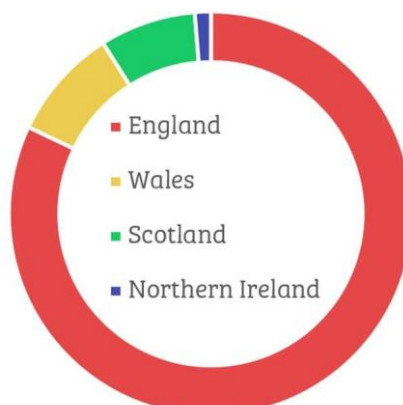
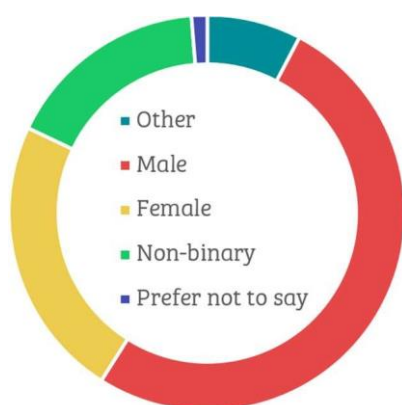
- 78 trans and gender-diverse young people (aged 11-19)
- 127 parents and carers of trans and gender-diverse young people

The methodology for this research was reviewed and approved by De Montfort University Faculty of Health and Life Sciences Research Ethics Committee.

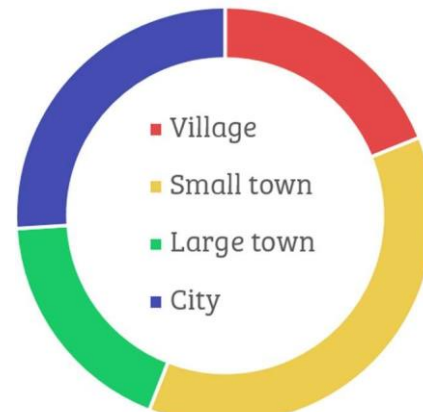
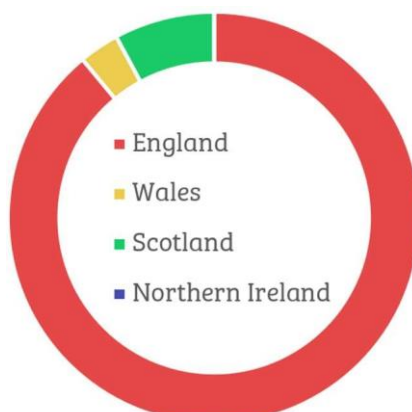
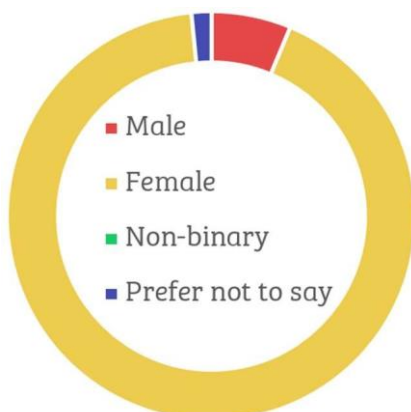
The surveys were advertised on Mermaids secure online forums, with participants invited to share research information with people known to them.

The survey started with a set of consent questions for all respondents; this determined whether an individual was eligible and happy to take part. Young people were also presented with links to support at this point.

## YOUNG PEOPLE WHO RESPONDED TO THE SURVEY



## PARENTS AND CARERS WHO RESPONDED TO THE SURVEY





# Glossary

## ASSIGNED GENDER/SEX

The gender/sex assigned to someone at birth and recorded on one's birth certificate, based on their physical characteristics.

## BINDING

Used by some (but not all) trans masculine people to compress their chests and create a more conventionally masculine shape.

## BIRTH NAME

Name given to someone at birth, used to distinguish from a 'chosen' or 'preferred' name that a trans or gender diverse person may choose to ensure their name aligns with their gender identity. You may also hear 'dead name' rather than 'birth name'.

## ALLY

Someone who supports members of the LGBTIQ community. Typically, heterosexual and/or cisgender.

## AFAB/AMAB

Assigned male or female at birth; refers to the sex/gender as categorised at birth or on one's birth certificate.

## BIOLOGICAL SEX

Can be used to indicate biological differences between people.

## BLOCKERS

Also known as hormone blockers or puberty blockers: a type of medication which temporarily stops the production of the natural hormones which progress puberty.

## CIS/CISGENDER

People who identify with the sex/gender they were assigned at birth.

## GENDER

Often expressed in terms of masculinity and femininity, gender is largely culturally determined and is assumed from the sex assigned at birth.



society, typically through their appearance, dress, and behaviour. Gender expression is not necessarily connected to their gender identity.

## GENDER NON-CONFORMING

Does not conform to socially accepted or stereotypical gender norms; less medicalised than the term gender variant.

## LGBTQ

Acronym for 'lesbian, gay, bisexual, and/or transgender and queer'.

## GENDER IDENTITY

An individual's internal, innate sense of their own gender.

## MISGENDER OR MISPRONOUN

use a pronoun or other language which is different to someone's way of describing themselves. Understood to mean someone's identity has not been recognised.

## MEDICAL OR PHYSICAL TRANSITION

Physical medical pathway that may include changes (puberty blockers, hormones and/or surgery) which may be used to alleviate gender dysphoria. There are age and stage restrictions in relation to each option, for example one has to be 'around 16' to access cross hormone therapy. Not all trans people will medically transition.

## GENDER DYSPHORIA

Medical term for the experience of discomfort or distress in your body, due to having a gender identity that does not align with your gender assigned at birth. Not to be confused with body dysmorphia, a mental health condition where people perceive flaws in their appearance.

## GENDER IDENTITY CLINICS (GIC)

NHS clinics that provide support around gender identity to people over 18. (People may be referred from the age of 17.) They are able to provide speech and language therapy, counselling and hormones. They will also make referrals for some affirmative surgeries.

## GENDER IDENTITY DEVELOPMENT SERVICES (GIDS)

also known as The Tavistock: NHS service in England and Wales that provides support around gender identity for people under 18.

Run by psychotherapists, they explore a young person's gender, offer support for emotional and relationship difficulties and may refer young people on for affirmative healthcare.

## NON BINARY

(an umbrella term that includes genderfluid, genderqueer and other labels): not fitting neatly or exclusively into one of the binary gender categories. A non-binary person may have: a single fixed gender position other than male or female, no gender, a combination of male and female or other genders, or move between male, female and other genders – or they might not identify or agree with the concept of gender entirely.

### OUT OR COMING OUT

Being open about one's LGBTQ identity.

### OUTING

to reveal someone's sexuality or gender identity without their consent.

### SOCIAL TRANSITION

The social changes that someone may choose as part of their transition; may include coming out, changing one's names and pronouns, using differently gendered facilities, changing one's gender presentation. Does not include physical transition.

### TRANSPHOBIA

The fear or dislike of someone based on the fact they are trans, including the denial or refusal to accept their gender identity.

### PRONOUNS

how someone or something is described in the third person (eg she/her, it, he/his). May be gendered or gender-neutral, e.g. they/them, ze/hir.

### QUEER

An umbrella term which can be applied to anyone who considers themselves non-cis or non-straight. Previously a slur, it has been reclaimed by LGBT+ communities since the 1980s. You shouldn't use this term about someone unless you know they identify as queer.

### TRANS OR TRANSGENDER

People who do not identify with the sex/gender they were assigned at birth.

### TRANSITION

The social, medical or legal process of changing one's gender performance and/or presentation. May also be referred to as gender reassignment, which is a protected characteristic under the Equality Act 2010.

This glossary is based on work by Andolie Marguerite (2019) 'Who do they think they are and what do they think they are doing: the construction and establishment of trans and non-binary or genderqueer identities in a trans youth group'. PhD Thesis. University of London, available at [http://research.gold.ac.uk/26170/1/EDU\\_thesis\\_MargueriteA\\_2019.pdf](http://research.gold.ac.uk/26170/1/EDU_thesis_MargueriteA_2019.pdf); Purple Rain Collective <https://purplerraincollective.com/glossary/>; and Stonewall <https://www.stonewall.org.uk/help-advice/glossary-terms>.

# Full glossary at

[mermaidsuk.org.uk/glossary](http://mermaidsuk.org.uk/glossary)

# Support Resources

## Emergency Support

Samaritans: Call 116 123 Childline

(under 18): Call 0800 1111

## Mermaids Support

Helpline: 0808 801 0400

Webchat: <https://mermaidsuk.org.uk/contact-us/> Both  
available Monday to Friday 9am – 9pm

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Shout text service: text MERMAIDS to 85258 Free  
24/7 crisis support all across the UK

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Email: [info@mermaidsuk.org.uk](mailto:info@mermaidsuk.org.uk)

## Finding Support Groups

Tranzwiki: <https://www.tranzwiki.net> Gendered