

Ref. No: 270080921
From: Commercial
Date: 08/09/21
Subject: Protocols and policies regarding the care of transgender people

REQUEST & RESPONSE

We're writing regarding the policies, protocols, and guidelines operated by each NHS Trust in relation to the care of transgender people.

We're aware that NHS England Specialised Commissioning is responsible for commissioning specialist gender identity services in England. However, we're interested in what guidelines are in place for the provision of transgender healthcare at primary and secondary care levels.

With this in mind, could you please provide the following:

- 1) Any equality and/or diversity policies you have in place for patients.



Equality and Human
Rights Policy.pdf

**Any equality and/or diversity policies you have in place for patients.
There is a no specific equality and/or diversity policy in place for
Paediatric patients; we follow standard Trust guidance.**

- 2) Any equality and/or diversity policies you have in place for staff.



Transgender Staff
Support Policy.pdf



Equality and Human
Rights Policy.pdf

- 3) Any guidelines, protocols, policies, or similar relating to care provision for transgender adults.



Caring for
Transgender Patients

The Trusts Head of Patient Inclusion and Experience is currently working with other leads across Merseyside and Cheshire to develop best practice for the care of trans patients, the embedded policy will be updated to reflect this best practice once this piece of work is completed.

4) Any guidelines, protocols, policies, or similar relating to care provision for transgender children and adolescents.

Within the Trust's 'Caring for Transgender Patients' policy, there is a separate section that relates to Paediatrics, as follows:

Gender variant children and young people should be accorded the same respect for their self-defined gender as trans adults, regardless of their genital sex.

Where there is no segregation, as is often the case with children, there may be no requirement to treat a young gender variant person any differently from other children and young people.

Where segregation is deemed necessary, then it should be in accordance with the dress, preferred name and/or stated gender identity of the child or young person.

In some instances, parents or those with parental responsibility may have a view that is not consistent with the child's view. If possible, the child's preference should prevail even

if the child is not Gillick competent. More in-depth discussion and greater sensitivity may need to be extended to adolescents whose secondary sex characteristics have developed

and whose view of their gender identity may have consolidated in contradiction to their sex appearance. It should be borne in mind that they are extremely likely to continue,

as adults, to experience a gender identity that is inconsistent with their natal sex appearance so their current gender identity should be fully supported in terms of their accommodation and use of toilet and bathing facilities. It should be noted, that although rare children may have conditions where genital appearance may not be male or female and therefore personal privacy may be a priority.

5) Any guidelines, etc. relating to mental capacity and/or informed consent.



Mental Capacity Act
DOLS Policy.pdf

6) Any guidelines, etc. relating to shared care agreements and/or working with private services to facilitate treatment, particularly with regards to transgender healthcare.

Any guidelines, etc. relating to shared care agreements and/or working with private services to facilitate treatment, particularly with regards to transgender healthcare. There are no specific guidelines in paediatrics; we follow standard trust guidance.

The Trusts Head of Patient Inclusion and Experience is currently working with other leads across Merseyside and Cheshire to develop best practice for the care of trans patients, the embedded policy will be updated to reflect this best practice once this piece of work is completed.