**RESOURCES**

**Documents To Bring:** WPATH Standards of Care, GMC (General Medical Council) ethical guidance, NHS guidance, GIRES info for medical professionals guidance

**Up-to-Date Healthcare Info:** ukftm.tumblr.com advisers, transhealthuk.noblogs.org

**Complaints:** Patient Advice and Liaison Services (PALS), Trans Equality Legal Initiative (TELI)

**THE BASICS**

* **Take a history**.

Establish what they want from treatment, what factors they see as influencing their care (identity, age, race, mental health, disability, immigration status, etc.), what steps they’ve taken so far, and what they want from your help.

* **Work through options**.

Do your own research relevant to the client’s case so you can present them with accurate information.

* **Make a plan with client**.

Ask the client what role they’d like you to play. Establish a communication system for the appointment. Set a clear goal. Be realistic with the client about what is likely to happen in each appointment and make sure they understand the best and worst case outcomes.

* **Implement plan.**

Dress professionally and introduce yourself as an advocate. Speak only when asked/directed to speak by the client. Take notes. The doctor has the right to ask you to leave.

* **Evaluate.**

Debrief with the client afterwards. Arrange a check-in to co-ordinate further advocacy.

* **Escalate.**

If the client isn’t satisfied with their care, get consent to take their case higher. Options are PALS complaints, changing GP, Action for Trans Health, the Trans Equality Legal Initiative, Baroness Liz Barker (the LGBT healthcare lead in Parliament).

**BEING AN ADVOCATE**

Many grassroots LGBTQ organisations have developed advocacy services to support trans people accessing healthcare. The most important part of being an advocate is making sure the process is *patient-led* and that you take as far a step back as possible.

**THINGS TO KNOW**

* **Wait Times**: Wait times on the NHS for a first appointment vary, but are currently over 2 years depending on the clinic. Follow-up appointments vary between 12-16 months. Private wait times are usually about 6 months. You can call gender clinics or ask online resources for updated information.
* **Referrals:** You have the right to a direct referral to a gender clinic of your choice from a GP or sexual health clinic. There are no gender clinics in Wales.
* **GPs**: Problems often arise where a GP isn’t willing to refer or prescribe. This is quickest solved by changing GPs or getting an advocate involved.
* **Available Services**: Hormone replacement therapy (HRT), chest surgery (chest reconstruction or breast augmentation), genital reconstruction surgeries, gender-specific therapy, voice training. These are all available to nonbinary people and do not require hormones first.

**THE PROCESS**

1. **Referral from GP.** You can bring the NHS referral form with you to speed up the process (gic.nhs.uk/referrals). You do NOT need to be seen by mental health services first.
2. **First appointment at gender clinic.** This is usually with a psychiatrist and involves an interview with questions about your family, mental health, work, sexuality, presentation, transition goals, etc.
3. **Follow-up appointments at gender clinic**. The purpose of these can vary between gender clinics. If you’re looking to get hormones, it’s a good idea to get a blood test done to take to follow-up appointments.
4. **Further referrals or on-going care.** Gender clinicians can refer you to surgical teams of your choice. You will be discharged from the GIC after accessing your main transition-related care and are responsible for your own follow-up blood monitoring every 6 months if on hormones**.**

**TRANS HEALTHCARE 101**

There are two options for medical transition in the UK: the NHS pathway and private clinics, including Gendercare (London), YourGP (Edinburgh), and GenderGP (online). Both involve similar steps, though many choose to go private for shorter waits.