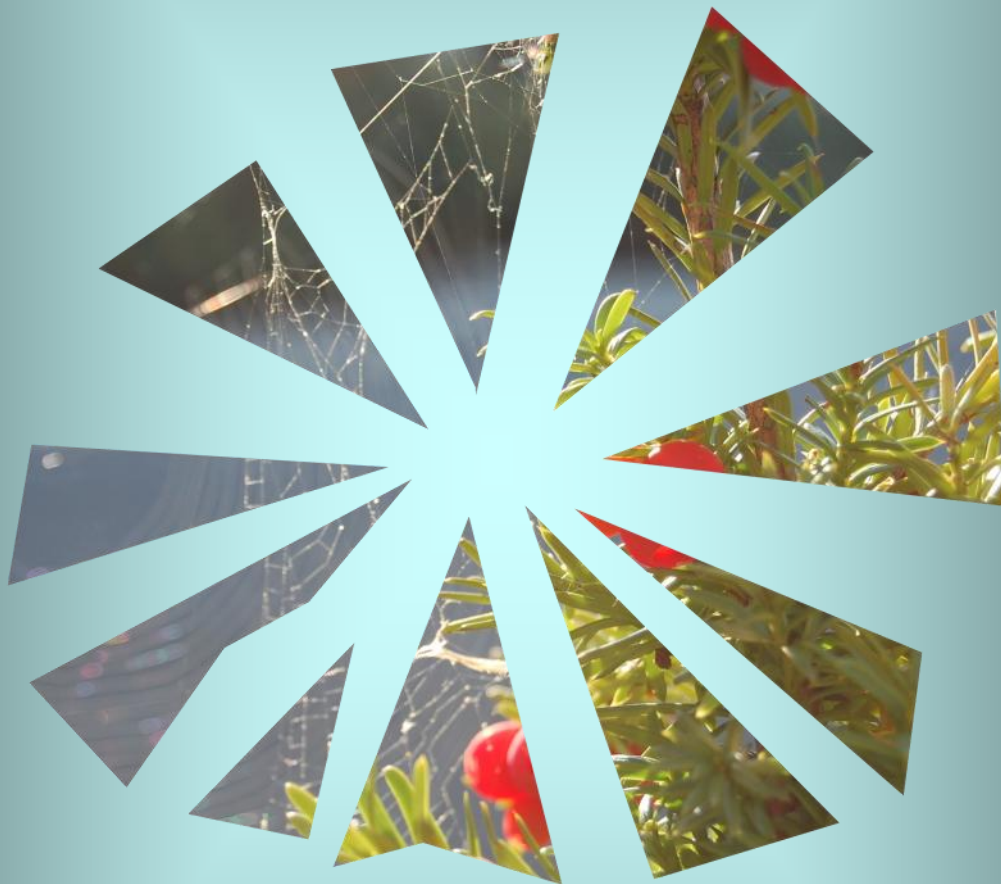


**Monitoring and promoting**



**Trans Health**

**across the North West**

**Dr Louis Bailey & Jay McNeil**

# Foreword



In 2012, NHS North West commissioned the Trans Resource and Empowerment Centre to undertake a research project with the ultimate aim of helping trans people get better access to health services.

This is because they are often the last people to get the health care they need, and face considerable barriers in accessing services. Trans people are among the most stigmatised in the UK, suffering high levels of discrimination, harassment and violence. They also experience high levels of family breakdown and are at high risk of suicide, prior to transition.

This report documents the findings of that project—which includes the obstacles the researchers encountered when trying to engage with GP practice staff. It highlights the low levels of awareness of trans issues, as well as openly transphobic attitudes. Even working with the stamp of authority of the regional NHS, the researchers found resistance to providing information or displaying posters aimed at trans patients.

As this is one of the last pieces of work we are able to deliver before NHS North West is abolished, we would now urge the new commissioning bodies to look at the report's findings and consider what further action is required to tackle the serious issues raised.

**Shahnaz Ali OBE**  
Director  
Equality, Inclusion and Human Rights  
NHS North West

## Contents

Executive summary	page 3	<b>Appendices</b>
Project initiation	page 9	1. Sample letter to LMCs
Stakeholder involvement	page 11	2. Sample letter to practices
Research findings	page 13	3. Sample follow-up letter to practices
Additional findings	page 20	4. Practice questionnaire
Conclusions	page	5. Practice sample listing
Bibliography	page 29	

# Executive summary

To date, there has been very little good-quality evidence on the specific needs of trans people accessing primary care. Despite decades of trans people receiving gender identity therapies in the UK, no studies have ever evaluated the long term impact of such treatment in this group. There is also very little data available on the potential size of the transgender population, which can lead to difficulties in commissioning services.

In contrast, substantial evidence is emerging on the experiences of transgender people in accessing healthcare. These experiences seem to be primarily negative, with around 65% of trans people reporting discriminatory experiences when trying to access even basic healthcare (McNeil et al, 2012, Trans Mental Health Study).

## Research aims

With this in mind, NHS North West commissioned the Trans Resource and Empowerment Centre to deliver a project with two aims:

- to generate an evidence base for trans health; and
- to improve GP access for trans people .

Meeting these aims, it was hoped, would inform commissioning, add valuable data to direct health care provision, and enhance the health and well being of trans people.

The first strand of the project, to generate an evidence base, involved obtaining anonymous data from a sample of GP practices in the region concerning the number of trans patients that they had, any comorbidities, and distances that they had to travel to access gender services. The second strand involved sending trans positive posters to practices which could be displayed in waiting rooms. These would send a clear message to trans people accessing the service that they would be safe and valued, to encourage them to attend GP appointments and discuss their healthcare needs.

## Outcomes

The aims of the project were only partly met. The result of this is that no firm conclusions can be drawn to answer the questions or add to the areas that it had been our intention to explore, leaving a preliminary data set with a strong need for further research to build upon this work.

# Executive summary

The primary reason for this outcome was a lack of engagement from GP practices at each stage of the project. During the data gathering phase of this study, the researchers encountered a series of barriers which proved both insurmountable and demoralising.

To inform practices of the project and to gather the required information, letters were sent to all practices and followed up by telephone. The practices were sent a paper copy of the survey and were also provided with alternative ways to complete the data sheet – online and over the phone.

This was an attempt at making engagement as accessible and flexible as possible. It was the researcher's intention to speak to all the practice managers in this sample. But after attempting to contact them over the period of a month, the researcher was only able to speak to about half of all practice managers over the phone; and only a small percentage of those actually engaged with the research. There were many occasions where the researcher made between 50-100 phone calls per day, and yet only managed to speak to around 10% of the practice managers of those surgeries.

## Barriers to engagement

One significant hurdle to overcome when gaining access to the managers was dealing with receptionist staff. Some were extremely helpful, but others had clearly been asked to block calls to the practice manager. Some practices were contacted many times, with messages being left; but in the end, the researcher was never able to speak with the practice manager. Offers of emailing details were also blocked at this stage, as receptionists were unwilling or unable to pass on a contact email.

One barrier related to practice concerns about the validity of the researcher.

Some concerns are understandable: for example, many practice managers refused to speak to the researcher until they had seen a letter on NHS North West-headed paper confirming the details of the project.

***Some practice staff expressed particularly negative attitudes towards trans people***

However, once they had received the official NHS letter, many still refused to

# Executive summary

speak to the researcher after they had received letters, giving new reasons for their lack of participation such as a lack of time.

Yet although some of the information requested, (such as list size) should be publicly available, this information was withheld from the researcher. Most reception staff and practice managers claimed that they had never received the letters or poster packs (*image below*) which were sent out about the project. If they did acknowledge receipt, however, many indicated that they believed it was not an important issue for their practice, and so had not paid much attention to them.

## Attitudes towards trans issues

Another significant barrier to engagement was attitude and, in particular, a lack of awareness or understanding about trans people. Very few practice managers understood what was meant by 'transgender people' and were unwilling to engage in this research. This was extremely disappointing, given that the study aimed to support practices by providing up-to-date evidence about trans patients' needs.



*The poster produced for display in GP practices*

# Executive summary

Some practices responded by saying that there simply were not enough trans people in their area to make investing time in obtaining information economically worthwhile. Ironically, the small numbers meant that this would have made it a relatively easy task to obtain the required data.

Even if practice managers were keen, some still felt that they could not help because the doctors at the practice would be resistant. Some practice managers, receptionists and GPs who were spoken to expressed particularly negative attitudes towards trans people, which immediately prevented them from being willing to engage with the researcher or to discuss the potential benefits of the project (for example, an evidence base which would support GPs in making prescribing decisions).

Time constraints were frequently cited as the reason practice managers could not engage with the project. This is often found when working with GP practices, who frequently have other significant demands on their time, particularly in relation to the monitoring and reporting of data. Some very honestly said that they were interested but that they simply had too many other things to do to take time to engage with this work, and that they had to focus on reporting for which they were being paid.

## **Withholding of information**

Confidentiality was reported as a barrier for some practices. The practice managers felt that as their practice was in a very small area, and they had only one or two trans patients, any information they gave would make those patients identifiable, thus compromising confidentiality.

The researcher attempted to reassure the managers, explaining that the data on numbers of trans people would be reported for the whole region only, so it would not be possible to ascertain how many people were within each postcode area.

***Some practices felt that, given the small numbers of patients involved, confidentiality would be compromised***

# Executive summary

In addition, the data about co-morbidities would only be reported as a whole sample, so again no one would be identifiable within this. Unfortunately, these reassurances did not affect the decision, and it was not possible to obtain the necessary information.

## Under-reporting

One final barrier to obtaining the population percentage data for the number of trans people in the North West is under-reporting. This is a two-fold issue. First, many trans people may not identify as trans, or may prefer not to reveal this to their GP. Often those who do disclose their trans status to a GP are those seeking medical interventions, which represents only a proportion of trans people.



*Volunteers who took part in the poster project preparing for the photo shoot*

Second, practice managers were not always able to define who in their practice population were trans. Because of lack of time for collecting this data, those who co-operated in the research tended to use read codes to see who had obtained a diagnosis of Gender Dysphoria, rather than asking their GPs if other patients had been discussing any gender issues.

Simply reporting those who had a diagnosis further restricted the numbers reported. This means that any data obtained will be a significant underestimate of the actual size of the transgender population (please see XX section on prevalence for thorough exploration of the difficulty of estimating trans population size).

The potential size of the trans population and its current growth rate would suggest that although some GP practices in the sample claimed to have no trans patients, they may expect to do so in the near future. This study clearly demonstrates that most GP practices are not sufficiently prepared or knowledgeable to appropriately address the needs of this patient group.

The issues which the researcher in the data collection phase faced were also reported by the volunteers (mystery visitors) who visited practice premises where the display materials had been sent. For all volunteers, most of the practices that they visited said that they had never received any information

about the project.

### **Accusations of spying**

Many volunteers felt confused about what should have happened in the face of this denial, and were highly disappointed in these results. Some attempted to contact practice managers and had mixed results from supportive agreement to put up posters, to accusations of spying. It would be interesting to see if those surgeries that did agree to put up posters have in fact done so.

Thus a multitude of barriers, both in relation to GP practices and to a lesser extent, external factors, prevented this research from robustly achieving its aims.



# Project initiation

In May 2012 NHS North West commissioned the Trans Research and Empowerment Centre to co-ordinate the Transgender Health Promotion and Monitoring Project in the North West region. The project covered the region's five areas: Greater Manchester, Lancashire, Merseyside, Cumbria and Cheshire.

The monitoring component of the project had three key aims:

- To establish up-to-date estimates on the number of trans people accessing GP practices in the North West region (calculated as a percentage of the total list size). This would provide valuable information for ascertaining reliable estimates of the trans population in the UK, and obtaining necessary data on trans monitoring. This is important for the commissioning and planning of healthcare services.
- To highlight instances of co-morbidity within the trans population, based on key findings from GP practices across the North West. Building an evidence base around other health conditions that trans people face is essential for considering health issues over the life course, as well as beginning to plan for long-term and end-of-life care.
- To find out the average distance that trans people currently seeking gender reassignment treatment in the North West have to travel in order to attend Gender Identity Clinic appointments. This would provide valuable data for planning future health provision and will begin to trace where the need for GIC services is located.



PHOTOGRAPH: CHRISTINE BURNS

To capture this data, a survey was produced and delivered to a random sample of 200 GP practices across the North West region (*Appendix 1 and 2*). The practices were also contacted by phone in order to explain the project in detail to the practice managers to help improve uptake. Engagement took place during September-October 2012. The data was collated and analysed at the end of October 2012.

# Project initiation

## Complementary communications programme

A complementary arm of the project was to produce trans friendly display material which GP practices could display in their waiting rooms to provide a clear message that the service was trans friendly. This arm of the project was developed in response to focus group research. Appropriate materials were then developed in close consultation with trans people.

NHS North West's Equalities team oversaw this part of the project. In addition, before the launch of the research project, the team wrote to all Local Medical Committees in the North West to explain the project, and sent previews of the proposed practice posters. There was an overwhelmingly positive response from the Local Medical Committees.

## *The posters were designed to make GP surgeries feel more welcoming for trans and gender variant people*

At the start of the project, the posters were sent to a random selection of 200 GP practices in the region. They contained supportive slogans and signposted patients to an [online trans health resource](#), devised by TREC in conjunction with NHS North West. Two variations of the poster (A4 size) were

sent to each GP practice along with 10 A5 sized leaflets (Appendix 4 and 5). The first variation contained general signposting information and the basic slogan, while the second contained a blank space for each GP practice to nominate a local contact for people to talk to about their gender identity.

GP practices were encouraged to display the posters in their waiting rooms. The posters served two functions

- to signpost support and information resources to trans and gender variant people; and
- to show which GPs were 'on side' with the promotion of trans health awareness and therefore providing a supportive environment for trans people.

In addition to increasing awareness of transgenderism among practice managers and GPs, the aim was to enable trans people to feel more able to talk to their GP about their wider health concerns and ensure take-up of health screening..

# Stakeholder involvement

**T**REC and NHS North West worked closely with members from the trans community to produce publicity materials for the Transgender project. Two focus groups were held with representatives from a range of trans social/support groups and representative organisations to ensure that the images and content of the resulting publicity material were appropriate.

The first focus group – held in central Manchester in July 2012 - produced important feedback about how to create welcoming and visually appealing poster designs. The group of 10 participants were asked what they would like to see in a health campaign poster and what would make them feel more welcome in a GP waiting room.

Design elements were then explored, with participants providing useful suggestions about content, colours, style, key messages, images and signposting. Particular attention was paid to language and terminology. The suggestions were then given to the designer, who presented six draft designs for feedback at the follow-up focus group in August, 2012.



An additional focus group was held with young trans people from Lesbian and Gay Youth Manchester. They were informed about the aims of the project, and provided final suggestions for improving and finalising the design.

# Stakeholder involvement

As a result of consultation, it was decided that a photograph of trans community members needed to feature prominently on the posters. The image would show the diversity of the community and make patients feel welcomed and supported.

A photo-shoot with community members was held in central Manchester in August, 2012. The resultant image portrayed nine trans people of different ages and with a range of gender expressions and identities, highlighting the variety of experiences and needs within this population.

The photo-shoot helped create a sense of ownership within the community for the posters and, by extension, the trans health promotion campaign.



# Research findings

## Estimating the number of transgender people in the North West region

Although estimating the exact size of the trans population in general is problematic, [EHRC research](#) suggests that approximately one per cent of the population may about to undertake, currently undertaking, or have undertaken some form of gender reassignment.

This figure only includes those making substantial changes, and is therefore underestimating the actual size of the trans population as it does not recognise those who may not require particular clinical interventions. In addition to forming a substantial minority, the numbers of trans people seeking medical interventions is growing, with one evaluation placing the rate of growth at 21% per year in adults, and more so in children and adolescents ([GIRES report](#))

Data from 58 GP practices was obtained concerning the number of transgender patients they currently had, and their practice list sizes. This information was gathered through the survey (both paper and online), and through direct conversations with practice managers.

The figures given were in some cases estimates, and most likely underestimates. Where the researcher was given information that a practice did have trans patients (for example, “we have one or two”), either the minimum number (one), or the intermediary number (1.5) was recorded, depending on the certainty of the practice manager. In some cases the figures for list sizes are also estimates (for example, “we have about 10, 000 patients”).

Overall, the total practice population covered by the 58 GP surgeries was 42,5024 (6.5% of the regional population of 6.9 million), with 62 of those being transgendered patients (roughly 0.01%). This equates to 15 transgender people per 100,000 in the population, double the estimates normally assumed in commissioning (8.5 per 100,000).

Even so, this figure is almost certainly an underestimate since it is in many cases based on the number of patients which a practice manager anecdotally could recall at the time. The definition of transgender used for this project was broad, including those who may be expressing concern to their GP about their gender, but not actively engaged in treatment.

# Research findings

Such patients have almost certainly been largely missed, as in many cases the practice managers did not speak to their GPs about their patients, instead providing the figures based on read codes or memory (largely of trying to secure treatment via primary care trust commissioning managers).

The numbers are also unlikely to include transsexual people post-transition who would be largely 'invisible' in this kind of visual recall exercise.

## Distance travelled to Gender Identity Clinic appointments

As most specialist gender identity interventions are currently provided by a small number of Gender Identity Clinics (GICs), patients may be expected to travel long distances to access these services if they do not live near a clinic. The GIC that a person attends is primarily influenced by the local commissioning policy for gender re-assignment services, as well as the location of the different UK clinics.

Details of the GIC attended were provided for 22 patients. Using the GIC postcode and the GP practice postcode, journey distances by road were calculated with an online journey planner.

<b>Range</b>	<b>48.8-326.5 miles</b>
Average	180.5
Median	214
Mode	48.8

<b>Distance travelled (one-way)</b>	<b>Number of patients</b>
Under 100 miles	5
100-200 miles	1
200-300 miles	11
300+ miles	1
International	4

*Journey distances by road to attend GICs*

# Research findings

This demonstrates that 13 patients were travelling more than 100 miles each way for their appointments. Another four were seen in another country. The median figure is the most valid measure of central tendency (as opposed to the average) due to the spread of distances, and reflects the typical journey of most participants – that being 214 miles each way for an appointment. These substantial distances are especially relevant given previous research findings of high rates of unemployment or low-waged jobs amongst trans communities (for example, McNeil et al, 2012).

These findings highlight a need for a greater number of GICs, or alternate local arrangements, in order to reduce financial cost, both to patient and the NHS.

***These arrangements do not support trans patients in accessing affordable healthcare, or provide them with local choice***

Travelling long distances is costly both in terms of travel but also affects employment, with patients often needing to take time off work, and losing money if they are self-employed.

These arrangements do not support trans patients in accessing affordable healthcare or provide them with local choice. There are other potential benefits of more locally-provided services, supported by research findings. As well as being costly and time-

consuming for patients, GICs often involve substantial waiting times, which has a direct and negative impact on trans people's mental health and wellbeing. Once seen at a GIC, many patients report extremely poor experiences with some feeling the need to harm themselves as a direct result of this ([McNeil et al, 2012, Trans Mental Health Study](#)).

Given that many trans people are already being treated under local agreements, and that being transgender is now no longer considered a mental health issue, it would be prudent to explore alternative models of trans health care provision.

One such model is the Trans Pathway of Informed Consent (T-PIC, McNeil J, 2012). This locates trans health services within primary care in an NHS adapted version of models used in some parts of the USA and Canada. This model would see patients without significant co-morbidities being treated locally in primary care and endocrinology services.

# Research findings

## Co-morbidities and hormone use

Co-morbid mental and physical health issues were explored in this study for a number of reasons. At this time there is very little data available on the long-term effects of hormone therapy, or whether trans people are more at risk of any particular health problems. It should be stressed that whilst hormone therapy for this group is considered safe on available evidence ([US Endocrine Society Guidelines](#)), it would nevertheless be valuable to gather more information to maximise health.

There is a growing need to explore this in order to target health services and health promotion, as well to support planning for an ageing trans population. It would be expected that the trans community would experience an increase in rates of physical and mental health difficulties, compared with the general



population, simply by virtue of being a minority group (Meyer, 2003). Any potential impact of hormones would need to be evaluated with reference to minority stress (the chronically high levels of stress experienced by stigmatised minority groups)

Unfortunately, the numbers of patients for which data could be obtained here are extremely small and, accordingly, no causation can be attributed. Any co-morbidities presented here, particularly

in mental health, cannot be attributed to trans status, or hormone therapy and, instead, demonstrate that some of this sample have particular needs, just as any other sample would. This study and the data presented here are therefore purely exploratory and should not be used to inform prescribing practice.



# Research findings

A recent study on trans mental health found higher than expected levels of mental distress amongst trans people, particularly those who faced barriers to services (Trans Mental Health Study 2012) The section of the survey which gathered this information was completed for 33 patients.

The table below highlights the number of patients with or without physical or mental health difficulties (such as depression, self-harming behaviour, suicidal thoughts), as well as those for whom no information was given.

	Physical health	Mental health
Yes	18	13
None	13	16
No info	2	4
Total	33	33

Physical health issues were reported for 18 of the 33 patients. Thirteen had no physical health issues, and this information was not provided for a further two (a line was drawn in the box which could indicate an absence or not). Thirteen patients were reported as experiencing mental health issues with 16 having none.

Seventeen patients were currently receiving hormone treatment, 12 feminising and four masculinising. Three were not undergoing any form of hormonal intervention. For eight patients receiving feminising hormones, the duration of this treatment was as follows: about to start; recent; one year; 14 months; 16 months; two years; five years;. One person receiving masculinising treatment was reported to have been taking hormones for three years, but no details were provided for the other patients.

<b>No. on hormones</b>	<b>17</b>
<b>No. on feminising hormones</b>	<b>12</b>
<b>No. on masculinising hormones</b>	<b>4</b>
<b>No. on no hormones</b>	<b>3</b>
<b>No info</b>	<b>13</b>

*Number of patients = 33*

# Research findings

The table below shows the percentage of people receiving hormone treatment who are also experiencing mental or physical health difficulties.

A greater percentage of those receiving masculinising hormones also had physical health problems when compared with those receiving feminising hormones or no hormonal interventions. This was the opposite for mental health issues. However, because of the very small number of patients for whom data was gathered, no conclusions can be drawn about any relationship between

	Number. on masculinising hormones (N=4)	% of those receiving masculinising hormones	Number on feminising hormones (N=12)	% of those receiving feminising hormones	No. on no hormones (N=3)	% of those receiving no hormones
With physical health issues	3	75	5	42	0	0
Without physical health issues	1	25	7	58	3	100
NK (PH issues)	0	0	0	0	0	0
With mental health issues	1	25	4	33	1	33
Without mental health issues	3	75	6	50	2	67
NK (MH issues)	0	0	2	17	0	0

The table below highlights the number of health complaints those in different groups were reported to have, and the nature of the issues reported.

Number of health problems						
	0	1	2	3	4	nk
Number of patients with this many physical health issues	13	7	5	1	3	2
Number of patients with this many mental health issues	16	9	2	0	0	2

# Research findings

Many of the patients were reported to have multiple physical and/or mental health issues. The physical health issues were reported as follows (n=33).

Physical health		Mental health	
Asthma	5 3f*	Anxiety	3 1f
Skin issues (for example, rosacea, eczema)	4 1m	Depression	3 1f1m
Hyperlipidaemia	2 1f	Agoraphobia	1
Headache/migraine	2 1f	Low self-esteem	1 1f1m
Rhinitis	2	OCD	1
Back pain	2 1m	Adjustment disorder	1
Hypertension	2 2f	Mood swings	1
Hypercholesteraemia	1 1f	Hyperactive	1 none
Tricuspid atresia	1	Aspergers	1
Osteoarthritis	1		
Urinary incontinence	1 1f		
Multiple mycloma	1 1f		
Cervical spondylosis	1		
Epilepsy	1 1f		
Post-operative complications	1 1m		
Chronic leg ulcers	1		
ME	1		
Diabetes	1		
Overweight	1		

**Note:** A number followed by 'f' = the number of patients with this condition who are receiving feminising hormones. A number followed by 'm' = the number of patients with this condition who are receiving masculinising hormones.

The data presented here are purely descriptive and can in no way show any link between hormones and physical or mental health. They simply provide a starting point for gathering further information and cannot be used to adapt existing policy or practice.

These findings therefore highlight the need for substantive research in this area. With more complete co-operation from GP practices, it might have been possible to draw more useful conclusions.

## How to engage effectively with practices?

There is no up-to-date research on how to engage GP practices effectively and how to overcome the obvious barriers such as time constraints and lack of awareness or interest - although there are single issue campaigns (for example on quality improvement) which provide tailored guidance. It is therefore difficult to make an accurate estimate of how much of an extra barrier explicit or unconscious transphobia might present.

# Additional findings

## Difficulties in making contact with practice managers

During the GP engagement phase, a total of 682 phone calls were made to the 200 practices sampled. Call times ranged from less than 10 seconds to over 30 minutes. Most of the call time was spent on hold and navigating practice telephone menus. Calls where the researcher was able to speak to a practice manager tended to be between two to four minutes because of the practice manager's time constraints. Ways of overcoming this were attempted, such as suggesting specific phone appointment times when they would be able to discuss issues further. Unfortunately none of these strategies was successful, for example, because the practice managers did not call back

### 'We are not employed by the NHS'

On initial contact, many practice managers refused to talk to the researcher until they had received an official letter from NHS North West, even when the researcher was only giving information about the project and not asking for information. When the letter had been received some practice managers still refused to talk to the researcher on the grounds that they were not employed directly by the NHS.

For example, one practice manager stated that she would not complete the online survey because she had no idea if the information would be provided directly to the NHS. The researcher offered to send her a paper copy of the survey which she could return directly to NHS North West, or to give her contact details of someone to talk to at NHS North West. However, the practice manager said that still did not prove anything and that she was not interested in taking part. Many practice managers refused to inform the researcher of their list size, despite list sizes being published by a number of governmental websites (for previous years).

### Confidentiality concerns

Many practice managers reported that they had received the information by post and given it to a doctor to complete if they wanted to, but that it would be up to the doctor to get in touch if they decided they wanted to take part. In no instance did this lead to participation.

Often practice managers stated that either they, or one of the doctors, had concerns about providing this information because of confidentiality. Despite explanations of how the data would be aggregated with no specific practice

# Additional findings

being identifiable in the report, many practice managers ultimately felt this was too important an issue for them to take part.

## **‘We have never heard of NHS North West’**

Some practice managers refused to provide information unless they were directly asked to by their PCT, with some saying that they had never heard of NHS North West. The greatest barrier to participation seemed to be capacity with some practice managers stating up-front that they simply had too much work on at this time to take part.

Others felt that gathering this information would simply be too time-consuming to undertake and that it was not a priority or that it would only be done if it was a requirement. Other issues which arose included: practices only searching for the information by code and without having discussions with doctors, which led to an under-estimate of transgender patients; confusing this project with a similar one undertaken by the Lesbian and Gay Foundation on sexual orientation; providing the researcher with incorrect contact email addresses; and, lastly, claiming not to have noticed the surveys in the packs which were sent to practices.

## **‘I don’t use emails’**

One practice manager in Blackburn stated that they did not know about any trans patients so could not help and that there was no point emailing her as, “I don’t use emails”. At another practice in Cumbria the researcher was told by a receptionist that there was no practice manager at all, and no one who would help with this project.

It may be that visiting practices to arrange appointments in person would improve uptake and engagement, but this would be an expensive and time-consuming route to take. As a small number of practices stated that they only had time carry out data reporting which they were paid to do, it may be that a financial or other incentive would improve participation. 103 practice managers in total were spoken with, and five more were contacted by email only. This was in addition to the letters and poster packs which all practices received. Details of all calls and conversations were recorded to allow exploration of any factors which may have affected engagement.

# Additional findings

## Reception

It was extremely difficult to get beyond Reception staff to speak to practice managers. For example, the researcher was told many times that the practice manager was not in but would be later, only to be told later that they were on leave, or did not work in the afternoons.

In many cases the researcher was never able to speak to the practice manager, and over a number of days was told that they were out, at lunch, on leave, away from the desk or in meetings, with no one being able to say when they would be able to take a call.

In some cases the reception staff took details of the call, put the researcher on hold and then returned saying that the practice manager was either not there or too busy to talk. On many occasions the researcher was asked for a contact number, but never received a return call.

## Project 'not relevant'

Although 103 practice managers were spoken to, very few were positive about the project or willing to engage. In some cases transphobia was evident. For example one practice manager stated that he had decided that because of the small patient numbers, the project wasn't relevant enough for them to do an audit. The manager stated that: "There aren't many around here in Cumbria because they'd stick out like a sore thumb," which makes many assumptions about how transgender people may look or be perceived.

Many other practice managers or receptionists did not understand what the term 'transgender' meant, in some cases even after an explanation had been given. Others used a number of problematic terms to describe transgender people such as 'sex change'. One practice manager said that she was concerned about putting up the posters because it might offend her other patients, particularly those from minority ethnic groups.

## Examples of good practice

Despite these difficulties, the researchers encountered a number of examples of good practice.

- A practice had adapted their forms to monitor transgender patients as well as other minority groups
- One practice demonstrated a good understanding of the term

# Additional findings

- 'transgender' and the broader issues trans people may face and which could bring them to a GP; for example, stress owing to social exclusion
- One practice had an awareness of the steps which it could take to improve inclusion such as changes to the way they call patients from the waiting-room into appointments

In addition to this, practice managers also raised concerns about the limitations of the technology they used, which they felt affected their patients. For example, one practice manager was unable to change patients' names on their computer system until the patient had legally changed their name.

The practice manager felt that this situation should be tackled, as it caused a great deal of distress to the transgender patients at the practice. Another practice manager felt that she needed more advice and information about appropriate codes to use, to ensure that trans patients were recognised appropriately.

## Mystery visitor checks

The trans awareness posters were distributed to GP practices in September. During October and November, a total of eight volunteers from the trans community were recruited to visit their local GP surgeries.

Volunteers were asked to check if the posters were displayed and, if not, to remind GP practices that, by displaying the materials, they would send a clear message to the trans community that their practice provided a safe, welcoming and supportive environment.

Volunteers selected the surgeries they visited, and were provided with a briefing and poster pack. They were asked to keep a record of which practices were visited and what they found, including whether the poster was displayed and how receptive the staff were about the project. They were also asked to take photographs of any successes, namely those GP practices that displayed the posters and leaflets. A total of 172 posters and 430 leaflets were given to volunteers.

During November and December, visits were carried out at a total of 30 practices across Greater Manchester (9), Cheshire (3), Merseyside (8), and Lancashire (10). None of the GP practices which were visited had put up the

# Additional findings

posters in their surgeries. The volunteers attempted to speak to practice managers and reception staff about the posters to ascertain what had happened to the posters. The volunteers reported very mixed responses to these queries.

Some positive responses included

- stating that if a supply of posters were left with them they would be put up
- allowing the volunteer to put up posters there and then
- expressing positive feelings about the project and engaging in wider trans issues
- forwarding the initial email contact on to a wider audience

For example, the volunteer who visited practices in Merseyside reported that: “Most [practices] said if we left some [posters] they would check with the practice and put them up or said ‘we will put it up!’ One of the surgeries allowed us to put it up there and then. The staff member there was also really positive and had said she had been asked by a sexual health clinic if they had any trans-related literature.’

Many different reasons were given for not putting up the posters, including

- Denied received any posters
- Belief that the posters had been attached to an email and were not printed for cost reasons
- They had not agreed to put up the posters they received
- They had only received a phone call
- Only having space to put up posters they legally have to display

The volunteer who visited Lancashire reported: “So far, they have all looked blankly at me! Not one of them has said that they have received anything to display (or if they have they have not admitted to it!)... Not one was displaying any of the posters or had leaflets available. Most had no idea what I was talking about”

The volunteers were rarely able to talk directly to the practice managers. When they did, there were mixed findings. Some practice managers were happy to engage and to put up posters, whereas others were not willing to take the posters the volunteers had given. Unfortunately some participants were met with confusion, avoidance or even hostility.



# Additional findings

In Stockport one volunteer reported: 'After initially visiting on the 19th November, I am waiting for a call back from the practice manager to find out if they actually received the resources. As at 11th December I am still waiting for them to return my calls (I have called them back on three occasions.' This volunteer also reported the following experience: 'The practice manager said that he did receive the posters but they have no time to deal with this type of thing... He said they appreciate that everyone has rights but this condition may affect perhaps one or two patients so they cannot justify taking part in the campaign. He also said that they are not happy with people going into the practice to spy on them.'

The findings of the volunteers echo the main issue which affected the monitoring research; that of significant resistance to engaging with this project from GP practices. The aim of the posters, as stated previously, was to 'show GPs were "on side" with the promotion of trans health awareness and therefore providing more of a supportive environment for trans people.' That none of the practices visited had put up the posters strongly suggests that this is not the case.

## The NHS Constitution Article 1

*A comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion or belief. It has a duty to each and every individual that it serves and must respect their human rights.*

*At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.*

Previous studies (for example, McNeil et al, 2012, Trans Mental Health Study, *op.cit.*) have demonstrated that trans people often experience significant negative interactions in healthcare settings, and as a result avoid seeking help when needed. This campaign aimed to enable trans people to feel more supported and able to access healthcare. Instead, it has shed more light on the barriers that trans people themselves encounter when engaging with services.

Unfortunately, many trans people expect that they will have to deal with barriers when accessing health services. In order for trans people to feel confident and safe in the

# Additional findings

knowledge that their identities are respected and understood, active promotion is necessary to overcome these obstacles. Putting up posters which represent different groups is a simple strategy for enabling people to feel that they are recognised and valued.

Tellingly, none of the practices visited had been able to do so. As well as a rejection of the importance of creating safe and welcoming spaces demonstrating that GPs are open to discussing trans issues with patients, the failure to provide accurate supportive information for trans people (such as the leaflets provided) seems directly at odds with the revised NHS constitution and its duties and pledges concerning the improvement of patient experience, patient information and the accountability of services.

# Conclusions

The project initially sought to achieve five key aims:

1. To establish the number of trans people in the North West region
2. To establish co-morbidities
3. To establish distances travelled for gender services
4. To signpost support and information resources to trans and gender variant people
5. To show trans people that their GP surgery was a safe and supportive space

A disappointing lack of engagement from most GP practices meant that these aims have only partly been met. Because of the small number of patients for whom details were provided, it is not possible to draw conclusions about co-morbidities, and it is only possible to draw a rough estimate of the number of trans people in the region or the distances they have to travel to access services. The poster campaign was not supported by any of the GP practices visited during the mystery visitor exercise.

In light of these findings it is important to consider what actions can be taken next to enhance the health and wellbeing of trans people in the North West region.



Firstly, it would be helpful to engage practices in a discussion on the specific barriers trans people face, and the importance of providing a safe space. It may be that posters were not used because the

practices did not fully appreciate the reasoning behind their provision.

Secondly, strategies for forming robust links between primary care and the trans community should be explored, such as visits from trans organisations to provide information and training.

Finally, because there has been a promising uptake of the [Pride in Practice](#) award for GP surgeries, which demonstrates their commitment to providing positive services for lesbian, gay and bisexual people, the NHS should explore a similar project for trans health.

# Conclusions

Although the study has highlighted some difficult issues in trans health care in the region, it also provides a starting point for initiating discussion and action in order to build solutions and bring about change. It is hoped that it will begin to achieve the over-arching aim of enhancing the health and wellbeing of trans people in the North West.

# Bibliography

*Trans: A Practical Guide for the NHS* (Department of Health, 2008)

*Medical Care for Gender Variant Children and Young People: Answering Parents' Questions* (Department of Health, 2008)

*Early Medical Treatment for Transsexual People* (Reed, B. GIRES, 2006)

*World Professional Association for Transgender Health's Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People*. Seventh Edition (World Professional Association for Transgender Health [WPATH] 2011)

*Guidelines for Health Organisations Commissioning Treatment Services for Trans People* (GIREs/Parliamentary Forum for Gender Identity, 2009)

*Guidance for GPs, other clinicians and health professionals on the care of gender variant people*. (GIREs/Department of Health, 2008)

*Transgender Experiences - Information and Support. For trans people, their families and healthcare staff.*(Department of Health, 2009)

*A Guide to Hormone Therapy for Trans People* (Department of Health, 2007)

*A Guide to Lower Surgery for Trans Women* (GIREs/Department of Health, 2010)

*A Guide to Lower Surgery for Trans Men* (GIREs/Department of Health, 2010)

*A Guide to Trans Service Users' Rights* (Department of Health, 2008)

*NHS Funding Processes and Waiting Times for Adult Service Users* (Department of Health, 2008).

*Information and support for trans people, their families and health care staff* (Department of Health, 2009).

*Transgender Euro Study: legal survey and focus on the transgender experience of healthcare*. Whittle, S., Turner, L., Combs & Rhodes, S. (ILGA Europe)

*Engendered Penalties: Transgender and Transsexual People's Experiences of Inequality and Discrimination* Whittle, S., Turner, L., and Al-Alami, M. (Equalities Review. 2007)

**Available from [www.traverse-research.com/tmh2012/](http://www.traverse-research.com/tmh2012/)**

*The Trans Mental Health Study* McNeil J, Bailey L, Ellis S, Morton J & Regan M (The Scottish Transgender Alliance, 2012)

## References

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, Vol 129(5), 674-697.

# Appendix 1: sample letter to LMCs



Equality, Inclusion and Human Rights  
 NHS North West  
 3 Piccadilly Place  
 Manchester  
 M1 3BN  
[www.help.northwest.nhs.uk](http://www.help.northwest.nhs.uk)

Mr Peter Higgins  
 Lancashire and Cumbria LMC  
 Consortium of Local Medical Committees  
 Ambulance HQ  
 449-451 Garstang Road  
 Preston  
 PR3 5LN

August 28, 2012

Dear Mr Higgins

I am writing to let you know that NHS North West is working in partnership with the Trans Resource and Empowerment Centre (TREC) to help trans people get better access to GP and other health services which they may need.

By focusing on prevention and early intervention, the project aims to reduce the long-term cost to the NHS which results from remedial treatment.

The project has been set up because trans people often face considerable barriers in accessing services. They are among the most stigmatised in the UK, suffering high levels of discrimination, harassment and violence. They also experience high levels of family breakdown and are at high risk of suicide. Anecdotal evidence suggests that increasing numbers of trans people are presenting to GP practices.

The project is made up of two elements:

1. a survey of GP practices to map more systematically how trans people are using GP services and how far they have to travel to get to Gender Identity Clinics. Preliminary contacts will be made with a random sample of 200 GP practices from the North West from early September

## Appendix 1: sample letter to LMCs

onwards. Data from the research, which will be complete in November 2012, will help to inform Joint Strategic Needs Assessments and other planning tools.

2. **an information poster** signposting to information and services, which we will be asking healthcare providers, including GPs, to display in their patient waiting areas.

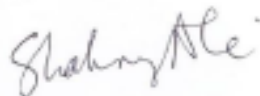
We have developed this poster through careful consultation with a wide range of trans groups and it will be ready to distribute in September (draft copy attached).

As well as providing a signpost to reliable and quality-checked information, the poster campaign will help raise GP practice staff's awareness of trans issues and provide a visible sign that the surgery is a safe and welcoming place for trans people.

I hope you find this information useful and that it can be circulated at the next LMC meeting.

Please do get in touch if you would like any more information about the project

Yours sincerely,



Shahnaz Ali  
Director, Equality, Inclusion and Human Rights  
NHS North West  
3 Piccadilly Place  
Manchester M1 3BN

Direct Line: 0161 625 7378  
Email: [shahnaz.ali@northwest.nhs.uk](mailto:shahnaz.ali@northwest.nhs.uk)

## Appendix 2: sample letter to practices



Equality, Inclusion and Human Rights  
NHS North West  
3 Piccadilly Place  
Manchester  
M1 3BN  
[www.help.northwest.nhs.uk](http://www.help.northwest.nhs.uk)

September, 2012

I am writing to invite your practice to participate in NHS North West's Transgender Health Monitoring and Promotion Project. This project aims to establish an evidence base in relation to transgender people's health and their access to primary and specialist care.

We have commissioned the Trans Resource and Empowerment Centre (TREC) to carry out the monitoring and research element of the project. If you are willing to take part in this project, a TREC researcher will be in touch with your practice very shortly.

### THE PROJECT

The project comprises two parts: a research project and a health promotion campaign.

#### 1. Research

Research will be conducted via questionnaire (attached). The research will:

- Establish more accurate figures for the number of transgender people accessing GP practices in the North West region
- Highlight instances of co-morbidity within the transgender population
- Find out the average distance that transgender people in the North West have to travel in order to attend Gender Identity Clinic appointments



## Appendix 2: sample letter to practices

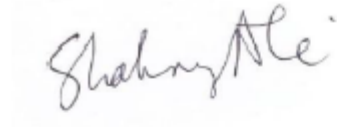
### 2. Transgender Health Promotion

Transgender Awareness Health posters and leaflets will be distributed to a sample of 200 GP practices across the North West. By displaying the posters and leaflets (included here), GP practices will send a clear message to the transgender community that they provide a safe, welcoming and supportive environment. As a result, transgender people will feel more able to approach the GPs with any health concerns they may have.

We would like to thank you once again for your interest in this project. We value your time in completing the enclosed research questionnaire and for agreeing to display the posters and leaflets in your patient waiting rooms.

Should you have any questions please get in touch with the project's lead researcher, Jay McNeil ([jmcneil.research@gmail.com](mailto:jmcneil.research@gmail.com)).

Yours sincerely,



Shahnaz Ali  
Director, Equality, Inclusion and Human Rights  
NHS North West  
3 Piccadilly Place  
Manchester M1 3BN

Direct Line: 0161 625 7378  
Email: [shahnaz.ali@northwest.nhs.uk](mailto:shahnaz.ali@northwest.nhs.uk)

## Appendix 3: sample follow up letter to practices



### Transgender Health Monitoring and Promotion Project

Thank you for your interest in this important project, undertaken on behalf of NHS North West by the Trans Resource and Empowerment Centre.

#### Background

There is an urgent need to establish an evidence base in relation to transgender people's health.

- More and more transgender people are presenting to GP practices
- There is a lack of information for GP practices and commissioners to support them in making decisions on transgender people's health care

#### The project aims:

- to establish accurate figures on the number of transgender people accessing GP practices in the North West (calculated as a percentage of the total list size).
- to highlight instances of co-morbidity within the transgender population.
- to find out the average distance that transgender people in the North West have to travel in order to attend Gender Identity Clinic appointments.

All information collected will be stored securely, and reported on anonymously. The GP practices and their patients will not be identifiable in any published information produced through this project.

**Survey Deadline: October 5, 2012**

For more information please contact:

Jay McNeil,

[jmcneil.research@gmail.com](mailto:jmcneil.research@gmail.com)

07960117475

---

## Appendix 4: practice questionnaire



### 1. GP Practice Details

Practice Name:	
Practice Number	Practice Postcode:
List size:	

### 2. Patient Details

Approximately how many transgender patients are currently being seen at the practice?

-----

This may include

- people who have raised concerns or issues about their gender
- people who are seeking or who have undertaken medical interventions to change their gender; and
- other people who feel that their gender may be different to the one they were assigned at birth

For each transgender patient please provide the following information:

	Have they any comorbid physical health problems? Please list	Have they any comorbid mental health problems? Please list	If they have been referred to a Gender Identity Clinic within the last 3 years, which one have they been referred to?	If they are undergoing endocrine therapy in relation to their gender, please state how long they have been in treatment, and whether treatment is masculinising or feminising
1.				
2.				
3.				

## Appendix 4: practice questionnaire



4.				
5.				
6.				
7.				
8.				
9.				
10.				

Please continue on a separate sheet if necessary

Please return this form to

TREC GP Survey  
Equality, Inclusion and Human Rights Team  
NHS North West  
Fifth Floor  
3, Piccadilly Place  
Manchester  
M1 3BN

*Thank you for your participation, it is greatly valued!*

## Appendix 5: Practice sample

### Greater Manchester

Ramsbottom Health Centre, The Health Centre, Carr Street, Ramsbottom, Bury, BL0 9DD

Knowsley Medical Centre, Knowsley Medical Centre, 9,11 Knowsley Street, Bury, BL9 0ST

Longfield Medical Practice, Longfield Medical Practice, Prestwich Health Centre, Fairfax Road, Prestwich, Manchester, M25 1BT

Monarch Medical Centre, Monarch Medical Centre, 65 Cross Lane, Radcliffe, Manchester, M26 2QZ

Dr Lancashire and Partners, Harwood Medical Centre, Hough Fold Way, Harwood, Bolton, BL2 3HQ

Dr Silvert and Partners, Piggott Street Farnworth Bolton BL4 9QZ. 01204 573445

Kildonan House Group Surgery, Ramsbottom Road Horwich Bolton Lancs BL6 5NW

Unsworth Group Practice, Peter House Captain Lees Road Westhoughton Bolton Lancs BL5 3UB

Blackfriars, 138 Chapel Street, Salford, England, Uk, M3 6AF

Cornbrook Medical Practice, City Road Surgery, 204 City Road, Hulme, Manchester, M15 4EA and Boundary Lane Medical Practice

City Health Centre, Second Floor (Boots), 32 Market Street, City Centre, Manchester, M1 1PL

Collegiate Medical Centre, 407 Cheetham Hill Road, Cheetham, Manchester, M8 0DA

Chaudury FR, Alexandra Park Health Centre, 2 Whitswood Close, Moss Side, Manchester, M16 7AP

Alexandra Grp Medical Practice, Alexandra Grp Medical Practice, Glodwick Primary Care Centre, 137 Glodwick Road, Oldham, OL4 1YN

CH Medical, Fields New Road Primary Care Centre, Chadderton, Oldham, Gtr Manchester, OL9 8NH

Brookdale Surgery, 202 Droylsden Road, Newton Heath, Manchester, M40 1NZ

Failsworth Group Practice, The Failsworth Group Practice, The Keppel Building, Ashton Road West, Failsworth Manchester, M35 0AD

The Dawes Family Practice, 83 Spotland Road, Rochdale, Lancs, OL12 6RX

Durnford Medical Centre, Durnford Medical Centre, 113 Long Street, Middleton, Manchester, M24 6DL

141 Argyle Street, 141 Argyle Street, Heywood, Lancashire, OL10 3SD

The Village Medical Centre, The Village Medical Centre, Peel Street, Littleborough, OL15 8AQ

Springfield House Medical Practice, Springfield House Medical Practice, 110 New Lane, Eccles, M30 7JE

Mosslands Medical Practice, Macdonald Road, Irlam, Manchester, Lancs, M44 5LH

Ellenbrook Medical Practice, 14 Morston Close, Worsley, Manchester, Lancs, M28 1PB

The Sides Medical Centre, Moorside Road, Swinton, Manchester, Lancs, M27 0EW

## Appendix 5: Practice sample

Bramhall Park Medical Centre, Bramhall Park Medical Centre, 235 Bramhall Lane South, Bramhall, Stockport, SK7 3EP

Ellesmere Medical Centre, 262 Stockport Road, Cheadle Heath, Stockport, SK3 0RQ

The Guywood Practice, Chichester Road, Romiley, Stockport, SK6 4QR

Marple Medical Practice, 50 Stockport Road, Marple, Stockport, Greater Manchester, SK6 6AB

Tame Valley Medical Centre, Dr Rubner & Partner, Glebe Street, Ashton Under Lyne, Greater Manchester, OL6 6HD

Davaar Medical Centre, Davaar Medical Centre, 20,22 Concord Way, Dukinfield, Greater Manchester, SK16 4DB

Pennine Medical Centre – Mossley, Pennine Medical Centre, 193 Manchester Road, Mossley, Ashton,under,Lyne, OL5 9AJ

Thornley House Surgery, Haughton Thornley Med Centre, Thornley Street, Hyde, Cheshire, SK14 1JY

Staveleigh Medical Centre, Staveleigh Medical Centre, King Street, Stalybridge, Cheshire, SK15 2AE

Dr Dass's Practice, The Range Medical Centre, 121 Withington Road, Whalley Range, Manchester, M16 8EE

Barrington Medical Centre, 68 Barrington Road, Altrincham, Cheshire, WA14 1JB

Washway Road Medical Centre, 67 Washway Road, Sale, Cheshire, M33 7SS

Mitford Street Clinic, Mitford Street, Stretford, Manchester, Lancs, M32 8AG

Beech Hill Medical Practice, 278 Gidlow Lane, Wigan, Lancs, WN6 7PD

Dr Spielmann & Partners, Old Henry Street Medical Centre, Henry Street, Leigh, Lancs, WN7 2PG

### Lancashire

Dr H C Halstead & Partners, 38 King Street, Lancaster, Lancashire, LA1 1RE.

Dr R S Pollock & Partners, St Georges Surgery, 62 Haslingden Road, Blackburn, Lancashire, BB2 3HS

Dr A Alam & Partner, 42 Railway Road, Darwen, Lancashire, BB3 2RJ

St Paul's Medical Centre, St Paul's Medical Centre, Dickson Road, Blackpool, Lancashire, FY1 2HH

Adelaide Street Surgery, 118 Adelaide Street, Blackpool, Lancashire, FY1 4LN

Rosegrove Surgery, Rosegrove Surgery, 225,227 Gannow Lane, Burnley, Lancashire, BB12 6HY

Cunliffe Medical Centre, Cunliffe Medical Centre, 41 Cunliffe Street, Chorley, Lancashire, PR7 2BA

Dr S T Ellwood & Partners, Fernbank Surgery, Lytham Primary Care Centre, Victoria Street, Lytham, FY8 5DZ

Dr R A Wallworth & Partners, Peel House Medical Practice, Accrington Pals Primary Health Care Centre, 1 Paradise Street, Accrington, BB5 2EJ

## Appendix 5: Practice sample

Queen Square Medical Practice, 2 Queen Square, Lancaster, Lancashire, LA1 1RP

Whitefield Health Care, Whitefield Health Care, Yarnspinners Primary Hlth C C,  
Yarnspinners Wharf Carr Road, Nelson, BB9 7SR

Fishergate Hill Surgery, Fishergate Hill Surgery, 50 Fishergate Hill, Preston, Lancashire,  
PR1 8DN

The Castle Medical Group, The Annex, The Annex, Railway View Road, Clitheroe,  
Lancashire, BB7 2JG

St James Medical Centre, St. James Medical Centre, Burnley Road, Rawtenstall,  
Rossendale, BB4 8HH

Sandy Lane Surgery, Sandy Lane Surgery, Sandy Lane, Leyland, Lancashire, PR25  
2EB

Beacon Primary Care, Railway Road Surgery, Dr S Biswas And Partners, 9,11 Railway  
Road, Ormskirk, L39 2DN

Lockwood Avenue Surgery, The Lockwood Avenue Surgery, Westbourne Court,  
Lockwood Avenue, Poulton,Le,Fylde, FY6 7AB

Drs M Barsby & J M Kallarackel, The Health Centre, Kiddrow Lane, Burnley,  
Lancashire, BB12 6LH

Adlington Medical Centre, Adlington Medical Centre, 22,24 Babylon Lane, anderton,  
Chorley, PR6 9NW

Acreswood Surgery, Coppull Medical Practice, Acreswood Surgery, 5 Acreswood Close,  
Coppull Chorley, PR7 5EN

Ash Tree House Surgery, Ash Tree House, Church Street, Kirkham, Preston, PR4 2SE

Cabin Surgery, The Cabin Surgery, High Street, Rishton, Blackburn, BB1 4LA

Berry Lane Medical Centre, Berry Lane Medical Centre, Berry Lane, Longridge, Preston,  
PR3 3JJ

Ash Trees, Ash Trees, Market Street, Carnforth, Lancashire, LA5 9JU

Brookfield Surgery, Brookfield Surgery, Main Road, Bolton,le,Sands, Lancashire, LA5  
8DJ

Dr A S Forsyth & Partner, Morecambe Health Centre, Hanover Street, Morecambe,  
Lancashire, LA4 5LY

Bentham Surgery, Grasmere Drive, High Bentham, Lancaster, Lancashire, LA2 8QR

Barnoldswick Medical Centre, The New Surgery, Park Road, Barnoldswick, Lancashire,  
BB18 5BG

Colne Corner Surgery, Colne Corner Surgery, Richmond Court, Market Street, Colne,  
BB8 9HR

Brierfield P M S, The Health Centre, Arthur Street, Brierfield, Nelson, BB9 5SN

Broadway Surgery, 2 Broadway, Fulwood, Preston, Lancashire, PR2 9TH

Sabden & Whalley Medical Group, The Surgery, 42 King Street, Whalley, Clitheroe, BB7  
9SL

Irwell Medical Practice, Irwell Medical Practice, Bacup Primary Health Care Ctr, Irwell  
Mill Rochdale Road, Bacup, OL13 9NR

Croston Village Surgery, Croston Village Surgery, Out Lane, Croston, Leyland, PR26  
9HJ

## Appendix 5: Practice sample

Burscough Family Practice, Burscough Health Centre, Stanley Court, Burscough, Ormskirk, L40 4LA

Beacon Primary Care, Hillside Health Centre, Dr S Biswas And Partners, Hillside Health Centre, Tanhouse Road Tanhouse, Skelmersdale, WN8 6DS

Dr Kwun's Practice, 6 Waverley Avenue, Fleetwood, Lancashire, FY7 8BN

The Windsor Surgery, Windsor Surgery, Garstang Medical Centre, Kepple Lane, Garstang, PR3 1PB

Slaidburn Country Practice, The Health Centre, Townend, Slaidburn, Clitheroe, BB7 3EP

Caton Health Centre, part of Dr D M Elliott and Partners, Caton Health Centre, Hornby Road, Caton, Lancaster, LA2 9QW

### Cumbria

Solway Health Services, Park Lane, Workington, Cumbria, CA14 2RW

Aspatia Medical Group, West Street Health Centre, Aspatia, Wigton, Cumbria, CA7 3HH

Maryport Group practice, Alneburgh House, Ewanrigg Road, Maryport, Cumbria, CA15 8EL

Castlegate Medical Centre, Cockermouth Hospital, Cockermouth, Cumbria, Cockermouth, CA13 9HT

Hinnings Road Surgery, Hinnings Road, Distington, Workington, Cumbria, CA14 5UR

Castlehead Medical Centre, Ambleside Road, Keswick, Cumbria, CA12 4DB

Silloth Group Medical Practice, Lawn Terrace, Silloth, Wigton, Cumbria, CA7 4AH

Burnett Edgar Medical Centre, Central Drive, Walney, Barrow, In, Furness, Cumbria, LA14 3HY

Hartington Street Medical Practice, 36,38 Hartington Street, Barrow In Furness, Cumbria, LA14 5SL

Dr P R Jain, The Surgery, 2 Parklands Drive, Askam In Furness, Askam in Furness, LA16 7JP

Market Street Medical Practice, 92 Market Street, Dalton In Furness, Cumbria, LA15 8AB

Dr N L Hall & Dr L A Wilson, Askew Gate, Kirkby In Furness, Cumbria, LA17 7TE

Eden Medical Group, Port Road, Carlisle, Cumbria, CA2 7AJ

Brampton Medical Practice, 4 Market Place, Brampton, Cumbria, CA8 1NL

Dalston Medical Group, Townhead Road, Dalston, Carlisle, Cumbria, CA5 7PZ

Esk Valley Medical Group, Longtown Medical Centre, Longtown, Carlisle, Cumbria, CA6 5XA

Trinity House Surgery, 17 Irish Street, Whitehaven, Cumbria, CA28 7BU

Westcroft House, 66 Main Street, Egremont, Cumbria, CA22 2DB

Catherine Street Surgery, 3 Catherine Street, Whitehaven, Cumbria, CA28 7PD



## Appendix 5: Practice sample

Waterloo House Surgery, Waterloo House Surgery, 40/44 Wellington Street, Millom, Cumbria, LA18 4DE

Seascale Health Centre, Gosforth Road, Seascale, Cumbria, CA20 1PN

Birbeck Medical Group, Penrith Health Centre, Bridge Lane, Penrith, Cumbria, CA11 8HW

Glenridding Health Centre, Glenridding, Penrith, Cumbria, CA11 0PD

Kirkoswald Surgery, Ravenghyll Surgery, Kirkoswald, Penrith, Cumbria, CA10 1DQ

Appleby Medical Practice, The Riverside Building, Chapel Street,, Appleby, In, Westmorland, Cumbria, CA16 6QR

Shap Medical Practice, Orton Branch Surgery, Market Hall, Orton, Penrith, Cumbria, CA10 3RJ

Alston Medical Practice, The Surgery, Cottage Hospital, Alston, Cumbria, CA9 3QX

The Upper Eden Medical Practice, Silver Street, Kirkby Stephen, Cumbria, CA17 4RB

Dr G R Murray & Partners, Ulverston Community Health Centre, Stanley Street, Ulverston, Cumbria, LA12 7BT

Dr J H Gorrigan & Partners, Police Square, Milnthorpe, Cumbria, LA7 7PW

Station House Surgery, Station Road, Station Road, Kendal, Kendal, LA9 6SA

Dr P Burns & Partners, Staveley Surgery, 9 Crook Road, Staveley, Kendal, LA8 9NG

Dr Watson SM & Partners, Windermere Health Centre, Goodly Dale, Windermere, Cumbria, LA23 2EG

Ambleside Health Centre, Grasmere Branch Surgery, 1 Field Foot, Grasmere, Ambleside, Grasmere, LA22 9TB

Ambleside Health Centre, Rydal Road, Ambleside, Cumbria, LA22 9BP

Hawkshead Medical Practice, Red Lion Yard, Hawkshead, Ambleside, Cumbria, LA22 0NU

Coniston Medical Practice, Wraysdale House, Coniston, Cumbria, LA21 8ER

Dr P J I Hall & Partners, Lunsdale Surgery, Kirkby Lonsdale, Cumbria, LA6 2HQ

Dr Lumb W & Dr C Hunt, Sedbergh Medical Practice, Station Road, Sedbergh, Cumbria, LA10 5DL

Dr Phizacklea S & Partners, Fairfield Surgery, Flookburgh, Grange Over Sands, Cumbria, LA11 7JY

### Merseyside

Knowsley Medical Centre (Aston Healthcare), Knowsley Medical Centre, Fredrick Lunt Avenue, Knowsley, Liverpool, L34 0HF

Dinas Lane Medical Centre, 149 Dinas Lane, Liverpool, Merseyside, L36 2NW

Wingate Medical Centre, 79 Bigdale Drive, Liverpool, Merseyside, L33 6YJ

Prescot Medical Centre, Sewell Street, Prescot, Merseyside, L34 1ND

Whiston Primary Care Resource Centre (Aston Healthcare), Whiston Primary Care Resource Centre Old Colliery Road, Whiston, Merseyside, L35 3SX

## Appendix 5: Practice sample

Vauxhall Primary Health Care, Limekiln Lane, Vauxhall, Liverpool, L5 8XR

Islington Square Surgery, 3 Islington Square, Liverpool, Merseyside, L3 8DD

Ropewalks General Practice, 26 Argyle Street, Liverpool, Merseyside, L1 5DL

Abingdon Family Health Care Centre, 361,365 Queens Drive, Walton, Liverpool, Merseyside, L4 8SJ

Baycliff Family Health Centre, 73 Baycliff Road, Liverpool, Merseyside, L12 6QT

Benim Medical Centre, 2 Penvally Crescent, Liverpool, Merseyside, L6 3BY

Crosby Village Surgery, 3 Little Crosby Road, Great Crosby, Liverpool, Merseyside, L23 2TE

Bridge Road Medical Centre, 66,68 Bridge Road, Litherland, Liverpool, L21 6PH

Concept House Surgery, 17 Merton Road, Bootle, Liverpool, L20 3BG

Dharmanas Family and General Practice, 97 Queens Drive, Walton, Liverpool, L4 6SG

Anfield Medical Centre, 117 Priory Road, Liverpool, Merseyside, L4 2SG

Bousfield Health Centre, Westminster Road, Liverpool, Merseyside, L4 4PP

Norwood Surgery, Norwood Surgery, 11 Norwood Avenue, Southport, Merseyside, PR9 7EG

North Meols Medical Centre, North Meols Medical Centre, Church Road, Banks, Southport, PR9 8ET

Ainsdale Village Surgery, 2 Leamington Road, Southport, Merseyside, PR8 3LB

The Village Surgery, Elbow Lane, Formby, Liverpool, L37 4AW

D'arcy & Partners, Berrymead Medical Centre, 140 Berrys Lane, St Helens, Merseyside, WA9 3RP

Consiglio & Partner, Cornerstone Surgery, Fingerpost Park Health Centre, Atlas Street, St Helens, WA9 1LN

Lime Grove Surgery, Haydock Medical Centre, Station Road, Haydock St Helens, Merseyside, WA11 0JN

Kenneth MacRae Medical Centre, The Kenneth MacRae Medical Centre, 32 Church Road, Rainford St Helens, Merseyside, WA11 8HJ

Whiston Primary Care Resource Centre (Aston Healthcare), Whiston Primary Care Resource Centre, Old Colliery Road, Whiston, Merseyside, L35 3SX

Blackheath Medical Centre, Blackheath Medical Centre, 76 Reeds Lane, Wirral, Merseyside, CH46 1SG

Dr Wells & Partners, The Concourse, Grange Road, West Kirby, Wirral, Merseyside, CH48 4HZ

Commonfield Road Surgery, 156 Commonfield Road, Wirral, Merseyside, CH49 7LP

Central Park Medical Centre, Victoria Central Health Centre, Mill Lane, Wallasey, Merseyside, CH44 5UF

Claughton Medical Centre, 161 Park Road North, Birkenhead, Merseyside, CH41 0DD

Civic Medical Centre, Civic Way, Bebington, Wirral, CH63 7RX

Hamilton Medical Centre, 86 Market Street, Birkenhead, Merseyside, CH41 6AJ

## Appendix 5: Practice sample

Camberley Drive (Aston Healthcare), 11b Camberley Drive, Halewood, Liverpool, L25 9PS

Derby Lane Medical Centre, 88 Derby Lane, Liverpool, Merseyside, L13 3DN

Childwall Valley Road Surgery, 70 Childwall Valley Road, Childwall, Liverpool, L16 4PE

Blundellsands Surgery, 1 Warren Road, Liverpool, Merseyside, L23 6TZ

Dr Razvi, 172 Walton Village, Liverpool, Merseyside, L4 6TW

Abercromby Family Practice, Grove Street, Edge Hill, Liverpool, Merseyside, L7 7HG

Albion Surgery, 45 Everton Road, Liverpool, Merseyside, L6 2EH

### Cheshire

Ashfields Primary Care Centre, Middlewich Road, Sandbach, Cheshire, CW11 1EQ.

Dr GPS Hardy and Partners, Hungerford Medical Centre, School Crescent, Crewe, Cheshire, CW1 5HA.

Dr S Meachim and Partners, Garden Lane Medical Centre, 19 Garden Lane, Chester, Cheshire, CH1 4EN.

Old Hall Surgery, Old Hall Surgery, 26 Stanney Lane, Ellesmere Port, Cheshire, CH65 9AD.

Dr Holt A K I and Partners, Manchester Road Medical Centre, 27 Manchester Road, Knutsford, Cheshire, WA16 0LY.

South Park Surgery, Sunderland Street, Macclesfield, Cheshire, SK11 6JL

Dr Rigby P J and Partners, Readesmoor Group Practice, 29,31 West Street, Congleton, Cheshire, CW12 1JN.

Dr Brettell A and Partners, Watling Medical Practice, 2 Watling Street, Northwich, Cheshire, CW9 5EX.

Launceston Close Surgery, 9,10 Launceston Close, Winsford, Cheshire, CW7 1LY.

Dr Saksena MK, Heath Road Medical Centre, Heath Road, Runcorn, Cheshire, WA7 5TJ.

The Beeches Medical Centre, The Beeches Medical Centre, 20 Ditchfield Road, Widnes, Cheshire, WA8 8QS.

Dr Whitenburgh M, 7 Cockhedge Way, Cockhedge Shopping Centre, Warrington, Cheshire, WA1 2QQ.

Wilmslow Health Centre, Chapel Lane, Wilmslow, Cheshire, SK9 5HX

Nantwich Health Centre, Church View Primary Care Centre, Off Beam Street, Nantwich, Cheshire, England, UK, CW5 5NX.

Merepark Medical Centre, Alsager Health Centre, 12 Sandbach Road South, Alsager, ST7 2LU.

Dr Coope GA and Partners, Waterhouse Surgery, Wellington Road, Bollington, Macclesfield, SK10 5JH.

Dr Curbishley PG and Partners, Acorns Surgery, 85 Wheelock Street, Middlewich, Cheshire, CW10 9AE.

Dr Milroy P J M and Partners, The Knoll Surgery, Princeway Health Centre, Princeway, Frodsham, Cheshire, WA6 6RX.

## Appendix 5: Practice sample

Dr Hulbert CC and Partners, The Surgery, Laurel Bank, Old Hall Street, Malpas, SY14 8PS.

Dr Steere C E, Neston Medical Centre, Liverpool Road, Neston, Cheshire, CH64 3RA.  
Lakeside Surgery, Lakeside Road, Lymm, Cheshire, WA13 0QE

Dr Milner PM, Rookery Surgery, Chester Road, Tattenhall, Cheshire, CH3 9AH

Dr Branwen Martin & Partners, Helsby & Elton Practice, Helsby Health Centre, Lower Robin Hood Lane, Helsby, Frodsham, Cheshire, WA6 0BW

Dr Neukom C R & Partners, Saughall Village Surgery, 9 Church Road, Saughall, Chester, CH1 6EN.

Drs Gleek Griffin & Adey, The Health Centre, The Health Centre, Park Road, Tarporley, Cheshire, CW6 0BE.

Dr N A King and Partners, Haslington Surgery, Crewe Road, Haslington, Crewe, CW1 5QY.

Holmes Chapel Health Centre, London Road, Holmes Chapel, Cheshire, CW4 7BB.

Oakwood Medical Centre, Dr Chapman & Partners, Broadway, Barnton, Northwich, CW8 4LF.

Russett Road Surgery, Weaverham Surgery, Russett Road, Weaverham, Cheshire, CW8 3HY.

Sandiway Surgery, 1a Weaverham Road, Sandiway, Northwich, Cheshire, CW8 2NJ.

Ashfields Primary Care Centre, Middlewich Road, Sandbach, Cheshire, CW11 1EQ.

Dr Stewart RC and Partners, Shavington Avenue, Newton Lane, Chester, Cheshire, CH2 3RD.

Dr Holme C and Partners, Handbridge Medical Centre, Greenway Street, Chester, Cheshire, CH4 7JS.

Peelhouse Medical Plaza, Peelhouse Medical Plaza, Peelhouse Lane, Widnes, Cheshire, WA8 6TN.

Dr Orpin MM and Partners, Tower House Practice, St Pauls Health Centre, High Street, Runcorn, Cheshire, WA7 1AB.

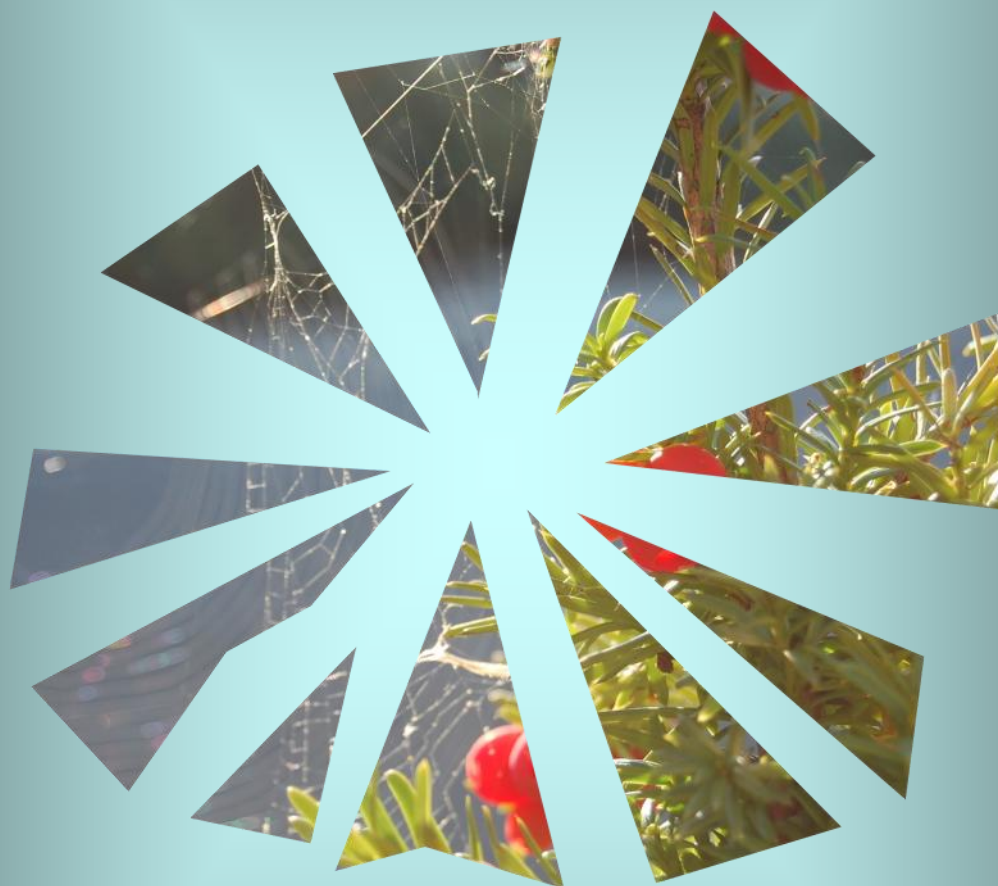
Dr Wilson IS and Partners, Guardian Medical Centre, Guardian Street, Warrington, Cheshire, WA5 1UD.

Dr Skrzypiec, Allen AI and Part, Whitbarrow Road, Lymm, Cheshire, WA13 9DB

Dr Spooner A L and Partners, Gresty Brook Surgery, Brookhouse Drive, Crewe, Cheshire, CW2 6NA.

Dr Dennis MW and Partners, The Medical Centre, Folly Lane, Bewsey, Warrington, WA5 0LU.

Dr Mark D Griffiths and Partners, Boughton Health Centre, Hoole Lane, Chester, Cheshire, CH2 3DP.



*Report published by*  
**Equality Inclusion and Human Rights**  
**NHS North West**

**March 2013**