

**UHDB TRUST POLICY FOR CREATING NEW IDENTITIES
RELATING TO THE MANAGEMENT OF HEALTH RECORDS**

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1. Introduction

Any change to a patient's original identity, for reasons such as adoption, witness protection or change of gender needs to be handled carefully and sensitively as this action may also be associated with other health, social or safeguarding issues. Any actions also need to be handled in such a way so as not to compromise the Positive Patient Identification process (see paragraph 9) or be unintentionally unlawful.

2. Purpose

This policy describes the policy and outline processes to be used by staff when creating new patient identities.

3. Definitions

This list of terms and their definitions is provided to help with general understanding:

Adoption	To be adopted, a child must: <ul style="list-style-type: none">• be under the age of 18 when the adoption application is made, and• not be (or have never been) married or in a civil partnership
Gender Queer	A term for gender identities other than male or female. People who identify as gender queer may think of themselves as being both male and female or as being neither. Others may consider themselves to be 'third gender'. Identify as genderless or agender.
Gender dysphoria	Gender dysphoria is a recognised medical condition, and not a mental illness. The dictionary definition of dysphoria means "hard to bear" and refers to the deep unhappiness felt by the trans person who cannot function in life as the gender they were assigned at birth. However it is not until gender dysphoria has been formally diagnosed that a trans person can get specialised help for the condition.
Gender reassignment	Gender reassignment is a personal, social, and sometimes medical process by which a person's gender appears to others to have changed. Anyone who proposes to, starts or has completed a process to change his or her gender is protected from discrimination under the Equality

	Act. A person does not need to be undergoing medical supervision to be protected. So, for example, a woman who decides to live as a man without undergoing any medical procedures would be covered.
Transgender	A transgender person is someone whose personal idea of their gender does not match with his or her assigned gender role.
Transsexual	Someone who uses hormones and/or surgery to correct their gender identity from the identity given at birth.
Transvestite	Someone who dresses as the opposite gender for emotional comfort, erotic pleasure or because they feel comfortable in doing so – sometimes called a cross-dresser.
Trans Man	Someone who has transitioned from female to male. Someone who was labelled female at birth but has a male gender identity and therefore transitions to live as a man.
Trans Woman	Someone who has transitioned from male to female. Someone who was labelled male at birth but has a female gender identity and therefore transitions to live as a woman.
Transition	A trans person who wishes to live permanently in the social role of the opposite gender and who makes changes necessary for them to function in this role.
Witness protection	The UK Protected Persons Service (UKPPS) provides authorised protection to members of the public judged to be at risk of serious harm. They don't just protect witnesses, but a wide range of people considered to be at risk of serious harm. For example, people may be the subject of honour based violence or in some way helping with the investigation of serious crime.

4. [Background to Current Usual Registration Process](#)

The Personal Demographics Service ([PDS](#)) is the national electronic database of NHS patient demographic details such as name, address, date of birth and NHS Number (known as demographic information).

The PDS helps healthcare professionals to identify patients and match them to their health records. It also allows them to contact and communicate with patients.

PDS records are normally created and an NHS number allocated for patients, on, or shortly after, first contact with NHS services, e.g. when registering with a GP.

The birth notification service within PDS creates records and allocates NHS numbers for new-born babies. NHS patients have no specific legal right to prevent demographic data being stored on the PDS and the Government has determined that the PDS is the authoritative source of NHS demographic information. The NHS cannot comply with requests for data not to be held on the PDS. The NHS is required to hold demographic data about its patients in order to:

- Satisfy legal requirements for registers of patients under the care of each GP practice.
- Ensure that each individual presenting for care is ordinarily resident in the UK and therefore eligible for free care.
- Ensure that information about one patient does not become confused with that of another patient.
- Contact patients when they need to attend check-ups etc.

Although demographic data must be held, there are cases where access to a patient's details must be strictly controlled. Access to demographic records can be restricted by any NHS patient who feels that their location details should not be accessible by the NHS or in other situations where vulnerable NHS patients request restricted access. It should also be noted that:

- The PDS does not hold any clinical or sensitive data items such as ethnicity or religion. The PDS is a component part of the Spine (the Spine is the name given to the national databases of key information about patients' health and care).
- The Spine also supports other services, each of them using the Spine's messaging capabilities as part of their own services, such as: the NHS e-Referral Service and the Electronic Prescription Service.
- Information on the PDS is held nationally and accessed by authorised healthcare professionals through their organisation's local system, or by using a secure web-based portal.

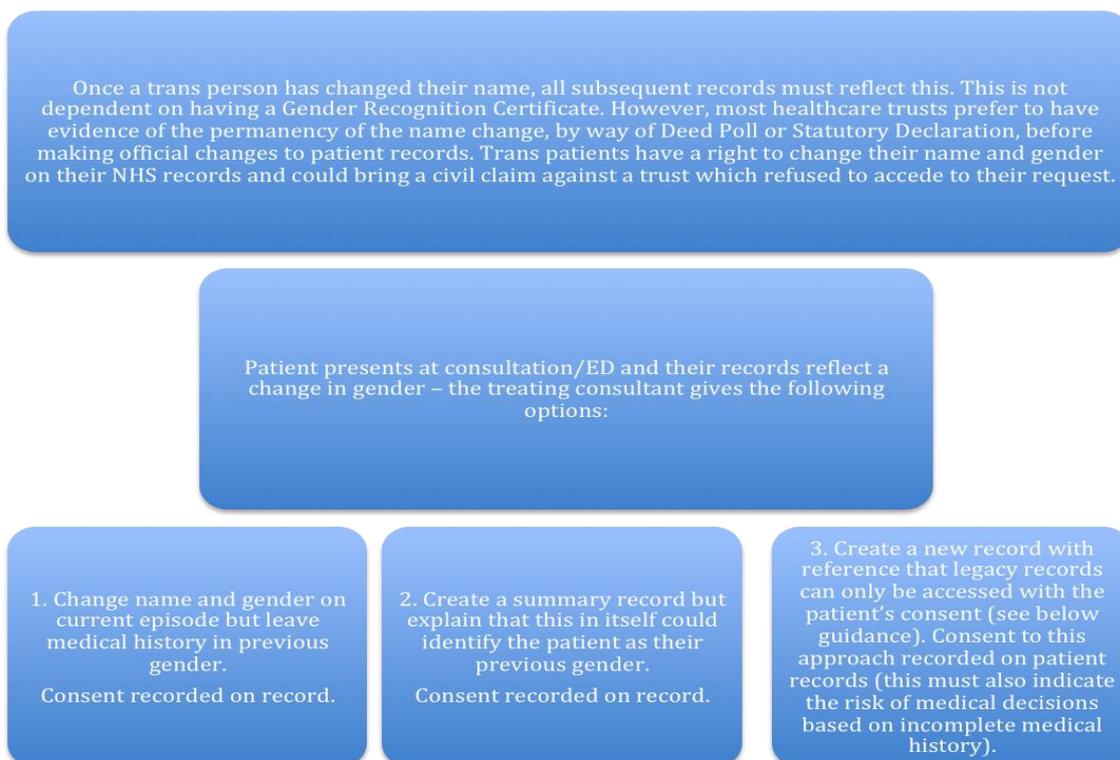
Certain people however require extra protection from unauthorised access, e.g. identity protection and domestic violence. Controls are also in place to limit access to patient details that would allow such patients to be contacted. In these cases the patient's address, telephone numbers and GP registration will not be returned from the PDS.

5. Transgender Records and Information Sharing

It is recognised that medical record keeping for trans people can be a challenge for clinicians and staff, which is why this policy exists to support that process.

Transgender status forms part of an individual's history but is not necessarily and often is not relevant to why they are accessing services.

The following flow chart should therefore assist in most cases where this is a first presentation:



There will however be instances where the name/gender change has already taken place by the time the patient presents or is referred to this Trust and that the Trust has had no formal contact from the patient regarding this. The Patient Systems Team may also identify potential changes of gender but will not take any formal action unless requested to do so.

Each case therefore will require managing on a case-by-case basis using the principles outlined in this policy.

Records Management for transgender patients

Upon receipt of a Gender Recognition Certificate or by any other means of notification, including a request by the patient as in box 3 above, all correspondence should be sent to the Health Records Manager.

The Health Records Manager will identify and collate all relevant records held by the trust in respect of the patient.

The patient will then be invited to meet with relevant trust clinical staff, coordinated by the Health Records Manager, to seek the views of the patient as to how they wish protected information to be dealt with, and to advise the patient of the various options for managing their health records, along with the risks and benefits for the patient's health of each option.

Such relevant trust staff should include: a senior clinician; the Health Records Manager; a Patient Systems representative; and a Legal Services representative.

The patient should be advised in general terms of the information within their health records, how it is used and the types of staff who may access health records.

The patient should be advised of the importance for treating clinicians of having a patient's full medical history and the reasons for this. If the patient agrees to have all their information included in current health records, written consent is needed from the patient to enable protected information to be contained within the health record and to be disclosed for medical purposes.

The patient will be asked if they wish their Gender Recognition Certificate to be filed. If they do not, then this will be filed with the legacy notes and this decision will be documented in the legacy case notes.

If the patient does not wish any previous name or details to be disclosed, a new set of case notes will be generated, with a new NHS Number, and in this case no reference shall be made in the health record of previous gender or any gender reassignment. A new set of records will be generated for the patient under a new hospital number, which does not refer to the previous records by number or otherwise.

A summary/chronology will be developed by the appropriate healthcare professional to be available for healthcare professionals. Any summary, which includes reference to transgender status, must be done with specific consent as each disclosure of this information could otherwise breach the Gender Recognition Act 2004 and may constitute a criminal offence.

There is a risk that the summary/chronology may in itself identify the transgender status of the service user. Therefore the local standard nursing assessment document should be used to create the summary record.

After the meeting, the patient will be sent a letter stating what occurred in the meeting, including whether the patient consented or not to the principle of protected information being contained within their health records and disclosed for medical purposes.

Where a patient has undergone reassignment pre the 2004 Act, the trust needs consent from the patient as to how they wish their case notes to be managed.

Where the patient is unable or unwilling to attend a meeting or to provide consent, advice should be sought from Legal Services.

Withdrawn legacy case notes must be held in secure storage by the Health Records Manager who will only access them with proven authorisation by the patient or clinician providing justification to access the records. The Health Records Manager will also be responsible for any required archiving.

Any Data Protection Act application for subject access to identifiable legacy case notes must be referred to the Health Records Manager.

Any application for disclosure of identifiable legacy case notes received from the courts or police must be referred to the Health Records Manager.

All correspondence created by trust staff must not refer to previous identity or gender.

Any referrals from GPs or healthcare professionals where trans status is identified must be vetted by the Service Manager for that service and if reference to the previous identity or gender is not directly relevant to the referral then it should be returned to the source of referral with an explanation that this may constitute a breach (draft letter available at Appendix 1). Any breach must be recorded through Datix.

Professionals need to adopt a practice of reference to present gender in case note entries. Identity comment should be avoided about transgender status unless this is a specific and immediate issue in treatment. e.g. X is a 47 year old transgender woman should just be recorded as X is a 47 year old woman. Notes should be written referring to transgender status only when this is a specific and immediate issue in treatment. e.g. X is a 47 year old male to female transgender person who requests referral to a Gender Identity Clinic.

Recording of trans status can only be made with specific written consent of the patient. It is most likely to be relevant when recording issues such as past medical/mental health history and/or relationship/family issues.

Specific issues in relation to assessment and treatments for Gender Reassignment

The Health Records Manager will be responsible for notifying departmental managers to ensure that agreed changes/archiving is also made to any therapy records or cancer care systems and any other services the patient has received treatment in.

The Health Records Manager will be responsible for notifying departmental managers to ensure that the agreed changes are also made to all relevant electronic systems via the Patient Systems Team and/or the Data Corrections Team.

NB: In all cases it should be assumed that the patient is in receipt of a Gender Recognition Certificate. Transgender people may stop the medical process at any time and still choose to remain in their preferred gender. In these circumstances they should be treated as having completed transition.

After review, the clinician must communicate any changes to the Health Records Manager who will ensure all information is updated in line with current process and in agreement with the patient. Where appropriate, a meeting can be arranged to enable the clinician to meet with the patient and vice versa (a Consent Letter Template is at Appendix 2).

Data Confidentiality

Health records are classified under the Data Protection Act (DPA) as “sensitive personal data.” They must be used and accessed “lawfully, fairly, only if necessary and with explicit consent.” Unless it is a significant threat to life and to protect the “vital interests” of a trans person for example, “sensitive data” may not be divulged to another colleague without consent. Gender Recognition law with its “protected information,” operates in a similar way to the “sensitive personal information” that defines all health records under the DPA 2018. The extreme sensitivity of trans medical records suggests that “implied consent” cannot be

assumed; rather that consent must be expressly given. Whilst confidentiality is not absolute and may be overridden by law, public health and the patient concerned, good practice should ensure that the Caldicott Guardian of every acute hospital trust is fully aware of his or her responsibilities, under the GRA 2004, towards transgender people both with and without GRC's. The personal data of trans people known to the hospital trust has a greater expectation accorded to it that confidentiality will rarely be breached and that when this occurs the trans person has consented to the processing of each and every instance that data is shared.

Any NHS staff may find themselves in situations where they are making serious decisions concerning a trans person. These may be life and death decisions or relatively minor – whatever the nature of the decision, it must be just, fair and equitable, taking into consideration all the patient's views and concerns. It must also be "proportionate to achieving a legitimate aim". Where the decision itself, or the process, is questioned by the patient, all steps should be taken to reach local resolution on the ward or in the office. If the patient makes an official complaint it will follow the NHS complaints procedure and PALS may become involved. Not all contact with PALS is to process a complaint. The purpose of PALS as the name suggests (Patient Advice and Liaison Service) is also to "advise" and "liaise." All PALS staff have an Article 6 duty and must ensure they give fair and impartial advice.

Summary

- Take care to address your patient by their preferred name and title.
- Respect a patient's request to change the sex indicated on their medical records; you don't have to wait for a Gender Recognition Certificate or an updated birth certificate.
- Don't disclose a patient's gender history unless it is directly relevant to the condition or its likely treatment. It's unlawful to disclose a patient's gender history without their consent; the gender status or history of trans and non-binary people should be treated with the same level of confidentiality as any other sensitive personal information.

- You may sometimes need to take extra care when speaking to – and recording information about – trans and non-binary people.
- Both electronic and paper medical records should clearly indicate your patient's preferred name and title.
- If your patient is to be issued with a new NHS number which has no reference to their sex at birth, you should explain to them that they will not automatically be contacted regarding current or future screening programmes associated with their sex at birth, and discuss the implications of this. Decisions about screening should be made with patients in the same way as any other decisions about their health.
- When communicating with other health professionals, gender history doesn't need to be revealed unless it is directly relevant to the condition or its likely treatment.

6. [Adoptions](#)

Background to the General Register Office (GRO) Process

The GRO for England and Wales (a section of the UK Identity & Passport Service) maintains a record of adoptions made on the authority of Courts in England and Wales in the Adopted Children Register. It is from this Register that adoption certificates are issued. The GRO notifies the PDS National Back Office (NBO) of the adoption. The GRO notifies the PDS NBO of their previous GP and the records are transferred to the new identity and forwarded to the child's new GP. A new record on the PDS is created by allocating a new NHS Number for the child. The newly created PDS record contains only the post adoption details, and replaces the child's original PDS record. There must be no link between the child's pre and post adoptive details. The old NHS number is withdrawn so it can no longer be used. There should be no alert on the record to state that the child is adopted. Locally, the Adoptions Agency involved should ensure that the relevant GP/CCG is informed so that the GP can be provided with a summary of the patient's medical history. GP/CCG should formally inform secondary care organisations of this change.

Currently, when a child has been legally adopted, a new identity is created for the child in place of their existing one (birth record). This includes transferring all relevant medical records to the new identity. Although there must be no link between pre and post adoptive medical records, there needs to be a system in place to retrieve confidential pre adoption health/medical information at such times as deemed necessary. Adoption is a legal process and it transfers all legal rights and responsibilities relating to a child from its birth parent to approved adopters. The birth parent ceases to be the child's parent in law and has no further legal rights and responsibilities in relation to the child. The child receives a new birth certificate and takes on the surname of the adopters once an adoption order has been granted by the courts.

Internal Duties and Responsibilities (upon receipt of formal notification):

Clinical Staff All clinical staff involved in the care of a child that has been adopted must ensure that there is no reference made to this within the new health record. The relevant clinical lead/s have responsibility for the creation of the clinical summary to be held in the new health record and must ensure that this is contemporaneous and completed within a reasonable timescale to facilitate good clinical care for the child going forward.

Administration Staff Staff who are notified of a change to a child's NHS number are responsible for informing the Health Records Manager of this change and ensuring that the child is registered with a new NHS number. All staff have a responsibility to ensure that confidentiality is not breached in relation to the adoption of a child. This means ensuring disclosure of health records if required follows the Trust procedure for access to health records.

Key Principles When Thinking About Health Records And Adoption

Continuity of the clinical records

The entire historical clinical record should be maintained intact. It is impossible to know today what information will be useful in the future, particularly with medicine advancing so rapidly. Therefore clinical records in the child's original name and

NHS number must not be deleted or destroyed outside of current NHS retention guidelines.

Confidentiality

Although most adoptions today are open, it is important to ensure that handling of health records does not inadvertently breach confidentiality, for instance, to a child who does not know they are adopted, or to reveal demographic information or sensitive details/information to an adopted child or young person before they are ready or prepared for it. To help achieve this, avoid the use of 'ADOPTION' in the child's health record with the new identity and new NHS number. The disclosure of the adopted status of a child without consent or appropriate legal gateway would be in breach of the Data Protection Act. Staff are also bound by the Common Law Duty of Confidentiality and Professional Codes of Conduct.

Third party information

It is important to keep in mind that child records may contain family demographic, health and social information. Inadvertent sharing of this information with the child or their adoptive family, without consent from the party of concern, is a breach of confidentiality. There may be situations where a decision to share relevant third party health information without consent is appropriate, but this requires careful thought. Further advice may be sought from the Trust Caldicott Guardian.

Procedure for Sealing of a Historical Health Record

When a child is legally adopted they are allocated a new NHS number. In such circumstances, children should be re-registered in the system with a new hospital number and the new NHS number. Staff are advised to then notify the Health Records Manager who will initiate the following process:

- The historic health record of the child will be retrieved and accessed on the system and the record reviewed.
- Relevant clinical leads involved in the care of the child will then be asked to create a clinical summary for inclusion into the new health record. Whilst changing or omitting information from medical records would usually be contrary to ethical and professional guidance this is not the case for the

records of adopted children as there is a legal requirement that it takes place.

- To go through a patient's electronic health record and ensure that there is no reference to previous identity is onerous. The pre-adoptive information should be regarded as confidential and it is crucial to ensure that any requests for access or disclosure of identifiable legacy case notes are dealt with appropriately. Refer any such requests to the Health Records Manager.
- Any future appointments or wait list activity will be transferred to the new record.
- A "HIGHLY CONFIDENTIAL" marker will be scanned into the EPR for the new record. This document will state:

HIGHLY CONFIDENTIAL. SEALED RECORD AGAINST THIS PATIENT. FOR FURTHER ADVICE PLEASE CONTACT THE HEALTH RECORDS MANAGER.

- The new hospital number and the sealed hospital number will both be recorded on the reverse of this document, should the link to the old record ever be needed.
- This marker will not be accessible clinically via the EPR.
- Any historic paper records will be scanned to the record, which will then be sealed to limit access clinically or otherwise and will only be available to view upon request to the Health Records Manager. The historic record will then be sealed and the name amended to DO NOT USE to prevent accidental future location of the child's historic record.

Internal Process (without formal notification of adoption)

Data Corrections Team - when they identify an Adoption from a CSC or duplicates report. The following sections detail the internal process for dealing with adoptions i.e. what the Data Corrections staff currently do when they identify an adoption from a CSC or duplicates report.

Weekly CSC Queries Report - run by CSC to identify NHS number and/or surname changes within Lorenzo. Those identified through this process as an Adoption will already have had the new NHS number and demographics accepted from the Summary Care Record (SCR) onto the EPR; the old NHS number and demographics will be visible in the patient history. ID labels showing the patient's new identity will be printed to replace those on the front cover and Patient Alert Notices insert at their next hospital attendance. Any ID labels containing the previous identity will be destroyed.

Missing Data Report - identifies patient records with no NHS number. Some of these are found to have a deducted NHS number visible in the identifiers tab of the patient EPR in the PAS, which on further investigation is found to be due to Adoption. This leaves the EPR with pre-adoption demographics and no known new identity. Health records will retain original details.

7. [Other Vulnerable Patients](#)

There may be a small number of other patients who feel that the existence of a database containing their contact details may place them at increased risk and may want to have details within their records restricted and flagged (those at risk of 'honour based violence', witness protection or victims of domestic abuse for example). It is important for healthcare staff who are approached with requests for a patient's record to be flagged to understand and communicate to patients that flagging a record should not be undertaken lightly because of the potentially significant impact on the ability of the NHS to deliver joined-up healthcare. Flagging a record as 'sensitive' will mean that local NHS IT systems will be unable to retrieve their address, telecoms details, registered GP Practice and alternative contacts (such as next of kin) from the PDS. The information will still be held nationally however. As a patient, if they require their record to be flagged, they should contact their GP. Similarly, if they wish to have a flag removed from their record, this should be done through their GP. We can however override the sensitivity at the Trust if it is deemed clinically necessary and we also have the ability to flag a record as 'locally sensitive' if necessary too.

8. Monitoring Compliance and Effectiveness

The key requirements will be monitored in a composite report presented on the Trusts Monitoring Report Template:

Monitoring Requirement	Number of requests to change identity and the number of identities actually changed
Monitoring Method	Recording the number of requests to change identity and the number of identities actually changed
Report Prepared by	Health Records Manager
Monitoring Report presented to	Information Governance Action Group
Frequency of Report	Annually

9. [Key References](#)

Serial	Source of data	Date of publication/issue	Detail of requirement
(a)	(b)	(c)	(d)
1	Data Protection Act	2018	<p>The Data Protection Act controls how your personal information is used by organisations, businesses or the government. Everyone responsible for using data has to follow strict 6 rules called 'data protection principles'. They must make sure:</p> <ol style="list-style-type: none"> 1. processing be lawful and fair 2. purposes of processing be specified, explicit and legitimate 3. personal data be adequate, relevant and not excessive 4. personal data be accurate and kept up to date 5. personal data be kept for no longer than is necessary 6. personal data be processed in a secure manner <p>There is stronger legal protection for more sensitive information, such as:</p> <ul style="list-style-type: none"> • ethnic background • political opinions • religious beliefs • health • sexual health • criminal records
2	HSC 1999/053, For the Record: Managing Records in NHS Trusts and Health Authorities, Department of Health	1999	<p>The primary function of this circular is to improve the management of NHS records in Health Authorities and NHS Trusts. The circular: sets out the legal obligations for all NHS bodies to keep proper records; explains the actions needed from Chief Executives and other managers to fulfil these obligations; provides guidelines on good practice; explains the requirements to select records for permanent preservation; lists suggested minimum periods for retention of NHS records; and indicates where further information may be found.</p>

3	Records Management: NHS Code of Practice Part 2	2006	<p>Pre-Adoption Records: Records, where the NHS number has been changed following adoption, will be returned to the appropriate PCT and they should be retained securely and confidentially for the same period of time as all records for children and young people. Genetic information should be transferred across to the post- adoption record. Retain until the patient's 25th birthday or 26th if young person was 17 at conclusion of treatment, or 8 years after death. If the illness or death could have potential relevance to adult conditions or have genetic implications for the family of the deceased, the advice of clinicians should be sought as to whether to retain the records for a longer period.</p> <p>Child Protection Register (records relating to): Retain until the patient's 26th birthday or 8 years after the patient's death if patient died while in the care of the organisation.</p>
4	Gender Recognition Act	2004	<p>The purpose of the Gender Recognition Act is to provide transsexual people with legal recognition in their acquired gender. Legal recognition will follow from the issue of a full gender recognition certificate by a Gender Recognition Panel. Before issuing a certificate, the Panel must be satisfied that the applicant:</p> <ul style="list-style-type: none"> • has, or has had, gender dysphoria • has lived in the acquired gender throughout the preceding two years, and • intends to continue to live in the acquired gender until death <p>Where applicants have been recognised under the law of another country or territory as having changed gender, the Panel need only be satisfied that the country or territory in question has been approved by the Secretary of State.</p>
5	Equality Act	2010	<p>The act covers what was previously protected under the Sexual Discrimination Act 1975 – namely legal protection for transsexual people in the workplace and wider society against:</p> <ul style="list-style-type: none"> • victimisation • harassment • discrimination

6	A:gender: A Guide for Staff and Managers	2016	This document has been subject to review in March 2016. It has been compiled to provide general guidance and advice to staff and managers about transsexualism, gender reassignment and intersex issues that are relevant to civil service employees. It also provides the recommended absence policy, which complies with The Equality Act 2010 Public Sector Duty.
7	HSIC Restricting access to a patient's demographic record-Notes for healthcare staff	2014	NHS patients have no specific legal right to prevent demographic data being stored on the Personal Demographics Service (PDS). The Government has determined that the PDS is the authoritative source of NHS demographic information. The NHS cannot comply with requests for data not to be held on the PDS. Although demographic data must be held, there are cases where access to a patient's details must be strictly controlled. Access to demographic records can be restricted by any NHS patient who feels that their location details should not be accessible by the NHS or in other situations where vulnerable NHS patients request restricted access.
8	Transgender Guide for NHS Acute Hospital Trusts	unknown	This booklet provides the basic information required to understand the needs of Transgender and Gender Variant people in a hospital setting.
9	Derbyshire LGBT+	NA	Derbyshire LGBT+ is Derbyshire's only LGBT specific support service.
10	Trust Policy And Procedures For Patient Identification	February 2017	Correct patient identification is an essential element of healthcare. It is fundamental in ensuring patients receive the correct assessment and subsequent interventions.
11	GMC Guide to Trans healthcare	Unkown	GMC guidance

Appendix 1 – [Transgender Consent Query Letter Template](#)

Our Reference:

Telephone: (01332)

e-mail:

17 September 2018

Private & Confidential

Dear

Re:

Thank you for referring this patient to the trust.

I note that in the referral you have disclosed the patient's transgender status. As you may be aware, the Equality Act 2010 protects individuals from unauthorised disclosure of their gender when this is not directly relevant to the referral. Could you please confirm that the patient has consented to this and that we are not in breach of equality legislation.

If the patient has not agreed to the disclosure of their transgender status, could you either resubmit the referral omitting this information or ask the patient for consent to disclose their old NHS number and gender identity? It may help to explain to the patient that disclosure, with patient consent, would allow us to include vital information from their old hospital records into their new files, as these are under a different NHS Number. This would be done in a way that does not refer to their previous gender and would be undertaken by the Health Records Manager so that staff are not aware of the patient's previous gender identity.

Yours sincerely

(Insert name and designation)

Appendix 2 – Transgender Consent Letter Template

Our Reference:

Telephone: (01332)

e-mail:

17 September 2018

Private & Confidential

Dear

I am writing to confirm receipt of your letter dated..... regarding your change of name, title and gender.

I can confirm that your details have been amended as requested, however we now need to determine how your health records should be managed going forward. We can arrange a date and time to meet and discuss this; you can either call me or you can complete the tick boxes below and return a copy this letter to me. Either way, I do need your input to determine how we move forward.

I enclose a copy of the Trust procedure for management of gender reassignment records, and I would be happy to answer any questions or queries you may have.

Yours sincerely

Name

Job Title

PATIENT CONSENT – please tick the appropriate box

I do consent to the whole of my existing health record (paper and electronic) being made available clinically for the purpose of my continuing healthcare and to having a marker being entered within the patient administration system to allow clinical staff to see that I have a trans history.

I do not consent for my existing health records to continue to be used. I also do not wish for a marker to be entered on my health record to allow clinical staff to see that I have a trans history. I request that my old health records are sealed and archived and I understand the risks associated with this decision.

Signature.....**Date**.....

Print Name.....

Please complete and return to the address above, thank you