

[REDACTED]  
**Honorary Secretary of Council**

**Sarah Clarke**

Assistant Coroner for the Brighton and Hove and West Sussex

[REDACTED]

16.01.2024

Dear Ms Clarke

**Regulation 28 Report to Prevent Future Deaths - touching on the death of Alice Litman**

Thank you for your Regulation 28 letter regarding the passing of Alice Litman dated 6 December 2023. On behalf of the Royal College of GPs (RCGP), I would like to offer my condolences to the friends and family of Alice Litman. I am responding as the Honorary Secretary of RCGP.

The Royal College of General Practitioners (RCGP) is the largest membership organisation in the United Kingdom solely for GPs. It aims to encourage and maintain the highest standards of general medical practice and to act as the 'voice' of GPs on issues concerned with education; training; research; and clinical standards. Founded in 1952, the RCGP has just over 54,000 members who are committed to improving patient care, developing their own skills and promoting general practice as a discipline.

RCGP has been concerned regarding the support and services for transgender individuals for many years. In this regard we have worked with NHS England and equivalent organisations in Devolved Nations, with the General Medical Council and others over this time to improve the knowledge and understanding of the needs of these patients. This has included specific e learning packages which are available on our website as well as authoring a specific transgender policy document. Specifically, our recommendations are (see - <https://www.rcgp.org.uk/representing-you/policy-areas/transgender-care>)

Based on the above principles, and with consideration of current guidance from various organisations, we believe the overall role of the GP in providing care to patients with gender dysphoria is to:

1. Holistically assess the patient's health needs, collaborating with other healthcare professionals and services as relevant.

GPs should be mindful that patients often find it very difficult to confide in their feelings of gender incongruence and that approaching a healthcare professional to discuss their gender identity needs can be considerably distressing for them. GPs and their practice teams should approach these patients openly, respectfully, and sensitively, with an awareness and understanding that a person's outward appearance may not necessarily correspond to their gender identity, particularly at early stages of the person's journey to exploring their gender identity.

2. Promptly refer patients to a Gender Identity Clinic (GIC) or equivalent if they exhibit signs of gender dysphoria and request treatment or wish to consult with a gender identity specialist for further advice. Liaise and work with GICs and gender specialists in the same way as any other specialist, to jointly provide effective and timely treatment for patients. This includes considering taking on the ongoing prescribing of medication for patients and the monitoring of any side effects, with the appropriate funding, after a patient has been discharged from a GIC.

It is common for GPs to work under Shared Care Agreements (SCAs) set up between GICs and practices to provide joint care for patients. It is important that SCAs are agreed upon by all parties involved, ensuring the appropriate levels of resource, competence and expertise are established, as informed by the patient's level of medical risk. NHS bodies need to ensure that local shared care arrangements are adequately funded to support the ongoing care and treatment of patients.

When responsibility for ongoing medical monitoring and prescribing is assumed by a GP, the limitations of this need to be recognised and mitigated. This is especially important for children and young people, where there is concern regarding the outcomes of some interventions. The GIC involved in the SCA should have access to the patient's GP records and be accessible to provide specialist consultation to GPs to ensure the patient is being monitored correctly and the appropriate dosages of medication are being prescribed based on the progress of the patient.

3. Recognise that the family members of a patient experiencing gender dysphoria also face significant challenges and refer these family members to further support services where appropriate.
4. Provide appropriate treatment or signposting to patients presenting with gender dysphoria alongside other social or medical issues. This may include referring the patient to mental health services or engaging with social care, safeguarding or sexual health colleagues.

A particular focus from members has been the continuing very long waiting lists for access to specialist advice and care. This has been especially a concern regarding children and young people where the waiting lists are frequently over 2 years in duration but also for adult patients, where access can be very difficult. The RCGP's view is that for Children and Young people, GPs can provide holistic general care and support to the individual and their family, however decisions on whether or when to provide specific therapy such as medication is a specialist area of responsibility and outwith the scope of practice of general practitioners.

It is worth noting that RCGP has been represented at the current review being undertaken by Professor [REDACTED], Former President of the Royal College of Paediatrics and Child Health and our understanding is that we do not expect any change in the view that such individuals need timely access to specialist care and that general practitioners would not be expected to make decisions on treatment. With regard to adult patients, RCGP is supportive of potential plans by NHS England to have a system of regional hubs whereby guidance and support can be sought and especially in wider aspects of care such as sexual health, mental health support and safeguarding as well as prescribing.

I hope that these comments are helpful. RCGP is committed to improving the care and support for transgender patients. Our sincere condolences are with Alice's family.

Yours sincerely

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RCGP Honorary Secretary