
Cervical Screening in Trans Men and Non-binary People with a Cervix

Guidance for Primary Care

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1. Introduction

- 1.1. The National Cervical Screening Programme is highly effective; it was estimated that approximately 65 000 cancers were prevented between 1988 and 2013 as a result of screening in the UK. Access issues are a limitation of any screening programme and this is particularly the case for cervical screening when considering the LGBTQIA+ community and more specifically trans men and non-binary people.
- 1.2. A trans man or non-binary person born with a cervix, but no longer medically registered as female, will not receive an invitation to the National Cervical Screening Programme.
- 1.3. Currently the onus is on trans men and non binary people to actively request and push for screening. The new NHS Digital national system will potentially allow Primary Care teams to manually add and remove people to screening cohort. So transgender and non-binary people can be added once consented. At the time of writing no launch date had been set for this function but it is hoped to be brought into national system by spring/summer 2022.

2. Aim

- 2.1. It is important that we address the significant health disadvantage trans men and non- binary people face with cervical screening.
- 2.2. This protocol has been designed to ensure we have an efficient and robust way to identify this patient cohort and subsequently invite these patients to the National Cervical Screening Programme. Providing equity of care should positively impact our patients who may otherwise miss the opportunity to undergo potentially life saving cervical screening.

3. Which patients does this apply to?

- 3.1. This protocol applies to trans men and non-binary people who were assigned female at birth, and have a cervix, and are registered with the practice as 'male', 'not specified' or 'indeterminate'. It is recommended that Primary Care/GP Practice registration forms include the following option 'I do not identify with the sex I was assigned at birth'.

4. Why is a change needed?

- 4.1. At present, when a newly registered patient states that their gender is not the same as the sex they were assigned at birth, this data can be added to the Primary Care computer system as a free text comment. This does not enable a quick, thorough or effective search to identify these patients. In order to successfully invite these patients for cervical screening, we need to be able to robustly identify them rather than leave it down to the patient to enquire or opportunistic encounters with these patients.
- 4.2. Further information:
[Cervical screening for trans men and/or non-binary people | Jo's Cervical Cancer Trust \(jostrust.org.uk\)](#)
[Barriers to cervical screening for trans men and/or non-binary people | Jo's Cervical Cancer Trust \(jostrust.org.uk\)](#)
[Processing invitations, samples and results for trans men and/or non-binary people | Jo's Cervical Cancer Trust \(jostrust.org.uk\)](#)
- 4.3. It is recommended that GP Practices keep a list of patients in this cohort if coding is not reliable.
- 4.4. See below for Best Practice guidance; currently implemented at Lavender Hill Group Practice, Battersea, SW London.

5. Example of Best Practice – for Practice Administrators

- 5.1. When a new patient registers with the Practice and the patient has responded NO to the recommended question 'Is your gender identity the same as the sex you were given at birth?', this is coded on the Practice computer system (such as EMIS)

Lavender Hill Group Practice

Language Home Opening H

ABOUT YOU

How would you best describe your gender? *

Woman (including trans-woman)

Man (including trans-man) ←

Non-Binary ←

In another way

Prefer not to say

Is your gender identity the same as the sex you were given at birth? *

Yes

No ←

Prefer not to say

If a patient responds NO here think CODE rather than free text

- 5.2. Follow the guide on the next page to add this data in such a way that we will be able to search for these patients going forward.

5.3. To Code:

1. Initially add patient as you normally would



2. Once patient is on system go to 'Add Code'

3. Type Gender identity into the search box

4. Highlight and double click on 'Gender Identity Finding'

Add a Code
 DUMMY, Joe (Joe) Born 01-Jan-1992 (29y) Gender Male NHS No. Unknown
 Usual GP VERNEY, Charlotte (Dr)

Find code
 Search: Gender identity
 Filter: All codes Findings Disorders Observations Procedures Family history Allergies & reactions Referrals Admin

4 search results
 Gender identity disorder
Gender identity finding
 Seen in gender identity clinic *EMIS code*
 Gender identity disorder of childhood

Related codes Resources
 Finding related to development of sexuality
 Gender identity finding (finding)
 Concept ID: 285116001
 Description ID: 424018015
 Desire to become member of the opposite sex
 Femininity in a boy
 Gender role disorder of adolescent or adult
 Masculinity in a girl

Selected code
Code Gender identity finding
Date of entry 31-Jan-2021
Descriptive text Gender identity is not the same as the gender given at birth
Problem detail Record as Problem
 Active Problem - Minor - First Episode - Remains active indefinitely -

5. This will open the selected code towards the bottom of the screen where there will be the option to add Descriptive text - in this box add '**Gender identity is not the same as the sex assigned at birth**'
6. There is also the option to Record as Problem – **DO NOT** select this option
7. To confirm, select Care History. You should see 'Gender Identity Finding' under Term and 'Gender identity is not the same as the sex assigned at birth' under value. This now allows a simple EMIS search to quickly and reliably identify these patients in the future.

6. Example of Best Practice for clinical team members

6.1. If you have any contact with a registered patient who does not identify with the gender they were assigned at birth, opportunistically code this as follows:

1. Add Code

2. Search for Gender identity

3. Highlight and double click on 'Gender Identity Finding'

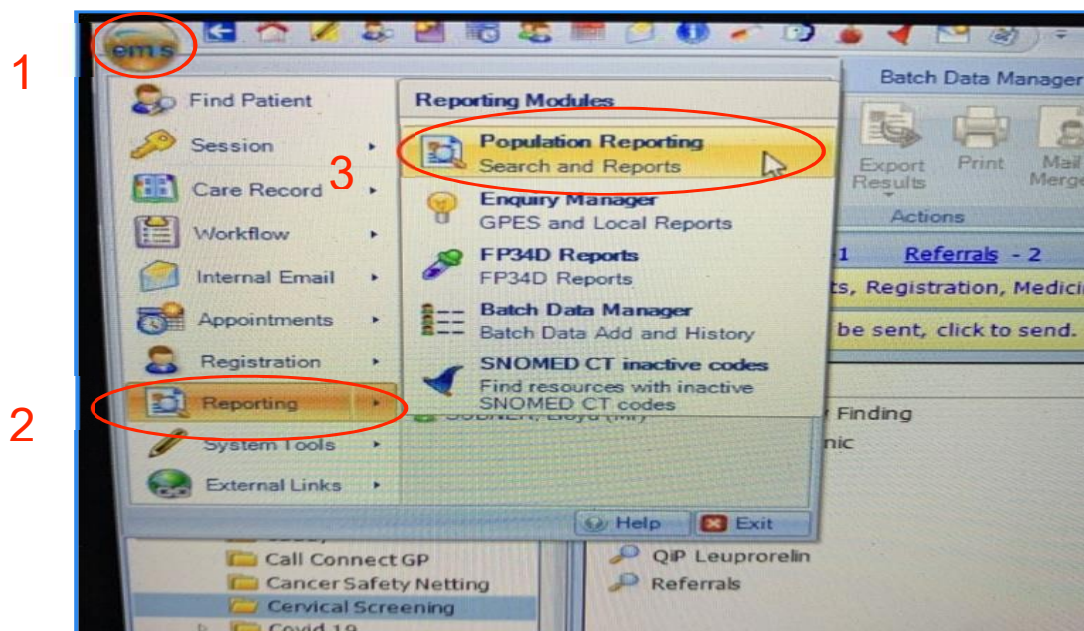
4. In Descriptive text add '**Gender identity is not the same as the gender assigned at birth**'

5. **DO NOT** record as problem

6. To confirm, select Care History. You should see 'Gender Identity Finding' under Term and 'Gender identity is not the same as the gender assigned at birth' under value.

7. Nurse recall procedure

1. Annually run the saved EMIS search for patients coded as 'Gender Identity Finding'.



Name	Population Count	%	Last Run	Search
Gender Identity Finding	3	1%	31-Jan-2021	Patient
QIP - Gender Clinic	0	0%	08-Dec-2020	Patient
QIP - Prefix				Patient
QIP - Sustanon	20	1%	08-Dec-2020	Patient
QIP Coding	25	1%	24-Nov-2020	Patient
QIP Leuprorelin	37	1%	08-Dec-2020	Patient
Referrals	1	1%	01-Sep-2020	Patient

2. This search will be sensitive (i.e should identify all trans men or non-binary people who need to be invited to cervical screening), but not specific (i.e. it may also include patients assigned male who do not identify as their birth sex).
3. Therefore, from this small list of patients it will be necessary to identify the patients who have a cervix and therefore need cervical screening, but are not registered as female and will not receive routine invitations.
4. Of the patients, identify those aged 25-64 (and are therefore eligible for screening). Review EMIS record, check if they have been invited or had screening previously as this will determine if they need to be invited now. Those who have not had any screening in the last current national guidance

time frames need to be contacted and invited for screening and given the option of attending the Practice or at 56T clinic.

- 25–49 years should be offered screening every 3 years
 - 50–64 years should be offered screening every 5 years
5. Record in notes when patient invited for cervical screening and contact patient as per guidance below if screening now due.
 6. Nurse to contact each patient identified on the above search.
 - Establish if it is an appropriate time for them to speak.
 - Ask about awareness of the cervical screening programme.
 - Explain that the cervical screening programme is one of the most successful screening programmes in the UK to prevent cancer, is free and is there for all people with a cervix whether or not they identify as female.
 - Discuss accommodations that may be made available to them, such as attending with a friend, the appointment time, the name to be used etc.
 - Offer further information/resources including information on how they will receive their results.
 - Explain screening can be done at the surgery or at some gender identity clinics such as 56T (Dean Street).
 - Conclude the consultation by asking the patient how they wish to be contacted about cervical screening in future and document their preference for future contact (text messaging/phone call/letter) and record this clearly in electronic notes.
 7. Once a patient has been invited this should be added to the patient's record and coded.
 8. If patient requests to opt out of the screening programme, and does not wish for future consultations to discuss, then write this clearly in notes – 'Opt out cervical screening recall'. This can be easily seen when searching 'cervical screening' with future consults/recall.
 9. When attending for cervical screening the sample needs to be additionally labelled to make it very clear that the patient does have a cervix and this is an intentional test.
 10. When a patient's results are received, please add '**recall arranged**' diary entry to ensure they are recontacted at the correct interval, rather than waiting

for the annual search (as this could lead to a delay in screening or an early invite to screening which should be avoided)

Sources of further information for patients include:

[Cervical screening for trans men and/or non-binary people | Jo's Cervical Cancer Trust \(jostrust.org.uk\)](#)

[No Barriers cervical screening for trans and non-binary people – RM Partners](#)

8. Acknowledgements

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