

**Single sex accommodation guidance in the NHS****Submission by LGB Alliance****11 Mar 2022****PROCESS**

It is extraordinary that a review of a policy as important as same-sex accommodation in the NHS has been taking place without the public either knowing about it or being asked to give their views in a formal consultation. Instead, the news leaked out that a review was underway and not a single women's group or LGB group had been asked to take part.

With no public scrutiny, a plan seems to have been devised to “strengthen trans rights” in conjunction with groups known to campaign on gender identity politics – that is replacing sex with “gender identity” in the law and in the NHS. How was this agreed? Who made the decision to adopt Annex B? As Liberal Democrat Lord Clement-Jones said in the House of Lords on 9<sup>th</sup> February 2022:

*“Reading Annex B it seems that suddenly we are in a completely different place. The goalposts have been moved and I don’t quite understand who was consulted about Annex B and where we go from here. How can one reconcile this gender-friendly Annex B with a single-sex ward pledge in the main guidance. At the very least there needs to be a review of what exactly is the regime that we want to support. I was*

*particularly concerned to see that effectively if you classify yourself as non-binary you can take your choice as to whether you go in a ward of any particular sex.”*

Those representing the interests of trans and non-binary people who wish to end single-sex accommodation have been effective in dominating the review process so far – but how or why this has happened remains unclear.

The heading under which the review has been working is: “improving privacy and dignity for all patients in all healthcare settings.” While LGB Alliance fully supports this ambition, it is meaningless unless it is predicated on a clear definition of sex. LGB Alliance and the public believe that women need separate accommodation from men and vice versa.

Many trans-activist campaigners like Dr Brady subscribe to the belief that “trans women are women”. In his worldview, it would be entirely acceptable for a biological male to be accommodated in a ward with biological females – as he believes that a biological male who “identifies” as a woman is a woman. Dr Brady’s views are, in the view of LGB Alliance, misogynistic and homophobic.

Our first recommendation is that Dr Brady should have no further role in the review, and that his activities as LGBT NHS adviser should be carefully analysed due to his extremist views, which he states so clearly in public via his Twitter feed. As Kate Harris said in her email to Deputy Chief Nursing Officer England at NHS England, Charlotte McCardle, and Dr Brady on 28 Feb 2022, following up on our Zoom call:

*“Because Dr Brady declined to answer any questions about his beliefs, and because of his well know activism in promoting the controversial views of today's Stonewall, we are seriously concerned about his role in this review. As I mentioned on the call it would seem sensible for him to recuse himself from any further involvement, and we will be recommending this in our written submission. It is disconcerting enough for the health needs of LGB people to be "represented" by Dr Brady when his views are so diametrically opposed to those of the vast majority of LGB people, but to include him in such a review is extraordinary.*

*If he, as a medic, subscribes to the belief that individuals can change sex then that is entirely up to him. But it is a niche belief based on no scientific evidence whatsoever. It cannot be sensible to include him in discussions about whether there is a need for same-sex accommodation if he believes that biological sex can be changed by a process of self-identification and / or gender reassignment. I am sure you can see that this is nonsensical - particularly in a medical setting.”*

Our second recommendation is that the review be re-started. A new panel should be formed which is completely impartial and takes an evidence-based approach to policy making – in accordance with this Government’s commitment. Activists can of course be stakeholders, but they should never be leading a review of this kind.

What has been most shocking about this review of the guidance is that it has followed – deliberately or unwittingly – recommendations set out in the Dentons / Thomson Reuters report for young trans-activists in Europe [https://www.iglyo.com/wp-content/uploads/2019/11/IGLYO\\_v3-1.pdf](https://www.iglyo.com/wp-content/uploads/2019/11/IGLYO_v3-1.pdf) This report recommends that activists lobby for change under the radar and avoid press scrutiny. James Kirkup analyses the threat this poses in a liberal democracy. <https://www.spectator.co.uk/article/the-document-that-reveals-the-remarkable-tactics-of-trans-lobbyists>

#### **CONTENT OF ANNEX B**

As was discussed in our call of 28 Feb 2022 the content of Annex B is not fit for purpose. It has been written by someone with a very limited understanding of the Equality Act and we recommend you get a full legal opinion on the document to correct the existing errors.

It is a confusing document to say the least – at one point saying that “pre-operative trans people should not share open shower facilities” and in the next paragraph saying that “those who have undergone transition should be accommodated according to their gender presentation. Different genital or breast sex appearance is **not** a bar to this” – your emphasis.

There are 9 protected characteristics in the Equality Act, yet Annex B only seems interested in trans or non-binary people. The views of other patients on the issues under discussion are never mentioned. What about the safety, privacy and dignity of lesbians, gay men, bisexuals and women in general? All of these are protected under the Equality Act but Annex B simply prioritises the preferences of trans people.

There is a paragraph about “drawing inferences from presentation and mode of dress” if a patient is unconscious. For lesbians who are used to being called “sir” on a daily basis this is very worrying. Imagine waking up on a men’s ward because someone has not checked what sex you are. Here again we see people trying to do their best but making regrettable recommendations which will backfire.

All in all, the Annex needs to be rewritten. Side wards are of course an option for someone who is male or female but wishes to be seen as the opposite sex. Ultimately the NHS has a duty to recognise that for many people, biological sex is a material reality that matters far more than an individual’s “gender identity”. In a medical setting this is more important than anywhere else.

With the greatest respect – neither Annex B nor the review of same- sex accommodation in the NHS is fit for purpose. Every NHS patient deserves the same standards of treatment. Today that is simply not happening. Same-sex accommodation must not be sacrificed to accommodate an extreme political ideology. Sex is immutable – once that is understood we can make progress on this subject.

## FINAL RECOMMENDATIONS

1. LGB Alliance recommends that the review be re-started – with impartial leadership and full public involvement.
2. Scientific evidence must form the basis of any and all recommendations.
3. Political activism must be rooted out of the NHS.