

## **Freedom of Information Act 2000 (FOIA)**

### **Decision notice**

**Date:** 17 March 2025

**Public Authority:** Drs Miller, Hofmann, Irfan, Chew, Amir,  
Fulton, Bennett and Kasujee - GP partners of  
Sherwood House Medical Practice

**Address:** 9 Sandon Road  
Edgbaston  
Birmingham B17 8DP

(FOIA designates each GP partner as a separate public authority. However, the Commissioner recognises that, in practice, a response from the partnership is a response on behalf of all its partners.)

### **Decision (including any steps ordered)**

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1. The complainant requested information about transgender healthcare matters and Sherwood House Medical Practice ('the Practice') disclosed relevant information. The Commissioner's decision is that, on the balance of probabilities, the Practice holds no further relevant information, and it complied with section 1(1) and 10(1) of FOIA.
2. The Commissioner does not require further steps.

### **Request and response**

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3. The complainant made the following information request to the Practice on 10 December 2024:

"I am writing to you to request information under the Freedom of Information Act...

- 1) Are there transgender Shared Care Agreement and Bridging Prescription policy/guidance documents in use at your practice/group? If so, please share these documents or summarise the key points.
- 2) How many transgender Shared Care Agreements do you currently have in place?
- 3) When presented with a transgender patient that is self-medicating, does your service offer to monitor bloods without a Shared Care Agreement or Bridging Prescription in place? If so, what blood tests are included for those taking feminising HRT and those taking masculinising HRT?
- 4) When a Bridging Prescription is provided, what blood tests are included for those taking feminising HRT and those taking masculinising HRT?
- 5) Bridging Prescriptions are considered a "harm reduction strategy" in transgender healthcare (Royal College of Psychiatrists (October 2013) CR181: Good Practice Guidelines for the Assessment and Treatment of Adults with Gender Dysphoria). Does your practice/group advise GPs to undertake a patient safety risk assessment before issuing, rejecting or ending a Bridging Prescription?
- 6) The GMC recommends that GPs should collaborate with gender specialists in the provision of transgender healthcare; if the GP cannot access a gender specialist the GMC states "it would not (however), be acceptable to simply refuse to treat the patient" (<https://www.gmc-uk.org/ethical-guidance/ethical-hub/trans-healthcare>). If a GP at your practice/group cannot access the advice of a gender specialist, what is the protocol they will follow?"
4. The Practice asked the complainant why they wanted the information, on whose behalf they were requesting it and whether they were a patient at the Practice.
5. The complainant addressed these questions but wasn't obliged to as none of the questions are relevant to a request submitted under FOIA. The Commissioner has made that point to the Practice.
6. The Practice responded to the request on 18 December 2024. It disclosed its "policy on transgender patients", which it said should answer the questions the complainant had raised.
7. The complainant requested an internal review when, on 21 December 2024, they wrote to the Practice to say that the policy document didn't address their questions.

8. The Practice responded on 7 January 2025. It advised that information within scope of parts 1, 3, 4, 5 and 6 of the request was in the attached "protocol" document [which the Commissioner understands was the policy document it had previously disclosed] and the Practice addressed part 2.
9. The Practice offered to carry out an internal review but, in the Commissioner's view, its correspondence of 7 January 2025 was an internal review.

### **Reasons for decision**

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10. In their complaint to the Commissioner, the complainant said that the information that the Practice has sent to them doesn't address questions 3-6 of their request. They've said that they can accept that the Practice may not hold information relevant to these questions but that it hasn't confirmed that it doesn't hold this information.
11. This reasoning therefore covers the Practice's compliance with section 1(1) and 10(1) of FOIA.
12. Section 1(1)(a) of FOIA obliges a public authority to confirm whether it holds information an applicant has requested. Section 1(1)(b) obliges the authority to communicate the information to the applicant if it's held and isn't exempt information.
13. Under section 10(1) of FOIA, a public authority must comply with section 1(1) promptly and within 20 working days following the date of receipt of the request.
14. In an initial submission to the Commissioner, the Practice confirmed that it considers that the policy document it had provided addresses the questions the complainant had asked, including questions 3-6. It quoted the parts of the policy on pages 3 to 5 which it considers addresses the complainant's questions.
15. The Practice noted that questions 3-5 of the request relate to bridging prescriptions which, as set out in the policy, the Practice doesn't offer.
16. Regarding question 6 and the referral process, the Practice said that the policy details that clinicians will make a referral to the specialist gender clinic. It said that this would work in the same way as any other referral; the Practice would wait for a response from the clinic and chase as and if necessary.

17. Following further questioning by the Commissioner, the Practice advised him that it had discussed the request with its Practice partners. It confirmed to the Commissioner that the "protocol" or policy document is all the information it holds that's relevant to the request and said that "...after a discussion with the Practice Partners we all feel it adequately deals with the questions."
18. FOIA isn't concerned with simply providing information that "adequately addresses" a request. As noted, FOIA requires a public authority to confirm whether it holds information an applicant has requested and to communicate that information, if the authority holds it and it isn't exempt information.
19. The Practice has now confirmed that it's discussed the request and that the information it disclosed is all the related information that it holds.
20. The Practice might more clearly have stated what recorded information within scope of the request it holds and or doesn't hold. However, it did communicate relevant information and the Commissioner is satisfied, on the balance of probabilities, that this is all the information it holds that's relevant to the request. The Practice also communicated the information within the required timeframe. On balance, the Commissioner finds that the Practice complied with sections 1(1) and 10(1) of FOIA.

## Right of appeal

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21. Either party has the right to appeal against this decision notice to the First-tier Tribunal (Information Rights). Information about the appeals process may be obtained from:

First-tier Tribunal (Information Rights)  
GRC & GRP Tribunals  
PO Box 9300  
LEICESTER  
LE1 8DJ

Tel: 0203 936 8963  
Fax: 0870 739 5836

Email: [grc@justice.gov.uk](mailto:grc@justice.gov.uk)

Website: [www.justice.gov.uk/tribunals/general-regulatory-chamber](http://www.justice.gov.uk/tribunals/general-regulatory-chamber)

22. If you wish to appeal against a decision notice, you can obtain information on how to appeal along with the relevant forms from the Information Tribunal website.
23. Any Notice of Appeal should be served on the Tribunal within 28 (calendar) days of the date on which this decision notice is sent.

**Cressida Woodall**  
**Senior Case Officer**  
**Information Commissioner's Office**  
**Wycliffe House**  
**Water Lane**  
**Wilmslow**  
**Cheshire**  
**SK9 5AF**