

Admitted to hospital in England? A card for trans patients

What NHS England’s guidance of 15 October 2026 says about where you are placed, and what you can ask staff to do. You can show this card to the nurse in charge.

THE RULE

NHS England now says trans patients who have been admitted should be placed on wards and bays by biological sex. A trans woman will normally be placed with men, and a trans man with women. The guidance says this applies “while also ensuring that: (i) clinical needs are met, and (ii) privacy, dignity and safety are maintained for all, including other patients sharing that accommodation”.

ROUTE 1 · A SINGLE ROOM

“Trans patients should be offered single-bed rooms on the basis of maintaining privacy, dignity and safety for all patients.”

Guidance, FAQ 7

Offers should be based on an assessment of the circumstances, taking into account other patients’ clinical needs, such as infection control. The guidance also says no patient has a legal right to a single room.

ROUTE 2 · CLINICAL NEED

“In instances where it would not be clinically appropriate to deliver care to a trans patient on a ward or bay that aligns with their biological sex, providers should identify alternative arrangements.”

Guidance, section 4

The guidance says that where the two cannot both be met, “clinical needs are the priority”.

IF YOU ARE ADMITTED

1. **Say what you need, early.** Tell the admitting nurse or ward manager that you are trans and what would help you feel safe. Staff are told to “ask patients what matters to them”.
2. **Ask for a single room,** even if one is not offered.
3. **Raise clinical and safety needs directly.** If a placement by biological sex would not be clinically appropriate for you, say so and ask staff to consider alternative arrangements. Staff are told to “identify any safeguarding issues”.
4. **Ask what has been decided and recorded.** Staff are told to “document decisions in the patient record”.
5. **Ask who a disagreement can be escalated to.** NHS England has asked hospital boards to make sure “arrangements are in place to support consistent decision-making and escalate difficult issues when needed”.
6. **Use the feedback routes:** the ward’s nurse in charge, the hospital’s Patient Advice and Liaison Service (PALS), or someone you trust to speak with staff.

If you are placed somewhere you feel unsafe, tell the nurse in charge straight away.

WHERE THE RULE DOES NOT APPLY

A&E and urgent treatment centres; adult critical care (levels 2 and 3); active-treatment areas such as chemotherapy, radiotherapy, renal dialysis, ambulatory day care and same-day emergency care; children’s wards and units (unless a child or parent makes a reasonable request for a single-sex environment and it is clinically and operationally appropriate); some infection-outbreak situations; and end-of-life care where the only reason for a move would be to make the area single-sex. In assessment units and enhanced care (level 1), it applies only once you have been there 4 hours after a decision to discharge or transfer you.

FOR STAFF · WHERE THIS CARD’S WORDING COMES FROM

Placement rule and clinical exception	<i>Privacy, dignity and safety in hospital accommodation</i> (NHS England, PRN02528i, 15 October 2026), section 4
Single-bed rooms	Same guidance, FAQ 7
Asking patients, safeguarding, records	Same guidance, section 2
Escalation	NHS England letter to trust and ICB chief executives, <i>Guidance to support NHS organisations in the provision of single-sex services and facilities</i> (15 October 2026, updated 16 October 2026)