NHS England

Response to ‘Escalation of Advice’ from Healthwatch England Gender Identity Services

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Version number: V2

First published: 9 October 2014

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Classification: Official

Contents

1 Introduction

This report is a response to the 'Escalation of Advice' from Healthwatch England in respect of lack of access to gender identity services. This escalation requires NHS England to instigate an initial investigation into the issues raised and to identify whether further investigation is necessary.

The investigation has been carried out by the Director of Commissioning (Corporate) this has included:

- A review of NHS England work to date on gender identity services
- An assessment of the current issues
- A meeting with representatives of Healthwatch England to further understand the issues raised
- A summary of next steps

2 Background

Gender dysphoria describes the discomfort felt by people whose innate gender identity, the sense of being a boy/man or girl/woman, conflicts with their visible sex characteristics.

- It is estimated that 20 people in 100,000 are transgender in England
- The current growth rate in the number of transgender people is increasing. Better social, medical and legislative provision for transgender people, as well as greater awareness, may be leading towards this increase
- Demand for services for transgender people is increasing each year with relatively few specialist services to cope with demand with a small number of specially trained staff
- Few younger people present for treatment despite the fact that most gender dysphoric adults report experiencing gender variance at a very young age
- When transgender people reveal their gender variance they are often exposed to bullying, hate crime and discrimination

(Source –NHS Citizen Assembly Information Pack 18 September 2014)

3 Gender Identity Services

Specialist Gender Identity Services (SGIS) provide assessment, care and treatment for people affected by concerns regarding gender identity, role and/or expressions that differ from the cultural norm for their birth assigned sex.

These services are delivered through a variety of providers on pathways of care designed to assist people with gender dysphoria to explore their gender identity, find a gender role that is comfortable for them and provide therapeutic interventions. The process of treatment aims to achieve an improved quality of life. As such, all

interventions, including surgery, should be viewed as possible components of a personalised package of care specific to the needs of each service user.

Personalised treatment programmes may or may not involve a change in gender expression or body modifications. Services also ensure that the right checks and balances are in place prior to people undergoing irreversible treatments and possible surgical interventions.

In April 2013 Gender Identity Services became the commissioning responsibility of NHS England. Prior to this point gender identity services were commissioned by Primary Care Trusts either directly for their local population or through Specialised Commissioning Groups. There was no consistent approach to commissioning or understanding the complete picture of services and access to these services in England.

4 Existing Service Provision

Once an individual patient has been referred by their GP there are currently 7 Gender Identity Clinics (GIC) commissioned by NHS England.

No.	Name	Location
1	The Laurels Gender Identity and Sexual Health Centre	Devon
2	West London Mental Health Trust Gender Identity Clinic	London
3	Northamptonshire Healthcare FT Specialist Gender service	Northampton
4	Nottingham Gender Clinic	Nottingham
5	Sheffield Health and Social Care NHS FT Sexual and Relationship, Sexual Medicine and Transgender Services	Sheffield
6	Leeds Gender Identity Clinic	Leeds
7	Northern Region Gender dysphoria Service	Newcastle

Gender identity clinics will:

- accept referrals for patients registered with GPs anywhere in England.
- follow operational policies consistent with UK intercollegiate “Good Practice Guidelines” for the assessment and treatment of adults with gender dysphoria (UKGPG).
- comply with UKGPG in the delivery of care for their patients; departures in clinical practice from UKGPG, which may occur as a consequence of the exercise of clinical judgment, must be justifiable and the rationale must be explained to the patient.
- Once the patient has been seen at a GIC the patient pathway for gender identity services is dependent on the patients’ individual need.

- The patient pathway is provided below, this can be found in the interim protocol and service guidelines 2013/14 published on the NHS England website. http://www.england.nhs.uk/2013/10/28/gender-protocol/

This complex pathway indicates some services that are the commissioning responsibility of NHS England and some of which are those of Clinical Commissioning Groups (CCGs).

5 Protocol Flow Chart

"When implementing the protocol the patient should be a full participant in decisions about their health care and wellbeing and be given any information or support that they need in order to do so"

Should patients be referred for genital surgery there are currently 3 NHS England commissioned services in England:

No.	Provider Name	Location
1	Imperial College Healthcare NHS Trust (Charing Cross Hospital) *Provider of Male to female surgery*	London
2	St Peters Andrology Centre *Provider of female to male surgery*	London
3	Nuffield Health Hospitals *Provider of Male to female surgery*	Brighton

There is also one NHS England commissioned service for child and adolescent gender identity services, Tavistock and Portman NHS Foundation Trust

6 Work to Date

The section below outlines the work that has been carried out by NHS England since April 2013 in conjunction with clinicians, patients, carers, friends and relatives.

- A Gender Identity Clinical Reference Group (CRG) was established in 2013 this includes clinical staff, patients, carers and representatives of professional bodies. http://www.england.nhs.uk/ourwork/commissioning/spec-services/npc-crg/group-c/c05/
- In June 2013 the CRG embarked on the development of a new service specification and clinical commissioning policy.
- To support the CRG in this work the Transgender Network was established and now has over 100 members. The network has held three meetings since June 2013. It is designed to hear the views of people and to influence the strategic direction of services. It is organised and facilitated by the NHS England Patient and Public Voice Team.

http://www.england.nhs.uk/ourwork/patients/public-voice/identity/

- Eight network engagement sessions have been held, which can be accessed at https://storify.com/NHSEngland/nhs-england-gender-identity-services-review
- The CRG work has embraced the principles of the UK Inter-Collegiate "Good Practice Guidelines for The Assessment and Treatment of Adults with Gender Dysphoria" published in October 2013.
- Also supporting this work was a study commissioned by the then NHS England lead Deputy National Medical Director (Health Inequalities). As part of this research, Equality and Heath Inequalities team members' supported and attended the trans* health matters conference that took place in Birmingham on 1st May 2014 and the eight network engagement events.
- In recognition of the time required to develop the new service specification an Interim Protocol was adopted in July 2013 and became operational across England in October. This was based on the NHS Scotland "Gender Reassignment Protocol" 2012. http://www.england.nhs.uk/wp-content/uploads/2013/10/int-gend-proto.pdf
- At the NHS England AGM on 18 September 2014 improving gender identity services was one of five topics for in depth discussion. This had the active participation of Executive and Non-Executive Board Members.

7 Areas for improvement

Healthwatch England and a number of local Healthwatch have provided information on the current experiences of transgender people. These stories concur with the experiences communicated by the Transgender Network, recognised by the CRG in the new service specification and highlighted at the recent AGM including;

- A need for a patient/individual centred approach to care
- A lack of information for patients about their treatment
- Variation in Services with inconsistent protocols and procedures
- Ensuring GPs have the right information to offer appropriate support
- Long waiting times for assessment and treatment
- Variable quality of communication with and between healthcare professionals
- Ensuring good integration between the pathway for children and young people and the pathway for adults
- Treating transgender people with dignity and respect

8 Next Steps

- The new service specification and clinical commissioning policy will be received by the NHS England Clinical Priorities Advisory Group in October 2014 for consideration and submission to the prioritisation process in

December. It has been recommended, if approved, that the specification and policy should be submitted for full public consultation.

- Assuming successful consultation and adoption by NHS England of the specification and clinical commissioning policy, it will be ready for implementation during 2015/16.
- Reinforcing the importance of this work the NHS England Commissioning Intentions 2015/16 for Prescribed Specialised Services published in October 2014 state at paragraph 104 “A review of gender pathways, including access to treatment, will be undertaken to identify how existing pathways can be strengthened and improve services for patients”
- On 1 September the Specialised Services Turnaround Director asked that a Gender Identity task and finish group should be established as part of Workstream 1.
- This is designed to carry out an assessment of the current work and to recommend short, medium and longer terms actions required. This work has the active involvement of the chair of the Patient and Public Voice Group
- An immediate short term priority of the task and finish group is to undertake an assessment of demand for services.
- This includes the numbers waiting for assessment by the GICs, the number of people on the care pathway, the number of people waiting for surgery, the current capacity of providers, the potential capacity available and current and future resource implications.
- This work has commenced and an initial assessment will be complete by the end of November.
- This next meeting of the Transgender Network will be held on 27th November 2014

Any changes to Gender Identity services will then need to be considered with other services as part of business planning for 2015/16.

9 Patient Complaints

Patients wishing to raise a complaint about Gender Identity services should direct their complaint to the NHS England customer contact centre either by post, telephone or email:

Write to:
NHS England
PO Box 16738
Redditch
B97 9PT

Telephone: 0300 311 22 33 (Monday to Friday 8am to 6pm, excluding English Bank Holidays).

Email: england.contactus@nhs.net

Staff in the customer contact centre will then direct individual patient complaints to the most appropriate person in NHS England for a response.

Ann Sutton
Director of Commissioning (Corporate)
NHS England

9th October 2014

Healthwatch England
Skipton House
80 London Road
London SE1 6LH
Tel 03000 68 3000
www.healthwatch.co.uk

healthwatch

Richard Jeavons
Director of Specialised Commissioning
NHS England

10th December 2014

Dear Richard,

RE: Response to the NHS England report on gender identity services

I am writing to thank you for the report, from Ann Sutton, sent following our escalation regarding the lack of access to gender identity services and to outline some outstanding concerns that we have.

I would like first to thank you for addressing the issues we raised. We are pleased to see that an assessment of demand for services will be undertaken by the gender identity task and finish group and that the new service specification and clinical commissioning policy will soon be submitted to the prioritisation process.

However, we still have some concerns and we would be grateful if you could provide us with further information and clarification on your strategies to address these.

Long-term planning of specialised services

We would like to raise concern that the long-term planning for male to female surgery did not sufficiently ensure access to and continuation of care for those who require it. We are also concerned that NHS England had not anticipated the departure of Mr Bellringer, consultant at Charing Cross Hospital, and the impact that this would have on delivery of services.

With the changes that are currently occurring to specialised commissioning, this lack of anticipation on the impact on delivery of services raises an alarm that this could occur in relation to other specialised services. I would like to hear from you on how lessons are being learnt from the current problems with gender identity services and how this learning will be used to ensure that similar issues do not occur in other specialised commissioning services.

Prioritisation process

We have learnt that the CPAG meeting that was due to decide whether to take forward the gender identity service specification and clinical commissioning policy has been postponed. We are aware that further discussions are occurring on the prioritisation process. However, we would like clarity from you on how the policies, including on gender identity, that were due to be prioritised in December

by CPAG will be taken forward as progress should not be delayed until after the prioritisation process is finalised.

Furthermore, we know that gender identity services often have a comparatively lower level of empirical evidence supporting the benefits to service users. Do you feel this will have any impact on the potential for the gender identity policy to be prioritised once the new prioritisation framework is in place?

Meeting the waiting time target

The NHS Constitution states that people have the legal right to start their NHS consultant-led treatment within a maximum of 18 weeks from referral; unless they choose to wait longer or it is clinically appropriate that they wait longer. We have concerns that the usual 18 week referral to treatment standard is not being respected in regards to male to female gender identity surgery.

We are aware that the assessment carried out by the gender identity task and finish group will help provide further clarity on the current demand for services, and we are looking forward to receiving the outcomes of the group's work in December. However, we would like to know from you the number of times the NHS waiting time target has been breached for those patients waiting for male to female gender identity surgery.

Supporting the needs of patients on the pathway

We are concerned about the insufficient support provided to people on the gender identity service pathway. Whilst we welcome the task and finish group's work looking at short-term demand of gender identity services, we are unclear what additional support is being provided to patients, particularly those awaiting male to female surgery. We would like to have further information and clarity from you on the support that you are providing for these patients.

In addition, we have received concerns about the lack of provision locally of psychological therapies for transgender people and their families. For example, in Suffolk there is no mental health professional with expertise around transgender and gender identity. The option is therefore to see someone locally who does not understand their needs, or travel to London (usually at their own expense) for a 50 minute session. This is made more acute in individuals who face major delays in receiving surgery where needed. Can you please clarify how you plan to improve the provision of psychological therapies.

Communicating with patients

Whilst we appreciate you providing us with an update on the steps that NHS England is taking to address the lack of access to gender identity services, it is evident from the experience of local Healthwatch that patients of these services are not aware of this activity on gender identity services.

Thus, we would like you to effectively communicate to patients the reasons why delays in gender identity surgery and other services are occurring, as well as the

steps you are taking to improve access to services for patients either on the pathway or waiting to access the service.

As well as providing an update on the current situation, we have heard from patients that they also want to know who funds the services, what patients can expect from services, how they can make a complaint and, above all, how they can access support – particularly psychological support – as many people are still waiting to progress on the pathway.

We would like you to share with us your plan on how, and when, you will communicate this information to the transgender community, and in particular, those individuals accessing gender identity services.

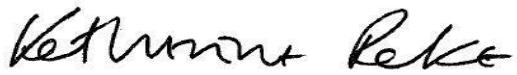
Educating health professionals

As we mentioned in our formal escalation to you, we have heard from the transgender community that many GPs are not aware of gender identity services and the current issues around their access. We would like to hear from you how you are educating health professionals - especially GPs – on issues that transgender individuals face and the services available to them.

Healthwatch want to ensure that transgender individuals who have care needs have equal access to their rights, quality care and appropriate support. We know there are no easy answers, but we believe that thinking in a clear and joined-up way about the current and growing unmet needs of people accessing gender-identity services is needed.

Please note that we have committed to updating local Healthwatch on this issue so this letter and your response will be published in the public domain.

With best wishes



Dr Katherine Rake
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Dr Katherine Rake
Chief Executive
Healthwatch England
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8 January 2015

Dear Katherine

Gender identity services

Thank you for your letter of 10 December. I share your ambition that transgender individuals have equal access to their rights, quality care and appropriate support, and I welcome the opportunity to provide further clarification on the points that you raise.

As background - since our previous report was sent to you in October 2014 NHS England has sought to maintain momentum in the following ways:

- We convened a meeting on 19 November 2014 of senior commissioning managers from area teams and representatives of the three providers of genital reconstruction surgery to explore issues around demand and capacity in some depth
- The task & finish group for gender identity services met on 24 November 2014; the group considered, amongst other things: the outcome of the commissioner / provider workshop referred to above; a focus on the whole patient pathway including primary care and paediatric services; a proposal to bring the national Gender Identity Development Service for children and adolescents within the scope of the group's work; and formal terms of reference for the group
- Our Patient and Public Voice Team held the fourth Transgender Workshop on 27 November 2014; this was attended by around 50 people, and enabled contributions from people across the country via the internet and social media; I know that as a

result of the powerful views and ideas expressed on the day my colleagues who attended came away with some valuable insight for shaping our future work

- The Specialised Commissioning Oversight Group met on 16 December 2014 and agreed the applicability of the 18 week Referral to Treatment standard for referrals into gender identity services
- The Board of NHS England met on 17 December 2014 and agreed to hold a public consultation in January 2015 on the future process for making decisions about investment priorities in specialised services

I will expand upon these points in my response to you below, using the headings set out in your letter to me:

Long term planning of specialised services

NHS England is committed to supporting providers in the longer-term planning of specialised services, with the overall aim of achieving safe, sustainable and accessible services that deliver excellent outcomes. We are responsible for contracting with providers and for monitoring the performance of the contract by engaging with the providers on the safety and quality of the service.

It therefore follows that as commissioner of the service at Imperial Healthcare NHS Trust we do indeed have an interest in ensuring that the Trust has put in place robust long-term succession plans for key clinical staff, but you may appreciate that there are obvious limits to our influence. It is not within NHS England's remit or powers to be responsible for the oversight of individual consultants, their job plans or individual career plans – and nor could we be.

So, our approach over the past year – anticipating potential sustainability concerns generally – has been to ask the Clinical Reference Group for gender identity services, chaired by Dr John Dean, to look at workforce issues as a priority. The Clinical Reference Group is currently reviewing the professional skills mix, operational policies and processes of both surgery providers (genital, breast and other) and gender identity clinics, in order to deliver recommendations to NHS England and Health Education England in the new year on short and long term workforce development priorities.

Prioritisation process for investment in specialised services

You are correct that the meeting of the Clinical Priorities Advisory Group that was scheduled for November 2014 was postponed. This is because we want to review the current

governance arrangements covering the commissioning of specialised services in light of our Board's recent decision to create a new Specialised Services Committee.

On 17 December the Board agreed to undertake a public consultation on the future approach to prioritising new services within Specialised Commissioning. We also wish to consider learning from the application of a scoring tool that we tested with the input of a number of Clinical Reference Groups at our joint Programme of Care event on 28 October 2014. The paper that was considered by the Board can be found here.

We will launch a 12-week public consultation about the principles and approach to decision-making in January, building on some helpful stakeholder engagement that we held in 2014. Any outstanding decisions about 2015/16 commissioning will be made as soon as possible after due consideration of the outcome of consultation. In the meantime our existing procedures for interim policies and in-year service developments continue to operate.

You raise the issue of how empirical evidence will be used in a new prioritisation framework. We are aware that this is a complex issue. The purpose of our engagement in 2014 was to begin to review potential criteria or factors that could be used in a clinical relative prioritisation process. In particular, we heard concern expressed by some stakeholders that the application of some criteria could potentially discriminate against people with rare conditions for which interventions tend to be more expensive and for which there may not be an established evidence base – and we will consider these views carefully before making a final decision on the shape and content of a new prioritisation process.

Meeting the waiting time standard

NHS England agrees that the people accessing gender identity services have a legal right under the NHS Constitution to be seen within 18 weeks of referral.

In our work to date we have found that under previous commissioning arrangements there was no standard or consistent process for collecting or analysing data about gender identity activity, and that providers have only partially complied with requests to submit voluntary data. This means that we have inherited a limited understanding of the scale of the problem but we are actively working to improve matters.

A priority for us over the autumn has been to understand better where pressures in the pathway currently reside, the reason for waiting time pressures and potential solutions. To this end we convened the joint commissioner / provider meeting to discuss genital reconstruction surgery on 19 November 2014, and colleagues in the Chief Analyst's Office of

NHS England are currently working with providers to gather essential data in a consistent and meaningful form.

The limited data that we have recently secured from providers leads us to believe that there are two issues in the supply of gender identity services, that of entry into the service via first appointment and that of waiting times for surgery. We are working to understand the scale of both of these issues and we aim to generate scenario based solutions by March 2015. As part of this work we will be working closely with gender identity clinics to understand the internal processes and possible bottlenecks from first referral to referrals for surgery. The outcome of this work will enable us to consider the provision of a more equitable service that aims to meet the 18 week Referral to Treatment standard.

Our initial focus has been to explore waiting time pressures for genital reconstruction surgery, and as an outcome of our meeting with the providers on 19 November we now have a much better understanding of waiting time pressures, as reported to us:

	Number of patients waiting* 18 weeks + at 1 October 2014	Longest wait over 18 weeks as at 1 October 2014
Nuffield Health (m-f)	24	12 months
Charing Cross (m-f)	311	21 months +
Andrology Centre (f-m)	0	n/a

*and who are, in the opinion of the clinician, ready to proceed to surgery

We have profiled the additional investment that would be needed to reduce waiting times for male to female surgery to under 18 weeks. Area teams have been asked to initiate discussions with providers as a matter of urgency about potential options to expand capacity and, following the SCOG decision referred to above, progress with moving towards and sustaining the standard will be the subject of routine performance and exception reporting.

Supporting the needs of patients on the pathway

Psychological support is an aspect of care that the Clinical Reference Group for gender identity services explored in the design of the interim protocol for gender identity services that we implemented in October 2013. The interim protocol makes clear that regular psychotherapy and counselling should be available throughout the patient's individualised gender dysphoria care pathway, delivered by therapists and counsellors with specialist knowledge of gender issues. Where such psychotherapy and counselling is not available within the Gender Identity Clinic or network, the interim protocol requires the clinic to signpost patients to other appropriate providers and support networks as appropriate.

Thus, we have put in place a framework for commissioning that has professional support, and that makes quite clear our expectations around psychological support. However, you have raised with me the suggestion that not all parts of the country are well served in this regard and this is something that I have asked area teams to explore in more detail. I would reiterate here that the problem that you describe is in part an outcome of the previous approach to commissioning by Primary Care Trusts, which was disparate and with no consistent focus on workforce or training requirements. Without prejudicing the outcome of our area teams' work I suspect that there is no quick solution to this problem given the need for providers to develop the particular specialist skills that you describe, and area teams will (through the task & finish group) seek advice from the Clinical Reference Group and Health Education England as appropriate.

Communicating with patients

It was clear to colleagues who attended the Transgender Workshop on 27 November that we do indeed need to be better at routinely communicating how NHS England is listening to the concerns of the trans-gender communities and what we are doing in response, including updating stakeholders on the work of the task & finish group. A formal communications plan is currently being developed for implementation in January 2015. We will publish the plan once it is has been agreed but you may expect us to commit to:

- Publishing terms of reference and membership for the task & finish group, and publishing regular updates on the work of the group
- Proving regular opportunity for interaction with NHS England on our work to improve gender identity services via social media
- Publishing details of what patients can expect from gender identity services and how they can make a complaint if necessary

Educating health professionals

This is a complex issue, and not one that is owned exclusively by NHS England or indeed by specialised commissioners. We have heard through various forums, including the NHS Citizen Assembly in September 2014 (which was devoted to five issue groups, of which one was gender identity) and Transgender Workshop in November 2014, that there is considerable dissatisfaction with poor patient experience particularly in primary care. It is difficult to respond to your question directly because it is not within NHS England's remit to educate health professionals in the way that you perhaps suggest, but the reports of poor patient experience are of course a concern to us, and we need to understand how NHS

England as commissioner of primary care services can use the contractual levers available to us.

As you say in your letter, we need to be operating in clear and joined-up way to improve services and the patient experience. In September 2014 at the NHS Citizen Assembly Dame Barbara Hakin acknowledged the need to improve frontline services for people with gender identity issues, suggesting that NHS England should work with GP educators to ensure that GPs and other primary care staff are able to give helpful information and refer people to the right services, avoiding distress and long delays in treatment. We intend to deliver on that commitment.

I suspect that a focus on contractual levers alone will not sufficiently address what appears to be a significantly wider concern, and to that end I am writing to organisations that would also have an interest (or may have some direct responsibility) in this issue including the Royal College of General Practitioners, the Care Quality Commission, the General Medical Council and Health Education England to canvass ideas about how these organisations can support NHS England - and each other – in addressing the concerns that you describe. We also need to understand the responsibilities of Clinical Commissioning Groups and engage with them on this issue. We will publish our intended approach by 31 March 2015, making it clear what is and what is not within our ability and remit as a commissioner of health services.

Review meeting on 19 January 2015

Both your letter of 10 December and my response cover a number of matters which would no doubt benefit from a face to face meeting and more in depth discussion. In order to ensure this can take place as soon as possible both I and Cathy Edwards will attend the forthcoming review meeting between Healthwatch England and NHS England on 19 January 2015, and I will ensure that the subject of gender identity services - and specialised services commissioning more broadly - are included on the agenda.

Best wishes

Yours sincerely

Richard Jeavons
Director of Commissioning Specialised Services
Commissioning Operations

From: Rake, Katherine
Sent: 23 March 2015 14:37
To: 'dcss.england@nhs.net'
Cc: 'england.nhs.healthwatchescalation@nhs.net'
Subject: RE: Response to the NHS England letter on gender identity services

Dear Richard,

Many thanks for your comprehensive response on gender identity services that we received on the 8th of January 2015. I would also like to thank you for attending our review meeting that took place on 19th of January 2015 and for responding to our questions. We feel that our joint efforts will have positive impact on transgender individuals trying to access services including surgery.

We welcome the rethink of the prioritisation framework, in particular the 90-day public consultation. We also welcome your confirmation that gender identity services come under the 18 week referral right. However, we have outstanding concerns and we would be grateful if you could expand upon these points:

- Can you please let us know how and when you will take the CRG's recommendations on short and long term workforce development priorities forward?
- Can you inform us about how you are making decisions for patients before the end of the prioritization framework public consultation to allow funding for specialised commissioning policies and treatments in the interim?
- As we now know that the waiting time for male to female surgery at Charing Cross Hospital is in excess of 21 months, can you inform us about the kind of support those people can expect to receive from local providers while waiting?
- Can you please tell us what the current waiting times are for people to get a 1st appointment with a specialist?
- Can you let us know the amount of the additional investment to reduce waiting times for male to female surgery to under 18 weeks that you mentioned? When the money will be invested? How and when are you going to communicate this to patients who are currently waiting for surgery?
- From the evidence we have seen, we are concerns about the lack of specialist consultants to deliver gender identity services. What are your plans for the contingency that allows for immediate expertise to be brought in now to address the backlog? What is your long-term strategy to train up consultants in this specialty? We would like to see these plan and strategy once finalised.
- When are you expecting to receive feedback from local area teams on their work on the insufficient psychological support provided to patients on the pathway? When can we expect to hear from you on this?
- As we still have strong concerns around the lack of communication with service users, can we see your communications plan for gender identity services published and get further details on its target audience?
- Can you tell us when we can expect to see the progress and results of your work with GP educators to ensure that GPs, and other primary care staff, are able to give helpful information and refer transgender people to the right services?

We would like you to send us regular updates in order to make sure the commitments included in your letter are being met and formally request updates on a quarterly basis. We will also seek regular checks on the work of the Task and Finish Group.

Please note that we have committed to getting back to those local Healthwatch who have raised these concerns so this letter and your response will be published in the public domain. We acknowledge it may take some time to discuss with your colleagues; however, a response within 20 working days (before the 22nd of April 2015) will be appreciated.

With best wishes
Katherine

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From: Jeavons Richard (NHS ENGLAND) [mailto:dcss.england@nhs.net]
Sent: 08 May 2015 16:11
To: Rake, Katherine
Cc: Huxter Will (NHS ENGLAND); Glyde Jeremy (NHS ENGLAND); Edwards cathy (NHS ENGLAND)
Subject: Gender Identity Services

Dear Katherine

Further to the recent discussion at the 28th April quarterly meeting, my colleagues have compiled the following update based on the questions in your last email.

Grateful for your consideration of whether and how you wish to be updated so that we can all organise accordingly.

Can you please let us know how and when you will take the CRG's recommendations on short and long term workforce development priorities forward?

This is very much work in progress, and a long-term piece of work. This is a complex issue for which there is no 'quick fix'. This area of medical practice is not currently within the purview of any medical Royal College or Faculty.

NHS England has identified three short-to-medium term priorities:

i. I have previously described to you that NHS England visited the Gender Identity Clinics over February and March 2015; as part of this work we sought to gain an understanding of future workforce development needs. We are currently analysing the outcome of this work with a view to presenting it to the Clinical Reference Group by June. We will publish the outcome of this work by June 2015.

ii. The Chair of the Clinical Reference Group is working with the British Association of Gender Identity Specialists (BAGIS) to define what knowledge, skills and behaviours are required of a specialist in this field and how they might be assessed. Our longer term strategy will be to identify how NHS England, BAGIS, relevant medical Royal Colleges and Health Education England can use the outcome of this work to collectively define and implement a workforce planning and development process (see iii below).

iii. On 30 June 2015 NHS England is convening a multi-agency symposium. In recognition that the concerns that have put to us about the inequalities faced by trans-gender and non-binary people cannot be addressed by NHS England alone we want to begin the discussion with partner organisations who have statutory roles in regulation, enforcement, professional standards, training, professional learning and leadership. We have invited the British Medical Association, Care Quality Commission, General Medical Council, Health Education England and various royal colleges of medicine. One of the key issues for discussion on the day will be around workforce development and professional competencies. We will also invite other organisations with an interest, including patient groups, and I will be extending an invitation to Healthwatch England to attend.

Can you inform us about how you are making decisions for patients before the end of the prioritization framework public consultation to allow funding for specialised commissioning policies and treatments in the interim?

Public consultation closes on 27 April and we have put in place a rapid process that will enable us to consider the outcome of consultation, refine the process of prioritisation as necessary based on the outcome of consultation, and ask the Clinical Priorities Advisory Group to make recommendations on the prioritisation of proposed new investments for final decision by the Specialised Commissioning Oversight Group by June 2015.

In the meantime our interim policy for considering Individual Funding Requests and our interim procedure for considering funding requests for individuals who are considered to be critically clinically urgent remain in place. We are currently preparing to engage and consult on refreshed generic commissioning policies (including the IFR policy) by early summer 2015.

As we now know that the waiting time for male to female surgery at Charing Cross Hospital is in excess of 21 months, can you inform us about the kind of support those people can expect to receive from local providers while waiting?

We expect gender identity networks to provide a multi-disciplinary, multi-professional service that and includes psychology, psychiatry, psychotherapy, nursing, voice and communication therapy, endocrinology, dermatology, surgery, social work and other related professions, all of whom should have a special expertise in gender identity. Networks are also expected to have close links with primary care services to cover a person's health needs holistically. In terms of the support being offered to the specific patients to whom you allude, these support needs will be reflected in the personalised care agreement that every gender identity service must agree with the patient. There is a requirement for the personalised care agreement to be updated as required, so we would expect the network of professionals to consider and address the specific needs of patients who are on the waiting list for surgery.

Can you please tell us what the current waiting times are for people to get a 1st appointment with a specialist?

I am grateful to *UK Trans Info* for its detailed analysis of current waiting times, extracted from providers through Freedom of Information requests. The most recent report up to January 2015 can be found here.

Can you let us know the amount of the additional investment to reduce waiting times for male to female surgery to under 18 weeks that you mentioned? When the money will be invested? How and when are you going to communicate this to patients who are currently waiting for surgery?

NHS England has committed to deploying additional investment in 2015/16 in order to address waiting times for genital reconstruction surgery. Discussions remain ongoing with providers to identify where and how capacity can be increased, with a final decision to be made by June 2015. The communications plan that we will publish for gender identity services will describe how we will communicate the outcome to patients (see below).

From the evidence we have seen, we are concerns about the lack of specialist consultants to deliver gender identity services. What are your plans for the contingency that allows for immediate expertise to be brought in now to address the backlog? What is your long-term strategy to train up consultants in this specialty? We would like to see these plan and strategy once finalised.

I have described our longer term plans in response to your first question (above). In regard to the more immediate term, our current negotiations with the providers include discussions about how to increase skilled staffing to increase the capacity and how to ensure that activity plans for 2015/16 make use of all the available capacity in line with the available workforce.

When are you expecting to receive feedback from local area teams on their work on the insufficient psychological support provided to patients on the pathway? When can we expect to hear from you on this?

This will be included in the analysis that we present to the Clinical Reference Group by June 2015 as an outcome of the visits that we have made to the gender identity clinics and which I have described above. I will of course share the findings with you in due course.

As we still have strong concerns around the lack of communication with service users, can we see your communications plan for gender identity services published and get further details on its target audience?

I would like to apologise for the delay in producing a communications plan/strategy to support NHS England's work on gender identity services. I do recognise the need for a plan to support this important work, and I see this as a priority area in the run-up to the meeting of the Trans-Gender Network meeting on 28 May 2015. I am pleased to let you know that in the work to develop this plan our communications team is taking advice from people who use transgender services and from patient groups.

Can you tell us when we can expect to see the progress and results of your work with GP educators to ensure that GPs, and other primary care staff, are able to give helpful information and refer transgender people to the right services?

This will be a shared responsibility across a number of organisations and as such our work in this regard will be informed by the outcome of the discussions and the agreed actions that arise from the symposium on 30 June that I have described above.

Kind regards

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