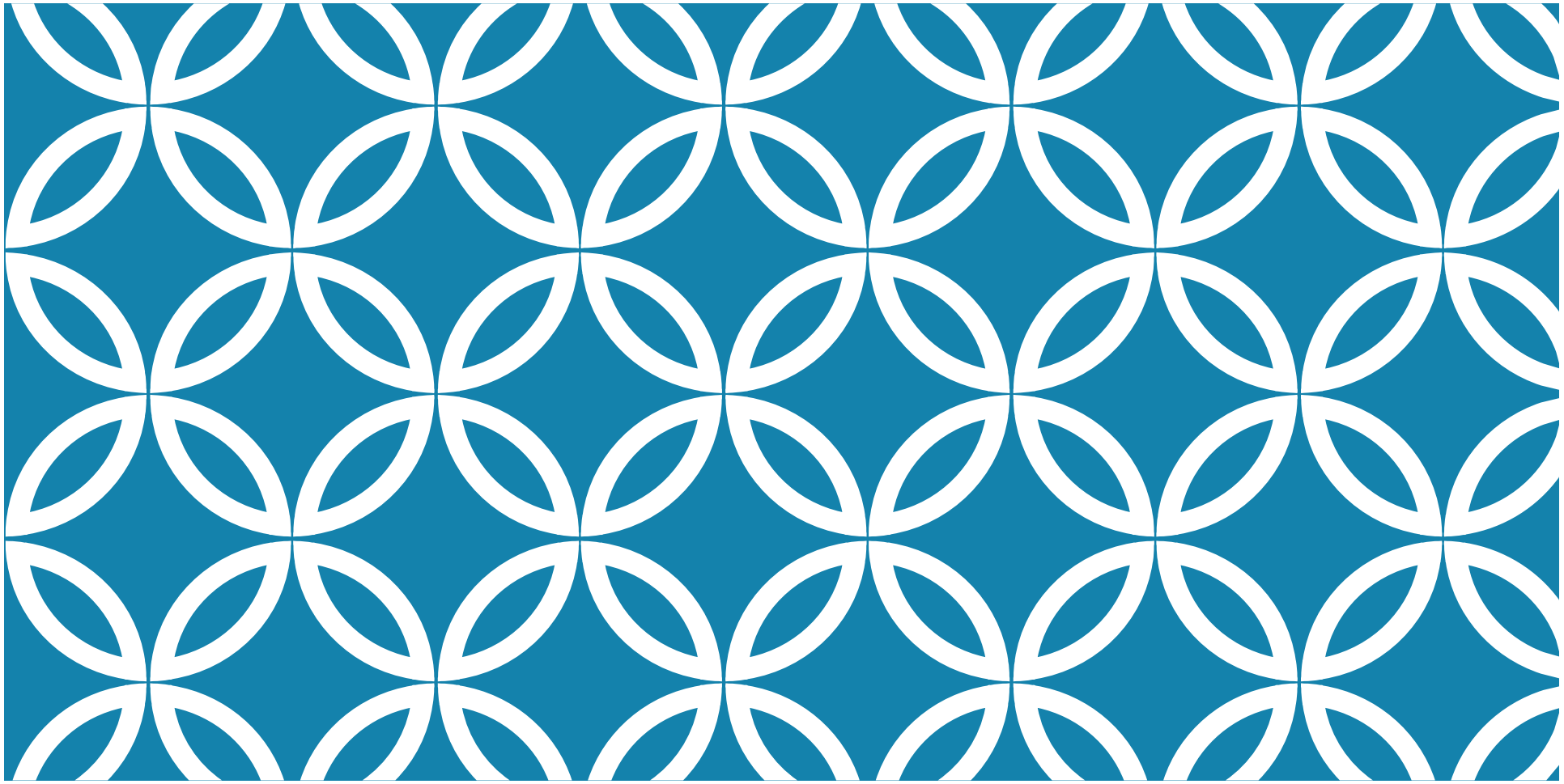

TRANSGENDER HEALTHCARE IN ENGLAND

Devon Partnership NHS
NHS Trust

PREAMBLE

The British and Irish are a funny lot

The UK National Health Service is “national” but not very “united”

- NHS England
- NHS Scotland
- NHS Wales
- NHS Northern Ireland

Care for people up to the age of 18 (or thereabouts) is provided by a national Gender Identity Development Service

- The service is co-ordinated by the team at the Tavistock Centre, in London
- The service’s multidisciplinary team includes child and adolescent psychiatry, psychology, social work, psychotherapy and paediatrics
- It operates regional satellite centres in Leeds and Exeter

GENDER INCONGRUENCE IN THE UK

A survey of 10 000 people undertaken in 2012 by the Equality and Human Rights Commission found that 1% of that population was gender variant to some extent

This figure cannot necessarily be assumed to be representative of the whole population but, based upon current demographic information, this would amount to around 539,000 people in England

Historically, more trans women sought treatment than trans men but this difference is reducing and some GIC are reporting numbers that are now close to parity

More non-binary people are openly seeking healthcare advice

TRANSGENDER HEALTHCARE NEEDS

Healthcare need	Provider
Identification, recognition and acceptance	
• Advice and advocacy	Primary care
• Immediate healthcare needs	Primary care
• Help with identifying and choosing a path	Primary care and/or specialist service (GIC)
Following your chosen path	
• Achieving change in social role and behaviours	Specialist service (GIC)
• Achieving change in physical sex characteristics	Specialist service (GIC)
Living the rest of your life	
• Health optimisation and problem	Primary care

TRANSGENDER HEALTHCARE RESOURCES

NHS Primary Care: *available free to all*

35,561 GPs in England (approximately 1 GP per 1,500 people), commissioned locally, with funding priorities for most secondary and specialist healthcare services decided locally

NHS Specialist Services for Gender Dysphoria: *available free to all but requires GP referral*

Seven specialist clinics (GICs), focussed on transition-related healthcare, three specialist genital reconstructive surgery centres; since April 2013, all have been commissioned and funded centrally, by NHS England Specialised Commissioning

Commissioning arrangements for other surgeries are less well-defined

TRANSGENDER HEALTHCARE RESOURCES

Voluntary sector: *in most cases, free to all*

- Advocacy, information and support
- Research and information
- Healthcare: counselling, sexual health (CliniQ – joint venture with a local NHS provider Trust)

Private sector: *self-funded*

- Available but not accessible to the majority

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PRIMARY CARE IN MARCH 2014

Competencies in transgender healthcare are not specified or assessed

There is considerable variation in the attitude of GPs towards transgender healthcare across England

- Some GPs are pro-active and supportive
- Most GPs are accepting and try to be empathic and helpful
- A minority of GPs are vociferously opposed to having any obligation to provide of transgender healthcare
  - In some areas, notably the West Midlands, rates of referrals to specialist services are inexplicably lower than the national average
  - In some areas, GPs refuse to collaborate with specialist services, and will not prescribe or provide physical or laboratory monitoring recommended by those services

PRIMARY CARE IN MARCH 2014

Typical advice to GPs from a statutory body[1]…

- "It is unlikely that most GPs are trained in the safe use of medication in this very specialised area of medicine"
- "The medico-legal risks are… significant"
- "Long-term monitoring of [hormone therapy] prescriptions has both resource and medico-legal aspects"
- "The monitoring can be time-consuming, and the parameters applied in adjusting medicines and dosages can be complex and certainly beyond the remit of General Practice"

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[1] Devon Local Medical Committee Newsletter 149, March 2014

PRIMARY CARE IN MARCH 2014

"Devon LMC's advice regarding the longer term monitoring of medicines prescribed for Gender Dysphoria is that this is not an Essential Service as defined under the GMS contract and is unlikely to fall within the remit of any PMS contract in Devon. We would therefore advise that this work is not accepted." [1]

The British Medical Association, a trades union representing doctors in the UK, has previously refused to enter into discussion with NHS England about GPs' role in transgender healthcare unless there is prior agreement that provision of transgender healthcare will be optional for GPs and attract additional payment [2]

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[1] Devon Local Medical Committee Newsletter 149, March 2014
[2] Personal communication with BMA GPC representatives, 2014

THE STATUTORY MEDICAL REGULATOR'S IN VIEW IN MARCH 2015

"The [General Medical Council] would not consider it appropriate for doctors to opt out of treating trans patients on the grounds of conscientious objection. To do so would amount to discrimination."

"In summary, we would expect a GP… to provide any treatments and referrals for trans patients that they would provide for their other patients (e.g. prescribing hormones, referring to specialist/counsellor etc).

We would also expect them to provide any ongoing treatment requested or recommended by… a consultant at a gender identity clinic, in the same way that they would for a patient who had been referred to any specialist"

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THE STATUTORY MEDICAL REGULATOR'S IN VIEW IN MARCH 2015

"…lack of knowledge about the healthcare needs of trans people is not a valid reason for failing to provide treatment that has been judged by a specialist to be in the patient's best interests."

Similarly, the regulator stated verbally that refusal to prescribe hormone therapy on the grounds that it was not licensed/approved for that indication, when requested or recommended by… a consultant at a gender identity clinic, was not considered a valid reason for failing to provide treatment.

Work needs to with doctors be done to inform, educate, support and change attitudes and behaviours

REFERRALS TO GICS

In 2012/13, the referral rate to specialist gender clinics in England was around 2500 people a year

Personal communications from Clinical Directors of GICs in England suggest that referral rates to their services have been increasing by around 20% per year for the past several years, with no sign of a slow-down

For most GICs, budgets have not increased in several years, adversely affecting patient experience, putting extreme pressure on staff and resulting in increased waiting times for a first GIC appointment (often more than one year), and growing dissatisfaction amongst patients and clinicians

GICS COMMISSIONED BY NHS ENGLAND

West London Mental Health NHS Trust Gender Identity Clinic, London

Nottingham Gender Clinic, Nottingham

The Laurels Gender Identity and Sexual Medicine Service (Devon Partnership NHS Trust), Exeter

Northern Region Gender Dysphoria Service, Newcastle upon Tyne

Leeds Gender Identity Clinic, Leeds

Sheffield Health and Social Care NHS Foundation Trust Sexual and Relationship, Sexual Medicine and Transgender Services, Sheffield

Northamptonshire Healthcare Foundation Trust Specialist Gender Clinic, Daventry

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GICS - VIVE LA DIFFÉRENCE?

GICs have evolved without any central planning by the NHS and quite independently of each other

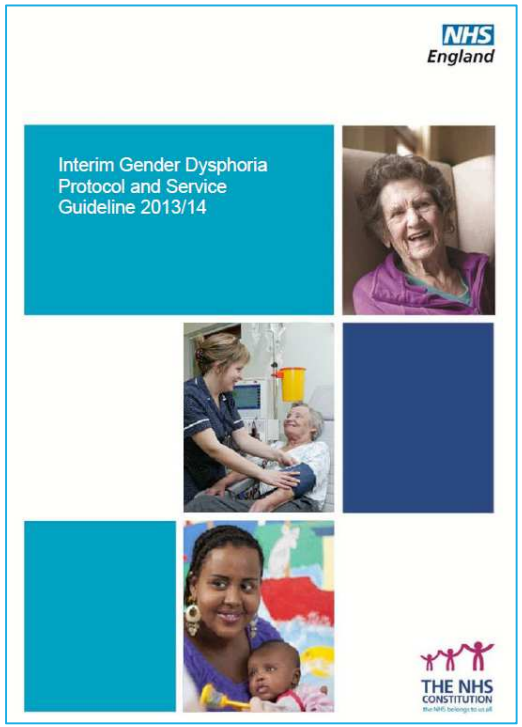
GICs have mostly developed from the personal interest of an individual practitioner several years ago

GICs are commissioned to provide care consistent with national guidelines agreed between Medical Royal Colleges, the *Good Practice Guidelines on the Assessment and Management of Gender Dysphoria in Adults* (2013)

GICs have quite distinct operational policies and practices to deliver the commissioned services

GICs have multi-disciplinary teams that have a quite different professional "mix"

WHAT IS COMMISSIONED FOR PATIENTS?



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WHAT IS CURRENTLY COMMISSIONED FOR PATIENTS?

MDT assessment, care planning and co-ordination

Psychological therapies

Gamete storage

Endocrine therapy

Voice and communication therapy

Phonosurgery

Facial epilation

Donor site epilation

Bilateral partial mastectomy and chest reconstruction

Augmentation mammoplasty

Genital reconstructive surgery

Hysterectomy

Gonadectomy

Thyroid chondroplasty

Facial feminization

KEY: Is available; available with conditions; discretionary; is not available

WHAT IS LIKELY TO BE COMMISSIONED LATER IN 2015?

MDT assessment, care planning and co-ordination

Psychological therapies

Gamete storage

Endocrine therapy

Voice and communication therapy

Phonosurgery

Facial epilation

Donor site epilation

Bilateral partial mastectomy and chest reconstruction

Augmentation mammoplasty

Genital reconstructive surgery

Hysterectomy

Gonadectomy

Thyroid chondroplasty

Facial feminization

KEY: is available; available with conditions; discretionary; is not available

GICS – WORKING TOGETHER

NHS England

- Public consultation on Gender Services Policy
- Incremental recognition that provision of transgender health was inequitable and inadequate
- Patient engagement process; Clinical Reference Group; Task & Finish Group

The GICs

- Sitting down together in June 2014: form, storm, norm, perform
- Recognising the importance of provider networks
- Recognising that somebody loves us!
- Establishment of BAGIS (British Association of Gender Identity Specialists)

Working together

- Engagement with medical Royal Colleges on career structure, workforce planning
- Greater engagement with other professions

CRISIS? WHAT CRISIS

The NHS Constitution requires that…

We provide access to GICs within 18 weeks of referral

- We need to at least double the number of healthcare providers linked to GICs
- We must listen to and act upon the views of patients about the process of care delivery

We provide surgery within 18 weeks of referral

- We need to double the number of genital reconstructive surgeons

We also need a quality assurance programme for everything we do

"We" = Clinicians, NHS England Commissioners, Regulators, Educators, Professional Societies

IMPROVING TRANSGENDER HEALTH

Improve our engagement with trans and non-binary people

Improve access, equity, consistency and quality of experience

- *Care:* non-binary people, non-complex people
- *Process:* epilation, SLT, chest surgery; training and accreditation; predictable funding

Improve that other "transition", from young person to adult services

Gain universal acceptance by GPs and other parts of the NHS that transgender healthcare is their responsibility, too

- Prescribing
- Monitoring
- "Best of life"

We will make things better!

Dr John Dean
Clinical Director
The Laurels Clinic of Gender & Sexual Medicine
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