



Gender Identity Workshop
27th November 2014
Coin Street Community Centre, London

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1 Introduction

This paper outlines the process and outcomes from a Gender Identity Workshop held in London on 27th November 2014. The workshop was arranged and facilitated by the Patient and Public Voice Team, NHS England with support and contributions from colleagues in Specialised Commissioning, NHS Clinicians, patients and service users and members of the voluntary sector.

2 Context and Background

2.1 This was the fourth meeting of the transgender network, having met twice in 2013 and once in March 2014. This meeting aimed to update people on the various work which is currently being undertaken around the gender identity services and the commissioning of those services. (see appendix A for outline of the day)

2.2 Participants on the day: Transgender people and organisations who attended the previous workshops. Over the last 18 months more trans people and organisations have become involved in the network. It is acknowledged that there is still a need to get greater representation from trans men and we need to work with people to ensure that this is an inclusive network.

Unfortunately on the day there were many speakers unable to attend due to sickness. Dr John Dean, Chair of the Clinical Reference Group did a great job sharing information not only on the work of the CRG but also outlining the process specifications and policies go through to get to consultation and into contracts.

Participants included: -

- Clinicians from the majority of the Gender Identity Clinics in England
- The majority of lead Commissioners for Gender Identity Services
- NHS Choices – who ran a workshop to hear the views of people on the information presently available and how this can be developed
- A number of invited clinicians
- Other colleagues from NHS England, Specialised Commissioning

Presentations on developing patient forums were given by Helen Goodson and Toby Mather from Sheffield, Porterbrook GIC, The Reps Group and Mary Soulsby and Helen Greener who talked about the development of a service users forum from GIC, NTW NHS Trust – a big thank you for sharing your experiences.

2.3 Aims of the workshop

- NHS England to lead in bringing together different stakeholders to work in partnership and continue a conversation on a national level with trans people and communities, the organisations that support them, commissioners of services and clinicians from gender identity clinics about NHS services
- To discuss progress made from the last meeting
- To provide an update on the work of the Clinical Reference Group
- To provide an update on the Gender Identity Services review undertaken by Maggie Morgan-Cooke
- To share information from the work being undertaken in the gender identity services task and finish group
- To share and develop areas of good practice
- Discuss and share views on future developments of gender identity services and commissioning these services.
- To continue to build the foundations for partnership working in the future

3 Engaging people beyond the workshop venue

The workshop was designed to hear the views of people attending, provide updates, share information and work together (See appendix A for the agenda for the day).

For the first time and to continue to ensure we have a wider reach this workshop was webcast. You can access the webcast at:

<http://www.nhs.uk/public-i.tv/core/portal/genderid>

People also used twitter hashtag #nhsgenderid for the workshop and they were displayed on a twitter wall in the room. This ensured wider participation from beyond invited guests and made the event more inclusive, accessible and brought diverse input throughout the day.

The purpose and background information was tweeted before the event.

@NHSEngland led the twitter input and encouraged people to join in the debate through the hashtag #NHSGenderID.

4 Outline of the day

Rosie Ayub, Public Voice Team, on behalf of Olivia Butterworth, Head of Public Voice, NHS England opened the day, welcomed everyone and explained who was in the room. There were also a number of apologies from speakers due to sickness.

This was followed by the following presentations:

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- Sheffield Porterbrook Gender Identity Clinic, The Reps Group, working together for a brighter future, Helen Goodson and Toby Mather.
- 6 Months in the life of a Service User Group, Northern Region Gender Dysphoria Service – Helen Greener and Mary Soulsby
- Gender Identity Services Clinical Reference Group (CRG) – Dr John Dean – CRG Chair
- Update on review and NHS Citizen – Emma Easton
- Task and Finish group – Ann Sutton, Director of Direct Services Commissioning

All the presentations can be found on the micro site

<http://www.nhs.uk/public-i.tv/core/portal/genderid>

After each presentation people had the opportunity to feed in their comments or raise questions.

Afternoon session

Following lunch we split into three of the workshop groups as they had proved the ones most people wished to attend:

- Group 1 - Future commissioning models
- Group 2 - Primary Care
- Group 3 - NHS Choices and Information

Plenary feedback – sharing progress and ideas (See appendix B for the key points from these groups and Appendix C for fuller notes from each group)

Also see Appendix D for comments and notes made on post ‘it’s throughout the day

For a briefing on Care.Data please see link to document produced by Regional Voices, Care.Data briefing is on the bottom of the page.

<http://www.regionalvoices.org/nhs-cb>

5 Next Steps

- Send out this report with the slides of the day
- Hold another workshop during the consultation period for the specification, possibly March
- Outcomes from the Future commissioning models Group and the primary care group to be fed into the Task and Finish Group
- The work regarding setting up patient reference groups covered at our November meeting continues - Angela Medd and Rosie Ayub
- Seek position from NHS England on the 18 week Referral for Treatment standard

Patient and Public Voice Team

Patients and Information Directorate, NHS England

January 2015

6 Appendix

6.1 Appendix A

Gender Identity Workshop Programme

Thursday 27th November 2014, Coin Street Neighbourhood Centre, London

With the exception of the start and finish - all timings are flexible and shown as an indication only

10:00	Coffee on arrival and registration
10:30	Welcome, introductions, aims of the day
10:45	Participation in Gender Identify Clinics – sharing approaches from Sheffield & Newcastle
11:30	Clinical Reference Group Update – John Dean Specifications and policies
12:00	Review report and next steps – Emma Easton NHS Citizen Assembly – from feedback to action – Emma easton Task and finish group – Ann Sutton
13.00	Lunch
13.45	Post Lunch Wake Up
14.00	Looking to the Future: 3 discussion groups to choose from – participants will hear short pitches from each of the three groups and then choose which conversation to join. <ul style="list-style-type: none"> • Future commissioning models • Primary Care • NHS Choices and Information
15:15	Plenary feedback – sharing progress and ideas
15:40	Care.Data – a brief update – Ruth Beatie
16.00	Close

6.2 Appendix B

Summary of feedback from afternoon workshops

Primary Care

- System wide
- Respect, skills, expertise
- About individual behaviour change (using levels)
- Multi Agency inc CQC (GP inspections) CMC
- Networks for G.I.S (role of patient support groups) define responsibilities across commissioning and monitoring

Future commissioning models

1. Money follows individual
2. Enabling choice inc. alternative models of care (informed consent)
3. What needs to be local, what needs to be national
4. Geographically spread
5. Role of VCS – non clinical
6. Universal access 'managed network'
7. Empowering – changing relationships
8. research evidence based commissioning

NHS Choices

1. What people are searching for?
2. How to direct people to trans community owned websites
3. Look at tagging and combining searches, eg. Trans + cancer, trans – screening
4. Update out of date info

6.3 Appendix C

Workshop 1 feedback – Future Models of Commissioning

Key focuses of discussion were:

- Addressing the issue of increased patient choice and increasing the number of organisations on the Any Qualified Provider List. Mechanisms to create greater flexibility for patients to choose elements of the pathway from a range of different providers.
- Consideration of the Calderdale model which had previously demonstrated the ability to provide quality outcomes and reduce waiting times.
- Developing a future commissioning system where the money follows the individual patient rather than block contracting with individual providers.
- Commissioning decisions made on objective information including patient experience data and a greater focus on outcomes rather than targets.
- Consistency and equity access and provision of services on a fair geographic spread (this addresses current inconsistencies and the lack of surgical providers outside London and the South). The possibility of greater regional collaboration could be explored.
- Adequate resourcing and incentives within the system to encourage greater provider participation.
- Exploring possible linkages with Personal Health budgets and Adult Social Care.
- Commissioning non-clinical elements of the pathway (such as befriending, counselling and peer support) from Transgender groups and organisations and the voluntary and community sector. There was recognition that these services are currently provided through goodwill but should be part of a more formal commissioning process in the future.

Workshop 2 feedback - Primary care

This workshop followed on from the workshop at the previous event and therefore the notes should be read together for suggested actions.

Key issues raised:

- Inappropriate referrals to specialised services common by GPs and needs addressing
- Increased respect needed – some service users have a good experience but this is mixed
- Related issue with NHS 111 – callers are categorised according to their gender but are not asked for this – it is assumed by the operator based on the caller's voice which could be dangerous

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- Different levels of information on referrals from the GP to GIC which can make it difficult for the GIC to have all the information they need
- There are huge costs to the economy and health service, as well as people's lives, of not doing it right
- Frustration with locums who often do not understand

Possible solutions suggested:

- An information sheet for GPs on providing after-care services e.g. blood tests, sexual health testing etc.
- Remove all pink/ blue folders in sexual health services
- Services need to be inclusive
- Monitoring of trans people to be built into service specifications
- Information sessions for GPs to attend relating to care post surgery
- Specialist GPs in areas (need to ensure succession planning in this). There is a balance to strike on this though – some don't want to have to go to a specialist for everything but could be useful to know there is this option
- More shared care between GIC and GP – better informed and work with local endocrinologist
- Professionals need to trust the judgment of professionals that have already been involved in a case rather than starting again with each new person
- Additional support for people with Aspergers or other mental health conditions that may co-exist – support they trust and can help adjust to life changes
- Support people in transition needs to be a holistic approach, all through their journey
- CQC ratings for GPs – use this to support choice
- Possibly implement a 'mystery shopper' scheme
- GIREs e-learning tool which has CPD points could be used for GPs to support their training
- Identify and support social networks that could work with the NHS to provide palliative care etc.
- Individuals could take action through the Equality Act for discriminatory practice but are often concerned about doing this in case their treatment is withdrawn. Suggestion that NHS England or the CQC could use their contracts / inspection measures to ensure GPs are compliant with the law.
- Suggested that GMC could adopt the core competencies as a requirement for all doctors – from the American model

Workshop 3 – feedback NHS Choices

Gender Identity Workshop - NHS Choices feedback				
		do others share feelings? transsexual	can my issues be resolved? I want to be a man/woman	
how do I get past my GP	gender confused F2M	intersexed	M2F	sex change
I am a lady boy?	what exactly are people searching	FTM	gender surgery	transgender screening, cervical, breast cancer
focusing too much on one adult, as opposed to families	searching for combinations, 'transgender and testicular cancer' NHS choices doesn't appear	MTF	support help	
I am a trans woman, but I'm scared of invasive surgery	trans-transgender - gender clinic, non-binary	what will my life look like after NHS treatment?" my son/daughter want to be a girl/boy"		
	want proper information, instructive not fictioned			
	info page regarding non-trans health screening - link direct to cliniQ, terrance higgins trust	links to direct.gov from NHS choices	link to gender services across the country for specific information websites	
		what can the NHS do that others cant do?	offer post surgery	
		page of usefull website links	info pages	
	what sites do people trust and like?		what sort of information are people hoping to find?	
	http://www.gires.org.uk		from how to ask your GP's you want hormones - to what surgery you are entitled to	
	http://www.mermaidsuk.org.uk			
	http://www.transcendsupport.com.au			
	http://londonfriend.org.uk			
	http://www.transyouthsupportnetwork.org			

comments from participants

6.4 Appendix D

Workshop post it notes

- I think it's great that gender patients no longer have to see a psychiatrists before referral to a gender clinic – but do you think there is a link between this and the sudden rise in referrals to gender clinics and if so should extra resources to allocated to accommodate this? (Toby)
- How do we increase GP knowledge so people get the correct referral in a timely manner?
- Charing Cross are poor are providing access needs – how do we improve this?

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- When is there going to be a standard protocol treatment for non binary people at GIC's?
- Why does the webcast site insist on social media log in details with invasive requirements where a simple login would suffice? (Jonathan)
- Why do ICHT resist clients wishing to use other surgeons?
- 40% available surgeons are not on the list – outcome – GIC rubber cheque.
- Why are 40% of the GRS surgeons not mentioned?
- How does this help me?
- Outcomes seem like a good idea but I have suffered immediate failure at the next step twice
- How can my CCG approve surgery and another reclaim there are no funds for my surgery?
- What steps are being taken to provide sustainability for GRS surgeons?
- Why are there so many NHS groups with no interconnections?
- A service user has visited their GP and wishes to attend a gender clinic. However the local NHS policy is to see a local psychiatrist first for a provisional assessment who funds this? is it their local CCG or is this funded by NHS England? (Jan Evans)