Subject: National Gender Identity Clinical Network for Scotland (NGICNS) Steering Group Meeting

File Ref:

Author: Luke Rush

Date: 19th January 2019

Present:
Sarah Duncan Family and Property Law Team, Scottish Government
Allison Ewing TransparenTsees
Aileen Ferguson Programme Manager, National Network Management Service (NNMS), NHS National Services Scotland
Linda Graham Clinical Psychologist, NHS Tayside (NGICNS Chair)

Morgan Holleb Programmes Officer, NHS Scotland, Stonewall Scotland
Anna Lamont Royal College of General Practitioners Representative & Associate Medical Director, NHS24
Anna-Maria Macleod Programme Manager, NHS National Services Scotland
Roseanne McDonald Programme Associate Director (Nursing & Quality), NHS National Services Scotland
Deva McGinty Acting Policy Director, LGBT Youth
Katrina Mitchell Development Worker, LGBT Health & Wellbeing
David Parker Gender Nurse Specialist, NHS Lothian (NGICNS Lead Clinician)
Nathan Richardson Read Advanced Pharmacist, NHS Borders
Luke Rush Programme Support Officer, NHS National Services Scotland

Jennifer Schofield Adult Services Manager, Sexual Health, GG&C
Katie Smith Consultant Clinical Psychologist, Sandyford, NHS Greater Glasgow and Clyde
Megan Snedden Campaigns, Policy and Research Officer, Stonewall Scotland
James Thom Data Manager, Information Management Service NHS National Services Scotland
Vic Valentine Policy Officer, Scottish Trans

Apologies:
Richard Anderson Professor, University of Edinburgh
Sophie Bridger Campaigns, Policy and Research Manager, Stonewall Scotland
Fiona Gibson Gender Identity Speciality Doctor, NHS Highland
Steven Hay Psychiatrist, NHS Grampian
Amber Keenan Clinical Psychologist, NHS Grampian
Claire Lawrie Programme Manager, Information Management Service, NHS National Services Scotland
Duncan McCormick Consultant in Public Health Medicine, NHS Lothian
James Morton Manager, Scottish Transgender Alliance
Stephen Sheach Planning Manager, NHS Ayrshire & Arran
1. Welcome & Apologies
Linda Graham, Clinical Psychologist, NHS Tayside welcomed everyone to the meeting, apologies were given and introductions were made.

The group agreed that James Thom, Data Manager, NHS National Services Scotland would table the data paper as the first agenda item.

Waiting Times (NGICNS-SG-2019-05)

James Thom tabled the waiting time data collection for quarter three 2018 and spoke to the figures for each NHS Board. James explained that there remained gaps in data and committed to ensuring these data were complete prior to the steering group next meeting.

Action: James Thom

It was agreed that the data would be requested further in advance of the Steering Group meeting in the future. This was now the responsibility of the NSD staff.

Action: Aileen Ferguson, Luke Rush

James agreed to send the data to the Steering Group members and requested comment on the fluctuations.

Action: James Thom / all

It was noted that the NHS Lothian figures for the previous quarter should be revised.

Action: James Thom / David Parker

Linda Graham asked whether it might be beneficial to find out information regarding the patient that had been waiting the longest for assessment/treatment, however, it was noted that while GICs generally see patients chronologically, there may be some outliers.

The Group agreed that the number of new and return visits per quarter should be added to the spreadsheet.

Action: James Thom

2. Notes of meeting held on 30th October 2018 (NGICNS-SG-2018-31)
The minute was accepted as a true record, subject to the following amendments:

- Katrina Mitchell’s name incorrectly referenced against an action on page six.
- Suzie Rooney’s job title to be changed to ‘Consultant Psychiatrist’.

2.1 Matters Arising

Review of Gender Reassignment Protocol
Sarah Duncan, Family and Property Law Team, Scottish Government gave a brief update on the Review of the Gender Reassignment Protocol within the Scottish Government. Discussions had been held with colleagues in the Health, Access Support and National Planning departments. Sarah agreed to keep the group informed.

Action: Sarah Duncan

**National Surrogacy Meeting**

Anna Lamont, RCGP Representative & Associate Medical Director, NHS24 provided an update on the National Surrogacy Meeting. Discussion was underway regarding aligning surrogacy legislation between Scotland and England. Anna noted that gender transition was not a barrier to surrogacy; patients would be considered on an individual basis. While patient numbers in this area remained very small the Steering Group agreed that it was important to ensure an equal level of care in England and Scotland.

3. **Gender Identity Clinics (GICs) service provision – Items for noting:**

Linda Graham proposed that the group highlight only those points that require immediate support in the interest of time.

3.1 **Lothian GIC**

David Parker highlighted that the service in Lothian had been under considerable pressure due to staff absence. It was expected that the team would be fully staffed by the end of the month. A full staffing complement would be unlikely to affect overall waiting times in the short term due to the steady increase in service users.

3.2 **Greater Glasgow and Clyde GIC (Adults)**

Katie Smith, Consultant Clinical Psychologist, Sandyford, NHS Greater Glasgow and Clyde noted that capacity within the service was not meeting demand, and therefore there were significant waiting times. This was demoralizing for staff, both clinical and administrative. Katie highlighted the service’s vulnerability due to staff departures, noting that one clinician would soon be leaving the service, as would two key administrative personnel.

3.3 **Greater Glasgow and Clyde GIC (Children and Young People’s Services)**

Refer to agenda item 5.1.

3.4 **Grampian GIC**

David Parker noted that NHS Grampian had recently had a bid for funding approved, and details would be shared when the information was available. Katie Smith noted that in light of this funding it would be worth revising the patient pathway from NHS Grampian to Sandyford.

Action: Katie Smith

The steering group discussed the need to retain specialist knowledge within Gender Services, noting that the time taken to train and replace specialists had significant impact on the service.

3.5 **NHS Tayside**

No items to note.

3.6 **NHS Highlands**

It was noted that Fiona Gibson, Gender Identity Speciality Doctor, NHS Highland had now been appointed as Gender Identity Speciality Doctor with responsibility for clinical leadership. The Highland service had also received approval to recruit a nurse and administrative support.
4. Surgery

4.1 Facial Feminisation Surgery and Chalmers
Vic Valentine, Policy Officer, Scottish Trans, noted that Scottish Trans Alliance were currently receiving numerous enquiries regarding facial feminisation surgery and noted a specific pathway to point queries towards would be useful.

Vic Valentine advised that the current Gender Recognition Protocol needed updating, specifically in regard to the language used. It was noted that the request was with Scottish Government to review the protocol.

4.2 Plastics Meeting and Psychology Meeting
Linda Graham advised that a meeting was planned for 26th February 2019 with Psychologists from the Plastic surgery service, in order to develop a national pathway.

4.3 Surgery Statistics (NGICNS-SG-2019-02-03)
Roseanne McDonald, Programme Associate Director (Nursing & Quality), NHS National Services Scotland provided an update as to the surgery work currently underway.

Roseanne noted that the cost for gender related surgery to the NHS was £1.5M which continued to climb, and exceed initial budgets. She reinforced the need to ensure that projections of demand within services needed to be as robust as possible over the next two years as demand showed no sign of levelling out.

Roseanne noted that the tender for the surgery pathway in England had been delayed from April 2019, the new expected contract date was predicated as September 2019. Once this was in place, this would allow for referrals to locations all across the UK. Roseanne confirmed that the new pathway would take into account patient choice, high dependency needs, capacity and waiting time amongst other issues. Vic Valentine questioned whether patients could only be referred through the new surgery pathways from the date the new contract is in place, given the long lead time to surgery. Roseanne noted that a transition period would be required and further detail would be provided as soon as it was available.

**Action: Roseanne McDonald**

With regard to Manchester patients, it was noted that there was the possibility elective procedures may be cancelled dependent on service pressure, particularly if there was a severe winter.

Roseanne noted there may be an additional tariff for the provision of local clinics. It was noted that generally patients were happy to travel for surgery.

Anna Lamont informed the group of NHS 24’s ‘Attend Anywhere’; a video browser service that supported online mobile clinics and waiting rooms. Anna highlighted that the programme could be provided quickly on mobile phones and computers without the need for high bandwidth servers was the case for other forms of video conferencing. She further clarified that the service was encrypted to NHS standards and was suitable for clinic functions, and used by NHS Highland for diabetic clinics. The group agreed that this program could be effective in managing outreach clinics and supporting waiting list times. Anna agreed to share the details of ‘Attend Anywhere’ with Luke Rush, Programme Support Officer, NHS National Services Scotland to circulate to members. It was also noted the programme could be downloaded from the App store.

**Action: Anna Lamont**

4
Roseanne McDonald advised the Steering Group of the planned gender workshop within the National Services Division. She noted that NHS Boards felt there would be value in providing a suite of surgery procedures and pathways for chest reconstruction and female genital surgery. The proposed workshop would help clinicians collaborate for a solution that could be developed for Scotland. This would primarily be for feminising surgery, as the current numbers for masculinising surgery remain too small.

Roseanne clarified that England were currently looking at a timeline of five years, but Scotland will be utilising a three year contract. She further noted that the clinicians in England were keen for Scotland and the network to develop expertise locally and feed back in the future. A meeting would be organised later in 2019.

4.4 Chest Reconstruction Workshop
David Parker provided an overview of the chest reconstruction workshop that he had attended in London; he had learnt that there could potentially be a number of providers for chest reconstruction, and patients are expected to have a choice of provider. Information will be provided regarding each provider's performance on outcomes and experience. David noted that it had been very useful to meet with clinicians from different service providers. David also highlighted that Scotland has been invited to send representatives to attend a surgeon engagement workshop in March, and Vic Valentine informed the group that the Scottish Trans Alliance had been asked to send four representatives.

5. GIC Service Planning

5.1 Stage 1 Proposal Specialist Service – Children and Young People (C&YP) (NGICNS-2019-04)

In the absence of Simon Smith, Consultant Clinical Psychologist, YP Gender identity Service, David Parker spoke to the item.

David noted that the Young People’s Services in Glasgow had applied for national designation to NHS Scotland, National Services Division (NSD). A stage 1 application for a National Young People’s Gender Service (NYPGS) had been written for submission to the National Patient, Public & Professional Reference Group (NPPRG) for 25-01-2019; the short time frame had meant the steering group had not had the opportunity to review the application prior to it being submitted to NPPRG.

David advised that the Stage 1 application had been made regarding service to children and young people from across Scotland who are experiencing gender issues.

David noted that the aims of this application were to help reduce pressure on the service with a more strategic approach and funding certainty to help retain staff in order to provide an improved service.

Roseanne McDonald advised that Stage 1 would go to the National Patient, Public & Professional Reference Group to be considered, and Stage 2 would require significantly more detail. Stage 3 would be for final sign off. She noted that ideally this process would be complete by August 2019.

In terms of outreach clinic the group noted that, as it stood, the proposal included outreach clinics in the East and North and that these could perhaps utilise ‘Attend Anywhere’ or similar systems.

The Steering Group endorsed the National Young People’s Gender Service application.
5.2 Adult Services Discussion
David Parker noted the vulnerable state of the adult service; the service continued to have concerns regarding staffing resilience, which in turn caused significant distress with patients.

David discussed the ‘Situation-Background-Assessment-Recommendation’ (‘SBAR’) paper circulated 24-10-2018, that highlighted the current service provision of GICs.

Roseanne McDonald noted that effectively highlighting weaknesses and strengths within GICs was essential to enable effective care pathway and workforce planning.

Roseanne advised that planning should take place in tandem with GICs as this would ensure that the correct capacity planning takes place. It was agreed that a short life working group should be convened to take forward this work in view of the complexity, especially in the assessment process.

**Action:** Aileen Ferguson / Luke Rush

David noted that the network was seeking Steering Group approval.

Anna Lamont noted that the SBAR lacked specific material recommendations or deliverables. Anna noted that adding an options appraisal, clearly highlighting the impact on the service if a different option were taken in a 3-5 year period would better support the SBAR. Katie Smith noted that the data held for Glasgow was incorrect and advised that she would send the accurate data to the network.

**Action:** Katie Smith/NGICNS

Aileen Ferguson, Programme Manager, National Network Management Service (NNMS) NHS Scotland advised that Dr Mike Winter, Associate Medical Director, NHS NSD would be presenting the SBAR to the Regional Planning Group. It was noted that the Regional Planning Group had no budget with which to support services.

The group agreed that they would discuss their concerns out-with the meeting.

**Action:** Aileen Ferguson

5.3 Clinical Educational Pathway

David Parker informed the group that the new Postgraduate Certificates / Diploma for Gender Services would soon be available. David assured the Steering Group that he would provide a detailed update when more information was made available.

David agreed to provide more information on the impact of this on those already in roles if it became available and clarified that the purpose of the education pathway was to develop and grow the workforce.

**Action:** David Parker

6. Working Groups

6.1 Hair Removal
The next Hair Removal Sub Group meeting was planned for the 21st February an update would be provided to the Steering Group.

**Action:** David Parker

6.2 Data
David Parker informed the Steering Group that there would be a meeting of the Sexual Health IT (NASH) Steering Group in May in order to progress the data capture of a minimum data set in NASH. He advised that there were no current data meetings planned until this meeting had taken place.

6.3 Service Mapping
Aileen Ferguson noted that she had still to engage with NHS Dumfries and Galloway, NHS Orkney and NHS Forth Valley. Once she had engaged with these boards she would circulate a report to the Steering Group.

Action: Aileen Ferguson

7. Waiting Times
7.1 GIC wait times – different staffing models
It was noted that Lothian and Glasgow Gender Services operated on different staffing models.

There was no significant difference in efficiency between the two locations, and that the biggest difference was often due to unforeseeable absence within such small services. The growth in gender services over the years had resulted in models that had grown organically in line with the service it needed to provide.

Morgan Holleb asked whether the network had the capacity to support with waiting times, even through funding bids. Aileen Ferguson clarified that the network did not have a budget to support service delivery.

Linda Graham noted that as gender services were relatively small they were inherently vulnerable to unexpected absence, which impacted on service delivery. Vic Valentine confirmed that it was evident when visiting GICs that staff numbers were relatively small. Linda noted that the NHS will not overstaff without reason. It was noted that the network’s responsibility to provide appropriate guidance and support when necessary to GICs and NHS Boards.

The group noted that the specialist nature of the GICs resulted in a long lead time for the training of gender service staff. Anna Lamont noted that this was a problem throughout the NHS, and the Steering Group agreed more work was required by the GICs to make the service appealing to suitably qualified people.

8. Primary Care
8.1 Update on meeting 14th January 2019
Anna Lamont advised the group that the Primary Care Meeting had agreed to draft a Protocol within the confines of templates already supplied by NHS Boards. This would allow NHS Boards to adapt the protocol with very little editing. The group suggested that this was a better option than a shared care agreement as, unlike a shared care agreement, a protocol would not be optional for GPs. It was noted that Lothian was planning to put a shared care protocol into place.

David Parker informed the group that subsequent to the Primary Care meeting, Lothian was planning to put a shared care protocol into place.

Anna Lamont noted concerns that had been raised regarding a Royal College of General Practitioners England position statement that was currently in draft. Anna had attempted to contact the person drafting the statement so that the network could review it, but had not been successful.
The group discussed the difficulties faced when GPs refused to prescribe, and confirmed that while these episodes were rare, they could severely impact those patients who were affected. It was noted that the distinction between services in England and Scotland needed to be articulated in any further guidance documentation to avoid confusion.

Vic Valentine observed that the general opinion was that GP prescribing was worse south of the border, and noted that it was important to ensure the distinction within any guidance documentation to avoid any set-backs in Scotland.

It was noted that further meetings were scheduled with NHS and local Boards to develop the guidance, which would be brought back to the network in due course.

8.2 Prescribing before and after GIC Visits; NGICNS Guidance
Morgan Holleb asked whether there was any guidance available for prescribing that could be passed on to GPs. It was noted that each patient needed to be individually assessed based on a large variety of influencing factors.

It was clarified that the British Medical Association (BMA) guidelines suggest that bridging prescriptions were not within a GP’s sphere of competence. It was noted that the General Medical Council and World Professional Association for Transition Health urged caution and individualised decisions.

The group discussed self-medication as an entry into bridging prescriptions. Anna Lamont noted that a bridging prescription could become an ongoing subscription if a patient moved practice and that this could cause difficulties for GPs.

The Steering Group agreed that it was important that self medication was not seen as an entryway into prescription, although noted that these cases needed to be reviewed on an individual basis without bias towards self-medication due to the risks involved.

David Parker noted that GPs should be able to make decisions with support from GICs, and therefore Stonewall should continue to refer people to GPs.

Katrina Mitchell noted that endocrine guidance was available on the NGICNS website (https://www.ngicns.scot.nhs.uk/), with Anna Lamont further referencing MDDUS (Medical and Dental Defence Unit Scotland, https://www.mddus.com/resources/resource-library/risk-alerts/2016/july/treating-transgender-patients) also had pages to support endocrine treatment. The group agreed that these were good source materials to point enquiries towards.

9. Any Other Business
9.1 Faculty for Sexual and Reproductive Health
David Parker noted that, NGICNS had been invited to present on the work of the network at the conference in May 2019.

9.2 British Association of Sexual Health and HIV (BASHH)
David Parker advised that NGICNS had also been invited to speak for 10-15 minutes, also in May. Interest is to be sent by email to the NGICNS mailbox.

Action: All

9.3 MSM Masterclass Overview 22/11/2018
Morgan Holleb informed the Steering Group that the presentation on trans health issues delivered at the MSM Masterclass on the 22nd November 2018 was well received, and noted that it was clear there was an appetite for more information on trans health.
David Parker noted that it had been a very successful presentation and urged people to contact him if they wished to access the presentation.  

**Action:** All

**9.4 Adult Sexual Assault Clinical Pathway**  
Linda Graham noted that there was an opportunity for the network to provide a joint statement regarding consultation of the ‘Clinical Pathways and Guidance for Healthcare Professionals working to Support Adults who Present Having Experienced Rape or Sexual Assault in Scotland’

Vic Valentine noted that suggesting trans awareness training for those who might actively engage with trans patients would be more effective than direct influence over the material itself.

Aileen Ferguson committed to distributing a draft response for the Steering Group to review via email.  

**Action:** Aileen Ferguson

**9.5 Validated Gender Congruence and Life Satisfaction Scale**  
David Parker informed the group of the’ Validated Gender Congruence and Life Satisfaction Scale’ noting that it provided a good way to measure the work done within gender services. Due to time constraints David suggested the group read the document in order to better facilitate discussion at the next Steering Group meeting.

**Action:** Luke Rush

**9.6 GIC Film Launch – Launch Event 14 March 2018, 4-6pm, Filmhouse**  
David Parker informed the group that the launch event for the GIC film had been arranged for 14th March. He noted that tickets for the event had sold out, but event organisers were exploring ways to increase capacity. David assured the Steering Group that he would provide any more details once they became available.

**9.7 Bereavement Care Resource**  
No resources were identified other than those from the Scottish Transgender Alliance, which were passed to NHS Education for Scotland.

**9.8 European Professional Association for Transgender Health, Rome, April**  
Linda Graham asked for the Steering Group’s approval to support David Parker to attend the EPATH conference in Rome from April 11-13, 2019. The Steering Group agreed that this would be a good opportunity to stay up to date with transgender health on a global scale and supported this attendance.

**9.9 Adopting “stage not age” treatment**  
The Steering Group agreed that it would be better to discuss cross sex hormones, within the scope of stage not age treatment, with better Steering Group representation from Children and Young People’s services. This item is to be added to the next Steering Group agenda.

**10. Action:** Luke Rush

**10.1 NGICNS Workplan**  
Aileen Ferguson informed the Steering Group that the NGICNS workplan was updated for comment and review, and invited the group to return any feedback or suggested alterations to the NGICNS mailbox.

**Action:** All
10.2 SBAR Approval
The Steering Group agreed that this had been discussed in item 5.2 of the agenda.

11. Date of Next Meeting
22\textsuperscript{nd} April 2019, Gyle Square, 11.00am
12 August, William Quarrier Centre, Glasgow, 1.00pm
11\textsuperscript{th} November, William Quarrier Centre, Glasgow, 1.00pm