



**NHS Sussex Trans
Healthcare Report
HOSC**
13th July 2022

Better health and care for all

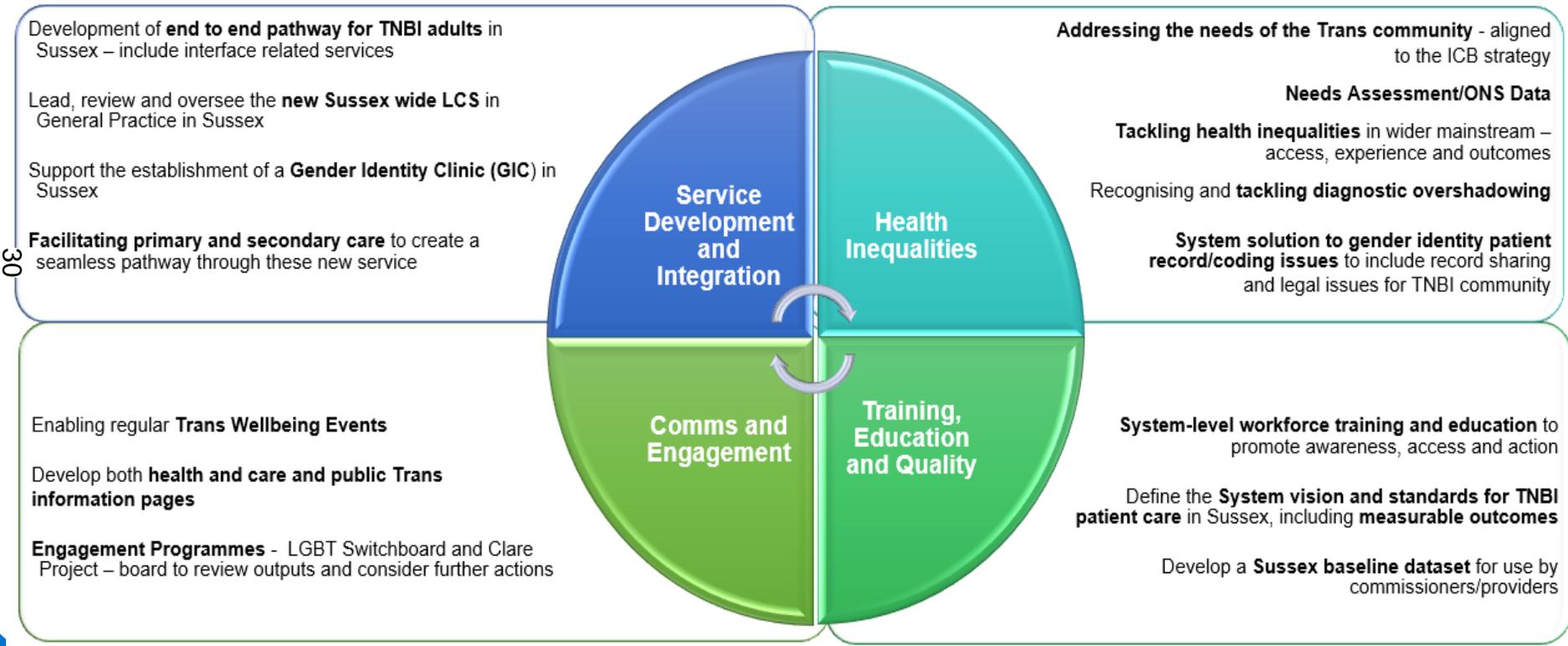
Background

- It is acknowledged that Transgender, Non-binary and Intersex (TNBI) people experience significant health inequalities in terms of unequal access, treatment, and direct and indirect transphobia in both primary and secondary care services
- In 2013 Brighton and Hove city's Trans Equality Scrutiny Panel, recommended several improvements to healthcare including the possibility of opening a local gender identity clinic.
- Positive progress has been made since then including the establishment of a Sussex TNBI Board which met for the first time in June and the appointment of Helen Davies as the first Clinical Director for Transgender Healthcare for the ICB.
- This provides a briefing on health services for TNBI people and includes:
 - an update on the establishment of the Board, its scope and key work streams
 - an update on the roll out of the Locally Commissioned Service
 - progress with the NHSE procurement of a local GIC service
 - an update of community insight and engagement
 - Issues, challenges and next steps

NHS Sussex Trans Healthcare Improvement Board

- The inaugural Trans Healthcare Improvement Board monthly meeting took place on 22nd June, which was well attended by key stakeholders across the system - these included representatives from Primary Care, Switchboard, The Clare Project, NHS England, Public Health (Sussex) and University Sussex Hospitals. Initial discussions focused on the review of the Terms of Reference.
- Members received an update from the Locally Commissioned Service (LCS) and Gender Identity Clinic (GIC) project teams, which appraised members of the progress in each area. A key action was identified to ensure that members of the trans community and the general public are kept up to date about the good work taking place and the benefits these bring to the community.

NHS Sussex Trans Healthcare Improvement Board



Sussex Gender Identity Clinic (GIC)

- NHS England has arrangements in place with 7 GDCs in England. It commissions all the specialist multi-disciplinary teams in England able to meet the terms of NHS England's service specification, which is published and may be found here: <https://www.england.nhs.uk/commissioning/spec-services/npc-crg/gender-dysphoria-clinical-programme/>
- All the GDCs have very long waiting lists. This is due to a significant increase in demand in recent years without the ability of the current professional workforce to increase capacity to meet that demand. The demand is such that none of the GDCs are able to offer first definitive treatment to patients within 18 weeks of referral.
- The issue is therefore one of the availability of specialist capacity to meet the increasing demand.
- In 2019, NHS England held a national tender process to identify which organisations would deliver gender dysphoria services in the future, with the ambition of increasing the number of Gender Dysphoria Clinics in England if possible. The tender was open to NHS and independent sector organisations. In the event, the existing GDCs were re-appointed but no suitably qualified additional providers came forward as bidders.

Sussex Gender Identity Clinic (GIC)

- In order to increase clinical capacity, NHS England has established four multi-disciplinary gender dysphoria services for adults as new pilots for evaluation across the country, rooted in primary care and sexual health services. They work to the same NHS England service specification as the GDCs do. The four services are in London, Greater Manchester, Cheshire and Merseyside and the East of England. A fifth new service is planned for operation in Sussex in 2022.
- The pilot services are initially giving priority to individuals who meet certain criteria and who are currently on a waiting list at a GDC. This means that generally (a) individuals who meet the criteria for the new pilots (and who opt to be seen by the new pilots) are likely to be seen within a much quicker time than they otherwise would had they remained on the waiting list at a GDC and (b) individuals currently on a GDC waiting list and who do not meet the criteria for the new pilots may see a reduction to their current forecast waiting time as more eligible patients opt to be seen by the new pilot services. All of the pilot services are making good links with primary care services to facilitate the ongoing prescribing of hormone treatments.
- All of the pilots will be evaluated, so that NHS England can consider how to roll out the new models more widely across the country over time.
- Alongside the development of the new services NHS England has also increased financial investment in the current GDCs where they can demonstrate that the funding will be used to increase the number of clinical staff or otherwise support patients on a waiting list.

Focus on Primary Care

Introduction

Nationally, Gender Identity Clinics have seen a 240% overall increase in referrals over five years and, as of October 2020, the waiting list for first assessment at the Tavistock and Portman gender identity clinic (GIC) was 33-36 months. Following assessment at the GIC there is an expectation that hormonal medication, where recommended, will continue to be prescribed by the registered GP practice but previously there has been no recognized training or resource to support this work in NHS general practice. The provision of such services is not covered by the nationally negotiated General Medical Services (GMS) Contract.

The 2015 B&H needs assessment of the TNBI population highlighted a number of points related to health and wellbeing, against which the most frequently suggested action for improving healthcare for trans people was an increase in awareness training within primary care. There were also high levels of dissatisfaction with the care pathway between primary care and the GICs.

The Brighton Pilot

Recognising this need for support for GPs to meet the health needs of TNBI patients, the CCG (now NHS Sussex) commissioned a pilot programme from two practices in Brighton (Brighton and Hove Wellbeing, University of Sussex). The aim was to provide evidence to support the development of a template, costings and training syllabus which could form the basis of a Sussex wide Locally Commissioned Service (LCS) (these are services commissioned from General Practice by CCGs which are not covered by the nationally agreed GMS contract). Overseen by a steering group including clinicians, commissioners, and representatives of the TNBI community, the findings from the pilot projects led to the drafting and agreement of a service specification for an LCS which was approved by the Primary Care Commissioning Committee held in public in September 2021. Following the commissioning of suitable training for GP staff, the LCS went live on 1 April 2022.

The Sussex Transgender Non-Binary and Intersex (TNBI) LCS

Aims

The LCS aims to improve access and experience in utilising health services; reduce health inequalities through the delivery of structured, supportive and integrated physical and mental health care; improve access to hormonal therapy where appropriate; offer annual reviews of physical, mental and sexual health; improve access to appropriate national cancer screening programmes; and improve awareness and training of general practice staff.

Delivery of the LCS

The specification is in two parts, A and B. Recognised training is needed to deliver either or both aspects.

Part A: Hormonal therapy: prescribing and monitoring including appropriate blood testing, physical health checks and administration of injectable hormonal medication

Part B: Annual reviews of physical, mental and sexual health including Practice register inclusive of transgender, non-binary and intersex patients (whether or not on hormonal treatment), and offer of annual review to include review of physical health, mental health, sexual health and national cancer screening programmes.

Uptake

As of 31 May, 54 practices have signed up to deliver the LCS (11 in Brighton, 17 in East Sussex, and 26 in West Sussex). As part of the LCS practices can arrange for a neighbouring practice or Primary Care Network (PCN) to deliver this LCS for their patients. The NHS Sussex primary care team will review coverage at the six month stage to establish any gaps in provision and response accordingly.

Primary Care Engagement and Education – Transgender and Cancer

Transgender, Non-binary and Intersex (TNBI) people experience significant health inequalities; these include unequal access, treatment and direct and indirect transphobia in both primary and secondary care services

A complete and current understanding of the number and needs of the Trans community is not available in Sussex due to an absence of data (gender identity is only just being included in the Census 2021 and is rarely recorded in healthcare systems).

The ICS recognises the need to ensure that both Primary and Secondary Care have sufficient resources and education opportunities to recognise the challenges to care and the challenges to accessing care.

A Transgender and Cancer Screening Webinar was presented to Primary Care in November 2021 to ensure sufficient resources and educational opportunities were in place to support the role out of the Transgender LCS:

[Trans and cancer screening | Sussex ICS webinar 19-11-2021 - Sussex NHS Commissioners \(sussexccgs.nhs.uk\)](https://sussexccgs.nhs.uk)

This site includes a recording of the webinar, the presentations used on the session and answers to the questions raised by primary care colleagues.

Community Insight/Engagement

- Working with the Trans community is a key priority in Sussex, and we have commissioned community engagement to hear from the community and how services and support could be improved. We have worked with The Clare Project (a long-established Trans led charity), LGBT Switchboard, Queer Trans Intersex Person/People of Colour/Queer Trans Intersex Black Indigenous Person/People of Colour (QTiPOC), and Hastings and Rother Rainbow Alliance Trans Group.
- The LCS Steering Group which brought together clinicians, representatives from the participating practices, secondary care colleagues, representatives of the Brighton and Hove Medical School, LGBT third sector organisations, the Sussex Local Medical Committee (LMC) and Trans patients recommended that the LCS be rolled out across Sussex to prevent further inequality.
- All work to date has been developed in partnership with these groups as well as Trans clinicians and colleagues. The Operations Manager of The Clare Project said about the LCS: “Our community and local services are incredibly pleased to see the roll-out of the Trans/TNBI LCS in the area of Sussex. It is informed by the lived experience and struggles of those which it supports”
- “Our 22-year-strong engagement with TNBI adults, in addition to our most recently published Train & Treat report (2021) & contributions to ESCC LGBTQ Needs Assessment (2022), highlights the desperate need for actively inclusive healthcare. More recently this has been further exacerbated by Covid-19, and increasingly difficult for communities living with disabilities or long-term health conditions, those who are neurodivergent, and People of Colour”
- “The Clare Project is very proud to be a part of supporting training provision for the LCS, which is informed by our local expertise and extensive experience working with communities suffering at the hands of health inequalities. We hope this paves the way for a local provision that enables our community to feel safe and well-supported in their local GP surgery, empowering them to take their health into their own hands.”

Better health and care for all

Key Challenges

- **Health inequalities** - The Sussex Health and Care Partnership has a vision for 2025. A vision where people live for longer in good health. A vision where the gap in healthy life expectancy between people living in the most and least disadvantaged communities will be reduced. A vision where people's experiences of using services will be better and where staff feel supported and work in a way that makes the most of their dedication, skills, and professionalism. The purpose of the Trans Healthcare Improvement Board is to reduce health inequalities
- **Robust baseline data** - There is no reliable population information for the Trans community in the UK. Questions on gender identity were included in the 2021 Census for the first time so it is anticipated that this data will be more forthcoming in the Spring.
- **Training and Development**- Trans Healthcare Improvement Board will develop a system programme of training and awareness for both the clinical and non-clinical health and care workforce in Sussex and the delivery of the TNBI comms and engagement plan.
- **Waiting Times for Services**- This is due to a significant increase in demand in recent years without the ability of the current professional workforce to increase capacity to meet that demand. The issue is therefore one of the availability of specialist capacity to meet the increasing demand. NHS England are actively working on increasing the number of Gender Dysphoria Clinics in England.

Next Steps

- Conclusion of the Sussex GIC procurement process and go live of a local service
- Develop a baseline dataset for Sussex – establish data quality and identify gaps
- Strengthen links with local universities, including the development of a Sussex research strategy to support TNBI healthcare improvement
- Development of an integrated service