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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
Chief Executive