4N26 Quarry House
Leeds
LS2 7UE

Tel. 01138 251492
DCSS.England@nhs.net

Dr Katherine Rake
Chief Executive
Healthwatch England
Skipton House
80 London Road
London
SE1 6LH

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Dear Katherine

Gender identity services

Thank you for your letter of 10 December. I share your ambition that transgender individuals have equal access to their rights, quality care and appropriate support, and I welcome the opportunity to provide further clarification on the points that you raise.

As background - since our previous report was sent to you in October 2014 NHS England has sought to maintain momentum in the following ways:

- We convened a meeting on 19 November 2014 of senior commissioning managers from area teams and representatives of the three providers of genital reconstruction surgery to explore issues around demand and capacity in some depth
- The task & finish group for gender identity services met on 24 November 2014; the group considered, amongst other things: the outcome of the commissioner / provider workshop referred to above; a focus on the whole patient pathway including primary care and paediatric services; a proposal to bring the national Gender Identity Development Service for children and adolescents within the scope of the group's work; and formal terms of reference for the group
- Our Patient and Public Voice Team held the fourth Transgender Workshop on 27 November 2014; this was attended by around 50 people, and enabled contributions from people across the country via the internet and social media; I know that as a

result of the powerful views and ideas expressed on the day my colleagues who attended came away with some valuable insight for shaping our future work

- The Specialised Commissioning Oversight Group met on 16 December 2014 and agreed the applicability of the 18 week Referral to Treatment standard for referrals into gender identity services
- The Board of NHS England met on 17 December 2014 and agreed to hold a public consultation in January 2015 on the future process for making decisions about investment priorities in specialised services

I will expand upon these points in my response to you below, using the headings set out in your letter to me:

Long term planning of specialised services

NHS England is committed to supporting providers in the longer-term planning of specialised services, with the overall aim of achieving safe, sustainable and accessible services that deliver excellent outcomes. We are responsible for contracting with providers and for monitoring the performance of the contract by engaging with the providers on the safety and quality of the service.

It therefore follows that as commissioner of the service at Imperial Healthcare NHS Trust we do indeed have an interest in ensuring that the Trust has put in place robust long-term succession plans for key clinical staff, but you may appreciate that there are obvious limits to our influence. It is not within NHS England's remit or powers to be responsible for the oversight of individual consultants, their job plans or individual career plans – and nor could we be.

So, our approach over the past year – anticipating potential sustainability concerns generally – has been to ask the Clinical Reference Group for gender identity services, chaired by Dr John Dean, to look at workforce issues as a priority. The Clinical Reference Group is currently reviewing the professional skills mix, operational policies and processes of both surgery providers (genital, breast and other) and gender identity clinics, in order to deliver recommendations to NHS England and Health Education England in the new year on short and long term workforce development priorities.

Prioritisation process for investment in specialised services

You are correct that the meeting of the Clinical Priorities Advisory Group that was scheduled for November 2014 was postponed. This is because we want to review the current

governance arrangements covering the commissioning of specialised services in light of our Board's recent decision to create a new Specialised Services Committee.

On 17 December the Board agreed to undertake a public consultation on the future approach to prioritising new services within Specialised Commissioning. We also wish to consider learning from the application of a scoring tool that we tested with the input of a number of Clinical Reference Groups at our joint Programme of Care event on 28 October 2014. The paper that was considered by the Board can be found here.

We will launch a 12-week public consultation about the principles and approach to decision-making in January, building on some helpful stakeholder engagement that we held in 2014. Any outstanding decisions about 2015/16 commissioning will be made as soon as possible after due consideration of the outcome of consultation. In the meantime our existing procedures for interim policies and in-year service developments continue to operate.

You raise the issue of how empirical evidence will be used in a new prioritisation framework. We are aware that this is a complex issue. The purpose of our engagement in 2014 was to begin to review potential criteria or factors that could be used in a clinical relative prioritisation process. In particular, we heard concern expressed by some stakeholders that the application of some criteria could potentially discriminate against people with rare conditions for which interventions tend to be more expensive and for which there may not be an established evidence base – and we will consider these views carefully before making a final decision on the shape and content of a new prioritisation process.

Meeting the waiting time standard

NHS England agrees that the people accessing gender identity services have a legal right under the NHS Constitution to be seen within 18 weeks of referral.

In our work to date we have found that under previous commissioning arrangements there was no standard or consistent process for collecting or analysing data about gender identity activity, and that providers have only partially complied with requests to submit voluntary data. This means that we have inherited a limited understanding of the scale of the problem but we are actively working to improve matters.

A priority for us over the autumn has been to understand better where pressures in the pathway currently reside, the reason for waiting time pressures and potential solutions. To this end we convened the joint commissioner / provider meeting to discuss genital reconstruction surgery on 19 November 2014, and colleagues in the Chief Analyst's Office of

NHS England are currently working with providers to gather essential data in a consistent and meaningful form.

The limited data that we have recently secured from providers leads us to believe that there are two issues in the supply of gender identity services, that of entry into the service via first appointment and that of waiting times for surgery. We are working to understand the scale of both of these issues and we aim to generate scenario based solutions by March 2015. As part of this work we will be working closely with gender identity clinics to understand the internal processes and possible bottlenecks from first referral to referrals for surgery. The outcome of this work will enable us to consider the provision of a more equitable service that aims to meet the 18 week Referral to Treatment standard.

Our initial focus has been to explore waiting time pressures for genital reconstruction surgery, and as an outcome of our meeting with the providers on 19 November we now have a much better understanding of waiting time pressures, as reported to us:

	Number of patients waiting* 18 weeks + at 1 October 2014	Longest wait over 18 weeks as at 1 October 2014
Nuffield Health (m-f)	24	12 months
Charing Cross (m-f)	311	21 months +
Andrology Centre (f-m)	0	n/a

*and who are, in the opinion of the clinician, ready to proceed to surgery

We have profiled the additional investment that would be needed to reduce waiting times for male to female surgery to under 18 weeks. Area teams have been asked to initiate discussions with providers as a matter of urgency about potential options to expand capacity and, following the SCOG decision referred to above, progress with moving towards and sustaining the standard will be the subject of routine performance and exception reporting.

Supporting the needs of patients on the pathway

Psychological support is an aspect of care that the Clinical Reference Group for gender identity services explored in the design of the interim protocol for gender identity services that we implemented in October 2013. The interim protocol makes clear that regular psychotherapy and counselling should be available throughout the patient's individualised gender dysphoria care pathway, delivered by therapists and counsellors with specialist knowledge of gender issues. Where such psychotherapy and counselling is not available within the Gender Identity Clinic or network, the interim protocol requires the clinic to signpost patients to other appropriate providers and support networks as appropriate.

Thus, we have put in place a framework for commissioning that has professional support, and that makes quite clear our expectations around psychological support. However, you have raised with me the suggestion that not all parts of the country are well served in this regard and this is something that I have asked area teams to explore in more detail. I would reiterate here that the problem that you describe is in part an outcome of the previous approach to commissioning by Primary Care Trusts, which was disparate and with no consistent focus on workforce or training requirements. Without prejudicing the outcome of our area teams' work I suspect that there is no quick solution to this problem given the need for providers to develop the particular specialist skills that you describe, and area teams will (through the task & finish group) seek advice from the Clinical Reference Group and Health Education England as appropriate.

Communicating with patients

It was clear to colleagues who attended the Transgender Workshop on 27 November that we do indeed need to be better at routinely communicating how NHS England is listening to the concerns of the trans-gender communities and what we are doing in response, including updating stakeholders on the work of the task & finish group. A formal communications plan is currently being developed for implementation in January 2015. We will publish the plan once it is has been agreed but you may expect us to commit to:

- Publishing terms of reference and membership for the task & finish group, and publishing regular updates on the work of the group
- Proving regular opportunity for interaction with NHS England on our work to improve gender identity services via social media
- Publishing details of what patients can expect from gender identity services and how they can make a complaint if necessary

Educating health professionals

This is a complex issue, and not one that is owned exclusively by NHS England or indeed by specialised commissioners. We have heard through various forums, including the NHS Citizen Assembly in September 2014 (which was devoted to five issue groups, of which one was gender identity) and Transgender Workshop in November 2014, that there is considerable dissatisfaction with poor patient experience particularly in primary care. It is difficult to respond to your question directly because it is not within NHS England's remit to educate health professionals in the way that you perhaps suggest, but the reports of poor patient experience are of course a concern to us, and we need to understand how NHS

England as commissioner of primary care services can use the contractual levers available to us.

As you say in your letter, we need to be operating in clear and joined-up way to improve services and the patient experience. In September 2014 at the NHS Citizen Assembly Dame Barbara Hakin acknowledged the need to improve frontline services for people with gender identity issues, suggesting that NHS England should work with GP educators to ensure that GPs and other primary care staff are able to give helpful information and refer people to the right services, avoiding distress and long delays in treatment. We intend to deliver on that commitment.

I suspect that a focus on contractual levers alone will not sufficiently address what appears to be a significantly wider concern, and to that end I am writing to organisations that would also have an interest (or may have some direct responsibility) in this issue including the Royal College of General Practitioners, the Care Quality Commission, the General Medical Council and Health Education England to canvass ideas about how these organisations can support NHS England - and each other – in addressing the concerns that you describe. We also need to understand the responsibilities of Clinical Commissioning Groups and engage with them on this issue. We will publish our intended approach by 31 March 2015, making it clear what is and what is not within our ability and remit as a commissioner of health services.

Review meeting on 19 January 2015

Both your letter of 10 December and my response cover a number of matters which would no doubt benefit from a face to face meeting and more in depth discussion. In order to ensure this can take place as soon as possible both I and Cathy Edwards will attend the forthcoming review meeting between Healthwatch England and NHS England on 19 January 2015, and I will ensure that the subject of gender identity services - and specialised services commissioning more broadly - are included on the agenda.

Best wishes

Yours sincerely

Richard Jeavons
Director of Commissioning Specialised Services
Commissioning Operations