

Margaret Kilner Chief Officer Health Watch Sheffield The Circle 33 Rockingham Lane Sheffield S1 4FW Specialised Commissioning NHS England Area 6B Skipton House 80 London Road London SE1 6LH

8 May 2019

Dear Ms Kilner

Experiences of transgender and non-binary people accessing health and care services in Sheffield

I am writing to you to acknowledge receipt of HealthWatch Sheffield's report on Experiences of Transgender and Non-Binary People Accessing Health and Care Services in Sheffield.

The report was considered by NHS England's Gender Identity Programme Board on 16 April 2019. Terms of reference for the Programme Board may be found here. The Programme Board noted that the report's recommendations are aimed primarily at local commissioners and local providers, but that NHS England has an interest in this report as we are the direct commissioner of specialised services for people with gender dysphoria for the population of England. The Programme Board was of the view that the recommendations made within the report are aligned with NHS England's strategic ambitions to improve the way in which specialist health services for people with a diagnosis of gender dysphoria are commissioned and delivered.

In response to each of the recommendations that you have made:

Recommendation 1: Increase Support in Primary Care

NHS England is in advanced stages of planning to pilot a primary care led service for individuals with a diagnosis of gender dysphoria, for evaluation over two years. One of the first pilots is expected to be in Greater Manchester and further information can be found here.

Recommendation 2: Proactively Manage Waiting Times

NHS England has previously acknowledged that waiting times for specialised gender services are unacceptably long, due mainly to a significant increase in demand in recent years without a corresponding increase in clinical capacity given constraints in the specialist workforce. We are exploring how we can increase clinical capacity and manage waiting times more effectively. In April 2019 we began a process of national procurement that will determine which organisations are best

NHS England and NHS Improvement



placed to deliver specialist gender dysphoria services in the future against new service specifications, and that process of procurement is open to new providers. As the part of that process of procurement we have also invited bidders to apply for the role of a National Trans Health Unit, which is a new designation that will be awarded to one or two Gender Dysphoria Clinics who will be tasked with a central approach to the management of waiting lists over time and the delivery of support to people who are on a waiting list.

We have also provided funding to the Royal College of Physicians to deliver the United Kingdom's first accredited training programme in gender medicine (medical and non-medical). The training programme is expected to commence later in 2019/20 with the aim of increasing the number of health professionals who choose to specialise in gender medicine.

Recommendation 3: Coordinate Cultural Change in Health and Care Settings

The themes of coordination and integration of health services locally are themes that inform the development of potential pilots in primary and community care settings, and we note that this needs support from local commissioners and local providers in order for this ambition to be most effectively realised.

Recommendation 4: Do Ask, Do Tell

There are a number of people with lived experience on the Programme Board and they were particularly supportive of the recommendation for service providers to adopt a "Do Ask, Do Tell" approach.

Recommendation 5: Shared Decision Making

In 2018 NHS England adopted new <u>service specifications</u> for gender dysphoria services as an outcome of extensive stakeholder engagement and public consultation. The specifications embed within them a focus on shared decision making so that individuals are able to explore the options available, and take an active role in determining a clinically appropriate treatment route which best suits their needs.

The Programme Board noted that there is an intention to establish a local network of providers, commissioners and health care staff, and Programme Board members asked that you keep them informed of the work and achievements of this new network over time so that examples of good practice can be more widely disseminated.

Kind regards

Your sincerely

sent electronically

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