

Healthwatch – Experiences of Health and Care in Sheffield’s Trans Community

SHSC Response – May 2019

Recommendation 1: Increase support in Primary Care

While this is aimed at commissioners, we would support the principle of the observation. The Porterbrook clinic has demonstrated engagement with Primary Care colleagues regarding the production of prescribing guidelines, one-off training events and continues to offer ongoing clinical support for GPs. The clinic also arranges visits to Primary Care Practice meetings to provide trans awareness training. Training is led by the clinic’s Peer Support Worker and a member of the clinical or management team. The clinic is also developing a specialist nursing resource (non-medical prescriber) so that further immediate support can be given to GPs. The clinic would be happy to engage with training programmes for Primary Care and consider other ways that support can be offered. The service Clinical Lead (Dr Grainne Coakley) is currently encouraging a GP to work directly with the clinic to develop new working arrangements. The clinic will also explore potential digital solutions that can be used to offer support for primary care.

Recommendation 2: Proactively manage waiting times

The service is acutely aware of the unacceptable waiting times and the impact on individuals waiting for an assessment or an appointment. We note the reference to increased resource for gender services (p12). In the 3 year period 2010 to 2013 the referral rate for Porterbrook had doubled to 132 new cases per year. The Porterbrook clinic achieved increased funding in 2014 to address the needs of 172 new cases per year and reduce waiting times. By 2018 the referral rate stood at 520 per year with no new resource. The clinic has 797 open cases. 64% of cases are below the age of 30. The clinic is aware of the changing demographic seeking help, and the differences in expectations and service delivery needs that this brings.

The clinic has made very significant changes to operational delivery, including increasing support to people on the waiting list via a Peer Support Worker. The clinic also runs a monthly day-long pre-assessment course for people. This course explains the nature of the assessment and intervention pathways and signpost people to sources of active support within the community. By doing this we hope to manage expectations and prepare people for clinic and facilitate them in making the most of the assessment process and ease the transition process through the statutory service.

Please find below some recent comments and feedback that were received during evaluation of the pre-assessment course.

‘Slightly disappointed with the wait times but the reasons were understandable. Information was easy to understand, very thorough and patient. Staff were always ready to answer any questions I had. Very friendly, helpful and approachable. Having the q&a with the people who had left invaluable.’

‘The workshop was very helpful in clarifying the process and definitely reassured me in my decision.’

'This has been my first opportunity to speak face to face time with other trans people, which has been immense boost. I especially liked the experts by experience input.'

Communication of individual positions on the waiting list is an extremely complex problem. Waiting is not a 'linear' process and is an oversimplification to consider it a 'queue'. Individuals may wait for different time periods dependent on their individual clinical need and according to the availability of the clinical resource that may be able to meet those needs. The clinic has tried a variety of methods of communication, none of which have proved satisfactory to a percentage of the people. The clinic is working with IT to consider potential solutions, but currently we do not have the resource to commit to a rapid solution. New changes in the NHS England model also suggest that there will be a central 'national' list with appropriate support that may be a positive development for people in understanding the waiting periods. In the meantime, the clinic does regularly update the website and does everything in its power to answer enquiries at an individual level with the administrative resource available.

The service recognises the paucity of the existing website. The clinic is working with 'experts by experience' and the Trust communications department to develop an interim position that speaks more specifically to demands. In the longer term we are going to be establishing a more sweeping piece of digital transformation work led by Toni Mank (Associate Medical Director).

Recommendation 3: Coordinating cultural change

Porterbrook recognises the issues raised here. The team is lucky to have a Peer Support Worker (PSW) as part of the team. The PSW leads an awareness session as part of the Trust mandatory training programme for all new staff. The PSW also presents at Trust *Quality Improvement* events and is instrumental in acting as a liaison point with other non-statutory bodies across the patch. The team has an OT working closely in the community and engaging with community resources. The team is looking to employ another PSW.

Recommendation 4: Do ask, do tell

The Porterbrook clinic recognises the needs of preferred names and pronouns and has adopted the use of a voluntary 'badge' system for staff and people who use the service. The badge clearly states preferred name and pronoun. Clinic and admin staff would always seek to ascertain the preferred name and pronoun at the beginning of a clinical relationship.

Recommendation 5: Embed shared decision making and co-design

The Porterbrook clinic takes the development of constructive relationships with members of the trans and non-binary communities and the non-statutory bodies that may represent their interests very seriously. The clinic is committing to developing a sophisticated relationship with those that use, and have used, the service. The service is seeking to increase the representation of peer support workers within the team structure and to invite the support of experts by experience in developing resources and support networks. The clinical team is committed to engaging with non-statutory groups that can work within the community to engage people in their own neighbourhoods.

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