

# minutes

## National Gender Identity Clinical Network Scotland (NGICNS), Steering Group Meeting

Venue: MS Teams, (Details attached to calendar invitation)

Date: Tuesday 14<sup>th</sup> March at 9.15am

### Present:

Name	Role	Board/Organisation
[REDACTED]	[REDACTED]	LGBT Youth Scotland
[REDACTED]	[REDACTED]	Transparentsees
[REDACTED]	[REDACTED]	NHS Tayside ([REDACTED] [REDACTED])
[REDACTED]	[REDACTED]	NHS Greater Glasgow & Clyde
[REDACTED]	[REDACTED]	Stonewall Scotland
[REDACTED]	[REDACTED]	Scottish Government
[REDACTED]	[REDACTED]	NHS Greater Glasgow & Clyde
[REDACTED]	[REDACTED]	LGBT Health
[REDACTED]	[REDACTED]	NHS Lothian ([REDACTED] [REDACTED])
[REDACTED]	[REDACTED]	Scottish Trans

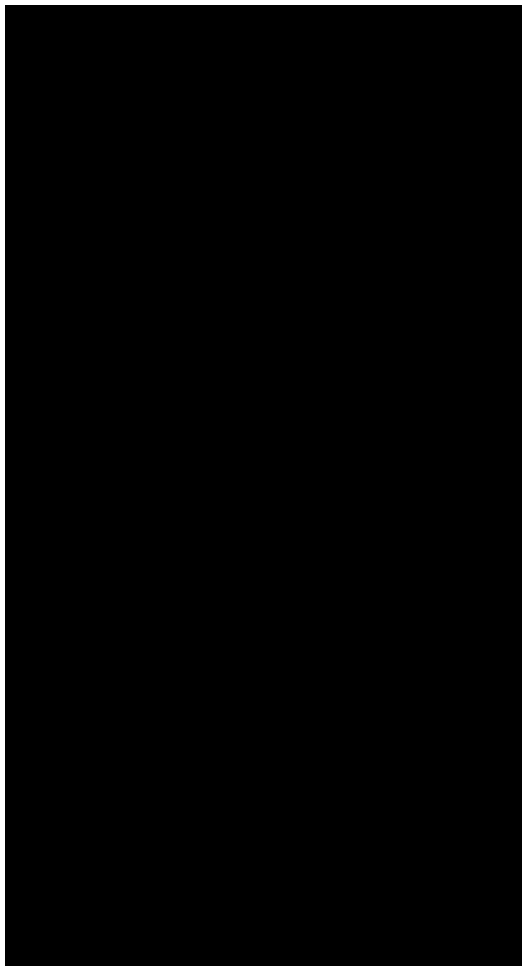
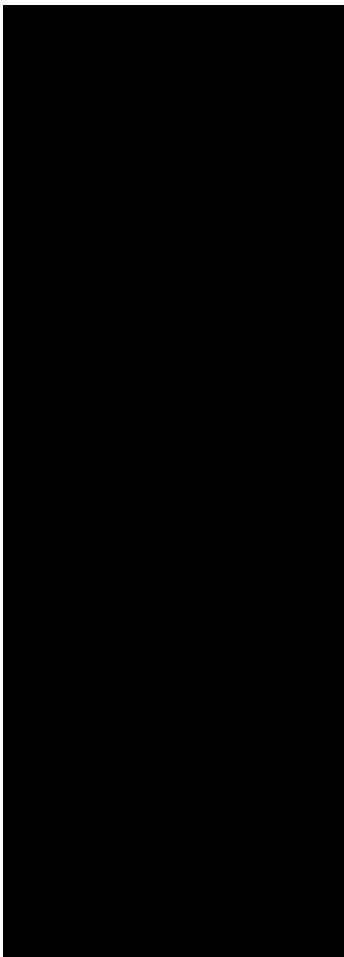
### Apologies:

Name	Role	Board/Organisation
[REDACTED]	[REDACTED]	University of Edinburgh
[REDACTED]	[REDACTED]	NHS Lothian



Chair                    Keith Redpath  
Chief Executive       Mary Morgan  
Director                Susi Buchanan

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LGBT Youth Scotland  
NHS Greater Glasgow & Clyde  
  
NHS Fife  
  
NHS Lothian  
NHS Lothian  
  
NHS Highland  
  
NHS Grampian  
NHS Lothian  
NHS Lothian  
  
NHS National Services Scotland  
  
NHS Greater Glasgow & Clyde

**In attendance:**

Name

Role

**Board/Organisation**  
NHS National Services Scotland  
NHS National Services Scotland  
NHS National Services Scotland  
NHS National Services Scotland  
NHS National Services Scotland

# minutes

## 1. Welcome, Apologies & Introductions

■ welcomed ■ back on to the Steering Group as the Transparentsees representative and introductions were made.

Formal apologies were noted as above.

## 2. Minutes & Actions from last meeting

The minutes from the previous meeting were approved as an accurate record and endorsed by members.

It was noted that there were two ongoing actions; the first was in relation to the network website and the temporary landing page, which was still in the process of being changed. The second was in relation to Public Health Scotland (PHS) attending a network Steering Group meeting, however, ■ noted that this had been superseded by the fact that they were involved within the data subgroup.

## 3. Service Updates

### 3.1 Adult Service Update

#### NHS Greater Glasgow & Clyde:

■ updated members that the waiting list continued to increase for their service and that there were some recruitment updates to share. An administrative post had been recruited to, which had been advertised since January 2023. The service had also submitted a grant for a telephone triage service to try and alleviate some of the waiting list pressures.

There would be two stages to this process, the first stage would be provided by administrative staff in terms of validating patient information and the second stage would be provided by clinical staff who would go through more detailed information with people on the waiting list and help to identify the specific areas of the service that were needed and signpost/ refer to accordingly. ■ confirmed that patients on the waiting list would still keep the same place as part of this process.

■ confirmed that the Scottish Government had agreed that funding from 2022/23 could be carried over to 2023/24 and as such, they were able to advertise successfully for fixed-term sessional Psychologists. The service was also going to be advertising for Psychology Assistants who would be able to help with the waiting list data and the NaSH data input.

In addition to this, the service was also looking to recruit a part time Pharmacist and some business support staff and it was hoped that if there was money left, they could recruit with third sector partners for Project Support Workers. ■ confirmed that there were longer-term plans to recruit occupational therapy and nursing staff, however, this would not be in the immediate future.



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■ mentioned that the service had been experiencing additional pressures in terms of negative media interest and a recent protest and that they were currently unable to deliver any educational talks.

■ updated that there was still no functioning IPL machine but that the service was using a local beauty therapist as an interim alternative.

#### **NHS Lothian:**

■ updated members that their service continued with a lot of activity and that the new members of the nursing team were due to start prescribing soon. The clinic had been brought up to its natural capacity, so they were now thinking about follow up pathways in a better way.

■ explained that one of the difficulties the service was experiencing was in relation to surgical assessments and they were actively looking at ideas on how to improve it, but pointed out that the main barrier was in relation to the need for experienced staff.

■ advised that the service was planning to increase staff within psychology and mental health nursing and that they were also hoping to bring a Pharmacist to the service.

#### **NHS Highland:**

Apologies had been noted in advance of the Steering Group meeting from NHS Highland.

#### **NHS Grampian:**

NHS Grampian were not represented at the meeting; the network team would pursue an update from the service with a view to circulating to members.

**Action: NGICNS Core Team to pursue a service update from NHS Highland and NHS Grampian that can be shared with members.**

### **3.2 C& YP Service Update**

■ updated members that the waiting list for the children and young people's service continued to increase and that there were significant staffing pressures.

■ advised that the service had received approval to advertise for a substantive 2A Clinical Psychologist and it was anticipated that advertising would begin soon. ■ updated that a Clinical Psychology Trainee was being trained to help with Paediatric Endocrinology clinic reviews and that some of the sessional Psychologists who will be starting may be able to work in the YP service.

■ updated members that Transparentsees had recently issued a poll to its members, which found that 10% (of those that responded) had accessed private care.

■ updated members that a meeting had taken place with National Services Division (NSD) in relation to a national planning piece around data gathering, which would help to scope the need across the pathway.

## **4. Scottish Government Update**

■ advised members that the National Reference Group were due to meet on Thursday 16<sup>th</sup> March 2023. Going forward, they were intending to review this group and ■ advised that her team were interested to hear from colleagues and third sector representatives on the way that it was structured.

Since the last meeting, funding had been issued to Gender Identity Clinic's in December 2023 and although this was later than they would have liked due to an emergency budget review, they could provide reassurance that no board was losing money that they hadn't been able to spend.

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Health Improvement Scotland (HIS) had recently issued a public consultation as part of their scoping document and they would be reporting on that at the upcoming National Reference Group meeting. Public Health Scotland (PHS) had collected a pilot set of data on waiting times, and ■ noted that her team were grateful to Gender Identity Clinics for working together with them on that piece of work.

There was some discussion around the standing agenda item from ■ and whether members continued to find it useful given that there was cross over for members who were also involved in the National Reference Group. It was decided that the update from ■ was valued by the members and should continue.

## 5. Data

### 5.1 Data Group

■ updated members that there was a data group meeting scheduled for 15<sup>th</sup> March that would be looking to cover items 5.2 and 5.3 and advised that once an update on these items was available, it would be shared with Steering Group members.

### 5.2 NaSH Gender Data

See item 5.1

### 5.3 Nash Consent Form

See item 5.1

### 5.4 Waiting Times Data

■ pointed out to members that the pilot exercise that had been undertaken with PHS had highlighted an issue with NHS Lothian data and that it was slightly incorrect on the paper shared in advance of the meeting. This was a minor issue and would be rectified.

■ advised that PHS would be taking over the waiting times data. The intention was that from 1<sup>st</sup> April 2023, PHS would begin the regular request for data each quarter and that the network would not, meaning that the last request from the network would be for data in January - March 2023. ■ pointed out that there may not be a seamless alignment in terms of reporting. An agreement would be discussed between the network and PHS around bridging any gap between data collection and final reporting, with the first PHS data not expected to be published until 2024.

■ shared the last quarter's wait time data (NGICNS-SG-2022-20) and talked the group through some of the figures. ■ clarified that the apparent reduction in NHS Lothian was likely down to removing patients from the waiting list that they were unable to reach. One of the potential reasons for this was student temporary residents that had left the area as a result of the pandemic.

The main points to highlight were that the children and young people's service and NHS Grampian hadn't been able to see new patients as a result of staffing issues. NHS Lothian were the only service where waiting times hadn't increased.

## 6. Communication & Engagement



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## 6.1 Newsletter

█ advised members that it was the network's intention to establish a Communication & Engagement subgroup to work on newsletters, as well as reviewing content on the network website going forward. █ added that one of the things that would be helpful in the process of developing a newsletter would be to collect content that would be public facing from the Gender Identity Clinics as this would be of interest to people.

The longer-term focus of a Communication & Engagement subgroup would be to think about how to proactively engage with people and there was some discussion within the group around social media options. However, it was agreed that this could be picked up by the subgroup. █ added that the network's Communication & Engagement Strategy was also due to be reviewed and that this would be another piece of work for a subgroup to take forward. █ encouraged members to contact the network mailbox in the first instance if they or anyone else they knew of within their own networks would be interested in joining a subgroup.

**Action: Steering Group to consider potential members of a Communication & Engagement subgroup and get in touch through the network mailbox with any suggestions**

## 7. Surgical Commissioning

### 7.1 Provision in England

█ updated members that there was a new masculinising provider within Chelsea and Westminster and that this was being managed by the Gender Dysphoria National Referral Support Service (GDNRSS).

█ updated members that there had been a change in relation to funding codes in that if someone were to change their provider, the code would now remain the same.

### 7.2 Surgical Statistics

█ pointed out that in terms of surgery referrals for chest reconstruction, it was close to the level that it had been pre-pandemic, however, feminising lower was rising. There was some discussion around why there was this difference, and it was thought that this could be due to long waiting times for second opinions. Potential solutions to this were discussed and the group agreed that it would be helpful to have all of the potential routes articulated and that this could be something that the networks partner organisations may be able to capture.

## 8. Scottish Prison Service Pathway

The Scottish Prison Service (SPS) had been developing their pathway and they continued to engage with services and the network in relation to this. █ pointed out that this was in relation to a very small number of people.

█ added that the SPS had introduced new elements to their pathway in relation to assessment, which improve the continuity of care for the patient and the service continues to manage care for patients within the confines of what they can.

## 9. Continuation of Network Business

█ updated members that █ would be leaving the network as the Lead Clinician at the end of March 2023 to move to a new post with NHS Education for Scotland (NES), to lead on a gender competency framework. █ congratulated him on this success and expressed the network's gratitude in terms of the amount that █ had contributed. She thanked him for his level of drive and for helping the network to establish a framework that gender healthcare clinicians work towards and for the support he had shown colleagues.

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█ agreed that the network had come a long way in the four and a half years that he had been █ and pointed out that although there would likely be a period where the network would not have a Lead Clinician, the network would continue to have support through the █. █ encouraged creative thinking around the various workstreams and was in no doubt that the network would look different in future.

█ advised that there would be a recruitment process in relation to the █ role. This was in hand and details would be circulated in due course. █ encouraged members to consider the role and expressed how positive an experience it had been, especially as a learning opportunity.

**Action: Details of the Lead Clinician advert to be circulated amongst members when it becomes available.**

## 10. Any Other Business

█ updated members that the Gender Reassignment Protocol (GRP) refresh had been received by the Chief Medical Officer (CMO) in December 2022 and that it was currently with Clinical Advisers who would be providing advice to the CMO in due course.

### 10.1 Future Meeting Dates:

Proposed Dates:
10/08/2023
09/11/2023
01/02/2024

## 11. Date of Next Meeting

11<sup>th</sup> May at 10am



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Chief Executive Mary Morgan  
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