# minutes

National Services Division (NSD) Gyle Square 1 South Gyle Crescent Edinburgh EH12 9EB Telephone 0131 2757612 www.nsd.scot.nhs.uk



National Gender Identity Clinical Network for Scotland (NGICNS)

Steering Group Meeting

Microsoft Teams

8 November 2021, 13:30pm – 15:30pm

Author:

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Present:

			NHS National Services Scotland
			NHS National Services Scotland
			LGBT Youth Scotland
			NHS National Services Scotland NHS Highland
			NHS Tayside (
			NHS National Services Scotland
			NHS Grampian
			NHS Lothian
			Scottish Government
			NHS Greater Glasgow & Clyde
			LGBT Health
			NHS National Services Scotland
<b>disability</b> <b>confident</b>	ISO 9001 Wanagement FS 507722	Chair Chief Executive Director	Keith Redpath Mary Morgan Susi Buchanan

NHS National Services Scotland is the common name of the Common Services Agency for the Scottish Health Service Page **1** of **6** 



# 1. Welcome, Apologies & Introductions

	NHS Tayside	)) welcomed attendees and noted
the above apologies.	welcomed	( <b>Manager</b> , National Services Scotland).

# 2. Minutes & Actions from last meeting

The Minute was agreed as a true record.

The following update from previous minutes and actions were provided:

# 2.1

It was noted that is now known as is now known as

# 2.2

there was no news in relation to a WPATH guidelines update.

2.3

(and the importance of service users providing GIC's up to date contact details, as had Scottish Trans. (Contact details) (Contact details) advised the network would add this message to the website.

# Action: NGICNS Team

# 3. Items to Note from the NHS Boards

The group had no questions for board representatives on any of the Board updates.

staff changes over the last quarter.

(Intersection), NHS Highland) advised the group that their nurse specialist had left their post on 20<sup>th</sup> of October. This had resulted in the service being left extremely and undergoing crisis management during this time. It was advised that the had been in contact with colleagues across wider Scotland to inform them of the situation.

group members that any updates would be picked up through the agenda proper.

also experiencing staff shortages across the service. noted that the service had been receiving cover from a prison service psychologist. It was reported that the service had received a large number of GP requests to bridge prescriptions. After a brief discussion, it was agreed by the wider group that this required further discussion during Any Other Business.

Action: All

that other services don't accept self referrals and they potentially increased the workload, but no decision had been taken.

provided an update for the Children and Young People's Service. It was advised that the recruitment for a new Service Lead had been unsuccessful, and that was working on getting the post funded substantively, prior to re-advertisement. When we went on to update that the modification to the puberty blocker leaflet was complete, and would be made available on the website shortly. Staff were reviewing the transition process between young people's and adult services.

updated group members that additional support was being provided to the psychologists as a temporary measure, until the recruitment gaps had been addressed.

# 3.2 Children and Young People's Event

It was updated that this item would remain as a rolling agenda item to be actioned once the Lead had been appointed in Glasgow.

# 3.3 Children and Young People's Service Bid

to the group about the progress with the bid. It was reported that work was ongoing to look at patient pathway costings, and that it would be hoped this bid could be submitted to NSSC once completed.

# 3.4 Representation from Youth onto the group

After a previous discussion at the last meeting relating to gaps in Steering Group membership, the group received the paper from and and and and were supportive for a youth representative to be added as a member.

Action:

# 4. Psychology Service Developments

# 4.1 Prison Model

(Interview of provided a presentation to the group on prospective new models of gender identity care in prisons. It was noted that this model would not be appropriate in every setting. Went on to advise that this work had been supported by the formation of the group of the grou

went on to provide some context of this work. She advised that when she started at Sandyford, there were people in prison on the waiting list, and the current system had been to rely on the prison staff transporting patients to appointments. It was then agreed that Sandyford would offer a mental health assessment to people in prison. Six patients had been seen thus far, and they had all presented higher levels of complexity. It was noted that this work would explore alternative ways to support people to ensure they are receiving appropriate access to assessments whilst in prison.

# 4.2 Gender Psychology Service

then presented an overview of the work for a Brief Targeted Psychological Intervention service model within the Gender Service. Similar to the prison model, this work had been supported by **service** and **service**. It is envisioned that this would be delivered by a Psychologist within a GIC. This model would provide psychological support e.g. for people experiencing gender dysphoria, transphobia and general support during their time on the waiting list.

advised that the paper had been shared with group members for their information.

# 5. Policy Updates

# 5.1 Gender Reassignment Protocol (GRP)

updated members that a progress report had been prepared by NSD earlier that week which included a summary of the scoping work the network had undertaken over the last quarter. It was highlighted that the anticipated date for WPATH V.8 was December 2021, however there had been no recent update on whether this work in on track for that deadline. **Security** discussed with members that the guidance had already been delayed, and that the GRP work should not be held up even if WPATH V.8 wasn't published in December.

He went on to update that the network intends to commence an evidence gathering process to source the GRP evidence base, and that Healthcare Improvement Scotland (HIS) would likely be assisting with that piece of work. He advised that the GRP five domains within the report had been identified after a mapping exercise was done across the existing chapters of the GRP.

workstream, as there was a crossover between primary care and non-surgical services. advised that the decision to split had been made in order to make progress and improvements specifically within Primary Care.

updated the group that NSD had been seeking an external Chair to oversee the Gender Reassignment Protocol. It was advised that the decision was made in order to ensure there is independence from the network, and to diminish any perception of bias. **Mathematical was** introduced as the chair who would be facilitating the GRP. It was highlighted that **Mathematical was** a GP and retired chair for the Royal College of General Practitioners, as well as the current chair for the Scottish Academy. It is hoped that would provide insight from a Primary Care perspective. The group were very supportive of this appointment.

The group endorsed this report and were in agreement for it to be submitted to the CMO. Action: The NGICNS Team

# 5.2 Gender Recognition Act Update

some background on the work ongoing for the Gender Recognition Reform Act. He noted that it was a Government commitment for the Bill to be introduced during the first year of parliament.

#### 6. Surgical Update

#### 6.1 Provision in England

provided an update to group members where it was advised that GDNRSS for NHS England continues to develop. It was advised that securing a contract for a new surgical provider for masculising surgery had been completed, and this service would be undertaken at the New Victoria Hospital, London.

#### 6.2 Surgical Statistics

**Example (**National Services Scotland) provided an update to the group on the latest data for surgical statistics. It was advised that the surgical numbers had increased from the previous year, however were still lower than what they had been 2-3 years previously.

#### 7. Waiting times data

#### 7.1 Quarterly Update

summarised the NCICNS reports of GIC waiting times data.

#### 7.2 Publication of data

invited group members to share their views on the publication of data. It was noted that currently there was an incomplete data set. **Control of** advised that the network had contacted the GIC's to seek endorsement for the data to be published twice yearly once complete and seen by the steering group. The group was in agreement.

advised that the Scottish Government team receive a number of requests for this information on a regular basis, and it would be more helpful to receive quarterly data.

# 8. NGICNS Review Update

provided an update to Group members. The group were advised that the network successfully got through the policy groups, and had been recommissioned for another 3-5 year commissioning cycle.

# 9 ICD-11

advised that by the next scheduled Steering Group date ICD-11 would be in effect.

#### **10 Any Other Business**

#### **10.1 Edinburgh University**

This was provided for information and was met with positivity from the group.

#### **10.2 Healthcare Student Talk**

Details would be circulated to Steering Group Members.

#### 10.3 MDT Dates

The group were reminded of the MDT dates scheduled for the remainder of 2021.

#### **10.4 LGBT Health trans people and work survey report**

This was shared for group member's information.

#### **10.5 NGICNS Mid Year Report**

sought any feedback from members on the draft mid-year report.

Action: All

#### **10.6 Bridging GP Prescriptions**

Following earlier discussions in the meeting, it was agreed for this item to be added to the agenda.

The notes of the meeting held after the steering to discuss Bridging Prescriptions will be circulated separately.

#### 11. Date of next meeting

The next meeting was scheduled for 27th January 2022 - 10-12pm

#### Action Register

Number	Action	Owner	Deadline
1	Update website with reminder for stakeholders to provide up to date contact details to GIC whilst on the waiting list.	NGICNS team	By next meeting
2	Group members to provide their comments on bridging prescriptions by responding to the bridging discussion meeting notes.	All	By next meeting
3	Network to invite a Youth Representative to join the Steering Group.	NGICNS team	By next meeting
4	To submit any enquiries in relation to Gender recognition bill to	All	By next meeting
5	To provide any comments to and	All	By next meeting
6	To provide any comments on the mid- year report to <u>@nhs.scot</u>	All	Asap and by next meeting