

minutes

National Gender Identity Clinical Network Scotland, Steering Group Meeting

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

Date: Tuesday 10th August 2023, 10am-12pm

Present:

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

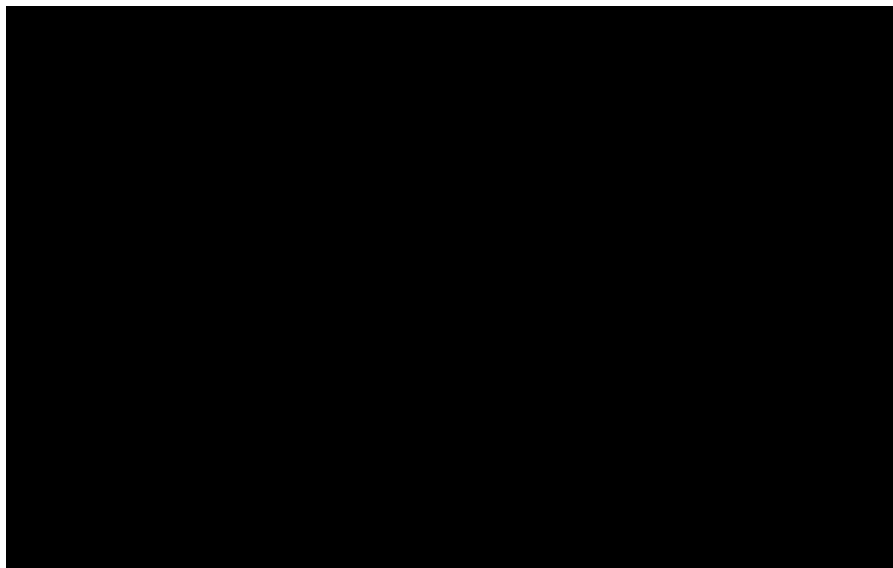
Apologies:

Name	Role	Board/Organisation
[Redacted]	[Redacted]	University of Edinburgh
[Redacted]	[Redacted]	LGBT Youth Scotland
[Redacted]	[Redacted]	NHS Fife
[Redacted]	[Redacted]	NHS Lothian



Chair	Keith Redpath
Chief Executive	Mary Morgan
Director	Susi Buchanan

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NHS Lothian
 NHS Education for Scotland (NES)
 NHS Grampian
 NHS Lothian
 NHS National Services Scotland
 Scottish Government
 NHS Greater Glasgow & Clyde
 NHS National Services Scotland

In attendance:

Name	Role	Board/Organisation
[Redacted]		NHS National Services Scotland
[Redacted]		NHS National Services Scotland
[Redacted]		NHS National Services Scotland
[Redacted]		NHS National Services Scotland

1. Welcome, Apologies & Introductions

[Redacted] welcomed [Redacted] as new [Redacted], replacing [Redacted] and welcomed [Redacted] as new [Redacted], replacing [Redacted]. Introductions were made and apologies noted.

2. Minutes & Actions from last meeting

The minutes from the previous meeting held on 23rd May 2023 were approved as an accurate record and endorsed by members.

3. Service Updates

3.1 Adult Service Update

NHS GGC

It was requested for [Redacted] to be removed from the distribution list whilst they were on maternity leave, with a planned return date of summer 2024.

Action: [Redacted]

Members were informed that there had been a recruitment drive within NHS GGC, with sessional agreement to review solutions regarding staffing, with great support from Pulse. It was noted there was no change to doctors. It was hoped that the high waiting times for psychology referrals, would reduce with the introduction of a new [Redacted] commencing September 2023.

NHS GGC provided members with a combined update of adult and young persons' services. Communications had been circulated regarding an administration validation process for the young persons' service. A data validation process was in progress to confirm details such as, who was on their waiting list, that the information they held was

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correct, and to confirm that the person still wished to remain on the waiting list. This was a Scotland wide process whereby everyone would receive an interactive text message providing automated responses, with an estimated timescale of 6-8 weeks to ensure that everyone was given ample opportunity to respond.

Following this process, clinical validation would be carried out by two [REDACTED] [REDACTED] who would contact the patients to gain additional information from them, especially the self-referred patients. In conjunction with this there had been additional recruitment of clinical staff within the young persons' team, i.e. sessional Pulse psychology staff. There had been much interest from internal psychology staff for both the adult and young persons' services. Recruitment for occupational therapy had also been successful, as well as working closely with CAMHS. Once the validation for the young persons' service was complete, the same process would commence for the adult service. Therefore, would entail a slightly longer process. This was in conjunction with staff's business-as-usual activity.

It was highlighted that the [REDACTED] at GGC had raised with their counterpart in other Board areas that self-referral to Sandyford, with no local ownership of patients, had resulted in a situation where patients waiting for gender intervention had mental health needs which were going untreated. This could result in a delay to initiating gender treatments when eventually seen at Sandyford. It was hoped that mechanisms may be put in place to ensure that any patients triaged as needing this work during the waiting list validation would have a clear clinical pathway into home Board services. They also planned to work with third sector colleagues regarding any additional support which patients on the waiting list required.

[REDACTED] reported that this [REDACTED] level planning discussion had not reached her in Tayside and had concern whether the work Sandyford colleagues described had taken place. [REDACTED] agreed to discuss with the Tayside [REDACTED]

Action: [REDACTED]

[REDACTED] assured members that every effort was taken to ensure that everyone on the waiting list was contacted and confirmed as responding. Although all information was on the Sandyford Gender Identity Clinic (GIC) website, members were asked to inform their patients to contact the clinical team if they had not been contacted by end of August. Members were informed that there had been a 95% success rate regarding the initial text messages sent and received by a valid phone number, and 85% of the 95% had responded accordingly. There had been a 5% failure rate, however, those patients would be assigned to an additional list to review what information was held for them, and they would be written to instead.



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█ explained that they had recently contacted patients in Lothian via letter, using CHI refresh, and would be happy to share the information with GGC on how they contacted patients. It was suggested that some patients may have become uncontactable due to having lived in Scotland temporarily (i.e. students) before returning home during the COVID period.

It was reconfirmed that part of the clinical validation process, via the phone calls with the █, would discuss if the patient was on gender affirming hormones, to help monitor any possible risks. Anecdotally, it was noted that many young people were accessing hormone treatment privately.

Members were informed that liaising with third sector organisations was already underway as part of the young persons' administration validation process. It was highlighted that an adult may not have the same support network as that of a young person, i.e. family/parents/carers to keep them informed of any possible updates regarding the waiting list process, therefore, members were asked to ensure that adults were aware of the administrative validation process and the timescales involved.

It was suggested that a central email inbox be created to cope with the high number of correspondences which may be received from concerned patients regarding their place on the waiting list. It was also suggested to share an example of the text messages being issued so that patients knew what they should expect to receive.

Action: █

It was recognised that there was a high risk that laterally some patients may be removed from the waiting list due to not receiving a response to any of the communications, for whatever reason, therefore, a database would be held for those patients in the event they responded at a later stage.

Reassurance was given that business as usual would continue in GGC and patients who were already being seen would continue with their treatment as normal.

NHS Highland

Members were informed that a new █ had been recruited for one day per week, commencing WB 14th August. They had also received funding to enable them to increase their administrative hours. Via discussions with local psychology, it was still planned for them to support some of their local psychological assessments which would in turn reduce the Sandyford GIC waiting list. It was highlighted that their local █ was very supportive and had created networking opportunities via Public Health, local psychology colleagues, as well as becoming a member of appropriate programme boards, all with the aim to reducing their waiting list.

NHS Lothian

Members were informed that the Lothian funding from Scottish Government had enabled a positive recruitment drive. Waiting times had been reduced, which in turn had reduced complaints received. They were currently recruiting for █ staff, as well as a █. Although this was a positive step, the recruitment process did present challenges in freeing up time to train and educate existing staff due to the support required in training and educating new staff. They also planned to recruit █ to monitor bloods and were in the process of backfilling █ secondment to NES.

It was highlighted that administrative staff had been recruited, enabling phone lines to now be open from 8:30am until 4:30 Monday to Friday. This would be of great benefit to

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patients. They also had a new [REDACTED] had returned to the service, as well as a new [REDACTED]

Members were informed that Lothian worked with their [REDACTED] regarding the focus on triaging patients via the third sector organisations. They had submitted an application to the NHS Lothian charity for a two-year part-time recruitment post who would sit within the equality team within the sector. They had carried out a consultation via the trans stakeholder group for advice. They would inform members of their success for funding. The third sector role was critical to the support they provided and hoped to recruit someone who could provide a robust framework.

4. Data

Members were informed that a short life working group had been tasked to review a field within NASH which asked for the patient to confirm their sex and whether they had transitioned. It had been agreed that this field be temporarily turned off pending the agreement of an alternative field in the future, as the introduction of a new field currently may cause confusion. It was highlighted that NHS GGC were successful in uploading over 900 gender records to NASH, and NHS Lothian planned to prioritise this piece of work soon with the support of NSS. NHS Highland had also made great progress in this.

[REDACTED] informed members of some scoping work that was underway around patient consent and highlighted his concerns surrounding the general information and additional obligations of colleagues under the Gender Recognition Act. There was a requirement for staff to be provided with further education and advice in relation to this, as well as the implications of CHIs and the communications required to ensure staff were kept up to date of any changes.

4.1 Waiting Times Data

It was noted that all four submissions had been received for this quarter. The NSS IMS team would provide a report over the next few weeks.

Action: [REDACTED]

5. Surgical Commissioning

It was suggested that an informal forum be created to enable staff to be updated on any new providers and how to best deal with them.

It would be required to follow up with [REDACTED] to provide a written update for steering group members.

6. Any Other Business

6.1 [REDACTED] Recruitment

[REDACTED] reminded members of the [REDACTED] post which had been advertised but had unfortunately received no applications. It was recognised that this was a reflection of how



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busy network members and colleagues were in their business-as-usual roles. Members were invited to provide feedback on how the network structure should look moving forward, and assured members that NSS would provide support in these decisions whether they were short or long term.

Concern was raised that members may share anxieties with the absence of a [REDACTED] to support and drive the networks workplan forward.

It was discussed that given that members and wider colleagues time would not have changed since the initial advert was posted, that re-advertising for this post would currently not be a good use of time and resource.

It was agreed that members would review the workplan and feedback the activity they agreed should be taken forward as a priority. The workplan would be re-shared with members, for feedback to be received by end August. The network would also welcome suggestions for pieces of work not on the workplan.

Action: [REDACTED]

6.2 Recruitment

It was agreed that the network team would contact NHS Highland, NHS GGC and NHS Lothian to confirm updates to recruitment.

Action: [REDACTED]

6.3 NASH

Concern was raised that the NASH prescribing dictionary did not match with the drugs listed on the gender care record. It was agreed that [REDACTED] would email [REDACTED] and [REDACTED] with the drugs list on the gender care record, to enable both sets of clinical records to match.

Action: [REDACTED]

6.4 RCP Professional Certificate in Core Capabilities for Adult Gender Identity Healthcare

Members were informed of this certificate and that further details on how to sign up had been circulated. However, it was pointed out that this was designed to support staff for an NHS Accreditation England GIC service specification, which defines what each specialty within a GIC should do. The Scottish Government would ask that GICs consider all educational opportunities, however, it was highlighted that this certificate required three modules to be completed before the person was competent to prescribe hormone medication. It was noted that this was a lot of studying for something which was not high level and would delay recruitment of staff into the gender services.

7. Date of Next Meeting

Thursday 9th November 2023, 10am