

minutes

National Gender Identity Clinical Network Scotland, Steering Group Meeting

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

Date: Tuesday 23rd May at 10am

Present:

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

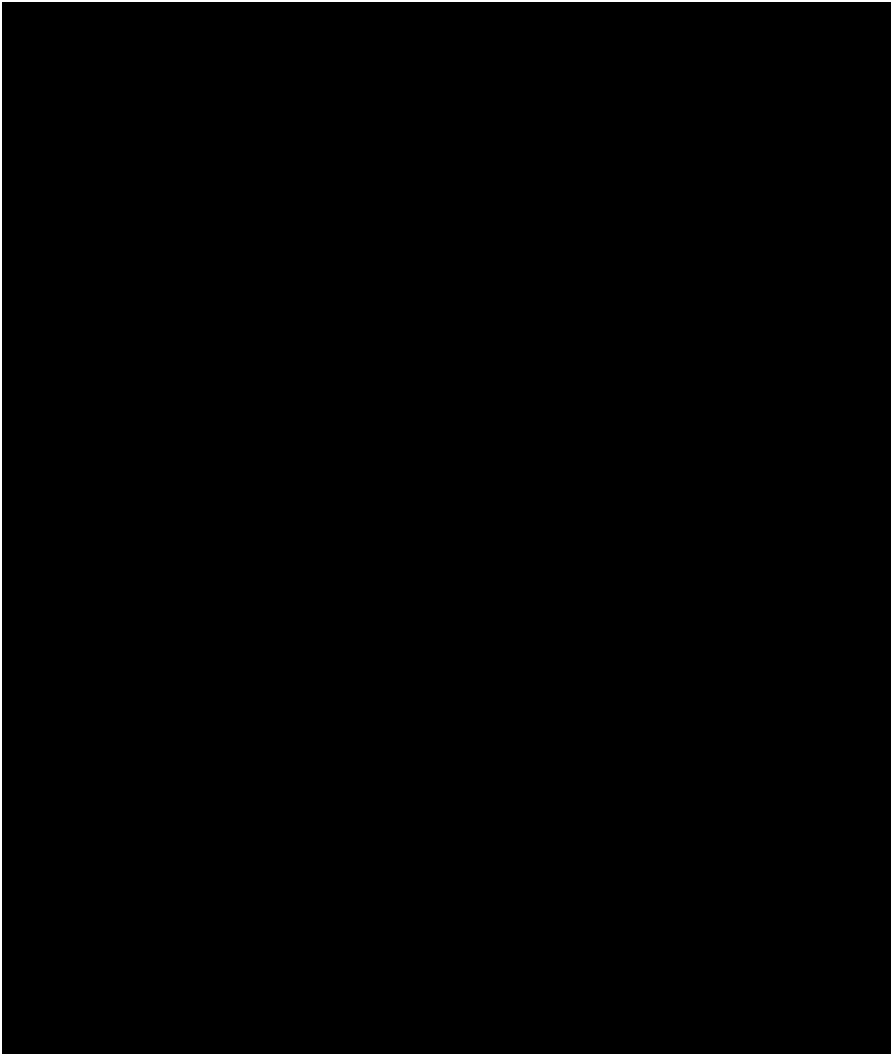
Apologies:

Name	Role	Board/Organisation
[Redacted]		University of Edinburgh
		LGBT Youth Scotland
		NHS Greater Glasgow & Clyde



Chair	Keith Redpath
Chief Executive	Mary Morgan
Director	Susi Buchanan

NHS National Services Scotland is the common name of the Common Services Agency for the Scottish Health Service



NHS Fife

NHS Lothian

NHS Lothian

LGBT Youth Scotland

NHS Highland

NHS Grampian

NHS Lothian

NHS Lothian

NHS National Services Scotland

Scottish Government

NHS Greater Glasgow & Clyde

NHS National Services Scotland

In attendance:

Name

Role

Board/Organisation



NHS National Services Scotland

NHS National Services Scotland

NHS National Services Scotland

NHS National Services Scotland

minutes

1. Welcome, Apologies & Introductions

■ Welcomed everyone to the meeting and 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.

■ advised that the only outstanding action from the previous meeting was:

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

There was acknowledgement that it would be difficult for members to commit to joining another group when everyone is already so busy. It was agreed that the network team would send a follow up email with a two-week deadline to the group asking them to consider involvement and to share with any colleagues they think would be interested.

Action: Network team to send an email to the Steering Group asking them to consider potential members of a Communication & Engagement subgroup

3. Service Updates

3.1 Adult Service Update

NHS Highland-

■ advised that NHS Highland had sent apologies but that the following written update had been provided:

Unfortunately, our waiting time to be seen increased further due to staff illness at the beginning of this year. However, we were able to use Scottish Government funding for some additional psychology assessments. We are currently discussing the possibility of the Highland psychology department being involved with the GIC going forwards, which would have a long-term positive effect on our waiting time and reduce the number of patients requiring assessment at the Sandyford. We have advertised a [REDACTED] with one interested person so far. Scottish Government funding approval for 2023/24 would also allow us to involve endocrinology locally. We have started a monthly Live Chat session following the success of Live Chat for young people at the sexual health clinic.

The group agreed that local services would benefit from having further discussions with different staff groups, such as Psychology, to help address the ongoing issues.

NHS Lothian



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█ advised that NHS Lothian had had a busy quarter in terms of referrals and that it had not been possible to submit the data for waiting times prior to the meeting. During January - March 2023 the service had experienced a substantial volume of activity.

█ confirmed that he had moved to a new post with NHS Education for Scotland (NES) and was now working in NHS Lothian one day per week. The service was still in the process of refining how this would work.

█ added that NHS Lothian were keen to hear about funding for this financial year and that once this had been confirmed, they would plan to recruit to posts within Psychology as well as other areas of support.

NHS Greater Glasgow and Clyde

█ advised that their waiting times continued to significantly increase due to staffing levels, which were considerably lower than what the whole-time equivalent should be at its full complement.

In terms of recruitment, █ provided the following update:

- The service had successfully managed to recruit four sessional █ and confirmed that they would be working within the adult service due to a lack of appropriate supervision available for them to work in the children and young people's service
- The service was due to interview for two █ posts in June 2023 and clarified that their primary focus would be in relation to waiting list validation and data input
- An █ had been advertised internally but not yet externally and had so far received no interest

3.2 C& YP Service Update

█ advised that the staffing levels were approaching critical levels with two staff members working for the service at 0.9 whole time equivalent, one of whom was due to go on maternity leave in July 2023. █ explained that as a result, the waiting time for the service had continued to increase.

█ explained that the service had been having meetings with the Greater Glasgow & Clyde mental health service and the paediatric endocrinology team in the West. They were also due to meet with the endocrinology team in the East. These meetings have been to discuss the issues and the risks to patients on treatment without having psychology input available.

█ added that this had been escalated through the board and that initial waiting times were only part of the issue, as it would create further pressures throughout the pathway. █ highlighted that there was a need to look for support from within the multidisciplinary team that hadn't historically worked in gender services, due to the issues with recruitment.

█ suggested that a service mapping exercise looking at the inputs and outputs of where the pressures were on the pathway could be a helpful way of trying to understand and resolve these issues. It was agreed that the network would look at this.

The group discussed the risks and potential impact in relation to this issue and █ concluded that one of the advantages of the network was to collectively problem solve and share between and across services to put a wider call out for help.

█ agreed to speak to █ and colleagues from Greater Glasgow & Clyde from a psychology perspective offline to see if there was anything that could be done to help with the situation.

Action: Network team to meet with █ to discuss service mapping exercise to identify where the pressures are on the pathway

Action: █ to offer Sandyford colleagues an informal discussion about psychology staffing pressures

minutes

4. Data

4.1 Data Group Update

█ advised that the recent data group meeting had to be rescheduled and that an update would be provided after the new meeting had happened.

4.2 Waiting Times Data

█ advised that the report had not yet been shared because all clinic data had not been submitted and talked through the figures that had been received so far. The main points to highlight were that numbers in NHS Greater Glasgow & Clyde continued to rise, numbers in NHS Highland were going down and that NHS Grampian had started to see patients again, albeit at a reduced rate due to staffing levels.

█ clarified that this would be the last quarter of data collection by the network as Public Health Scotland (PHS) would be taking over from next quarter. It was agreed that clinics would send a copy of their data to the network as well as to PHS, so that data could still be shared within the network until such time as PHS start to publish their data. █ noted that there would be a change to the format, and it was acknowledged that forecasting would not be captured. The group discussed the usefulness of this in terms of highlighting projected waiting times, based on the current staffing levels to senior colleagues, which may lead to helpful discussions in where to go next. █ suggested that it would be helpful to share this information with Scottish Government colleagues.

5. Surgical Commissioning

5.1 Provision in England

█ had sent apologies for the meeting however had sent an update prior to the meeting informing members that Parkside Hospital would not be mobilising masculinising genital surgery as previously hoped. The reasons provided were in relation to the capacity required and current infrastructure. Masculinising chest surgery and feminising genital surgery would remain commissioned at Parkside.

NHS England and London commissioning colleagues were exploring what options are available with the clinical team who had been identified to provide this service with another provider.

5.2 Surgical Statistics

█ explained that the full year's figures have now been received and reminded members that these were in relation to surgeries that had been approved for funding. The main trends were that feminising lower surgery had been significantly lower than in previous years. The group discussed this and acknowledged that this could be due to the waiting lists for second opinions.

5.3 Travel Expenses

█ explained to members that their service had been receiving a significant increase in queries associated with reimbursement from boards for travel costs for surgeries. Specifically, some of the accommodation costs were capped at an unrealistic amount and there were issues when claiming for companions to travel, even though this had been recommended from surgical teams.



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The group discussed this, and it was pointed out that this was an NHS Scotland wide policy that applies to all out of catchment treatments, based on a government directive. It was noted that all boards would have their own processes and approvals in place, but that these would all be derived from the same policy. All assessments were done on a case-by-case basis.

It was agreed that it would be beneficial for services to have a uniform approach and that it may be helpful for smaller boards to seek support and advice from larger boards who deal with reimbursement on a more regular basis.

It was agreed that service users should be encouraged to raise any issues in relation to this through the formal complaint's procedure within their boards.

6. Any Other Business

6.1 Recruitment

■ advised members that the advert for the ■ post was now live and would be until the 8th of June 2023. This had been circulated in advance of the meeting and members were encouraged to share with colleagues as widely as possible. ■ added that he was raising a risk jotter to highlight the risk that not having a ■ would pose to the network with senior colleagues within National Services Division (NSD).

6.2 National Gender Meetings

■ advised that the network team had met with the leads of each Gender Identity Clinic (GIC) and that all felt the monthly national gender meetings were helpful and should continue particularly as an opportunity to problem solve and share solutions. It was agreed that rotating the days were helpful in ensuring that everyone would have an opportunity to attend.

Action: ■ to issue a poll to identify the preferred days for the national gender meetings to take place and to book the next meetings accordingly

6.3 23-24 Business Plan

An extract of the 23-24 Business Plan had been shared in advance of the meeting and with each of the GIC leads, ■ explained that any feedback or comments would be welcomed, particularly in relation to sustainability.

■ flagged the objective around CHI numbers and explained that they were doing some work around this within the nonbinary action plan, which could help address this objective.

Action: Circulate the 23-24 Business Plan extract to Steering Group members for final comment before sign-off

Action: Network to arrange a meeting with ■ in relation to the CHI number objective

7. Date of Next Meeting

10th August at 10am