

## Greater Manchester Health and Care Board

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Date: 08 March 2019

Subject: Greater Manchester Trans Health Service

Report of: Sarah Price, Executive Lead for Population Health and Commissioning  
Paul Martin, Chief Executive, LGBT Foundation

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### SUMMARY OF REPORT:

In the face of the ongoing challenges which the trans and non-binary population face within Greater Manchester in accessing advice, support and specialist services, GM has been exploring an alternative model to respond to these needs. GM has now been identified by NHS England as an early adopter pilot to test a Primary Care-led Trans Health Service for Greater Manchester which will commence in September over a two-year period. The development of the service has been truly co-designed with the VCSE, those with lived experience and primary and secondary care clinicians. The outputs of which have informed the NHS England Service Specification.

### KEY MESSAGES:

- Currently, there is no local Gender Dysphoria Service provision for this group of patients in the North West with GM residents accessing services from one of seven Gender Dysphoria Clinics, (GDC). Most GM patients access the Leeds, Sheffield and London clinics.
- Current provision does not meet the needs and expectations of patients with long waiting times to access NHS England Gender Dysphoria Clinics, (GDCs) with waiting lists of circa two years.
- GM has been listening to the local trans and non-binary population to understand the challenges and explore how we could improve their experience, including outcomes, both physical and mental health and wellbeing.

- There is also a lack of advice and guidance for clinicians and health care professionals which often results in patients being referred to GDCs inappropriately.
- NHS England are exploring alternative models to increase clinical capacity therefore reducing waiting times and improving the patient experience and were keen to engage with GM in respect of our work to date. The GM architecture also lends itself to implementing a GM wide offer.
- GM has been identified by NHS England to be an early adopter site to test an alternative model for a Trans Health service which will commence in September 2019.
- GM established a collaborative process to develop an innovative primary care model for GM transgender development. The ground swell of engagement and support from potential service users should not be underestimated and this approach has been met with overwhelming support.

#### **PURPOSE OF REPORT:**

This paper aims to provide an update to the Health and Care Board of the development of a GM Trans Health Service. It sets out some of the challenges which the trans and non-binary population face and the approach of co-design with key stakeholders to inform the service specification. The Health and Care Board are requested to support the progress to date and the approach of co-design with the VCSE and those with lived experience and other key stakeholders.

#### **RECOMMENDATIONS:**

The Greater Manchester Health & Care Board is asked to:

- Support the development of the Trans Health Service in Greater Manchester.
- Note the progress of the development of a GM Trans Health Service.
- Note the approach of co-design with key stakeholders, particularly the VCSE sector and those with lived experience.

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## 1.0 INTRODUCTION

- 1.1. The current national delivery model for gender dysphoria services is unlikely to deliver additional clinical capacity in response to increasing demand. This means that waiting times are likely to remain unacceptably high across (average 2 years from point of referral) the country, with un-even geographical spread. As there is no North-West provision, over 350 GM residents, registered with a GP in GM, are on waiting lists with the seven Gender Dysphoria Clinics (GDC) in England, the majority choosing centres in Leeds, Sheffield and London.
- 1.2. GM's local trans community have expressed many frustrations with the current system, including dissatisfaction with waiting and traveling times, poor communication, lack of consistency and support resulting in little trust or confidence in the system. GM's Trans and non-binary community has also identified other challenges around lack of information and advocacy and pressure to medically transition. All factors have resulted in dissatisfaction, anxiety that hinder rather than optimise outcomes. Of concern to commissioners is feedback that individuals often consider seeking 'alternative help' which is considered by individuals to be a lesser risk than the negative effects of waiting for initiation of treatment via a GDC.
- 1.3. GM has been listening to the local trans and non-binary population to understand their challenges and explore how we could improve their experience, including outcomes, both physical and mental health and wellbeing.
- 1.4. Much of the criticism with the current model is that this is far too medicalised and does not reflect the wider needs of the individual and their families/carers. Service users have expressed a need for a more holistic service, one which is person-centred and considers their wider needs rather than the existing medical pathway of assessment, diagnosis and treatment which currently exists. Many people accessing the service do not always require medical intervention yet are referred into this pathway in the absence of any local advice and guidance.
- 1.5. NHS England are exploring alternative models to increase clinical capacity therefore reducing waiting times and improving the patient experience and were keen to engage with GM in respect of our work to date. The GM architecture also lends itself to implementing a GM wide offer.
- 1.6. GM has been identified by NHS England as a national Early Adopter to pilot radical new approaches to deliver trans health services (17yrs plus) outside nationally commissioned Gender Dysphoria Clinics. The two-year GM pilot

will test and evaluate an extended delivery model for outpatient gender identity services.

## **2.0 DEVELOPMENT OF A GM SERVICE MODEL**

### **2.1. A co-designed service model for GM**

- 2.1.1. GM's innovative approach and early support from the GM H&SCP for developing services locally has placed Greater Manchester in a unique position to develop and pilot a more radical Gender Identity service delivery model in England.
- 2.1.2. Following early discussions with the GM Joint Commissioning Board (JCB) in January 2018, work supporting GM Transgender Health Service development was agreed as a GM Commissioning Hub 18/19 priority by the GM JCB Commissioning Workshop in February 2018.
- 2.1.3. Full collaboration has since ensued between the GM H&SCP, NHS England, those with lived experience, clinical providers from across primary and secondary care, the voluntary sector providers to develop a model of care to deliver the two-year pilot. The outputs of this collaborative process have informed the national service specification.
- 2.1.4. The involvement of the voluntary sector in the co-design of the service model has been integral to this process. Local partners including the LGBT Foundation and The Proud Trust have brought a breadth of experience and expertise. Their connectivity to those with lived experience has been invaluable in ensuring that service users experiences are met.
- 2.1.5. This approach of co-design has also considered the resources required to deliver more care locally and arrangements required to formalise links with Gender Dysphoria Clinics to deliver the two-year nationally funded pilot from September 2019. The key features of the proposed service are:
  - **A multi-disciplinary service** for individuals aged 17 years+, that over time will assume responsibility for delivering elements of the pathway that are currently restricted to nationally designated Gender Dysphoria Clinics. In the short term this will mean that GM clinicians will be working closely with a nationally-commissioned Gender Dysphoria Clinic to develop their skills in the assessment and treatment of gender dysphoria
  - **Virtual and physical access** to a 'menu' of support with the option to access buddy/advocate/care navigators for help.
  - **Rooted in primary care** and led by a 'Clinician with an Extended Role'

- **Training the workforce:** Clinical staff would be accredited in the assessment and treatment of gender dysphoria via the Royal College of Physicians' credentialing programme (currently in development).
- **Staffed by trans-identified people** (where possible) and involvement of those with lived experience in the ongoing design and iteration of the service model.
- **Staged approach to implementation;** initially the role of the GM Trans Health Services will focus on supporting individuals who are on the waiting list for a Gender Dysphoria Clinic. The service will then accept GP referrals and ultimately self-referrals, once the model is fully operational and embedded.

## **2.2. Wider stakeholder engagement and involvement**

- 2.2.1. Wider stakeholder engagement has been critical to the development of the GM Trans Health service model. Several activities have taken place as part of the development phase, including stakeholder engagement events with representatives from across the GM system including service users and those with lived experience. A series of focus groups have also been held with those with lived experience along with an online survey conducted via the GM HSCP commissioned Pride in Practice programme, delivered by the LGBT Foundation. The results of which are attached (appendix one).
- 2.2.2. The feedback of the 'GM Trans Health Service Community Survey Report' provides an insight into the demographics of the population and what they considered as most important for a local service. Many of these elements have been incorporated into the service model and specification as well as identifying those GM commissioned services where we need to strengthen referral pathways from the GM Trans Health Service.
- 2.2.3. Further activities are planned in March to engage on the proposed service specification along with a market engagement event.

## **3.0 EXPECTED ACTIVITY/MODELLING AND DEMAND**

- 3.1. The initial priority for the pilot is to offer local support to circa 400 existing GM registered patients on a Gender Dysphoria Clinic (GDC) waiting list. This figure is currently being validated and it is anticipated this will increase by the time the service goes live in September 2019. Initial forecast estimates that new referrals to a GM service may reach up to 900 per annum by 2026 (assuming continuation of the pilot and based on 20% annual

growth in referrals). The next phase will accept GP referrals and eventually self-referrals.

- 3.2. The actual demand for this service is unknown. A lack of robust data/evidence presents a challenge in determining the actual demand and forecasting growth for the service. Anecdotal evidence also suggests that there is the potential for a spike in demand as a result of trans people registering with a GM GP in order to access this service as well as an unmet demand from GM trans people currently seeking alternative help outside the NHS who may choose to access more local services.
- 3.3. The mobilisation of the pilot will be phased to mitigate against any sharp rise in demand. A review will also be factored in to the two-year pilot to manage capacity and demand. It is also proposed to undertake a full health needs analysis of the service to predict future demand and impact on wider services. This will be undertaken throughout the first year of the pilot.

### **3.4. Financial Resources**

- 3.4.1. The current anticipated costs of the 'specialist' elements of the pilot which will be commissioned and funded by NHS England are <£1m per annum. A review of the service to be undertaken within the first year will seek to identify any 'non-specialist' elements. These could include services such as befriending and wellbeing services; social prescribing, specialist sexual health advice and champion trans health issues.
- 3.4.2. Any additional requests for funding for non-specialist elements (i.e. not within NHS England's remit for specialised commissioning) would be subject to a further business case to the JCB for consideration.

## **4.0 NEXT STEPS**

- 4.1. As the lead commissioner, NHS England Specialist Commissioning has issued a Prior Information Notice (PIN) to ascertain interest in delivering the GM pilot. The PIN closed on 14th February.
- 4.2. A market engagement event is planned for 13th March, following which a formal procurement will commence to secure a provider for the GM Trans Health Service.
- 4.3. NHS England Specialist Commissioning intends to procure an independent evaluation partner to formally evaluate the pilot.
- 4.4. Subject to securing a preferred provider, the service will be mobilised over the Summer in readiness to 'go live' in September 2019.

- 4.5. There will be continued GM oversight and involvement throughout this process and for the duration of the pilot with continued involvement of the VCSE sector and those with lived experience.

## **5.0 RECOMMENDATIONS**

- 5.1. The Greater Manchester Health and Care Board is asked to:
- Support the development of the Trans Health Service in Greater Manchester.
  - Note the progress of the development of a GM Trans Health Service.
  - Note the approach of co-design with key stakeholders, particularly the VCSE sector and those with lived experience.