

# minutes

## National Gender Identity Clinical Network Scotland, Steering Group Meeting

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

Date: 16<sup>th</sup> November 2022 at 10am

**Present:**

| Name       | Role       | Board/Organisation                                     |
|------------|------------|--|
| [Redacted] | [Redacted] | LGBT Youth Scotland                                    |
| [Redacted] | [Redacted] | NHS Greater Glasgow & Clyde                            |
| [Redacted] | [Redacted] | NHS Highland   |
| [Redacted] | [Redacted] | NHS Tayside ([Redacted])                               |
| [Redacted] | [Redacted] | NHS Greater Glasgow & Clyde                            |
| [Redacted] | [Redacted] | Scottish Government                                    |
| [Redacted] | [Redacted] | NHS Greater Glasgow & Clyde                            |
| [Redacted] | [Redacted] | LGBT Health  |
| [Redacted] | [Redacted] | NHS Lothian ([Redacted])<br>[Redacted]                 |
| [Redacted] | [Redacted] | Transparentsees  |
| [Redacted] | [Redacted] | Scottish Trans Alliance<br>NHS Greater Glasgow & Clyde |

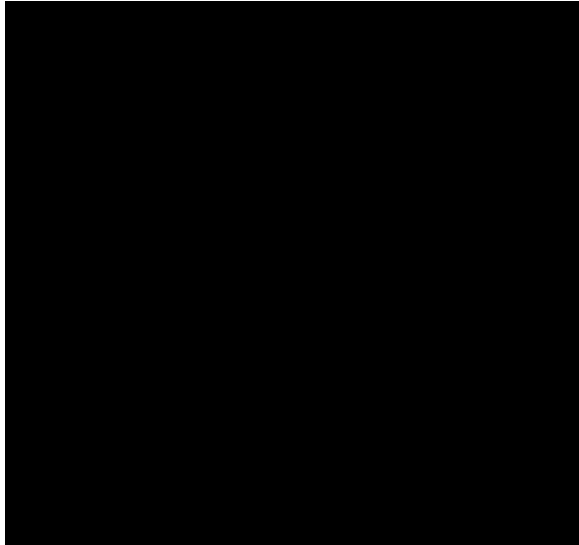
**Apologies:**

| Name       | Role       | Board/Organisation      |
|------------|------------|-------------------------|
| [Redacted] | [Redacted] | University of Edinburgh |
| [Redacted] | [Redacted] | NHS Lothian             |
| [Redacted] | [Redacted] | NHS Fife                |
| [Redacted] | [Redacted] | NHS Lothian             |



|                 |               |
|-----------------|---------------|
| Chair           | Keith Redpath |
| Chief Executive | Mary Morgan   |
| Director        | Susi Buchanan |

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LGBT Youth Scotland  
 NHS Grampian  
 NHS Grampian  
 NHS Lothian  
 NHS Lothian  
 NHS National Services Scotland  
 NHS National Services Scotland

**In attendance:**

| Name | Role |
|------|------|
|      |      |

**Board/Organisation**  
 Scottish Trans Alliance  
 NHS National Services Scotland  
 NHS Lothian  
 NHS National Services Scotland  
 NHS National Services Scotland  
 NHS National Services Scotland  
 NHS National Services Scotland

**1. Welcome, Apologies & Introductions**

welcomed as the new and as the new for the network.

was welcomed as a guest to the meeting and introduced as the new Lived Experience Coordinator for the Equality Network.

was also welcomed as a guest to the meeting and introduced as a Nursing Student who is currently on placement at Chalmers Gender Identity Clinic.

Formal apologies were noted as above.

**2. Minutes & Actions from last meeting**

pointed out a correction on page 3 of the last meeting minute where there is reference to a “psychologist”, however, it should say “psychiatrist”.

It was noted that the only outstanding action was to seek new representation from Stonewall Scotland, this has been actioned but was still waiting response at the time of the meeting.

The minutes were approved as an accurate record and endorsed by members.

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**Action:** ■ to change “psychologist” to “psychiatrist” and create final version of previous Steering Group minute (04/05/22)

## 3. Service Updates

### 3.1 Adult Service Updates

Written updates had been provided in advance of the meeting from NHS Grampian and NHS Highland (NGICNS-SG-2022-13).

#### NHS Grampian Service Update

There have been a number of issues with staff sickness and departures in NHS Grampian that would affect the service moving forward. This included a Psychiatrist who was on a phased return and unable to offer any more than one session per week, and a Psychologist who had left the service (leaving a vacant 0.2 WTE post). ■, ■ also left the service on 11/11/22, leaving the 0.1 WTE Clinical Lead post as well as 0.2 WTE Principal Clinical Psychologist post.

The staffing situation in Grampian was noted and DP updated members that he had a meeting with the ■ for Grampian and had a broad discussion about options and continued to offer network support where this would be helpful.

■ advised that Transparentsees had written to the ■ in Grampian to request information on how this would affect patients and their treatment and what impact it would have on those awaiting treatment.

It was noted that the situation in NHS Grampian would remain a priority for the Steering Group and that updates would continue to be sought.

#### NHS Highland Service Update

The group had received the service update from Highland in advance of the meeting and did not have any questions in relation to this.

#### NHS Greater Glasgow & Clyde- Adult Service Update

■ updated the group that waiting times had significantly increased in all parts of the service.

One of the Psychiatrists had left the service and Psychiatrists within NHS GGC had been offered additional sessions to cover, however, nobody had come forward yet. A key member of their admin team would also be leaving, and the ■ remained on long-term sick leave.

■ pointed out that a significant pressure for the service was the need for second opinion and that if there were fewer second opinions required, this could potentially help to reduce the waiting list.



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■■ updated that they had been receiving an increased number of queries regarding out-of-stock medications, however, increased access on Clinical Portal was helping with this.

The intense pulsed light (IPL) Clinic was still not in use due to broken machinery. This had been unavailable for an extended period of time, which was causing the waiting list to increase, but the issue had now been escalated. ■■ noted that patients could be funded for Electrolysis through a private provider in NHS Highland and that this may be an option for NHS GGC, however, it was noted that this had already been explored and electrolysis isn't always suitable for everyone.

■■ updated the group about the service receiving media attention and the resultant impact on staff morale and patients.

■■ advised that there was a GP in Lanarkshire who may be interested in linking with the gender service.

### **NHS Greater Glasgow & Clyde- Children & Young People Service Update**

■■ updated the group that their staffing levels were currently 3 members (1.4 Whole Time Equivalent) down since 2020 and the waiting list numbers were challenging.

The group offered their support to NHS GGC colleagues.

■■ advised that Highland and Grampian had been working together to try and establish a North-East Scotland approach, which could have potentially helped to alleviate some of the pressures in NHS GGC, however, progress was currently paused.

After some discussion amongst the group on how they could support each other, a decision was made for the monthly network discussion to have a temporary shift of focus, to utilise the time to become a sounding board for problem solving as well as for staff support and morale.

### **NHS Lothian Service Update**

■■ noted that 6 months ago, the situation in Lothian was similar to NHS GGC, but that this had improved for them due to a recent successful round of recruitment. ■■ advised that the candidates they had were of a high quality and diversity and suggested that this process could also be discussed further at the monthly network session for supporting other health boards.

They had recruited two General Practitioners who would provide three sessions per week between them and had secured a further six Consultant sessions per week, two of which were psychiatrists, and the others were a mix of endocrine and fertility. They also secured an addition ten nursing sessions with the newest nurse due to start within the next week.

As a result of increased staffing levels, the service had been able to do active waiting list management and had developed a triage appointment system whereby patients would get an initial 20-minute appointment with a nurse, so that they could be placed with the most appropriate clinician. At this appointment the patient's contact details would be checked for accuracy and they would be asked for a brief overview of their situation. By the end of the appointment, the patient would have details of their first appointment, which tended to be within around four weeks.

This has had a substantial impact in reducing their waiting list, however, ■■ advised that it was important to note that there had also been a good number of people that they had been unable to contact as they were no longer reachable. ■■ also stated that it was important to note that although they were now catching up with their waiting list, they

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would soon get to capacity and when the service was working at its full level, meaning the times may not come down as quickly.

█ advised that their service had been receiving reasonably positive feedback and had not experienced an increased level of aggression from patients in the same way that colleagues had described earlier in the meeting, however, noted that phone calls were becoming more difficult and agreed that some people were finding it hard to engage when it was not in a face-to-face capacity.

The group discussed various issues they had experienced in relation to successfully recruiting to their service and encouraging people to come forward. █ advised that their (non-gender) clinical service had had active engagement with one of the locum agencies and had been impressed at the locum agency's ability in matching the job descriptions. █ and █ agreed to meet to discuss the possibility of this option for NHS GGC and it was also agreed that discussing this further at the monthly network discussion would be beneficial.

**Action: Temporary switch of focus for monthly network discussions (to include staff wellbeing, problem solving and sharing solutions to staffing issues)**

## 4. GRP progress

█ was currently supporting the Gender Reassignment Protocol (GRP) revision and updated the group that a meeting had taken place with the oversight group to look at the final version. They were currently doing some work on firming up some of the wording to ensure that it is as clear as possible before being circulated back to the group. It would then go through an internal governance process before being returned to the █

There was some discussion whether additional sign-off steps had been introduced to the process and █ clarified that it was important for the document to have the backing of NSS as a whole health board, including the █ and █, as it is high profile. This had led to delays, but no issues were anticipated.

█ confirmed that the Endocrine Guidance had been signed off and would shortly be circulated.

**Action: Endocrine guidance to be circulated for sharing once final version is published**

## 5. Scottish Government Update

█ informed the group that there was not yet an update for GICs in relation to the bids that had been submitted and that this was largely due to the ongoing Emergency Budget Review, impacting on spending and budgets overall. █ was hopeful that they would be able to provide an update and let boards know the outcome soon.



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■■ updated that the next meeting for the National Gender Identity Reference Group (NGIRG) was scheduled for 23<sup>rd</sup> November 2022.

■■ informed the group that Healthcare Improvement Scotland (HIS) had been commissioned to produce standards and that if they hadn't already, health boards would hear from them in relation to this. ■■ expected that this piece of work would take around 18 months. NHS Education Scotland (NES) had also been commissioned to develop a knowledge and skills framework and this would be linked to the work that HIS were doing. ■■ confirmed that these pieces of work had been developed in consultation with health boards prior to being commissioned.

Public Health Scotland (PHS) had been commissioned to publish waiting times data and were looking to pilot some of this data collection this winter. ■■ acknowledged that there were members present that also sit on the NRG and that PHS would provide an update at the meeting on 23<sup>rd</sup> November 2022 as would HIS in relation to their work.

■■ advised that although NGICNS collect this data, it was not assured in the same way that published PHS data is. This was not a criticism of the data or how it is collected. However, a range of stakeholders had fed back that if there was regularly published data which indicated the challenges faced, then this could help services with visibility in the longer-term.

■■ encouraged members that had any questions in relation to this data collection to contact the representatives within their boards who had been working with PHS in relation to this. ■■ clarified that the Scottish Government were prioritising the PHS data.

■■ advised that she had some previous experience with PHS in relation to psychological wait times data. One of the benefits of this was although the service still owned the data, there was a direct line with business analysts who did the collection and ultimately took the pressure away from the service.

There was some discussion around the potential overlap of data between the network and PHS and some consideration would be given to PHS being invited to the next Steering Group meeting.

■■ updated the group that the Chief Science Office had put in a bid for funding for long term health outcomes for people accessing services.

■■■ team had also been working with ■■■ who was a guest at today's meeting, and that ■■■ be providing input to the NRG.

**Action: Consideration to be given in relation to inviting PHS to attend next Steering Group meeting**

## 6. Data

### 6.1 Data Group

■■ explained that last year, a short life working group (SLWG) had been set up in relation to the development of the National Sexual Health IT system (NaSH), which had since been disbanded. Given that there was some work to do in relation to the implementation of this, along with the work that needed to be done in relation to waiting times data collection, it was proposed that an all-encompassing data group that could be set up. ■■ had spoken with ■■■ who would be happy to chair this group.

This was endorsed by the members present and it was agreed that the new Data SLWG would be established within the following weeks.

### 6.2 NaSH Gender Data

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■ advised that this had been delivered in various centres and that there had been a slow start with people using the system. It was suggested that the Data SLWG as discussed above, could look at this to ensure that everyone had the same approach.

## 6.3 NaSH Consent Form

■ informed the group that there had been requests to update the consent document that people fill out when being added to NaSH. At the moment this was a sexual health document, which was no longer seen as appropriate. It was suggested that it would be beneficial to have a new document informing people where their data was held and how they could make requests. It was identified that this could be another task for the Data SLWG to take forward. It would also be important to include some lived experience representation within the Data SLWG to ensure the language was being captured correctly. The group were encouraged to get in touch via the network mailbox if interested in joining the Data SLWG.

**Action: Re-establish an all-encompassing Data SLWG (with a particular focus on NaSH, consent forms & waiting times data)**

## 7. Waiting Times Data

■ shared the last quarter's wait time data (NGICNS-SG-2022-15) and talked the group through some of the figures which backed up a lot of what was said in relation to the service updates earlier in the meeting.

Following on from discussions under agenda item 5, ■ explained that PHS have additional expertise that IMS may not necessarily have when it comes to publishing wait times at a national level. The NGICNS data had been a valuable addition and would continue throughout the PHS transition, providing valuable insight and recommendations.

Attention was drawn to the reduction of patients in Lothian and ■ clarified that, as discussed earlier, there had been a lot of people on their 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.

■ pointed out that they would soon have the ability to get cohort data from NaSH in relation to how many patients were under active care.

## 8. Surgical Commissioning

### 8.1 Provision in England

■ noted that wait time data from NHS England was unavailable, but it was understood that they were still validating this and hoping to publish data in order to provide patients with more understanding on what the wait times were across the various centres.

### 8.2 Surgical Statistics

■ advised the group that waiting times for surgery still remained long and that it varied between providers. There would be a meeting later on in the week with commissioning



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colleagues, so ■■■ invited members to get in touch with her if they had anything that they wished her to raise.

It was confirmed that there was a new provider for masculinising bottom surgery – NHS Chelsea and Westminster.

It was noted that Manchester seemed to be a preference for many people and that it would be beneficial to remind people that there were other providers out there, ■■■ agreed that this could be something Scottish Trans could help to promote. ■■■ also noted that if the refresh referrals process were to become more streamlined, this could help in terms of reducing duplication of work for clinicians.

## **9. Future Priorities Planning Session**

■■■ advised that this should be kept as an agenda item as it was intended that there would be future pieces of work in relation to the GRP review and strategic planning for the network.

## **10. For Information Only**

### **10.1 Care of Trans and Gender Diverse Adults in Obstetrics and Gynaecology**

The link to this was shared in advance of the meeting with Steering Group members for information. There was some discussion on whether the network had responded to this however it had not.

### **10.2 MDTs- new day TBC**

The temporary shift of focus for this monthly meeting was identified and agreed upon earlier in the meeting. There was some discussion around changing the day on which the MDT falls going forward, and ■■■ reminded clinicians involved to complete the recent Doodle poll that was sent in relation to this.

### **10.3 Annual Report**

The Annual Performance Review (APR) had been cancelled and ■■■ updated the group that a new date would be issued in due course. Members were encouraged to read the annual report (NGICNS-SG-2022-17).

## **11. Any Other Business**

### **11.1 Website Remobilisation**

■■■ updated the group that the website had been remobilised in terms of essential content following on from the adverse event, which happened in June 2022 and that there was internal work taking place, looking at the overall governance process for all network websites. Once this piece of work is finalised, more information would be shared with the network. It was noted that there was still a temporary landing page on some of the website links and this needed to be reviewed.

### **11.2 Content Review Group**

■■■ advised that until the review process around website governance concludes a review group can be appointed to check any proposed documentation to go on the website. Steering Group members would then have sight of anything before being published on the website.

### **11.3 AOCB**

- ■■■ advised members that there was a consultation for the NHS England specification for Young People's service.
- ■■■ advised that Scottish Trans had recently developed a messaging research report and would be happy to share this with anyone that would find it useful.



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- ■ advised the group that there had been increasing reports from clinicians in relation to people recording or having other people present in the room during virtual appointments and that as a result, they were reviewing their processes with a view towards more face-to-face appointments. It was noted that people do have the right to do this, but the patient- clinician relationship should be protected.

**Action: ■ ■ to remove temporary landing page on NGICNS website**

## 12. Date of Next Meeting

The next meeting is scheduled for 23<sup>rd</sup> February at 10.00am

■ noted that there would be some activity around APR, which should be complete by the next time the group meets.



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