

# minutes

## **National Gender Identity Clinical Network for Scotland (NGICNS)**

### **Steering Group Meeting**

### **Microsoft Teams**

**27 January 2022, 10.00 – 12.00pm**

**Author:** [Redacted]

**File Path:** K:\09 PCFNSDWMCNs & NMDNs\Networks\NGICNS\Steering Group\Wins

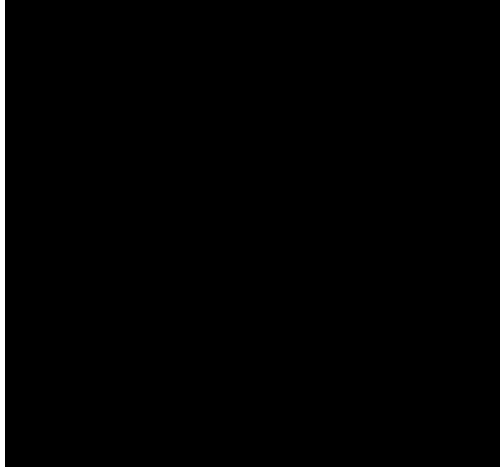
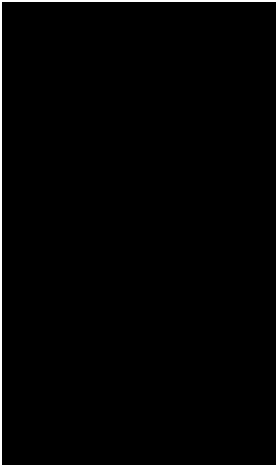
### **Present:**

|            |            |  |
|------------|------------|--|
| [Redacted] | [Redacted] | University of Edinburgh                        |
| [Redacted] | [Redacted] | NHS National Services Scotland                 |
| [Redacted] | [Redacted] | NHS Fife                                       |
| [Redacted] | [Redacted] | NHS Greater Glasgow & Clyde                    |
| [Redacted] | [Redacted] | NHS Lothian                                    |
| [Redacted] | [Redacted] | LGBT Youth Scotland                            |
| [Redacted] | [Redacted] | NHS National Services Scotland<br>NHS Highland |
| [Redacted] | [Redacted] | NHS Tayside (NGICNS Chair)                     |
| [Redacted] | [Redacted] | NHS Greater Glasgow & Clyde                    |
| [Redacted] | [Redacted] | NHS Grampian                                   |
| [Redacted] | [Redacted] | Scottish Government                            |
| [Redacted] | [Redacted] | NHS Greater Glasgow & Clyde                    |



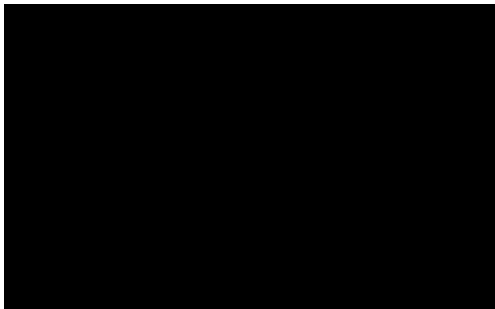
Chair  
Chief Executive  
Director

Keith Redpath  
Mary Morgan  
Susi Buchanan



LGBT Health  
 NHS National Services  
 Scotland  
 NHS Lothian (NGICNS Lead  
 Clinician)  
 Transparentsees  
 Scottish Trans Alliance  
 NHS Greater Glasgow & Clyde

**Apologies:**



NHS Greater Glasgow &  
 Clyde  
 NHS National Services  
 Scotland  
 Stonewall Scotland  
 NHS National Services  
 Scotland

**1. Welcome, Apologies & Introductions**

( ) ( ), NHS Tayside ( )) welcomed attendees and noted the above apologies.

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

The Minute was agreed as a true record.

The following update from previous minutes and actions were provided:

Page 5 – The Gender Recognition Act segment should be compressed into an executive summary.

Page 7 – re. the publication of data, ( ) clarified that she had suggested the move to ‘quarterly data’ as opposed to a ‘quarterly update’ regarding the data.

**Action:** ( )

**3. Items to Note from the NHS Boards**

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

( ), NHS Greater Glasgow and Clyde) advised that Children and Young People’s Service Lead recruitment had been unsuccessful. Re-advertisement was expected in the near future. The adult and YP service were dealing with ongoing staff shortages.

( ), NHS Greater Glasgow and Clyde) noted that a Clinical Psychologist post would be advertised to provide additional cover within the service.

( ), NHS Lothian (NGICNS Lead Clinician)) advised that the Chalmers service was also experiencing staff shortages. He noted that this information had been made available to patients on the Lothian website.

██████████ (██████████, NHS Highland) noted that an application bid had been submitted to the Board to recruit additional staff to their service.

██████████ (██████████, NHS Grampian) updated members. NHS Grampian were recruiting a dedicated Clinical Lead post. Interviews were scheduled for the upcoming week, and this post would provide an additional session to the service to assist with ongoing staff shortages. [Post meeting note – ██████████ was appointed ██████████ for NHS Grampian Gender Identity Clinic and working an additional session.]

#### 4. GIC Pharmacist Role

██████████ (██████████, NHS Greater Glasgow and Clyde) provided the group with a presentation on scoping pharmacist input into gender services. He advised the group that a survey had been undertaken in December 2021 to gain feedback on a Primary Care pharmacy role within gender. The following points were of note:

- There had been 35 survey respondents
- 70% of respondents were band 7 pharmacists, and 30% of respondents were band 8A pharmacists
- 80% of respondents were prescribers
- 63% of respondents already ran their own clinics autonomously seeing patients. These clinics are held in a mixture of clinical conditions/areas.

██████████ went on to advise group members that 29% of respondents were interested in managing patients during their transition. He added that conclusions from the survey had highlighted that there was an appetite amongst primary care pharmacists to get involved with gender patients care, however the patient pathway was already quite complex and respondents noted there would be a need for upskilling and training for this role.

#### 5. GGC QI Project

It was agreed that this item would be added to the agenda for the next meeting.

#### 6. Policy Updates

##### 6.1 Gender Reassignment Protocol

██████████ provided group members with an update on activity. The first Oversight Group meeting had taken place on 21<sup>st</sup> January. The meeting had been well attended, with the network providing specialist input. The oversight group was being chaired by ██████████. ██████████ went on to advise that there had been a significant amount of discussion and thought about how this work would be broken down into sub-group areas. Work had been split into the following six core areas:

- Assessment
- Surgical
- Endocrine and Fertility Preservation
- Non-surgical
- Primary Care
- Children and Young People

██████████ stated that the project would be engaging people with lived experience throughout its lifecycle. He noted that an initial consultation form had received over 70 responses, and that work was ongoing to recruit individuals with lived experience onto each sub-group and link with others on a 1-2-1 basis. He confirmed that transition to adult services was one of the areas that would be considered.

██████████ advised that ██████████ had been appointed to an ██████████ ██████████ post for the GRP project, and it was hoped that her substantive ██████████ post covering the network would be backfilled. ██████████ noted the previous agreement to pause selected network

activities to focus on GRP deliverables. He advised that the core team would be monitoring resource closely, and would come back to the network if this had to be revisited.

## **6.2 Strategic Action Framework – for noting**

██████████, Health Improvement Division, Scottish Government) advised members that the Strategic Framework had been published in December 2021. She stated that the framework commitments were available on the Scottish Government website, and it included the GRP work. ██████████ noted that a National Reference Group was currently being recruited, and that requests for expressions of interest had been circulated. It was anticipated that the first meeting of the Reference Group would be held in early March.

## **7. Surgical Commissioning**

### **7.1 Provision in England**

██████████ provided group members with an update on surgical provision in England. He advised that the New Victoria Hospital contract was up and running, and the hospital was now seeing gender patients. Other updates would follow in the Spring. If a service was closed for any reason, clinicians should continue to refer to ensure people's place on the lists were secured.

### **7.2 Surgical Statistics**

██████████ (██████████, National Services Scotland) provided an update to the group on the latest surgical referral statistics.

## **8. Waiting times data**

### **8.1 Quarterly Update**

██████████ summarised the NCICNS reports of GIC waiting times data. ██████████ noted that the data was likely to be an averaged figure. He advised that this update was incomplete, as the team were still awaiting data from Lothian and Highland. ██████████ undertook to share the link to the Chalmers waiting times page.

**Action:** ██████████

## **9 Any Other Business**

### **9.1 FAQs**

██████████ updated the group that the network would be contacting GIC colleagues to seek endorsement for publication of wait times data. This data will be included in a frequently asked questions document to be published on NGICNS website.

### **9.2 BAGIS**

██████████ advised group members that he had received a formal request from BAGIS to nominate a Scottish representative to join the working group for their Principles of Care development. ██████████ requested the network provide a volunteer for this item. [Post meeting note: ██████████ agreed to take part.]

**Action: All members**

### **9.3 SPS Gender Identity Policy Review**

██████████ advised the group that this item would also be looking for a nominated person from the network. It was noted that the adult assessment group would incorporate people in custodial settings into their update of GRP. ██████████ advised the group that this policy review was

linked to the prison model that was presented at an earlier Steering Group. As [REDACTED] had already undertaken work with these stakeholders, the group were in agreement for her to join this review.

#### 9.4 HIS Sexual Health Standards

[REDACTED] advised the group that this link was circulated for their information. [REDACTED] went on to note that these would be referenced in the upcoming GRP review.

#### 10. Date of next meeting

The next meeting was scheduled for 4<sup>th</sup> May 2022, 10am – 12pm

#### Action Register

| Number | Action  | Owner       | Deadline        |
|--------|---|-------------|-----------------|
| 1      | Amendment to Pages 5 & 7 on previous minutes                            | NGICNS team | By next meeting |
| 2      | Add Access QI update from Glasgow onto next agenda                      | [REDACTED]  | By next meeting |
| 3      | Any members interested in joining the BAGIS work, to contact [REDACTED] | All members | By next meeting |
| 4      | Share link to Chalmers waiting times data                               | [REDACTED]  | By next meeting |