Gender Identity Services Consultation

NHS England have put forward new proposals for the delivery of specialised gender identity services for adults in England. This briefing will tell you all you need to know about the consultation and how you can respond. We have also included NUS' draft response which you can use to shape your own.

Why is the consultation happening?

Trans people face vast differences and huge challenges in terms of their ability to access gender identity services and of the experiences and outcomes they have once they've accessed them. Waiting lists are sometimes several years long and many trans people report not being treated with dignity and respect, consistently having their gender and mental health called into question when trying to access services.

New proposals for the delivery of adult gender identity services in the future are open for public consultation until **16th October** 2017. The full proposals are available on the NHS England website and cover details for both surgical and non-surgical interventions.

How can I respond?

You can submit a written response to the proposals online. NHS England have provided a survey of questions which you can respond to. But there's no need to limit your response to just answering the questions if you have ideas about the wider content, as you can get in touch with them directly at

Jeremy Glyde
NHS England Area
3A Skipton House 80
London Road London
SE1 6LH
england.scengagement@nhs.net

Below we have responded to some of the key parts of the proposals. Feel free to use this to form the basis of your own response.

What is being proposed?

NHS England have presented a new model for the delivery of surgical and non-surgical gender identity services for adults. This covers the whole journey from referral through to treatment and post intervention support. Below are some of the key proposals which are of most interest to the NUS trans students campaign:

- The proposals describe a 'shared decision making model' in which individuals can 'participate actively with a healthcare professional' when decision making, rather than working under an informed consent model.
- In order to access treatment through a gender identity service (GIS), individuals must be registered with a GP and referred through them or another primary care provider commissioned by the NHS.
- In order to access support through any medical intervention, individuals must be diagnosed with gender dysphoria.

- The proposals refer to a number of points throughout the diagnosis and treatment process in which clinicians must make an assessment on an individual's mental and physical health and may halt treatment as a result of this.
- In order to access gender confirmation surgeries a trans person must be referred through a GIS only and must also be supported by a medical practitioner.
- The proposals contain four possible new models under which hormone replacement therapy (HRT) might be prescribed and delivered in the future.

NUS Draft Response

The proposals describe a 'shared decision making model' in which individuals can 'participate actively with a healthcare professional' when decision making. We believe this model does not go far enough to provide autonomy for trans people, as clinicians ultimately hold the power to prevent individuals from accessing treatment, particularly if they have a pre-existing mental health condition. NUS would prefer to see a model of de-pathologised informed consent. After going through the medical risks of transition (including specific risks depending on the individual's health) it is up to the individual to decide whether they want to undergo treatment or not. This would see trans individuals be the ultimate decision makers throughout all stages of the treatment process. This understanding of informed consent underpins NUS' thinking when considering the merits of the proposals.

Under the new proposals, in order to access treatment through a gender identity service (GIS), individuals must be registered with a GP and referred through them or another qualified medical professional. NUS believes that this acts as an unnecessary barrier to trans people accessing gender identity services. Not only does it slow the process down, but the decision of whether a trans person can access services at all entirely lies in the hands of the GP or medical professional, potentially preventing many people from accessing vital services. We also know that trans people are more likely to be homeless or of no fixed address, which can make registering with a GP a challenge, as many practices expect to see ID or proof of address. This proposal also disproportionately impacts on refugees and sex workers, who we know are less likely to have access to a GP. This is particularly important, given that the equality impact assessment outlines that BME patients are much less likely to access gender identity services, it is important even more so that patients do not face unnecessary barriers to accessing support.

NUS believes that individuals themselves are best placed to decide whether or not they need to be referred to a gender identity clinic. NUS recognises that collaboration with a GP is required during and after an individual is in contact with specialist services, but feels that treatment should not be effectively withheld on the basis of whether a patient has a good relationship with a GP. NUS would like to see a model of self-referral in place, with robust support available to assist individuals in registering with a GP once they have been assessed at a GIS so they can access support as needed during and after accessing specialist services.

If the main path to accessing a GIS is to be through a GP referral, it is particularly important that GPs are provided with robust and efficient training so that they are able to treat trans patients in a culturally competent manner and know how to safely fulfil shared care obligations.

Proposals retain a centralised delivery model. NUS believes it would be greatly beneficial for trans people if provision was decentralised so that individuals do not have to travel long distances to access interventions and support through a GIS. Long distance travel is expensive and so may act as a barrier to a trans person being able to access support and is likely to disproportionately impact on low income individuals. Throughout our response we have identified a number of ways in which

Macadam House
275 Gray's Inn Road
London WC1X 8QB
t 0845 5210 262
e nusuk@nus.org.uk
www.nus.org.uk

nus trans

an individual is unnecessarily required to visit a GIS.

NUS believes that this presents a huge barrier to trans people trying to access gender identity services. Not all trans people experience gender dysphoria but may still require support from gender identity services. As such, being diagnosed with gender dysphoria must not be a pre requisite for accessing treatments. This also means that the medical practitioner has the power to make a judgement about whether they are satisfied if a trans person is presenting in the way they expect. This could particularly affect non binary people or anyone that doesn't satisfy the individual practitioner's expectations of what presenting as a particular gender might look like.

NUS strongly believes that trans people should not be expected to conform to gender stereotypes in order to access treatment. Alternatively, under a model of informed consent as outlined above, individuals will be able to decide what course of action they deem suitable for themselves. As such, 'assessments' upon initial consultation with the GP and within the GIS before a treatment plan is decided, should instead solely be an opportunity for clinicians to present all options to the individual and provide information on potential health implications of treatment.

The proposals refer to a number of points throughout the diagnosis and treatment process in which clinicians must make an assessment on an individual's mental and physical health and may halt treatment as a result of this. This leaves trans people at risk of gatekeeping, a process already believed to be used throughout services, which prevents individuals from receiving the healthcare they need on the grounds of having a pre existing mental health condition. NUS notes that trans people are disproportionately affected by mental health problems owing to a number of factors, such as the impacts of dysphoria and experiencing transphobia throughout society. We are concerned to see that the proposals identify that individuals with 'acute conditions' may be restricted from accessing services. NUS believes that in many circumstances this will be counter-productive and may well further perpetuate these conditions.

We agree that the safety of individuals is absolutely paramount and that, in exceptional circumstances, it may be so that delaying treatment may be in the interest of an individual's health and wellbeing. Repeated assessments of an individual's mental health however are unnecessary and perpetuates ideas which pathologize trans identities and reinforces negative attitudes towards trans people. This is deeply damaging and may prevent many from accessing the support they need.

NUS believes that in the majority of cases one initial assessment of an individual's overall health is sufficient, in order to ascertain any risks to the individual. Under NUS' understanding of an informed consent model as outlined above, an individual must have ultimate responsibility for deciding whether or not to proceed with treatment, regardless of any pre-existing mental or physical conditions.

Given that trans people are particularly likely to have a mental health condition it is essential that mental health support services, with properly trained clinicians which understand the needs of trans people, are available and clearly signposted throughout every stage of the treatment journey.

In order to access lower surgery (sometimes called genital reconstruction surgery, or GRS) a trans person must be referred through a GIS only and must also be supported by a medical practitioner. Whilst NUS supports the principle that healthcare should be public and free for all to access we do also see the potential benefit in private providers having the ability to refer individuals for GRS, as this would alleviate the strain on NHS GISs. NUS also believes that the requirement to have a second opinion is

Macadam House
275 Gray's Inn Road
London WC1X 8QB
t 0845 5210 262
e nusuk@nus.org.uk
www.nus.org.uk

nus trans

excessive and will require unnecessary resource and time.
We are particularly concerned with the requirement for trans people to have been 'living in a gender role that is congruent with their gender identity' for 12 months before they can access GRS. This is discriminatory as it will require an individual to satisfy a clinician's idea of what presenting as a particular gender identity might look like and may prevent many from accessing GRS because of their gender presentation. NUS strongly urges that this requirement be dropped. It is inconsistent with NUS' preferred informed consent model of provision, which is centred on the idea that a trans person themselves is best placed to make a judgement about what treatment is suitable for them. NUS notes that the guidance identifies that 'this requirement is not about qualifying for surgery' but any attempts by clinicians to make a judgement on how an individual presents or lives in a gender role undermines trans autonomy.

The proposals contain four possible new models under which hormone replacement therapy (HRT) might be prescribed and delivered in the future. NUS believes that any model for the prescribing and administering of HRT must be decentralised and should not require individuals to travel long distances to access treatment. NUS also notes the long waiting lists that exist unnecessarily as an effect of the current centralised model. Under NUS' understanding of an informed consent model, individuals themselves are best placed to make an assessment of whether they are ready to start on HRT. As such, all options A-D fail to sufficiently address these needs as all options retain the need for an initial assessment from a GIS before an individual is referred back to their GP or a local specialist for treatment. Alternatively, provision under an informed consent model might mean that once an individual has made the decision to start on HRT, they may consult a local specialist as identified under model D to check for any damaging health implications before they begin treatment, but should not be required to be approved by the GIS or local specialist.

In addition, whilst bridging prescriptions do not currently come under the jurisdiction of NHS England, NUS notes that owing to long waiting lists for accessing treatment, many trans people begin self-medicating and, once they have begun assessment with a GIS, are not supported to continue on hormones until a treatment plan has been approved and implemented. It is in the interest of the safety and wellbeing of the individual that, under the current situation where trans people often must wait months or years to access HRT, trans patients must be provided with bridging prescriptions and guidance from their GP or a local specialist should they request it. We understand that many GPs do not feel comfortable delivering and monitoring bridging prescriptions through lack of training, and we recommend that local specialist GPs as identified in option D could provide bridging medications whilst other, non-specialist GPs are trained how to prescribe and monitor hormone treatment for trans people.

The proposals don't include a commitment to extend the variety of services available under the NHS. Whilst we note that the scope of this consultation is not intended to cover treatments and interventions not currently provided by the NHS, we would like to take this opportunity to stress that extending the availability of provision would be of great benefit to trans people. Procedures not currently provided such as breast augmentation, facial feminisation surgery, voice surgery, and body contouring should be included as part of core services within NHS gender identity care. We would like the clinical reference group to recommend that this be added to the care pathway and we would urge NHS England to ensure the swift implementation of this recommendation. NUS believes that trans people would also benefit from having access to a higher number of sessions of epilation, available as part of core services.

In addition, we believe that trans patients should have better access to gamete storage and other reproductive technologies, because of the risk of infertility that comes as a

Macadam House
275 Gray's Inn Road
London WC1X 8QB
t 0845 5210 262
e nusuk@nus.org.uk
www.nus.org.uk

nus trans

consequence of treatment. NUS recommends that NHS England should produce guidance to clinical commissioning groups, recommending that trans patients undergoing treatment that could render them infertile should get automatic access to gamete storage and other relevant reproductive technologies.

The proposals set out a method for transferring patients between child and adolescent services to adult services, as well as between different GIS's in England. The NUS would like to see a robust policy for transferring patients between services in England and the other nations of the UK. Currently, if you are a student from Northern Ireland but studying in England, you can join a waiting list when you first join an undergraduate course and only just be being seen when you finish your degree, but when you return to Northern Ireland, you have to join a waiting list again. The NUS feels this is unfair and is due to the lack of coherent transfer policies between services in England and the rest of the UK, as well as the lack of triage within the waiting lists themselves. The NUS recommends implementing a transfer policy between GIS's in England and the other nations, as well as a triage service for waiting lists.

Meeting the 18 week referral to treatment standard. At the moment, trans patients often wait multiple years to access treatment, much higher than the NHS target of being receiving treatment within 18 weeks. Through the consultation process, it has been repeatedly said by NHS England and the clinical reference group that the procurement process by which GIS are commissioned will be the main mechanism by which the long waiting lists will be reduced.

The NUS believes that any procurement process should be transparent and have democratic patient involvement. We also believe that procurement is not enough to reduce these long waiting times: we need more funding, and more staff. We request that NHS England and the clinical reference group ensures that any project plans to reduce waiting times involves trans patients democratically and are publicly available for comment. We want reassurance that NHS England has the teeth to ensure compliance with the new specifications after the procurement process is complete; too many GIS' currently fail to meet the needs of trans patients and it feels like NHS England has very little power in ensuring that they do.

Macadam House
275 Gray's Inn Road
London WC1X 8QB
t 0845 5210 262
e nusuk@nus.org.uk
www.nus.org.uk

nus trans