



**GIG**  
CYMRU  
**NHS**  
WALES

Pwyllgor Gwasanaethau Iechyd  
Arbenigol Cymru (PGIAC)  
Welsh Health Specialised  
Services Committee (WHSSC)

## Agenda Item 14

**30<sup>th</sup> November 2010**

<b>Meeting</b>	Joint Committee
<b>Strategic Lead</b>	Director of Planning
<b>Corporate Theme or Programme Team</b>	Mental Health
<b>Healthcare Standards</b>	The initiative supports Healthcare Standards 1, 2, 5, 6, 7, 8, 9, 10, 11, 18.

### **REVIEW OF PLANNING ARRANGEMENTS FOR GENDER IDENTITY DISORDER (GID) SERVICES.**

#### **Purpose of Report**

This report has been prepared as a result of concerns regarding the current patient pathway for GID Services. The report sets out a number of proposed actions to manage referrals in the interim, whilst a task and finish group is established to advise on:

- Planning policy
- Referral pathway
- Role of local services
- Designation of specialised assessment and surgical services

## **Introduction**

The Welsh Health Specialised Services Committee is responsible for planning specialised gender identity services which includes:

- Specialist assessment and monitoring of Real Life Experience and hormone treatment;
- Gender confirmation surgery

Access to these services is currently managed and funded via an individual patient commissioning process. As part of this process all referrals are considered against agreed access criteria by the GID panel.

The current arrangements for the GID panel are unsustainable, and several meetings have been cancelled recently due to clinical pressures. This has resulted in delays in considering funding requests. The executive team have agreed the following actions to resolve these issues and improve the patient pathway:

### ***1. Management of Referrals***

As part of an interim solution, the GID panel will be stood down and all appropriate referrals received to date, will be forwarded directly to the West London Mental Health Trust (WLMHT) for review. The Trust will be required to review against the access criteria in the existing WHSSC policy for GID. If the referral is consistent with the criteria, the Trust will then be expected to proceed with the assessment, or if appropriate, to refer back to local services for further management e.g. endocrinology, mastectomy, etc.

At present there are currently 27 active referrals in the system. Assuming that a further 20 referrals for GID are received between the end of October and the end of March 2011, the expenditure would fall within the current funding allocated for GID in the 2010/11 Annual Plan.

This approach would be subject to agreement from the Trust to apply the WHSSC access criteria to all referrals, and that they would refer back to local service where appropriate.

For all future referrals it is proposed that each LHB appoints a gatekeeper to manage referrals to the WLMHT. Under this process, consultant psychiatrists would seek approval from the gatekeeper to refer to WLMHT. The gatekeeper would then assess the approval against the existing agreed criteria. If the referral met the criteria, the gatekeeper would forward the referral to WHSSC with a recommendation to approve the referral. WHSSC would then send the referral directly to the WLMHT together with authorisation to proceed with the assessment. The flow chart in annex 1 illustrates how this pathway will operate.

This revised pathway would remove the three month lag between each GID panel meeting. The gatekeeper would also be able to liaise with the specialised GID centre regarding the provision of local services that the patient can access e.g. endocrinology, speech and language therapy, etc. This would ensure that patients are able to receive care as close to home as is clinically appropriate. Appeals against the decision of the gatekeeper would need to be considered by each LHB's IPM panel.

## **2. Review of Referral Pathway and Service Model**

In parallel to the above recommended approach for managing existing and new referrals up until the 31<sup>st</sup> March 2011, a task and finish group is being established to:

1. Revise the current policy to reflect the revised planning arrangements within NHS Wales, including an equality impact assessment and a review of existing evidence including performance indicators and outcome measures. This will include clarifying the interfaces between the GID policy and the Plastic Surgery policy, e.g. breast augmentation. At this stage it is proposed that the task

and finish group concentrate on addressing the issues relating to the patient pathway, rather than reviewing the access criteria and core procedures.

2. Revise the referral pathway and to advise on the definitive model for providing GID assessment and review for patients resident in Wales – there are three options for this
  - a. Continue the proposed interim arrangement with the WLMHT, under this option all referrals would be considered by the centre and patients would travel to the centre for assessment and follow up.
  - b. Develop a peripatetic service in partnership with a specialised GID centre - under this option all referrals would be considered by the centre and the patients would travel to clinics hosted within Wales.
  - c. Develop a Welsh specialised assessment service.
3. Undertake formal designation of specialised surgical centres – this would be undertaken using criteria agreed with key stakeholders including clinicians, service users, and the third sector.
4. Clarify the role of local services – this could be informed by a survey of local services.

The Director of WHSSC is writing out to stakeholders to invite them to a meeting to discuss how they can contribute to the work programme.

## **Actions**

In order to take forward the recommendations in this report, the executive team have agreed:

- to establish an SLA with WLMHT for the management of referrals up until the 31<sup>st</sup> March 2011.
- to establish a task and finish group to revise the policy and patient pathway, designate surgical services and clarify the role of local services

- to meet with stakeholders across the transgender community to discuss how they can contribute to the process.

In order to take forward the revised referral process, it is proposed that:

- Local Health Boards establish gatekeeping arrangements for future referrals into the WLMHT against the agreed access criteria.

## **Governance and Risk Issues**

### **Risk Assessment**

<b>Clinical/Service</b>	The actions will result in an improved patient pathway.
<b>Financial</b>	The costs associated with assessing the current and forecast patient cohort can be managed within the resources identified in the 2010/11 Annual Plan.
<b>Reputational</b>	The actions should address some of the concerns identified by the transgender community.

## Impact Assessment

<b>Health Improvement</b>	The actions will simplify the patient pathway and help to identify which services can be delivered with Wales.
<b>Workforce</b>	There are currently elements of GID services being provided by LHBs, the task and finish group will identify these services and develop a strategy to improve integration between primary, secondary and tertiary care for GID patients.
<b>Financial</b>	The costs associated with assessing the current and forecast patient cohort can be managed within the resources identified in the 2010/11 Annual Plan.
<b>Legal</b>	The task and finish group will ensure that the revised policy and pathway complies with equality and all relevant legislation.
<b>Equality</b>	This will ensure that there is a consistent approach for GID patients across Wales.
<b>Environmental</b>	Nil

## Conclusion

The actions proposed in this report will result in an improved patient pathway, with a clear referral pathway and designated providers with service performance and quality indicators.

## Recommendation

Members are asked to:

- **SUPPORT** the actions undertaken by the executive team, and;
- establish gate keeping arrangements at LHB for future referrals of patients with GID into the WLMHT against the agreed access criteria.

**Annex 1**

**Proposed GID Pathway**

