

Specialised Gender Identity Services

**Stakeholder testing to inform NHS
England's approach for procurement
of adult services**

25 June 2018



Introduction



Where we are currently:

In 2017 we held a public consultation on proposed service specifications for adult services.

In May 2018 we published a report of an independent analysis of consultation submissions, which can be found [here](#)

We plan to make a final decision on the service specifications, and publish them by August 2018 alongside a report that describes how the responses to consultation informed our decision making.

We plan to run a process of procurement later in 2018 that will identify which organisations will deliver specialised gender identity services (surgical and non-surgical) from 2019/20. NHS Scotland will use the same process of procurement to identify which organisations will deliver specialised surgical services for the population of Scotland.

What we want to test with you:

We are proposing to use procurement to adopt two new features for how services are delivered.

We are seeking your views on these proposals, which are:

- Appoint up to two Gender Identity Clinics to perform the role of a **Lead Provider (National Trans Health Unit)**
- Establish a **National Referral Support Centre** to assist individuals in their choice of surgical provider

The deadline for submission of your comments is **24 July 2018**.

What we want to test with you:

This slide pack will describe the emerging proposals.

We want to know whether you agree that the proposals will improve an individual's experience of gender identity services, including better access and better outcomes.

We will summarise how your views influenced these proposals in the report that we will publish in August.

The scope of this current exercise does **not** include the matters relating to the service specifications that we previously consulted upon in 2017. We will not consider any further submissions on the proposed service specifications.

Lead provider model: National Trans Health Units



What is a Lead Provider?

At the same time as using procurement to identify which organisations will deliver the services of a Gender Identity Clinic, we propose to appoint one or two of these organisations to perform the role of a Lead Provider.

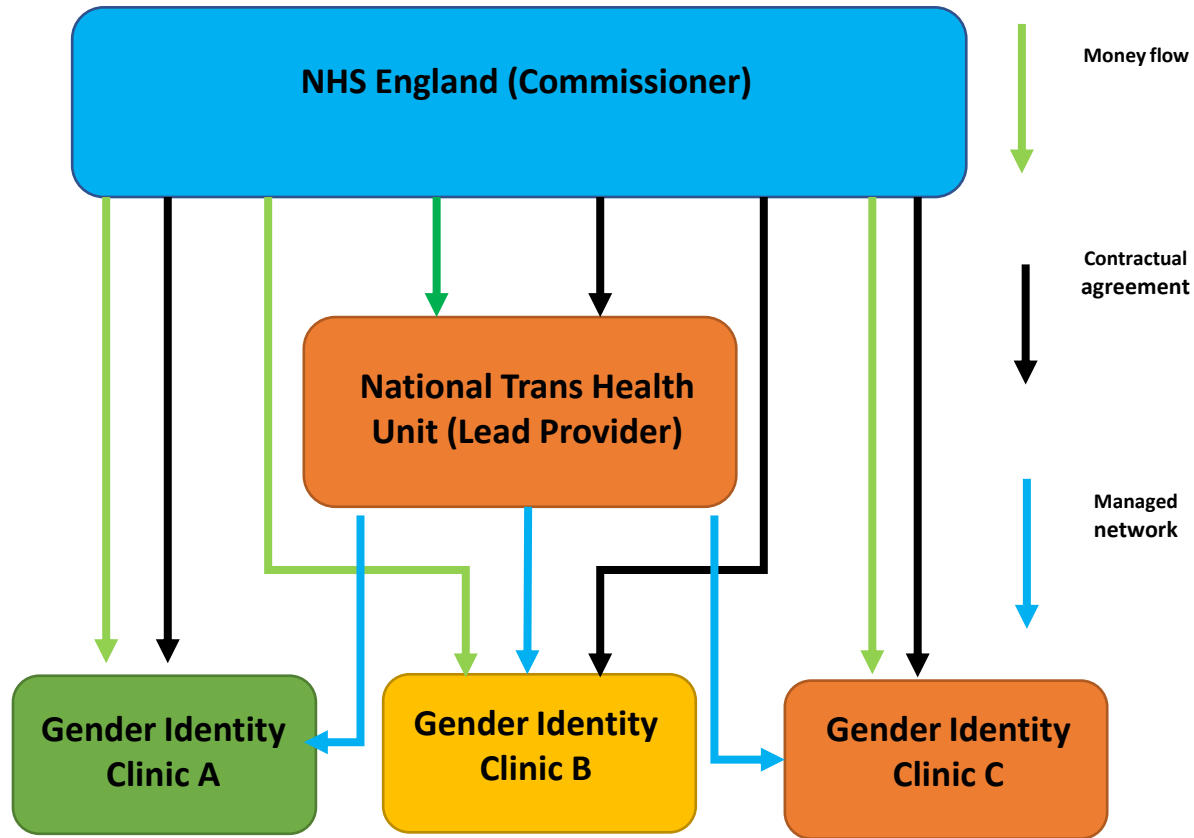
They will be called **National Trans Health Units**.

A National Trans Health Unit will support NHS England in achieving the strategic ambitions for the future model for delivery of gender dysphoria services in England, and in ensuring effective operational delivery by the other Gender Identity Clinics. Each National Trans Health Unit will performance manage a network of Gender Identity Clinics.

A National Trans Health Unit will have to do this by encouraging collaboration across all of the Gender Identity Clinics for which it has performance management responsibility. If we appoint two National Trans Health Units, they will also need to collaborate with each other.

The strengths of this model are that all Gender Identity Clinics are incentivised to work together, to ensure that the patient pathway is as effective as possible. Although NHS England would still hold contracts with individual providers, it would mean that we would be able to focus our work with one organisation to deliver agreed outcomes and performance across the entire network.

Diagram of Lead Provider arrangement



Responsibilities of a National Trans Health Unit

Performance management of Gender Identity Clinics that are located in its defined network

Strategic development of gender identity networks

Coordinated workforce development across the network; training role; and identification of clinical placements for new staff in training

Pathway re-design, including outreach opportunities and innovative ways for patient contact

Central point of contact for GPs who need supplementary support

Active leadership of the network, including establishment of council of clinical leads to focus on operational issues

Annual appraisal of clinical leads, and formal inter-unit peer review

Review of audit data, and monitoring and benchmarking of outcomes

Active user involvement across the network

Embed a culture of audit and active research activities

The Lead Providers will be responsible for a network of services that deliver good outcomes and patient experience, and that offer value; and for taking remedial action against providers that do not meet agreed standards or that offer poor value

Patient facing responsibilities

Publish meaningful waiting time information about all Gender Identity Clinics in the network

Publish audit and outcome data, with narrative about all services

Central point of contact for all people in the network who are on a waiting list

Coordinated communications approach including social media and remote engagement opportunities, and accessible information about each service

Signposting to national and local support groups, and support services

Establish meaningful ways for user engagement to inform the development and management of the network including an accessible 'feed back' facility

Partnership development (voluntary services, campaign groups)

Overview of complaints handling

NTHUs will hold themselves accountable to users of specialised gender identity services wherever they are being seen in the network; individuals must be able to easily grasp that the NTHU has a key role in ensuring the delivery of quality outcomes and positive patient experience in their care

Likely criteria for designation of a National Trans Health Unit



- Designated by NHS England as a Gender Identity Clinic
- Exceptional clinical leadership potential, and evidence of ability to forge meaningful relationships across providers and stakeholders
- Board level commitment to actively driving change and improvement across a network
- Strong evidence of how user involvement will shape the development of the network
- Close links with academic departments in higher education
- Articulate a strategy for constructing and managing a network of services that is consistent with NHS England's strategic ambitions for high quality services
- High performing infrastructure to manage the network (general and senior management; administration; HR; contracting; finance; IT; analytics; communications and engagement)

Benefits of National Trans Health Units

- This is a long-term change process – we need to maintain a relentless focus on transformational change beyond the current programme of work
- Eventually we want to use the model to have more flexibility to move money around where its needed
- Embeds clinical leadership in the ‘business as usual’ commissioning process; and process of transformational change
- Best placed to lead and coordinate a national or supra-regional network during a period of significant transformational change
- Provides support to NHS England on key areas of challenge, such as provision of gender dysphoria in offender settings
- Consistent with the aims of the *NHS Five Year Forward View* - partnerships of care at a more local area
- We want clinical and managerial leadership to also focus on patient facing activities, such as providing support to people on a waiting list; and better communication and engagement with people who use the services

Q: What benefits will I see as a user of a Gender Identity Clinic?

Answer:

You will have better information on waiting lists and on the performance of your Gender Identity Clinic in meeting the service specification. You will receive regular communications from the National Trans Health Unit, and it will be your central point of contact to ask for information or make a complaint. We expect the National Trans Health Units to offer direct support to people on a waiting list, such as use of remote technologies. Your GP will also have access to better and more timely advice to support your care.

Over the longer term you will have on-line access to information on your Gender Identity Clinic's outcome (quality) data, benchmarked against other providers. The overall quality of your experience of your Gender Identity Clinic should increase as the network of providers work together to deliver a consistently good service.

Q: Are there any risks to this model?

Answer:

The success or failure of this model would depend on trust and good working relationships between a National Trans Health Unit and the other Gender Identity Clinics. A National Trans Health Unit would need agreement and cooperation from the Gender Identity Clinics to make any significant changes to pathways or service delivery.

There is a risk that identifying one or two providers as a National Trans Health Unit may disengage other providers who consider they may be more appropriate for that role, or whom otherwise would prefer to maintain current arrangements.

As an outcome of our pre-procurement market engagement we have concluded that there is sufficient support for the proposal, and that the proposed model will help us achieve quality improvements for the benefit of patients. Risks can be mitigated through careful contractual arrangements that describe clearly what is expected of a National Trans Health Unit and the other Gender Identity Clinics.

Q: Does this mean that NHS England would no longer have commissioning responsibility for Gender Identity Clinics?

Answer:

No. We will retain our statutory responsibilities as direct commissioner of specialised services.

The National Trans Health Units will be accountable to us in the usual way, and they will be performance managed and remedial action taken by us if necessary. In the event of serious poor performance of a National Trans Health Unit we will assume direct responsibility for performance management of the Gender Identity Clinics.

Q: Have you tested this proposal with the Gender Identity Clinics?

Answer:

Yes. We have presented the proposals to the current Gender Identity Clinics and we have concluded that there is sufficient support to develop the proposals further.

We also tested a different model with them that would have given the National Trans Health Unit/s responsibility for deciding - through a process of procurement - which organisations would be Gender Identity Clinics in the future, but there was limited support for that model amongst providers.

Q: If you appoint a Lead Provider, will this help reduce the long waiting lists?

Answer:

We believe that they will play an important part in reducing waiting lists over time, but we need to be realistic about what they can achieve in the immediate term. One of the most valuable roles that they will perform in the next few years is providing active support to people who are currently on a waiting list. One of the most common complaints that we hear is that people on a waiting list for a gender identity clinic receive little information and no support in the years that they are waiting.

Over the longer term, a National Trans Health Unit will support us in tackling some of the underlying challenges that we face including: shortage of newly trained professionals wanting to specialise in gender dysphoria; lack of clinical placements for staff in training; ineffective use of resources; lack of coordination and collaboration across the gender clinics; and lack of innovation.

Q: Will you appoint one or two Lead Providers? Why no more than two?

Answer:

We will use the process of procurement to decide whether it is best to appoint one Lead Provider to performance manage all of the Gender Identity Clinics in England, or whether to appoint two Lead Providers to each performance manage a smaller number of Gender Identity Clinics.

We will undertake further market engagement before procurement starts to get a sense of what the current and future market thinks would work best for people who use the services.

We have taken the view that we do not need more than two Lead Providers in view of the relatively small market. Too many Lead Providers would dilute the benefits that the model can bring and create inefficiencies.

Q: If you appoint two Lead Providers, what geography will each one cover?

Answer:

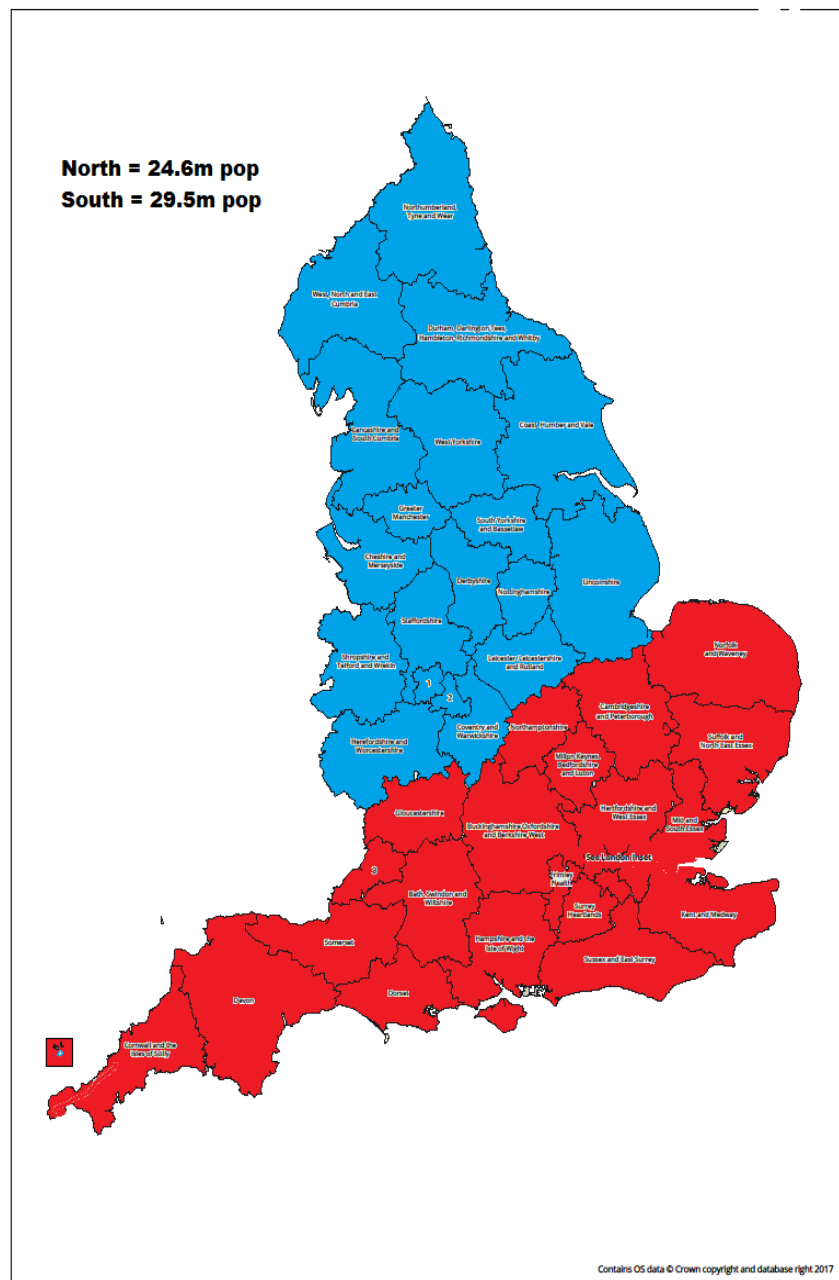
Our preference is not to be prescriptive. Instead we will ask that organisations bidding to be a National Trans Health Unit name the proposed Gender Identity Clinics for their network within their tender submission (subject to the eventual outcome of procurement). The benefit of this approach may be that it encourages collaboration across all Gender Identity Clinics from an early stage.

However, this approach may not be successful. For example, the organisations interested in bidding to be a Gender Identity Clinic may not be able to agree, or it may be difficult to define the future market because of interest from potential new market entrants. In this case we will divide England either into one Lot (national) or two Lots (North and South). The proposed regional catchment areas are shown on the next slide.

Option with two National Trans Health Units

The lotting has been based on STP boundaries (Sustainability and Transformation Partnerships).

The proposed North lot extends down to (and including) Herefordshire and Worcestershire STP; Coventry and Warwickshire STP; Leicester, Leicestershire and Rutland STP; Lincolnshire STP.



Q: Will this proposal cost money?

Answer:

Yes. A National Trans Health Unit will receive additional funding from NHS England to perform this role. The additional cost of a National Trans Health Unit will be relatively small compared to the overall budget for gender identity services. We will not re-divert money away from front-line services to fund the proposal, but we will be using procurement to achieve better value for money across the gender identity services generally (i.e. smarter and more effective use of money we already spend on these services).

Q: Will the Lead Providers have responsibility for providers of specialised services for children and young people?

Answer:

No. The Lead Provider arrangements will only apply to adult Gender Identity Clinics.

Q: Will the Lead Providers have responsibility for gender services in Scotland, Wales or Northern Ireland?

Answer:

No. The Lead Provider arrangements will only apply to Gender Identity Clinics (non-surgical) commissioned by NHS England.

National Referral Support Centre for surgery



What is a National Referral Support Centre?

A National Referral Support Centre would be a team of professionals with experience in gender dysphoria that provides support and advice to individuals who have been referred by a Gender Identity Clinic for specialised surgical interventions (chest or genital). Individuals would be assisted in making an informed choice about which surgical provider is best for them, balancing considerations of geographical convenience, waiting times and information on surgical outcomes and other quality issues.

The National Referral Support Centre would be independent of any surgical provider or Gender Identity Clinic.

There are good examples in the NHS of how a National Referral Support Centre can enhance an individual's experience of accessing specialised services, such as specialist Burns Services or Spinal Injury Services.

There would be a single National Referral Support Centre jointly commissioned by NHS England, NHS Wales and NHS Scotland.

A summary of how it would function (1)

1. The Gender Identity Clinic makes an on-line referral to the NRSC; the referral is received by the NRSC as soon as it is made by the Gender Identity Clinic.
2. The NRSC contacts the individual and arranges a telephone / video consultation within a stipulated number of days (usually within a working week). Consent and data protection issues are agreed with the individual.
3. The individual will have access to web content that describes the various surgical services that are commissioned by NHS England and are appropriate for the individual's objectives. The videos will include testimonies from previous patients. The web content will also explain the hospital locations, the facilities, the surgeons within the teams and other key staff. The NRSC will also have up-to-date information on waiting times and waiting lists, and information on surgical outcomes including Patient Reported Outcome Measures and Patient Reported Experience Measures.
4. Through discussion with the NRSC team, the individual decides on the surgical provider of their choice.
5. The NRSC immediately makes an on-line referral to the surgical provider of choice (with suitable encryption software in place).

A summary of how it would function (2)

6. The telephone / video consultation is shared with the individual.
7. The chosen surgical provider writes to the individual within a stipulated timeframe and confirms the first appointment date.
8. The surgical provider keeps the NRSC informed of the individual's progress (date of first outpatient assessment, planned date for surgery, completion of surgery).
9. After surgery, the NRSC contacts the individual asking them to complete Patient Reported Outcome Measures and Patient Reported Experience Measures at: 30 days post surgery; 3 months; 6 months; 1 year; and 3 years.
10. Should an individual request unscheduled follow up appointments due to surgical complications, the individual's GP will make a referral to the NRSC who will support the individual in accessing the most appropriate and timely treatment.
11. The NRSC will maintain a database of referrals, surgical activity, waiting times and follow up data. All surgical teams will be required to submit annual reports for inclusion in the web content accessible to individuals.

Q:What are the main benefits for me as an individual referred for surgery?

Answer:

At the moment there is very limited information available to Gender Identity Clinics or individuals to determine which surgical provider can best meet the individual's treatment objectives, or which provider delivers the best short-term and long-term outcomes. There is also limited information on waiting times and waiting lists.

The National Referral Support Centre will support individuals in considering the information that is currently available to make an informed choice. They will also have access to new information collected from patients (Patient Reported Outcome Measures and Patient Reported Experiences Measures) that over time will provide a rich source of information on the views of people who use the services (the information will be analysed and compiled by an expert organisation separate to the NRSC).

Q: Will a National Referral Support Centre result in bureaucracy and lead to a delay in my treatment?

Answer:

Referrals will be processed quickly by the surgical provider of choice as they will be contractually bound to confirm the first appointment date within a stipulated number of days of receiving the referral from the National Referral Support Centre. If this does not happen, the National Referral Support Centre will contact the surgical provider on the individual's behalf and arrange for the appointment date to be confirmed.

All correspondence will be exchanged electronically using suitably encrypted software, to reduce delays and unnecessary paperwork.

Although we will need to create a new small team to manage the NRSC, we believe that overall we will have a much more efficient system that ensures that patients receive more timely and appropriate treatment.

Q: Does this mean that Gender Identity Clinics will no longer be able to recommend a particular provider?

Answer:

No. Although all referrals for surgery will have to be made via the National Referral Support Centre, the Gender Identity Clinic may recommend a particular surgical provider. However, the team at the National Referral Support Centre will discuss appropriate alternative options with the patient to ensure that the patient is making an informed choice based on a consideration of relevant data and information.

Q:Which surgical providers will be on the list of approved providers?

Answer:

This will be determined through the process of competitive procurement that NHS England will run in 2018. The National Referral Support Centre will not be able to refer an individual to a surgical provider that was not awarded a contract by NHS England as an outcome of the process of procurement.

Q: What about referrals for interventions where there is very limited choice of surgical provider?

Answer:

We do not yet know the outcome of national procurement, and so we do not know which surgical providers will hold a contract with NHS England in the future.

If the future configuration of providers means that there is limited choice of provider for a particular surgical intervention (for example, because of restricted availability of clinical skills and expertise) referrals would still be processed via the National Referral Support Centre so that information on Patient Reported Outcomes Measures and Patient Reported Experienced Measures can be collected from patients (so that we have meaningful information on long-term outcomes) and so that the National Referral Support Centre can support the patient if there are delays in offering an appointment, or if there are post-surgical complications.

Q: Won't NHS England expect the National Referral Support Centre to divert referrals to the cheapest provider?

Answer:

No. This is not a money saving exercise. Financial considerations will not be a factor in the discussions between the National Referral Support Centre and the patient. The final decision on choice of provider will be the patient's.

Q: Will this proposal cost money?

Answer:

Yes.

The organisation that manages and delivers the National Referral Support Centre will receive funding to perform this role from NHS England, NHS Scotland and NHS Wales. The cost of the NRSC will be relatively small compared to the overall budget for gender identity services. We will not re-divert money away from front-line services to fund the proposal, but we will be using procurement to achieve better value for money across the gender identity services generally (i.e. smarter and more effective use of money we already spend on these services).

Q: Have you tested this proposal with the current Gender Identity Clinics and surgical providers?

Answer:

Yes.

We have discussed the proposal with current providers, and with organisations that have expressed an interest in becoming new providers to the surgical market through the process of procurement. There is broad support for the proposal.

Questions for you



Questions

1. National Trans Health Units: Do you support or oppose the proposal for the establishment of Lead Providers to performance manage the Gender Identity Clinics in England? Please give reasons for your answer.
2. National Referral Support Centre: Do you support or oppose the proposal for the establishment of a National Referral Support Centre for surgical interventions? Please give reasons for your answer.
3. Do you have any other comments on the proposals?

Please restrict your response to 350 words for each question.

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How to submit your response

Please submit your response using the response form sent with this information pack by **24 July 2018** to:

England.scengagement@nhs.net

or

NHS England
Jeremy Glyde, Specialised Commissioning
Area 3B, Skipton House
London Road
London
SE1 6LH

We are not able to respond to, or acknowledge, individual responses.

Thank you

