Lothian NHS Board

Lothian NHS Board
Mainpoint
102 Westport
Edinburgh
EH3 9DN
Main Switchboard: 0131 242 100

www.nhslothian.scot

Date 08/05/2025
Your Ref
Our Ref 9971R

Enquiries to Richard Mutch
Extension 35687
Direct Line 0131 465 5687
loth.freedomofinformation@nhs.scot
richard.mutch@nhs.scot

Dear

FREEDOM OF INFORMATION REVIEW – GIC REFERRALS

I write in response to your request for review of NHS Lothian's response to your Freedom of Information request about GIC referrals. Having discussed your request and our response of, 9 April 2025, I can respond as follows:

Review Request:

- In particular, I am concerned with the response to my question 4: "If [there has been a pause or restriction on patients of Chalmers GIC being referred for surgery at any point since 1 January 2024], please provide all communications, minutes, agendas and policy documents which include mention of the pause or restriction, from a time period of six months before the start of the pause or restriction to the present day."

  The response I received applied an exemption under Section 25 of the Freedom of Information (Scotland) Act 2002, because the information I requested had already been disclosed in previous FOI requests from other people, three of which are linked in the response.

  However, on review of the linked FOI responses, none of them appear to contain copies of the requested documents. I would therefore request a review of your response, as the information I requested is not available at the provided links, so the exemption appears to have been incorrectly applied.

Review Response:

I must apologies for the original response we had thought the requested information had been posted with a previous response, it had not due to the volume. Please find enclosed documentation. Please note we have redacted some names (Section38(1)((b) personal information and detail not related to the request.

If you are not satisfied with this response you still have the right to make a formal complaint to the Scottish Information Commissioner who you can contact at the address below or using the Scottish Information Commissioner's Office online appeals service at https://www.foi.scot/appeal. If you remain dissatisfied with the Commissioner's response you then have the option to appeal to the Court of Session on a point of law.

Scottish Information Commissioner
Kinburn Castle
Doubledykes Road
St Andrews, Fife
KY16 9DS
Telephone: 01334 464610
Fax: 01334 464611
e-mail: enquiries@foi.scot

Yours sincerely

Freedom of Information Reviewer/
NHS Lothian
cc: Executive Nurse Director
Enc.

Patient Safety Experience Action Group (PSEAG) Meeting held at 10am on 02/05/24 in the Chief Executive's Office	**Present: Tracey Gillies (Chair); Judith Mackay, Michelle Carr, Jim Crombie, Janis Butler, Dona Milne.** **In attendance: Chris Drake (action note).** **Apologies: Craig Marriott, Calum Campbell, Alison Macdonald.**

Item no.	Issue	Decision/Action	By Who/When	Update
0205.1	WGH Ward 72 Response to HIS	[redacted]	**To note.**	
0205.2	RHCYP Catering Update	[redacted]	**Alison Macdonald 16 May 24**	
0205.3	D&G Cyber Security Incident and NRS Data Loss	[redacted]	**To note.**	
0205.4	Whistleblowing	[redacted]	**To note.**	
0205.5	UK IBI Final Report	[redacted]	**To note.**	

Item no.	Issue	Decision/Action	By Who/When	Update
		[redacted]		
0205.6	Blood Safety Alert	[redacted]	**To note.**	
0205.7	Measles Update	[redacted]	**To note.**	
0205.8	Braid Hills SBAR	[redacted]	**To note.** **Jim Crombie** **16 May 24**	
0205.9	Patient Safety Commissioner for Scotland Act 2023	[redacted]	**Tracey Gillies** **16 May 24**	
0205.10	Gender Reassignment Surgery Referrals	• SBAR attached for detail. • Hilda Stiven to formalise communication with NSD to inform them of our concerns. • Establish the clinical pathway (Chalmers Gender Identity Clinic) for patient referrals and suitability for treatment. • PSEAG endorsed recommendation 1: to pause referrals for U25 for chest reconstruction surgery, whilst consideration of the outcomes of Cass review in Scotland.	**Hilda Stiven** **16 May 24** **Tracey Gillies** **16 May 24** **To note.**	

Item no.	Issue	Decision/Action	By Who/When	Update
0205.11	BLACKSTART RIE	[redacted]	**To note.**	
		Actions from 18 Apr 24		
1804.3	Pregnancy Screening – Newborn HGC Paper Mar 24	[redacted]	**30 May 24** Dona Milne	
1804.6	AOCB: Windows RVB	[redacted]	Michelle Carr (to liaise with Morag Campbell)	**02/05-** have [redacted]
		Actions from 04 Apr 24		
3	Substance Misuse on MH Inpatient Wards	[redacted]	**Tracey McKigen 16 May 24**	

Item no.	Issue	Decision/Action	By Who/When	Update
		Actions from 08 Feb 24		
4.0	Pregnancy Screening Incident	[redacted]	**DM/AS/KD**	

Meeting: NHS Lothian Board

Meeting date: 19th November 2024

Title: Shared Pathway for Chalmers Gender Identity Clinic

Responsible Executive: Fiona Wilson, ELHSCP

Report Author: [redacted]

1 Purpose

[Please check the box for all items that apply in each section]

This report is presented for:

Assurance	☐	Decision	☑
Discussion	☐	Awareness	☐

This report relates to:

National Plan	☐	Local policy	☐
Emerging issue	☐	NHS / IJB Strategy or Direction	☐
Government directive	☐	Performance / service delivery	☐
Legal requirement	☐	Other [please describe]	☐

Please select the following LSDF Strategic Pillars and/or Parameters:

Population Health	☐	Scheduled Care	☐
Children & People	☐	Finance (revenue or capital)	☐
Mental Health & Wellbeing	☐	Workforce (supply or wellbeing)	☐
Primary Care	☐	Digital	☐
Unscheduled Care	☐	Environmental Sustainability	☐

This paper supports the following NHSScotland quality ambition(s):

Safe	☐	Effective	☐
Person-Centred	☐		

Members wishing additional information should contact the Responsible Executive named above in advance of the meeting.

h y Chalmers Gender Identity Clinic

Authors- [redacted] **and Fiona Wilson**

B or MT 19th November

Situation

Concerns about the sign- process for out-of-area gender reassignment surgery referrals e L h an PSEAG in April 2024. Referrals were paused from 2nd May 2 o t u 4 the service stopped offering surgical assessments at Chalmers i i i o avoid creating a backlog of referrals. A paper detailing the a m G i i a d r f rrals sign-off pathways was approved by NHS Lothian CMT on h ct er 20 d re ls for those aged 25 and over restarted from 17th October 2 es e t i m ents for those aged 25 and over will recommence from 18th November 2024.

In parallel i a l sed that additional considerations apply to people with more m l n s t l r hose who enter services below the age of 18, and these are d s d b h DCMO report, *Cass Review - Implications for Scotland*. A short- i n r p d rvices Review against Cass and DCMO Report SLWG) first met on 1st November 2024 o sider the requirement for children and young peoples' gender identity services n d follow through services for young people aged 17 to 25 . n s p n t w of this group, Chalmers GIC undertook to review and refine t d urgical referral pathways for people with more complex needs i st s vi d to identify and implement improvements to ensure that the requirements of the C eport and the 2024 NHS Scotland Gender Identity Healthcare Protocol are met.

This paper describes current GIC pathway, and the improvements that have been made, and a h a s f iently robust to allow the pause on surgical assessment and l o eo o 24 to be lifted.

e a w w o t be refined and informed by the work of the SLWG, East Lothian l e a n rship (ELHSCP) quality improvement and assurance processes, and ongoing work to mee e new HIS Gender Identity Healthcare Standards.

Background

The Cass Review, *In p t Review of Gender Identity Services for Children and Young People* s "N E a should establish follow-through services for 17- to 25-year-olds t o eg a es, either by extending the range of the regional children and p p r h ough linked services, to ensure continuity of care and support t i l y u n b e ge in their journey."*

c a d t D r: made a separate recommendation for Scottish Government
n Hea h o rd r ices in Scotland should review current transfer arrangements
s ty o e nd support over this potentially vulnerable period". The report
l o e h s s th ensure appropriate governance is in place so that both those
a d th d ering it are fully supported, and that there should be care
ro n r a linical pathway that starts long-term treatment options for
gender incongruence.

n N S o a d dentity Healthcare Protocol was published, along with HIS
i l Standards, on 3rd September 2024.

i xu d o tive Health Service (LSRHS), hosted by ELHSCP, operates the
a m G i v d s care for people with gender incongruence in Lothian. The
service also p v s people on behalf of Fife and Borders Health Boards, and sees
people who have p o s y ıccessed other services, particularly children and young
e' e es o ne Sandyford in Glasgow), private providers, online services and
services outwith Scotland. halmers sees people from the age of 17 years and is the only
adul e i Sc a d to o so – those people from the Chalmers GIC catchment area who
are referred after their 17th rthday, or who reach the age of 17 whilst on the waiting list for
the Sandyford Young Pe p e ' Gender Service are passed to Chalmers GIC for care. No
u i l s m n r als are undertaken before the age of 18 years. Referrals for
r u y r de ernally within NHS Lothian, to other Scottish Health Boards and
via NSS to s c p ers n England. This regular involvement with and referral to
different services and e l providers presents structural and service challenges that
require additional care g ıtion and governance to provide assurance that pathways are
ea es n n a o is clear.

The service a u er rapid review of current individual and multidisciplinary team
s e o ma o ring, referral processes, referral authorisations and governance
ed t e u th ey are sufficiently robust to meet the essential requirements of
the Protocol and Standards.

i h en e t a significant proportion of individuals accessing gender
services e t a e, have complex needs and other vulnerabilities, but
particularly s h av transitioned from paediatric gender and other services. These
individuals require more nsive assessment and support, extensive multidisciplinary
n re u o i icians in other services, and robust and clearly documented
n t o b ed with structured individualised discussion, to achieve
holistic, person-cen ible, 'wrap-around' care that prioritises individual physical and
mental well-being a d a a ces risks with benefits. The review has confirmed that Chalmers
p t s i d i u ed 'wrap around' care and that this is well recorded in
n i c n r : that improvements could be made in the formal
docume o i pathways, the recording of governance processes, including multi-
disciplinary team meetings nd formalising the interaction and consultation with other
s n N Lo an and other Boards.

We n e a e en e to 17- to 25-year-olds was intended to refer to people up to their 25th i .e t i u e age of 24 years).

Assessment

e x st h p ocesses of Chalmers GIC have been described in a variety of e fo HS th MT, summarised in the paper presented on 8th October 2024.

The new process of review, crutiny, and authorisation of external referrals by the Clinical Lead and Clinical Director a provided assurance that effective liaison with other services s r y s a t f e comprehensive surgical assessment process.

h v ts th ave been implemented are described below as well as planned el e ev opments are dependent upon the outputs of the SLWG or require co-d e p t h stakeholders including community members and service users, n i es m nended.

Pathways

Two pathways have been d neated: a Standard Pathway and an Enhanced Pathway

People on the **Standard a *way*** will have the standard comprehensive assessment, eatm i n fo a tion sharing, supported decision making, and surgical referrals where appropriate. ta lard clinical pathway was outlined in the original SBAR A e h d athway for surgical referrals is shown in Appendix 2.

People on the **h P hway** may require a longer more detailed assessment, more frequent reviews, a d t supports and access to and communication with the expertise of h multidisciplinary team review to help answer complex sti s t e i i on making, formal assessment of capacity where necessary to u t ec ki g e conference involving external clinicians and agencies, etc

e h aintain the current person-centred approach, whereby access e tm n i opriate if a person has **gender dysphoria that causes clinically significant distress** , eets the readiness criteria for and is eligible to access treatment o l o c for Gender Identity Healthcare."

People v thways but it is recognised that, given the complex nature of r ca a o i of people may follow the enhanced pathway.

e ed ti a at Chalmers GIC is shown in Enhanced Surgical Assessment Pathway (Appendix 3). h athway has been amended to provide multiple opportunities to d n o t m eeds and formalise the entry to the Enhanced Pathway, n l n i ge r r a phone triage for baseline assessment, during or after baseline s e t i r ration assessment or before or during one or more surgical assessments.

i i k rs i l i d either automatic entry to the enhanced pathway, or
n on en y o t Enhanced Pathway.

li t ntry to the Enhanced Pathway

- h te ender healthcare services before the age of 18
- i o possible Intersex conditions
- Physical co- r i i that may have an impact on transitioning
- euro i ers y l ing where formally diagnosed or self-identified or suspected)
  h i i p ct on gender identity assessment or transition
- n d ing mental health problems
- Learning disability
- f u i n u rdianship issues (including all care-experienced individuals)
- s y tra ma ife experiences
- n b t p city to consent or unrealistic expectations
- h etransition (Detransition pathway - Appendix 4)
- h st typical or unusual surgeries
- i t r mplexity or vulnerability considered relevant by the assessing clinician or the i i ual.

Assessment process

l pe l r f are elsewhere are routinely reassessed.

Baseline assessments c ded on a proforma (Appendix 5) which has been amended to structure information- ng and ensure that those with complex needs and l s a i en i t an early stage and are moved on to the Enhanced Pathway n th emen c n assessment are not missed. The Surgical Pre-assessment Proforma (Appendix 6) lt to be comprehensive and did not require modification.

Multidisciplinary team v ement

r l p e y care is supported by the weekly **Internal MDT**, and any case n e b g o th b eam member. The structured recording of this MDT discussion and conclusions a malised (Appendix 7).

s a l o ad hoc basis to an additional **Post-Clinic MDT** which has t b n t te e MDTs will be used for the assessment and discussion of people who are on or are ei ng considered for the enhanced pathway.

d t t e u meetings, all patients on the enhanced pathway will be raised at the **Surgical MDT**. The S rg al MDT is also where agreement regarding onward referral is finalised, and any cases c n lso be raised by the Clinical Lead and Clinical Director as part of the revised surgical sign- rocess if they have any questions. The Surgical MDT meeting is attended by: Lead P c a t for service, Lead Psychologist for service, Lead Nurse for er ce, n Clinical Lead for LSRHS. GIC Staffing and MDT membership is outlined in Appendix 8 completed).

e r a i c s eadiness for surgery, additional referrals, or support (e.g. psychology, better control f a medical condition, stopping smoking, weight loss). The Surgical MDT addresses a pre-selected list of patients for discussion. Discussion outcomes ec e i e n dual patient record and a meeting minute will summarise the key discussio o es each patient and any wider system or process issues requiring n t n s s o nat will be implemented for the next meeting on 2nd December 2024 *i to be added)*

e r a l o c ers the need for an **External Multidisciplinary Case Conference** n e ca d d s ss issues outwith the GIC team. In cases where further s o i t p fessionals or teams providing care within NHS Lothian or s re ay b r q , his will usually be identified and initiated earlier in the s e c discussion and informed consent. When the External p n ence is required, the GIC Lead Nurse will convene the meeting, i i o w s s ch as psychiatry, social work, GP and others), or allocating it the n a r i g team member. It is envisaged that this will apply only to the e s a w focus on an individual patient. The outcome of discussion will be recorded as part of e nical record and in the appropriate MDT.

Information provision

o o v ler healthcare is complex and must be individualised according to an individual's needs.

r t n r v o i includes signposting to the comprehensive gender pages on the LSRHS website. T i u des a complex range of information that would not be effectively replicated as a tten document. This information forms the template for an individualised discussion. ormation on surgical providers is provided via NSS.

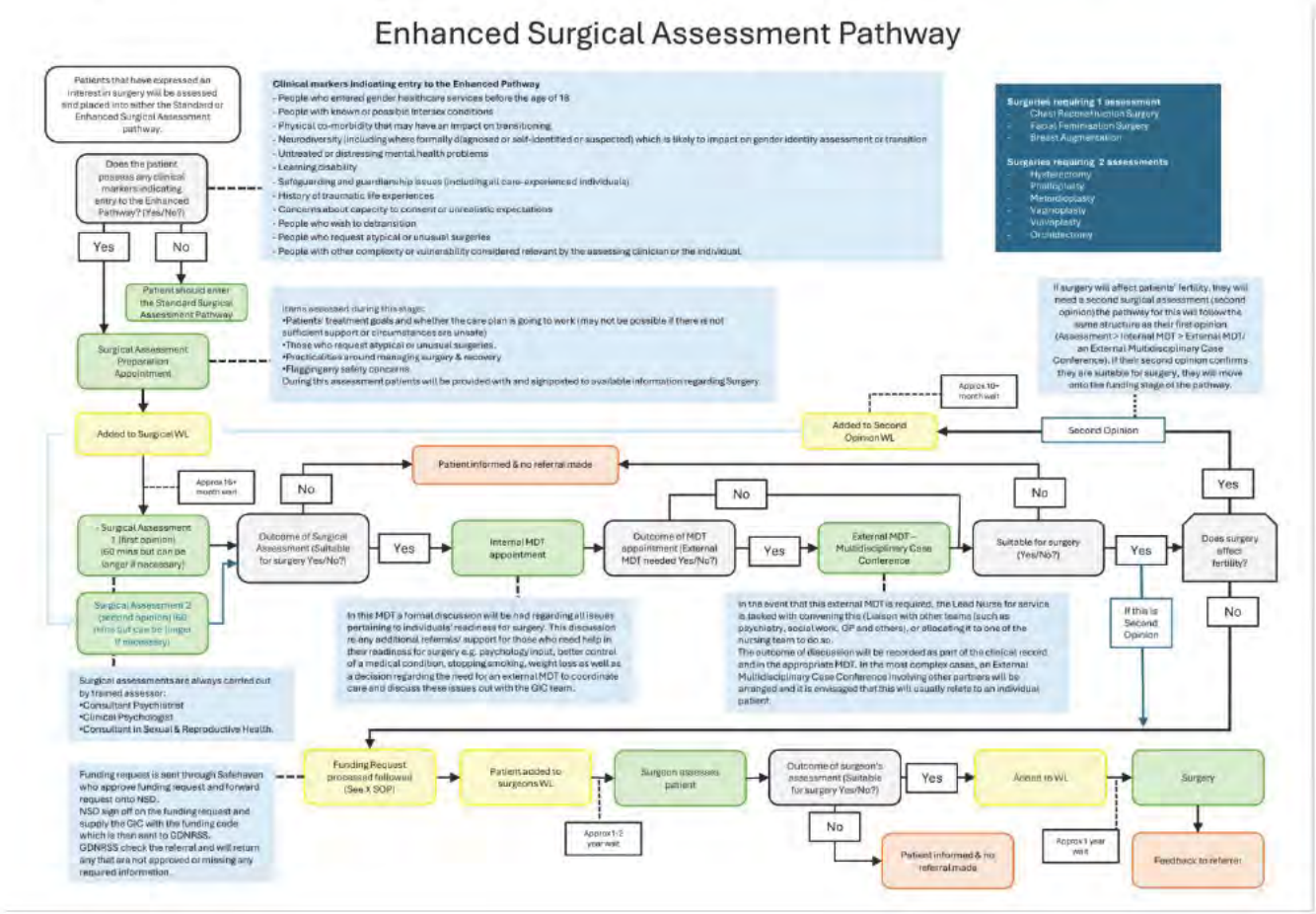
- v provision of written information about surgery for all patients r e i en d. This information will be co-developed with service users and a s r o information sources and signposting to relevant information e y he time assessment appointments are reinstated (the earliest e l date of e appointment will be 2nd December).
- di o i e formation on fertility and gender-affirming surgery is planned.
- o o i ly tailored for those with additional needs will be developed.

eco d n f p v o information will be improved.

- The surgical prepar on assessment template (Appendix 6) includes details of n t v this is being expanded.
- e i l tter(s) standard template (based on the GRP) is being amended n l d e tail on the information provided to patients (Draft – Appendix 10) h s tt ocument the detailed individualised discussion around c b f s, risks, and will be routinely copied to the patient.

- i u p t additional detailed discussion about the technical risks of surgery with e u ical provider.

e ed th s bed in the algorithm below (see Appendix 3 for Full Size PDF version)



Recommendation

HS i n C s e approve the proposed assessment and sign-off process and to lift the pause o e l o those aged 18 to 24 years.

Appendices

1. w a s me ıt and approval for gender re-assignment surgery 011024

SBAR review of assessment and appr

2. a m G I ti Clinic Standard Pathway Flowchart

Standard Surgical Pathway

3. ha e u i l h ıy

Enhanced Surgical Pathway

4. it i g h Draft

Detransitionsing Pathway V2

5. i l s fo lmers GIC (revised)

Initial Assessment Chalmers GIC

6. Surgical Pre- es e t emplate

Surgical Pre-Assessment Tem

7. MDT Discussion Template

MDT Discussion Template

8. r t g C ers GIC and members of MDT

Current Staffing and MDT CGIC

9. i i n Template (tbc)
10. i er i revised (Draft)

Surgical Letters Checklist

11. HS a en I ıtity Healthcare Protocol

20240903 NHS Scotland Gender Iden

12. e H a hcare Standards

Gender-ID-Standards -September-2024.pdf

Outlook

Fw: Suggested solution to Gender Surgery issue for consideration

From [redacted]@nhs.scot>
Date Fri 10/25/2024 4:47 PM
To [redacted]@nhs.scot>

ps I thought your email was really well articulated and communicates the risks comprehensively. just for the record... I have no problem whatsoever with you having emailed the chief exec directly. will discuss soon. take care and I hope you get some rest this weekend. j

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From: [redacted]@nhs.scot>
Sent: Friday, October 25, 2024 4:00:00 pm
To: [redacted]nhs.scot>; Hood, David [redacted]
Subject: RE: Suggested solution to Gender Surgery issue for consideration

Hi again [redacted]
David and I have caught up about this. David is going to try to speak with you after clinic so that we can support you and do what we can to get the best possible outcome for patients and the service.
[redacted] and may not be able to answer for immediately, but would also be happy to talk late or any time this weekend. Probably best to text me if it would be helpful.
BW
[redacted]

From: [redacted]
Sent: Friday, October 25, 2024 2:50 PM
To: [redacted]@nhs.scot>; Hood, David <D[redacted]
Subject: RE: Suggested solution to Gender Surgery issue for consideration

Thanks dan
My understanding from speaking to David yesterday evening was that there was significant progress on public messaging and that this would address some of these concerns
I'll speak to David about this asap and get back to you so that we can support you appropriately
Best wishes
John

[redacted] | Whitesands Medical Practice | Monday and Wednesday
Dunbar Medical Centre, Queen's Road, Dunbar, EH42 1EE | T[redacted]E: please cc all clinical emails to [redacted]
Clinical Director | East Lothian Health and Social Care Partnership | Tuesday and Thursday
John Muir House, Brewery Park, Haddington, EH41 3HA | **Mobile:** [redacted]
or loth.elhscppateam@nhs.scot

East Lothian Health & Social Care Partnership

From: [redacted]@nhs.scot>
Sent: Friday, October 25, 2024 2:24 PM
To: Hood, David <[redacted]@nhs.scot>
Subject: Fw: Suggested solution to Gender Surgery issue for consideration

Hi both
You may have heard this from elsewhere or been at the meeting today.
In any case, it was my [redacted]

Regards
[redacted]

From: [redacted]@nhs.scot>
Sent: Friday, October 25, 2024 2:17 PM
To: Hiscox, Caroline <[redacted]
Cc: Crombie, Jim <[redacted]
Subject: Re: Suggested solution to Gender Surgery issue for consideration

Caroline
Understood. Thanks for updating me. I will wait to hear from Jim.
[redacted]

From: Hiscox, Caroline <[redacted]
Sent: Friday, October 25, 2024 1:57 PM
To: [redacted]@nhs.scot>
Cc: Crombie, Jim <[redacted]
Subject: RE: Suggested solution to Gender Surgery issue for consideration

Hi [redacted], I had a further conversation with colleagues this morning and Judith was able to share some of your conversation with her from yesterday.

I acknowledge that this is a difficult situation for everyone and in particular for patients, their families and colleagues in the service. I also accept that perspectives will be different and that your leadership as CD will have to navigate these to provide support to those affected, thank you.
There are a number of issues that you have shared where I can see agreement and there are a few questions that you have raised that I have asked Jim and Tracey to meet with you next week to discuss the areas of difference to ensure everyone has a shared understanding of each other's perspectives.

Jim will be in touch to get the meeting arranged.

Kind regards,
Caroline
Professor Caroline Hiscox
Chief Executive

NHS Lothian HQ
Mainpoint
102 Westport
Edinburgh
EH3 9DN

[redacted]

[redacted]tt

Well Being Notice: receiving this email outside of normal working hours? Managing work and life responsibilities is unique for everyone. I have sent this email at a time that works for me. Please respond at a time that works for you.
quality ▪ dignity & respect ▪ care & compassion ▪ openness, honesty & responsibility ▪ teamwork

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From: [redacted]@nhs.scot>
Sent: Friday, October 25, 2024 8:32 AM
To: Hiscox, Caroline <[redacted]
Subject: Re: Suggested solution to Gender Surgery issue for consideration

Caroline
Ok, thanks. Will await update.
[redacted]

From: Hiscox, Caroline [redacted]
Sent: Friday, October 25, 2024 7:52 AM
To: [redacted]@nhs.scot>
Subject: RE: Suggested solution to Gender Surgery issue for consideration

Dear [redacted] thank you for your email. I am aware of the situation and have a further conversation this morning and will update you.

Kind regards,
Caroline
Professor Caroline Hiscox
Chief Executive

NHS Lothian HQ
Mainpoint
102 Westport
Edinburgh
EH3 9DN

[redacted]

[redacted]

Well Being Notice: receiving this email outside of normal working hours? Managing work and life responsibilities is unique for everyone. I have sent this email at a time that works for me. Please respond at a

time that works for you.

quality ▪ dignity & respect ▪ care & compassion ▪ openness, honesty & responsibility ▪ teamwork

---

From: [redacted]@nhs.scot>
Sent: Friday, October 25, 2024 7:43 AM
To: Hiscox, Caroline <[redacted]
Subject: Suggested solution to Gender Surgery issue for consideration

Dear Professor Hiscox
I am the Clinical Lead at LSRHS and in that role have responsibility for the Chalmers Gender Identity Clinic, which is an adult service but sees people from the age of 17. I know from David Hood and others that you have now been made aware of issues arising as a result of the pause on referrals and assessments for gender-affirming surgery in Lothian. The issues are complex and rather entangled, and I am sure you are aware of much of the detail. I am not in the habit of bypassing management structures and process, and writing to you directly sits very uncomfortably with me, but I think the situation is sufficiently acute today to put this to you directly and suggest a solution. To summarise very briefly:

- An immediate pause on all surgical referrals was enacted by NHSL PSEAG on 2nd May 2024. This was very slightly amended to include all referrals for any surgery for those under 25, but excluded a handful of surgeries conducted in Scotland for over 25s. As you know, there was no discussion with LSRHS or EHSCP prior to the pause.
- The initial concern was a difference in the sign-off process for external referrals via NSD/NSS for gender referrals was different to that for other referrals, lacking an internal CD/AMD sign off. A clinical review through NSS was stopped in Dec 2022. There were a range of other concerns relating to the CMO Report on the Cass Review, and indirectly to the Cass Review itself which relate to clinical assessment, support and consent for surgery, particularly in younger people. Additional concerns related to problems in other Boards, of which I do not know the full detail. All of these concerns were completely valid and required exploration, although the report contained some inaccuracies due to lack of discussion with the service.
- Once surgical referrals are signed off and forwarded to NSD, there is a wait of at least 12 months, sometimes more, before people are seen and assessed by the surgeon performing the operation. There is then a further wait of at least 6 months, often more before the operation itself. If there was a significant concern about clinical safety, the logical approach would be to review the assessment and sign-off of those referrals on people that were about to be operated upon, or that were sent after the clinical review at NSS was stopped. Pausing referrals from NHSL Safehaven will have no effect on patient safety for 18 months. Hence the urgency of the pause could be challenged.
- Associating the pause with the CMO report on the Cass Review was misjudged. This has already been questioned and challenged by the community and others including very senior external partners. There may be clinical need for additional considerations in people under the age of 25 (although many would argue that this is encompassed in the personalised and holistic care of all people of all ages), and the notion of developing follow through services for 17-25 year olds who enter services before the age of 18, as occurs in oncology, HIV services and so-on is an excellent recommendation and should be developed. This is a very substantial undertaking. There is however no precedent I'm aware of in medical services, consent processes, GMC guidance or medical law, which makes a structural/access/assessment distinction between the care of competent adults who enter services between 18 & 65 on the basis of age alone. Therefore to make a distinction in terms

of access to surgery between adults before and after their 25th birthday, in the way NHSL has done, is very hard to justify. This is now exacerbated by lifting the pause on 25s and over. This seems likely to invite legal challenge.

- The Equality act has been raised in a complaint and by team members and others since the start of this process. [redacted] helpfully provided us with some advice in addressing the complaint, explaining the exclusions to the act , which hinge on actions that could be proved to be proportionate. I think given the points above, regarding the (lack of) urgency of the pause, and the harm that is being caused, I think proportionality might be hard to defend.
- The team undertook a very rapid programme of work and I drafted a summary paper which was reviewed by PSEAG and as you know a covering paper was presented to CMT on 8th October and the pause on referrals for those 25 and over was lifted. This outlined in detail the clinical pathway, assessment and governance processes for the service. Although there were improvements required to some documentation and recording, I can say that in the whole process of undertaking this work and dealing with and investigating every complaint, MSP query and FOI that has come in, as a clinician with 30 years' experience and an external perspective (I'm not a Gender clinician) I have seen no issue in clinical care or patient safety that would raise any concern whatsoever.
- I understand that a further working group is being established to meet between now and Christmas to review and establish what is required for follow-through services for 17-25 year olds. This seems a very short timescale for such a complex undertaking, particularly encompassing the need to align with ADHD and other neurodiversity provision which is very overstretched. Chalmers GIC have been asked to review the existing service for under 25s against the CMO Report, HIS Standards and GRP 2023, all of which are recently published, and submit this for approval by the group. We have thrown ourselves into that task immediately, given the team's wish to resolve the issue as soon as possible. I do however wonder how the HIS standards regarding involving those with lived experience, partnership working and collaborative leadership can be authentically addressed by a group meeting over such a short timescale and in the current divisive environment.
- I understand from Judith Mackay in discussion last night that a date for lifting the pause of January 2025 has been mentioned in the development of public facing information. If this date is under discussion, and is to be made public, then an obvious question is why is the pause continuing? If the pause is for a further review the safety of the assessment process, and the outcome of the review and any actions required are unknown, then the duration of the pause is indefinite. If not, and we know the pause will be lifted, we should do so now.
- The pressure on the service and the team continues to mount. You are aware of the planned public protest today at Chalmers and the public meeting to be held tonight. Clinicians are exhausted after trying to explain to every consecutive patient an issue which they themselves find inexplicable and indefensible. Patients are expressing high levls of dysphoria and distress, including credible threats of self harm. They are being personally attacked on social media. On top of this they are being asked again to review everything they have already done, as an additional workload and pressure, and to put in place extra checks and processes on the basis of no evidence whatsoever of any clinical failing. They experience this as constant and sustained criticism of failure. The outstanding reputation of the GIC and by extension of Chalmers is being destroyed by the day. The mistake has been made of assuming that this applies only to GIC attendees – it does not. Only 68% of Gen Z worldwide identify as heterosexual. Our entire core patient population judges us on how we address gender diversity. This will not go unnoticed on social media. It is immeasurably painful and destructive to the entire team, including me, to see our reputation trashed in this way. Team members are expressing their intention to leave. This is becoming an existential issue for the service.
- The solution. To continue with a pause on surgical referrals for under 25s is unnecessary. The harms far outweigh any benefits. The service has reviewed the assessment process for all patients and no significant failings have been identified. A properly considered, careful internal review of the service for people who have entered services below the age of 18 and for those with co-existing pathologies of all ages should be undertaken with authentic stakeholder and patient involvement, exactly as a has been

suggested but without the extra ordinary hurry and pressure on the team. Similarly, a larger and similarly considered and resourced NHSL programme of development for a future service for young people, and follow-through transitional services for 17-25 year olds, which will require years of work to establish – not least because they are not yet funded, should also involve patients and stakeholders.

- To continue on the current path is a pointless face-saving exercise. NHSL should simply say that the existing review of services provides adequate re-assurance that the service is safe and that referrals for all people over 18 can resume. Further improvements will be planned and implemented in parallel.

I do not need, or expect you to respond to or share this email but I hope that you will give my suggestion some consideration. I'm happy to discuss directly with you or together with David Hood if anything requires clarification or expansion

Yours sincerely

[redacted]

[redacted]

Consultant in Genitourinary and HIV medicine & Clinical Lead for Sexual and Reproductive Health, NHS Lothian

Chalmers Centre

2A Chalmers St

Edinburgh

EH3 9ES

https://www.lothiansexualhealth.scot/

[redacted]

For Clinical Advice please contact Chalmers.ClinicalAdv@nhslothian.scot.nhs.uk

[redacted]

PA

[redacted]

Clinical Infection Research Group Edinburgh https://www.cirg-edinburgh.co.uk/

Chalmers Gender Identity Clinic SOP

Surgical Referrals

Version History		
Version	**Date Updated**	**Updated By**
1.0	06/02/2024	FC & PB
2.0	28/05/2024	RJ
	09/07/2024	FC & PB
	29/10/2024	RJ
3.0	06/02/2025	RJ
4.0	13/03/2025	DJC/JH/FC
5.0	19/03/2025	AD/HL/DJC

1. Contents

2. Purpose & Scope

This surgical referral pathway SOP is a component of the Standard and Enhanced Pathways for Chalmers Gender Identity Clinic and supporting documents and should be implemented and updated in conjunction with these documents, found on the Gender shared drive (S:\srhs gic\). The GIC supports transgender patients (an umbrella term for when gender identity does not sit comfortably with the sex they were assigned at birth) by assessment and diagnosis of Gender Incongruence (in line with the World Health Organisation ICD11 International Statistical Classification of Disease & Related Health Problems). Both pathways and this SOP adhere to the *NHS Scotland Gender Identity Healthcare Protocol (2024)* and *Gender Identity Healthcare Standards*, published on 3rd September 2024.

Some patients being seen within the Chalmers Gender Identity Clinic (GIC) may express an interest in receiving gender affirming surgery. Surgical referrals are informed by the '4 nations' Service Specification: *Gender surgery services for adults* (Appendix 2), in addition to the documents above. Guidance on Funding is contained in *Funding Authorisation for Highly Specialist / Specialised NHS Treatment commissioned by NHS England* (Appendix 2)

This SOP will outline the process for surgical referrals within the GIC. Supporting documents are found embedded within the Standard and Enhanced pathway documents.

The SOP will cover the process from the initial discussion up until the referral for surgery. It will cover surgeries that need one opinion and those that need two opinions. It is intended for use by clinicians and administrative staff who have undertaken the training relevant to their role in clinical assessment and referral. Although it supports training in those new to role, it is not a training document.

The SOP will also contain information regarding the availability of Surgical Assessment slots and information on which types of assessments each of the clinicians can give.

3. Pathway Overview

Patients that express an interest in gender affirming surgery follow the following pathway; each of these stages will be expanded on in the following sections.

Patients will follow the standard or enhanced clinical pathways according to clinical need. These are documented separately in detail.

The type of surgery chosen will dictate whether a patient will need one or two surgical assessments in addition to other routine GIC reviews.

One Assessment

1. Initial Discussion (with Nursing team) – Approx wait for these appointments its 6-8 weeks.
2. Patient added to Surgical Assessment Waiting List
3. Surgical Assessment (first opinion) – approximate wait for these appointments is 18 months.
4. Funding applied for & granted
5. Onwards referral for surgery

Two Assessments

1. Initial Discussion (with Nursing team)
2. Patient added to Surgical Assessment Waiting List
3. Surgical Assessment (first opinion) – approximate wait for these appointments is 18 months
4. Patient referred for second opinion and added to 'Second Opinion tracker'
5. Surgical Assessment (second opinion) - approximate wait for these appointments is 12 months.
6. Funding applied for & granted
7. Onwards referral for surgery.

4. Process

4.1 Surgical Preparation Assessment (Nurse Appointment)

- Patient seen in clinic and expresses an interest in gender affirming surgery.
- Book in with clinical nurse specialist Anna MacArthur or Hayley Fairgrieve for 30-minute appointment to have following discussion:
    - Provide information about surgery (GDNRSS leaflets, gender construction kit, Welsh Gender service speaking to Mr James Bellringer)
    - Explore motivations for surgery. If concerns, discuss at MDT.
    - Explore expectations of surgery. If concerns, discuss at MDT.
    - Explain WPATH guidance and checks patient meets these.
    - Check the person's BMI and smoking status. If above BMI limit for surgery advice given about weight loss and do not place on list until losing weight and nearing target BMI. If the person smokes/vapes, needs to be able to stop 6 weeks prior to surgery (6 months for phalloplasty) and similar amount of time after. Advice should be given re smoking cessation and healthy lifestyle.

- Once the clinician assesses that the patient is appropriate for surgical assessment, send email to GIC Admin (loth.gicadmin@nhslothian.scot.nhs.uk) and ask for patient to be placed on waiting list for whatever type of surgery they require:
    - Referrals within Scotland:
        - hysterectomy (done locally except some cases at C&W Hospital)
        - orchidectomy (done locally when standalone)
        - facial feminising surgery (only available for people resident in Fife)
        - breast augmentation (only available for people resident in Fife)
    - Referrals via NSD to England and Wales
        - chest reconstructive surgery
        - vaginoplasty/labiaplasty
        - metoidioplasty/phalloplasty

- Clinician gives patient written information about the NGICNS website and information about surgical providers on there (https://www.ngicns.scot.nhs.uk/public/surgery-providers/). They should be informed that they need to choose one prior to being seen for assessment for surgery.

4.2 Surgical Assessment

- Patient seen at the Surgical Assessment clinic.

- If they are suitable for surgery, the clinician will inform the patient and check that they have chosen a surgeon. If patient has not decided, then is asked to let secretaries know – give phone number and admin email.
- Clinician to dictate a letter (see letter template Appendix 2).
- The patient is added to the 'Surgical Admin' spreadsheet on shared drive (S:\srhs gic\Surgical Referrals).

Note: Surgical Assessments are carried out by clinicians with specialist clinical experience in Gender Identity Healthcare:

- Consultant Psychiatrist or
- Clinical Psychologist or
- Consultant in Sexual & Reproductive Health.

Referrals are allocated to clinicians according to availability and clinical assessment (see Section 6). Where there is doubt about any aspect of the referral, cases will be discussed at the Weekly or Surgical MDT (as outlined in Standard and Enhanced Pathway documents) and referred internally for a second (or in some cases third) opinion where appropriate. This referral will be to a clinician with the appropriate Psychiatric/Psychological/Medical skills and expertise as required. Qualifications and supervision of clinicians within the GIC are outlined in the document *Clinical Supervision in GIC* as part of the Standard Pathway document.

5. Referral Administration

5.1 Opinions

Depending on the type surgery the patient will need either one or two opinions from appropriately qualified clinicians (see section 3.2) before they can receive their gender affirming surgery.

One opinion:

- Chest reconstruction
- Facial feminisation
- Breast augmentation

Two opinions:

- Vaginoplasty / labiaplasty
- Metoidioplasty / phalloplasty
- Hysterectomy
- Orchidectomy (done locally when standalone)

If a patient has a Gender Recognition Certificate (GRC) a scan of the GRC can be used instead of a second opinion.

- The referral letter(s) is/are transcribed, queued and signed off on NaSH.
- If no surgeon selected after all necessary opinions completed, contact patient to chase up.

- Check the patient has been added to the spreadsheet and update as necessary.
- Check patient details against CHI store (using the refresh button on NaSH) – ensure we have up to date address and CHI number.

5.2 Clinical Sign-off for Local surgery

5.2.1 Laparoscopic Hysterectomy

- 1st opinion clinician books patient into Consultant Reproductive Endocrinology (Richard Anderson/Ruth Howie) clinic for 2nd opinion with a note on appointment.
- 1st opinion clinician informs GIC admin team that patient booked in for hysterectomy opinion if they are from Lothian. The admin team will add an episode onto TRAK by referring the patient onto the waiting list for a Consultant Gynaecology surgery appointment and then booking 1st appointment for the clinic: Chalmers Sex & Repro Health, Prof Anderson, Sexual health G New patient
- Consultant Reproductive Endocrinology does the necessary consents and refers on to local service. No extra funding steps are required.
- Email Norma Forson norma.forson@nhs.scot the name and CHI number.
- In a small number of cases, vulvoplasty/labiaplasty undertaken at C&W hospital includes robotic hysterectomy and is included in NSD referral pathways. The referral process is as for vulvoplasty/labiaplasty and there are no additional steps.

5.2.2 Orchidectomy

This requires 2 opinions (from GIC clinicians as per section 4.2.1) and surgery is undertaken locally.

- Lothian referral is to CJ Shukla, Consultant Urologist, Western General Hospital.
- Fife referrals to Ms Helen Simpson Consultant Urologist, Victoria Hospital Kirkcaldy KY2 5AH

5.2.3 Facial Feminising Surgery & Breast Augmentation

- Only for patients resident in Fife.
- Refer to Mr Mike Ng, Consultant Plastic Surgeon at Ninewells, discussing type of surgery required:
    - Tracheal shave
    - Nose surgery
    - Jaw surgery
    - Brow surgery
    - Possibly breast augmentation (not morbidly obese, disproportionate small breasts for their frame, significant dysphoria and no concerns re body dysmorphia)
- Mr Ng will contact patient and discuss which surgery is appropriate, then forward to the appropriate clinician.

6. Clinical Sign-off process for out-of-area referrals via NSD

This process applies to:

- chest reconstructive surgery

- vaginoplasty/labiaplasty
- metoidioplasty/phalloplasty

6.1 Chest Reconstructive Surgery

NHS Lothian.

- Administration team
  - Completes form 'Specialist Gender Reassignment Surgery (GRS) – Notification of Referral to Specialist Surgical Provider'
  - Uploads copies of referral letter/letters to Folder – 'All referrals – minus checklist' with form, to subfolder titled patient CHI and initials.

- Clinical Lead Chalmers
  - Reviews clinical record on NaSH, referral letters
  - Completes and signs 'Gender Surgery Referral Review Checklist' (see Appendix 2)
  - Seeks further info from clinicians/refers to surgical MDT for discussion if required (moving patient folder to 'On hold' folder)
  - Signs off form 'Specialist Gender Reassignment Surgery (GRS) – Notification of Referral to Specialist Surgical Provider' (if approved)

- Administration team
  - Uploads checklist and moves patient folder to 'Authorisation in progress'
  - Informs Clinical Director by email of cases for sign off

- Clinical Director ELHSCP
  - Reviews referral letters and checklist
  - Seeks further info from clinicians/Clinical Lead and refers for further case discussion if required
  - Signs off form 'Specialist Gender Reassignment Surgery (GRS) – Notification of Referral to Specialist Surgical Provider' (if approved)
  - Informs Safehaven email mailbox (copying in admin and Clinical Lead) once signed off
  - If not approved – discuss with clinical Team & Safehaven for feedback to patient.
  - If further advice required – document query and forward to NHSL Safehaven, copying NHSL Medical Director, or MD of relevant board, for forwarding to NSD.

- Administration team to
  - Complete NSD funding request form (S:\srhs gic\Surgical Referrals), save in the CRS or GRS folder in same location and send to the local health board.
    - Lothian: safehaven@nhslothian.scot.nhs.uk
    - Fife: [redacted]
  - These contacts will arrange health board approval and forward to NSD.
  - [Only for GDNRSS-trained staff – please pass to appropriate person to undertake] Once funding approved and code is returned from NSD, add the code to the referral letter and upload to GDNRSS.
  - Update spreadsheet.
  - Patient and GIC receive confirmation of referral from GDNRSS.
  - Patient moved to 'Complete' sheet on Surgical Admin spreadsheet.
  - Surgeon arranges assessments and surgery, informs GIC of completed surgery.

6.2 Vaginoplasty/Labiaplasty & Metoidoplasty/Phalloplasty

The process is exactly as for Chest Reconstructive surgery, apart from the addition of a second opinion appointment and appointment letter before the completion of 'Specialist Gender Reassignment Surgery (GRS) – Notification of Referral to Specialist Surgical Provider' and initiation of the approval process.

- Patient seen for second opinion.
- Genital or leg hair removal may be required depending on the type of surgery – the surgeon will inform us and we will organise via SafeHaven.

7. Surgical Assessment Appointment Availability

Care Provider	Number of Surgical slots	Type of Appointment	Notes
Fiona Clunie	3 per week	All	
Sarah Millar	2 per week	All	
Sarah Kennedy	Variable	2nd opinions	
Richard Anderson	1 biweekly	Hysterectomy Orchidectomy 2nd opinions	
Lisa Harrow	4 per week	All	

8. Unusual surgical requests

Some patients may request non-standard surgeries or revisions that may not be funded. It is important that we can manage patients' expectations appropriately.

- The following procedures are not available as they are not provided by surgeons or not funded by the NSD/ NHSE contract:
  - Nullification surgery
  - Breast reduction surgery
  - Revision surgery for cosmetic reasons (see below)

- If there are requests for other unusual surgeries the process to be followed is as follows:-
  - The clinician undertaking the consultation where the patient asks about the surgical procedure takes the case to the Weekly MDT. The case is discussed at the MDT with reference to existing guidance. If there is no clear guidance about the surgery the case will be referred to the Surgical MDT.
  - After discussion at the Surgical MDT the outcome will be fed back to the clinician to inform the patient. If it is unclear whether the procedure will be funded the MDT will email (Lead Clinician Chalmers) and Dr John Hardman (Clinical Director, East Lothian health and social care partnership) who will consider the request (in liaison with other NHS boards if required) and feedback the outcome to the surgical MDT and the patient's clinician . The clinician will inform the patient and make an appropriate entry into NASH.

- Patients from outwith Lothian
  - Patients from NHS Fife, NHS Borders and other Health Boards requesting unusual surgical procedures: The same surgical sign off process is followed, as for all other GIC surgical referrals, however the final sign-off by Clinical Lead and Clinical Director will not be completed. The referral paperwork will then be passed to the Medical Director of the relevant Board, with the recommendation that the referral is not made, however the final decision will rest with the Board of residence.

- Appeals
  - An appeals process is not possible. Patients who are unhappy with the decision will be directed to the patient feedback & complaints process. (Lothian)

Appendix 1

Surgical revisions outwith the contract between NSD and NHSE – advice from NSD

See also Funding Authorisation for Highly Specialist / Specialised NHS Treatment commissioned by NHS England (Appendix 2)

NSD will not fund revision surgery for primarily cosmetic reasons from the financial risk share. This is in line with the Exceptional Referral Protocol for cis-gender individuals.

Specifically NSD will fund:
Physical dysfunction as a result of late stage complications such as prosthesis failure, urethral stenosis, vaginal stenosis etc. If the patient is entitled to NHS care and are resident in Scotland we need to deal with this. This would be after 1 year. Early complications should be addressed by the provider who has undertaken the surgery.

Specifically NSD will not fund:
Body contouring procedures to excise redundant skin or fat following primary surgery
Any procedures after significant change in body shape as a result of weight loss or bariatric surgery
Procedures to alter aesthetics when the post-surgical clinical appearance following the primary surgery does not match the patient expectations or perception
Procedures to alter the appearance of the external genitalia after the patient has had their specialist genital surgery

Safety Net:
Where the patient presents primarily with symptoms which could be suspicious of cancer (such as haematuria, bleeding from the GU/GI tract, breast lump/nipple discharge), it is essential that the patient receives urgent local investigation with a relevant clinical assessment and diagnostics while awaiting review from the gender surgical provider.

If the patient develops acute complications such as sepsis, urinary retention or acute bleeding this should be dealt with either locally or by the original provider. The gender contract (and the commissioned providers) is not well suited to provide unscheduled emergency care.

Appendix 2: Supporting Documents

This SoP should be used in conjunction with the *Chalmers Gender Identity Clinic Pathway* as outlined in *SBAR Review of assessment and approval for Gender Re-assignment Surgery in Lothian: Report for NHSL PSEAG and CMT* and the Enhanced Pathway for Chalmers GIC and supporting documents.

The following supporting documents are included for reference but to ensure document control, please check the master document in the CGIC Shared Drive for the latest version,

Title	Document
Gender Surgery Referral Letter Template V4.1 140325	
Gender Surgery Referral Review Checklist V6 Dec 2024 - Top Surgery (requires one opinion)	
Gender Surgery Referral Review Checklist V6 Dec 2024 - Bottom Surgery	
Four nations specification for gender surgery NHS England 2021	
Funding Authorisation for Highly Specialist / Specialised NHS Treatment commissioned by NHS England	

Re: MDDUS advice

[redacted]@nhs.scot>
Wed 9/4/2024 9:30 AM
To:[redacted]

Thanks both. I think that was an accurate reflection of the phone call [redacted]. I think he also said we should ask NHS Lothian to communicate to us (I would prefer in writing) exactly what they want or do not want us to tell patients in clinic or on he phones etc. Currently we are under the impression we have been asked to omit the truth that referrals are not being sent on as normal, which he was rather shocked by hence the above advice. I still have a couple of surgical assessments booked in and will be seeing people back whom will assume their referral has been sent.

Thanks for everything you are both doing to move this on.

BW
[redacted]

From: [redacted]@nhs.scot>
Sent: Thursday, August 29, 2024 1:43 PM
To: [redacted]@nhs.scot>
Cc: [redacted]@nhs.scot>
Subject: Re: MDDUS advice

[redacted]
I am meeting again at 14.00 today following discussions at SMT this morning to try to move this forward.
I have flagged up the advice you were given at this mornings meeting to underline the urgency of informing patients.
I am back from Tuesday next week and will update you - happy to meet again later next week to discuss further and will be interested to hear what the GMC position is
[redacted]

From: [redacted]nhs.scot>
Sent: Tuesday, August 27, 2024 7:47 PM
To: [redacted]
Cc: [redacted]nhs.scot>
Subject: MDDUS advice

Dear [redacted] and I contacted ADDUS to discuss our position in relation to surgical pause. They do not think it was within their remit to advise and suggested contacting BMA and LNC to deal with policy and protocols more formally. I have not done this yet. However, he did say that our surgical discussions with patients once we knew about the pause were not informed consent as we did not mention pause (thinking it was temporary) . He also said that GMC expect us to act with honesty and integrity and this is not something we think we are currently doing.
[redacted] - have I forgotten anything?
Hopefully, we can catch up when you are back, [redacted]

Outlook

RE: Rumours re Chalmers Gender Clinic

From [redacted]@nhs.scot>
Date Mon 10/21/2024 2:34 PM
To [redacted]@nhs.scot>
Cc [redacted]@nhs.scot>;[redacted]@nhs.scot>

Hi [redacted]

Apologies for coming in late to this email trail, I was on leave last week. Just to say that we have received a lot of data from GNDRSS which, we hope will address a lot of the points you raise below with regards to points on the pathway, discharge, waits etc... Although we don't have anything concrete on outcome measures at the moment.

[redacted] the new Programme Manager for the gender work in NSD with input from [redacted] and I. Once [redacted] has done some work with the data team on how we present the data etc.. we will run it passed you to ensure it meets your needs.

Thanks

[redacted]
Senior Programme Manager
National Services Directorate
NHS National Services Scotland
hannah.cornish@nhs.scot
We are NHS National Services Scotland.
We offer a wide range of services and together we provide
national solutions to improve the health and wellbeing
of the people of Scotland.
Find out more about our services at www.nss.nhs.scot

From: [redacted]@nhs.scot>
Sent: 16 October 2024 18:19
To: [redacted]
Subject: Re: Rumours re Chalmers Gender Clinic

[redacted]

Thanks for such a positive response and offer of help. The concerns relate largely to the assessment, consent and sign-off processes at the GIC although I hope that we can have more of a discussion about how we ensure we can track referrals, surgery, outcome measures and discharge more clearly and consistently once we are clearer as an organisation on the way forward.
I hope that either I, or someone else in the organisation will be back in touch soon
Regards
[redacted]

From: [redacted] (ASPEN HEALTHCARE LIMITED - NYW)[redacted]>
Sent: Tuesday, October 15, 2024 3:58 PM
To: [redacted]
Subject: Re: Rumours re Chalmers Gender Clinic

You don't often get email from [redacted]. Learn why this is important

Thank you both

If there is any clarity that can be provided from the surgeons on who is and who isn't able to be accepted for surgery then I would be happy to work with your Team on that. There was also previously a clinic in Scotland run by one of the surgeons from Brighton which I

would be happy to resurrect if that helped the situation in any way.

BW

[redacted]

[redacted]

Consultant in Genital Reconstructive Surgery

Chelsea Centre for Gender Surgery, CCGS (Chelsea and Westminster Hospital NHS Trust)

Nuffield Health Parkside Hospital

National Clinical Lead for Gender Dysphoria Surgery (NHS England)

Honorary Senior Clinical Lecturer, Imperial College London

Parkside NHS queries:

HOWIM.genderadmin@nuffieldhealth.com

CCGS NHS queries:

chelwest.ccgs.admin@nhs.net

Private patient queries:

Bolor Batjargal | [redacted]

From: [redacted]
Sent: Friday, October 11, 2024 15:08
To: [redacted]
Subject: RE: Rumours re Chalmers Gender Clinic

Dear both,

Thanks for clarifying the current situation. Once they're agreed, if you could send the comms lines to the cc'ed [redacted] (our comms lead) and [redacted] (from GDNRSS), they'll make sure the surgical providers and GDNRSS nurses have access to them so we're all singing from the same hymn sheet. Much appreciated.

Best wishes,

[redacted]
Medical Projects Programme Manager
NHS England Specialised Commissioning (National)
07540 883 564
[redacted]

Working hours:
Mondays 09:00-17:00
Tuesdays 08:00-10:00 and 14:00-18:00
Wednesdays - Fridays 09:00-17:30

From: [redacted]
Sent: Friday, October 11, 2024 3:03 PM
To: [redacted]
Subject: Re: Rumours re Chalmers Gender Clinic

[redacted]

Thanks very much for copying me in. I'd love to have an open discussion about the situation but the approach to communication on this matter is corporate.
We've had a further approach from [redacted] at SG to [redacted] in the last couple of days asking again for clarity. I'll pass this on and hopefully once the lines I've drafted have been agreed and approved, they can be shared more widely.
I am deeply sorry for the lack of clarity and the resulting distress and rumour that has arisen.
Kind regards

[redacted]

From: [redacted] >
Sent: Friday, October 11, 2024 2:47 PM
To: [redacted]
Subject: Rumours re Chalmers Gender Clinic

Hi [redacted],

Unfortunately rumours are never a good thing and we have been asked on numerous occasions over the last few weeks by patients, patient advocacy groups and the Scottish Government what is happening in relation to patients who are seen by the clinical team from NHS Lothian / Chalmers who are requesting to be referred for gender confirmation surgery. The rumours have included that we have withdrawn funding or indeed have run out of money.

So the position is that financially nothing has changed, we had some issues with New Victoria Hospital in relation to billing irregularities in relation to legacy patients which have now been dealt with and therefore there is no barrier in place which prevents Scottish patients accessing treatment.

In relation to NHS Lothian they like other Health Boards were somewhat surprised to discover that neither I nor any other member of the NSD medical team (a team which consists of me only at present) were actively scrutinising the gender referrals (as was the practice when I joined NSD 9 years) like any other request for access to treatment in NHS England. We used to get to see the paperwork which detailed the referral but this was stopped and now the request is via a very brief form. This was not in line with the contract which states that there should have been some scrutiny and approval by a Lead Gender Clinician before surgical requests are sent for funding approval. NHS Lothian have therefore sought to bring in proportionate governance to ensure that the referrals the surgeons are receiving are appropriate – little in point in a referral being sent when as a result of comorbidities the patient needs significant pre-surgery optimisation such as weight loss for high BMI or treatment of poorly controlled diabetes etc.

I have copied in [redacted] from Chalmers who would be better placed than I to comment as to what is happening in his service.

Kind Regards,

[redacted]

[redacted]
National Medical Advisor
Specialist Healthcare Commissioning, National Networks & National Planning
National Services Division Directorate
NHS National Services Scotland
[redacted]

****
****

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Meeting: NHS Lothian Board

Meeting date: 19th November 2024

Title: Enhanced Pathway for Chalmers Gender Identity Clinic

Responsible Executive: Fiona Wilson, ELHSCP

Report Author: [redacted]

1 Purpose

[Please check the boxes for all items that apply in each section]

This report is presented for:

Assurance	☐	Decision	☑
Discussion	☐	Awareness	☐

This report relates to:

Annual Delivery Plan	☐	Local policy	☐
Emerging issue	☐	NHS / IJB Strategy or Direction	☐
Government policy or directive	☐	Performance / service delivery	☐
Legal requirement	☐	Other [please describe]	☐

This report relates to the following LSDF Strategic Pillars and/or Parameters:

Improving Population Health	☐	Scheduled Care	☐
Children & Young People	☐	Finance (revenue or capital)	☐
Mental Health, Illness & Wellbeing	☐	Workforce (supply or wellbeing)	☐
Primary Care	☐	Digital	☐
Unscheduled Care	☐	Environmental Sustainability	☐

This aligns to the following NHSScotland quality ambition(s):

Safe	☐	Effective	☐
Person-Centred	☐		

Any member wishing additional information should contact the Responsible Executive (named above) in advance of the meeting.

Enhanced Pathway for Chalmers Gender Identity Clinic

Authors- [redacted] **and Fiona Wilson**

SBAR for NHS Lothian CMT 19th November

Situation

Concerns about the sign-off process for out-of-area gender reassignment surgery referrals were escalated to NHS Lothian PSEAG in April 2024. Referrals were paused from 2nd May 2024 and from 31st July 2024 the service stopped offering surgical assessments at Chalmers Gender Identity Clinic (GIC) to avoid creating a backlog of referrals. A paper detailing the Chalmers GIC clinical and referrals sign-off pathways was approved by NHS Lothian CMT on 8th October 2024 and referrals for those aged 25 and over restarted from 17th October 2024. Assessment appointments for those aged 25 and over will recommence from 18th November 2024.

In parallel it was also recognised that additional considerations apply to people with more complex needs, in particular those who enter services below the age of 18, and these are addressed in Scotland by the DCMO report, *Cass Review - Implications for Scotland*. A short-life working group (Gender Services Review against Cass and DCMO Report SLWG) first met on 1st November 2024 to consider the requirement for children and young peoples' gender identity services in Lothian and follow through services for young people aged 17 to 25 years. In supporting the work of this group, Chalmers GIC undertook to review and refine the holistic assessment and surgical referral pathways for people with more complex needs within the existing service and to identify and implement improvements to ensure that the requirements of the DCMO report and the 2024 NHS Scotland Gender Identity Healthcare Protocol are met.

This paper describes current GIC pathway, and the improvements that have been made, and proposes that these are sufficiently robust to allow the pause on surgical assessment and referrals for people aged 18 to 24 to be lifted.

The pathway will continue to be refined and informed by the work of the SLWG, East Lothian Health and Social Care Partnership (ELHSCP) quality improvement and assurance processes, and ongoing work to meet the new HIS Gender Identity Healthcare Standards.

Background

The Cass Review, *Independent Review of Gender Identity Services for Children and Young People*, stated, "NHS England should establish follow-through services for 17- to 25-year-olds at each of the Regional Centres, either by extending the range of the regional children and young people's service or through linked services, to ensure continuity of care and support at a potentially vulnerable stage in their journey."*

In Scotland, the DCMO report made a separate recommendation for Scottish Government and Health Boards that, "Services in Scotland should review current transfer arrangements to ensure continuity of care and support over this potentially vulnerable period". The report also emphasises the need to ensure appropriate governance is in place so that both those receiving care and those delivering it are fully supported, and that there should be care around entry criteria to any clinical pathway that starts long-term treatment options for gender incongruence.

A new NHS Scotland Gender Identity Healthcare Protocol was published, along with HIS Gender Identity Healthcare Standards, on 3rd September 2024.

Lothian Sexual and Reproductive Health Service (LSRHS), hosted by ELHSCP, operates the Chalmers GIC which provides care for people with gender incongruence in Lothian. The service also provides care for people on behalf of Fife and Borders Health Boards, and sees people who have previously accessed other services, particularly children and young people's services (mostly at the Sandyford in Glasgow), private providers, online services and services outwith Scotland. Chalmers sees people from the age of 17 years and is the only adult service in Scotland to do so – those people from the Chalmers GIC catchment area who are referred after their 17th birthday, or who reach the age of 17 whilst on the waiting list for the Sandyford Young Peoples' Gender Service are passed to Chalmers GIC for care. No surgical assessments or referrals are undertaken before the age of 18 years. Referrals for gender surgery are made internally within NHS Lothian, to other Scottish Health Boards and via NSS to surgical providers in England. This regular involvement with and referral to different services and external providers presents structural and service challenges that require additional care navigation and governance to provide assurance that pathways are seamless and communication is clear.

The service has undertaken a rapid review of current individual and multidisciplinary team assessments, information sharing, referral processes, referral authorisations and governance procedures to ensure that they are sufficiently robust to meet the essential requirements of the Protocol and Standards.

This review has identified that a significant proportion of individuals accessing gender services, presenting at any age, have complex needs and other vulnerabilities, but particularly those who have transitioned from paediatric gender and other services. These individuals require more intensive assessment and support, extensive multidisciplinary input, careful liaison with clinicians in other services, and robust and clearly documented information provision combined with structured individualised discussion, to achieve holistic, person-centred, flexible, 'wrap-around' care that prioritises individual physical and mental well-being and balances risks with benefits. The review has confirmed that Chalmers GIC provides this individualised 'wrap around' care and that this is well recorded in individual clinical records, but that improvements could be made in the formal documentation of patient pathways, the recording of governance processes, including multi-disciplinary team meetings, and formalising the interaction and consultation with other clinical services in NHS Lothian and other Boards.

* We understand that the reference to 17- to 25-year-olds was intended to refer to people up to their 25th birthday (i.e. up to and including the age of 24 years).

Assessment

The existing pathways and processes of Chalmers GIC have been described in a variety of documents for NHS Lothian CMT, summarised in the paper presented on 8th October 2024.

The new process of review, scrutiny, and authorisation of external referrals by the Clinical Lead and Clinical Director has provided assurance that effective liaison with other services occurs routinely as part of the comprehensive surgical assessment process.

Further improvements that have been implemented are described below as well as planned developments. Where developments are dependent upon the outputs of the SLWG or require co-development with stakeholders including community members and service users, interim processes are recommended.

Pathways

Two pathways have been delineated: a Standard Pathway and an Enhanced Pathway

People on the **Standard Pathway** will have the standard comprehensive assessment, treatment provision, information sharing, supported decision making, and surgical referrals where appropriate. The standard clinical pathway was outlined in the original SBAR (Appendix 1). The Standard pathway for surgical referrals is shown in Appendix 2.

People on the **Enhanced Pathway** may require a longer more detailed assessment, more frequent reviews, additional supports and access to and communication with the expertise of other services, structured multidisciplinary team review to help answer complex questions and support decision making, formal assessment of capacity where necessary to support decision making, case conference involving external clinicians and agencies, etc

The Enhanced Pathway will maintain the current person-centred approach, whereby access to treatment is deemed appropriate if a person has **gender dysphoria that causes clinically significant distress** and, "meets the readiness criteria for and is eligible to access treatment under NHS Scotland Protocol for Gender Identity Healthcare."

People can move between pathways but it is recognised that, given the complex nature of gender healthcare, a majority of people may follow the enhanced pathway.

The revised patient pathway at Chalmers GIC is shown in Enhanced Surgical Assessment Pathway (Appendix 3). The pathway has been amended to provide multiple opportunities to identify those with complex needs and formalise the entry to the Enhanced Pathway, including triage at referral, at phone triage for baseline assessment, during or after baseline assessment, at surgical preparation assessment or before or during one or more surgical assessments.

Clinical markers will indicate either automatic entry to the enhanced pathway, or consideration of entry to the Enhanced Pathway.

Clinical markers indicating entry to the Enhanced Pathway

- People who entered gender healthcare services before the age of 18
- People with known or possible Intersex conditions
- Physical co-morbidity that may have an impact on transitioning
- Neurodiversity (including where formally diagnosed or self-identified or suspected) which is likely to impact on gender identity assessment or transition
- Untreated or distressing mental health problems
- Learning disability
- Safeguarding and guardianship issues (including all care-experienced individuals)
- History of traumatic life experiences
- Concerns about capacity to consent or unrealistic expectations
- People who wish to detransition (Detransition pathway - Appendix 4)
- People who request atypical or unusual surgeries
- People with other complexity or vulnerability considered relevant by the assessing clinician or the individual.

Assessment process

All people transferring from care elsewhere are routinely reassessed.

Baseline assessments is recorded on a proforma (Appendix 5) which has been amended to structure information-gathering and ensure that those with complex needs and vulnerabilities are identified at an early stage and are moved on to the Enhanced Pathway and that key elements of each assessment are not missed. The Surgical Pre-assessment Proforma (Appendix 6) was felt to be comprehensive and did not require modification.

Multidisciplinary team involvement

For all people the delivery of care is supported by the weekly **Internal MDT**, and any case can be bought to this by any team member. The structured recording of this MDT discussion and conclusions has been formalised (Appendix 7).

Cases are also bought on an ad hoc basis to an additional **Post-Clinic MDT** which has recently been initiated. These MDTs will be used for the assessment and discussion of people who are on or are being considered for the enhanced pathway.

In addition to these regular meetings, all patients on the enhanced pathway will be raised at the **Surgical MDT**. The Surgical MDT is also where agreement regarding onward referral is finalised, and any cases can also be raised by the Clinical Lead and Clinical Director as part of the revised surgical sign-off process if they have any questions. The Surgical MDT meeting is attended by: Lead Psychiatrist for service, Lead Psychologist for service, Lead Nurse for service, SRH consultant, and Clinical Lead for LSRHS. GIC Staffing and MDT membership is outlined in Appendix 8 (to be completed).

The Surgical MDT discusses readiness for surgery, additional referrals, or support (e.g. psychology, better control of a medical condition, stopping smoking, weight loss). The Surgical MDT addresses a pre-selected list of patients for discussion. Discussion outcomes will be recorded in the individual patient record and a meeting minute will summarise the key discussion outcomes for each patient and any wider system or process issues requiring intervention. This revised format will be implemented for the next meeting on 2nd December 2024 *(Appendix 8 to be added)*

The Surgical MDT also considers the need for an **External Multidisciplinary Case Conference** to coordinate care and discuss issues outwith the GIC team. In cases where further discussion or liaison with professionals or teams providing care within NHS Lothian or elsewhere may be required, this will usually be identified and initiated earlier in the assessment process after full discussion and informed consent. When the External Multidisciplinary Case Conference is required, the GIC Lead Nurse will convene the meeting, liaison with other teams (such as psychiatry, social work, GP and others), or allocating it the task to an appropriate nursing team member. It is envisaged that this will apply only to the most complex cases and will focus on an individual patient. The outcome of discussion will be recorded as part of the clinical record and in the appropriate MDT.

Information provision

Information provision in gender healthcare is complex and must be individualised according to an individual's needs.

Current information provision includes signposting to the comprehensive gender pages on the LSRHS website. This includes a complex range of information that would not be effectively replicated as a written document. This information forms the template for an individualised discussion. Information on surgical providers is provided via NSS.

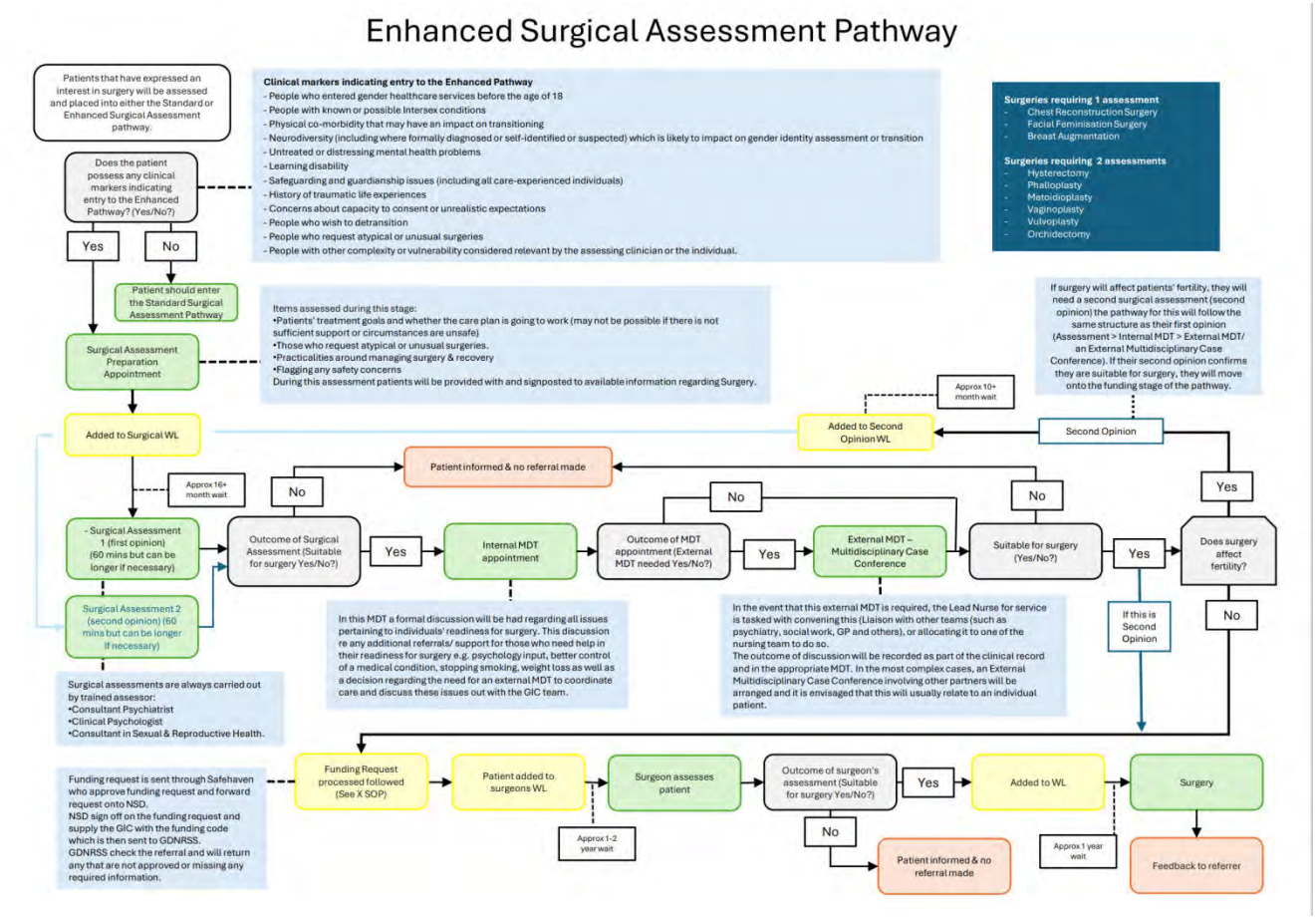
- Improvements in the provision of written information about surgery for all patients are being implemented. This information will be co-developed with service users and a written summary of information sources and signposting to relevant information will be developed by the time assessment appointments are reinstated (the earliest potential date of those appointment will be 2nd December).
- Additional written information on fertility and gender-affirming surgery is planned.
- Information specifically tailored for those with additional needs will be developed.

Recording of the provision of information will be improved.

- The surgical preparation assessment template (Appendix 6) includes details of information given and this is being expanded.
- The surgical referral letter(s) standard template (based on the GRP) is being amended to include further detail on the information provided to patients (Draft – Appendix 10). This letter will document the detailed individualised discussion around expectations, benefits, risks, and will be routinely copied to the patient.

- This will support the additional detailed discussion about the technical risks of surgery with the surgical provider.

The revised pathway is described in the algorithm below (see Appendix 3 for Full Size PDF version)



Recommendation

NHS Lothian CMT is asked to approve the proposed assessment and sign-off process and to lift the pause on referrals on those aged 18 to 24 years.

Appendices

1. SBAR review of assessment and approval for gender re-assignment surgery 011024

SBAR review of assessment and appr

2. Chalmers Gender Identity Clinic Standard Pathway Flowchart

Standard Surgical Pathway

3. Enhanced Surgical Pathway

Enhanced Surgical Pathway

4. Detransitioning Pathway Draft

Detransitionsing Pathway V2

5. Initial Assessment for Chalmers GIC (revised)

Initial Assessment Chalmers GIC

6. Surgical Pre-Assessment Template

Surgical Pre-Assessment Tem

7. MDT Discussion Template

MDT Discussion Template

8. Current Staffing of Chalmers GIC and members of MDT

Current Staffing and MDT CGIC

9. Surgical MDT Discussion Template (tbc)
10. Surgical Letter checklist revised (Draft)

Surgical Letters Checklist

11. NHS Scotland Gender Identity Healthcare Protocol

20240903 NHS Scotland Gender Iden

12. HIS Gender Identity Healthcare Standards

Gender-ID-Standards -September-2024.pdf

Outlook

Re: Adult GIC in Lothian and prescribing for 17 year olds

From [redacted]
Date Mon 4/22/2024 7:28 PM
To Gillies, Tracey [redacted]
Cc [redacted]nhs.scot>

Dear Tracey - thank you for the information that is helpful. With kind regards, Fiona

From: Gillies, Tracey <[redacted]>
Sent: 22 April 2024 16:39
To: [redacted]
Cc: [redacted]hs.scot>
Subject: RE: Adult GIC in Lothian and prescribing for 17 year olds

I think this is a bit tangled up [redacted]
Always best to disregard what is in the media
The hormones in question are **puberty suppressing hormones** from the paediatric endocrinologists
CMO letter attached confirming the position.
Applies to new patients, will all be under 16 ie prepubertal
Don't think that any of these will be with you
Tracey

From: [redacted]@nhs.scot>
Sent: Monday, April 22, 2024 4:30 PM
To: Gillies, Tracey [redacted]
Cc: [redacted]nhs.scot>
Subject: Adult GIC in Lothian and prescribing for 17 year olds

Dear Tracey - I am the lead clinician for the Chalmer's GIC. The team have read in the news that NHS Lothian is stopping all under 18 year old trans people from receiving hormone treatment. We see 17 year olds who are passed over to us from Sandyford young people's service after waiting for treatment for several years. We are unsure what to tell the young people we assess (and previously prescribed hormones for if it was appropriate). Could you please clarify NHS Lothian's position on this so we can be clear with the young people we see? With Kind Regards [redacted]

MINUTES of Gender Service Clinical Governance Group
held on Thursday 10th September 2024
10:00 – 12:00
Nancy Louden Room, Chalmers Centre and Teams

Present:	[redacted]	Fiona Clunie
	Sarah Millar	Katherine Bethell
	Ryan Johnston	Katie Boog
Apologies:	Lorraine Chance	Lisa Harrow
	Hayley Fairgrieve	Alana Douglas
Minutes:	Ryan Johnston	

1.	**Welcome and Apologies**	**All**	**Status**
2.	**Minutes of Previous Meeting**		
	Accepted as accurate	All	Closed
3.	**Matters Arising**		
	Wigs – Fiona Clunie & Hayley Fairgrieve meeting with [redacted] from Fife regarding wigs on 14/11/24	FC	Open
	Out of area patients – Patients that have moved out with CGIC catchment area to areas served by Sandyford will continue to be seen by CGIC due to transfer of care waiting list at Sandyford GIC being over 2 years long. There may be a possibility of cross-charging for care. **Action:** **Explore cross charging**	LC	Open
	Surgical referral approval process. - Referrals for gender surgery via NSD were paused by NHSL PSEAG from 2nd May 2024. This was in response to a paper drafted by NHSL PSEAG highlighting a significant difference in the sign-off process for gender referrals compared to other external referrals. There is a need to review and document the assessment and referral sign-off process and also surgical follow up and outcome measures. There is also a clear need to ensure that clinical governance processes are robust and that assessments and care are holistic and appropriate recognising age and any comorbidities. Draft paper on operational changes to the referral and sign off process within CGIC circulated by Dan Clutterbuck. Further guidance is awaited from CMO office (expected	FC/DC	Open

	September 2024) and discussions underway with NSD and Safehaven regarding the 4-nations contract for surgery and feedback from surgical providers. Draft paper circulated includes 2 requests: 1. Lift the pause for patients under 25's 2. A suggested process for 18-25s which may incorporate a review of the service against GRP, HIS standards, CASS. It was suggested that this review should include someone external to the Gender service. Also noted that DP previously agreed with Dumfries and Galloway to have Chalmers help with their surgical referrals **Action**: • FC to seek clarification on whether 18-25 includes 25 year olds. • When further discussion about the surgical pause happens, we need to inform NHS Lothian we have accepted referrals from Dumfries & Galloway **GAH for those <18 years** **NHS Lothian Letter to CMO** TG outlined the background to the letter sent jointly by the medical directors of NHS Lothian and NHS GGC in March 2024 to the deputy CMO regarding a pause on both puberty suppressing hormones (PSH) and gender affirming hormones (GAH) for 17 year olds. There had been some miscommunication about this issue in that the letter stated that the position had been agreed by Clinicians in Lothian. In fact, Paediatric Endocrinologists had been involved with the decision but CGIC clinicians had not. Clinicians had also been mistakenly advised that the pause did not apply to GAH in 17 year olds and had continued to prescribe. Some of the concern arose from a complaint raised by the parents of a 17 year old to Scottish Government regarding the prescribing of GAH. Clinicians expressed concerns that there was a distinction being made between the capacity to consent for those between 16-18, and those 18-25, compared to other patients. SRH clinicians are well versed in addressing consent in those under 16 according to Fraser guidelines and Gillick competency. Those aged 16 are regarded as having full capacity to consent, for example for abortion care or contraceptive provision. TG did not see that the current discussion regarding responses to the Cass report introduced any differential in the consent process according to age (over 16), but a wish to ensure that care was comprehensive, holistic and appropriate, particularly	FC/DC	Open

	for young people. **Action**: Wording/script to be created for staff to use in correspondence with patients regarding the pause on prescribing GAH for those <18 years **Waiting list governance -** **(i) NHS Lothian waiting time governance review –** CGIC now have to come in line with the waiting time guidance. Discussions with legal office regarding moving patient information to TRAK have been ongoing. Potential for GP to select option on SCI Gateway giving consent for patients records to be held within TRAK. **Action:** RJ to investigate whether placeholder position can be created on TRAK for patients who do not wish to have their information moved to TRAK. **(ii) <17 year old new referrals –** Under 17's have to be referred to Sandyford GIC to comply with Scottish Governance waiting list management. Sandyford charging to hold <17 patients on waiting list. **Action:** Adam to create paper to investigate cross charging to Sandyford in order to escalate to partnership**.** **To be carried forward by Lorraine**. **Community Sexual Health Clinic -** Clinic to begin October 17th, operating on alternate Thursday afternoons. KB & CL to work here together initially with CL potentially going solo after the first few months. KB creating SOPs for the clinic. CL working here as part of gender team time, we potentially need to recruit to fill a post specifically for this clinic cover. Age cut off for clinic to be 13, the same as Chalmers. Stock ordering needs to be charged to the gender cost code Action: • Need to address nursing resource for staffing this clinic and where it sits within the gender/Chalmers structure. • DC to make sure that the supplies budget for the gender service as a whole is allocated. • Need to identify £10,000-ish to allocate from the under spend to pay for the set up of the new clinic.	LC KB	Open Open

	Training and supervision of staff **(i) RCP Training module –** Nursing team very keen to apply to the relevant courses. [redacted] has put aside some funding from the under spend to support this. (ii) **Roles and responsibilities –** Fiona Clunie to be supervisor. **Action:** HF to check what DP role and involvement would be. How would this relate to his work with NES.	FC/HF	Open
	Clinical supervision and reflective practice – all nursing staff have a clinical supervisor. [redacted] has made some changes to the mentors and is going to check that all nursing team aware of whom their mentor is. Monday & Thursday supervision to begin. Document drafted that covers the supervision responsibilities for the team. LH to begin undertaking reflective practice sessions. LH has guided the team through several sessions of Trauma training	FC/LH	Open
	Review of CRS appointments missed. - AB/HF began work on review, RJ helped create report to show patients needing reviewed. AD/RJ looking into the patients that are to be reviewed. HF to update at next governance meeting.	HF	Open
	Robust method of care plans being actioned. **Action**: Care plan completion process to be audited to see if this needs amendments or improvements	FC	Open
	Governance – New items		
	a. Complaints and patient queries regarding pause on surgical referrals Continued pause on all surgical referrals including referrals for 18-25s. DC has forwarded additional changes to Sarah Gosner & Fiona Wood. Fiona Wilson will submit to NHS PSAG. John Hardman has had discussion with Fiona Wilson, Caroline Hiscox, Sarah Gillies to discuss information to give patients in regards to the surgical referral pause. Current status is that they wish to have further discussion before signing off on information/official statement that can be given to patients. Email from JH explicitly states we are not to contact	DC/LC	Open

	patients until an there is an agreed approach but we can verbally confirm the pause if patients enquire. 2 complaints received, one moved to investigation. Clinicians have been asked to respond to enquiries by phone, team looking into this, but believe written responses may be more appropriate. Noted that there are around 100 patients who have been seen who believe their referral is progressing and on the WL but have not been informed of the pause. Also noted that this only affects Lothian patients and Fife & Borders patients are progressing. Agreed that any enquiries should be passed over to the clinical team, rather than the admin team responding to queries directly. **Action**: • DC to produced short draft version of script for the clinicians verbally responding to enquiries about the surgical pause. • New clinic tab to be opened for phone enquiries (SOP needs generated)		
	Gender Management Meeting		
	a. Updates/escalations Annual Reviews – Discussed at MDT and have agreed on an annual review pathway that is robust. **Action – Team to document assessment and review pathway and send to DC to support response to PSEAG.** Prison – Changes to the prison referral process, patients will now be assessed by a prison psychologist whilst on the waiting list to see if they are to be seen by the GIC.	SM/FC/AB	Open
5.	**Service redesign and development**		
	a. Health and Wellbeing Patient Survey **b. Funding Update** 24/25 budget approved in full, under spend has been carried forward. Medication to be put under the gender cost code. **Action**: LC/DC/KBe to look at unaccounted under spend **c. Clinic Activity** **d. Clinical Pathways** **e. Admin issues** **f. Management of data reporting**		

	(Nil to report)		
6.	**Strategy and Business Planning**		
	a. CMO Response to Cass Review **i. Services for 18-25 year olds.** Belief is that services for this age group will be reviewed but the GIC have not yet been asked to contribute. There may be a wider discussion about what services for this age group look like and potentially review to see how the GIC currently supports this age group. Plan is to wait for government direction before taking action. **b. HIS Standards Feedback meeting** **c. National Gender Identity Healthcare Reference Group updates** **d. NES and gender recognition protocol updates** (Nil to report)	DC/FC	Open
7.	**Research/Quality assurance**		
	a. Understanding the Human Papillomavirus and microbial environment in transgender and no-binary people with neovaginas; a feasibility study (UMON) – [redacted] has been working on this. He is going to send around the team for feedback.		
8.	**Any Other Business**		

	a) Patients mixing private & NHS gender care in regards to their access to hormones. Some patients are self sourcing hormones as they may not want to access this care via the NHS, but still wish to access other NHS resources such as SLT, hair removal & surgical options. Some areas feel uncertain about referral to surgery for patients not on NHS prescribed medication. . **Action**: • SOP to be created for internal use • KBe to try and obtain any East Lothian H&SCP guidance on this topic **b) Elspeth (pharmacist) to be invited to future Governance meetings.** **c) SM has begun review into outcomes of surgery** New gender protocol does not mention 6 month review. The current 4 nation's contract states that the surgical provider supports follow up for 1 year & the surgeons report the outcomes to NHS England.		
9.	**Date of next meeting:** 10th December 2024		

MINUTES of Gender Service Clinical Governance Group
held on Thursday 18th June 2024
10:00 – 12:00
Nancy Louden Room, Chalmers Centre and Teams

Present:	Dan Clutterbuck (Chair)	Lorraine Chance
	Lisa Harrow	Sarah Millar
	Ryan Johnston	Anna Taylor-MacArthur
	Adam Black	Katherine Bethell
	Fiona Clunie	
Apologies:	Katie Boog	
Minutes:	Alana Douglas	

1.	**Welcome and Apologies**	**All**	**Status**
	DC welcomed NHSL Executive Director Tracey Gillies (TG) to the meeting.		
2.	**Minutes of Previous Meeting**		
	Accepted as accurate	All	Closed
3.	**Matters Arising**		
	Wigs – Fiona Clunie still awaiting response from Megan Mowbery regarding how to manage wig referrals efficiently.	FC	Open
	GP Referrals for overseas patients – Sarah Millar created and sent a paper round to governance team outlining a pathway for patients transferring from overseas. **Action – Team to review and discuss at management meeting**	SM	Open
	Pregnancy risk in Trans men – Information to be added to hormone consent form. **Action – Katie Boog to update.**	KB	Open
	Out of area patients – Patients that have moved out with CGIC catchment area to areas served by Sandyford will continue to be seen by CGIC due to transfer of care waiting list at Sandyford GIC being over 2 years long. There may be a possibility of cross-charging for care. **Action – Explore cross charging**	LC	Open

4.	**Governance – New items**		
	a. Surgical referral approval process. Referrals for gender surgery via NSD were paused by NHSL PSEAG from 2nd May 2024. This was in response to a paper drafted by NHSL PSEAG highlighting a significant difference in the sign-off process for gender referrals compared to other external referrals. There is a need to review and document the assessment and referral sign-off process and also surgical follow up and outcome measures. There is also a clear need to ensure that clinical governance processes are robust and that assessments and care are holistic and appropriate recognising age and any comorbidities. Draft paper on operational changes to the referral and sign off process within CGIC circulated by Dan Clutterbuck. Further guidance is awaited from CMO office (expected September 2024) and discussions underway with NSD and Safehaven regarding the 4-nations contract for surgery and feedback from surgical providers. **Actions –** • **Team to feedback to DC on the document and take forward proposed actions.** • **Explore possibilities for top surgery in Scotland.** **b. GAH for those <18 years** **(i) NHS Lothian Letter to CMO** TG outlined the background to the letter sent jointly by the medical directors of NHS Lothian and NHS GGC in March 2024 to the deputy CMO regarding a pause on both puberty suppressing hormones (PSH) and gender affirming hormones (GAH) for 17 year olds. There had been some miscommunication about this issue in that the letter stated that the position had been agreed by Clinicians in Lothian. In fact, Paediatric Endocrinologists had been involved with the decision but CGIC clinicians had not. Clinicians had also been mistakenly advised that the pause did not apply to	DC DC TG	Open Open Open

	GAH in 17 year olds and had continued to prescribe. Some of the concern arose from a complaint raised by the parents of a 17 year old to Scottish Government regarding the prescribing of GAH. Clinicians expressed concerns that there was a distinction being made between the capacity to consent for those between 16-18, and those 18-25, compared to other patients. SRH clinicians are well versed in addressing consent in those under 16 according to Fraser guidelines and Gillick competency. Those aged 16 are regarded as having full capacity to consent, for example for abortion care or contraceptive provision. TG did not see that the current discussion regarding responses to the Cass report introduced any differential in the consent process according to age (over 16), but a wish to ensure that care was comprehensive, holistic and appropriate, particularly for young people. TG emailed a summary of discussion and actions (below)		
	c. Waiting list governance **(i) NHS Lothian waiting time governance review –** CGIC now have to come in line with the waiting time guidance. Mitigation paper created by RJ/AD/AB which will be submitted to the waiting time governance team at the end of June 2024.	AB	Open
	(ii) <17 year old new referrals – Under 17's have to be referred to Sandyford GIC to comply with Scottish Governance waiting list management. Sandyford charging to hold <17 patients on waiting list. **Action – Adam to create paper to investigate cross charging to Sandyford in order to escalate to partnership**.	KB/AC/AB	Open
	d. Community Sexual Health Clinic – There is a meeting later today. Katie		

	Boog is going to look at being the medical lead for this service. Finance to be organised by Lorraine/Adam. **e. Transfer of care for out of area patients –** Discussed previously (See matters arising) **f. Training and supervision of staff** **(i) RCP Training module –** Nursing team very keen to apply to the relevant courses. Adam has put aside some funding from the under spend to support this. **(ii) Roles and responsibilities –** Band 7 post currently sitting with recruitment panel. **g. Clinical supervision and reflective practice –** all nursing staff have a clinical supervisor. Adam Black has made some changes to the mentors and is going to check that all nursing team aware of whom their mentor is. DC: Didn't the document re supervision drafted by SM come under this – or was that later?) **Action – Adam to liaise with team.** **h. Review of CRS appointments missed.** **i. Robust method of care plans being actioned.** (Any detail on either of these? I did not note)	AB AB	
5.	**Gender Management Meeting**		
	a. Updates/escalations Annual Reviews – Discussed at MDT and have agreed on an annual review pathway that is robust. **Action – Team to document assessment and review pathway and send to DC to support response to PSEAG.**	SM/FC/AB	Open
6.	**Service redesign and development**		

	a. **Health and Wellbeing Patient Survey** b. **Funding Update** c. **Clinic Activity** d. **Clinical Pathways** e. **Admin issues** f. **Management of data reporting** (Nil to report)		
7.	**Strategy and Business Planning**		
	a. **HIS Standards Feedback meeting** b. **National Gender Identity Healthcare Reference Group updates** c. **NES and gender recognition protocol updates** (Nil to report)		
8.	**Research/Quality assurance**		
	a. **Understanding the Human Papillomavirus and microbial environment in transgender and no-binary people with neovaginas; a feasibility study (UMON) –** Eric Chen has been working on this. He is going to send around the team for feedback.		
9.	**Any Other Business**		
	Nil to report		
	Date of next meeting: 10th September 2024		

Thanks for the opportunity to discuss with you Dan and the wider team today. I am sending through these notes and hope you will share them everyone.
They are not a complete summary as sometimes I was too busy talking to write everything down. It's also not quite chronological as I have tried to group parts together

- We only touched on the Cass review, direction of SG response and the implications for GAH in over 16s within Chalmers gender service, we didn't cover all the areas below as per your agenda, so we will take the surgery discussion into Thursday.
- I started by offering some explanations about two aspects from the wider areas that might be helpful perspectives
    - Its become far less clear cut about what age children should move into management of their needs by adult services and that is across multiple areas spanning physical and mental health services. I gave an example from RHSC to RHCYP and then later on a specific about paediatric oncology (where the clinical expertise sat with paediatric oncologists so where should a 19 year old receive inpatient care). The in between space for 16-25 is widely recognised in other policy areas too, but it doesn't help when policy and decision making powers are not aligned.
    - The politicians in SG (MSPs) have clearly passed decisions about what is best for Scottish patients and healthcare provision to clinicians- which is the CMO office and the DCMO has been charged with leading the response. It was due to go to Parliamentary Audit committee (today in fact) but this has been delayed due to Westminster pre election period. I know the DCMO has been speaking to multiple people and Adam later confirmed he has engaged with some of the groups you are part of.
- Fiona outlined that you have a lot of 17 years olds in the assessment process, partly because you are drawing over long waits from the Sandyford, who may have been referred or been self referrals to there but waited past 16 and therefore come over to Chalmers and because of the length of total wait move to the top of the queue. There was later discussion about the inclusive nature of the assessment process, working with all the people who are supporting that young person
- Long waits are difficult for multiple reasons but we do know that it can become an even more challenging discussion when a lot of time has been invested in waiting for the treatment (whatever that is) that comes form receiving the top of the queue and we certainly know that in other services, this can adversely influence decision making. Often there will be others who are keen to show their support for the YP and my read of the Cass recommendation is to provide sufficient space and support for decision making to take place at the speed right for the individual
- Joint GGC/L letter- I'm sorry for any confusion that the letter set up that makes it look as if this was a decision taken with your involvement- that s from me and I take responsibility for that
- We discussed consent- I don't see any of this as introducing a differential age or threshold for consent for certain decisions- we all know consent is a process and not something that occurs at a one off point in time. Your long and dearly held perspective from a wider service perspective about sexual health services has given you a particular focus on consent about those type of decisions. The communications about this are difficult but its about making sur that the service configuration and MDT are right
- It may be that when we see the SG position on Cass there are no gaps for Chalmers in what you off and the way you offer it, it may be that there are some gaps we need to address. What is clear is that there is an expectation about being able to

evidence that there is appropriate space and support for decision making. Without introducing a defensive practice, it is quiet clear that many decisions will be scrutinised and me be challenged in the future.

- Dan you have acknowledged that with the growth in the service the clinical governance oversight has not quite kept pace and it needs reviewed
- There is a need for communication with individual patients and that needs to align with waiting times governance. I don't think there is a need to stop seeing 17 year olds, it is about a pause in prescribing GAH for them pending the SG position. I am happy to work with you to establish an escalation route for anyone you think will come to harm from a pause for a small number of weeks
- No part of this is a criticism of what you do, which its clear you do with a very person centred approach , but its about making sure that we have clear and adequate organisational processes in place that align to the policy expectations and link to our governance mechanisms

Summary of actions

- TG to write to DC/FC clarifying there was no discussion with Chalmers prior to March letter
- TG to ask Laura H to consider human rights aspects
- TG to ask Hazel N for help with communication to patients families at point seen
- TG to check DCMO timescales
- DC to provide pathway and governance oversight to allow escalation process to be articulated if required

Did I miss anything? Let me know if I did
Tracey
☐

GIC Surgery pause: meeting 221024 DC/JH/SG/KB/HFV2

Patient and Team Wellbeing

Concerns re breakdown in trust between patients and team, possible misperception that pause originates with GIC. Wish to support staff by LSRHS and ELHSCP management, including offer by ELHSCP to attend Chalmers and allow team to voice concerns – LSRHS feeling that this may be of limited benefit unless there is public sharing of details about the pause - still not approved by NHSL. Clinical team have also expressed a wish for clarification that GIC team were not involved in pause decision. Multiple contacts by distressed patients. Social media criticism of individual clinicians. Request to attend community meeting this Friday. Additional mental health/counselling support for patients affected - other than existing third sector partners and generic MH services, no capacity for additional MH offer through GIC. Clarification on information provided after surgical referral - GNDRSS will update patients directly on waiting times and change to another centre if required.

Pathway for patient queries - script for admin staff - KR to draft

Nurse staffing for handling queries - HF

Additional capacity within clinics to handle queries - cancel clinics if required

Info for wider team - KB to draft

Staff safety - KB/HF addressing lone working and safety

Risk to staff wellbeing - DC to complete Risk Register

Risk to patients - DC to complete risk register

Additional support and supervision from MH Trained nurse for clinical/admin team - KB/HF

Escalate to ELHSCP HCGC - KB +/- DC to attend 14th Nov

Public facing information

Current NHSL approach is that this is not required. Agreed key to patient and staff wellbeing, salvage of GIC and Chalmers reputation. Also impacts on ability of partners (surgeons in England, NSS, SG, MH services and GP colleagues, Third sector partners) to manage people affected.

Approach NHSL senior management re reconsidering in changing environment - JH

Prepare statement/info for Friday community meeting - DC

Lifting Pause on U25s

Group convened to discuss follow-through service for 17-25s as per CMO report. FC has been invited to join. Report on review of GIC in light of HIS standards, GRP 2023 and CMO letter will report to this group - aim to expedite this and submit to an early meeting in the hope of approval and early escalation.

Review against HIS standards - SM/RB/HF to commence tomorrow with RS support

Note that group requires community/third sector representation in order to meet HIS Standards - JH to feed back

In parallel, address particular issues relating to GIC pathways and assessment raised by PSEAG - KB and HF to commence

Both processes will inform gap analysis to be collated and submitted to review group

Specific issues raised:

Information provision - Website and video signposted. Additional written information helpful - Newcastle website has good info

Risk of regret is central concern, Information provision rather than consent per se is key.

Clarify information provided by surgeons (noting that surgeons are clear that they DO NOT want detailed surgical information given in GIC)

Ask for information provided from surgeons (DC via NSS, FC Manchester colleagues)

Information from other surgeons in Lothian (breast surgery NHS, private breast surgeon Spire)

Clarify pathway from point of entering service (modify additional documents/flowchart)

Document different patient flows according to complexity (esp Neurodiversity, MH, past puberty blockers)

Links and referral pathways to other services (CAMS etc)

Document additional pathway and assessment for those transferred aged 17

Clarify criteria for MDT discussion, standardize MDT assessment (proforma) - as per Oncology

'Cooling off' period. Given waiting times for assessment and referral - not required.

Outlook

RE: Hysterectomies from the gender clinic

From [redacted]nhs.scot>
Date Thu 9/26/2024 9:36 AM
To [redacted]nhs.scot>;[redacted]nhs.scot>

Thanks both
I'm just catching up on emails
That's very helpful to understand the rationale, fiona. Thank you
Catch up soon

[redacted]
GP Partner | Whitesands Medical Practice | Monday and Wednesday
Dunbar Medical Centre, Queen's Road, Dunbar, EH42 1EE | **T:** [redacted] **E:** please cc all clinical emails to loth.clinicals76086@nhs.scot
Clinical Director | East Lothian Health and Social Care Partnership | Tuesday and Thursday
John Muir House, Brewery Park, Haddington, EH41 3HA | [redacted]
or loth.elhscppateam@nhs.scot

East Lothian Health & Social Care Partnership

From: [redacted]nhs.scot>
Sent: Monday, September 9, 2024 12:56 PM
To: [redacted]@nhs.scot>
Subject: Re: Hysterectomies from the gender clinic

[redacted]
Thanks - it is good, if saddening, that he is resigned to this. As you say, the information is now in the public domain
[redacted]

From: [redacted]@nhs.scot>
Sent: Monday, September 9, 2024 12:35 PM
To: [redacted]@nhs.scot>
Subject: Re: Hysterectomies from the gender clinic

Dear [redacted]- I phoned the patient this morning as I could not get hold of him last week. He was extremely understanding and seemed almost resigned to the situation. I saw this person in July this year as part of my surgical clinic and I booked him in for a 2nd assessment for hysterectomy with [redacted]then . That has always been the process. I cannot remember my reasoning from a few months ago but I assume I thought as the surgery was local and as the pause was thought to probably be brief (incorrectly)and also we were told not to tell patients that I booked him in. It has not been helped with having no written information and poor clarity around the pause. I take full responsibility for the appointment.
It seems that information has got into the public domain before the weekend. With Kind Regards, [redacted]

From: [redacted]@nhs.scot>
Sent: 05 September 2024 18:03
To: [redacted]hs.scot>; [redacted]nhs.scot>
Subject: RE: Hysterectomies from the gender clinic

Hi both
Thank you for taking the time to discuss today. I'm sorry that this is all so complicated.

I wanted to confirm the outcome for this individual and check some detail.

[redacted] you were going to call the patient and cancel their appointment, advising, with as much detail as necessary, that there is currently a pause on gender surgery for under 25s in Lothian following the Cass Review and in anticipation of the NHS Scotland and Scottish Government response, to ensure that the gender service is meeting all the governance arrangements that will be required. We are of the understanding that this information is not currently known to patients.

Can you let me know the outcome of the discussion?

Can you tell me when this person would have had their appointment sent out? I'm trying to understand where this fits in the timeline of events and whether we would have had an opportunity to cancel at an earlier stage.

With thanks and best wishes,
[redacted]

[redacted]
GP Partner | Whitesands Medical Practice | Monday and Wednesday
Dunbar Medical Centre, Queen's Road, Dunbar, EH42 1EE | [redacted]**E:** please cc all clinical emails to loth.clinicals76086@nhs.scot
Clinical Director | East Lothian Health and Social Care Partnership | Tuesday and Thursday
John Muir House, Brewery Park, Haddington, EH41 3HA | **Mobile** [redacted]
or loth.elhscppateam@nhs.scot

East Lothian Health & Social Care Partnership

From: [redacted]
Sent: Friday, August 23, 2024 6:18 PM
To: [redacted]Hood, David [redacted]Wilson, Fiona [redacted]
Subject: RE: Hysterectomies from the gender clinic

[redacted]– I've had confirmation from Tracey Gillies that it's ok to refer the four patients who are 25 yrs and over for hysterectomy within NHS Lothian if clinically indicated

The pause on all surgical interventions still applies to under 25s.

[redacted]– you are correct to raise this discrepancy between gender surgery and other procedures in under 25s (which also have life changing implications). However, currently we have been advised to temporarily pause all gender surgery for under 25s until we have systems in place to ensure governance around these referrals. [redacted]and I had further discussions with Tracey Gillies about this a week or so ago and have had email confirmation of this pause. There is a further piece of work to address any gap between what we currently do and the recommendations of the DCMO report (covering all recommendations, not just capacity), and then

get senior governance approval (probably up to health board level given the national implications) before we can lift the pause. We need to progress this as quickly as possible, as well as, even more urgently, finalise messaging to people on the waiting list.

Thanks

[redacted]
GP Partner | Whitesands Medical Practice | Monday and Wednesday
Dunbar Medical Centre, Queen's Road, Dunbar, EH42 1EE | [redacted] **E:** please cc all clinical emails to loth.clinicals76086@nhs.scot
Clinical Director | East Lothian Health and Social Care Partnership | Tuesday and Thursday
John Muir House, Brewery Park, Haddington, EH41 3HA | [redacted]
or loth.elhscppateam@nhs.scot

East Lothian Health & Social Care Partnership

From: [redacted]
Sent: Friday, August 23, 2024 11:22 AM
To: [redacted]; Hood, David <[redacted] Wilson, Fiona [redacted]
Subject: Re: Hysterectomies from the gender clinic

Thank you [redacted] for the explanation and for everything you and [redacted] are doing to help resolve this situation.

I just wanted to clarify something for anyone new to the conversation or the Cass report. There are no recommendations in the Cass report to stop or pause surgical referrals or hormone treatment for 18-25s. This is not happening anywhere else in Scotland. There is a recommendation to consider follow through services and be mindful of some variations in levels of maturity and development. As far a I am aware we have not received any documents relating to a change of policy or pathway from NHS Lothian, especially relating to under 25s. If we are saying under 25s do not have capacity to consent to a hysterectomy then we need to apply this immediate pause to anyone else under the age of 25 who is awaiting sterilisation, BSO or hysterectomy for other reasons ie PMS, pelvic pain (and in fact anyone undergoing serious medical or surgical treatment). Otherwise this is likely to be viewed as discrimination.

Many thanks all,
[redacted]

From: [redacted]
Sent: Thursday, August 22, 2024 7:57 AM
To: [redacted] Hood, David [redacted]; Wilson, Fiona <[redacted]
Subject: RE: Hysterectomies from the gender clinic

Thanks Fiona

I share your concerns and discomfort over the situation. I'm sorry that I've not been able to progress my part of these issues more quickly.

My understanding is that the primary reason for the pause in *out-of-area* gender surgery is the absence of an approval process and the lack of governance around surgical follow up and outcomes. This does not apply to the referrals within NHS Lothian for hysterectomy that you describe below.

A further reason is the caution around referring people under the age of 25 in the light of the Cass Review and the Scottish DCMO report. My understanding is that this is still paused. Dan's paper on resolving the wider issues around gender surgery was due to go to NHS Lothian PSEAG meeting though I don't know whether this has happened yet and I will clarify with Tracey Gillies what the next steps are.

Can you tell me how many of the patients described below are under 25 yrs?

When [redacted] and I last spoke to Tracey she was keen to ensure that both clinicians and senior management are involved and that decisions made now can be fully supported if they are questioned in future. I've copied in David Hood and Fiona Wilson as we will need senior management involvement in resolution of these service provision issues.

Thanks and best wishes,

[redacted]

[redacted]

GP Partner | Whitesands Medical Practice | Monday and Wednesday

Dunbar Medical Centre, Queen's Road, Dunbar, EH42 1EE | **T**: [redacted] **E:** please cc all clinical emails to loth.clinicals76086@nhs.scot

Clinical Director | East Lothian Health and Social Care Partnership | Tuesday and Thursday

John Muir House, Brewery Park, Haddington, EH41 3HA | **Mobile**: [redacted] **PA:** [redacted] or loth.elhscppateam@nhs.scot

East Lothian Health & Social Care Partnership

From: [redacted]
Sent: Monday, August 19, 2024 3:57 PM
To: [redacted]
Cc: [redacted]
Subject: Hysterectomies from the gender clinic

Dear [redacted] - I mentioned to Dan last week that we refer patients for local hysterectomies for gender reasons - dysphoria re having internal female genitalia or prior to metoidioplasty and phalloplasty. I have now had the time to look into this further. We currently have 5 patients booked for next 6 weeks for 2nd opinions for hysterectomies. If we are not allowed to refer patients on for gender affirming surgeries should we cancel the appointments? If so what reason do we give? Should we see them and explain we are unsure if we can refer them at the moment? It is extremely uncomfortable (and feels morally wrong) not to be honest with patients.

[redacted] is on holiday for 2 weeks and the 1st patient is booked in with me on 6th September. No further patients will be booked until we have clarity. With Kind Regards, [redacted]

Outlook

RE: gender services surgical authorisation

From Safehaven, Loth <loth.safehaven@nhs.scot>
Date Fri 5/3/2024 8:34 AM
To [redacted]; Gillies, Tracey <Tracey.Gillies@nhs.scot>
Cc [redacted] Wilson, Fiona [redacted]; Milne, Dona [redacted]; Safehaven, Loth <loth.safehaven@nhs.scot>

Hi Tracey

There have been seven people under 25 already authorised for chest reconstruction by NSD between 24.03.24 and 02.05.24 and Safe Haven has already written to these patients to inform them about travel expenses. But we can put a pause on as from today.

Thanks

[redacted]
Manager, Safe Haven Office (out-of-area referrals)
Directorate of Public Health and Health Policy
NHS Lothian, Waverley Gate
2-4 Waterloo Place
Edinburgh EH1 3EG

safehaven@nhslothian.scot.nhs.uk

[redacted] (Thurs-Fri) 8.00 a.m – 1.00 p.m.

From: [redacted]@nhs.scot>
Sent: Thursday, May 2, 2024 6:58 PM
To: Gillies, Tracey [redacted]
Cc: [redacted] Wilson, Fiona [redacted]; [redacted] Milne, Dona <[redacted]>
Subject: Re: gender services surgical authorisation

[redacted]
Thanks. I've no intention of causing alarm or distress - I haven't shared the document in case it proves inflammatory.
I don't think any of the team are under any misapprehension about NSS processes but I may be wrong.
Regards
[redacted]

From: Gillies, Tracey [redacted]
Sent: Thursday, May 2, 2024 6:31 PM

To: [redacted]
Cc: [redacted] Wilson, Fiona [redacted] Milne, Dona <[redacted]>
Subject: Re: gender services surgical authorisation

The key point [redacted] has raised is that NSD processes are all admin and with NO clinical input. I am not sure that is fully appreciated.
Separately but highly relevant to this, there was quite a lot of learning came out of looking at the under 16 end at Sandyford.

Please don't cause alarm in the team or do anything that will generate distress until we have had a chance to discuss.
Tracey

Sent from Outlook for Android

From: [redacted]nhs.scot>
Sent: Thursday, May 2, 2024 5:55:00 PM
To: Gillies, Tracey [redacted]
Cc: [redacted] Wilson, Fiona [redacted] Milne, Dona [redacted]
Subject: Re: gender services surgical authorisation

Tracey
Thanks for copying me in to this- really no apology required for sending before it is complete - rather I'm a bit surprised to see a document circulated at this level without any input from the gender team. Colleagues here are linked in to national discussions through the National Gender Identity Clinical Network Scotland and UK networks at the highest level so are well aware of developments and sensitivities.
I can say that there are no process differences in the referral pathway for <25s and 25s and over, but clearly the clinicians take account of multiple issues, including developmental age and the presence of other diagnoses such as ASD. I will clarify the detail with the team and we can discuss tomorrow.
Kind regards
[redacted]

From: Gillies, Tracey [redacted]
Sent: Thursday, May 2, 2024 5:06 PM
To: [redacted]@nhs.scot>
Cc: [redacted] Wilson, Fiona [redacted] Hood, David [redacted] Milne, Dona [redacted]
Subject: FW: gender services surgical authorisation

Dear [redacted]
[redacted] has rightly escalated her concerns about the post Chalmers process in NSD for these cases which is entirely administrative and wondered whether we should pause under 25s in the light of Cass. We agreed this action at PSEAG this morning and I will also write to NSD. We had wanted to line this up as a formal pause with GGC and will still try to do this.
My reasons for contacting you now before that is complete is because it has reached the EL management team via a different route- (hence I have ccd them)
For clarity I will try to summarise:
1. in the light of Cass (march 24) Lothian will PAUSE referrals through NSD for chest surgery in the under 25s- Hilda will action with NSD and I will write formally to you (preferably AFTER action 2)
2. Lothian will seek to align with GGC about this- and TG/Dona will do this
3. Can you please clarify who decides what about these patients within GIC in Chalmers- any differences between under and over 25s important to highlight (suspect there are currently none). Key piece of info is

who is making the referral decision for surgical intervention with the patient

Happy to discuss further tomorrow, I'm very aware of all the sensitivities around this
Tracey

Outlook

RE: next steps

From Milne, Dona [redacted]
Date Fri 5/3/2024 1:29 PM
To Gillies, Tracey [redacted]
[redacted] Wilson, Fiona [redacted]

Thanks Tracey

[redacted]apologies that this wasn't discussed with the team earlier, this was part of the plan. Safe Haven sits with our team and it became obvious that we had one clinical authorisation process that was out of sync with all the others. [redacted] has been trying to speak with NSD about this for some time. We were clear at PSEAG yesterday that this was about ensuring we have adequate clinical authorisation processes in place and the pause was to enable us to check that (they may well exist and we just don't know)/make them more explicit whatever was needed.

[redacted] and I are happy to help where we can.

Dona

From: Gillies, Tracey [redacted]
Sent: Friday, May 3, 2024 12:14 PM
To: [redacted] Milne, Dona [redacted]
[redacted] Wilson, Fiona [redacted]
Subject: next steps

I have reduced the circulation list.
I have spoken to [redacted] who has a very different perspective to the PSEAG one and so I think it will be important to meet next week to discuss a way forward. My key points:

- Sign off for referrals to NSD for onward treatment is different to other areas (OAT pathway usually CD and AMD sign off)
- In light of Cass do we need to consider any revision to or amendment of assessment pathway leading to these referrals – could be for all or could be for below certain age

[redacted]can understand the first point but not the second. We do therefore need to discuss as the overall view from PSEAG is that we as responsible execs want to make sure we look at the pathway.
[redacted]egards SBAR as very inflammatory **so please do not circulate further**.
I have also arranged to speak to GGC next week
Tracey

Executive Medical Director
NHS Lothian
[redacted]

Outlook

RE: Suggested solution to Gender Surgery issue for consideration

From Hiscox, Caroline [redacted]
Date Fri 10/25/2024 7:52 AM
To [redacted]

Dear [redacted] thank you for your email. I am aware of the situation and have a further conversation this morning and will update you.

Kind regards,
Caroline
Professor Caroline Hiscox
Chief Executive

NHS Lothian HQ
Mainpoint
102 Westport
Edinburgh
EH3 9DN

[redacted]

Well Being Notice: receiving this email outside of normal working hours? Managing work and life responsibilities is unique for everyone. I have sent this email at a time that works for me. Please respond at a time that works for you.
quality ▪ dignity & respect ▪ care & compassion ▪ openness, honesty & responsibility ▪ teamwork

From: [redacted]
Sent: Friday, October 25, 2024 7:43 AM
To: Hiscox, Caroline [redacted]
Subject: Suggested solution to Gender Surgery issue for consideration

Dear Professor Hiscox
I am the Clinical Lead at LSRHS and in that role have responsibility for the Chalmers Gender Identity Clinic, which is an adult service but sees people from the age of 17. I know from David Hood and others that you have now been made aware of issues arising as a result of the pause on referrals and assessments for gender-affirming surgery in Lothian. The issues are complex and rather entangled, and I am sure you are aware of much of the detail. I am

not in the habit of bypassing management structures and process, and writing to you directly sits very uncomfortably with me, but I think the situation is sufficiently acute today to put this to you directly and suggest a solution. To summarise very briefly:

- An immediate pause on all surgical referrals was enacted by NHSL PSEAG on 2nd May 2024. This was very slightly amended to include all referrals for any surgery for those under 25, but excluded a handful of surgeries conducted in Scotland for over 25s. As you know, there was no discussion with LSRHS or EHSCP prior to the pause.
- The initial concern was a difference in the sign-off process for external referrals via NSD/NSS for gender referrals was different to that for other referrals, lacking an internal CD/AMD sign off. A clinical review through NSS was stopped in Dec 2022. There were a range of other concerns relating to the CMO Report on the Cass Review, and indirectly to the Cass Review itself which relate to clinical assessment, support and consent for surgery, particularly in younger people. Additional concerns related to problems in other Boards, of which I do not know the full detail. All of these concerns were completely valid and required exploration, although the report contained some inaccuracies due to lack of discussion with the service.
- Once surgical referrals are signed off and forwarded to NSD, there is a wait of at least 12 months, sometimes more, before people are seen and assessed by the surgeon performing the operation. There is then a further wait of at least 6 months, often more before the operation itself. If there was a significant concern about clinical safety, the logical approach would be to review the assessment and sign-off of those referrals on people that were about to be operated upon, or that were sent after the clinical review at NSS was stopped. Pausing referrals from NHSL Safehaven will have no effect on patient safety for 18 months. Hence the urgency of the pause could be challenged.
- Associating the pause with the CMO report on the Cass Review was misjudged. This has already been questioned and challenged by the community and others including very senior external partners. There may be clinical need for additional considerations in people under the age of 25 (although many would argue that this is encompassed in the personalised and holistic care of all people of all ages), and the notion of developing follow through services for 17-25 year olds who enter services before the age of 18, as occurs in oncology, HIV services and so-on is an excellent recommendation and should be developed. This is a very substantial undertaking. There is however no precedent I'm aware of in medical services, consent processes, GMC guidance or medical law, which makes a structural/access/assessment distinction between the care of competent adults who enter services between 18 & 65 on the basis of age alone. Therefore to make a distinction in terms of access to surgery between adults before and after their 25th birthday, in the way NHSL has done, is very hard to justify. This is now exacerbated by lifting the pause on 25s and over. This seems likely to invite legal challenge.
- The Equality act has been raised in a complaint and by team members and others since the start of this process. [redacted] helpfully provided us with some advice in addressing the complaint, explaining the exclusions to the act , which hinge on actions that could be proved to be proportionate. I think given the points above, regarding the (lack of) urgency of the pause, and the harm that is being caused, I think proportionality might be hard to defend.
- The team undertook a very rapid programme of work and I drafted a summary paper which was reviewed by PSEAG and as you know a covering paper was presented to CMT on 8th October and the pause on referrals for those 25 and over was lifted. This outlined in detail the clinical pathway, assessment and governance processes for the service. Although there were improvements required to some documentation and recording, I can say that in the whole process of undertaking this work and dealing with and investigating every complaint, MSP query and FOI that has come in, as a clinician with 30 years' experience and an external perspective (I'm not a Gender clinician) I have seen no issue in clinical care or patient safety that would raise any concern whatsoever.
- I understand that a further working group is being established to meet between now and Christmas to review and establish what is required for follow-through services for 17-25 year olds. This seems a very short timescale for such a complex undertaking, particularly encompassing the need to align with ADHD and other neurodiversity provision which is very overstretched. Chalmers GIC have been asked to review the existing service for under 25s

against the CMO Report, HIS Standards and GRP 2023, all of which are recently published, and submit this for approval by the group. We have thrown ourselves into that task immediately, given the team's wish to resolve the issue as soon as possible. I do however wonder how the HIS standards regarding involving those with lived experience, partnership working and collaborative leadership can be authentically addressed by a group meeting over such a short timescale and in the current divisive environment.

- I understand from Judith Mackay in discussion last night that a date for lifting the pause of January 2025 has been mentioned in the development of public facing information. If this date is under discussion, and is to be made public, then an obvious question is why is the pause continuing? If the pause is for a further review the safety of the assessment process, and the outcome of the review and any actions required are unknown, then the duration of the pause is indefinite. If not, and we know the pause will be lifted, we should do so now.
- The pressure on the service and the team continues to mount. You are aware of the planned public protest today at Chalmers and the public meeting to be held tonight. Clinicians are exhausted after trying to explain to every consecutive patient an issue which they themselves find inexplicable and indefensible. Patients are expressing high levls of dysphoria and distress, including credible threats of self harm. They are being personally attacked on social media. On top of this they are being asked again to review everything they have already done, as an additional workload and pressure, and to put in place extra checks and processes on the basis of no evidence whatsoever of any clinical failing. They experience this as constant and sustained criticism of failure. The outstanding reputation of the GIC and by extension of Chalmers is being destroyed by the day. The mistake has been made of assuming that this applies only to GIC attendees – it does not. Only 68% of Gen Z worldwide identify as heterosexual. Our entire core patient population judges us on how we address gender diversity. This will not go unnoticed on social media. It is immeasurably painful and destructive to the entire team, including me, to see our reputation trashed in this way. Team members are expressing their intention to leave. This is becoming an existential issue for the service.
- The solution. To continue with a pause on surgical referrals for under 25s is unnecessary. The harms far outweigh any benefits. The service has reviewed the assessment process for all patients and no significant failings have been identified. A properly considered, careful internal review of the service for people who have entered services below the age of 18 and for those with co-existing pathologies of all ages should be undertaken with authentic stakeholder and patient involvement, exactly as a has been suggested but without the extra ordinary hurry and pressure on the team. Similarly, a larger and similarly considered and resourced NHSL programme of development for a future service for young people, and follow-through transitional services for 17-25 year olds, which will require years of work to establish – not least because they are not yet funded, should also involve patients and stakeholders.
- To continue on the current path is a pointless face-saving exercise. NHSL should simply say that the existing review of services provides adequate re-assurance that the service is safe and that referrals for all people over 18 can resume. Further improvements will be planned and implemented in parallel.

I do not need, or expect you to respond to or share this email but I hope that you will give my suggestion some consideration. I'm happy to discuss directly with you or together with David Hood if anything requires clarification or expansion

Yours sincerely

[redacted]

[redacted]

Consultant in Genitourinary and HIV medicine & Clinical Lead for Sexual and Reproductive Health, NHS Lothian

Chalmers Centre

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DRAFT 12.04.24

NHS Lothian Safe Haven office: out-of-area referrals

SBAR Gender Reassignment Surgery Referrals (female to male chest reconstruction) – Authorisation Process

Situation

Consideration needs to be given as to whether the current authorisation process for referrals of NHS Lothian residents for masculinising chest reconstruction surgery is sufficiently robust. This cohort consists of people who are female registered at birth and subsequently identify as either non-binary or trans-masculine. The majority are under 25 years when referred for surgery.

Background

Gender reassignment surgery (masculinising chest reconstruction, feminising and masculinising genital surgeries) is a specialised field of surgery which is commissioned and managed by NHS England under a four-nations contract. The surgeries are available to Scottish residents who meet the eligibility criteria described in the NHS England surgical interventions service specification. Most of the hospitals providing this type of surgery under contract with NHS England are private hospitals, and all are located in England. National Specialist and Screening Directorate (NSD) which is part of NHS National Services Scotland funds these surgeries from the pooled risk-share fund which all NHS Boards contribute to. NHS Lothian provides reimbursement of expenses for authorised Lothian residents who travel.

The current process for authorising surgery referrals is:

1. Gender Identity Clinic (GIC) at Chalmers Centre sends NHS Lothian Safe Haven office the completed *Notification of referral to specialist surgical provider* form. NHS Lothian Safe Haven confirms that the patient is resident in Lothian (i.e. not in Borders or Fife), and forwards the notification form to NSD. Since July 2023 NSD has advised that no clinical information about the assessment is required to accompany the notification form as redacting personal details from lengthy clinical assessment letters is time-consuming for the GICs.
2. NSD administrative staff generate a funding authorisation code which is conveyed back to Safe Haven office and GIC.
3. GIC makes the referral to The Gender Dysphoria National Referral Support Service (GDNRSS) which is commissioned by NHS England to process all gender surgical referrals between the NHS Gender Identity Clinics and the NHS contracted surgical provider hospitals.
4. NHS Lothian Safe Haven office posts an expense claim form to each person authorised for surgery.
5. Safe Haven liaises with Treasury to organise reimbursement of travel/accommodation costs, after the patient has travelled.

The NHS England contract (2017) and the NHS Scotland Gender Reassignment Protocol (2012) stipulate the following criteria for bi-lateral mastectomy/chest reconstruction. These referrals require one letter of referral from a lead professional:

- Persistent, well-documented gender dysphoria
- Capacity to make a fully informed decision and to consent for treatment.
- Aged 17 years or older (NHS England contract). (The NHS Scotland Protocol says 16)
- If significant medical or mental health concerns are present, they must be reasonably well controlled.
- Hormone therapy is not a pre-requisite.
- It is not a requirement for access to masculinising chest surgery to undertake a change in social role.

These criteria allow for non-binary as well as trans-masculine patients to be referred for surgery. One clinical opinion suffices (c.f. two required for genital surgeries).

The NHS Scotland Protocol (2012) notes that for female-to-male-identifying people a bilateral mastectomy/chest reconstruction is usually the first surgery performed in the person's gender reassignment process, and for some it is the only surgery undertaken. It says that bilateral mastectomy/chest reconstruction can take place *'during the pre-operative 12-month experience provided it has been agreed in their treatment plan with their gender identity clinic and referral is accompanied by one assessment from an appropriately qualified professional'.*

The NHS Scotland Protocol says that female-to-male-identifying people *'may require bilateral mastectomy/chest reconstruction early in their pathway so as not to perpetuate respiratory and other problems caused by wearing binders and also to 'pass' in male gender'.*

The current waiting time for first assessment at NHS Lothian Gender Identity Clinic at Chalmers is 24 months. (need to clarify whether teenagers seen at NHS GGC Sandyford Adolescent Gender Identity Clinic and transferred to adult services at Chalmers Clinic have to wait this long, or whether they are fast tracked due to having already been seen in NHS GGC).

Once referred for mastectomy/chest reconstruction surgery via the GDNRSS the wait before a person is seen for surgery is approximately 13 months.

The outcome measurement stipulated by the NHS England contract for this type of surgery relates to the percentage of patients with post-surgical complications including haematoma and nipple necrosis.

The Scottish Government set up the National Gender Identity Healthcare Reference Group in 2022 to implement the *NHS Gender Identity Services: Strategic Action Framework 2022-24.* Progress to date has resulted in:

NHS National Services Scotland and Scottish Government are now working together to update the Scottish Protocol; this is still to be finalised.

Healthcare Improvement Scotland is developing national standards, consultation closed March 2024, due summer 2024. Standards are not the same as clinical pathway or clinical guidelines.

NHS Education Scotland is working on a Knowledge and Skills Framework for professionals working in gender identity healthcare, due summer 2024.

The University of Glasgow is being funded to deliver a new programme of research into long-term health outcomes for people accessing gender identity healthcare.

It is anticipated that after 2024 the Scottish Government Reference Group will hand over the Framework implementation oversight to Scotland's National Gender Identity Clinical Network.

Assessment

Numbers of referrals for mastectomy/chest reconstruction surgery are increasing year on year due to the recent expansion of assessment capacity at NHS Lothian's Gender Identity Clinic and the expansion of the number of surgical provider hospitals under contract with NHS England.

Number of Lothian residents referred for masculinising chest reconstruction surgery:

Year	Total No. Referred - Lothian	No. <25 years
2017	14	6 (43%)
2018	27	25 (93%)
2019	20	11 (55%)
2020 - COVID	<5	0
2021	18	13 (72%)
2022	32	22 (69%)
2023	39	27 (69%)
2024 (01.01.24 – 25.04.24)	23	13

How can NHS Lothian be sure that chest reconstruction surgery is the right pathway for each and every person in this increasing pool of people being referred, given their young age and complexity?

Issues for discussion

1. The authorisation process. The authorisation process does not involve any further clinical scrutiny/checking that the person meets the required criteria. It simply checks that the assessment has been undertaken by an NHS Gender Identity professional and is recent (within last 12m). Do we need a more robust process? This lack of further clinical scrutiny is different from all other out-of-area referrals to England for highly specialised healthcare, most of which have been discussed at an NHS Lothian MDT; and all require support from both NHS Lothian Clinical Director and Associate Medical Director; followed by scrutiny from the medical panel at NSD, before funding can be authorised. Why is an exception being made for this cohort? Does the fact

that only one clinical opinion is required for recommendation for this type of surgery, with no further clinical scrutiny, potentially expose these single clinicians to future complaints about the assessment process not being robust enough?

2. Age of people being referred for surgery in Lothian; majority are under 25 years. Note that this is irreversible surgery affording loss of biological and sexual function. The Cass Review, April 2024 (for NHS England) points out that children and young people are on a developmental trajectory that continues into their mid-20s. The Cass Review is recommending that NHS England should establish 'follow-through' services for people aged 17-25 rather than going straight to adult services in order to ensure continuity of care and support at this 'potentially vulnerable' stage of their journey. Should NHS Lothian be referring people for chest reconstruction surgery at a potentially vulnerable stage?

3. The cohort comprises complex presentations. The Cass Review notes the increase in presentations at Gender Identity services by birth registered females presenting in adolescence and discusses what is known about the nature and causes of gender incongruence and dysphoria. For example, there is a known link between a trans identification and high levels of neurodivergence and co-occurring mental health issues. It notes that girls with complex additional problems are potentially having other healthcare overlooked when gender identity is raised as an issue, with everything being seen through this lens. There is a risk that this approach cements the person in an identity they may go on to regret. It notes the low quality of current guidelines.

4. Increase in numbers of referrals. Waiting times at Chalmers for first assessment. Number of assessment appointments at Gender Identity Clinic prior to recommendation for surgery. There is no minimum number of assessments stipulated in the NHS England contract or Scotland Protocol. Is there a risk that a person's options are being foreclosed? Is it the case that the 24m wait for first assessment at Chalmers GIC puts pressure on the service to limit the number of assessments offered to explore a person's gender dysphoria before they are referred for surgery?

5. Cost. What is the impact on the budget of the increase in number of referrals for surgery? The budget for gender reassignment surgery is held by NHS National Services as part of the pooled-risk share fund. Are NHS Boards being asked to contribute additional funding as a result of the increase in numbers being referred?

6. Outcome data. There is no follow-up data currently being collected (University of Glasgow has recently been given funding by Scottish Govt to commission this) by the surgical providers. This means that people are being referred for this type of surgery in the absence of clear outcome data.

7. Private sector. The provider surgical hospitals are all in the private sector apart from one (NHS North Manchester). The NHS England service specification says that 'it is the surgeon's responsibility to determine that an individual is sufficiently healthy, physically and psychologically, to undergo surgery and if there are any doubts they

should consult with the referrer before proceeding further'. Has Chalmers Gender Identity Clinic ever been consulted by a surgeon who is questioning the person's mental stability?

Recommendation

Consider options:

1. Should we consider a pause on referring people under 25 for chest reconstruction surgery whilst we consider the outcomes of the Cass review in Scotland?
2. Can we strengthen the pre-surgical assessment phase and authorisation process across Scotland?

[redacted]

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[redacted]

NHS Lothian Safe Haven (out-of-area referrals)

25.04.24

SBAR Review of assessment and approval for Gender Re-assignment Surgery in Lothian: Report for NHSL PSEAG and CMT

Situation

Concerns about the process for external referral for Gender re-assignment surgery in Lothian were escalated to NHS Lothian PSEAG in response to a paper drafted by NHSL Safehaven dated April 2024. Referrals were paused from 2nd May 2024. Particular concerns related to referrals in those aged under 25 years in the light of the final report of the Cass Review into gender care, which was published at a similar time and discussed in a variety of settings. However, it was also apparent that the review and sign off process for all gender surgery referrals through NHSL Safehaven was different from that for external referrals from other services and due to changes within NSS, lacked an external senior clinical review prior to funding being approved.

The clinical assessment and sign-off process in Lothian GIC has been reviewed and documented and a proposed sign-off pathway has been developed for consideration by PSEAG and CMT. Chalmers GIC will also develop an internal process to follow up those referred for surgery, pending improvements in outcomes reporting via NSD. NHS Lothian CMT is asked to lift the pause on referrals on those aged 25 and over and to agree a wider piece of work to consider how to address issues for those aged 18-25 years.

Background

Lothian Sexual & Reproductive Health Services (LSRHS) operate a Gender Identity Clinic (GIC) with a patient catchment area covering Lothian, Fife and Borders. The GIC supports transgender patients (an umbrella term for when gender identity does not sit comfortably with the sex they were assigned at birth) by assessment and diagnosis of Gender Incongruence (in line with the World Health Organisation ICD11 International Statistical Classification of Disease & Related Health Problems), and then co-ordinating gender-related care plans to improve their medical, surgical and mental health and well-being. The GIC also liaises with other organisations to support social wellbeing.

Following the Scottish Government's (SG) launch of the 'NHS gender identity service: strategic framework 2022-2024', LSRHS have annually secured funding which has resulted in a 664% increase in the number of initial assessment appointments attended and reduced the average wait by 43% to approximately 584 days. The service has accommodated a 92% increase in new referrals in the same timeframe[1].

As a result of this greatly increased capacity and throughput, referrals for surgery have increased significantly.

Number of authorised referrals for Lothian residents to have NHS-funded gender reassignment surgery				
Year	Double mastectomy/masculinising chest reconstruction	Male to Female genital surgery	Female to Male genital surgery	Corrective revision surgery
2016	9	0	>0<5	0
2017	14	5	>0<5	0
2018	27	12	>0<5	0
2019	20	11	>0<5	0
2020*	>0<5**	>0<5	0	0
2021	18	9	>0<5	>0<5
2022	32	>0<5	>0<5	>0<5
2023	39	19	6	>0<5
2024 (01.01.24 - 30.04.24)	24	13	>0<5	>0<5

The referral process for gender affirming surgery via NSD is different from that for other referrals for out of area treatment in NHSL. Other external referrals in the acute sector are reviewed and signed off by a Clinical Director (equivalent to Clinical Lead at LSRHS) and Associate Medical Director (equivalent to HSCP Clinical Director) with the option of referral to a MDT for review[2]. This process allows clinical governance oversight and confirms clinical need and exceptionality in each case to ensure that local options for treatment are not available. This sign-off process does not currently occur for gender surgical referrals and there is no clinical review of Gender referrals at NSD (clinical assessment letters are no longer sent along with the referral for surgery, at the request of NSD, as this was reported to be burdensome for Gender Clinics).

The current pathway for referral is based on the 2012 Scottish Gender Reassignment protocol. A new NHS Scotland Gender Identity Healthcare Protocol[14] was published, along with Gender Identity Healthcare Standards[15], on 3rd September 2024. We will review current referral processes, referral authorisations, post-surgical clinical reviews and assessment of outcomes to ensure that they are compliant with the Protocol, Standards and good clinical governance.

The number of referrals for chest reconstruction surgery for adults assigned female at birth are increasing, particularly in young people and younger adults. A proportion of these referrals are in people who identify as non-binary and who do not wish to take hormone therapy. The clinical impression is that the number of people in this group is also increasing. Referrals for chest reconstruction surgery require one specialist clinical opinion as opposed to two independent opinions for genital reconstruction surgery.

A number of additional concerns relate to the assessment of those aged under 25 years and these are addressed by the Cass Review (although the review did not

cover adult gender services) and, in Scotland, the DCMO report, *Cass Review - Implications for Scotland*, and the Gender Identity Healthcare Protocol and Standards described above. Although it is anticipated that the assessment of those in different age groups will be closely aligned, these recommendations may require additional considerations and/or a different service design for those aged 18-25 years. Any additional considerations which apply to particular age groups will be addressed separately through a wider group.

Assessment

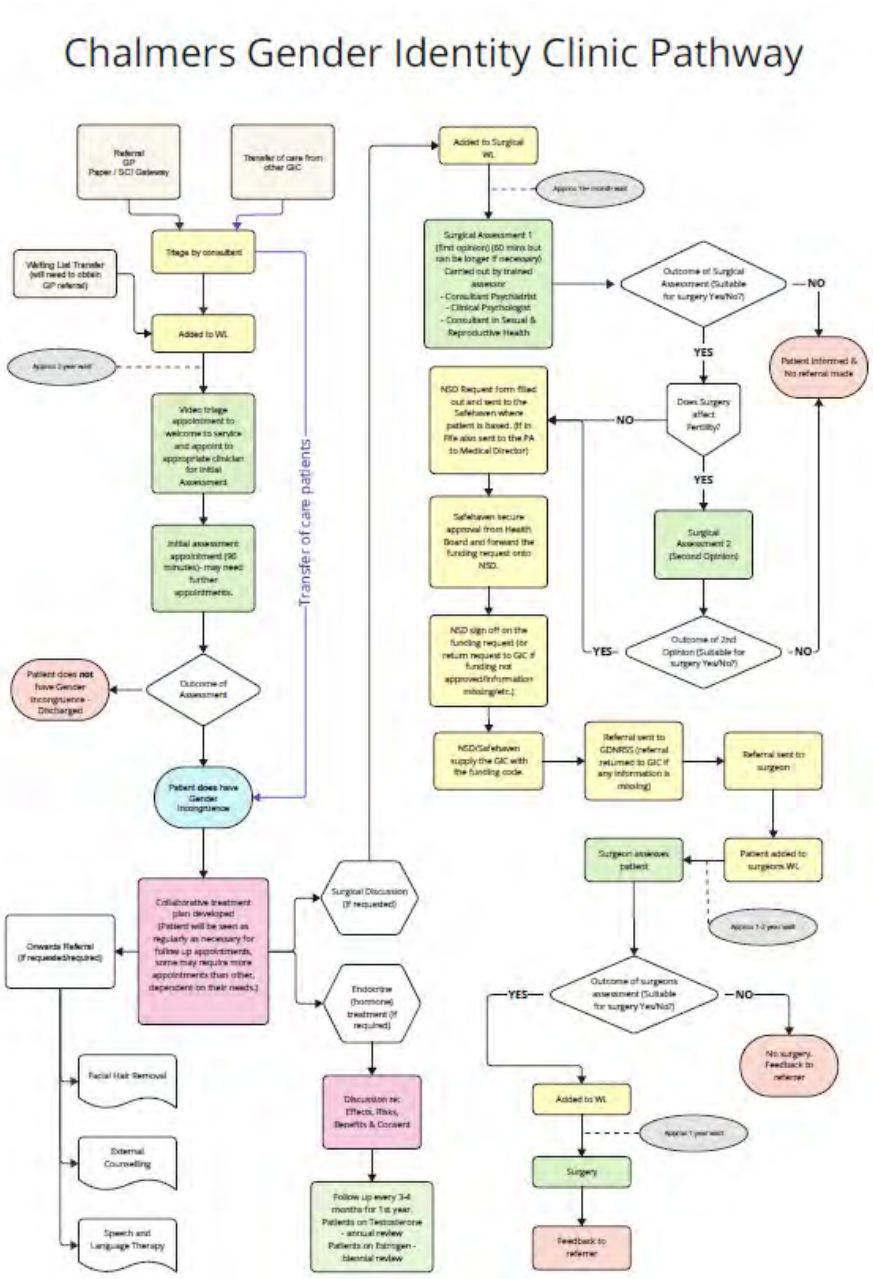
Detail on the current status and developments in the Chalmers GIC have been outlined for NHSL Corporate Management Team[1]. The existing clinic pathways, assessment processes, governance procedures and documentation have been reviewed and revised and are appended to this document.

Current pathway with proposed modifications

The patient pathway at Chalmers GIC is shown in Chalmers Gender Identity Clinic Pathway[3].

All incoming referrals are triaged by consultants, and patients have a series of structured assessment appointments. All complex cases are discussed at the weekly MDT and discussions are recorded in clinical records[4]. An additional post-clinic MDT has recently been initiated to facilitate a review of a number of routine cases. If, following a series of assessment appointments, the patient expresses an interest in gender affirming surgery, the surgical referral SOP[6] is followed to establish whether they are suitable to be added to the surgical waiting list (which is an approximately 16 month wait with all external NSD-commissioned providers). The patient is asked to choose a surgical provider prior to the assessment appointment[7]. Surgical assessments are currently undertaken by one of four experienced gender clinicians (two Consultant Psychiatrists, one Clinical Psychologist, one Consultant in Sexual and Reproductive Health/Gender Healthcare). Where a second opinion is required (for all genital surgery in the absence of a Gender Recognition Certificate (GRC), and at clinician discretion in other cases), this is currently provided by a Consultant Psychiatrist with 16+ years experience of gender care, employed on a sessional basis

The current pathway is described in the following algorithm:-



Clinical assessment is holistic, patient-centred and individualised to account for age, co-morbidities (with careful attention to mental health and neurodevelopmental symptoms and diagnoses) and personal circumstances. The need for further assessment appointments or MDT discussion, and the need for psychology/psychiatry referral or gender-specialist second opinion, are based on multiple additional factors, including certainty about (and duration of) gender incongruence diagnosis, confidence about understanding and expectations of surgery and decision making. There is currently no formal difference in the assessment process or pathway according to age. Capacity to consent is routinely considered[8], but consistent with other clinical settings, capacity is not routinely formally assessed in every case. Where referrals are made, letters follow a structured template based on WPATH guidance and GRP 2012. This template has been revised to serve as a recording tool for review and sign-off of referrals by a Clinical Lead/CD[9].

Proposed sign-off process for all out-of-area referrals

The proposed pathway for approval will be that the Clinical Lead, LSRHS is notified weekly of the list of surgical referrals to be reviewed. Each referral will be reviewed against the relevant Gender Surgery Referral Checklist, referring to the clinical record on NaSH and TRAK as required. Queries or omissions will be discussed with the individual clinician or referred for MDT discussion where required. The completed referral checklist will be forwarded to the ELHSCP Clinical Director for further sign-off along with the form, 'Specialist Gender Reassignment Surgery (GRS) – Notification of Referral to Specialist Surgical Provider'[10]. The latter is forwarded to the Safehaven office following the Safehaven SOP[11]. Both documents are added to the patient's clinical record.

An audit referrals will be built into the LSRHS regular audit cycle. An audit review meeting will be held as part of the GIC clinical MDT on an annual basis, documented and tabled for the LSRHS Gender Clinical Governance Group and reported to the ELHSCP Clinical and Care Governance Committee.

Surgical Outcomes and Follow-up after surgery

Due to the long waiting times for both surgical assessment and procedures, not all of those referred for surgery since 2019 have undergone a procedure. Surgery is undertaken under a four-nations contract[12] administered by local and regional commissioners with NSD input. This specifies in detail the requirements for surgical provision and follow-up, including that providers issue written reports to the referrer, with copies to the patient and the GP, following assessment, surgery and at discharge; they should also issue additional written reports describing any other clinically-significant event or contact with the patient.

Letters are commonly received regarding patients who have undergone surgery but this varies between providers. Data on surgical outcomes is not routinely reported to NSD and improving upon this has been discussed between NHSL and NSD. NSD are taking forward further discussions with NHS England and providers. A retrospective review of referrals made by Chalmers GIC between April and December 2022 is included in the appendices[13] and demonstrates the complexity of ensuring appropriate follow up. Safehaven currently handles reimbursement of travel expenses to patients, which is one way of flagging when patients have undergone surgery. Chalmers GIC and Safehaven will ensure development of a prospective review process to identify when and where people undergo surgery and that surgical follow up has been completed, communication has been received and a follow-up appointment has been arranged.

Recommendations

NHS Lothian CMT is asked to approve the proposed assessment and sign-off process and to lift the pause on referrals on those aged 25 and over.

NHS Lothian CMT is asked to approve a separate approach that would allow the service to recommence referrals for those aged 18-25 years as soon as the review based on the DCMO report, Gender Identity Healthcare Protocol and Standards is complete.

Document	Title	File
1.	CMT Gender Summary	Gender Summary for CMT
2.	Referral requests OUTWITH NHS Scotland - for highly specialised care	PDF - Flowchart – referral requests to E
3.	Chalmers Gender Identity Clinic Pathway Flowchart	Chalmers Gender Identity Pathway Flo\
4.	Initial Assessment for Chalmers GIC	Initial Assessment for Chalmers GIC.doc
5.	Clinical Supervision in GIC	Microsoft Office Word Document
6.	Surgical Referrals SOP	Microsoft Office Word Document
7.	List of Surgery providers	Surgery Providers as at Jan 2020.pdf
8.	Decision Making, Capacity and Consent in Chalmers GIC	Decision Making.docx

9.	Gender Surgery Referral Review Checklist	Microsoft Office Word Document
10.	Specialist Gender Reassignment Surgery (GRS) – Notification of Referral to Specialist Surgical Provider	Microsoft Office Word Document
11.	STANDARD OPERATING PROCEDURE Title: Expenses for Lothian residents travelling for gender reassignment surgery	Safehaven SOP GIC
12.	Service Specification: Gender surgery services for adults	4 nations contract
13.	Rapid retrospective review of Chalmers GIC Surgical Referrals by Fiona Clunie, Gender Clinical Lead	Microsoft Office Word Document
14.	NHS Scotland Gender Identity Healthcare Protocol	20240903 NHS Scotland Gender Iden
15.	HIS Gender Identity Healthcare Standards	Gender-ID-Standards -September-2024.pdf

Outlook

RE: Gender reassignment surgical assessments

From [redacted]@gov.scot>
Date Thu 10/10/2024 4:04 PM
To Hood, David [redacted]
Cc genderidentityhealth@gov.scot <genderidentityhealth@gov.scot>; DCMO@gov.scot <DCMO@gov.scot>; [redacted] Wilson, Fiona [redacted]

Some people who received this message don't often get email from [redacted] Learn why this is important

Hi [redacted]

Please let me know if there's someone else in your team I should be sending this to instead of you, I know you'll be extremely busy.

I and one of the DCMOs are meeting you and Tracey Gillies on the 21st to hear more about the work that NHS Lothian are doing re Chalmers and surgical referrals – thanks so much to your team for setting that up. We've been getting further correspondence though asking questions we're not clear on ourselves yet - and in one case asking that we pass on the correspondent's concerns to NHS Lothian. I've pasted an extract below so it's been shared – let me know if you'd prefer I share it with someone else in NHS Lothian. We've also been made aware of online discussion re the pause in surgical referrals in Chalmers. The one thing the correspondence and online discussion has in common is that everyone seems to have a different understanding of what's happening and why.

Because we don't have the information people are requesting we'll direct them to get in touch with NHS Lothian, but in order to make sure we're consistent with what Lothian's sending out could you, or one of your colleagues, tell me:

- What core lines are NHS Lothian using to respond to people writing in/ making a complaint when you clarify the work underway and its rationale? They'd be helpful to see so that we can ensure we're not putting out anything inconsistent
- If someone has questions or concerns/comments not specific to their personal care but about the work underway is the best NHS Lothian contact for us to share still "patient experience team on 0131 5363370 (9am - 2 pm Mon - Fri) or email LOTH.feedback.nhs.scot"?

Thanks so much and best wishes,
[redacted]

Correspondence that correspondent requested was shared with NHS Lothian

"I would like to find out more about this decision to pause assessments and referrals for gender affirming surgery, and I'm hoping you can help me with this. In the letter you said that according to NHS Lothian this decision was made in order to "undertake work to assure that their assessment and referral processes for gender reassignment surgery are as good as they can be" and I want to know what prompted the suggestion that the referral processes

were not any good as they are, and what exactly this work entails. I also want to know why referrals and assessments couldn't continue throughout the many months that this work has apparently taken up (and it is yet to be complete, so this work has been taking five months and counting).

Another point that I'm unclear about is how any work to improve the service can be done without the expertise of relevant parties who represent the interests and knowledge of trans and non-binary people. When I contacted Trans Scotland and LGBT Health and Wellbeing about this topic neither organisation was aware of this pause. The patients themselves are equally unaware, as no one on the waiting list has received communication about this from the NHS. I would like to find out if the health board has done a risk assessment regarding the effects of such a pause on the affected patients on the waiting list - including an assessment of the risk to their mental health that several months of delay poses to a group that is already made vulnerable by social discrimination and political persecution. If such a risk assessment has been made, I would like to know the findings.

I find it deeply ironic that there is supposedly a goal to reduce waiting times on the NHS, all while adding several months to the waiting times of numerous patients on the gender reassignment wait list, for no clear reason that I can see.

I hope that you can forward my concerns to the NHS Lothian health board, and I would deeply appreciate more clarification on the points that I have raised. If possible I would like to speak someone on the health board."

From: Hood, David <[redacted]>
Sent: Tuesday, September 24, 2024 11:44 AM
To: [redacted]
Cc: [redacted] Wilson, Fiona <[redacted]>
Subject: RE: Gender reassignment surgical assessments

[redacted]

Please see below some further detail in response to your bullet points (further response in italics).

In terms of timelines, there are discussions planned over the next couple of weeks with members of the Executive Team and would hope to be able to agree a timeline for recommencing referrals following those discussions.

Thanks

David

David Hood
Head of Operations | East Lothian Health and Social Care Partnership
John Muir House, Brewery, Haddington, EH41 3HA
[redacted]

East Lothian Health & Social Care Partnership

From: [redacted]
Sent: Thursday, September 19, 2024 1:38 PM
To: Hood, David <[redacted]; Wilson, Fiona <[redacted]
Subject: RE: Gender reassignment surgical assessments

Thanks so much David – really appreciate you coming back so quickly. If there's anything you at all can give me on timescales – e.g. what does the near future mean re executive team discussion that would be really helpful. Then at least we could say something like 'we understand NHS Lothian's executive team are expected to discuss this in the next month and timelines for referrals recommencing will be confirmed shortly after'.

Thanks again so much and best wishes,
[redacted]

[redacted] **(Pronouns - she/her) Head of Gender Identity and Healthcare Access** I Population Health Strategy and Improvement Division I Scottish Government I St Andrew's House I Regent Road I Edinburgh I EH1 3DG
[redacted]

From: Hood, David [redacted]
Sent: Thursday, September 19, 2024 12:47 PM
To: [redacted]
Cc: [redacted] Wilson, Fiona <[redacted]
Subject: RE: Gender reassignment surgical assessments

Thanks [redacted]

Will come back with further details on the bullet points but to clarify we are not currently offering new surgical assessment appointments for both groups of patients whilst the review work is completed. The team are continuing to offer a limited number of appointments for second opinion who have already had an initial assessment . Patients do remain on the waiting list for assessment and hope to be able to provide appointments as soon as possible. The team have drafted proposals for our Executive Team and these are due to be discussed in the near future, after which we'll have a better idea of the timescales for lifting the pause in referrals.

Thanks

David

David Hood
Head of Operations | East Lothian Health and Social Care Partnership
John Muir House, Brewery, Haddington, EH41 3HA
[redacted]
E: david.hood@nhslothian.scot.nhs.uk

East Lothian Health & Social Care Partnership

From: [redacted]>
Sent: Thursday, September 19, 2024 12:21 PM
To: Hood, David [redacted]>
Cc: [redacted] Wilson, Fiona <[redacted]>
Subject: RE: Gender reassignment surgical assessments

Hi David,

Thank you so much, this is incredibly helpful. We weren't aware of these changes. Has NSD been made aware of this as the organisation that coordinates surgical provision for gender reassignment surgery under the four nations contract? If there's a misconception circulating that NHS Lothian has stopped surgical referrals because of a funding issue they'll likely be getting queries too.

I've paraphrased the information you've shared for the purposes of responding to the correspondence (below my sign off) and would be grateful if someone in Lothian could tell me if there's anything I've got wrong/misunderstood. We'll start sending it through clearance today.

I'm also mindful that our Minister is meeting with a number of stakeholder groups next week and this may come up. Can I just confirm my understanding for her briefing pack –

- NHS Lothian has started work to review referral pathways since the pause in May – it would be accurate to say this work is already underway wouldn't it? For both over and under 25s? When did this review start?

Work to review the pathway for all external referrals began on 10th May 2024. This work applies to the clinical assessment, safety and governance processes for all external referrals, both over 25s and 18-25 year olds.

- Assessment for surgery for under 25s is paused but not for over 25s even though referral for surgery outside Scotland for over 25s is paused?

From 31st July 2024, we stopped offering appointments for surgical assessments at the Chalmers GIC for both over 25s and 18-25 year olds. This was to avoid building up a further backlog of referrals awaiting approval. We continued to offer a limited number of appointments for second opinions for those who had already had an initial assessment and were over 25.

- What is the expected end date of the review of the referral process? We don't need an exact date but I think we will need to know roughly when NHS Lothian expects that this will be complete? Is this completion of review/conclusions drawn date the same for over 25s and under 25s?

The internal review of the assessment process for external referrals has been completed and submitted for review and approval / discussion with the NHS Lothian Executive Team. Once approved this would allow the resumption of assessment and referral for those aged over 25. For those aged 18-25 years an additional review in the light of the DCMO report, the newly published NHS Scotland Gender Identity Healthcare Protocol and the Gender Identity Healthcare Standards, published on 3rd September 2024, to establish what further developments and changes may be required, will be undertaken. A proposed structure and process for this review has been outlined in the submission to NHS Lothian Executive Team and will commence once approved.

- What is being communicated to patients/ the clinic's service user group on this front? The correspondence we've had clearly indicates that someone has misunderstood what they've been told about the reason for their assessment not taking place in Chalmers. It'd be good to know what message is going out to patients who might have expected an assessment to take place in case we get more correspondence about this. Are there agreed lines?

Text to support the clinical team in verbal discussions with patients has been agreed. This is also used in responding to any queries, concerns and complaints that may come in to ensure consistent and accurate information is shared.

If we could get an answer to the bullets by Monday 23rd I'd be very grateful – that would allow us to include the information in the Minister's briefing pack ahead of her meetings next week.

Thanks so much and best wishes,
[redacted]

Summary of info for correspondence:

NHS Lothian has paused referrals for gender affirming surgery undertaken outside Scotland. This is not related to any funding restrictions or financial decision. Instead this pause is in place while NHS Lothian undertake work to assure that their assessment and referral processes are as good as they can be and ensure that they provide holistic assessment, treatment plans and high quality information to those assessed. This work is underway and expected to be complete by x.

For people aged under 25 NHS Lothian have also paused referrals for surgeries in Scotland as they review their referral processes. This work will be completed by x. This pause is also not related to any funding restrictions. NHS Lothian are not currently offering appointments for surgical assessments for people aged 25 and under at this time. Anyone on the waiting list for assessment who is under 25 will remain on the waiting list and referrals will resume once NHS Lothian has completed their work to assure their processes.

Any patient concerned about this can contact the Chalmers clinic on 0131 5361570 and the administration team will ask a clinician to return their call. If someone has a concerns or a complaint they can also phone or email the patient experience team on 0131 5363370n (9am - 2 pm Mon - Fri) or email LOTH.feedback.nhs.scot

Kirstin Leath (Pronouns - she/her) Head of Gender Identity and Healthcare Access I Population Health Strategy and Improvement Division I Scottish Government I St Andrew's House I Regent Road I Edinburgh I EH1 3DG
Tel: [redacted]

From: Hood, David [redacted]>
Sent: Wednesday, September 18, 2024 8:24 PM
To: [redacted]
Cc: [redacted]
< [redacted] Wilson, Fiona
< [redacted]
Subject: FW: Gender reassignment surgical assessments

Dear [redacted]

The email trail below has been shared with me and [redacted] and we've discussed with the team (along with discussions last week with [redacted] before he went off) and below is information in response to your queries. I have kept it generic about the current position within NHS Lothian rather than specific to the patient queries below.

- *Has NHS Lothian stopped referring people for national surgery via authorisation from NHS National Services Scotland? (NSD didn't indicate any change they were aware of or had noticed on the Lothian front)*

NHS Lothian has taken the decision to pause all referrals for gender affirming surgery undertaken outside Scotland. These referrals were paused from 2nd May 2024.
This was because the review and sign off process for all Gender referrals, most of which are to services in England, was different from that for external referrals from other services for other conditions. Referrals for gender surgery did not receive the same external senior clinical review prior to being approved. The pause on referrals is to ensure clinical safety and good governance process are in place. It is not related to any funding restrictions or financial decisions. We have been working to make sure our assessment and referral processes are as good as they can be and would hope that we'll be able provide assurance around these in the near future.

- *Has there been a general, and recent, change in the availability of specific locally provided surgeries?*

For people aged 25 and under, the pause in referrals applies to all surgeries whether undertaken in Scotland or in England or elsewhere. The recommendations within the DCMO report, Cass Review - Implications for Scotland means that we need to review our service for those aged 18-25 years to make sure our assessment and referral processes for people in this age group who are referred for gender surgery are as good as they can be. The referral process will be reviewed in the light of the DCMO report, the newly published NHS Scotland Gender Identity Healthcare Protocol and the Gender Identity Healthcare Standards, published on 3rd September 2024, to establish what further developments and changes may be required and to make sure we provide individuals with a holistic assessment and treatment plan and high quality information

The pause on referrals is to ensure clinical safety and good governance. It is not related to any funding restrictions or financial decisions. We hope to begin this review process shortly and will take through the NHS Lothian governance process. For the time being, we have stopped offering appointments for surgical assessments for people aged 25 and under at the Chalmers GIC. This is to avoid building up a further backlog of referrals awaiting approval. If someone is on the waiting list for assessment, they will remain on the waiting list and referrals will resume once this issue is resolved

- *We may be mistaken but this situation sounded to us like someone had misunderstood something they'd been told in an appointment. Is there an email address or phone number (generic or an individual's) that you give out that is specific to Chalmers when someone has a query/concern? It could be helpful for us to have that to add to the response. Even if you do though you may prefer that that is not used in this case due to background we're not aware of and don't need to know.*

If someone has a query they can phone the service on 0131 5361570 and the administration team will ask a clinician to get back to them. If they have a concerns or a complaint they can phone or email the patient experience team on 0131 5363370n (9am - 2 pm Mon - Fri) or email LOTH.feedback.nhs.scot

Thanks

David

David Hood
Head of Operations | East Lothian Health and Social Care Partnership
John Muir House, Brewery, Haddington, EH41 3HA
[redacted]

[redacted]

East Lothian Health & Social Care Partnership

From: [redacted]
Sent: 13 September 2024 13:37
To: [redacted]
Cc: genderidentityhealth@gov.scot <[redacted] Mackay, Judith <[redacted]>
Subject: RE: Gender reassignment surgical assessments

Hi [redacted]

Thanks so much for getting back to us so quickly on this. This came in to us as a piece of correspondence from an MSP to our Cabinet Secretary. The MSP quoted specific concerns they had been sent by a constituent (outlined by Matthew below) and asked for a response. We have fixed timescales we need to meet as a team to draft responses for our Minister in response to correspondence from MSPs. I'm sorry we didn't make that rationale clear. We've already been in touch with NHS National Services Scotland and our chief concern is ensuring we represent the general position in NHS Lothian accurately. We're certainly not looking for any information on an individual, their details or your response to any specific complaints NHS Lothian has received from anyone, I agree that wouldn't appropriate.

But it would be incredibly helpful to have some generic information so we can ensure we're accurately reflecting any changes in NHS Lothian's processes before we have to send the response to our Minister next week prior to issue. Following info from NHS National Services Scotland a large part of our draft response to the MSP will focus on the four nations surgery contract, NHS England's work on waiting times related to that contract, that there has been no change in available funding but that there are wider challenges across the UK with access to specific surgery due to the limited number of providers on the four nations contract.

Would it be possible to just answer the below by close of play Wednesday 18th (I have double checked the date!)?

- Has NHS Lothian stopped referring people for national surgery via authorisation from NHS National Services Scotland? (NSD didn't indicate any change they were aware of or had noticed on the Lothian front)
- Has there been a general, and recent, change in the availability of specific locally provided surgeries?
- We may be mistaken but this situation sounded to us like someone had misunderstood something they'd been told in an appointment. Is there an email address or phone number (generic or an individual's) that you give out that is specific to Chalmers when someone has a query/concern? It could be helpful for us to have that to add to the

response. Even if you do though you may prefer that that is not used in this case due to background we're not aware of and don't need to know.

I realise everyone is very busy but if (by the end of the day on the 18th) someone could answer the above and share any other general info you feel appropriate on whether Chalmers has restricted how it considers whether it is appropriate to refer someone for surgery I would be extremely grateful. Also – if there is someone specific like a service manager or comms team that you'd prefer we send these queries to in future just let us know. I know different boards and clinics have different set ups and preferences.

Hope that you all have a lovely weekend when it comes.

Best wishes,

[redacted]

[redacted] **(Pronouns - she/her) Head of Gender Identity and Healthcare Access** I Population Health Strategy and Improvement Division I Scottish Government I St Andrew's House I Regent Road I Edinburgh I EH1 3DG

Tel: [redacted]

From: [redacted]
Sent: Friday, September 13, 2024 11:41 AM
To: [redacted]
Cc: Gender Identity and Healthcare Access <genderidentityhealth@gov.scot>; [redacted]
Subject: Re: Gender reassignment surgical assessments

[redacted]

I can confirm that we recognise this claim. It has been discussed and will be addressed as a formal written response. We are now preparing the response which will require review and approval by ELHSCP and NHS Lothian.

It isn't appropriate for me to share any further information until this response is agreed by the organisation.

I am sorry, but it will not be possible to provide any detail by Tuesday 17th (note date error) for this reason.

I have made ELHSCP aware of your query

Kind regards

Dan

[redacted]

Consultant in Genitourinary and HIV medicine & Clinical Lead for Sexual and Reproductive Health, NHS Lothian

Chalmers Centre

2A Chalmers St

Edinburgh

EH3 9ES

https://www.lothiansexualhealth.scot/

[redacted]

For Clinical Advice please contact Chalmers.ClinicalAdv@nhslothian.scot.nhs.uk

HIV Care: Secretary [redacted]

PA

[redacted]

CiRG Clinical Infection Research Group Edinburgh https://www.cirg-edinburgh.co.uk/

From: [redacted]
Sent: Thursday, September 12, 2024 12:13 PM
To: [redacted] >
Cc: [redacted]
genderidentityhealth@gov.scot <
[redacted] >
Subject: Gender reassignment surgical assessments

Dear [redacted]

The Scottish Government is in the process of answering a piece of correspondence from a patient of the Chalmers gender identity clinic.

The individual states that they have been waiting for a number of years to access surgery, and asserts that "*the clinic recently advised that no funding for surgical assessments has been received since May 2024, meaning that they are unable to treat any patients on the waiting list.*"

Do you recognise this claim? Would this likely be referring to nationally commissioned or local surgeries? Is it true that Chalmers has not been able to access funding for surgical assessments?

The individual says that they have filed a complaint to NHS Lothian. Would you perhaps be able to provide a contact email address/phone number that the individual could contact that might offer them a bit of clarity about the current situation?

I would be really grateful if you could get back to me by close of play on Tuesday 16 September, if at all possible.

I will be on annual leave from tomorrow, so please ensure any responses copy in our team mailbox, genderidentityhealth@gov.scot.

Many thanks,

[redacted]

[redacted] [redacted]

Senior Policy Officer | Gender Identity and Healthcare Access

Population Health Strategy & Improvement Division | Population Health Directorate

[redacted]

Scottish Government
Riaghaltas na h-Alba
gov.scot

Outlook

RE: Gender Surgery SBAR for PSEAG

From [redacted]
Date Tue 10/1/2024 5:14 PM
To [redacted]

Thank you

I'm happy, of course, to discuss the other implications of the clinical lead sign off. There will inevitably be nuance and elements of the discussion that I won't foresee.

I think we should frame as '18-24' and '25 and over' in the document. I think that is what Tracey is thinking and it is helpful to use very clear language. Thanks for picking that up.

Has the 26th birthday cut off only been used in the verbal information summary that has been circulated to the GIC team? If so then can we just change it now and issue an updated version?

I'm free now if it would be easier to have a quick chat
J

From: [redacted]
Sent: Tuesday, October 1, 2024 5:00 PM
To: [redacted]
Subject: Re: Gender Surgery SBAR for PSEAG

[redacted]
I think yes, the audit came up when we were discussing avoiding the need for you to access NaSH and review every clinical record. So if reviewing the checklist is regarded as sufficient , maybe the audit can be omitted if Tracey is happy. I think 'my successor' will need some discussion - it is about more than the time issue.
The wording re ages I think is correct - below from an email from [redacted] following some back-and-forth as I have tried to clarify this. [redacted] is still trying to clarify with NHSE but I think it has become pretty obvious that as they were not anticipating this (Lothian) interpretation of the recommendation, nobody really thought it through
It does cause a further issue for us that we'll need to discuss, in that we have provided information with a cut off of 26th birthday, so if an when we lift the pause it will actually apply to 25 year olds too and the information that we have drafted and replies we have done will need tweaking.
I don't think any of the complainants were actually aged 25, so no direct impact but it isn't a good look if anyone goes into things in detail in future
[redacted]

Hi again [redacted]

Sorry for the slow reply. I didn't quite understand your initial email as the DCMO report didn't have an explicit recommendation for separate 17-25 services to be set up in Scotland, but I think David Hood's emails that you've been cced in fill in a bit of that picture re work Lothian is doing. I wonder if maybe there have been some crossed wires around what the DCMO

report recommendations are though? I'm not looking to start a parallel chain to the email chain with David but wanted to get back to you. I've cced [redacted] who're also on the other email chain just for their awareness.

Thoughts below on your questions – disclaimer though, these are only my thoughts not an SG position.

DCMO Cass Review Implications for Scotland Findings report

This report mentions age 25 once in relation to data collection. In response to the Cass report recommendation 23 the DCMO report focusses on how important getting transfer right between adult and young people's services is. Stakeholders raise examples with us of that going awry, lack of communication, referrals getting lost between clinics or young people moving to an adult clinic and feeling their new clinician doesn't know their backstory. I know that's something that's a challenge in other areas of healthcare too. I understand there's been recent work to improve the admin and clinical transfer between the Sandyford young peoples and national adult clinics. In response to Cass Review recommendation 23 the DCMO report recommends "that services review current transfer arrangements to ensure continuity of care and support over this potentially vulnerable period." And that "a period of shared care may be necessary to ensure a safe transfer". This report doesn't make a recommendation for transfer between adult and young people's services at a specific age or setting up separate in-between services in Scotland. It references the LGBT Youth Scotland 2023 report that specifically suggests flexibility in the point of transfer from young people to adult services rather than automatic transfer at 18 (more generally not just in gender identity healthcare).

Cass Review
The Cass doesn't define exactly what they expect when they recommend that follow through services for 18-25 year olds are part of the new regional young people's services NHS England are establishing. You'll have seen from the NHS England implementation plan that PowerPoint Presentation (england.nhs.uk) that the NHS England response to this recommendation (23) is that they look to be at a pretty early stage of exploring the feasibility of a pilot follow through service for 17 -25 year olds that they'd then evaluate.

Re 'how is 25 defined' I think a number of the references in the review (in text, the groups they use for data in tables, references to under and over 25) indicate the Cass review were working on the definition that before your 25th birthday you're under 25, the day after you're 25 and over. But I also think the Cass review is pretty explicitly against hard age limits for services. The review quotes the NHS England long term plan on transition between young people's and adult services (I understand particularly in relation to long term conditions) quoting "Failure to achieve a safe transition can lead to disengagement, failure to take responsibility for their condition and ultimately poorer health outcomes. By 2028 we aim to move towards **service models for young people that offer person-centred and age-appropriate care for mental and physical health needs, rather than an arbitrary transition to adult services based on age not need**" (NHS Long Term Plan, 2019)." That full section in the NHS England long term plan to me reads as if it's all about transition of an individual from a young persons service to an adult service, managing that individual's needs and not losing people in the cracks. They use the word 'selectively' and so does the Cass review indicating to me that they don't expect blanket approaches. Obviously I don't know how this plays out in NHS England more widely but I see Imperial describe that approach generally as 'There are some clinics that have dedicated young people teams. Many others manage healthcare transition in the normal clinics, either in children's services or adult services.'

I'm not sure if that's helpful but wanted to get back to you.
Best wishes,
[redacted]

[redacted]**Head of Gender Identity and Healthcare Access |** Population Health Strategy and Improvement Division | Scottish Government | St Andrew's House | Regent Road | Edinburgh | EH1 3DG
Tel: [redacted]

From: [redacted]
Sent: Tuesday, October 1, 2024 4:23 PM
To: [redacted]
Subject: RE: Gender Surgery SBAR for PSEAG

Great, thanks

You're correct about the audit. We're maybe at crossed purposes... did the idea of quarterly audit come up as an alternative to me signing off every one? If so, and if it doesn't add any value, then I think we can remove it. It looks like I'll be signing them all anyway. Although primarily a 'rubber stamp' exercise I will also be confirming that all the checklists have their boxes ticked, having oversight of volume of referrals, and acknowledging that we will have had the opportunity to discuss complex cases that can't be resolved at a service level. The main issue is ensuringh that you and your successor have time built in to job plan to do the initial check.

I'll go through the document's wording re age bands – just to clarify, am I correct in saying that once a person passes their 25th birthday they move into the older band, and, therefore would it be most helpful to describe the bands as '18-24 years' and '25 years and over'?

J

From: [redacted]
Sent: Tuesday, October 1, 2024 4:01 PM
To: [redacted]
Subject: Re: Gender Surgery SBAR for PSEAG

[redacted]
This looks fine, I think most of the changes are just deletions. I have done a compare documents so don't need to see track changes

You'll need to explain to me the thinking behind the audit of referrals falling to the service - if we are auditing the clinical assessment and clinical lead sign off I'm not sure what value that adds if done internally?

The only other thing is that I think we should say 'over 25' and '18-24 years'. Cass using both 18-25 and 'over 25' and 'under 25' is really unhelpful. I have been trying to get clarity and nothing is definitive, but I have guidance from SG that this is the meaning intended - though still not official.

Regards
[redacted]

From [redacted]
Sent: Tuesday, October 1, 2024 2:46 PM
To: [redacted]
Subject: RE: Gender Surgery SBAR for PSEAG

Draft 'final' (?) version including all of tracey's suggestions/advice/deletions, rationalising some wording and removing unnecessary detail about under 25s and gap analysis (but including some background info)

Tracey requested that I formally sign-off all referrals and proposed audit is built in to LSRHS audit cycle and reported through usual channels – are you ok with that?
I'm meeting with fiona and david again this afternoon so might yet have a few further tweaks
Can send version with tracked changes if you prefer (but probably not worth the grief)
Please let me know if any more thoughts
Ta

[redacted]
GP Partner | Whitesands Medical Practice | Monday and Wednesday
Dunbar Medical Centre, Queen's Road, Dunbar, EH42 1EE | [redacted]: please cc all clinical emails to loth.clinicals76086@nhs.scot
Clinical Director | East Lothian Health and Social Care Partnership | Tuesday and Thursday
John Muir House, Brewery Park, Haddington, EH41 3HA [redacted]
or loth.elhscppateam@nhs.scot

From: [redacted]
Sent: Tuesday, October 1, 2024 2:33 PM
To: [redacted]
Subject: Re: Gender Surgery SBAR for PSEAG

[redacted]
Thanks for the update. I met with David on Friday afternoon and he updated me on the process elements but also said that you and Tracey had a clinical discussion. I think a good idea to separate the different threads. The suggestions re the MDT seem logical. I am not too bad for time this week so would be keen to see the paper before it goes.
[redacted]

From: [redacted]
Sent: Tuesday, October 1, 2024 12:11 PM
To: [redacted]
Subject: RE: Gender Surgery SBAR for PSEAG

[redacted]

FYI, Fiona David and I met with Tracey late on thu afternoon last week. This is my first day back since then. Sorry for delay. Tracey has made some suggested amendments to the SBAR which I am currently combining with your last version.

She is keen to get things moving and has suggested that we decouple the out of area referrals from the 18-25 year old issues and take a revised paper (focusing just on out of area referrals) to PSEAG this Thursday which will then mean that it will have chance to go to next CMT for decision making and then healthcare governance for governance oversight.

Then produce a separate, later, paper on the 18-25 year old issues. This would then include the bits about the gap analysis and add elements about streaming patients to identify more complex cases that will need a more comprehensive MDT discussion; defining and describing more carefully the MDT process outcomes and how they are documented; tracey was also keen to emphasise explicit documentation of the consent process and the written and verbal information sharing around referral for surgery.

I'm meeting with fiona and david later this afternoon and get back to you soon. It would be helpful if you have a chance to look over the final version before it goes to NHSL PSEAG but I'm aware you may not have chance.
J

[redacted]
GP Partner | Whitesands Medical Practice | Monday and Wednesday
Dunbar Medical Centre, Queen's Road, Dunbar, EH42 1EE | [redacted] **E:** please cc all clinical emails to loth.clinicals76086@nhs.scot
Clinical Director | East Lothian Health and Social Care Partnership | Tuesday and Thursday
John Muir House, Brewery Park, Haddington, EH41 3HA | **Mobile:** [redacted]
or loth.elhscppateam@nhs.scot

East Lothian Health & Social Care Partnership

From: [redacted]
Sent: Friday, September 6, 2024 2:41 PM
To: [redacted]
[redacted]Hood, David <[redacted]
Cc: [redacted]
Subject: Re: Gender Surgery SBAR for PSEAG

David and [redacted]
Following meeting between me, Fiona and [redacted] last night here is a revised version of the report for PSEAG.
[redacted]ntended plan outlined as below.
Let me know if you want me to do anything else, including running it past Tracey.
Otherwise I will leave you to agree with Fiona and submit formally to NHSL PSEAG
Regards
[redacted]

From: [redacted]
Sent: Wednesday, September 4, 2024 7:00 AM
To: [redacted]
Sarah [redacted] Hood, David <[redacted]
Cc: [redacted]
Subject: RE: Gender Surgery SBAR for PSEAG

Thanks [redacted]
I have accepted your changes (apart from the queries you are due to check w Fiona) and responded to your query about whether we include the new guidance in the 'gap analysis'.
Basically 'yes' I think we should and probably easiest for our main analysis to be against the HIS standards (they have linked to an electronic tool for recording that analysis at Gender identity healthcare: Adults and young people | Right Decisions (scot.nhs.uk))
Most of this should be easy for the team to say which bits they are doing and which bits they aren't and grade them. We will need to decide what level of evidence we need to collate for the different standards eg will clinic SOPs be enough or will we need to gather additional data.

We have also had a formal request to give a time scale for doing this analysis that has come down to us from Scottish govt via the health board and I will forward this on to you. Can you have a look and let us know what a reasonable timescale would be?

I've run this past Fiona Wilson too and plan to run it past Tracey Gillies before it goes to NHSL PSEAG. My expectation is that PSEAG will pass it straight on to CMT.

What about Thursday for a catch up (happy to include others of that would be helpful)? I could be free 0830-0930 or 1300-1400 or after 1600. Let me or [redacted] know if those times don't suit.
Thanks again

[redacted]
GP Partner | Whitesands Medical Practice | Monday and Wednesday
Dunbar Medical Centre, Queen's Road, Dunbar, EH42 1EE | [redacted] **E:** please cc all clinical emails to loth.clinicals76086@nhs.scot
Clinical Director | East Lothian Health and Social Care Partnership | Tuesday and Thursday
John Muir House, Brewery Park, Haddington, EH41 3HA | [redacted]
or loth.elhscppateam@nhs.scot

East Lothian Health & Social Care Partnership

From: [redacted]
Sent: Tuesday, September 3, 2024 3:48 PM
To: [redacted] Hood, David [redacted]
Cc: [redacted]
Subject: Re: Gender Surgery SBAR for PSEAG

[redacted]
Thanks for comments and changes to this. I have accepted most and also made a few further changes in light of HIS standards and new GRP being published.
[redacted] there are a couple of queries re the MDT and the number of clinical reviews that I will need to discuss with you before finalizing the wording.
Let me know when you might be available for a quick chat this week
[redacted]

From: [redacted]
Sent: Tuesday, September 3, 2024 2:32 PM
To: [redacted] Hood, David [redacted]
Cc: [redacted]
Subject: Re: Gender Surgery SBAR for PSEAG

Dear [redacted] - thank you very much, [redacted]

From: [redacted]
Sent: 03 September 2024 12:21
To: [redacted] Hood, David [redacted]
Subject: RE: Gender Surgery SBAR for PSEAG

Thanks [redacted]
I share your concern about the delay in communicating to patients. [redacted] David and I discussed after SMT last thu, and [redacted] and I met with fiona wilson this morning. We are expecting the scottish government to make statement today (I've just noticed that you have shared documents) and fiona w is due to discuss with caroline hiscox (new chief exec) asap.
I'll do my best to get back to you on this by Thursday
J

[redacted]
GP Partner | Whitesands Medical Practice | Monday and Wednesday
Dunbar Medical Centre, Queen's Road, Dunbar, EH42 1EE | [redacted]**E:** please cc all clinical emails to loth.clinicals76086@nhs.scot
Clinical Director | East Lothian Health and Social Care Partnership | Tuesday and Thursday
John Muir House, Brewery Park, Haddington, EH41 3HA | [redacted]
or loth.elhscppateam@nhs.scot

East Lothian Health & Social Care Partnership

From: [redacted]
Sent: Monday, September 2, 2024 4:00 PM
To: [redacted] Hood, David <[redacted]
Cc: [redacted]
Subject: Re: Gender Surgery SBAR for PSEAG

Dear [redacted] it is positive that things may be shifting. I met with the part of the team that are involved in surgical assessments today. There is concern that we have not been open and transparent with patients about NHS Lothian's position on surgical referrals as we thought it may only be a pause for a few weeks - it is now 4 months and people's places on the surgeons waiting lists will be delayed until they are funded without them knowing. We need get clarity around the communication strategy and letters to patients.
One of our clinicians is due to see a 21 year old for assessment for hysterectomy next week. We will need to cancel this appointment by Thursday this week but we are not sure what to tell the patient. Are you able to advise us on what we can say to him about the pause on surgery for under 25s?
With Kind Regards, [redacted]

From: [redacted]
Sent: 29 August 2024 17:40
To: [redacted]; Hood, David [redacted]
Subject: RE: Gender Surgery SBAR for PSEAG

Hi all
Further to discussions at SMT and with [redacted] David and I this afternoon, I have made a few tracked changes to the attached and added a couple of questions as comments in the sidebar.

[redacted] – can you have a look when you get a minute and let me know if you are happy with them?

I'll try to plan a meeting with Fiona Wilson next week so we can discuss the way forward

1. present paper to NHSL PSEAG where we expect them to lift the pause on referrals for over 25s
2. gap analysis of current GIC processes compared with requirements of the Cass Review and the DCMO report (and subsequently the SG response to CMO report, expected next month, but unlikely to give much more clarity)
3. when thereafter can we lift the pause on surgery for 18-25 yr olds, but, assuming that will take a while…
4. meantime decide if/how/when should we send letters to people on waiting list or with imminent appointments informing them of the pause and
5. who will sign those letters

6. consider resource for additional time required for CL and CD to review, sign off and audit referrals
7. seek clarity from NHSL CMT as to next steps: should LSRHS/GIC start planning a follow-on service for 18-25 yr olds; who is responsible for planning a service for under 18s (presumably CAMHS and paeds endocrine); though both of these are likely to be directed by the national position

Thanks

[redacted]

[redacted]
GP Partner | Whitesands Medical Practice | Monday and Wednesday
Dunbar Medical Centre, Queen's Road, Dunbar, EH42 1EE | **T:** [redacted] **E:** please cc all clinical emails to loth.clinicals76086@nhs.scot
Clinical Director | East Lothian Health and Social Care Partnership | Tuesday and Thursday
John Muir House, Brewery Park, Haddington, EH41 3HA | [redacted]
or loth.elhscppateam@nhs.scot

East Lothian Health & Social Care Partnership

From [redacted]
Sent: Friday, August 9, 2024 4:52 PM
To: [redacted] Hood, David [redacted]
Subject: Gender Surgery SBAR for PSEAG

[redacted] David
Further to [redacted] and I meeting with Tracey last night and further discussion with [redacted] today, I attach a fairly well developed draft of a submission to PSEAG.
I have made minor additions in light of Tracey's email reply re an audit which you will need to review [redacted]
I think on reflection we need a more formal Executive response than me sending this to Tracey and Dona and it needs other eyes on it given the sensitivities.
I will leave it with you to review and discuss with Fiona and advise me how you want to take forward.
Kind regards
[redacted]

[redacted]

Consultant in Genitourinary and HIV medicine & Clinical Lead for Sexual and Reproductive Health, NHS Lothian

Chalmers Centre

2A Chalmers St

Edinburgh

EH3 9ES

https://www.lothiansexualhealth.scot/

[redacted]

For Clinical Advice please contact Chalmers.ClinicalAdv@nhslothian.scot.nhs.uk

HIV Care: Secretary [redacted]

PA

[redacted]

CiRG Clinical Infection Research Group Edinburgh https://www.cirg-edinburgh.co.uk/

Support for Staff Chalmers Gender Identity Clinic

Provisional discussion 161224 FC/HF/SM/LH/DC/KB/LC. Meeting arranged following Gender Clinical Governance Group meeting 09/12/24 when issues raised but full discussion was not possible.

Key issues raised by the clinical team

Morale among the team is low, lower than it has ever been. Continued high levels of sickness, with several team members looking to reduce working hours or to move to other roles. Half of the team are on the 'Here for you' waiting list.

Feeling that the fitting approach would be a profound apology, but that is highly unlikely. Hence key question is 'How do we move forward constructively without an apology?'

Given the continued implication that the safe care of individual patients was compromised by the use of the (technically accurate) term 'patient safety' in public facing information and messaging to staff, and the reluctance on the part of the organisation to recognise or acknowledge quality or excellence (presumably because this undermines the justification for the pause), staff feel insecure and threatened.

The question arises among staff and patients; 'What will they go for next ?' – meaning that if surgical referrals were paused without evidence of harm and without warning, what will be next. With the increased documentation and feeling of intense scrutiny, the team feel defensive and fearful. The Levi report (into adult GIC services in England) will be published fairly soon – will the same path be followed again?

There is a qualified and limited acceptance within the organisation that things have not been handled well. The vast majority of any acknowledgement has been behind closed doors and has been undocumented. Strong feeling among the team that listening and re-assurance exercises, senior visits etc are empty gestures unless accompanied by meaningful commitment.

Possible approaches

1. Clarify and reinforce governance requirements and pathways and reporting to ensure patient safety, recognising and reinforcing that no defects or omissions in the clinical care of patients by the current team have been identified. Work to ensure that quality and excellence is captured and reflected back to the team. Noting that CSO funded patient questionnaire has been finalised and is not designed to capture differences in satisfaction with the clinical team and the wider organisational approach. Hopefully free text answers will capture this, but there is a risk that unhappiness with the surgical pause will be reflected as unhappiness with the clinical service.
   A: DC to develop proposal for governance and patient safety reporting structures within LSRHS that encompass this.
2. Meeting in January – Senior GIC Team, Chalmers management, ELHSCP management, Directors of equality and ? Comms. Staff side representation. Develop approach further.
   A: Set meeting date and invite list

3. Request a framework/guidance from NHSL & ELHSCP on the approach for further governance reviews, based on the learning from this experience and in parallel with clarification of governance and patient safety reporting pathways within LSRHS. What would be expected of the team? This might include:

- Criteria and process for urgent/immediate action
- Consultation/provision of information to team
- Triangulation with data/intelligence/DATIX reports of harm
- Engagement with the team
- Stakeholder engagement
- Patient involvement
- Ethical and human rights considerations
- Publicity/handling of FOI

4. Staff awayday – recognising sensitivities around differential treatment of GIC team. Possibly a morning involving a debrief session and discussion of the way forward, if possible including a clear commitment to future pathways. Afternoon more team-building, less structured/non clinical focus.

   A: To be discussed at planned meeting

5. Staffside involvement – offer to join planning meeting and informal visit/walkaround at Chalmers to meet staff and discuss support.

   A: To include LK in planning and further meetings

6. Possibility of input/visit from new NHSL CEO. This may be better suited to a positive focus on excellence and showcasing the service (GIC and Chalmers) at a later date, once debrief completed and service and team better placed to showcase their achievements. Noting SG Board visit planned for late August 2025.

   A: SMT to revisit following staff debrief/awayday

This information is intended to support conversations between clinicians and patients and to support the investigation of complaints. It is not to be distributed or shared in current draft form.

Pause on Surgical Referrals – Information for patients and stakeholders aged 25 and over

Summary – *this is the information to be provided to patients if attending for an assessment appointment, or if they contact the service with a query.*

NHS Lothian took the decision to pause all referrals for gender-affirming surgery undertaken outside Scotland. Referrals were paused from 2nd May 2024 and will restart from 17th October 2024. From 31st July 2024, we stopped offering appointments for surgical assessments at the Chalmers GIC to avoid building up a backlog of referrals. Assessment appointments will recommence from 18th November 2024

The decision to pause was made because the review and sign off process for all Gender referrals, most of which are to services in England, was different from that for external referrals from other services for other conditions. We have been working to make sure our assessment and referral processes are as good as they can be. The pause on referrals was to ensure clinical safety and good governance. It was not related to any funding restrictions or financial decisions.
The GIC team worked with NHS Lothian management colleagues to review our assessment and referral processes and to improve our recording, documentation, review and sign-off of referrals. If you are on the waiting list for assessment, your place on the waiting list was retained and your appointment will be approximately 4 months later than it would have been. Referrals that were on-hold, for people whose assessments were complete but whose referrals had not yet been processed, will be signed off and progress by 31st October 2024. Waiting lists at surgical centres are managed by the NHS organisations providing surgery and you will only be added to their waiting list once they have received and accepted your referral. This means that there will be an additional delay in your referral for surgery of about 4 months, if you were on the waiting list for a first or second surgical assessment, or 6 months if your referral was being processed by NHS Lothian Safehaven at the time of the pause.

We are very sorry for any additional delay this causes in your assessment and referral for gender surgery.

Detail (25 and over) – *this information is to allow clinicians to provide answers to specific questions from patients and stakeholders. It is not necessary to share this information in response to routine queries.*

NHS Lothian took the decision to pause all referrals for gender-affirming surgery undertaken outside Scotland. Referrals were paused from 2nd May 2024 and will restart from 17th October 2024. From 31st July 2024, we stopped offering appointments for surgical assessments at the Chalmers GIC to avoid building up a backlog of referrals. Assessment appointments will recommence from 18th November 2024
To explain the reason why NHS Lothian took the decision to pause referrals and clarify the current position:

In May 2024, concerns were raised with the NHS Lothian Board about the process for referrals for gender affirming surgery. These concerns related to clinical safety and governance arrangements for referrals for those age 18 to 24 and for those age 25 and over. In response, NHS Lothian Board decided to pause referrals while work was undertaken to address these concerns.

The decision to pause was made because the review and sign off process for all Gender referrals, most of which are to services in England, was different from that for external referrals from other services for other conditions. Referrals for gender surgery did not receive the same external senior clinical review prior to funding being approved. We have been working to make sure our assessment and referral processes are as good as they can be. We are doing this in parallel with work underway at NHS National Services Directorate of NHS National Services Scotland, who send our referrals for these types of surgeries on to specialist surgical centres in England. The pause on referrals was to ensure clinical safety and good governance. It was not related to any funding restrictions or financial decisions.

This work took longer than anticipated, so from 31st July 2024, we stopped offering appointments for surgical assessments at the Chalmers GIC. This was to avoid building up a further backlog of referrals awaiting approval. We continued to offer a limited number of appointments for second opinions for those who had already had an initial assessment.

The GIC team worked with NHS Lothian management colleagues to review our assessment and referral processes and to improve our recording, documentation, review and sign-off of referrals. This work was completed and signed off by NHS Lothian Corporate Management Team on 8th October 2024. Your place on the waiting list was retained and your appointment will be approximately 4 months later than it would have been. Referrals that were on-hold, for people whose assessments were complete but whose referrals had not yet been processed, will be signed off and progress by 31st October 2024. For this small number of individuals, the delay in referral will be approximately 6 months. We do not anticipate that your referral will be backdated when it is sent on to GDNRSS (the body that assesses and reviews surgical referrals in England).Waiting lists at surgical centres are managed by the NHS organisations providing surgery and you will only be added to their waiting list once they have received and accepted your referral. This means that there will be an additional delay in your referral for surgery of approximately 4-6 months depending on whether you were on the waiting list for assessment or your assessment was completed and your referral was being processed.

We are very sorry for any additional delay this causes in your assessment and referral for gender surgery.

Please check the Lothian Sexual Health Website Gender Clinic FAQs for any updates. We will post any new information as soon as possible. If you want to speak to someone, please call the Gender team secretaries on 0131 536 1570. They will arrange for a member of the team to call you back.

Pause on Surgical Referrals – Information for patients and stakeholders aged 18- 24

Summary– ***this is the information to be provided to patients if attending for an assessment appointment, or if they contact the service with a query.***

NHS Lothian has taken the decision to pause referrals for gender-affirming surgery. Referrals were paused from 2nd May 2024. For people aged under 25, this pause applies to all surgeries whether undertaken in Scotland or in England or elsewhere.

The DCMO report, *Cass Review - Implications for Scotland* recommended a review of current transfer arrangements (from children and young people's services to adult services, for people aged 17-25 years) to ensure continuity of care and support over this potentially vulnerable period. In considering the wider implications of this recommendation and the Cass Review, NHS Lothian decided to review the service for those aged under 25 years at Lothian GIC. This is to make sure that our assessment and referral processes for people in this age group who are referred for gender surgery are as good as they can be. The referral process will be reviewed in the light of the DCMO report, the newly published NHS Scotland Gender Identity Healthcare Protocol and the Gender Identity Healthcare Standards, published on 3rd September 2024, to establish what further developments and changes may be required.

The pause on referrals is to ensure clinical safety and good governance. It is not related to any funding restrictions or financial decisions. We hope to begin this review process shortly. For the time being, we have stopped offering appointments for surgical assessments for people aged under 25 (ie 18-24years) at the Chalmers GIC. This is to avoid building up a further backlog of referrals awaiting approval. If you are on the waiting list for assessment, you will remain on the waiting list and referrals will resume once this issue is resolved. Referrals that are currently on-hold will be signed off as soon as procedures are agreed. Waiting lists at surgical centres are managed by the NHS organisations providing surgery and you will only be added to their waiting list once they have received and accepted your referral. This means that there will be an additional delay in your referral for surgery.

We are very sorry for any additional delay this causes in your assessment and referral for gender surgery.

Detail – *this information is to allow clinicians to provide answers to specific questions from patients and stakeholders. It is not necessary to share this information in response to routine queries*

NHS Lothian has taken the decision to pause referrals for gender-affirming surgery. Referrals were paused from 2nd May 2024. For people under 25, this pause applies to all surgeries whether undertaken in Scotland or in England or elsewhere.

To explain the reason why NHS Lothian took the decision to pause referrals and clarify the current position:

In May 2024, concerns were raised with the NHS Lothian Board about the process for referrals for gender affirming surgery. These concerns related to clinical safety and governance arrangements for referrals for those age 18 to 24 and for those age 25 and over. In response, NHS Lothian Board decided to pause referrals while work was undertaken to address these concerns. The clinical assessment and sign off process for Lothian Gender Identity Clinic gender surgery referrals for those over age 25 has been reviewed, and documents and an improved pathway that addresses these concerns has been agreed. As a result, the pause in referrals for people aged 25 and over has been lifted.

In the meantime, the Scottish Government Chief Medical Officer Directorate report (DCMO report), Cass Review - Implications for Scotland, has made a number of recommendations about how the Scottish Government and Health Boards in Scotland should respond to the UK Government Independent Review of gender identity services for children and young people – known as the Cass Review.

The Cass Review (*The Independent Review of Gender Identity Services for Children and Young People, chaired by Dr Hilary Cass)* addressed a number of concerns relating to the assessment of those aged under 25 years. Although the review did not cover adult gender services, it recommended:

NHS England should establish follow-through services for 17-25-year-olds at each of the Regional Centres, either by extending the range of the regional children and young people's service or through linked services, to ensure continuity of care and support at a potentially vulnerable stage in their journey.

In Scotland, the DCMO report, Cass Review - Implications for Scotland recommended that '*Services in Scotland should review current transfer arrangements to ensure continuity of care and support over this potentially vulnerable period*'.

We understand that the reference to 17-25 year olds was intended to refer to people up to their 25th birthday, ie up to the age of 24 years.

The DCMO report emphasises there is a need to ensure appropriate governance is in place so that both those receiving care and those delivering it are fully supported, and there should be care around entry criteria to any clinical pathway that starts long-term treatment options for gender incongruence.

Following the publication of the DCMO report in July 2024, treatment standards and important information about best practice are now reflected in Healthcare Improvement Scotland (HIS) Gender Identity Healthcare Services Standards and the Gender Identity Healthcare Protocol for Scotland (which does not apply to children and young people under 18 due to national work about how under 18s gender identity healthcare is provided effectively). Both were published in September 2024.

NHS Lothian has considered the recommendations in the DCMO report and earlier this month decided to carry out a review of service design for those age 18-24 that will allow the pause in referrals for those under 25 years old to be lifted as soon as it is complete. The purpose of the review is to make sure that our referral and assessment processes for people in this age group who are referred for gender surgery are as good as they can be. The review will be informed by the DCMO report, the Gender Identity Healthcare Standards, and the Gender Identity Healthcare Protocol for Scotland.

It was decided the need to ensure clinical safety and good governance was too great to allow for delay and it is not appropriate to make any further referrals for surgery until the review is complete. Therefore, for the time being, we have stopped offering appointments for surgical assessments for people aged under 25 at the Chalmers Gender Identity Clinic. This is to avoid building up a further backlog of referrals awaiting approval. Patients who are on the waiting list for assessment, will remain on the waiting list and referrals will resume once the review is complete.

Waiting lists at surgical centres are managed by the NHS organisations providing surgery and patients will be added to their waiting list once they have received and accepted your referral. This means that the pause in referrals will cause an additional delay to your surgery, for which NHS Lothian apologises. Unfortunately, currently, I do not have a timescale for the review or for lifting the pause on referrals and assessments.

Once the review is complete, will then sign off the referrals for people under 25) that are currently on hold and restart assessment appointments.

We do not anticipate that your referral will be backdated when it is sent to GDNRSS (the body that assesses and reviews surgical referrals in England). Waiting lists at surgical centres are managed by the NHS organisations providing surgery and you will only be added to their waiting list once they have received and accepted your referral. This means that there will be an additional delay in your referral for surgery.

Please check the Lothian Sexual Health Website Gender Clinic FAQs for updates. We will post any new information as soon as possible. If you want to speak to someone, please call the Gender team secretaries on 0131 536 1570. They will arrange for a member of the team to call you back.

Outlook

Re: gender services surgical authorisation

From [redacted]
Date Thu 5/2/2024 9:43 PM
To [redacted]

Hi [redacted] I am shocked! This is the first I have heard of it. This goes much further than the Cass report and I am surprised that they are going down this route without discussions with clinicians. Myself, [redacted] do assessments for top surgery. They are usually pretty straightforward as patient is very dysphoric. Outcomes in past 5 years I have been with the service are good and I have never seen someone who regrets this. The wait from referral to surgery is 1 - 2 years and wait for surgical assessment from us to referral is about 15 months. What about referrals for vaginoplasty and phalloplasty - some under 25s get referred for these surgeries? What does this say about capacity?
I am off tomorrow and will be busy in the morning but should be free around noon onwards. My mobile is [redacted]

From: [redacted]hs.scot>
Sent: 02 May 2024 18:03
To: [redacted]
Subject: Fw: gender services surgical authorisation

Hi all
Not sure if any of you are available tomorrow, but it would be good to chat if possible to clarify the referral pathway - in particular who does the referrals for top surgery.
Clearly the suggested actions are rather concerning and we need to handle carefully
[redacted]

From: [redacted]
Sent: Thursday, May 2, 2024 5:55 PM
To: Gillies, Tracey [redacted]
Cc: [redacted] Wilson, Fiona [redacted] Hood, David [redacted] Milne, Dona [redacted]
Subject: Re: gender services surgical authorisation

Tracey
Thanks for copying me in to this- really no apology required for sending before it is complete - rather I'm a bit surprised to see a document circulated at this level without any input from the gender team. Colleagues here are linked in to national discussions through the National Gender Identity Clinical Network Scotland and UK networks at the highest level so are well aware of developments and sensitivities.
I can say that there are no process differences in the referral pathway for <25s and 25s and over, but clearly the clinicians take account of multiple issues, including developmental age and the presence of other diagnoses such as ASD. I will clarify the detail with the team and we can discuss tomorrow.
Kind regards
[redacted]

From: Gillies, Tracey [redacted]
Sent: Thursday, May 2, 2024 5:06 PM
To [redacted]
Cc: [redacted] Wilson, Fiona [redacted] Hood, David <[redacted] Milne, Dona [redacted]
Subject: FW: gender services surgical authorisation

Dear [redacted]
[redacted]has rightly escalated her concerns about the post Chalmers process in NSD for these cases which is entirely administrative and wondered whether we should pause under 25s in the light of Cass. We agreed this action at PSEAG this morning and I will also write to NSD. We had wanted to line this up as a formal pause with GGC and will still try to do this.
My reasons for contacting you now before that is complete is because it has reached the EL management team via a different route- (hence I have ccd them)
For clarity I will try to summarise:
1. in the light of Cass (march 24) Lothian will PAUSE referrals through NSD for chest surgery in the under 25s- Hilda will action with NSD and I will write formally to you (preferably AFTER action 2)
2. Lothian will seek to align with GGC about this- and TG/Dona will do this
3. Can you please clarify who decides what about these patients within GIC in Chalmers- any differences between under and over 25s important to highlight (suspect there are currently none). Key piece of info is who is making the referral decision for surgical intervention with the patient

Happy to discuss further tomorrow, I'm very aware of all the sensitivities around this
Tracey