Introduction

Adult trans healthcare via Gender Identity Clinics (GICs) has been in disarray for many years.

With the introduction of multiple pilot schemes. there now exists a situation where multiple models of service provision exist, with some models working significantly better than others.

This report shows that the existing 'specialist service' model is no longer viable, using data provided by service providers themselves to indicate multiple failures in performance and service delivery.

Service Provision

Nationally, service provision is woefully inadequate to deal with existing waiting list and new referrals. There is a substantial shortfall in funding, the number of appointments and the number of clinics required to meet both service demand and population coverage.

The most effective service model appears employed by the Welsh Gender Service, a model also used by the Manchester pilot scheme known (Indigo).

Most GICs continue to use the outdated, restrictive 2013 interim service specification, with pilot services using an updated 2018 service specification. However, neither specifications appear to meet international best practice as outlined by the World Professional Association for Transgender Health (WPATH), the world's leading authority in transgender healthcare, in their published Standards of Care 8.

Clinical Coverage By Population

- The Welsh Gender Service provides the greatest coverage in terms of access to treatment, with 1 clinic per 1,712 Trans, Non-Binary & Gender Diverse (TNBGD) people.
- In contrast, England has 1 clinic per 20,987 TNBGD people, Scotland 1 clinic per 5,711 TNBGD people, and Northern Ireland 1 clinic per 7,574 TNBGD people.

To reach TNBGD population parity with the Welsh Gender Service :

- England would require an additional 135 clinics.
- Scotland would require an additional 9 clinics.
- Northern Ireland would require an additional 3 clinics.

Application of the existing budgets to providing services using the same model as the Welsh Gender Service may fund 83 clinics nationally, as opposed to the current 23 (inc pilot clinics).

Appointments

- Every service in the UK appears to be delivering a sub optimal number of appointments to patients per calendar month based on existing clinician processing rates, some significantly.
- The substantial shortfall in initial assessments may be due to the overly complex application of the 2013 service specification used by GICs.
  - Belfast GIC indicates that an initial assessment will take 3 hrs.
  - Nottingham GIC/ East of England (EoE), using a revised service specification, take 1 hr.

Published by :
TransLucent Community CIC, Company no. 14437177, *Translucent.org.uk*

Access to Services

In some parts of the UK the wait to access treatment can now be considered to be a lifetime wait.

Based on projections :

- On average, a service user referred at 18 years old in April 2023 would not be seen until they were 38 years old, in the year 2043, and would not receive treatment until the following year.

Waiting Lists

- Waiting lists are now 2.5 times higher than 5 years ago.
- Around 35,000 people were waiting for an initial assessment at an NHS gender service in the UK as of the end of March 2023.
- This equates to around 1 in 8 of the entire transgender, non-binary and gender diverse population of the UK.
- The waiting list is projected to rise to around 43,000 people by March 2024.
- England accounts for 84% of the national waiting list volume.
- These figures *do not* include the existing waiting list for those under 18, estimated at 10k+, those who are currently receiving treatment either on the NHS or through private providers, nor those who avoid the healthcare system entirely and 'self medicate'.

Waiting Times

- Projected waiting times for an initial assessment vary hugely across services.
- The UK average waiting time for an initial assessment is 20 years 6 months.
- There is a large disparity between waiting times advertised by services and projected waiting times based on actual processing rates at each service provider.
- Service providers are underestimating average waiting times by around 15 years.
- This may indicate that services are failing to accurately record, assess and manage service demand.
- The shortest projected waiting times for an initial assessment are just over 1 year (Welsh Gender Service) and just under 2 years (Nottingham GIC / EoE pilot service)
- The average waiting time between initial assessment and the *potential* start of treatment is an additional 11 months.
  - The shortest wait is 3 months (Leeds GIC)
  - The longest wait is 15 months (Newcastle GIC)

Service Performance

Services have continued to seriously decline in most areas of the UK, despite substantial increases in both budgets and staffing.

Comparing 2018 / 2019 and 2022 / 2023 :

Patient Referrals

- Increased by around 120 per calendar month across the UK
  - England +16, Wales +71, NI +1, Scotland +35
- This equates to an increase of just 15% across the UK in the last 5 years
  - England +2%, Wales +319%, NI +4%, Scotland +56%

Initial Assessments

- Increased by an average of 65 appointments pcm (18%) nationally.
- There are less initial appointments being delivered in both England (-233 pcm, -6.1%) & Scotland (-100 pcm, -20%) than 5 years ago.
- The national increase nationally is almost fully accounted for by just two services, Nottingham GIC / EoE and the Welsh Gender Service.
- In England, Nottingham GIC / EoE delivered the greatest proportion of all initial assessments in 2022 / 2023, 129 pcm (43%) . Sheffield GIC delivered the least, 3 pcm (1%).

Total Appointments

- Increased by an average of 369 pcm (11%) across all services.
- Again, this increase nationally is almost fully accounted for by just two services, Nottingham GIC / EoE and the Welsh Gender Service.
- Most services in England delivered significantly less total appointments.
- In England, Nottingham GIC / EoE delivered the greatest proportion of total appointments per month in 2022 / 2023, with 993 pcm (31%). Exeter GIC delivered the least with 78 pcm (2%).

Treatment Duration

- The average treatment duration in England has nearly *doubled* to almost 4 years.
- It increased by 611 days (+71%) across services where data was available.
- No service providers outside of England were able to provide treatment duration information.
- The majority of services show *substantial* increases in treatment duration. Leeds shows the smallest increase to 1369 days (+50%), Exeter showing the greatest increase to 1324 days (+327%).
- Only Nottingham GIC / EoE saw a reduction in treatment duration, decreasing by 42 days to 939 days (-4.3%).
- Part of the increase in treatment duration may be due to bottlenecks further in the service user treatment pathway, such as surgical provision.

Service Performance (cntd)

Comparing 2018 / 2019 and 2022 / 2023 :

Clinical Staff (All)

- Increased by 75 (+81%) Full Time Equivalent (FTE) across all services.
- England +57 FTE (+68%), Wales +5 FTE (+83%), Scotland +7 FTE (+117%.)
- N Ireland made no increase to clinical staffing levels.
- London GIC employed the greatest proportion of all clinical staff in a gender service provider in England in 2022 / 2023 with 31.6 FTE (23%). Northants GIC employed the least with 6.4 FTE (5%.)

Clinical Staff (Diagnostic)

When only staff capable of delivering assessments & diagnosis of Gender Dysphoria / Gender Incongruence were analysed :

- Increased by 31 FTE (93%) across all services.
- England +23 FTE (+83%), Scotland +4.4 FTE (+116%).
- Most of the increase in England was accounted for by just two services, Nottingham GIC / EoE (+11 FTE) and Newcastle GIC (+6.7 FTE).
- Some clinics are clearly *not* investing in diagnostic staff, with London GIC increasing by only 0.2 FTE and both Exeter and N Ireland *decreasing* by 0.4 FTE.

Service Budgets

- Increased by £12.3m (+133%) nationally to £21.5m.
- The majority of this increase (£9.7m,86%) was allocated to services in England.

England 2022 / 2023

- London GIC received £6.75m (37%, +£2.2m) of total service budgets, but only delivered 28% of all appointments.
- Leeds GIC received £1.65m (9%, +£0.7m) but delivered 21% of all appointments.
- Nottingham / EoE received £3.45m (19%, +£1.8m) and delivered 31% of all appointments.

Scotland & Wales 2022 / 2023

- Both Scotland & Wales have comparable budgets between £1.3m & £1.4m, and both receive similar numbers of referrals, however waiting times in Scotland are an average of 20 years compared to 1 year for the Welsh Gender Service.

Service Performance (cntd)

Cost Per Appointment 2022 / 2023

Factors that may influence this figure may include geographical location including whether operating in urban or rural areas, number of clinics operated by the service, and variations in both staffing and facilities costs per clinic.

- The average cost per appointment across all services in the UK is £599.
- Exeter GIC was the most expensive at £1772 per appointment.
- Leeds GIC was the least expensive at £208 per appointment.
- Nottingham GIC / East of England Service delivered each appointment at £289, however it should be noted that this service operates 3 clinics in comparison to the single clinic provided by other GICs.
- The Welsh Gender Service, which operates 6 clinics, delivered each appointment at £639.

Potential Factors in Service Failure may include :

- Lack of data monitoring, analysis and service planning, both centrally and at service provider / clinic level.
- Lack of active service management in staffing, processes, procedures and service user administration.
- Continued commissioning of services as limited access 'specialist' services.
- A severely outdated, overly restrictive service specification that does not meet international care standards or best practice.
- Overlong assessment appointments / practices.
- Unsuitability of NHS service area managing the service (ie mental health vs sexual health)
- Historical and ongoing lack of trust with existing services due to medical abuse and prejudice.

Potential Factors in Service Success (Welsh Gender Service) may include :

- Commissioning of services at local / primary care level.
- Proactive data monitoring, analysis & service demand planning.
- Proactive service management in staffing, processes, procedures and service user administration.
- Utilisation of a less restrictive service specification, more closely aligned with international care standards & best practice.
- Improved suitability of service provider area of operation, i.e. within primary care or sexual health and LGBTQ+ focused services, rather than within mental health services.
- Greater patient trust and confidence.

Key Recommendations

The data gathered suggests that resolution of this situation is unlikely to be resolvable within the constraints of the service specifications and 'specialist' service models currently in use within NHS gender services, despite substantial increases in both staffing and budgets. Gender services should urgently move to an 'informed consent' model, delivered within the primary care domain.

The UK Government should commission an independently conducted public inquiry, via a Royal Commission, into whether the denial of care highlighted in this report is the result of discriminatory practices & treatment within the NHS.

Consideration should be given to:

- Taking immediate steps to address the extremely low provision of appointments offered at each service provider, thereby increasing access to services.
- Simplifying & streamlining the existing assessment / diagnostic model to speed up existing diagnostic processes, including fully recognising & addressing the needs of non-binary and other gender diverse people.
- Revising the 2018 service specification to make services more accessible and compliant with international best practice as outlined in WPATH SoC 8.
- Rapidly changing service delivery methodology to desegregate treatment for TNBGD people from 'specialist' service providers, instead providing locally accessible care via general practitioners delivered in a primary care setting under an 'informed consent' model.
- Immediately introducing standardised, centralised data gathering and monitoring of the key data metrics used in this report to ensure that service provision can be tracked and improvement measures introduced and monitored.
- Immediately introducing standardised budget reporting so that service provider budgets & spending to ensure funding is being spent appropriately.
- Investigating why failing services have been recommissioned without apparent oversight or monitoring of performance.
- Investigating each service provider to determine how & why these serious declines in service have, and continue to occur, taking immediate steps to rectify the situation at each provider.
- Engaging with service users via trusted third parties (such as existing Trans & LGBTQ+ organisations) to identify where discriminatory practices are being utilised at a service specification, staff and organisational level at each service provider.
- Urgently examining the provision of tertiary providers of care, such as surgical provision commissioning, to remove & prevent additional barriers and bottlenecks in treatment from forming further into the service user treatment cycle.
- Appointing a board of TNBGD service users within each service provider to ensure that services are being run with, and to the benefit of TNBGD service users.
- Ensure clinical staff are not engaged in practices designed to delay or deny access to treatment, including so called 'Gender Exploratory Therapy', which is considered to be a type of conversion practice.