



The Scottish Public Health Network (ScotPHN) conducted a health care needs assessment about trans people and their access to specialist Gender Identity Services in Scotland that was published in May 2018. This was done with the following aims and objectives in mind:

- To identify the level of need and map current service provision
- To understand the service user experience and access to services
- To understand how the current gender reassignment protocol is being adhered to and what support services are important to users
- To identify the inequalities resulting from current service provision

The research looked at information about how many trans people there might be in Scotland, how current services are provided at gender identity clinics, what trans people's experiences are of using gender identity clinics, and how the approach in Scotland compares to other countries, both in the rest of the UK and internationally. It did this by looking at existing academic evidence and research, by using information from a Scottish Trans Alliance survey on trans people's experiences of using gender identity clinics, and by interviewing people working in gender identity services in Scotland at the moment. The research was guided by a steering group that was designed to bring experts from the third sector together with members of ScotPHN. This included representatives from Scottish Trans Alliance, LGBT Health and Wellbeing and Stonewall Scotland.

The findings of this research can be used as evidence of the current needs of trans people from Gender Identity Services, where there are gaps in these services, and how they can be improved. The report included recommendations on what should change to make sure that NHS Scotland was providing gender identity services that truly meet the needs of all trans people, and where other organisations such as the charity and voluntary sector may be best placed to provide additional support that falls outside the remit of gender identity clinics. We want to ensure that trans people across Scotland are included in ongoing conversations about how the recommendations made in this research can be followed through to improve trans specific healthcare nationally.

Although we know that the number of referrals to Gender Identity Clinics have been rising in Scotland over the last seven years, and third sector organisations have been hearing anecdotally of the strengths and weaknesses of these services for many years longer than that, there was a lack of clear evidence about the overall national picture that could be used to make the case for changing how these services are provided. This report should be the first step in creating that evidence base.

ScotPHN is a network of people working in public health in Scotland, and its aim is to bring together relevant organisations and individuals to produce research about Scotland's public health needs.

Below are the executive summary and recommendations made by the report. You can read the entire report at: [https://www.scotphn.net/wp-content/uploads/2017/04/2018\\_05\\_16-HCNA-of-Gender-Identity-Services.pdf](https://www.scotphn.net/wp-content/uploads/2017/04/2018_05_16-HCNA-of-Gender-Identity-Services.pdf)

## Executive Summary

Individuals who identify as transgender (or trans) have a gender identity that differs from the sex they were assigned at birth. Some trans people may need specialist healthcare services to support them with their gender identity, or to access gender reassignment treatments. In Scotland, such services are provided by four specialist adult gender identity clinics located in Glasgow, Edinburgh, Aberdeen, and Inverness, and one specialist young person's clinic located in Glasgow. Each clinic differs considerably in how it is run and what services it is able to offer, but all treatment should be provided according to the Scottish Gender Reassignment Protocol (2012). Additional support for trans people is often provided by the voluntary sector, sometimes in partnership with the NHS. Demand for specialist gender identity services has been increasing over the past several years in Scotland as it has elsewhere in the world, resulting in long waiting times, but there has been no clear analysis of why this was happening, how it was impacting on the trans population, or what was likely to happen to demand in the future. This Healthcare Needs Assessment aimed to better understand how existing services across Scotland relate to the needs of service users, and how they might be improved to respond to current and future demand, using a variety of methods including data analysis and interviews to engage with service providers and the trans community.

### **Data from Gender Identity Clinics**

While it was not possible to find a precise estimate of the number of trans people in Scotland, the most commonly used figure is 0.5% of the population, which would be just under 24,000 adults. The number of trans people accessing services at Scottish Gender Identity Clinics is much smaller than this, around 1800 adults and 600 children over the four year period from 2014 to 2017. However, the number of referrals each year increased markedly across Scotland in this time. The largest increases were from 2014 to 2015, and though 2017 numbers were still higher than previous years this may be reaching a plateau. Further data for 2018 would be required to confirm this, as the rate of change is not completely predictable. The average age at referral has fallen over time, and is currently 26 years for adults and 14 years for young people. More trans adults are accessing services from cities than rural areas, particularly Edinburgh, which is not seen with trans young people. It is likely this is related to trans adults relocating to areas where they know there are services and communities to support them.

### **Waiting Times for Gender Identity Clinics**

Nationally, waiting times for adult services have decreased over time, but this varies markedly by clinic with waiting times falling significantly in Edinburgh, being fairly consistent in Glasgow, and increasing in Inverness over four years. Waiting times for young people have increased over the same time period. It is not clear why clinics have seen such different trends in waiting times with the same degree of increase in patients, and further work would be useful to know whether any differences could be related to service design. The average waiting time to first appointment in 2016 was 260 days for adults, and 314 days for young people. Changes in the Patient Population Interviews with gender identity specialists, third sector organisations, and other stakeholders identified that as well as simply increasing in number, the characteristics of the trans population presenting to services are changing. They reported an increase in the number of young people and non-binary people (those who do not identify as male or female), as well as an increase in the proportion of trans people who were still at the stage of questioning their gender identity.

### **Reasons for Increasing Demand**

A number of reasons for the overall increase in demand were suggested, including better service provision, positive changes in societal attitudes, and greater access to information on transgender

issues through the Internet and social media, giving more trans people the vocabulary and confidence to self-identify. Service providers and other stakeholders felt that the increase in demand for services reflected an increase in the proportion of the trans population who felt able to present to services, rather than an increase in the underlying number of trans people.

### **Inequalities in Accessing Gender Identity Services**

There were potential inequalities in accessing gender identity services highlighted, particularly relating to geography, with a minority of Scottish health boards providing local gender identity services and third sector services also largely based in urban areas. Other inequalities related to gender identity (with non-binary individuals more likely to have negative experiences at clinics), presence of co-existing mental or physical health problems, and lack of financial means to travel or access private treatments.

### **Service User Views**

From a large survey of Scottish trans service users, the main concerns expressed about services were around long waiting times and the distress this 13 caused, and a perceived need to withhold information on gender identity, mental health, gender expression or sexuality for fear this would block or delay access to treatment. The current Scottish Gender Reassignment Protocol was not felt to be inclusive of non-binary individuals or supportive of an informed consent model. However, overall experience of treatment outcomes was largely positive, particularly for hormone treatment and surgery, and some service users described very positive examples of person-centred care.

### **Comparisons with Other Countries**

Comparing Scottish services to those in the rest of the UK and worldwide, the issues of trans service users in accessing healthcare and the recent increases in demand are shown to be very similar. The structure of Scottish gender identity services have much in common with those in the rest of the UK, though on some measures such as waiting times Scotland appears to be performing slightly better. However, in contrast with many countries who provide trans healthcare services, there are no surgical services for gender reassignment provided in Scotland, with all who need this requiring to be referred to NHS England.

### **Conclusions and Recommendations**

In conclusion, it is positive that the proportion of Scottish trans people presenting to specialist NHS and/or third sector services to access gender affirming treatment is rising, but this has also increased pressure on services and led to long waiting times. While the increase in referral numbers may be reaching a plateau, there is still significant progress required to catch up with and maintain current levels of demand. Additionally, the characteristics of those accessing services are changing, and may not be met by current services. More young, questioning, and non-binary people are presenting, who may have differing requirements and expectations of services, requiring them to adapt their approach and become more flexible. There was no consensus among service providers on the best way to reshape services to better match these needs. A range of recommendations are made in this report covering: consideration of alternative care models including further involvement of multidisciplinary teams, primary care and the voluntary sector; adaptation of services to the changing presentations of trans people; increased support for those on waiting lists; staffing increases to meet rising demand where required; strategies to reduce geographical inequalities in access to services; workforce development; increased data gathering; and review of the current national Gender Reassignment Protocol.

## Recommendations

1. Consider alternative models of care for gender identity services to support the development of multidisciplinary, person-centred approaches which reduce variation, including the potential for:
  - a. Additional local provision of both specialist and support services within the NHS
  - b. Additional involvement of primary care services
  - c. Additional involvement of community and voluntary sector in service provision
  - d. Centralised commissioning of additional services e.g. hair removal.
2. Ensure gender identity services are adaptable to changes in the trans population presenting to GICs e.g. increasing numbers of non-binary people, those exploring their gender identity, and younger patients, for example through:
  - a. Ensuring equality of access to services for non-binary individuals
  - b. Offering non-assessment focused services within GICs e.g. separate exploratory space to discuss gender identity and treatment goals

- c. Resourcing of third sector organisations to work with those in the early stages of questioning or exploring their gender identity
  - d. Access to email/online support.
- 3. Increase the support which is available to individuals on waiting lists for GICs, through greater partnership work including signposting to voluntary sector and community support, increased communication about likely waiting time, provision of interim NHS services where possible, and advice on potential risks of self-medication
- 4. Consider short-term increases in staffing capacity to assist in decreasing waiting times, for example through the expansion of nursing care as in Lothian GIC where waiting times have fallen.
- 5. Take steps to address geographical inequalities in accessing services through:
  - a. Provision of alternatives to travel e.g. telemedicine, satellite clinics
  - b. Increased communication of GICs with local NHS boards about patients attending to facilitate local assistance where possible e.g. phlebotomy, counselling, endocrine support
  - c. Consideration of establishing additional GICs or other dedicated services e.g. as in NHS Tayside 'hub and spokes' model
  - d. Increase provision of community support to ensure this is more widely available to trans people across Scotland.
- 6. Take steps to address other identified potential inequalities:
  - a. Ensure those with pre-existing mental health problems are not disadvantaged in accessing treatment
  - b. Ensure services are accessible, appropriate for and acceptable to those with all gender identities, including non-binary individuals
  - c. Ensure services are accessible to those with physical and learning disabilities
  - d. Ensure services are accessible to those with poor literacy e.g. not relying on online/printed information.
- 7. Ensure that clinicians at GICs are adequately supporting the informed consent model by providing detailed information on all available treatment options, with subsequent decisions being led by the wishes and treatment goals of the individual.
- 8. Strengthen collaboration to ensure services meet the needs of the trans population, including wider healthcare and support needs, by involving trans people, third sector organisations and community
- 9. Continue workforce development efforts to expand specialist workforce and support workforce including:

- a. Development of further training programs for specialist, generalist primary care and mental health staff
- b. Development of links with other sectors to enhance multidisciplinary working and share resources e.g. education, social care.

10. Develop national standards for what is required to be established as a Gender Identity Clinic. NGICNS

11. Increase data gathering on the trans population and from GICs to assist with monitoring inequalities and for research purposes. From GICs, this should include as minimum dataset components:

- a. Number of referrals
- b. Age at referral
- c. Gender identity
- d. Ethnicity
- e. Health board of residence
- f. Waiting times
- g. Treatments undergone
- h. Outcome of treatment
- i. Service user satisfaction

12. Revise the Scottish Gender Reassignment Protocol to more accurately reflect current practice:

- a. Remove reference to the AEARP
- b. Make the adoption of the informed consent model by GICs explicit
- c. Make clear that choosing different treatment options is possible and non-binary outcomes are equally valid.

13. Explore the development of gender reassignment surgical provision in Scotland.

14. Circulate this HCNA to all relevant partners to ensure recommendations are enacted, including NGICNS and Scottish Directors of Public Health