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September 22nd 2017

RCN response to NHS England consultation on specialised gender identity services for adults (17 and above).

1.1 With a membership of around 435,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

1.2 The RCN is committed to ongoing work to provide meaningful services for trans and non-binary people, this being the preferred term agreed by the community and needs to be reflected throughout the consultation. RCN members have been involved in making sure there is fair and equitable care provision for the trans and non-binary population. Consolidating the RCN's position as an authoritative voice in this field. RCN members will be key to achieving the person-centred timely care that the trans and non-binary community have been campaigning for and this is reflected in the RCN guidance[1].

2. Question 1: The proposed service specifications aim to address inconsistency in care quality, differing levels of access and out-dated service models. To what extent to you think the specifications achieve this?

2.1 In part we agree with this as the consultation acknowledges there are currently wide variations in the availability of services and the mechanisms including the age at which someone can be referred. Having a standard approach across the country with associated quality indicators would be welcome so the treatment

[1] RCN (2017) Fair care for trans patients https://www.rcn.org.uk/professional-development/publications/pub-005844 [accessed September 2017]

process and referral mechanisms are clear and transparent to the public and health professionals.

2.2. It is however not clear how primary care particularly will be supported to ensure that they are able to support these individuals appropriately both pre and post treatment and how they will be able to understand the route to the appropriate service. Although with wider recognition of trans and non-binary rights the numbers of people coming forward to treatment and support will rise, it is still unlikely for those outside of specialist services to see many individuals who identify as trans or non-binary during their professional career.

2.3 The evidence suggests that the complexity of the different options available and the stages of treatment many people will go through, mean that staff awareness and education is crucial. It is imperative that staff are aware of the issues and have the resources to support people in a sensitive way[2]. We would like to see the development of more information and training resources to support both the public and health professionals.

3. Question 2: It is proposed that in the future all young people who need to access a specialist gender identity service and who are aged 17 years and above will be referred to an adult Gender Identity Clinic. To what extent do you support or oppose this proposal?

3.1 We would support this in principal, particularly in relation to making sure there is a standard approach. We acknowledge that services for those under 17 are outside the scope of this consultation. It is clear from the evidence however, that increasingly younger children are presenting as trans and non-binary and feeling considerable discomfort in their assigned sex. This can manifest as significant mental health problems (depression, self-harm even suicide); we would strongly suggest that teams include specialists who are able to support younger teenagers, children and their families early on[3,4].

3.2 The needs of children and young teenagers, both physical and psychological as well as educational are significantly different from adults and will vary according to their maturity. There needs to be consideration for example on what and if to commence on hormonal treatment at puberty[5]. There is also a need to think about transition process for young people to adult services. We feel this is particularly pertinent for the non-surgical intervention specification and acknowledge that early surgical intervention is probably not appropriate and hugely controversial. There is evidence however, that early intervention can help

[2] Markwick L (2016): Male, Female, Other: Transgender and the Impact in Primary Care. *The Journal for Nurse Practitioners*; Philadelphia Vol 12 (5) 330-338.
[3] Greenfield H. (2016): Gender dysphoria in children and the role of the health visitor. *Journal of Health Visiting* Vol 4 (4) p 200-204.
[4] Atkinson S R, Russell D (2015): Gender dysphoria. *Australian Family Physician* Vol 44(11) p792-796.
[5] Alegria C (2016): Gender nonconforming and transgender children/youth: Family, community, and implications for practice. *Journal of the American Association of Nurse Practitioners* 28(10) p 521-527.

minimise the overall impact and improve the quality of life for individuals and this needs to be acknowledged within the consultation[6].

4. Question 3: It is proposed that in the future the specialist Gender Identity Clinics for Adults will not accept referrals of individuals who are not registered with a General Practice. To what extent do you support or oppose this proposal?

4.1 We would again broadly agree with this principle. The evidence[1] is clear that people do need the ongoing support of a GP or from their general practice to support these individuals. We know there are significant long term health implications and a need for support with any ongoing hormonal treatment and well as the social and psychological impacts of being transgender. However, there is a need to ensure that this does not bar anyone from accessing services and consideration placed on why people are not registered with a GP or not happy to disclose to a GP.

4.2 This reluctance to disclose could be based on genuine concerns regarding the GP's response and understanding as indicated in in the Women and Equality select committee Report 2016[7]. As such we support the consideration within this consultation of guidance to make sure regulated professionals are involved throughout to allow greater access to gender services.

4.3 Individuals need to be fully supported through the process of registering with a GP and this should not be dependent on having a static address. We need to be mindful of the needs of the homeless, traveller and more marginal groups who traditionally have problems accessing primary care. Young people may have a GP in their home town and a different one, or none at all, where they are in further education and this could present problems. We also need to consider the needs of those who are imprisoned and receiving healthcare for gender identity and this process needs to align with the 2016 policy on the care and management of transgender prisoners[8]. This population already may feel marginalised and discriminated against so it is important that they have support to access the care and support they need[9].

5. Question 4: It is proposed that only a designated specialist Gender Identity Clinic will be able to refer an individual for genital reassignment surgery. To what extent do you support or oppose this proposal?

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[6] Nicholson C, McGuinness T. (2014): Gender Dysphoria and Children *Journal of Psychosocial Nursing & Mental Health Services* ; *Thorofare* 52(8) p 27-30.
[7] House of commons (2016): Transgender equality inquiry Women and equality select committee report https://www.parliament.uk/business/committees/committees-a-z/commons-select/women-and-equalities-committee/inquiries/parliament-2015/transgender-equality/
[8] Ministry of Justice (2016) Policy paper Care and management of transgender offenders https://www.gov.uk/government/publications/care-and-management-of-transgender-offenders [Accessed September 2017]
[9] Winter S, Diamond M, Green J, Karasic D, Reed T, Whittle S, Wylie K. (2016): Transgender people: health at the margins of society. *The Lancet* 388.10042 390-400.

5.1 We agree with this. Surgical intervention needs to follow other non-surgical treatment and ideally wider social support and psychological counselling as part of a multidisciplinary team approach.

6. Question 5: It is proposed that in the future a decision to refer an individual for specialist genital reassignment surgery must be supported by a Registered Medical Practitioner. To what extent do you support or oppose this proposal?

6.1 We believe that it should definitely be a senior clinician with the appropriate training in the specialism and the skills and knowledge. This will probably be a registered medical practitioner, but not always. It should be the seniority of the practitioner and their level of skill and knowledge and not the qualification specifically on who would be appropriate to refer. Using specialist nurses within teams will help make sure services are accessible and reflect patient's needs throughout the process. The evidence from Leeds demonstrates the benefits this can bring[10] and we are encouraged that gender services across England are recruiting more nurses.

7. Question 6: We have assessed the equality and health inequality impacts of these proposals. Do you think our assessment is accurate?

7.1 Yes we would broadly agree, although in reference to some of our previous comments we have concerns about ensuring people have full access to services.

8. Question 6 (b): Please describe any other equality or health inequality impacts which you think we should consider, and what more might be done to avoid, reduce or compensate for the impacts we have identified and any others?

8. 1 Education for staff must be universal and be part of the curriculum to overcome some of the misunderstandings and lack of awareness of terminology and support available to people who wish to access specialist services. We have valued the opportunity to work with NHS England to recognise the role nurses can play in gender services and welcome the work led by Health Education England, which we have supported, to deliver competencies for teams working in Gender Medicine.

8.2 Staff need to understand the transition arrangements for children and young people. The consultation itself uses a range of terms which are inconsistent - in 1.3 of the surgical template the term "gender disorder" is used and in 2.1 the template advises that the term gender incongruence should be used. We would advocate that education is essential to; increase overall awareness of the issues, promote a universal accepted language, reduce discrimination and stigma and ensure equitably and quality care.

[10] Nursing Times (2015) The role of specialist nurses in gender identity services The role of specialist nurses in gender identity services https://www.nursingtimes.net/roles/mental-health-nurses/the-role-of-specialist-nurses-in-gender-identity-services/5052907.article

8.3 In addition there is a need to acknowledge that those who have a learning disability or support with communication may need adjustments to ensure that their specific needs are met too[11].

9. Question 7: Which option for future prescribing arrangements do you most prefer?

9.1 We would prefer Option C; this would allow for more integration between the specialist services and the patients ongoing support from their GP

10. Question 7(b): Can you suggest any alternative prescribing arrangements?

10.1 No further suggestions.

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[11] Lehmann K, Leavey G. (2017): Individuals with gender dysphoria and autism: barriers to good clinical practice. *Journal of Psychiatric and Mental Health Nursing* 24(2-3) 171-177.

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