

## Freedom of Information Act 2000 disclosure log entry

### Reference

18-19171

### Date sent

28/08/2018

### Subject

Access to Puberty Suppressants, GIDS Policy

### Details of enquiry

We are writing to request copies of your policies and procedures around a young person's access to puberty suppressing hormones treatment ("PSHT" and other fully reversible treatments. We understand the Tavistock's Gender Identity Development Service ("GIDS") implements a non-discretionary 12 month waiting period before referring any patient of whatever age, for PSHT. When replying to this letter, please provide copies of the policies stating the basis for the 12 month waiting list.

1. Any policy, guideline or rule relating to a young person's access to puberty suppressing hormones treatment, including information and copies of all policies and guidelines that refer to the requirement of this 12 month waiting time before one is referred for PSHT
2. Any information and copies of all policies and procedures currently in place around how referrals are triaged to ensure that those individuals more at risk (due to being of a certain pubertal status) are processed in a timely manner and dealt with in a way that reasonable reduces the risk to that individual
3. All information, policies and guidelines that outline safeguarding considerations and how they should be dealt with throughout a consultation with an adolescent
4. A copy of GIDS triaging policy that covers assessing risk of every individual patient referred that assist in making decisions around the response time to a particular referral. If you do not have such a policy, please provide us with an explanation as to why; and
5. Any other information that you believe may help

### Response Sent

1. Any policy, guideline or rule relating to a young person's access to puberty suppressing hormones treatment, including information and copies of all policies and guidelines that refer to the requirement of this 12 month waiting time before one is referred to PSHT.

We are commissioned against a set of NHS England service specifications. This can be found at: <https://www.england.nhs.uk/wp-content/uploads/2017/04/gender-development-service-children-adolescents.pdf>

The prescribing of puberty blockers is done through GIDS specialist endocrine clinics at University College London Hospital and the Leeds General Infirmary, to whom the Tavistock and Portman GIDS team subcontract all endocrinology functions.

There is no requirement for a 12 month “waiting time” before a referral to the endocrine liaison clinic can be made, which would (if appropriate) access puberty blockers. However, all young persons undertake a comprehensive assessment prior to any decision regarding a referral for physical treatment. The length of the assessment varies depending on individual circumstances but assessments are usually completed over a number of sessions and this varies based on the individual needs of the young person.

2. Any information and copies of all policies and procedures currently in place around how referrals are triaged to ensure that those individuals more at risk (due to being at a certain pubertal status) are processed in a timely manner and dealt with in a way that reasonably reduces the risk to that individual.

The questions regarding referral triage are complex as there are a range of risks which may need to be factored in when looking at the needs of a young person referred to GIDS.

We take referrals up to 18 years of age. All young persons referred to the service are individuals with individual needs; we acknowledge and take a bespoke approach to that. The service have reviewed the possibility of a triage system but clinical discussions on this topic are multi-faceted. Being at a certain stage at pubertal development is one factor among many possible factors which could inform triage, and other service users have different “risk” factors which they believe are equally important. Therefore there currently is no clinical consensus regarding who to triage.

3. All information, policies and guidelines that outline safeguarding considerations and how they should be dealt with throughout a consultation with an adolescent.

Please note that gender dysphoria in and of itself is not a safeguarding issue. Safeguarding is a prime consideration at all stages of clinical consultation and always raised immediately if of concern. All staff attend Trust mandatory training for safeguarding. The team has a safeguarding lead, as does the Trust. For more information regarding the safeguarding procedures we adhere to, please refer to:

- Pan-London Child Protection Procedures, which can be found at <http://www.londoncp.co.uk/index.html>
- Tavistock and Portman NHS Foundation Trust’s safeguarding policy, which can be found at <https://tavistockandportman.nhs.uk/about-us/governance/policies-and-procedures/>
- GIDS safeguarding guidance, which has been attached as an appendix to this response, and also pasted below, for our own ease of reference.

4. A copy of GIDS triaging policy that covers assessing risk of every individual patient that assists in making decisions around the response time to a particular referral. If you do not have such a policy, please provide an explanation as to why.

We are actively looking at ways to ensure that referrals to the service are of adequate quality in the first instance and are also actively looking piloting ways of making contact with families to ascertain needs. Often the referrals to our service are complex, and there may be risk

issues that require complex support. If we are aware of these we make onwards referrals to local services as appropriate.

5. Any other information that you feel may help us in understanding your approach kindly noting that the current waiting time on referrals from GPs will not be sufficient justification as we expect there will be a triaging process.

For more information, please refer to our service specification at: <https://www.england.nhs.uk/wp-content/uploads/2017/04/gender-development-service-children-adolescents.pdf>

Please also visit our website for more information at: <http://gids.nhs.uk/>

Appendix to point 3. Above:



**Safeguarding processes within GIDS  
July 2018**

Background/context

- The service recognizes the significant challenges working in this field and has ensured that there are regular opportunities to discuss cases and considerations such as safeguarding
- GIDS clinicians are all qualified and regulated health care professionals who undertake regular mandatory level three child and adolescent safeguarding training
- There are a number of forums in which safeguarding issues arise and can be discussed:
  - Weekly regional team meetings
  - Fortnightly case discussions with senior practitioners
  - Monthly psychoanalytic forum
  - Every fifth Tuesday there is a two-hour whole-team discussion around a particular topic generated by the team – safeguarding has been a recent topic
  - Away days at least twice a year – safeguarding was discussed at the most recent away day
- There are now approximately 10 social workers in the GIDS staff group with each regional team having at least two social workers who contribute their knowledge and understanding to case discussions.
- GIDS social workers meet monthly to discuss safeguarding and social work support to the service generally.
- Every GIDS clinician has regular supervision

Processes

- Safeguarding processes for GIDS are in line with Trust and pan-London safeguarding policy and procedures.
- As above, cases may be discussed in a number of forums and the outcome of these discussions may be a recommendation to discuss it further with the GIDS designated safeguarding lead.
- Alternatively, a clinician may identify for themselves that they would like safeguarding advice. In the first instance they may raise this with the GIDS safeguarding lead.

- Following the discussion with the GIDS safeguarding lead, GIDS clinicians must write a note under the patient's Clinical Notes' on Carenotes.
- One of the outcomes from the discussion with the GIDS safeguarding lead may be that the case is progressed to the Trust's Child Safeguarding Lead, or the Trust's Medical Director.
- Additionally, if the GIDS safeguarding lead is away or the query is urgent, the GIDS clinician should direct their query to the Trust's Child Safeguarding Lead, or the Trust's Medical Director directly.