

## Freedom of Information Act 2000 disclosure log entry

### Reference

18-19406

### Date sent

2/10/2019

### Subject

Gender Services Referral Data

### Details of enquiry

1. Can you please report your current waiting list for both Adult and Young People's Gender Identity Services?
  - a) Can this wait be broken down into suitable month bandings (i.e. those waiting 0-6 months, 6-12 months etc.)
  - b) Can this include relevant age bandings, preferably grouping 0-14, 14-18, 18-25, and 25+ years of age at time of referral.
  - c) Can this be split into 2 data tables of wait to 1<sup>st</sup> assessment as well as wait to treatment.
2. Based on the above waiting list figures can you outline how your trust operationally manages the associated clinical risk of this service user group?
  - a) Does the trust have a RAG rating system, in which case can this be shared?
  - b) Are there policies or procedures in place to contact those on the waiting list to be assured of safety?
3. In line with above, can you provide figures for Serious and Never Incidents logged by the Gender Identity Services.
  - a) Information to include at least the past 12 months but ideally as far back as possible.
4. Can you provide a copy of your clinical process for how service users are transitioned between children/young people's services and adult services?
  - a) Ideally this will include any process flow diagrams that have been produced.
5. Can you report referral figures along with rejection rates and discharges.
  - a) This can be reported as monthly what referrals were received, what referrals were closed with a reason of rejected, what referrals were closed with a reason of treatment complete, and what referrals were closed with any other reason.
  - b) Those rejected and closed due to completion/other reasons do not have to be the same referrals that arrived in the month as there is assumed to be a rolling caseload.
  - c) Can this be provided for the past 12 months, although ideally as far back as possible.
  - d)

### Response Sent

3. Can you please report your current waiting list for both Adult and Young People's Gender Identity Services?
  - d) Can this wait be broken down into suitable month bandings (i.e. those waiting 0-6 months, 6-12 months etc.)
  - e) Can this include relevant age bandings, preferably grouping 0-14, 14-18, 18-25, and 25+ years of age at time of referral.
  - f) Can this be split into 2 data tables of wait to 1<sup>st</sup> assessment as well as wait to treatment.

### GIDS Service

For our GIDS service, as of 23<sup>rd</sup> September 2019 we have 3938 patients on our waiting list. The breakdown of those waiting by age is as follows (based on age at referral):

<b>GIDS Service as at 23/9/2019</b>	
Age	No of Referrals
0-14	1,349
14-18	2,589

We are currently seeing patients who were referred in the last 3 months of 2017 and first few months of 2018.

### GIC Service

For our GIC service, as of 23<sup>rd</sup> September 2019 we have 6049 patients on our waiting list. The breakdown of those waiting by age is as follows (based on age at referral):

<b>GIC Service as at 23/9/2019</b>	
Age	No of Referrals
18-25	3,559
25+	2490

We are currently seeing patients who were referred in 2017.

We can not produce a chart of waiting times by banding, as this is very dependent on when current patients leave the pathway, staff turnover and other outside influences.

4. Based on the above waiting list figures can you outline how your trust operationally manages the associated clinical risk of this service user group?
  - b) Does the trust have a RAG rating system, in which case can this be shared?
  - c) Are there policies or procedures in place to contact those on the waiting list to be assured of safety?

GIDS liaises closely with young people and their local networks as appropriate to:

- a) establish levels of risk; and
- b) ensure that the risk identified is effectively managed locally while the young person referred is waiting to be seen.

This may include, but is not limited to, network meetings, written correspondence and fact-finding, and telephone consultations with professionals or the young person themselves.

Both GIDS and GIC services adhere to Trust policies and procedures, which can be found at: <https://tavistockandportman.nhs.uk/about-us/governance/policies-and-procedures/>

There are helpdesks and access to clinicians by phone within both services.

5. In line with above, can you provide figures for Serious and Never Incidents logged by the Gender Identity Services.

a) Information to include at least the past 12 months but ideally as far back as possible.

Please see below table of all reported incidents, including Serious Incidents:

Serious Incidents	2018/19	2019/20 Q1		
	Whole Year	Apr	May	Jun
<b>GIDS</b>	0	0	0	1
<b>GIC</b>	4	2	0	0

There were no “Never” incidents in either service during these periods.

6. Can you provide a copy of your clinical process for how service users are transitioned between children/young people’s services and adult services?

a) Ideally this will include any process flow diagrams that have been produced.

Please find [appended] a copy of our SOP for transferring patients:

7. Can you report referral figures along with rejection rates and discharges.

e) This can be reported as monthly what referrals were received, what referrals were closed with a reason of rejected, what referrals were closed with a reason of treatment complete, and what referrals were closed with any other reason.

f) Those rejected and closed due to completion/other reasons do not have to be the same referrals that arrived in the month as there is assumed to be a rolling caseload.

g) Can this be provided for the past 12 months, although ideally as far back as possible.

Please see below data for referral, discharge and rejection data for the past 12 months.

	Month	GIC Referral Received	GIC Discharges	GIDS Referrals	GIDS Discharges	GIDS Rejected / Inappropriate Referral
2018	Sep	320	83	175	139	21
	Oct	299	18	251	70	11
	Nov	304	27	256	115	15
	Dec	214	34	197	87	18
2019	Jan	365	158	238	93	10
	Feb	281	52	221	123	21
	Mar	294	90	223	81	22
	Apr	326	112	224	92	21
	May	275	138	258	131	12
	Jun	249	91	211	103	22
	Jul	317	68	274	120	14
	Aug	284	51	208	128	27
		3528	922	2736	1282	214

8. Can you outline what your performance has been both as a trust in total and as Gender Identity services only your poor performance against your relevant local RTT KPI?
  - a) If you do not have a local RTT KPI to measure against please provide percentage figures of those who begin treatment within 18 weeks of referral.
  - b) Can percentages be provided for at least the past 12 months but preferably as far back as possible.

Our Board reports covering performance can be found at:

<https://tavistockandportman.nhs.uk/about-us/governance/board-of-directors/meetings/>

9. Based on above performance data can you please outline what measures have been taken or are planned to be taken within the short term to improve your waiting lists and compliance with RTT?
  - a) If you do not have a relevant RTT metric locally commissioned please refer back to 18 weeks from receipt of referral.

Due to the unprecedented increase in referrals, more than doubling the patient cohort, we worked closely with Commissioners and external bodies to ensure a managed approach to dealing with the growing patient numbers. We set up more waiting list management procedures, to ensure safety for all patients during this unprecedented period of time.

10. Can you please outline what commissioning response there has been to the failure to manage waiting times within the agreed NHS 18 week RTT pathway?
  - a) If you are not able to answer this question please can you include contact details for relevant CCGs who manage your Gender Identity contract for follow up.

We have worked closely with commissioners on a forward plan, while managing training staff in this field and keeping abreast of international developments. NHSE commissioners have challenged as necessary, but have also been closely involved in the details of the work to manage such high demand.

## APPENDIX:

### **Standard operating procedure for administrative transfer of GIDS referrals to GIC**

Transition pathways between GIDS and any adult gender clinic is important. Being under the same Trust, a smooth transition between GIDS and GIC is a priority. In order to help accomplish this, GIDS and GIC have agreed the following standardised protocol:

#### **Preferred Names**

The GIC are legally bound to use legal name. In order to use the preferred name in correspondence, it must be changed legally. GIDS will attempt to obtain a Deed Poll when available. When not available, GIDS will inform the GIC that they are using a preferred name and do not have an official name change document.

#### **Referrals of Young People that are already being seen at GIDS**

GIDS to check all details match across Care Notes and the Spine before sending.

If the details don't match on CareNotes and the NHS Spine, GIDS will contact the family to request the relevant documents or request the family update their details on the spine through their GP.

GIDS will make a reasonable effort to do this, but, if not successful after two weeks, will then forward the referral on to GIC via email to avoid delays. All referrals will be logged on the spreadsheet on the shared drive by GIDS. GIDS will also flag with GIC any issues with a referral and note each one on the spreadsheet.

When GIC receives a referral from GIDS, if the details match across CareNotes and the spine, they will open a community episode, noting down the correct received date, and that they are to go on to the priority waiting list. Any referrals with discrepancies will not have a community episode opened until the discrepancy is resolved, but GIC will add an alert on the file regarding any of the issues. They will keep a log of issues on the shared spreadsheet which GIDS have access to. GIC will chase these discrepancies on a regular basis.

For any referrals where GIDS was not able to contact the family, it will be GIC's responsibility to contact the family, particularly if GIDS has discharged the patient.

As GIC will now be adding alerts for the patients with discrepancies, both the GIC receptionists and GIDS will now know the status of a referral just by checking CareNotes. This means that GIC will now be able to let young people correctly know the status of their referral when they call, as opposed to informing them that there is no record of a referral, or that the referral was never sent or received.

*Welsh patients*

GIDS should apply for funding and once this has been agreed they can then transfer the patient to GIC. WHSSC will send a funding agreement letter to both GIDS and GIC. (This process has been confirmed with WHSSC on 23 July 2019).

### **Waiting list transfer**

GIDS will transfer young people on the waiting list to GIC that will not be able to be seen at GIDS due to their age. The age at which this rule applies will be agreed between GIDS, GIC and contracts/NHSE (as required) and is currently 17 years of age. GIDS will send a letter to the young person confirming that this has taken place and that they will be discharged from GIDS.

GIDS will send GIC a list of people to transfer over to their waiting list via email. GIDS will close the community episode for each patient. GIC will open a community episode for every patient and backdate the community episode to the date GIDS received the original referral.

In these circumstances, as they are not an active GIDS patient, it will be GIC's responsibility to contact them or the referrer regarding any additional information required or a conflict regarding the names or addresses. GIDS is not the referrer in these instances and the person who is cited as the referrer in the referral to GIDS should be used instead. Again, discrepancies will be marked with an Alert on Carenotes and on the shared spread sheet.

#### *Welsh patients*

As GIDS will have not seen these young people, GIC will apply for funding in these cases, and it will be their responsibility.

### **Referral related queries**

There may be outstanding queries which fall outside of the above process. If there are still queries that either clinic needs to answer, the queries will be kept as a log on the shared spreadsheet. The requesting service (GIDS or GIC) will email any outstanding once a week.

For GIDS, this email will be the GIDS referrals team (gidsadultreferrals@TaviPort.nhs.uk) and for the GIC the email address will be the referrals and funding team (gic.referrals&funding@tavi-port.nhs.uk). The preferred method will be email as it better facilitates an audit trail and triaging responses against the urgency of incoming requests. If the request is urgent, however, it may be appropriate to submit queries by phone and this administrative judgement will be made on a case by case basis.

### **Inappropriate Referrals**

When either service receives a referral that they deem inappropriate due to the person's age, which needs to be passed over to the other service, they will scan it and email it over to the other service rather than sending by post. In these instances, a CareNotes record does not need to be loaded by the team incorrectly receiving the referral as this can be categorised as incorrectly addressed correspondence.

### **Queries regarding GIDS referrals**

When patients call regarding their transfer to the adult service, if there are queries regarding the transfer the GIC telephonist will transfer the call to the member of R&F who is dealing with GIDS and they will investigate.

**GIDS emailing Patient Queries**

Patients emailing GIDS with enquiries regarding GIC, should be sent onto [gic.noreply@nhs.net](mailto:gic.noreply@nhs.net).

**Consent to speak to a third party**

If a GIDS patient being transferred has given written consent for another person to speak on their behalf, this should be noted as an Alert on Carenotes and uploaded as a separate piece of correspondence which is easily identifiable

**Discharge Patients from GIDS**

GIDS to inform GIC when a discharge letter has been sent to a patient, and to put in place a process to ensure that the transfer to adult services has been made.