

Freedom of Information Act 2000 disclosure log entry

Reference

19-20208

Date sent

10/10/2019

Subject

GIDS Presentation at EPATH conference April 2019

Details of enquiry

On 11 April 2019 two employees of the Trust, XXXXXX and Polly Carmichael, gave a presentation to the 3rd biennial EPATH conference with the title 'Accessing of physical interventions by age of first referral to a specialist gender service: does age of first referral matter?' The abstract mentions that data of patients "who were eligible for hormone blocking treatment (therefore currently aged at least 14+ years old) were assessed" and explained that "some children may have been referred at age five but were at least 14 years old at time of analysis."

Could you kindly share with me a copy of the presentation? I assume that, because it has been circulated in a public forum, the presentation itself doesn't qualify for the research exemption under FOI section 22a.

Could you kindly explain the significance of the references to age 14+ years old? The GIDS Service Specifications state that the early intervention clinic is available to 'carefully selected clients who are at least in tanner stage 2 of puberty and are up to the age of 15' - ie 'stage' not 'age'.

Response Sent

With regard to the presentation at the EPATH Conference, you will be aware that the abstract you refer to was not the full presentation. I can confirm that the Trust holds a copy of the presentation. The presentation slides have never been made publicly available. They were part of a presentation to a limited audience and supplemented by a verbal commentary and an opportunity for conference delegates to ask questions.

We have considered your request for the presentation and have concluded that the following exemption(s) are engaged:

1. Section 22A: Research information

Section 22a is a qualified exemption. This means that the Trust must consider whether the public interest in maintaining the exemption outweighs the public in disclosure. Below are the arguments we have considered whilst carrying out the public interest test:

Arguments in favour of disclosure

- Promoting accountability and transparency on how public funds are spent
- Promoting accountability and transparency on the decisions we take

- Assisting individuals, companies and other bodies to understand decisions made by public authorities which may affect their lives

Arguments in favour of maintaining the exemption

The presentation slides on their own could be misinterpreted because they were part of a presentation to a limited audience of professionals and experts and were supplemented by a verbal commentary and an opportunity for conference delegates to ask questions.

- Any misinterpretation of the information could prejudice future research in this area, not just by the Trust, but internationally
- Disclosure would present an incomplete picture of our findings
- A misinterpretation of the information could deter patients from participating in future research or withdraw from a research programme

2. Section 38: Endangering Health & Safety:

Section 38 is a qualified exemption. This means that the Trust must consider whether the public interest in maintaining the exemption outweighs the public in disclosure. This involves considering the risks to health and safety of an individual or a group against the public interest in disclosure and in all circumstances of the case.

We have carried out the public interest and, whilst disclosure could have both a positive and negative impact on public health, on this occasion we have concluded that the public interest in withholding the information outweighs the public interest in disclosure. Below are the arguments we have considered whilst carrying out the public interest test:

Arguments in favour of disclosure

- Enabling a wider public debate of issues of the day
- Promoting accountability and transparency on the decisions we take
- Promoting accountability and transparency on how public funds are spent
- Allowing individuals, companies and other bodies to understand decisions made by public authorities which may affect their lives

Arguments in favour of maintaining the exemption

- The presentation slides on their own could be misinterpreted because they were part of a presentation to a limited audience of professionals and experts, and were supplemented by a verbal commentary and an opportunity for conference delegates to ask questions.
- Misinterpretation of the data could lead to:
 - lead to speculative or incomplete information that could mislead individuals or the general public and cause them to act or fail to act against their own interests
 - undermine the benefits of the services provided by our Trust
- Disclosure under the FOIA is not discretionary and must be suitable for everyone. For some patients disclosure could lead to a risk or actual danger to someone's health and wellbeing, making it difficult to find in favour of disclosure.

Your request also asks for an explanation as to some of the content of the abstract of the presentation. Please note that the FOIA 2000 applies only to recorded information held at the time of the request. Organisations are not obliged to create new information or to answer questions in response to an FOI request. On this occasion, we have provided an answer to your question below, but in future please direct any enquiries, i.e. where you are not requesting access to recorded information, to gids@tavi-port.nhs.uk or to <http://gids.nhs.uk>

Question: Could you kindly explain the significance of the references to age 14+ years old? The GIDS Service Specifications state that the early intervention clinic is available to 'carefully selected clients who are at least in tanner stage 2 of puberty and are up to the age of 15' - ie 'stage' not 'age'.

Answer: The presentation pertains to an audit analysing appointment data from Jan 2010 – Dec 2018.
The inclusion criteria were based on eligibility to attend the endocrinology clinic. In order to capture all relevant patients we looked at those who had attended 6+ appointments at GIDS and were aged 14 - 17 years old at time of analysis and therefore likely to be eligible for the blocker. 14 was selected as the lower end of the age bracket for inclusion as Tanner Stage 2 can occur later in some patients, but is likely to have been reached in all but exceptional cases by the age of 14.