ICTA

Integrating Care for Trans Adults

An initial Typology of Integrated Health Care Initiatives for Trans Adults

Richard Holti (Open University)
Ben Vincent (Open University)
Michael Petch (LGBT Foundation)

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Introduction

The ICTA project aims to explore the nature of initiatives to improve the integration of care for trans adults. We will be undertaking six case studies of such initiatives, with a view to uncovering what each has achieved, the challenges encountered, and the implications for future initiatives. The cases are located within a typology or categorisation of kinds of integration, so that it is clear how they fit into a wider picture. The purpose of this document is to set out our current understanding of this typology. The typology presented draws on our review of current health services for trans adults across the UK, undertaken in the Work Package 1 of ICTA during the course of 2019 (Vincent, Petch and Holti, 2020). It also draws on a wider literature on integrated approaches to the provision of health care.

The goal of integrated care

The typology is anchored in a widely accepted definition of the purpose of integrated care. This is to provide care that is both 'person-centred' and 'coordinated'. A large body of evidence indicates that improved service user satisfaction and clinical outcomes are in general strongly related to a person-centred approach to healthcare (National Voices 2014). Clear and full communication of clinical options to service users or patients, their involvement in decisions about their care, and continuity in the clinical and support personnel working with them all have positive effects. The goal of coordinated care can be summarised in terms of seamless transitions from one clinical service to another, as needed to meet the needs of the individual, without excessive waiting, or unnecessarily repeated assessments, enabled by appropriate transfer of clinical records and other relevant personal information.

Mechanisms for achieving integrated care

Shaw et al (2011) identify five different **arenas** of integration, that is, aspects of a health system where it is possible to work on improving the integration of care. Each arena has an associated set of tools or mechanisms which can be used to improve user experiences of care in the direction of becoming more integrated or coordinated.

The five arenas are:

- **systemic or policy-level development** of rules, frameworks and incentives for different services to work in an integrated way
- **normative interventions**, developing common goals and values amongst different staff groups, so that they understand better how they each contribute to an overall experience of care
- **organisational arrangements**, which give organisational structures or contractual forms by which different providers can work together;
- **clinical practices**, including the protocols, roles and education needed to bring the work of different groups of professionals into a closer relationship
- **Administrative processes**, such as the information systems and budgeting arrangements needed to achieve co-ordinated working between different clinics or specialisms.

Any instance of integration may focus on one or several of these different arenas and use any of the mechanisms described. In our case studies, we will analyse the role played by each of these mechanisms and be alert to discovering additional ones.

Sites of integrating care

Our review of existing health services for trans adults and the wider literature on integrated health care suggest that there are three kinds of site where integrating care is worked upon. In each one a different kind of service takes on an orchestrating role, attempting to work with other services in a more integrated way. Each of these arrangements can be seen as having particular strengths and limitations in what they can offer trans adults, both in terms of what they can do on their own and how they can bring other branches of the NHS and the voluntary sector into play.

We now briefly describe the three kinds of coordinators of more integrated care.

GP practices or primary care networks

These set out to establish more collaborative and integrated ways of working with selected specialist services and voluntary sector providers. These arrangements appear most likely to be instigated by voluntary sector LGBT organisations. They engage with NHS primary care organisations to provide a more integrated and possibly more customised or person-centred experience for trans adults seeking transition-related care as well as other aspects of care for their physical and mental health and wellbeing.

The advantages of significantly integrated primary care services for the care of trans adults is increasingly recognised, such as through the support of GPs with a special interest in gender dysphoria across Wales, and the imminent piloting of trans healthcare provision in primary care across Greater Manchester. Such advantages include an extreme reduction in waiting times for trans adults to receive an assessment and access to hormone replacement therapy, where desired and indicated. The need for travel to potentially distant specialist centres is removed, saving patient time and travel cost. The redistribution of patient responsibility to GPs helps address the overload currently seen in specialist centres (Vincent, 2018), such that appointments in the GIC (Gender Identity Clinic) contexts are more effectively used in cases of clinical complexity, and/or surgical referral. Disadvantages include the challenge of a systemic sense among some GPs of feeling ill-equipped or supported to provide trans-specific

healthcare. In a context where more complex cases (such as co-management of other dimensions of health that may be impacted) may be referred to GICs, this risks tension between service users and service providers, with service users potentially minimising or obscuring any factors they may fear could extend the time before treatment access. This is ultimately a problem caused by utilisation of a 'gatekeeper' (assessment) model, in contrast with informed consent[1] models of access (Pearce, 2018).

Specialist Gender Identity Services

These set out to establish more collaborative relationship with primary care, other NHS services such as mental health services, and voluntary sector providers. An additional possibility here is that of bringing some additional services, such as psychological support or therapy within the GIC itself, but in a way that is consistent with or integrated with mental health support available elsewhere. Again, the goal here is to improve integration between the care people receive at their GIS (Gender Identity Service) or GIC[2] and the care they receive from other parts of the NHS or from the voluntary sector.

Advantages of integration in this context includes the improvement in the ability of specialist centres to take a person-centred approach, as the pathways to offer specific support options to individuals are clearer and consistent. Direction and support coming from specialist centres may reassure primary care practitioners around how to optimally provide referrals and enter into shared care arrangements, which may improve patient experiences for trans adults presenting themselves in the future in a given area. This may also potentially catalyse willingness for further integration, led by the primary care context. Disadvantages include failing to address significant waiting times for specialist gender services. Historically there has also been tension between some trans service users

[1] There is some academic debate about what constitutes 'informed consent', but in brief, this is generally understood to be a system where healthcare providers and service users collaboratively determine any course of action. The model centres personal autonomy without dependence on diagnostic assessment. This does not constitute 'treatment on demand', as the prescribing physician's clinical judgement is still an essential aspect of care. Rather, where the capacity for informed consent is evident, service users can arrive at a treatment arrangement without undergoing a process of external evaluation. See Deutsch, 2012.

[2] The distinction between GISs and GICs is semantic rather than indicative of differences in service provision. The latest version of the service specification for specialised gender services also redefines the tertiary clinics as 'Gender Dysphoria Centres' (GDCs).

and GICs, due to a sense of being pathologized, or needing to perform transness in particular ways in order to secure treatment access without additional delay/assessment (Bettcher, 2014; Pearce, 2018).

Community Health Services

These set out to provide services specifically to meet the needs of trans adults, as well as establishing collaborative ways of working with primary care, GICs, and the voluntary sector. The purpose here is typically to provide ready access to a range of appropriate care for trans people via a convenient clinic location which may also be closely associated with a third sector LGBT+ organisation.

These services, particularly where provided by a third sector organisation, can be very well positioned to attract and communicate with trans communities, and can foster heightened trust and enthusiasm. Disadvantages include the comparably niche area of healthcare capable of being addressed, and the potential complexity of integration involving organisations situated outside of the National Health Service (in terms of funding, or familiarity with necessary systems of administration).

Implications for the ICTA case studies

Our proposal is to distribute cases of integration across these three kinds of instigator.

The table below summarises case studies that have been finalised for inclusion or at an advanced stage of negotiation at the time of writing.

Site of integration		
Primary Care	• Greater Manchester Pride in Practice: an accreditation and training initiative for LGBT+ healthcare	• Welsh Gender Teams; primary care provision for trans adults
Specialist Services	• Leeds GIS/Yorkshire MESMAC gender outreach service	• Northampton GIC: psychological support and primary care liaison for trans adults
Community Health Services	• Trans Sexual Health Clinic run by Umbrella Sexual Health Service and Birmingham LGBT	

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