ICTA

Integrating Care for Trans Adults

Review of the Integration of Trans Health

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ICTA

Introduction

This is the first report on research from the project 'Integrating Care for Trans Adults' (ICTA) – also referred to as 'Before, During, and After Adult Gender Identity Specialist Services: Improving the integration of care for trans adults' (BeDAGIS). This project has been funded by the National Institute of Health Research (NIHR) and runs for two years from March 2019.

The purpose of work package 1 was to identify the range of integration arrangements in services for trans adults currently being used or planned, to emerge from a broader review of services available and relevant to trans adults. Policy and other documents relevant to health services and care for trans adults were sourced from health bodies in England, Scotland, Wales, and Northern Ireland. The initial target was to sample 10% of constituent NHS organisations, which has been exceeded.

This report opens with some contextualising background around the differing NHS structures present in each of the four nations of the United Kingdom, in order to orient the reader to the sources of information subsequently analysed. Following this, there is a brief review of existing gender dysphoria pathways – the specialised assessment, care, and access to interventions provided by Gender Identity Clinics (GICs) and the shared care arrangements they have with primary and secondary care providers. This includes a synopsis of guidance documents and circulars, together with international standards of care and relevant diagnostic manuals. This overview of the gender dysphoria pathways concludes with an overview of the role of third sector organisations, given that they often play a crucial role in complementing what is offered by the NHS.

The report then lays out the methodology followed to produce this review. The sampling rationale is explained, which is then followed by a detailed overview of the analytic approach – Qualitative Document Analysis (QDA). This mode of analysis follows a 12-step process, the first seven of which are walked through in this section. The eighth step is the collection and presentation of data; therefore, the next section is comprised of results tables with many descriptive examples to justify and underpin the themes and sub-themes generated. The report concludes with a discussion of the themes and sub-themes, and the limitations of this work.

Background

In each section below some context will be given for the health services of each nation comprising the United Kingdom of Great Britain and Northern Ireland. This is not exhaustive but introduces the contexts from which documents were sourced for analysis in this work package.

England

The project stated that this work package would (for the context of England) consider NHS (National Health Service) England policies for health services for trans adults, including commissioning specifications for and reports on specialist services. Policies, plans, specifications and reports were to be considered from regional Sustainability and Transformation Partnerships (STPs).
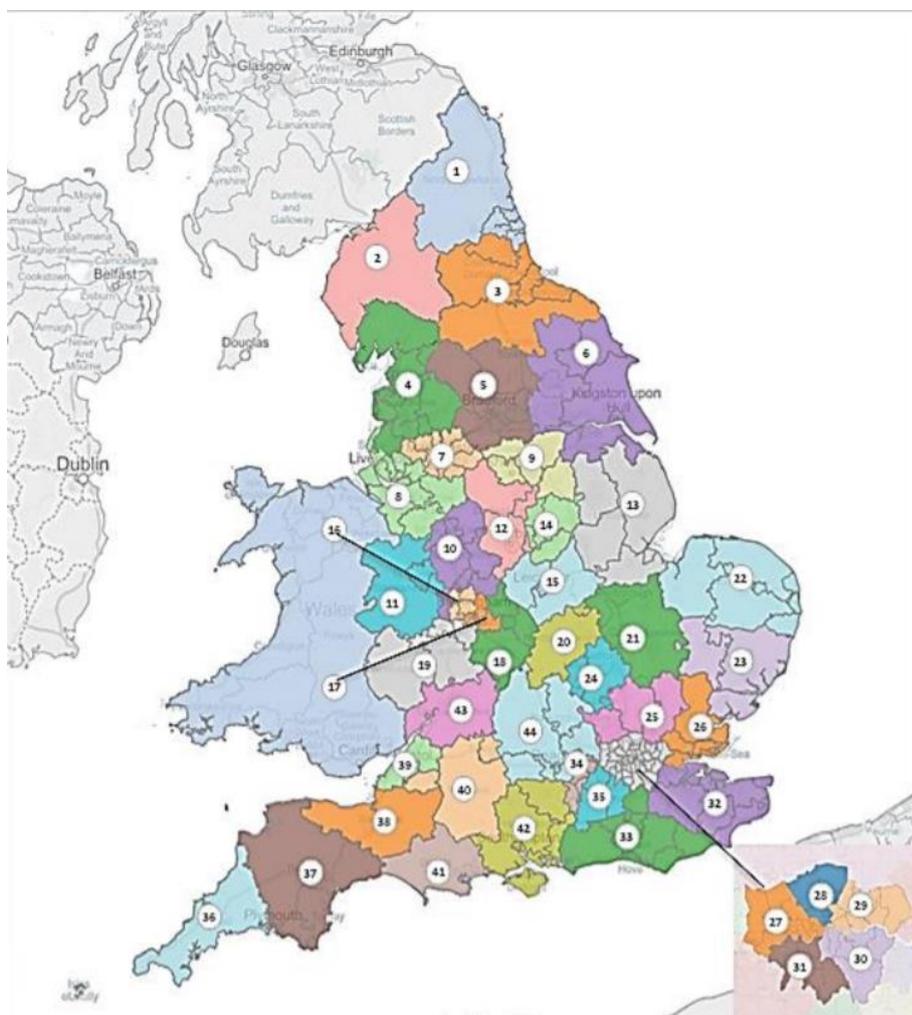
Figure 1: map of STPs across England. Source: https://www.england.nhs.uk/wp-content/uploads/2016/02/stp-footprints-march-2016.pdf

There are 44 STPs across England, and each is comprised of Clinical Commissioning Groups (CCGs – of which there are 195), NHS Trusts (which includes foundation trusts and partnership trusts, of which there are a total of 223), and local councils (these are divided into metropolitan districts, London boroughs, unitary authorities, county councils, and district councils, of which

there are 343 in total). A 10% sample was proposed. This was to be supported by the policies, plans, and service reports produced by UK third sector organisations that support LGBT populations.

Scotland

The National Health Service is a devolved matter, and therefore NHS Scotland is the responsibility of the Scottish Government. Structurally, there are 14 NHS Boards which assume regional planning, commissioning, and delivery of services:
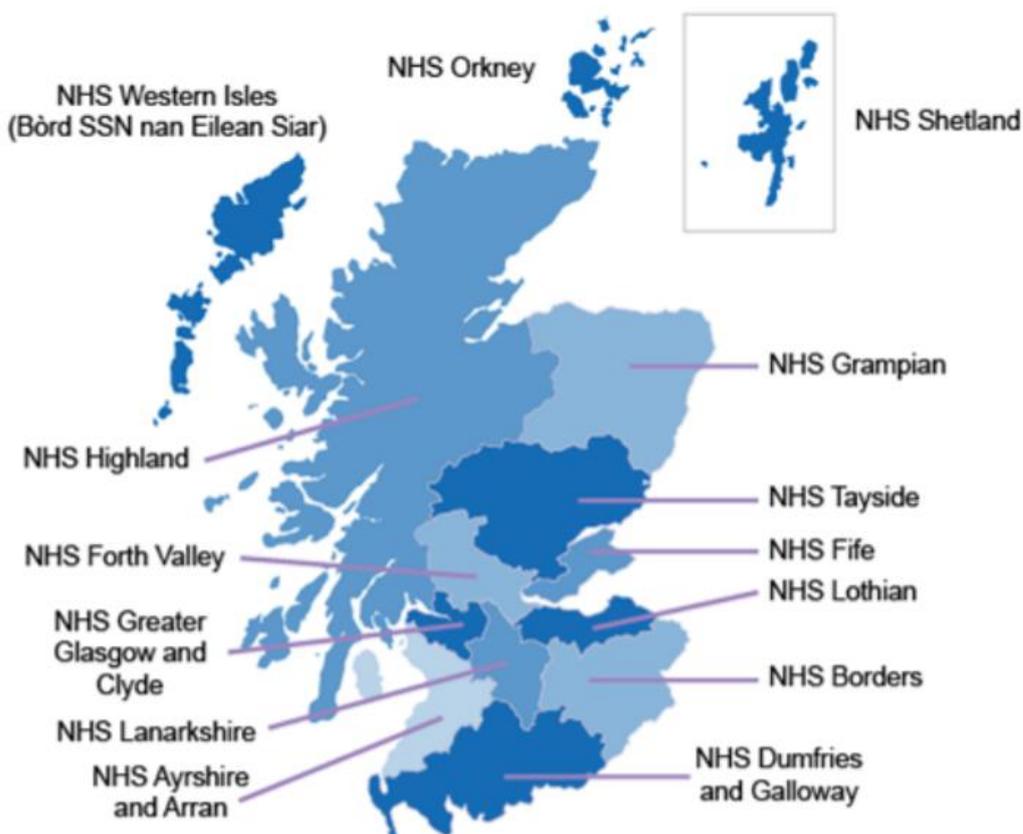
Figure 2: map of territorial health boards of Scotland. Source: http://www.parliament.scot/ResearchBriefingsAndFactsheets/S5/SB_16-100_The_National_Health_Service_in_Scotland.pdf

- NHS Dumfries and Galloway
- NHS Ayrshire and Arran
- NHS Greater Glasgow and Clyde
- NHS Borders
- NHS Lothian
- NHS Fife
- NHS Greater Glasgow and Clyde
- NHS Forth Valley
- NHS Tayside
- NHS Highland
- NHS Grampian

- NHS Western Isles (Bòrd SSN nan Eilean Siar)
- NHS Orkney
- NHS Shetland

In addition, Scotland has seven Special Health Boards, which each provide a specific service over the entirety of Scotland. These are:

- NHS Health Scotland (for improving population health)
- NHS Healthcare Improvement Scotland (HIS) (for improving quality of care)
- NHS Education for Scotland (for education and training)
- Scottish Ambulance Service (for ambulance services)
- The State Hospitals Board for Scotland (for secure forensic and psychiatric care)
- NHS 24 (for online and telephone advice)
- The NHS National Waiting Times Centre (within the Golden Jubilee Foundation; for prompt services)

Wales

NHS Wales is comprised of seven Local Health Boards (LHBs):

- Aneurin Bevan Health Board;
- Abertawe Bro Morgannwg University Health Board;
- Cardiff & Vale University Health Board;
- Hywel Dda Health Board;
- Cwm Taf Health Board;
- Betsi Cadawaladr University Health Board;
- Powys Teaching Health Board.

Figure 3: Map of Welsh Local Health Boards. Source: http://www.wales.nhs.uk/nhswalesaboutus/structure

Wales also has three NHS Trusts which operate nationally. These are:

- Public Health Wales;

- Welsh Ambulance Services NHS Trust;
- Velindre NHS Trust.

Northern Ireland

Northern Irish Health and Social Care is commissioned and managed by the Health and Social Care Board (HSCB). It has local commissioning groups which match the areas of the Health and Social Care (HSC) Trusts, of which there are six. In addition to those listed in Figure 4, the sixth trust is the Northern Ireland Ambulance Service.
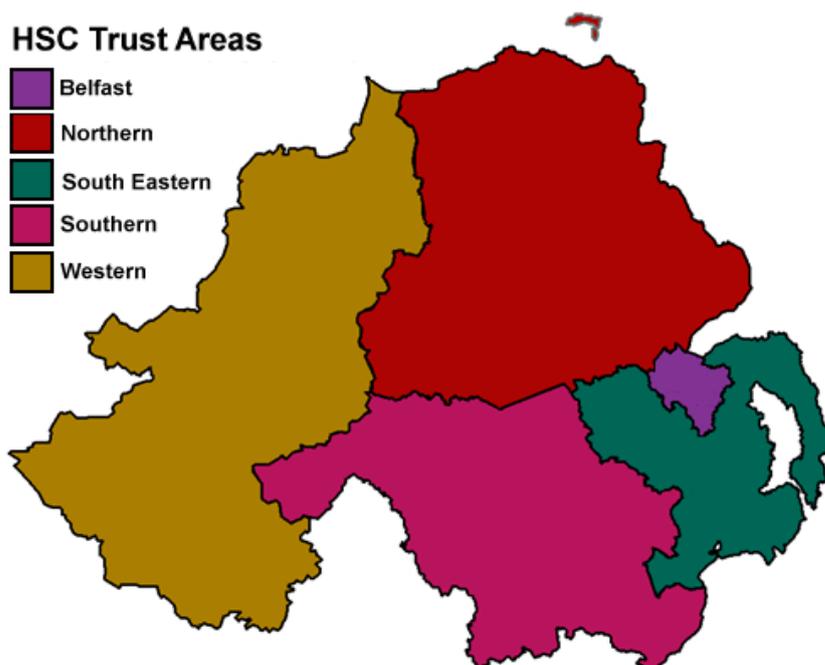
Figure 4: Map of Northern Irish Health and Social Care Trust areas. Source: http://online.hscni.net/hospitals/health-and-social-care-trusts/

- Southern
- Western
- South Eastern
- Belfast
- Northern

Operating across the entire of Northern Ireland are the Public Health Agency (PHA), Patient and Client Council (PCC), The Business Services Organisation, the Regulation and Quality Improvement Authority (RQIA), NI (Guardian Ad Litem Agency) (NIGALA), NI Blood Transfusion Service (NIBTS), NI Social Care Council (NISCC), NI Practice and Education Council for Nursing and Midwifery (NIPEC), and the NI Medical and Dental Training Agency (NIMDTA).

The Gender Dysphoria Pathway

The Gender Dysphoria pathways within the NHS currently operate using a 'shared care' arrangement. In practice, adults are referred to Gender Identity Clinics (GICs), typically via their General Practitioner (GP). Following a lengthy waiting period (currently an average of over two years, due to the extreme overload these clinics are experiencing) patients undergo assessment, which requires a minimum of two appointments. A diagnosis of 'transsexualism' (F.64 within the ICD-10) is given by a psychologist or a psychiatrist[1]. This is communicated to the patient's GP, who is asked by the GIC clinician(s) to prescribe and monitor Hormone Replacement Therapy (when desired by the patient), with guidance from the GIC where necessary. GICs are also responsible for surgical assessments.

England

As a specialist service, the Gender Dysphoria pathway is commissioned by NHS England.

There are seven adult Gender Identity Clinics in England. These are:

- Exeter (The Laurels)
- Leeds (Newsome Centre)
- London (Charing Cross)
- Northampton
- Nottingham
- Sheffield
- Newcastle

Patients across England can choose to be referred to any GIC and can be put on the waiting list for more than one GIC at once. Referral must be done by a medical professional (usually a GP, but also mental health professionals), but the newer service specifications will allow for self-referral. At present, NHS England follows the **Interim Gender Dysphoria Protocol and Service Guideline 2013/14.** These were adapted from NHS Scotland's Gender Reassignment Protocol. New Gender Identity Service Specifications (surgical and non-surgical) were published in September 2018 but have yet to be adopted.

Scotland

Scottish gender services are commissioned by NHS Scotland and follow the **Gender Reassignment Protocol 2012.** There are nominally four Gender Identity Clinics in Scotland. These are:

- Glasgow (Sandyford)
- Edinburgh (Chalmers)
- Inverness
- Aberdeen

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[1] The ICD-11 was ratified by the World Health Assembly (WHA) in summer 2019, removing transsexualism from the mental health section of the ICD, replacing it with Gender Incongruence within the Sexual Health section. This will not be further discussed in this report because organisational practice requires significant time to adjust to the most recent guidance, and all policy documents and current practice will still be informed by ICD-10.

The Inverness clinic works in partnership with Sandyford, while the Aberdeen clinic is staffed only through a monthly visit by a clinician from Edinburgh Chalmers. Sandyford accepts patients from anywhere in Scotland while Edinburgh Chalmers accepts people from within NHS Lothian, Borders, and Fife. Scotland allows for adult self-referral.

Wales

Welsh gender services are commissioned by the Welsh Health Specialised Services Committee (WHSSC) and have followed a referral pathway known as **CP21 Specialised Adult Gender Identity Services.** Welsh patients are referred from their GP to a local NHS Consultant Psychiatrist who then assesses them and if the patient is eligible, the consultant will refer them to a Gender Identity Clinic.

Until September 2019, there were no Gender Identity Clinics in Wales in recent years, and instead patients were referred to Charing Cross Gender Identity Clinic in England with no option to choose an alternative service. Full information is available here: http://www.genderidentity.wales.nhs.uk/home

As of September 2019, a new GIC based in St David's Hospital in Cardiff has begun seeing patients. Some patients are still being assessed in London. The new service consists of "a multi-disciplinary Welsh Gender Team, Local Gender Teams in each health board and Directed Enhanced Service to improve support in primary care" - http://www.genderidentity.wales.nhs.uk/adult-gender-identity-service

Following GIC assessment, patients are guaranteed access to hormonal interventions (where indicated) through the Local Gender Team (LGT). There are seven of these teams, each associated with and funded by the Local Health Boards (LHBs). The GIC itself is funded by the Welsh Government. The LGTs ensure that access to care no longer involves a 'postcode lottery', where the ability and willingness of GPs to enter shared care arrangements could vary, with service users potentially left without a prescribing physician. LGTs support GPs to take over the routine maintenance of trans healthcare over time. Service users receive hormone prescriptions from the LGT, and the local GP practice performs blood tests which are sent to the LGT. Once hormones are within the desired range and stable, prescribing responsibility can be transferred to a willing local GP, who is (and must be) signed up to the Directed Enhanced Service (DES)[2]. The DES ensures that GP practices receive funding from the LHBs for preparation, for annual reviews of Trans patients, and for injections of gonadorelin and testosterone.

See:
http://awmsg.org/docs/awmsg/medman/Endocrine%20management%20of%20gender%20dysphoria%20in%20adults.pdf?fbclid=IwAR1ly6xZpsjfUP_UGId86WuNp1fKVDiz5cnETTMNGBlSA6-19OoaWVd-9Eg

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[2] Information sourced via direct correspondence with Dr Sophie Quinney, GP with specialist interest.

All Wales Medicines Strategy Group

2.0 PATHWAY FOR PEOPLE AGED OVER 17.5 YEARS WISHING TO ACCESS THE WELSH GENDER SERVICE

Patient asks their registered GP for a referral to the Welsh Gender Service.

↓

GP completes referral form and sends it via Welsh Clinical Communications Gateway (WCCG) to the Welsh Gender Service.

↓

Welsh Gender Team confirm receipt of referral with the patient.

↓

Patient receives information pack from Welsh Gender Team and, if appropriate, may request referral for gamete preservation from their GP.

↓

Welsh Gender Team requests baseline blood testing with GP within 3 months of first appointment at the tertiary clinic.

↓

Diagnostic evaluation conducted by Welsh Gender Team. Patients with complex needs may be referred to Charing Cross for ongoing care.

↓

If hormone therapy is indicated, Local Gender Team prescriber to initiate treatment, then for discharge to own GP (or alternative prescriber) for maintenance of treatment under Directed Enhanced Service once optimisation criteria are met.

| Patient assigned male at birth | Patient assigned female at birth |

Estradiol Estrogen supplementation

+/- Gonadotrophin releasing hormone agonist If suppression of natal hormone required

Testosterone Androgen supplementation

Optional adjunct: **Finasteride**

Optional adjunct: **Medroxyprogesterone acetate**

Figure 5: Flow chart of the Welsh Gender Service Pathway, as of September 2019. Source: http://awmsg.org/docs/awmsg/medman/Endocrine%20management%20of%20gender%20dysphoria%20in%20adults.pdf?fbclid=IwAR1ly6xZpsjfUP_UGId86WuNp1fKVDiz5cnETTMNGBlSA6-19OoaWVd-9Eg

Northern Ireland

There is one adult service in Northern Ireland – the **Brackenburn Clinic** based in Belfast. Referral must be by a GP or mental health professional; self-referral is not currently possible. Commissioning is handled by the HSCB.

Relevant documents and Best Practice Guidance

- The **Manual for Prescribed Specialist Services 2013/14**. This contains basic information on gender services (using the outdated terminology of 'gender identity disorder').

- **Specialised Services Circular (SSC) 1620: Primary Care Responsibilities in Prescribing and Monitoring Hormone Therapy for Transgender and Non-Binary Adults (updated)** (April 2016).
- **SSC 1417: Primary Care Responsibilities in relation to the prescribing and monitoring of hormone therapy for patients undergoing or having undergone Gender dysphoria treatments** (March 2014).

NHS and wider healthcare guidance documents include:

- **Gender, Sexual, and Relationship Diversity (GSRD).** British Association for Counselling and Psychotherapy, 2017.
- **Fair care for trans patients**. Royal College of Nursing, 2017.
- **Information for trans people – NHS Screening Programmes**. Public Health England.
- **Good Practice Guidelines for the assessment and treatment of adults with gender dysphoria** (Royal College of Psychiatrists, October 2013)
- **Standards of Care for the Health of Transsexual, Transgender, and Gender Non-Conforming People, Version 7** (World Professional Association for Transgender Health, 2011)
- **Guidance for GPs, other clinicians and health professionals on the care of gender variant people**. This was prepared by the Gender Identity Research and Education Society (GIRES) for the NHS, in 2008.
- **A guide to hormone therapy for trans people**. This was also prepared by GIRES for the NHS, in 2007.

Two diagnostic manuals are drawn upon to inform NHS policy – the **International Classification of Diseases** (ICD, recently in its 11th edition, but with the 10th edition used in current practice and documents) and the **Diagnostic and Statistical Manual of Mental Disorders** (DSM, currently 5th edition). The ICD-10 is used in the 2013/14 protocol to define 'transsexualism'. DSM-5 is referenced in the 2018 service specifications in making the point that gender dysphoria is not in itself a mental health condition.

The Gender Dysphoria Pathway is currently undergoing redevelopment, following the 2017 consultation and reworking of the service specifications. NHS England established a **Programme Board for Gender Dysphoria Services** who in 2019/20 will:

(see https://www.england.nhs.uk/commissioning/spec-services/npc-crg/gender-dysphoria-clinical-programme/)

- Oversee the process of awarding contracts for the provision of specialised services for adults (surgical; and non-surgical) through a process of competitive procurement
- Use procurement to consider designation of one or two Gender Dysphoria Clinics to function as a National Trans Health Unit, having responsibility for managing a national or supra-regional network of Gender Dysphoria Clinics
- Establish a pioneering gender dysphoria service in a community or primary care setting in Greater Manchester, as a pilot for evaluation; and consider pilots for other models for delivery in other parts of the country

- Establish a National Referral Support Service to assist individuals in choosing a surgical provider that can best meet their objectives
- Establish a new quality framework that requires designated providers to report meaningful clinical indicators, and that includes Patient Reported Outcome and Experience Measures (co-designed with people with lived experience)
- Review the service specification and clinical commissioning policy for the Gender Identity Development Service for Children and Young People.

Third Sector Organisations

Third sector organisations can play a crucial role in the delivery of healthcare for trans adults as well as the wider population and can be effective in shaping service user outcomes. There are several ways in which integration with public sector services can and does take shape. We include some basic categorisation and analysis of the ways in which third sector organisations can collaborate with local authorities and statutory health organisations. Within the UK, there are various LGBT and trans-specific organisations, with different geographical remits, offering various forms of support to trans people. Some, like Stonewall, operate across the UK, with Stonewall Scotland and Stonewall Cymru acting as separate branches within Scotland and Wales respectively. Some organisations which work exclusively in Scotland, Wales and Northern Ireland. This is due to factors including geographical limitations, devolution, and remits connected to cultural identity.

Others, such as LGBT Foundation, mostly work within a specific region (in this instance Greater Manchester), but some aspects of their work, e.g. Pride in Practice and their helpline service, operate beyond this. Lastly, some organisations are more regionally focused, like Lancashire LGBT, which operate exclusively, or almost exclusively, within a specific region.

It is beyond the scope of this report to identify all organisations across the UK which have a remit focused on support for trans people, especially the comparably large number of informal support groups. Information on different organisations and the support they offer can be found at:

- https://www.tranzwiki.net/ – A compendium of trans groups across the UK collated and maintained by GIRES.
- http://www.lgbtconsortium.org.uk/directory – A directory of LGBT organisations across the UK, which also allows people to filter by those which support trans people.

Methodology of this review

Beginning with the English context, one CCG was considered from each STP (44 out of a total of 195 CCGs) which more than doubled the initial sample size goal of 10% for this category of NHS organising bodies. This was unable to account for any potential 'dialogue' between adjacent or overlapping organisations. To ensure holistic coverage of regions, particular STPs were selected to act as cases, where their constituent organisations would be searched for relevant documentation. Ben Vincent (BV) was responsible for 4 STPs. These were:

1. Birmingham and Solihull STP
2. Kent and Medway STP
3. Northumberland, Tyne and Wear, and North Durham STP
4. Somerset STP

These were selected to offer juxtaposition between factors which may impact whether policies/initiatives are present and how they may be constructed. urban/rural, north/south, GIC/non-GIC. Michael Petch (MP) was responsible for 2 STPs, which were:

5. Greater Manchester Health and Social Care Partnership
6. Sussex and East Surrey STP

These were chosen as the cities of Manchester and Brighton (which respectively sit within these STPs) are known to contain services which may offer positive examples of integration and awareness (notably LGBT Foundation's Pride in Practice scheme in Manchester, and Clinic T in Brighton) of trans healthcare. We specify who was responsible for which area because of slight differences of methodological application in the initial stages of data collection, as detailed in the next section. In addition, BV collated documents related to the Gender Dysphoria pathways with MP as they exist in each of the four nations, and good practice guidance specifically related to trans health.
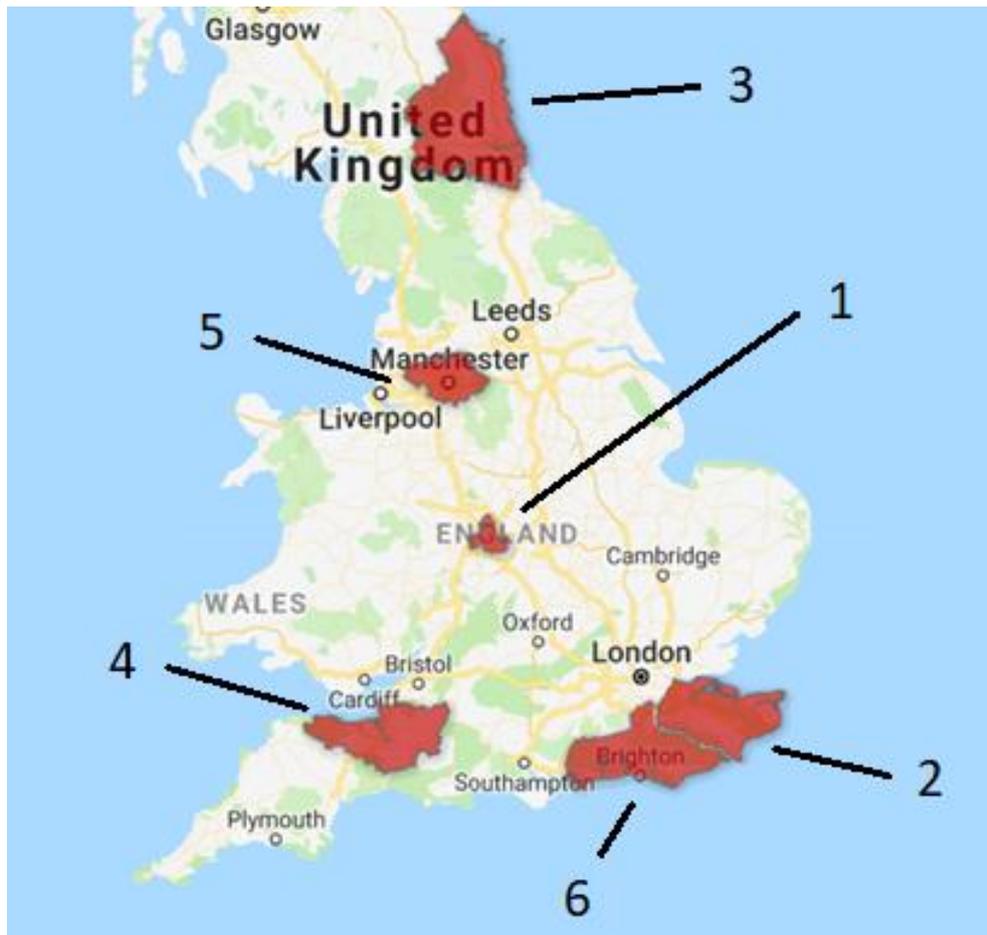
Figure 6: A map of England highlighting the STPs which were sampled.

Following a review of the information available from NHS organisations in the selected areas, it was decided that further investigation into services provided by third sector organisations was required due to the role which they may play in the integration of care. MP and BV used the LGBT Consortium and Tranzwiki directories to locate community organisations, while also drawing on personal knowledge and experience. The selection process focused on charities which operate at a national level within England, Scotland, Wales and/or Northern Ireland, those which operate on some level within the 6 STP cases, and those which operate regionally within Scotland, Wales and Northern Ireland.

Materials from the websites of third sector organisations within these areas were selected according to the criterion that they exemplified instances of collaborative working or service provision around healthcare. Social spaces for trans people were excluded as they are typically not a direct collaboration between third sector and local authorities. The benefits they can have to a trans individual's wellbeing are significant, but these groups generally tend to affect this through personal advocacy and community building, rather than working with structures of healthcare.

Qualitative Document Analysis

The work package makes use of **Qualitative Document Analysis (QDA)** as detailed by Altheide (1996). Altheide outlines a 12-step process for the analysis of documents. As this was originally designed with the consideration of media sources rather than policy, adaptations are made to mesh the approach with the context where appropriate.

1. Pursue a specific problem to be investigated.

The question posed within the original NIHR brief for Work Package 1 was:

"What is the current range of models used in the UK for providing integrated care for meeting the specific health and wellbeing needs of trans people?"

In practice, this can be reformulated into two distinct but related research questions – 'what range of models/approaches exist for the prevision of health and wellbeing services to trans adults?' and 'what examples are there of initiatives to improve the integration of healthcare services oriented to trans adult care?'

2. Build familiarity

Specifically, with the process and context of the information source. Explore possible sources of information.

The data collection process began with looking at public sector provision in England. The constituent bodies of STPs that provided the main context for English document searches were:

	Birmingham and Solihull	Kent and Medway	Northumberland, Tyne and Wear, and North Durham	Somerset	Greater Manchester Health and Social Care Partnership	Sussex and East Surrey	Total
CCGs	1	8	6	1	9	8	33
Council	2	2	6	1	10	4	25
Trusts	5	7	3	3	13	9	40
Other[3]	0	1	1	0	1	3	6
Total	8	18	16	5	33	24	104

Because the non-English nations of the United Kingdom are not divided into STPs, information about the sampled regions of Scotland, Wales, and Northern Ireland are introduced at the beginning of the results section, where the number of documents from each area are expressed (which is also done for England). Across England, the total number of Trusts, CCGs, and local authorities are (at our count, currently) 760.

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[3] The 'other' constituents of STPs included NHS England (Cumbria and North East), and Medway Community Healthcare CIC (Community Interest Company). In Manchester there is Manchester Health & Care Commissioning, and in Sussex and East Surrey there is Central Surrey Health, First Community Health and Care, and Integrated Care 24.

Therefore, the sample of 104 organisations gives a sample size of 13.7%, well beyond the proposed 10%. The far fewer regional health organisations of Scotland, Wales, and Northern Ireland when compared to England meant the 10% sample size was exceeded in all contexts.

Initially, MP and BV utilised different methods of searching as part of an initial pilot of this work. This was to develop a more robust method, and to utilise their different skillsets and backgrounds. As MP works within a community setting, they elected to begin their research by using formal contacts to develop a context of policies and initiatives, and what those who work closely with statutory healthcare bodies understand to be the locations of policies. They then searched for key words such as "transgender", "LGBT" and "Gender Reassignment" within documents found.

BV implemented a more rigorous, academic approach, and initially began by manually exploring policy document directories for relevant material. Beyond Birmingham and Solihull STP, BV adapted their process by which organisations were searched to use key word phrases to locate relevant information. Keywords used were: "transgender", "gender reassignment", "gender re-assignment" (if gender reassignment gave no results), "gender identity", "dysphoria", "LGBT", "transsexual", and "gender". 'Trans' was not used as a keyword because this caused too many search hits for unrelated material (e.g. transformation, transport).

MP and BV arrived at these conclusions separately, and once they had discussed initial progress, MP elected to using the other keywords BV had found effective and reviewed their progress thus far.

Using key words to find relevant initiatives and policies was considerably more efficient without an obvious loss of efficacy. This also established that various documents selected due to possible relevance then made no mention of trans people/gender dysphoria etc., such that searches would not identify them. This provides preliminary evidence of trans erasure within NHS policy documents.

There were some limitations to this approach. Websites could lack a search function to find documents, or the depth of the search function could vary (e.g. some searches only examined the text of web pages, and not of documents available for download). Manual searching of STP member websites would not be feasible due to the vast quantity of NHS and local authority web pages and documentation. Where possible, MP and BV used basic reasoning and experience developed through the research project to locate key pages related to inclusion and diversity, and publications.

As already explained, this collection of documents from public sector websites was complemented by incorporating material from third sector organisations involved in health and wellbeing service provision for trans people. Third-sector organisations that specifically offer such services to adults (in a national context, or within one of the

regions selected) were also identified. Organisations were identified by BV and MP using experience gained through the research process and by looking at organisations identified within documents from public sector healthcare organisations.

This search was limited in its focus, to restrict the number of organisations and ensure that those which were identified were relevant to the research aim. For this reason, we focused our research on larger organisations which formally offer any level of support or advocacy to trans people. We excluded smaller organisations, and those which primarily focus on social spaces as any increase to a trans person's wellbeing is more as a result of informal, individual advocacy rather than integration and collaboration with any health care organisations or service providers.

As a result of this, the following organisations with remits for adults were identified:

England – National (excluding those based within the STPs):
- Stonewall
- GIRES
- Mindline Trans+
- Gendered Intelligence
- Trans Bare all

England – Operational within STP case-studies:
- Birmingham LGBT
- Clare Project
- Inclusion Support Service Kent
- LGBT Foundation
- Medway Gender and Sexual Diversity Centre
- North Somerset LGBT+ Forum
- Proud Trust
- Switchboard
- TG PALs

Scotland – National and Regional:
- Stonewall Scotland
- Scottish Trans Alliance
- Mindline Trans+
- Gendered Intelligence
- Trans Bare all

Wales – National and Regional:
- Stonewall Cymru
- LGBT Cymru Helpline
- Umbrella Cymru

Northern Ireland – National and Regional:
- Rainbow Project
- Transgender NI

3. Become familiar with examples of relevant documents

The format of documents should be noted. Select a unit of analysis (e.g. each article) which may change.

Using Birmingham and Solihull CCG as a basis for document types (n=16 – more than recommended but many had no mention of trans), these included:
- o Freedom of Information (FOI) requests
- o Event presentations
- o Treatment policy
- o Equality strategy and policy

The unit of analysis is units of text (sentences or short paragraphs) within documents, as in most cases relevant discussion is a small part of a larger document. In some cases (particularly NHS England documents) whole documents are suitable as units of analysis.

4. List several items or categories (variables) to guide data collection

A protocol is then drafted at this stage. A protocol is a list of questions, items, categories, or variables that guide data collection from documents. According to Altheide, the protocol should:

- Allow obtainment of necessary information for the study
- Keep categories to a minimum
- Not include items in a stand-alone fashion, or for interest's sake
- Capable of accommodating numeric codes, letter codes, and descriptions
- Allow categories to have more than one possible outcome/value
- Be capable of documenting visual as well as written or narrative information
- Have a reflective segment

Draft Protocol

The following protocol was used to review the documents identified:

1. Nation of origin
2. Name of STP (if English)
3. Type of source organisation (CCG, Trust, Council, other)
4. Name of organisation

     5. Type of document
- a. Policy
    - i. Treatment service provision
    - ii. Non-treatment service provision
    - iii. Equality and diversity-related
    - iv. Other policy-related
- b. Report
    - i. Equality and diversity-related
    - ii. other
- c. Webpage
- d. FOI request response
- e. Information sheets/booklets
- f. Meeting minutes
- g. Form

     6. Level of focus on trans healthcare:
- a. Whole document
- b. Document subsection
- c. Incidental mention
- d. Conspicuous absence

     7. Summary of content

     8. Significant features

5. Test the protocol by collecting data from several documents.

Content that relates to trans health was initially extracted from source documents located via Birmingham and Solihull CCG, and collated. This was repeated for the trusts and councils for Birmingham and Solihull. In some cases, this would comprise the text of the entire document (where trans-health-specific), otherwise, relevant sections would be taken by searching documents for the same key language initially used ("transgender", "gender reassignment", "gender re-assignment", "gender identity", "dysphoria", "LGBT", "transsexual", and "gender").

6. Revise the protocol and select several additional cases to further refine the protocol.

The protocol was scrutinised and tweaked throughout by comparing Birmingham and Solihull documents to the categories, to see if additional labelling was necessary to catalogue found documents. This was repeated for each organisation category (i.e. CCGs, Trusts, Councils) for each of the STPs comprising the English sample.

7. Arrive at a sampling rationale and strategy

QDA uses specifically defined concepts to capture the meaning and emphasis of documents. The largest of these is the **format**, which pertains "to the underlying

organization and assumptions of time (temporal flow and rhythm), space (place and visual setting), and manner (style) of experience" (Altheide, 1996). An example format would be communication and media, for a project looking at news articles. The format sets the context of the project. The proposed format for this project is **professional organisation outputs**.

The **frame** is more specific and serves to thematically contextualise the project. For example, a project on drug use might frame this as an issue of public health, or alternatively of criminal justice. The proposed frame for this project is **provision and integration of health and wellbeing services**.

Themes can be understood as 'miniature frames', which in this research context are emergent from the data. They are related to (but not inherently determined by) the frame.

Discourse (in the QDA context) refers to the exact wordings/messages of documents which reflect themes.

Format	Professional organisation outputs
Frame	Provision and integration of health and wellbeing services
Theme (example)	Limited Engagement/Understanding
Discourse (example)	"Any reference to a female/partner/couple could relate to any of the following: [...] Transgender male; biologically born as a female, gender reassigned to male, retention of female reproductive organs"

Results

This section reports on steps eight and nine of QDA. Step eight is comprised of collecting the data, using pre-set codes, if appropriate, and many descriptive examples. The data is kept with the original documents, but also compiled in a computer-text-word processing format for easier search-find and text coding. About halfway to two-thirds through the sample, the data is examined to permit emergence, refinement, or collapsing of additional categories. Appropriate adjustments to other data are made. Step nine is the performance of data analysis, including conceptual refinement and data coding. Notes and data are read repeatedly and thoroughly. This section comprises the summary and extensive examples (and protocol-based categorisation) of document findings.

Summary of English documents:

Docs from:	Birmingham and Solihull	Kent and Medway	Northumberland, Tyne and Wear, and North Durham	Somerset	Greater Manchester Health and Social Care Partnership	Sussex and East Surrey	Total
CCGs	16	28	13	5	40	34	136
Councils	2	5	11	1	37	13	68
Trusts	8	16	6	2	60	25	117
Other	0	0	0	0	11	2	13
Total	26	49	30	8	148	74	335

Summary of Scottish Documents:

	Healthcare Improvement Scotland	NHS Highland	NHS Lothian	NHS Scotland	Total
Number of documents:	1	9	19	1	30

Summary of Welsh Documents:

	Aneurin Bevan University Health Board	Betsi Cadwaladr University Health Board	Velindre NHS Trust	Welsh Ambulance Services NHS Trust	Welsh Health Specialised Services Committee	Total
Number of documents:	13	29	5	9	21	77

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Summary of Northern Irish Documents:

	Belfast	Southern HSC	Western HSC	Total
Number of documents:	8	5	17	30

A Total of 472 documents were captured and considered across the four nations of the United Kingdom. Some documents were explicitly produced as collaborative work or reports between multiple organisations (collections of CCGs, Trusts, etc.). Each document is only recorded once in the above table and is attributed to the first location in which it was found. This is so that the total number of documents does not include duplications but therefore does not capture any complexity of inter-organisational work. Most often this involves a policy being shared across organisations and so does not reflect an erasure of specific examples of integrating care for trans adults.

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England

a. Birmingham and Solihull – CCG findings

Highlights from the 16 documents captured include:

Document title or summary	Document information	Content	Emergent theme(s)
Freedom of Information (FOI) request regarding trans gamete extraction	FOI request response; whole document.	Indicates a trans-inclusive NHS policy.	Explicit inclusion
Breast implant revision surgery policy	Treatment service provision policy-related; incidental.	Specifically mentions that "the population who may require breast revision surgery includes... women who have had NHS funded breast augmentation as part of gender reassignment surgery"	Explicit inclusion
Treatment policies document	Treatment service provision policy-related; conspicuous absence.	Includes policies on breast augmentation, breast reduction, vaginoplasty, and hair depilation (among others). Consistent with above, breast revision surgery is highlighted as inclusive where breast augmentation has been accessed as part of gender reassignment surgery. However, no mention of trans, gender dysphoria, or the gender reassignment pathway are made in the contexts of vaginoplasty, hair removal, or breast reduction. The policy specified that "for patients (who DO NOT meet the above criteria) the CCG will only fund the treatment if an Individual Funding Request (IFR) application proves exceptional clinical need and that is supported by the CCG".	Lack of recognition (lack of information)
Equality analysis form for aesthetic surgery	Equality and diversity; incidental.	Point made asking regarding hair depilation: "Would someone undergoing Gender Reassignment surgery qualify for treatment or would this be dealt with under a separate policy? Response: Hair depilation for gender dysphoria patients would be considered via NHS England Gender Dysphoria protocol and guideline commissioning policy."	Lack of recognition (lack of information)

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		Currently, some hair removal can be accessed through GICs (up to 8 sessions of laser hair removal, or as many sessions of electrolysis as is equal to the value of 8 sessions of laser treatment). This is not clearly signposted in the interim protocol itself.	
Equality analysis (Health Inequalities, Human Rights, Social Value) Conditions for which over the counter items should not routinely be prescribed in primary care policy	Equality and diversity; incidental.	Document notes that: "The proposals will apply to all patients regardless of whether they have changed gender or are transgender." "There is no data available on the prevalence of trans people or other members of the non-binary community who are currently prescribed items that are also available over the counter. There is no evidence to suggest that the relevant items are prescribed disproportionately to this group. Birmingham Lesbian Gay Bisexual Transgender (LGBT) organisation stated (in their report 'Out and About: Mapping LGBT lives in Birmingham') that whilst there are no agreed figures as to the percentage of the LGBT population, estimates of between 6% and 10% are popularly used. There is evidence that indicates LGBT people experience discrimination when using health services and report having a poorer patient experience. No adverse impact identified in relation to Gender Reassignment."	Limited understanding (Limited language); lack of recognition (lack of information)
Equality Objectives and Health Inequalities Strategy 2018 - 2021	Equality and diversity; incidental	Repeats the second-last paragraph from the above document verbatim. Also includes: "There is a lack of good quality statistical data regarding trans people in the UK. Current estimates indicate that some 650,000 people are "likely to be gender incongruent to some degree". There is research evidence which indicates that trans people experience fear and discrimination when accessing health services. The CCG	Lack of recognition (lack of information)

		will work to support the findings of the review into NHS National Gender Identity Services Review which is due to report in early 2018."	
Policy for aesthetic surgery 2011	Treatment service provision policy-related; incidental	Under Breast enlargement: "Will only be performed by the NHS on an exceptional basis and should not be carried out for "small" but normal breasts or for breast tissue involution (including post-partum changes). Exception should be made for women (who were female at birth) with an absence of breast tissue unilaterally or bilaterally, where there is no ability for a woman to maintain a normal breast shape using non-surgical methods, or where there is gross asymmetry of breast shape/volume (a difference of at least 3 cup sizes)." This policy therefore specifies the availability of breast augmentation as only available to cisgender women. "Gender re-assignment and associated procedures are a highly specialised area of clinical practice and should only be considered, assessed for and carried out as part of a recognised NHS programme of care. Please refer to the BSoL cluster gender reassignment policy" This policy could not be found and is presumably aged out of relevance.	Lack of recognition (Disengagement)
Provision of NHS funded gamete retrieval and cryopreservation for the preservation of fertility	Treatment service provision policy-related;	"Any reference to a female/partner/couple could relate to any of the following: o Heterosexual couple; a male and a female in a relationship; same sex female couple; A single female o Transgender male; biologically born as a female, gender reassigned to male, retention of female reproductive organs o Transgender female, biologically born as a male, gender reassigned to female, retention of male reproductive organs."	Explicit inclusion; limited understanding (limited language)

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| | | "Where there is a significant likelihood of making a patient permanently infertile as an unwanted side- effect of NHS funded treatment, including gender reassignment, those patients will be eligible, under the CCG commissioned pathway, for gamete retrieval and cryopreservation to preserve fertility, provided they meet the criteria described below." | |

b. *Birmingham and Solihull – Trust findings*

Highlights from the 8 documents captured include:

Document title or summary	Document information	Content	Emergent theme(s)
Gender reassignment webpage	Birmingham and Solihull mental health foundation trust; webpage, whole document	"Gender is a significant factor in determining an individual's pathway to, exclusion from, and avoidance of mental health services, but it is a factor to which insufficient attention has been paid in the past. Our Trust is committed to ensuring equality of access and outcomes for all service users, regardless of gender. The Trust is also committed to improving its services and workforce policy according to Stonewall's Workplace Equality Index." Link labelled "an overview of your rights in relation to transgender discrimination Access [sic] to health services for transgender people" does not work. No signposting to NHS policy or services.	Lack of recognition (lack of information)
Equality, Diversity and Human Rights Strategy 2016-2018	Birmingham Community Healthcare NHS Foundation Trust; Report; Equality and Diversity Related;	Besides acknowledging that gender reassignment is one of nine protected characteristics under the equality act, the only mention related to this in the 28-page report was an intention to develop and launch supporting guidance regarding gender identity within the quarter of April-June 2016. Such guidance could not be found. The trust's website (http://www.bhamcommunity.nhs.uk/about-us/corporate-information/equality-diversity-and-human-rights/about-edhr/edhr-approach-mapping/) mentioned 'Transgender and Gender Reassignment Guidance' which could also not be found online.	Lack of recognition (lack of information)

	Conspicuous absence		
Equality and Diversity Report	The Royal Orthopaedic Hospital NHS Foundation Trust; Report; Equality and Diversity-Related; incidental mention	"In this section, staff data is presented for the [sic] six of the protected characteristics: Age, Disability, Transgender, Ethnicity, Sexual Orientation, Religion and Sex are included. There is no detailed information recorded for Transgender staff members, Marriage and Civil Partnership, Pregnancy and Maternity." The document mislabels gender reassignment and has no further discussion of trans issues.	Limited understanding; lack of recognition (lack of information)
Annual equality report 2017	University Hospitals Birmingham NHS Foundation Trust; Report; Equality and Diversity related; incidental mention	"In this section, staff data is presented for the six of the protected characteristics: Age, Disability, Transgender, Ethnicity, Sexual Orientation, Religion and Sex are included. There is no detailed information recorded for Transgender staff members, Marriage and Civil Partnership, Pregnancy and Maternity." Based on a table in the accompanying slides, the trans patient was recorded as "not specified (indeterminate)" which is problematic due to lacking key signposting information for clinicians and administrators.	Lack of recognition (lack of information); limited understanding (limited language)
New clinic to support trans community webpage	University Hospitals Birmingham NHS Foundation Trust; webpage; whole document	"Birmingham LGBT has launched a new clinic dedicated to supporting the trans community in Birmingham and Solihull, with support from Umbrella sexual health services." Posted August 2016. "The sexual health team at Birmingham LGBT includes a dedicated transsexual health outreach worker who provides specific sexual health and well-being services for trans people. The clinic is consultant- or nurse-led and facilitated by the transsexual health outreach worker and trans volunteers."	Integrated care

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c. Birmingham and Solihull – Council findings

Highlights from the 2 documents captured include:

Document title or summary	Document information	Content	Emergent theme(s)
Birmingham City Council Equality Act 2010 Fact Sheet	Birmingham City Council; information sheet/booklet; whole document	The fact sheet notes "The Act regards 'gender reassignment' as a personal process (i.e. moving away from one's birth sex to the preferred gender), rather than a medical process. It may include undergoing the medical gender reassignment treatment, but it does not require someone to undergo medical treatment in order to be protected" but then states: "There are a range of different gender identities within the transgendered community, including transsexuals and transvestites. However, it is only transsexual people who are explicitly protected under the Equality Act. Transgendered people who do not intend to transition are not directly protected" This is both incorrect and very dated language.	Limited understanding (errors, limited language)
Equality Analysis – Birmingham and Solihull Single Commissioning Voice Organisation	Report; Equality and Diversity-related; incidental mention	There is a lack of good quality statistical data regarding trans people in the UK. Current estimates indicate that some 650,000 people are "likely to be gender incongruent to some degree"" The source of this claim is from evidence submitted to parliament by Mrs Terry Reed of GIRES in 2015, drawing from data from the Netherlands and Belgium, reported in "Being Trans in the EU – comparative analysis of the EU LGBT Survey Data" (2015). http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/women-and-equalities-committee/transgender-equality/written/19292.pdf	Lack of recognition (lack of information)

d. Kent and Medway – CCG findings

Highlights from the 28 documents captured include:

Document title or summary	Document information	Content	Emergent theme(s)
Kent and Medway CCG schedule of policy statements for health care interventions, and referral and treatment criteria	Ashford CCG; policy; Treatment service provision policy-related; incidental mention	"Kent and Medway CCGs do not have a specific policy on funding of procedures for patients with gender dysphoria; funding will be available where the policy relating to the procedure in question indicates that the patient is eligible. Appropriate individual funding requests (IFRs) will always be considered through Kent and Medway CCGs' IFR process."	Lack of recognition (lack of information)
Final report to enhance seldom heard engagement for Kent and Medway STP	Canterbury and Coastal CCG; Report; Equality and Diversity Related; incidental mention	"People identifying as transgender raised the need for gender neutral wards and toilets. We want to be treated in appropriate comfortable spaces." Survey broke down gender as 'male, female, transgender', with 2 trans respondents.	Explicit Inclusion (community involvement); limited understanding (limited language)
Records Management Code of Practice for Health and Social Care 2016	Canterbury and Coastal CCG; Policy; non-treatment service provision policy-related; document subsection	Guidance on health records of transgender persons – but no engagement with different software used in different parts of the NHS and/or addressing trans status recording.	Explicit inclusion; lack of recognition (lack of information)

Chief Nurse' Quality and Safety Update April 2016	West Kent CCG; report; other; incidental mention	"Helping doctors respond to the needs of transgender people New guidance has been issued by the General Medical Council on treating transgender patients. Further information can be found at: https://www.england.nhs.uk/2016/03/will-huxter-8/"	Integrated care

e. *Kent and Medway – Trust findings*

Highlights from the 16 documents captured include:

Document title or summary	Document information	Content	Emergent theme(s)
FOI request – single sex wards	Maidstone and Tunbridge Wells NHS Foundation Trust; FOI request; whole document	"The Trust would discuss and accommodate the wishes of the patient with them directly, taking into consideration the nature of the admission and NHS Governance around single sex bays. For example a transgender women (whether they have gone through surgery or not) would be admitted to a female bay. However, if the cause of their admission was for example something related to male genitalia that they have retained, the patient would be asked what would be most appropriate for them – for example a side room may be more discrete for discussions with hospital staff. At Tunbridge Wells Hospital all rooms are single occupancy."	Explicit inclusion
Web page and associated PDF – Kristiana's Transgender Story	Maidstone and Tunbridge Wells NHS Foundation Trust; information sheet/booklet; whole document	"The trust has a Transitioning at Work policy which is designed to aid managers in the support of staff who are transitioning from the gender assigned to them at birth to their gender identity. This is supplemented by awareness training for all staff" Page links to PDF with personal narrative, including photo.	Explicit inclusion (single staff/patient)
FOI request – transgender training	Maidstone and Tunbridge Wells NHS Foundation	"Would you please tell me which groups you have consulted regarding care of transgender patients and/or the formation of transgender policy and/or that provide your staff training on transgender patient care/policies" "Trust response:	Explicit inclusion (single staff/patient);

Document title or summary	Document information	Content	Emergent theme(s)
	Trust; FOI request; whole document	We have consulted with our staff LGBT+ Network in the creation of a Transgender Equality in the Workplace document which is going through the ratification process. We worked closely with a trans member of staff at the Trust to create and codeliver "Transgender Awareness" sessions for our staff. No we have not formally consulted any groups" Medway NHS Foundation Trust received the same FOI and indicated that "Our training on equality, diversity, inclusion and human rights covers the law in relation gender reassignment (as set out in the Equality Act 2010), and is delivered through the NHS national eLearning module rather than locally sourced material. Therefore, we have not consulted locally."	lack of recognition (lack of information)
Overseas Visitors Policy	Medway NHS Foundation Trust; policy; non-treatment service provision; incidental mention	In discussion of maternity treatment, the document notes: "7.7.4 The same above process applies to Transgender men expecting a baby, as to women."	Explicit inclusion (conceptual inclusion)

f. *Kent and Medway – Council findings*

Highlights from the 5 documents captured include:

Document title or summary	Document information	Content	Emergent theme(s)
Kent County Council Annual Equality &	Kent County Council; Report; Equality and Diversity;	"KCC has continued to develop staff understanding in the needs of the Transgender community. 526 people completed the Trans Awareness e-learning training which was launched in January 2017."	Explicit inclusion; lack of recognition

Diversity Report	Incidental mention		(lack of information)
Medway council meeting of employment matters committee 9th September 2015	Kent County Council; meeting minutes; document subsection	"Members considered a report seeking agreement to the introduction of a Gender Reassignment policy. The policy and supporting guidance had been produced to support employees making the transition to a new gender identity. Members were advised that transgender treatment was not viewed by the Council as cosmetic or elective and employees would not be disadvantaged for taking time off for gender reassignment. In response to a question, the Committee was assured that time taken off for gender reassignment treatment would be recorded separately from sickness absence and would not be used for absence management or monitoring purposes." While positive, it is also noteworthy that this policy was only created and ratified 5 years after the Equality Act 2010 made discrimination on the basis of gender reassignment in the workplace illegal.	Explicit inclusion (conceptual inclusion)

g. *Northumberland, Tyne and Wear, and North Durham – CCG findings*

Highlights from the 13 documents captured include:

Document title or summary	Document information	Content	Emergent theme(s)
20th November 2018 conference feedback	Newcastle Gateshead CCG; Report; Other; whole document	Report summarised feedback sheets for trans training event. The CCG website stated: "As part of our ongoing work to support all people living in Newcastle Gateshead CCG regardless of any protected characteristics, the CCG supported and funded two events in 2018 to explore the needs of trans members of the public and patients accessing our services.	Explicit inclusion (community involvement)

		Trans Lives Matter took place on 24 May 2018 and Trans Lives NE Conference 2018 took place on 20 November – this was International Transgender Day of Remembrance (TDoR). Both these conferences were about recognising the needs of all our patients in Newcastle and Gateshead and to stop gender issues being a barrier for people accessing services, creating a culture of equality for all and fairness to be treated in a way that is right for you." Feedback was extremely positive.	
Guidance for changing names, gender and title on medical records	Newcastle Gateshead CCG; information sheets/booklets; whole document	Note: document was found on Newcastle Gateshead CCG website but branded as The Newcastle upon Tyne Hospitals NHS Foundation Trust.	Explicit inclusion
Gender Diversity good practice guidance for call handlers	Newcastle Gateshead CCG; information sheets/booklets; whole document	Note: document was found on Newcastle Gateshead CCG website but branded as The Newcastle upon Tyne Hospitals NHS Foundation Trust. "We cannot know the gender of the person on the other end of a phone call. No-one can reliably diagnose gender from the tone or pitch of a voice, or from a name. Therefore, take a gender neutral stance at the beginning of a call. Dropping gendered terms such as sir or madam not only avoids the possibility of accidental misgendering, but has the benefit of making the call more clear and concise."	Explicit inclusion
Guidelines for the use of feminising hormone therapy in	Sunderland CCG; policy; treatment service provision; whole document	A parallel document for masculinising hormone therapy was also found. "Gender dysphoria is a condition in which there is a psychological experience of oneself as a man or woman, which is incongruent with the individual's external sexual characteristics of the body."	Explicit inclusion; Integrated care; limited understanding

Document title or summary	Document information	Content	Emergent theme(s)
gender dysphoria			(limited language)

h. *Northumberland, Tyne and Wear, and North Durham – Trust findings*

Highlights from the 6 documents captured include:

Document title or summary	Document information	Content	Emergent theme(s)
Northern Region Gender Dysphoria Service (NRGDS) Referral Form	Northumberland, Tyne and Wear NHS Foundation Trust; form; whole document	Requests patient information for the NRGDS from a GP or referrer, but could be more specific with what information it necessarily requires/would benefit from having.	Integrated care
Additional information webpage	Northumberland, Tyne and Wear NHS Foundation Trust; webpage; whole document	This page is comprised entirely of links to supporting documents, divided into 'documents and links' versus 'information for healthcare staff'. They include: • Support groups • Referral form • The interim gender dysphoria protocol and service guideline 2013/14 • Royal college of psychiatry good practice guidelines for the assessment and treatment of adults with gender dysphoria • Trans mental health survey 2012 • Information for trans people about NHS screening programmes • The recruitment and retention of transgender staff: guidance for employers • International classification of Diseases version 10 (ICD-10) • Contraceptive choices and sexual health for transgender and non-binary people • Check what help you could get to pay for NHS costs • Changing your name and documents • Patient experience report	Integrated care

| | | • Primary care responsibilities in prescribing and monitoring hormone therapy for transgender and non-binary adults April 2016
• Guide to supporting patients accessing gender identity services | |

i. *Northumberland, Tyne and Wear, and North Durham – Council findings*

Highlights from the 11 documents captured include:

Document title or summary	Document information	Content	Emergent theme(s)
Equality Act 2010 guidance	Newcastle city council; webpage; document subsection	"Transsexuality – A transsexual person has the protected characteristic of gender reassignment. A transsexual person does not have to be under medical supervision but must live or intend to live permenantly [sic] in the gender opposite to that assigned at birth. A woman making the transition to being a man and a man making the transition to being a woman both share the characteristic of gender reassignment. So does a person who has just started the process of changing his or her sex and a person who has completed the process. They can also share the characteristics of the gender they are transitioning to."	Limited understanding (limited language)
Council's commitment to LGBT equality recognised with awards	Newcastle city council; webpage; document subsection	"Over the last year the council has worked closely with local transgender organisations to raise awareness of the issues trans people face daily. In November 2019, the council joined with the NHS and other partners to organise a ground-breaking conference, aimed at raising awareness and understanding of the needs of the local trans community."	Explicit inclusion (community involvement); lack of recognition (lack of information)
Equality Impact assessment	North Tyneside council; report; equality and diversity related;	This document assessed the approach to minority group engagement on the council budget for 2017-18. Under gender reassignment it notes "We currently have an effective link with Transgender groups in the borough and we will utilise this for this engagement process." There is no further mention of trans people, gender reassignment, etc.	Lack of recognition (lack of information)

	incidental mention		
Trans inclusion policy	Northumberland, Tyne and Wear council; policy; equality and diversity related; whole document	Approved October 2017. Produced in consultation with trade union representatives. Some languages issues, e.g. description of gender identity as the "innate sense of being male or female" (while also saying trans includes non-binary people).	Explicit inclusion; limited understanding (limited language)

j. Somerset – CCG findings

Highlights from the 5 documents captured include:

Document title or summary	Document information	Content	Emergent theme(s)
Equality delivery system conference 2014 report "thinking differently"	Somerset CCG; report; equality and diversity-related; incidental mention	The report notes that "The analysis does indicate low levels of participation by certain protected characteristic groups", and that "Equality South West, a voluntary and community sector promoting equality throughout the region, closed on 31 October 2013. Being unable to engage through their existing networks, particularly the Gender Reassignment (Transgender) network, has limited the ability (and ease) to engage with and inform some groups." The report also repeated feedback received from the CCG's Somerset Engagement Advisory Group in November 2013, which included "Ignorance of transgender issues amongst medics"	Lack of recognition (lack of information)
Equality, diversity and public engagement strategy 2016-2020	Somerset CCG; report; equality and diversity-related; incidental mention	"We have used social media to demonstrate an interest in transgender issues and to indicate our intention to work with this group. The Patient Engagement Team has also provided information and guidance for CCG staff around issues specific to transgender people to ensure we take an inclusive approach to this group. We will continue to provide training where necessary and share information and best practice ideas with our provider organisations"	Limited Understanding (shallow evidence for equality requirements)

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k. Somerset – Trust findings

Highlights from the 2 documents captured include:

Document title or summary	Document information	Content	Emergent theme(s)
Same sex accommodation	Somerset Partnership NHS Foundation trust; webpage; incidental mention	Notes that "if you are a trans patient you should be accommodated in the same ward area as your chosen gender. This includes access to toilets and bathrooms."	Explicit inclusion; limited understanding (limited language)
Speech and language therapy	Somerset Partnership NHS Foundation trust; webpage; incidental mention	For the trust's specialised speech and language therapy, they note that "voice disorders" includes "Transgender Voice Training".	Explicit inclusion

l. Somerset – Council findings

Highlights from the 1 document captured include:

Document title or summary	Document information	Content	Emergent theme(s)
Hate crimes and hate incidents	Somerset county council; webpage; incidental mention	"a hate incident is when the victim or anyone else thinks an incident, such as bullying or abuse, was motivated by hostility or prejudice based on one of the following things [...] Gender identity (including resentment of transgender people, transsexuals and transvestites)"	Lack of recognition (lack of policy); limited understanding

			(limited language)

m. *Greater Manchester Health & Social Care Partnership – CCG findings*

Highlights from the 14 documents captured include:

Document title or summary	Document information	Content	Emergent theme(s)
Stockport LGBT Needs Assessment	Equality & Diversity document, Stockport CCG, subsections.	Although the needs of LGBT people are often considered together, it is important to remember that within this acronym are two protected minorities: LGB people, who have one of the minority sexual orientations and trans people, whose gender identity is different from the gender they were assigned at birth. It is also worth noting that these categories are not mutually exclusive, meaning that some people will belong to both minority groups simultaneously. It is estimated that 5-7% of the UK population is LGB, with a further 1% estimated to be gender variant. There is a large body of… data on sexual orientation, though not on trans status. Gender identity data is collected but not in a way that includes non-binary gender identities, i.e. the options 'male' and 'female' are given. LGBT Foundation have published a guide to sexual orientation monitoring, a briefing sheet on gender identity and trans status monitoring, and a clinical rationale for monitoring within health and social care services. For the purposes of the Act, the term gender reassignment encompasses anyone who has transitioned, come out as trans, or expressed an intention to transition, thus including anyone who has gone through a process of legal or medical transition such as deed poll, hormone replacement therapy, or Gender Recognition Certificate; non-	Lack of recognition (lack of information); Explicit Inclusion (Community Involvement)

		binary people, who have expressed that their gender identity differs from the sex they were assigned at birth; and anyone who has undergone any aspect of a social transition, including using a different name and changing gender presentation. Stockport has its own LGBT support group, People Like Us Stockport (PLUS) and a group for the trans community of Stockport, Trans Stockport, is launching on 17th May 2017. Staff from Stockport Foundation Trust and LGBT Foundation attended a monthly meeting and held a focus group with attendees about their experiences of health and social care in Stockport.	
NHS Stockport CCG Governing Body Agenda 31 Jan 2018	Stockport CCG document Subsection,	The table below sets out the key groups used as points of contact for reaching protected groups. It should be noted that this is not a comprehensive list and protected groups are also involved in other engagement work as individuals fall under a number of categories… Gender reassignment: Press for Change, LGBT Foundation MORF, Manchester Concord There is currently no demographic data on local trans-gender residents, though recent consultation undertaken as part of Stockport's LGBT needs assessment offers a greater insight into this community group.	Explicit Inclusion (community involvement); Lack of recognition (lack of information);
Equality and Diversity Strategy 2016 – 19	Equality and Diversity document, Wigan CCG, Incidental	GENDER REASSIGNMENT Transsexual people who propose to; are doing or have undergone a process of having their sex reassigned	Limited understanding (Shallow evidence for equality.)

Public Sector Equality Duty Annual Equality Data Publication 2017	Equality and diversity document, Heywood, Middleton and Rochdale CCG, Incidental	The census does not measure how many residents within the borough identify as transgender, however, the Gender Identity Research and Education Society estimates that 1 in 4,000 of the UK population seeks support to change their gender. If we use this estimation for the borough's population the number equates to an estimated 53 people who might identify themselves as transgender. Research by the LGBT Foundation estimates 1 in 4000 people in the UK seek to change their birth gender. We have ran focus groups in partnership with LGBT foundation to examine key issues for LGBT community. Further work will during 2018 will include working towards embedding the NHS England Sexual Orientation Monitoring Standard and improve our GP take up of the LGBT Foundation 'Pride in Practice Scheme'.	Limited understanding (Shallow evidence for equality); explicit Inclusion (Community involvement).
Equality and Diversity Web page	Equality and Diversity webpage, Stockport CCG, incidental.	NHS Stockport Clinical Commissioning Group is committed to equality of opportunity. We want to ensure that every member of the community has: • equal access… …regardless of: • …Gender • Gender Identity	Limited understanding (Shallow evidence for equality.)
Gold Award for Reddish GP Practice 30th May 2017	News webpage, Stockport CCG, Whole document	A Stockport GP practice has been awarded the highest accolade possible for the quality of care it offers its Lesbian, Gay, Bisexual and transgendered patients.	Explicit Inclusion (Community involvement).

		Park View surgery in Reddish was presented with a Gold Standard award by Laurence Webb, from the LGBT Foundation – a national charity delivering a wide range of services LGBT communities.	
Annual Equality and Diversity Report 2018	Equality and diversity document, Bury CCG, document subsection	Pride in Practice is a quality assurance support service that strengthens and develops Primary Care Services relationship with their lesbian, gay, bisexual and trans (LGBT) patients within the local community. Quotes: 'I've received good care as a transgender woman from the GP practice, without feeling patronised' Trans Woman, Bury. The CCG acknowledges the estimates provided by the Lesbian Gay and Transgender Foundation, that 1 in 4000 people in the UK seek support to change their birth gender and between 5 and 7% identify as Lesbian, Gay or Bisexual nationally. (Same statistics used in 2016 & 2017)	Lack of recognition (lack of information); Explicit Inclusion (Community Involvement)
Patient Story, You Said, We Did	Webpage/document, document subsection, Trafford CCG	Seb's story – Being trans in Trafford • GPs don't always understand needs of transgender patients • Long waiting times for access to Gender Identity Clinics, GPs need to support patients whilst they are waiting • Arranged for LGBT Foundation to present at GP Education clinical session • Free 'Pride in Practice' training promoted with GPs. • Local Medical Committee to work with LGBT	Explicit inclusion (Single staff/patient)
Diversity and Inclusion Interim Annual	Equality and diversity document, Salford CCG	A recent local needs assessment estimated the number of LGBT over-18s in Salford at between 1,855 and 8,146 (although it may be higher).	Lack of recognition (lack of information)

Report 2017-18	document subsection.		

n. *Greater Manchester Health & Social Care Partnership – Trust findings*

Highlights from the 60 documents captured include:

Document title or summary	Document information	Content	Emergent theme(s)
2018-664 - FOI Request - Transgender patients on wards	Freedom of information requests; Whole document, Bolton Hospital NHS Foundation Trust	The Trust is committed to ensuring Trans patients, regardless of whether or not they may have undergone any specific treatment or surgery to change from birth sex to preferred gender, are treated in the gender they present in and placed on the associated single sex ward. This includes Transgender patients who propose to change their gender or have done so. "How many transgender patients have you accommodated on wards according to their preferred/expressed gender rather than their biological sex for the 12 months up to the last month for which records are available?" We do not record this information.	Explicit inclusion (conceptual inclusion)
Training Directory	Training booklet, Incidental, Bolton Hospital NHS Foundation Trust	On completing this course you will be able to: Understand how Equality and Diversity applies to all of the seven areas covered: Age Disability Gender and Gender Reassignment Race and Ethnicity Religion and Belief Sexual Orientation Pregnancy and Maternity Duration: 2 hours	Limited understanding (Shallow evidence for equality)
Diversity and Equality – Getting it right for Everyone	Conspicuous Absence, Bolton Hospital NHS Foundation Trust	Discusses "The employment Equality (Sexual Orientation) Regulations 2003 ('the Regulations') came into force on 1st December, 2003" despite being written in 2012 and surely should be referencing the Equality Act 2010. Has no section on gender reassignment – consistently talks about gender in a very binary sense with regards to religious customs and female staff treating men, male staff treating women with regards to modesty customs.	Lack of recognition (Lack of policy)

		Transsexual – a man or woman who believes they were born with the wrong body for the gender they really are. Also known as 'Gender Dysphoria'. (Ref: to Transsexuals under Gender) ^Clunky definition which reinforces wrong body narrative and interpretations of trans women as having "male bodies".	
Public Sector Equality Duty Equality, Diversity and Inclusion Report 2019	Equality and diversity documents, Subsection., Bridgewater Community Healthcare NHS Foundation Trust	Objective 2: Improving recording and monitoring of equality information in patient records · Referrals · Patient Records · 0 – 19s Health Records · Intersex/Non-Binary · Gender Reassignment Lacks nuance by linking intersex and non-binary people.	Limited understanding (errors); lack of recognition (lack of policy)
Are you worried about someone ending their life?	Webpage, subsection, Greater Manchester Mental Health NHS Foundation Trust	**Some populations are at higher risk of suicide than others and may be considered as vulnerable groups:** ...the lesbian, gay, bisexual and transgender people.	Limited understanding (limited language); Explicit inclusion (conceptual inclusion)
Equality, Diversity and Inclusion Strategy 2019 – 2021 (GMMHNHSFT)	Equality and diversity document, Subsection, Greater Manchester Mental Health	Staff reported they did not feel confident providing services to transgender service users and requested more education and guidance.	Lack of recognition (lack of information)

	NHS Foundation Trust		
EDI Annual Report 2019	Equality and diversity document, Document subsection, Manchester University NHS Foundation Trust	Pride in Practice In July 2018 the Government released the findings of their National LGBT Survey. The report found that lesbian, gay, bisexual and trans (LGBT) people are more dissatisfied with health services compared to heterosexual and cisgender* people. In response to these findings MFT plans to be the first acute hospital service to pilot Pride in Practice with LGBT Foundation to improve the experiences and wellbeing of LGBT people by ensuring that as a health care service our Trust can meet their needs. MFT and the LGBT Foundation have partnered to pilot Pride in Practice in an acute hospital. We recognise that people from LGBT communities experience particular health inequalities and by working with the LGBT Foundation we aim to continue to ensure high quality patient care for all of our service users.	Explicit inclusion (community involvement); integrated care.
Equality Delivery System (EDS) 2 Report 2017/18	Equality and diversity document, Document subsection, North West Boroughs Healthcare NHS Foundation Trust	One member of staff produced a moving and personal song for the event sharing her journey transitioning whilst employed by the organisation	Explicit inclusion (single staff/patient)
Gender - General Surgery	Webpage, Whole document, Pennine Acute Hospital NHS Trust	Gender Surgery Services – the Manchester Chest Wall Contouring Clinic Welcome to the Manchester Chest wall contouring Clinic. We pride ourselves on being a non-judgemental, supportive team that provides high quality surgical assessment and care to all transgender and gender non-conforming people requesting chest wall surgery. You can find information here on how to access the service, where and when the clinic is held as well as details about what surgical techniques we offer. We also explain what to expect throughout your journey before, during and after your surgery.	Explicit Inclusion

FOI – 8920 Regarding same sex accommodation	Freedom of information request, whole document, Pennine Acute Hospital NHS Trust	The Trust Complies with the Department of Health Requirements for Same Sex accommodation. This includes provision for us to be inclusive of service users who are both cisgender and transgender based on their gender identity within same sex accommodation. What medical steps a person has or has not undertaken particularly in regards to surgery are not requirements under the Equality Act 2010 to determine whether someone holds the protected characteristic of Gender Reassignment and as such is not criteria that we would use in determining their right to access accommodation based on their gender.	Explicit inclusion (conceptual inclusion)
Northern Care Alliance NHS Group recognised nationally for its inclusive hospitals and community services	Webpage, document subsection, Salford NHS Foundation Trust	The Northern Care Alliance actively promotes all strands of diversity, including age, disability, gender, LGBT, race, faith and religion, at all levels including management, senior, executive and board level.	Limited understanding (Generalisation to/from LGBT)
International Transgender Day	Webpage, Whole document, Tameside and Glossop Integrated Care NHS Foundation Trust	Trans and non-binary people who retain some physical components of the sex they were born to may still be at risk of certain cancers. For example of breast tissue, and of the cervix in the case of trans-men, and of the prostate in the case of trans-women. For this reason it's really important to attend regular screening tests to detect problems early. Depending on your gender identity, and how you are registered with your GP, you may or may not be called for screenings automatically. This leaflet explains when you can expect to be called, and when you may need to ask.	Explicit inclusion

		For more information you can visit the Gender Identity Research and Education Society (GIRES) website... You can also visit Tranzwiki which is a comprehensive directory of the groups campaigning for, supporting or assisting trans and gender non-conforming individuals.	
FOI Request 29159 – Trans Groups that do Diversity/Equality Training	Freedom of information request, whole document, The Christie NHS Foundation Trust	We have involved our transgender patients in the following ways: • Delivering of LGBT training to our Proton Therapy and complementary therapy teams by the LGBT foundation, which include service user experience • Delivered a transgender cancer event in 2017 delivering to members of the transgender community • Worked with Macmillan Cancer to be part of an LGBT taskforce engaging directly with organisations such as CliniQ, Stonewall and developing materials for our transgender patients	Explicit inclusion
Eliminating mixed-sex accommodation - Declaration of compliance	Webpage, Conspicuous Absence, The Christie NHS Foundation Trust	Nothing on this about transgender people, which feels like an omission. Were healthcare services upfront about this, it would probably reduce the number of FOIs received related to this matter, and would also serve to show a commitment to inclusion.	Lack of recognition (lack of policy)
FOI 5162 – Consulting Transgender Patients	Freedom of information request, whole document Wrightington, Wigan and Leigh NHS Foundation Trust	Consulted with the following groups when drafting policy and SOP: BYou BYou+ Individual Trans Service users ...	Explicit Inclusion (community involvement)
WWL Hosts Second Largest NHS Transgender Equality Event	News webpage, whole document Wrightington, Wigan and Leigh NHS Foundation Trust	The event was organised in partnership by WWL, 5 Boroughs Partnership NHS Foundation Trust (5BP) and Wigan Clinical Commissioning Group (CCG). It included talks from a whole host of people from different organisations. These included; WWL, 5BP, Wigan Borough Council, Action for Trans Health and WipeOut Transphobia. It took place in the lecture theatre of our Education Centre.	Explicit Inclusion

o. *Greater Manchester Health & Social Care Partnership – Council findings*

Highlights from the 37 documents captured include:

Document title or summary	Document information	Content	Emergent theme(s)
Working with Transgender Young People	Professional advice, Whole Document, Bolton Metropolitan Borough Council	There are also resources available from the Gender Identity Research and Education Service (GIRES) to assist practitioners in working with transgender young people. … It is important to note that terminology in this field is complex, for example 'transsexual' was used historically to describe an individual who had undergone gender reassignment surgery but this terminology is no longer used. Therefore it is important to ask the young person how he or she would like to be addressed. It is important as professionals that we are sensitive to this, as this makes up how the young person feels about their identity.	Explicit Inclusion (community involvement)
Gender Reassignment Webpage	webpage, Whole Document, Bury Metropolitan Borough Council	Gender reassignment is a protected characteristic under the Equality Act 2010. It includes people who are proposing to undergo, are undergoing or have undergone a process (or part of a process) to reassign their sex by changing physiological or other attributes of sex. This includes people who are referred to as transsexual. Under the Equality Act, gender reassignment is a personal process rather than a medicalised process. As soon as a person can show that they have reached a definitive point where they are 'proposing' to undergo gender reassignment, they are protected. Therefore it does not necessarily involve any medical treatment, and may just be that someone has made their intention known to someone or started to dress in a different way.	Explicit inclusion; Limited understanding (limited language).
UK's first LGBT older person's community	News webpage, Document subsection,	Manchester's older LGBT population is growing. There are more than 7,000 people in Manchester over the age of 50 that identify as LGBT and there is an expected increase of over-65s in the next two decades.	Limited understanding (Generalisation to/from LGBT);

planned for Manchester	Manchester City Council	A recent LGBT Foundation report, commissioned by Manchester City Council, indicated higher levels of loneliness and isolation amongst LGBT older people, experience and fear of discrimination in existing accommodation and a desire for affordable, accessible LGBT specific accommodation where they can be open about their identity in later life.	Explicit Inclusion (Community Involvement)
Manchester City Council Report for Resolution: 7. Transgender issues and initiatives in Manchester 2013	Meeting document, whole document, Manchester City Council	Transgender (Trans) is a broad term that includes all gender variant people, including cross-dressers, people who wear a mix of clothing, people with dual or no gender identity, and transsexual people. The Leading Trans Equality: A Toolkit for Colleges 2007/2008, defines Transsexuals as people who "were born into one gender but identify psychologically and emotionally as the other. Those born physically male but who present as female are called Male to Female or MTFs. Those born female but who present as male are called Female to Male or FTM. 2.2 "The primary way Transsexuals differ from other Trans people is that in almost all cases they seek to modify their bodies though hormonal treatments and gender reassignment surgery or both". Although there are some statistics on the number of people that have undergone gender reassignment surgery (5,000 people nationally), this captures only a very small percentage of the Trans community. 2.3 Manchester continues to have an active Trans community, and there are many groups such as TREC(Trans Resource and Empowerment Centre), Sparkle and the Transforum that provide social, emotional and in some cases legal support. Some of the community have been directly involved with the development of the Government Equality Office (GEO) Trans Equality Action Plan, which includes developing a Trans community statement of need. This document is being used to shape the Government's action plan.	Limited understanding (limited language); Lack of recognition (lack of information).

Rochdale Joint Strategic Needs Assessment – Communities of Interest - LGBT	Needs Assessment, Document subsection, Rochdale Metropolitan Borough Council	Gender Identity Research and Education Society estimates that 0.6% - 1% of the population may experience gender dysphoria. If we use this estimation for the borough's population the number equates to between 1,310 and 2,183 people who might experience gender dysphoria.	Lack of recognition (lack of information); Limited understanding (generalisation to/from LGBT).
Equality and Diversity Policy No Matter Who	Equality and diversity document, Document subsection, Rochdale Metropolitan Borough Council	Gender reassignment is the process of transitioning from one gender to another. The census does not measure how many residents within the borough identify as transgender, however, the Gender Identity Research and Education Society estimates that 1 in 4,000 of the UK population seeks support to change their gender. If we use this estimation for the borough's population the number equates to an estimated 54 people who might identify themselves as transgender.	Lack of recognition (lack of information).
Tameside Physical Activity Survey	Survey/webpage, Document subsection, Tameside Metropolitan Borough Council	We know that some communities are underrepresented in physical activity, with some pockets of the LGBT community being less active than the wider population, but we need to understand more about the picture in Tameside. Evidence relating to the activity levels of groups according to gender (but not gender identity), age, ethnicity, socio-economic status and disability is readily available, but the sports participation and physical activity levels of the Lesbian Gay Bisexual and Transgender (LGBT) community is less well established.	Limited understanding (Generalisation to/from LGBT); explicit inclusion; lack of recognition (lack of information)
Inclusive Neighbourhoods - funding from Trafford Council	webpage, Document subsection, Trafford	We are particularly interested in events and projects that support health and wellbeing, make places safer or improve the local environment. We are also looking to support our diverse communities, who come together across geographic areas such as our LGBT, Disability and BME communities.	Limited understanding (Generalisation to/from LGBT)

ICTA

	Metropolitan Borough Council		

p. *Greater Manchester Health and Social Care Partnership – Other findings*

Highlights from the 11 documents captured include:

Document title or summary	Document information	Content	Emergent theme(s)
Manchester Joint Strategic Needs Assessment, Adults & older People LGBT Community	Needs Assessment, document subsection, Manchester Health Care Commission	Strategies need to acknowledge that the LGBT community is not a homogenous group; it remains diverse with distinct areas of need. LGBT Foundation

The new Pride in Practice scheme is due to a Greater Manchester Health & Social Care
Partnership contract awarded to the LGBT Foundation. | Explicit Inclusion (Community involvement). |
| Decision Making Business Case – Healthier Together | Review document, incidental, Greater Manchester Health and Social Care Partnership | Those with the protected characteristic of Gender Reassignment not considered to have "a disproportionate need for primary and community care services". | Lack of recognition (disengagement) |
| Aesthetic Breast Surgery Policy | Policy document, Document subsections, Greater Manchester Health and Social Care Partnership | This policy applies equally to all women including those who have completed gender realignment. The period of oestrogen therapy on the realignment pathway is considered, for the purposes of this policy, to equate to the period of hormonal increase experienced in puberty. Non-response to this therapy will be considered to be amazia.

NOTE: A mastectomy procedure for patients going through female to male gender realignment falls under the commissioning responsibility of NHS England. Please | Explicit Inclusion; Lack of recognition (disengagement) |

		refer to NHS England's Interim Gender Dysphoria Protocol and Service Guideline 2013/14	

q. Sussex and East Surrey – CCG findings

Highlights from the 34 documents captured include:

Document title or summary	Document information	Content	Emergent theme(s)
Breast Cervical Bowel screening information for transgender service users	Professional/patient guide, Whole document, Brighton and Hove CCG	Discusses the impacts being transgender can have on people's invitation to cancer screenings (trans men not getting invited to cervical screenings, for example), and the importance of people being screened and having these discussions with their GP. For GPs it recommends likewise having discussions and supporting transgender patients to ensure they are being screened appropriately.	Explicit inclusion (community involvement); integrated care
Alliance Equality Monitoring Form	Monitoring form, Incidental, Brighton and Hove CCG	Trans status monitoring questions has this proviso underneath: For people who are transgender, the sex they were assigned at birth is <u>not</u> the same as their own sense of their gender.	Explicit Inclusion (conceptual inclusion)
Shared Care Prescribing Guidance For Treatment of Gender Dysphoria In People Assigned Female at Birth Transitioning to a Masculine Gender Identity	Professional guide, Whole document, Coastal West Sussex CCG	Discusses that there is an equivalent document for Assigned Male at Birth. Found within Coastal West Sussex CCG though it has NHS Tavistock and Portman Foundation Trust Header. GP: The GP will take on prescribing as per the shared care agreement, with the support and guidance of the GIC The GP will be responsible for the ongoing prescribing of testosterone and ovarian inhibitors and will continue to act as the primary contact for general healthcare.	Integrated Care; Explicit Inclusion

		GP to refer to specialist team if any significant developments or deterioration occur, such as occurrence of side-effects, worsening of symptoms or complications of hormone therapy. The GP to take advice of surgeons on pausing and restarting hormones in relation to genital reconstructive surgery. Sustanon should not be used in clients with nut allergy.	
Crawley, and Horsham & Mid Sussex Clinical Commissioning Groups Q1 & Q2 Patient Advice and Complaints Reports	Report, Subsection, Crawley CCG	There was one complaint recorded for Quarter 2 whereby equality and diversity was the main issue. The complaint was forwarded to the CCG by NHS England and related to access to hormone therapy treatment for a transgender patient. This seems to infer a "not my problem" attitude to the complaint and immediately directs a complaint to NHS England despite the above document detailing shared care and responsibility.	Lack of recognition (disengagement)
Managing the boundaries of NHS and privately funded healthcare	Professional guidance, subsection, High Weald Lewes Havens CCG	Transgender patients: Some patients may start their transition privately, taking hormones procured from the internet, but then come to the NHS for further surgery without wanting the psychiatric assessment. They are referred for assessment to the designated tertiary mental health provider [gender identity clinic] so they are managed on the same care pathway as other NHS patients.	Lack of recognition (lack of policy)

r. *Sussex and East Surrey – Trust findings*

Highlights from the 24 documents captured include:

Document title or summary	Document information	Content	Emergent theme(s)

Diabetes & Endocrinology Webpage	Webpage, Subsection, Brighton and Sussex University Hospitals NHS Trust	None of the associated documents detail transgender healthcare, but the website says they offer services relating to transgender healthcare (assumed hormone monitoring). A limited understanding of what it is that transgender healthcare entails and seems to suggest it is merely just hormones as opposed to any other aspects of transitional and non-transitional healthcare.	Explicit Inclusion (conceptual inclusion); limited understanding
Our breast screening clinic waiting area	Webpage, Conspicuous Absence, Brighton and Sussex University Hospitals NHS Trust	We have a small, inner waiting room for the 8,000 patients attending routine breast screening appointments each year. Men are not permitted within this eight-seat waiting area as women attending the clinic have to cross through the waiting area between the changing room and the screening room. No mention of trans men or NB people with breasts that would need screening.	Lack of recognition (disengagement)
Mr Keith Altman Consultant Maxillofacial Surgeon	Webpage, Subsection, Queen Victoria Hospital NHS Foundation Trust	Mr Keith Altman has an international and national reputation for facial feminization surgery in transgender females and has authored papers and book chapters on this subject. Note: Facial Feminisation Surgery is not, and has never been commissioned by the NHS.	Explicit inclusion (single staff/patient, conceptual inclusion)
Preventing suicide in hard to reach groups	Webpage promoting event, Subsection, Surrey and Borders Partnership NHS Foundation Trust	Kellie Maloney – a transgender woman and prominent boxing promoter who gives much of her time to raise awareness about transgender issues. Kellie will be talking about barriers and constraints towards gender issues and how this affected her being able to openly discuss her own issues with medical and mental health professionals. Also features MindOUT and GIRES as speakers.	Explicit inclusion (community involvement, single staff/patient)

Annual Report and Accounts 2018-19	Report, subsection, Sussex Community NHS Foundation Trust	Promotion of the Sussex-wide #MyPronouns to educate people that you can't always assume what someone's gender identity and pronouns are.	Explicit Inclusion
70 for 70, Alex Garner	Webpage, Subsection, Sussex Partnership NHS Foundation Trust	Currently writing a new transgender policy. (Which I could not find) About to start working with LGBT Switchboard to support their LGBT patients. Generally talks about his passion about ending discrimination, and begins by discussing a client he supported who experiences fat-shaming.	Explicit inclusion (single staff/patient); Lack of recognition (lack of policy)

s. *Sussex and East Surrey – Council findings*

Highlights from the 13 documents captured include:

Document title or summary	Document information	Content	Emergent theme(s)
OutLit – Our LGBT Collections	Webpage, document subsection, Surrey County Council	Some books under the title of guides which explore legislation, culture and history of LGBT people. There are books available on all manner of LGBT stuff, some specific to each aspect of the community. The idea seems to be that reading is good for mental health, and LGBT people will enjoy reading LGBT books.	Limited understanding (Generalisation to/from LGBT)
Surrey County Council Domestic Abuse Training	Training programme, Subsection,	By the end of the training participants should: · have an increased ability to recognise how the LGB & T community are affected by stigma, misconception and homophobia	Integrated care; Limited Understanding

Programme 2019-2020	Surrey County Council		(generalisation to/from LGBT)
Brighton & Hove Trans Needs Assessment 2015	Needs Assessment, Whole document, Brighton and Hove City Council	Brighton & Sussex University Hospital and CCG to explore the role of the local transgender endocrinology clinic, including confirming GP referral criteria. Very detailed document discussing the needs of transgender people in Brighton and Hove, exploring various needs ranging from health and wellbeing to community safety, and homelessness.	Integrated care; Explicit Inclusion (conceptual inclusion)
Transgender Toolkit	Professional guide, Whole Document, Brighton and Hove City Council	Flexibility should be offered to individuals who may need to take holiday or rearrange working hours in order to attend additional appointments (e.g. electrolysis). Procedures which may be considered 'cosmetic' in the case of non-transgender staff have particular significance for transgender staff in terms of their emotional well-being and the success of their transition. Appointments for such procedures should be approached with due sensitivity and flexibility by managers and colleagues.	Explicit inclusion (conceptual inclusion)

t. *Sussex and East Surrey – Other findings*

Highlights from the 2 documents captured include:

Document title or summary	Document information	Content	Emergent theme(s)
Quality Accounts 2017 - 2018	Report, Subsection, Central Surrey Health	We have continued to present to each Board meeting a 'patient story' – the experience of a person or their carer when using our services. In February 2018 the Board heard the story of transgender service user who wrote in with their experience when having an x–ray. They highlighted the importance of gender-neutral terms when asking about clothing and underwear to provide a universal approach for all patients. Learning from this case was shared at the internal Patient Experience Forum in May	Explicit inclusion (single staff/patient)

Scotland

a. Healthcare Improvement Scotland

Highlights from the 1 document captured include:

Document title or summary	Document information	Content	Emergent theme(s)
Bowel Screening Standards 2015	Clinical procedure, incidental mention/conspicuous absence	Healthcare Improvement Scotland is committed to equality and diversity. We have assessed these standards for likely impact on the nine equality protected characteristics as stated in the Equality Act 2010. I have put conspicuous absence given the document on screening for transgender people.	Limited understanding (Shallow evidence for equality)

b. NHS Scotland

Highlights from the 1 document captured include:

Document title or summary	Document information	Content	Emergent theme(s)
Gender Reassignment Protocol	Clinical procedure, Whole document	"The protocol is intended to be flexible for each transgender patient. Each patient's request for assessment and treatment will be considered, in conjunction with their clinician(s), to meet their individual needs." "Transsexualism is the desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatment (ICD-10 code F64.0)."	Limited understanding (limited language)

c. NHS Highland

Highlights from the 9 documents captured include:

Document title or summary	Document information	Content	Emergent theme(s)
Cervical screening webpage	Webpage; incidental mention	Page includes a link: "Screening information for the transgender community can be found on the NHS Inform website." Contents of link are all-inclusive of trans screening needs.	Explicit inclusion (conceptual inclusion); integrated care
LGBT Leaflet	Information sheet/booklet; incidental mention	"Transgender: an umbrella term to describe someone who does not conform to society's view of being male or female."	Limited understanding (limited language)
Planning for fairness paperwork	Report; other; incidental mention	Document considers impact of cervical screening on different groups of people with protected characteristics. States for gender:

"Women and Men
"The initiative applies only to women because of the absence of a cervix in men. For women eligible for screening, the programme is likely to result in health gains by helping to detect pre-cancerous changes to the cervix and, therefore, avoid the development of cervical cancer and, where cancer is present, by detecting it when it is at an early stage, improving patient outcomes. Some women may receive false positives which may cause them concern and worry and lead to invasive procedures. It is also possible that some women may be advised that their screening test was negative, when they, in fact, have cervical changes that should be treated. As a result, such women may experience a delay in receiving treatment. However the evidence shows that the benefits for women outweigh the disadvantages at a population level.
People who are transsexual or transgender
Birth males who are transsexual or transgender lack a cervix and the programme is not, therefore relevant to this group. | Limited understanding (limited language, errors) |

		Birth females who are transsexual and transgender may or may not have a cervix and the programme is, therefore relevant to those who have. As the programme depends on a person's status as "female" as registered within the CHI system, men who have completed the transition from female to male and whose CHI gender has been changed accordingly, will not be called for screening. This will have the effect of disadvantaging this group. Transsexual men may also feel embarrassed about attending for procedures which no longer match their identities and may feel that cervical screening forces them back into a former identity with which they were always uncomfortable and which they have spent considerable time and effort trying to erase or change." The report fails to separate gender and gender reassignment as separate protected characteristics under the Equality Act, such that gender reassignment is not named as a category even while trans people are discussed (using problematic and limited language).	
Towards a highland sexual health and relationships strategy 2005-2010	Report; other; incidental mention	"There appears to be a particularly large population of people who identify as transgender in Highland. International figures on transgender issues would suggest that there should be something in the region of one biological female and ten biological males in the Highlands whose sense of self does not match with their physical gender attributes. Many of these would not be "out". However, the professionals working in this field are clear that greater numbers of people who identify as transgender are already known to various services in the area."	Lack of recognition (lack of information); limited understanding

d. NHS Lothian

Highlights from the 19 documents captured include:

Document title or summary	Document information	Content	Emergent theme(s)

Equality & rights action plan 2013-17	Report; equality and diversity-related; incidental mention	"Transgender stakeholder group established and meets every 2-3 months including patient and their sector representation. There is also a Managed Clinical Network for gender services in Scotland which some of the group members are involved with which impacts at a national level."	Explicit inclusion (community involvement); limited understanding (shallow evidence for equality requirements)
Health promotion service annual report 2015-16	Report; other; document subsection	"The Transgender Workplace Support Project It is difficult to determine the size of the Transgender population; they are largely an invisible minority and many lead very isolated lives as a result of their experiences and fears of harassment. Despite being protected by law, there is evidence of discrimination within the workplace, resulting in significant health inequalities for Transgender people. Our short scoping exercise, conducted in 2015, found a lack of guidance for employers on how best to support Transgender people in the workplace. The Health Promotion Service worked in partnership with LGBT Health and Wellbeing to produce guidance for NHS managers on supporting their employees and creating safe places for people to be open about their gender identity. One-to-one discussions were held with people who identify or have identified as transgender, and employers with experience of supporting people who have changed their gender identity while at work. A Steering Group with representatives from NHS Lothian, East Lothian and Midlothian Councils and people from the Transgender community oversaw the work. The guidance and supporting resources are being distributed through our Resource Centre and partner agencies."	Lack of recognition (lack of information); explicit inclusion (community involvement)

Wales

a. *Welsh Ambulance Services NHS Trust*

Highlights from the 9 documents captured include:

Document title or summary	Document information	Content	Emergent theme(s)
Chief executive report January 2019	Report; other; incidental mention	"We will continue to develop our links with the UK Ambulance, NHS Wales and Welsh Public Services networks and equality groups to ensure the sharing of ideas and learning from best practice. Specifically, we will use our networks to develop our Transitioning Guidance for colleagues and managers on how to best support those who may wish to transition. Initial work has been undertaken in partnership with ABMU and Powys Health Boards. Resources are being developed to help colleagues understand more about transgender issues and what they need to be aware of when supporting Transgender patients."	Lack of recognition (lack of information); explicit inclusion
Patient Experience & Community Involvement Highlight Report October-December 2017	Report; other; document subsection	"To celebrate Trans Awareness Week in November, in partnership with the Trusts LGBT+ Staff Network, we held a Trans Awareness training session for staff. The session was held in Cwmbran and was attended by staff from a number of different job roles including Emergency Medical Service, Non-Emergency Transport Service, Human Resources and Community First Responder volunteers. The session was delivered by Kit Heyam, a researcher and transgender awareness trainer. Kit delivered a session that provided an insight into what it means to be Trans, explained why Trans inclusivity matters and gave staff a safe and non-judgmental space where they could ask questions."	Explicit inclusion (community involvement)
Refreshed integrated medium term plan	Report; other; incidental mention	"In 2014/15 the Trust raised the profile of its Equality and Diversity work through a number of activities, including: developed „transgender guidance" for call handlers and paramedics, embedded within mandatory training (CPD) programmes"	Explicit inclusion (conceptual inclusion); integrated care

Highlights from the 5 documents captured include:

Document title or summary	Document information	Content	Emergent theme(s)
Annual equality monitoring report 2014-2015	Report; equality and diversity related; incidental mention	"ESR is a national system for the NHS in the UK. There are currently no fields within ESR for recording the characteristic of Gender Reassignment, nor is there provision for capturing information about staff who have caring responsibilities. We have, however, continued to lobby throughout the year for system changes so that we are better able to meet our statutory reporting duties." "Whilst we have made significant improvements to the information we hold on our staff, we still do not have the ability to capture information relating to staff who are transgender or those who have caring responsibilities. This is due to the limitations of the national (UK) electronic pay and personnel systems (ESR). We continue to make representations to incorporate the necessary changes."	Lack of recognition (lack of information)
Screening work for transgender community nominated for Bevan award	Webpage; whole document	"Groundbreaking work from the Screening Division of Public Health Wales has received a finalist plaque at the 2015 Bevan Prize ceremony. The annual awards scheme recognises health and wellbeing work undertaken across the UK, and the Screening Division was delighted to be selected as a finalist from hundreds of entries. The team was recognised for its work on developing information resources specifically for the transgender community, which also won a runner up prize in another UK awards scheme, the PENNA awards, earlier this year. The resources entered into the awards by Public Health Wales were launched in October 2014, and include a leaflet, frequently asked questions, a series of short films and an information card. They were produced in partnership between the Screening Engagement Team of Public Health Wales, Transgender Awareness Wales, FTM Wales , Unique Transgender Network and the NHS Centre for Equality and Human Rights .	Integrated care; explicit inclusion

| | | The package of information related to the four adult NHS Wales screening services run by Public Health Wales, which are Breast Test Wales , Cervical Screening Wales , Bowel Screening Wales and the Wales Abdominal Aortic Aneurysm Screening Programme. [...] It explains how transgender people can access each service and how their gender status might affect whether they are automatically invited for screening." | |
| Supporting transgender staff policy | Policy; other; whole document | This detailed policy was approved May 2019. The policy was written with reference to the GIRES 2011 Guidelines for employers. There are some contentious elements related to language, and a lack of clarity around who (if any) trans organisations were consulted in the production of the document. The policy was authored by Ceri Harris (Equality and Diversity Manager). | Explicit inclusion (single staff/patient) |

c. Public Health Wales

Highlights from the 10 documents captured include:

Document title or summary	Document information	Content	Emergent theme(s)
Preparing for PrEP: A review of the current evidence for Pre-Exposure Prophylaxis (PrEP) to prevent HIV infection in Wales	Report; other; incidental mention	Report notes that transgender men and women who engage in condomless anal intercourse (CAI), along with men who have sex with men (MSM), HIV negative partners in relationships with HIV positive partners with unsuppressed viral loads and other heterosexuals considered to be high risk should have PrEP made available. This is based off recommendations from BHIVA and BASHH. Specific and separate consideration of cisgender and transgender women's safety of PrEP is explained. Since the publication of this report (March 2017) more information has become available to evidence the lack of interaction between ARVs and HRT.	Explicit inclusion (conceptual inclusion)
Cervical screening	Webpage; document subsection	"I've changed my gender – do I need screening?	Limited understanding (limited

| | | If you were born female and have changed your sex but still have your cervix, you should still have screening. However, we cannot invite you for screening if you are registered as male. You will need to discuss your screening needs with your GP.
If you were born female, have changed your sex and have had your cervix removed, you do not require any further screening.
If you were born male and have changed your sex you may be sent an invitation for screening. This is because we are not aware that you were born male. You do not require any screening. Ideally, your GP should inform us of this so that you are not sent any invitations." | language); Lack of recognition (disengagement) |

d. Betsi Cadwaladr University Health Board

Highlights from the 29 documents captured include:

Document title or summary	Document information	Content	Emergent theme(s)
Draft strategic equality plan for BCUHB	Report; equality and diversity; incidental mention	The only listed health objective with reference to trans people states "LGB and Transgender people receiving care will be treated with dignity and respect", but even though the report notes that "Most people in Wales feel that the health service treats them with dignity and respect. There is, though, evidence from England suggesting that LGB and transgender people have lower expectations of such treatment than the rest of the population", there is no acknowledgement or discussion of how to operationalise equality of services, or integration of services beyond rejection of indignity and disrespect.	Lack of recognition (lack of information); limited understanding (shallow evidence for equality requirements)
Annual equality report 2013-14	Report; equality and diversity; incidental mention	"Whilst we have made significant improvements to the information we hold on our staff, we still do not have the ability to capture information relating to staff who are transgender or those who have caring responsibilities. This is due to the limitations of the national (UK) electronic pay and personnel systems (ESR). We continue to make representations to incorporate the necessary	Lack of recognition (lack of information)

		changes."	
Quality, safety and sexperience (QS&E) committee, minutes 8th march 2016	Minutes; document subsection	"QS16/31 Patient Story – Healthcare for Transgender Patients QS16/31.1 Ms Diane Henderson introduced the patient story which aimed to advise staff of practical steps to improve the healthcare experience of people who were transgender. The Committee were able to view a short DVD presented by a transgender individual which would be disseminated throughout the organisation via a range of means and forums to develop organisational learning. Ms Jenie Dean suggested that there would be a challenge in embedding the principles within primary care, and it was felt that whilst systems were improving – there was still a way to go with ensuring individual's preferences were appropriately recorded within clinical IT systems. Mr Mark Thornton felt that transgender patients could also face challenging situations from other patients on a ward or in the same clinic. QS16/31.2 Mr Chris Wright indicated that the learning from the patient story would be picked up with the Primary Care Support Unit and the Equalities team. He also indicated that he intended to review the approach to patient stories and their reporting to the Committee on a more general basis." Drawing from multiple documents, the key messages from the patient story are to respect the 'preferred' gender identity, treat them as individuals, simply ask how people wish to be addressed, consider the needs of the older trans population, and treat trans people with dignity and respect. These are clearly positive factors but lack the rigour of any specific policy or integration framework.	Explicit inclusion (community involvement); lack of recognition (lack of information)
Supporting me to be the person I want to be: understanding, reflecting and responding to transgender issues in dementia care –	Information sheet/booklet; whole document	Booklet providing personal reflections from some trans individuals; "The guide aims to raise awareness of transgender issues in relation to dementia care, to clearly set out as an aide memoire the protection in law for transgender people and, to offer a model for promoting effective and compassionate dementia care for transgender people." http://www.wales.nhs.uk/sitesplus/861/news/47799/	Explicit inclusion (community involvement); integrated care

a reflective model for health care staff			

e. *Aneurin Bevan University Health Board*

Highlights from the 13 documents captured include:

Document title or summary	Document information	Content	Emergent theme(s)
"Sharing and involving" A Clinical Policy For Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) for Adults In Wales	Policy; non-treatment service provision; incidental mention	Under the subheading "DNACPR Discussion – communication with those close to the patient" the quotation "Staff should bear in mind that those most close to the patient may not always be immediate family members" was attributed to Transgender Wales. It is positive that transgender representation is normalised in healthcare documents that are not specific to trans-exclusive healthcare contexts.	Explicit inclusion (community involvement)
Strategic equality plan and objectives, 2012-2016	Report; equality and diversity-related; incidental mention	"Objective 7: Improve the experience of lesbian, gay, bisexual and transgender (LGBT) service users through targeted training for staff. Evidence Based Rationale for prioritising this objective: At local level feedback from engagement activity with LGBT service users and staff has highlighted a need for training of staff in relation to LGBT equality and improved understanding of a range of LGBT health related issues. This reflects a broad range of national research that indicates services are not always accessible to LGBT people and that LGBT staff can experience prejudice and discrimination in the work place."	Limited understanding (generalisation from/to LGBT); lack of recognition (Lack of information)

Care Home 'Ask and Talk' (C.H.A.aT) Annual Report March 1st 2015 – March 31st 2016	Report; other; incidental mention	"Although not raised by residents or relatives, there have been some national concerns around the rights of older people who may be lesbian, gay, bisexual or transgender and them being asked to 'hide' their sexuality when entering a care home. This has not been identified as a local issue. However, it is recommended that homes are provided with more general awareness around this issue and what they can do to support older people who choose this lifestyle."	Limited understanding (generalisation to/from LGBT); limited understanding (limited language)

Northern Ireland

a. Belfast Health and Social Care Trust

Highlights from the 8 documents captured (from the Brackenburn Clinic website and Local Commissioning Group) include:

Document title or summary	Document information	Content	Emergent theme(s)
Brackenburn clinic referral protocol	Policy; treatment service provision related; whole document	Outdated and stigmatising language (e.g. "clinically significant psychosexual/gender identity disorder suitable for intervention"). While possibly poorly phrased, the exclusion criteria include "use of or addiction to pornography or sex addition", implying a person who has used pornography would be inherently excluded from accessing gender identity services in Northern Ireland, if clinically known. The criteria also require patients "to be relative stable from a psychological, physical and social perspective for a period of 6 months in order that they are best placed to make use of the treatment programmes offered". This denies support to individuals who may experience instability precisely because of lack of access to gender-affirming medical interventions, and/or a lack of ability to integrate different aspects of medical need (such as gender identity services and other mental health services).	Lack of recognition (disengagement); limited understanding (limited language)
Draft commissioning plan 2018/19 final	Report; other; incidental mention	"Effective arrangements should be in place to improve the pathway for patients accessing Gender Reassignment Services including: ··Setting out the arrangements for specialist surgery as part of the pathway	Lack of recognition (lack of information); explicit inclusion

| | | · ·Improving referral and assessment of patients to improve the pathway and ensuring workforce issues are addressed.

Belfast Trust's response should demonstrate plans to:
· ·consider issues arising from the HSCB's Gender Reassignment Surgery consultation with a view to outlining how the Trust will address and implement these in the future, as appropriate.
· ·develop options to ensure the continued delivery of the Regional Gender Identity Service including recruitment to fill key staff vacancies." | |

b. Southern HSC

Highlights from the 5 documents captured include:

Document title or summary	Document information	Content	Emergent theme(s)
Equality scheme easy read	Report; equality and diversity related; incidental mention	"Transgender - people who feel that the body they were born with is not right for them. They may want to change from being a woman to a man or a man to a woman."	Limited understanding (limited language)
Gender identity and expression – employment policy and guidance	Policy; other; whole document	"Informed by three pre-consultation engagement meetings with groups and individuals from the transgender and non-binary sector in Northern Ireland (Jan to Mar 2016)"	Explicit inclusion (community involvement)

c. Western HSC

Highlights from the 17 documents captured include:

Document title or summary	Document information	Content	Emergent theme(s)

WHSCT Eating Disorder Service: Facts about eating disorders	Information sheet; incidental mention	"Gender identity or conflict over sexual orientation may precipitate the development of an eating disorder in some males." – no further engagement with the possibility of an intersection between trans status and eating disorders despite claim of evidence. No guidance or evidence of integrated service provision.	Lack of recognition (lack of information)
Equality screening report	Report; equality and diversity related; document subsection	"Gender Identity and Expression Policy The Western Health and Social Care Trust is committed to the health and well-being and dignity of its staff. This policy has been developed as part of a regional approach, which seeks to provide an inclusive working environment, where staff can achieve their full potential regardless of their gender identity and expression. The purpose of this policy is to provide guidance and advice to staff and managers on the recruitment and selection process of transgender and non-binary staff and the support mechanisms available to staff who identify as transgender or non-binary during employment with the Trust. It sets out the roles and responsibilities of all employees, managers and Human Resources staff, the actions to be taken when an applicant or staff member identifies as transgender or non-binary and the sources of information and assistance which are available."	Explicit inclusion

Third Sector Organisations

This sub-section takes a different approach to that of the policy analysis from local authorities and NHS organisations. The focus here is on documents from third sector organisations that provide evidence of third sector organisations working with statutory healthcare organisations in ways that relate to the overall theme of integrated care. These documents were not searched for exhaustively, but indicatively, in order to provide additional contextual analysis to complement the wider policy analysis. The aim was to explore the emergent range of ways that the third sector currently contributes to integrated care.

a. *England – National*

Examples from the 5 third sector organisations which operate nationally within England include:

Document title or summary	Document information	Content	Emergent theme(s)
Stonewall LGBT In Britain Report	Research, subsection,	ALL HEALTH AND SOCIAL CARE PROVIDERS SHOULD: Join Stonewall's Diversity Champions programme. Like over 75 health and social care organisations who are already members, the programme can help you to develop effective training and deliver LGBT-inclusive services NHS ENGLAND SHOULD: - Run a highly visible national campaign to tackle homophobic, biphobic and transphobic discrimination in healthcare services and encourage reporting	Integrated care; Education, training and Influence
TransBareAll – About Us	Webpage, Whole page	TransBareAll is an organisation that believes in improving the health and wellbeing of trans people. We provide a space for trans people to discuss and explore things that impacts their lives and to celebrate the diversity of our community and bodies within it	Integrated care; amplification and advocacy
Gendered Intelligence – Knowledge is Power	Webpage, whole document	Knowledge is Power is a project funded by Awards for All. It gathered knowledge generated through a series of youth sessions, as well as research and writing carried out by a diverse team of GI community members.	Integrated care; Education, training and influence

England – Regional within STPs

Examples from the 9 third sector organisations which operate within the English STP case studies include:

Document title or summary	Document information	Content	Emergent theme(s)
Birmingham LGBT & Umbrella – Clinic Trans	Webpage, whole page	The following services will be available at the Trans clinic: Free, confidential sexual health screening for STIs (including HIV and Hepatitis B) … Access to PEPSE – Post Exposure Prophylaxis after Sexual Exposure… Liver function tests and Full blood count tests Cervical smear testing (for any person with a cervix) Contraception advice Access to support from our Trans Sexual Health Outreach Worker…	Integrated care; direct delivery of services
LGBT Foundation's Transforming Outcomes report	Webpage, Subsection	Our programme of work to improve the experiences of LGBT people living with cancer in Greater Manchester is funded by Macmillan Cancer Support. This programme of work includes topics such as peer support, access to screening, information and support for trans people affected by cancer, LGBT awareness training for healthcare professionals, end of life care, sex after treatment and much more.	Integrated care; amplification and advocacy, Education, training and influence
Proud Trust – FACTSHEET: MENTAL HEALTH AND EMOTIONAL WELLBEING SERVICES	Research Publication, subsection	Ensure that your environment is visibly representative of the diverse communities in Greater Manchester, including LGBT+ people	Integrated care; amplification and advocacy
LGBT Switchboard & Clinic T	Webpage, Whole Section	Clinic T is the first trans sexual health clinic in Brighton. It welcomes anyone who identifies as trans, non-binary or gender variant, and their partners. The clinic runs every month, and the upcoming dates can be found here. All of the services are free and completely	Integrated care; direct delivery of

		confidential, and there are pre-booked and walk-in appointments available. Brighton & Hove LGBT Switchboard has provided trans awareness training to the staff.	services, Education, Training and influence

b. *Scotland*

Examples from the 3 third sector organisations which operate nationally and regionally within Scotland include:

Document title or summary	Document information	Content	Emergent theme(s)
Stonewall Scotland	Webpage, whole page	COME OUT FOR TRANS EQUALITY: READ THE STORIES Hear from trans and non-binary people about respect, controlling the narrative, the importance of allies, and how trans people can and do have happy, successful lives.	Integrated care; Amplification and Advocacy
Scottish Trans Alliance	Webpage, whole page	To date, Scottish Trans Alliance has provided a wide range of training on good practice in relation to transgender employment and service provision issues to the following Scottish public services: • NHS Scotland • Local Councils • Police Forces • Crown Office and Procurator Fiscal Service	Integrated care; Education, Training and Influence
LGBT Health & Wellbeing	Webpage, subsection	Our counsellors are volunteers who are either qualified or in the final stages of their training with accredited institutions. LGBT Health and Wellbeing provides ongoing professional supervision to all our counsellors and all adhere to BACP ethical standards and Code of Practice.	Integrated care; Direct Delivery of Services

c. *Wales*

Examples from the 3 third sector organisations which operate nationally and regionally within Wales include:

Document title or summary	Document information	Content	Emergent theme(s)
Umbrella Cymru	Webpage, whole page	If you've got general questions about anything relating to gender and sexual diversity, identity or equality, we're on hand to help. If you don't feel you need any specific support services, but would like to ask us a question, then contact us and we'll either be able to give you the answer or signpost you to the person or organisation who can.	Integrated care; Amplification and Advocacy
LGBT Helpline Cymru	Webpage, whole page	All our counsellors are qualified and members of the BACP (British Association for Counselling and Psychotherapy) working in accordance with the BACP ethical framework. We are able to help in any of these areas - • Sexual Orientation • Gender Identity • Relationships • Bereavement • Stress & Anxiety • Sexual Health • Coming Out We provide free telephone and e-mail counselling with staff and volunteers, who have been trained in basic counselling skills, we are able to arrange for more in-depth counselling/psychotherapy sessions.	Integrated care; Direct Delivery of Services

d. *Northern Ireland*

Examples from the 2 third sector organisation which operate nationally and regionally within Northern Ireland include:

Document title or summary	Document information	Content	Emergent theme(s)
The Rainbow Project	Webpage, whole page	The Rainbow Project works closely with other providers to provide full sexual health screening in Satellite Clinics for MSM (Men who have sex with men) and Trans People. These clinics are staffed by the Sexual Health Development Officer.	Integrated care; direct delivery of services
TransgenderNI	Webpage, whole page	We have packages with content specifically tailored for your organisation's needs, including packages for: Health & Social Care organisations Sexual Health	Integrated; Education, Training and Influence

Discussion of themes and sub-themes

The final three steps of QDA are:

10. To compare and contrast extremes and key differences within the data. This is within each category or item. Textual notes are made. Write brief summaries or overviews of data for each category (variable). These are contained in the tables of the results section, together with data quotations.
11. The brief summaries are combined with an example of the 'typical' case as well as the 'extremes'. These are illustrated with materials from the protocol(s) for each case. Due to the context of policy documents and the extremely wide range and large number of documents engaged with, it would be over-simplistic to conceive of a 'typical' case. In keeping with the research question, documents which suggest particular innovations in integrated care for trans adults were thematically highlighted.
12. The findings should then be integrated with interpretations and key concepts.

Theme: Integrated Care

This theme was deductively produced as the work package sought examples of integrated care practice for trans service users across NHS and other healthcare service contexts. Examples included:

- A trans-specific sexual healthcare service organised between Birmingham LGBT and Umbrella sexual health services; this is a monthly clinic providing access to sexual health screening, blood monitoring and liver function tests, and access to advice and a range of support (community groups, domestic or sexual violence support, counselling services). The service can be viewed at: https://blgbt.org/services/sexual-health/our-clinics/
- The commissioning and distribution of guidance and e-learning by the General Medical Council (GMC); this was signposted by a blog written in 2016 by Will Huxter, Regional Director of Specialised Commissioning. The link to the guidance no longer worked, however the GMC now has a detailed web page of guidance for practitioners: https://www.gmc-uk.org/ethical-guidance/ethical-hub/trans-healthcare
- Regionally specific guidance documents for masculinising and feminising HRT provision in Sunderland CCG; these guides were produced in December 2015, with more information available from the Deputy Chief Pharmacist, Claire Thomas. Contact information connects these documents to the Northern Region Gender Dysphoria Service.
- An online information hub through Northumberland, Tyne and Wear NHS Foundation Trust (who host the Northern Region Gender Dysphoria Service); available here: https://www.ntw.nhs.uk/services/northern-region-gender-dysphoria-service-specialist-service-walkergate-park/additional-information/
- The production of trans-specific screening guidance (notably by Public Health Wales); available at: https://phw.nhs.wales/services-and-teams/cervical-screening-wales/about-cervical-screening/csw-faqs/ive-changed-my-gender-do-i-need-screening/

- Construction of trans-specific call handling guidance for the Welsh Ambulance service (though this could not be directly sourced, but was referenced in meeting minutes);
- Brighton & Hove trans needs assessment 2015; this was a holistic report considering inclusion and support, different stages of life, health and wellbeing, gender identity services, housing and homelessness, and access to other services. The report included a wide range of recommendations and is available at: https://www.bhconnected.org.uk/sites/bhconnected/files/Brighton%20%26%20Hove%20Trans%20Needs%20Assessment%202015.pdf
- The Pride in Practice scheme managed by LGBT Foundation across Greater Manchester; this is a scheme that accredits GP practices, regarding the nuance with which they provide LGBTQ healthcare support. Information available at: https://lgbt.foundation/prideinpractice
- Guidance produced on caring for trans dementia patients in Betsi Cadwaladr University Health Board; this was written by a group of nine staff members.
- The organisation LGBT Health & Wellbeing has Transgender Support Programmes (TSPs) in Lothian and Glasgow. This is based on the most successful parts of the Big Lottery funded Scotland-wide Transition Support Service (TSS) that ended on 31st May 2014. More information can be found at: https://www.scottishtrans.org/support/transition-support-service/

Further work within the ICTA project will focus on locating these examples within a more comprehensive framework for conceptualising the variety of integrated care arrangements relevant to trans adults.   As a first building block towards this typology of integrated care, we present the following model in order interpret the ways in which third sector organisations specifically can affect and improve healthcare organisations. These categories are not exclusive, and in many ways do overlap and intersect, especially due to the typically broad remits of third sector organisations.
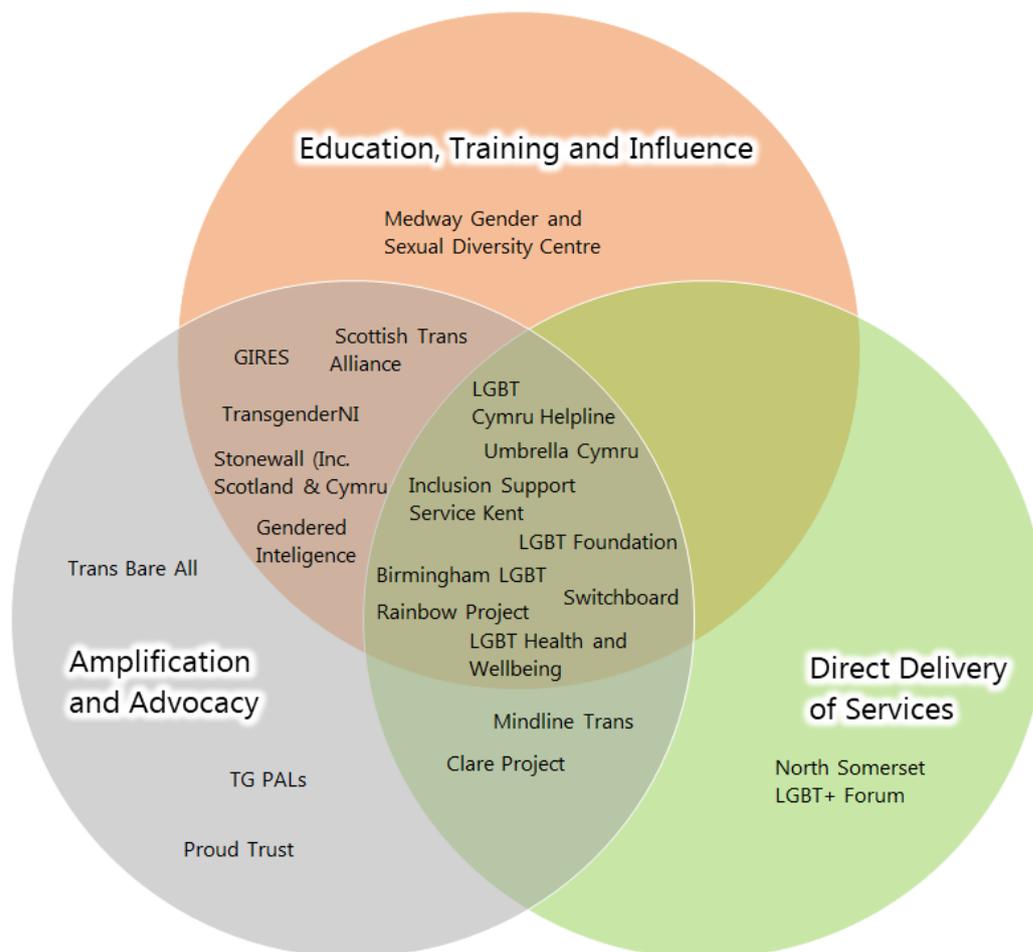
Figure 7: A Venn diagram illustrating a model for categorising third sector care delivery formats.

Education, Training and Influence

Education, Training and influence are all examples of third sector organisations applying their knowledge and experience to create change to existing health structures. Examples of this are:

- LGBT Foundation's influence on NHS national policy and trans status monitoring
- LGBT Switchboard providing training for staff at Clinic T in Brighton
- GIRES compiling research and educational materials for healthcare providers.

Direct Delivery of Services

Third sector organisations may be directly commissioned by, or work in partnership with, local authorities to deliver healthcare services. This is often done due to their proximity to trans communities, and as a method to address barriers trans people may face in accessing healthcare. These services often operate using a similar model to existing healthcare structures within mainstream services and will generally have some level of clinical governance or accountability to a healthcare commissioner. Instances of commissioned services include:

- LGBT Health in Scotland offering a counselling programme
- Birmingham LGBT providing a sexual health service specifically for trans people
- North Somerset LGBT+ Forum providing mental health drop in support

Amplification and Advocacy

Finally, there are some organisations which support trans people to access care through amplification and advocacy. This category covers instances where third sector organisations create change by amplifying community voices or through advocating for individuals.

Third sector organisations may conduct research on services, or campaign for change. This amplifies trans people's voices and experiences, using their established relations with healthcare bodies to influence the delivery of services. Equally, there are many third sector organisations which signpost trans people towards statutory healthcare services through an advice helpline or email service. In such instances they are providing a 1-to-1 low level intervention and often will listen to people's concerns, put them at ease, whilst also connecting them with a relevant and sympathetic service. In order to do so with a level of confidence, organisations will often have a screening process in place to ensure they do not refer someone to a service where they will encounter transphobia. This can be described as a kind of advocacy for the individual. A further element of such advocacy may take the form of the advice helpline helping the trans individual build resilience in approaching services and in dealing with episodes of care.

Examples of such initiatives include:

- "Stonewall's Come out for Trans" campaign
- LGBT Foundation's "Transforming Outcomes" Research
- LGBT Cymru Helpline's helpline service

These three categories and the Venn diagram are helpful as a way of illustrating and demonstrating the different third sector services and the way that they can intersect. However, this is an initial and exploratory conceptualisation. Each of these three categories could be merged, blurred together and even understood as different aspects of each other. An example can be found in the work done at LGBT Foundation. Through delivery of services like talking therapies or the domestic abuse programme barriers along service user journeys are discovered. These are then used to inform programmes like Pride in Practice, which helps to remove these barriers. By working with GPs, Pride in Practice builds relationships and LGBT Foundation can support GPs to engage in national LGBT campaigns, and even integrate LGBT people into general ones. The model is intended to bring out the connectedness of work which third sector organisations do, rather than obscure it.

Theme: Explicit inclusion

Explicit inclusion of Trans healthcare within NHS documentation occurs in various forms, such as:

- Confirmation of trans-inclusive policies in response to Freedom of Information (FOI) requests – notably relating to ward placement for trans patients in hospital, and access to gamete storage;
- Specific mention of trans inclusion within local treatment policies;
- Specific indication of trans patients/staff being treated with dignity/respect;

- Specific consideration of trans needs in healthcare settings, such as bespoke information on healthcare screening, or consideration of updating healthcare records;
- Policy to support transgender staff;
- Records of organising trans inclusivity training (with organisations or individuals);

Sub-theme: Single staff/patient

Documents we accessed indicated promising instances of inclusion of members of the trans community. However, we also found instances where local authorities and healthcare organisations sometimes access a single patient voice or trans member of staff, and then appeared to rely upon this single perspective. For example, a Freedom of Information request was made of Maidstone and Tunbridge Wells NHS Foundation Trust, asking "which groups you have consulted regarding care of transgender patients and/or the formation of transgender policy and/or that provide your staff training on transgender patient care/policies". The reply stated that by consulting with their staff LGBT+ network, "We worked closely with a trans member of staff at the Trust... No we have not formally consulted any groups". This was the most explicit example, yet in other cases (such as Trafford CCG) the available material could be oriented around an individual trans person's story, with no reference to any professional organisation with a trans remit, or less formal local trans groups. This may empower the individual and be a gateway to the production of policy/awareness in a given healthcare context where there otherwise may be no resources. This approach may be problematised in that the individual narrative becomes understood as 'the' (best practice) approach to trans inclusion and integration. There may be a lack of accountability to the wider trans community, and a lack of involvement of professional trans-focused organisations with specific expertise on workplace equality and/or provision of trans healthcare. This is somewhat speculative, concluded from the examples where individual voices are used as examples, but with no reference to trans organisations. There may be a conflation between a trans individual's narrative (regarding coming out, and/or transition) and the provision and/or integration of services and policies.

Sub-theme: Community Involvement

In this context, 'community' does not refer to the involvement or engagement of any given community member(s), but consultation and engagement with community *professional third sector organisations with a specific trans advocacy remit*, who have formal processes for the production of best practice guidance, and greater engagement with different needs across the trans population. Such organisations also may have the resources and scope for service provision (such as support from LGBT Foundation, or Yorkshire MESMAC) in ways that are beyond the scope of community members acting alone, or voluntary support groups. The staff of such third sector organisations

Sub-theme: Conceptual Inclusion

The inclusion here is conceptual as it does not reference an exact instance of inclusion, but instead states that their policy is to be inclusive. This is a positive place to start and shows genuine consideration to the needs of trans people, yet it is unclear from this whether this is how it would function in practise. Equally, with this specific example, there is no discussion of where the patient would feel comfortable, as they may be non-binary, present in a masculine

way but feel more comfortable on a female ward as they were assigned female at birth. Conceptual inclusion may also take the form of information for 'women's' health being specifically signposted as relevant to some transmasculine people – the concept of trans status is acknowledged.

Theme: Lack of recognition

Sub-theme: Lack of Policy

Rarely this would be explicitly mentioned (But an example of this: "Kent and Medway CCGs do not have a specific policy on funding of procedures for patients with gender dysphoria; funding will be available where the policy relating to the procedure in question indicates that the patient is eligible. Appropriate individual funding requests (IFRs) will always be considered through Kent and Medway CCGs' IFR process.").

More common would be contexts where acknowledgement of trans specificity would be appropriate, but conspicuously absent. e.g. in a treatment policy document from Birmingham & Solihull CCG, no recognition of trans people regarding access to breast augmentation, hair depilation, or to vaginoplasty. These interventions were positioned as universally cosmetic.

No mention of trans policy in information on mixed sex accommodation in hospital (Kent, Trust)

Sub-theme: Lack of Information

This sub-theme could manifest in one of two ways – an organisation acknowledging that there is a lack of data or reliable information on trans people or their health (most commonly 'how many trans people are there'), or, the failure of the organisation to provide important information that *is* known and relevant. In many documents, Healthcare organisations noted that there was no provision for the recording of numbers of trans patients. Even were this the case, provisions around privacy and non-disclosure (particularly where an individual has a Gender Recognition Certificate) complicates the 'counting' of trans individuals in healthcare settings. Some equality and diversity-themed documents noted a wide and unreliable range of estimations of the size of the trans population. Others reported older figures uncritically. Further manifestations of lack of information included a lack of specificity (such as general statements within equality and diversity reviews that trans staff/patients will be supported, with no operationalisation of how, or what work will be done).

Sub-theme: Disengagement

This could manifest through documents which indicated that a pathway specifically excluded trans people (or a sub-population of trans people). An example would be a claim that trans people have no disproportionate need for any particular service in a primary care setting (when HRT is prescribed and monitored in this setting), or the failure to acknowledge trans people in a local policy document on vaginoplasty – limiting discussion to cosmetic genital surgery accessed by cis women. Disengagement was not coded in contexts where a particular group would have no need for the service. For example, trans women never have a need of cervical screening, whereas trans men may do.

In some contexts, local services appealed to the national Gender Dysphoria Pathway as the basis for not engaging with trans service users on a local pathway, with no engagement around the integration of these pathways. Disengagement may also take the form of policies that appear to assume that all patients are cisgender men or women. Equality and diversity documents could list that no specific impact could be identified in relation to the particular protected characteristic of gender reassignment in cases where examples may exist. Further, there could be an expectation for Trans people to be required to engage in a disproportionate management of their healthcare (e.g. arranging appropriate screening and ignoring inappropriate screening invitations, because of the dependence of automated invitations on healthcare record gender marker).

Theme: Limited Understanding

Within the context of policy documents, a limited understanding was indicated by any of the following issues:

- General wording of the document lacking nuance;
- A policy using problematic or out-dated terminology for trans people;
- Documents inferring the only healthcare needs of trans people are transition-related, or inferring that all trans people seek medical transition;
- Training sessions or educational resources which do not make the needs, barriers and healthcare issues of trans people distinct from (cis) LGB people.

We identified sections of policy documents as illustrating this theme if the text appeared to demonstrate a lack of understanding of the concerns and priorities of trans adults as currently expressed within UK trans communities. We did not impute that the document authors lacked this understanding, merely that the document text did not demonstrate it. In making this attribution, we were also aware that some of the pages and information found were over 10 years old. They predated the Equality Act 2010 and this in itself meant that the language used was likely to be outdated according to current standards. At the same time, we recognised that such documents, produced according to earlier conceptions of gender equality, can still have important impacts – both positive and negative – when accessed by contemporary readers.

Sub-theme: Limited Language

Policies may use language that does not optimally reflect the needs of trans communities, or be alienating, inaccurate, and/or badly dated. Examples include discussion of trans women and men as 'biological males' (or females, respectively). Occasionally an outdated distinction may be made between transsexuals and transgender people, or for trans people to be considered a third category separate from 'men' and 'women'.

Sub-theme: Generalisation to/from LGBT

In this instance, documents may have failed to distinguish between LGB and T conceptually, or only provided statements in terms of 'the LGBT population'. In some documents sexual orientation monitoring is discussed to discern 'the' local *LGBT* population in its entirety. This fails to recognise that trans people have distinct health needs and experience unique barriers

to healthcare in comparison to cis LGB people. Interestingly, there was one example where there was a clear understanding and advanced level of knowledge found within the Stockport LGBT Needs Assessment, where it discussed that someone can be both LGB and trans.

Sub-theme: Shallow evidence for equality requirements

Within some documents there are occasional mentions of the organisation's commitment to equality, and to ensuring that the protected characteristics of the equality act have equal ability to access services. This is often done as a necessary duty of public sector organisations, and within their documents there will be no further evidence to show that they have attempted to improve the healthcare outcomes of trans people. In this way, statements on providing equal access to those with the characteristic of gender reassignment purely exists as a way to evidence equality measures.

Limitations of this research

This research study, whilst thorough and founded in established research processes is not without shortcomings. One of the key limitations of this research has been the available time frame. This is an initial part of a wider NIHR-funded project and is designed to provide contextualisation for our team on both existing provision of healthcare for transgender people, and examples of service integration. The need to progress with other dimensions of the project meant a set amount of time and resources were delineated for the work addressed in this report.

As a result, engagement with NHS documentation was selective and we only reviewed a select number of STPs from NHS England. Countermeasures were taken to ensure that this snapshot would be representative of the scope of policy in the UK. Where MP's work was focused specifically on STPs where promising models of integrated care exist, BV's STP's followed several juxtapositions of north/south, GIC/non-GIC, rural/urban. Our research represents a diverse image of UK policies relating to trans people in terms of these factors, even if it is inevitably not all-encompassing.

Our method of using a key word search function had a few limitations. There were some public sector websites where the search function did not work effectively, limiting our ability to identify documents related to trans health care. In some instances, this was the initial search function on the website, though in others search functions would not look for search terms within the embedded documents on pages. Using basic reasoning and knowledge acquired through the research process, MP and BV found content by manually navigating to pages which referred to equality, diversity and inclusion, treatment commissioning, and any subsections that experience suggested relevant material may have been located. Yet, the differences in search functionality rendered the approach taken in different areas to be non-equivalent.

Another limitation of the key word search method was that within some organisations, especially those which had more understanding of trans health care, documents would use the word "trans" rather than any of the other search terms which were established in the methodology. As discussed earlier, we were unable to use this term due to logistical reasons so if any documents talked about trans people exclusively, these would be missed. Thankfully,

in all documents found which would talk about trans people, they included a glossary which would often include words like transgender or transsexual, which were terms used in the search, so it is unlikely that any key documents were missed.

A final limitation of the key word search is that it did not always highlight pages which contained policy which would be relevant to, or have ramifications for trans people (such as single sex wards and accommodation) as these often did not contain the key words used within our method. Sex as a search term was excluded as it would have brought up an overwhelming number of results, and in Sussex and East Surrey STP, it would have highlighted the end of Sussex. These policies were still highlighted through our method, as this topic was central in a number of "freedom of information" requests which due to their contextual intent seemed to be done by those with hostilities towards trans people.

The research into third sector organisations equally has some limitations. Our model (as shown in figure seven), whilst helpful as a way of illustrating the different services and the way that they can intersect, is a simplification. Each of these three aspects could be merged, blurred together or potentially understood as different aspects of each other. An example can be found in the work done at LGBT Foundation, where different programmes (with different remits that may be differently situated within figure seven) inform each other's practice. Through delivery of services like Talking Therapies, or the domestic abuse programme, barriers along service user journeys are discovered. These are then used to inform different programmes such as Pride in Practice, which helps to remove barriers in this context. By working with GPs, Pride in Practice builds relationships and LGBT Foundation can support GPs to engage in national LGBT campaigns, and also integrate LGBT people into more general campaigns. This method can therefore sometimes blur the boundaries of work which third sector organisations do, though a rough typology to capture the orienting missions of programmes remains useful.

The research also excluded social spaces as potential examples of integrated care. While these groups can greatly increase a person's wellbeing and can provide a level of group advocacy, these groups often operate independently from healthcare settings. Equally, there are a relatively large number of such groups, often small and only using social media pages, rather than a formal website. Such groups typically do not have formal documents which also renders them incompatible with this methodology. Services such as the advice helpline provided by LGBT Health and Wellbeing in Scotland does provide individual advocacy, which may cover similar topics that would be discussed in a group, but this service is in part funded by NHS Lothian. Equally, for those delivering this advice, they will have a level of training and accountability, as opposed to social groups, which someone could start independently. For these reasons, their exclusion is justified when examining third sector integration with healthcare, though the limitation is still noteworthy.

An overall limitation of using Qualitative Document Analysis is that it was not initially designed for policy review, and as such some aspects of the method were therefore not applicable. BV adapted aspects of the approach where necessary to ensure it would be applicable in this context, and this has allowed us to use this method in a practical way given our source material.

Conclusions

This report has used Qualitative Document Analysis to review available material regarding the delivery of healthcare and wellbeing services to Trans and gender diverse patients. This included documents sampled from regional contexts, taken from NHS bodies, local authorities, and the third sector. Sampled documents were screened for mention of trans-related terminology to capture specific representation of trans inclusion or recognition across health-related service provisions. While this review and subsequent analysis are the central contributions of this document, earlier sections also provide context on basic NHS structures and Gender Dysphoria Pathways as they currently exist within the four nations of the United Kingdom.

The frame for the review was the provision and integration of health and wellbeing services. Our findings indicate a range of models and approaches for the provision of health and wellbeing services to trans adults. Examples of initiatives to improve the integration of healthcare services oriented to trans adult care were identified within these. In order to draw from and augment the themes discussed within this document, a further typology (construction of categories used for classification) of possibilities for integrating care will be developed. This will not only report on existing forms of integration, but also identify opportunities for innovating and deploying further integration.

The identified themes from this report highlight a wide possibility of experience for trans service users. This is indicative of the NHS (and wider services) still being in a process of understanding and responding to the complexities that may be presented in fully recognising and including trans patients within all dimensions of practice and administration. Sub-themes were conceived to be holistic, and thus could include related but separate manifestations of a given concept. For example, the 'lack of information' sub-theme includes contexts where a health organisation acknowledges the unavailability of particular information (such as the size of a local trans population, or the trans population overall), or it could include instances where information is known and should be provided (such as signposting to the trans-specific guidance around screening programmes on a page around cervical or breast screening) but has not been. These have significantly different ramifications for the responsiveness and awareness of a given service towards trans health, with different implications for how a healthcare context may be improved.

Some of the themes acknowledged how positive initiatives may have been implemented or attempted, but with problematic practices still being identifiable. For example, an effort to recognise trans-specific needs may be explicit, while using problematic language that may contribute to suboptimal understanding of trans health. Sensitive language use may appear to be relatively easy to achieve within healthcare website copy or policy documents, yet this may be difficult to achieve due to the speed at which language use has changed, and the lack of consensus when depending on trans community guidance (e.g. some community groups or individuals may not problematise certain language use that others would). Many health contexts suffered with either a complete lack of trans-specific recognition, or language and information that was significantly dated. As examples of information hubs and innovation were identified, this suggests that where this work is done occurs in 'pockets', and that wider

dissemination (or mirroring in a potentially wide number of different NHS website contexts) would greatly increase the impact of such work and minimise incidences of staff independently and redundantly repeating the same or similar work. This points towards wider structural considerations, such as accountable information review frameworks in contexts such as website management, or the application and content of policy for the scrutiny of equality and diversity reviews and initiatives.