

Commissioning of Specialised Services for Individuals with Gender Dysphoria

Brighton and Hove Health Overview and Scrutiny Committee

30 March 2023

Executive Summary

This paper brings together information in regard to the commissioning of NHS Gender Dysphoria Services.

Part 1 of the paper describes the national commissioning arrangements for NHS Gender Dysphoria Services. It also details how NHS England is tackling long waiting times, by introducing pilots such as in Sussex. This part of the paper is authored by NHS England.

Part 2 of this paper covers in detail, the planning underway to establish a Sussex Gender Dysphoria Service pilot and describes the community mobilisation underway in order to open the service in September 2023. This paper is authored by the provider of the service, Sussex Partnership NHS Foundation Trust (SPFT) in collaboration with NHS Sussex ICB.

Part 1: National commissioning arrangements for NHS Gender Dysphoria Services

Author: NHS England

Background to Gender Dysphoria Services

Governance

Services for the alleviation of gender dysphoria are prescribed specialised services commissioned directly by NHS England for the population of England. NHS England also commissions specialised surgical services for this clinical pathway on behalf of the populations of Northern Ireland, Wales and Scotland as there are no specialist surgical units outside of England.

In view of the importance of improving how these services are commissioned and delivered, NHS England has established a National Programme Board for Gender Dysphoria services that is chaired by the National Medical Director for Specialised Services; a Clinical Reference Group provides clinical advice to NHS England, chaired by NHS England's National Specialty Adviser for Gender Dysphoria Services (Dr Derek Glidden, lead clinician at the adult gender service at Nottinghamshire Healthcare NHS Foundation Trust). Both groups include individuals with lived experience. As is the case for all directly commissioned specialised services, the decision-making group is the NHSE National Commissioning Group chaired by the National Director for Specialised Services, membership of which includes all of the Directors of Specialised Commissioning in each of the seven NHSE regions.

The way in which gender dysphoria services are delivered by the NHS are described in two [national service specifications](#) that are published, covering surgical and non-surgical services. The service specifications were formed as an outcome of extensive stakeholder engagement and public consultation; a [report on the outcome of public consultation](#) is published.

Clinical Pathway for Adult Services

Gender Dysphoria Clinics aim to provide improved mental health and wellbeing; social functioning and relationships; sexual health; body image and health lifestyle for those using them.

The NHS England service specification describes that the service is open to those with *“a strong and persistent cross-gender identification (such as stating a desire to be the other sex or frequently passing as the other sex) coupled with persistent discomfort with their sex (manifested in adults, for example, as a preoccupation with altering primary and secondary sex characteristics through hormonal manipulation or surgery)”*.

The NHS pathway of care for adults will differ according to the individual's goals. The current adult pathway may be summarised as:

- Referral to a specialist Gender Dysphoria Clinic, usually by the individual's GP (there is no requirement for a referral to be endorsed by a mental health professional)
- Assessment for gender dysphoria, and diagnosis
- Individuals who meet the criteria for gender dysphoria are accepted on to the NHS care pathway and an individualised treatment plan is agreed between the individual and their lead clinician in the Gender Dysphoria Clinic
- Therapeutic interventions are delivered by the specialist Gender Dysphoria Clinic; and/or referral for interventions with other providers; which may include recommendations for prescribing endocrine treatments; talking therapies; psychosexual counselling; voice and communication therapies; epilation; and surgical interventions of the chest and genitals
- Ongoing review and monitoring during and after interventions
- Conclusion of contact: discharge to primary care including for long-term management of endocrine interventions

Configuration of NHS-commissioned Gender Dysphoria Clinics (non-surgical)

NHSE Region	NHS Gender Dysphoria Clinics
North East Yorkshire	& • Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust • Sheffield Health & Social Care NHS Foundation Trust • Leeds and York Partnership NHS Foundation Trust
North West	• Mersey Care NHS Foundation Trust (pilot service) • GTD Healthcare – Greater Manchester (pilot service)
Midlands	• Nottinghamshire Healthcare NHS Foundation Trust • Northamptonshire Healthcare NHS Foundation Trust
East	• Nottinghamshire Healthcare NHS Foundation / Cambridgeshire and Peterborough NHS Foundation Trust (pilot service)
London	• Tavistock and Portman NHS Foundation Trust • Chelsea and Westminster Hospital NHS Foundation Trust (pilot service)
South West	• Devon Partnership NHS Trust
South East	• Sussex Partnership NHS Foundation Trust (pilot service; operational in 2023)

Configuration of NHS-commissioned providers (surgical units)

NHSE Region	Surgical Units
North East Yorkshire	& • Hull University Teaching Hospitals NHS Trust • Newcastle Hospital (Nuffield Health)
North West	• Manchester University Hospitals NHS Foundation Trust
Midlands	• Leicester Hospital (Nuffield Health)
London	• Highgate Hospital (Nuffield Health) • Parkside Hospital (Nuffield Health) • Chelsea and Westminster Hospital NHS Foundation Trust • New Victoria Hospital • St George's University Hospitals NHS Foundation Trust
South West	• Mount Stuart Hospital • Plymouth Hospital (Nuffield Health)
South East	• Brighton Hospital (Nuffield Health)

Prevalence

Historically, planning for the number of individuals who will require access to specialist NHS gender dysphoria services has been hindered by a lack of data. The Office of National Statistics began recording expressions of gender identity through the national census in 2021, in which 0.55% of the population of England reported a “*gender identity different from sex registered at birth*”; the figure for the South-East England region was 0.47% ([Appendix A](#)). A previous Dutch [study](#) reported that 4.6% of natal men and 3.2% of natal women report ambivalent gender identity and 1.1% and 0.8% reported incongruent gender identity. Most epidemiological studies have only focused on the proportion of individuals that have engaged with specialist health services for gender incongruence.

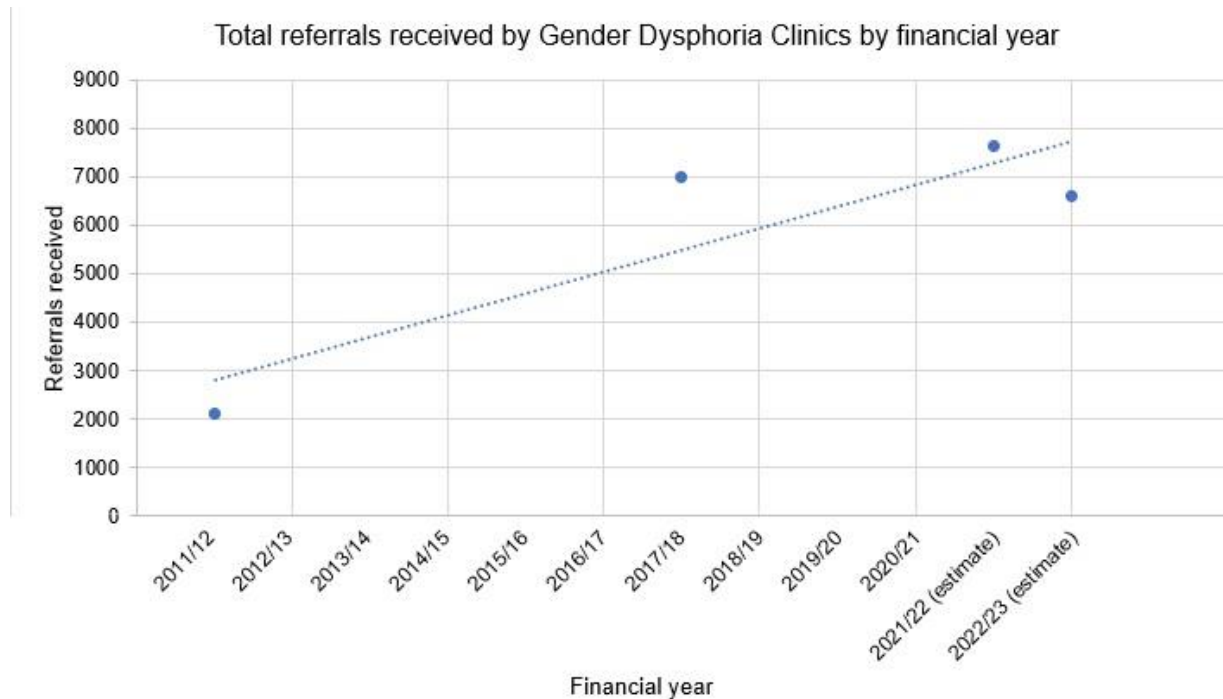
Referrals to adult gender clinics in England have increased significantly in recent years, reflecting an international trend, with a current average of 555 referrals per month¹. It is not known if the true underlying prevalence of this condition has changed. The reasons for the increased numbers are unclear, though often surmised that it is attributable to a combination of factors: increased availability of treatment interventions; changing societal attitudes; new cohorts of non-binary and other gender-variant people; and greater awareness.

Capacity and demand pressures

Referrals into adult Gender Dysphoria Clinics have increased by around 280% over the past ten years, representing a significant growth trajectory compared to other specialised services. Although NHS England’s investment in adult gender services has increased considerably – from £10.1m in 2015/16 to £28.1m in 2022/23 – it has not been possible to increase clinical capacity to match the increased demand, due to a combination of a shortage of healthcare professionals choosing to work in the field; recruitment and retention challenges; and the time it takes to train clinicians in the specialist skills required. This has contributed to long waiting lists and long waiting times.

¹ Source: Data return by providers to NHS Arden & GEM CSU August 2022 to January 2023.

Figure 1: Referrals to Adult Gender Dysphoria Clinics (straight line representation)



There are currently around 28,000 individuals waiting for a first appointment at a Gender Dysphoria Clinic with a median waiting time of >3 years for a first appointment, of whom around 1,100 are residents of Sussex². The majority of the Sussex patients (around 95%) are registered on the waiting list of the Tavistock and Portman NHS Foundation Trust in London.

The direct consequences of long waiting times and waiting lists are increased risk of harm to the individual and increased pressures on other parts of the NHS system. Individuals with gender dysphoria are at higher risk of physical and mental health problems, exacerbated by barriers to access of specialised gender identity services. Incidence of 'minority stress' is high. Evidence is that coping strategies include self-sourcing of cross-sex hormone drugs from unregulated sources, self-harm, use of drugs, alcohol, tobacco or high-risk sexual activity. The incidence of suicidal ideation is high compared to the general population. Unmet needs for specialist healthcare is a contributing factor to the increased disproportionate risk of acquiring HIV in the trans population. Individuals with gender dysphoria have complex interactions with other health services which will be exacerbated if there are unmet needs for trans-specific

² Data not currently available at ICB level.

healthcare, particularly: primary care, mental health, CAMHS, sexual health, A&E and crisis services.

The most significant obstacle to increasing capacity and improved efficiency in the clinical pathway is the limited workforce potential. Operational research by NHS England concluded that the current workforce model is not sustainable. There is a small, ageing professional pool and limited interest amongst younger professionals. There are very different workforce models across the Gender Dysphoria Clinics, but limited evidence on the optimal models for workforce and service delivery.

NHS England's operational research concluded that an increase in staffing significantly above and beyond that of succession planning would be needed to meet demand, but there was no defined entry point, no accredited or regulated training posts, very few training places and no accepted definition of a "gender specialist".

A national workforce return in 2020 described 88.5 wte clinicians across the seven Gender Dysphoria Clinics, of whom 28.6 wte were medical posts.

It has not been possible to grow the specialist workforce at the required rate to keep pace with demand. In 2019 NHS England ran a national procurement exercise for both surgical and non-surgical services, in an effort to attract additional providers to start offering gender dysphoria services. Unfortunately no new providers came forward, which reflects the difficulty in attracting, training and retaining clinicians to work in this area of healthcare. For that reason, NHS England worked with the Royal College of Physicians to design and fund the UK's first Gender Identity Healthcare Credential, which since 2020 has provided a route for clinicians to train in the specialty of gender dysphoria healthcare. In addition, NHS England has significantly increased financial investment in the Gender Dysphoria Clinics in recent years, to recruit additional clinicians where this is possible. NHS England is also taking steps to increase the surgical workforce, including funding for a number of individual surgical fellowships where providers can identify qualified surgeons who wish to train in the specialty under experienced surgeons. Surgeons are also being brought in from abroad to train surgeons here in the required techniques under NHS contracts funded by NHS England.

Despite these actions on the part of NHS England, there remain long waiting times at Gender Dysphoria Clinics.

Based on waiting times and workforce shortages, there are concerns that the historical Gender Dysphoria Clinic model is not sustainable in its current form. In response, NHS England has established five new pilot services, testing how gender dysphoria healthcare delivered by Gender Dysphoria Clinics could be delivered in other settings, such as primary care and sexual health clinics. These pilots work to a national service

specification and are being independently evaluated. Positive evaluations of the pilots would present an opportunity to roll out the successful models of care more widely, assisting with reducing waiting times.

The four pilots currently in operation are TransPlus in London (Chelsea and Westminster Hospital NHS Foundation Trust), which opened in June 2020, Indigo Gender Service in Greater Manchester from December 2020 (managed by GTD Healthcare), CMAGIC in Cheshire and Merseyside from February 2021 (Mersey Care NHS Foundation Trust) and the East of England Gender Service from June 2021 (Nottinghamshire Healthcare NHS Foundation Trust, in partnership with Cambridgeshire and Peterborough NHS Foundation Trust).

The South-East is currently the only NHS England region without an operational Gender Dysphoria Clinic or pilot service.

Support available to adults on a waiting list

Commissioning responsibility for local support services rests with Integrated Care Boards (ICB), rather than NHS England. The make-up of local services will therefore differ according to each ICB's commissioning strategy (section 2 of this paper describes local provision). Also, an individual's GP plays an important role in supporting patients who have physical and mental health support needs, including referral to local NHS services being mindful that evidence shows that transgender and non-binary people are more likely to experience poor mental health than the general population – 88% of respondents to UK Trans Mental Health Study (2012) showed symptoms of depression and 75% showed symptoms of anxiety compared with 20% of people in the UK general population.

To supplement local support options NHS England has commissioned support resources via the Gender Dysphoria Clinics, who have various initiatives in place to support people on a waiting list. The types of support currently in place in the GDCs include:

- Screening and triage at referral so that dedicated Named Professionals can work with patients and GPs to address complex needs; and for signposting to local services and local support groups in less complex cases
- Gender Outreach Workers and Peer Support Workers who meet with patients in local community settings
- Advice and support lines delivered by third-sector support organisations with NHS funding
- Pre-Assessment workshops with people on a waiting list, providing them with information on assessment, intervention pathways and community-based support

Through the new pilot services we are evaluating new ways that patients can be supported while waiting for their first appointment (recognising that waiting times for the pilots are currently much shorter than for Gender Dysphoria Clinics). For example, the *Indigo Gender Service* in Greater Manchester is testing the role of Care Navigators, a non-clinical role typically staffed by individuals with lived experience, to support patients before their first appointment with the specialist team, in accessing other services for their overall health and wellbeing needs in an integrated and coordinated way.

Increasing mental health provision locally

In addition to commissioning support options specifically for individuals with gender incongruence the *NHS Long Term Plan for Mental Health* describes plans for transforming local mental health care so that more people can access treatment by increasing funding at a faster rate than the overall NHS budget – and by at least £2.3bn a year by 2023/24. Since 2019/20 every area of the country has received funding to deliver multi-agency suicide prevention services; mental health crisis teams have been strengthened and new alternative forms of provision such as safe havens and crisis cafes opened across the country – more than £200 million of national funding has been allocated to local areas to transform urgent and emergency mental health care through a network of services. Local health systems have continued to develop services in the community and hospitals, including talking therapies and mental health liaison teams, to provide the right level of care for hundreds of thousands more people with common or severe mental illnesses.

Commissioning a Sussex Pilot Service

In response to the long waiting times nationally, the gap in gender dysphoria service provision in the South East, and the success of the pilots so far, NHS England has commissioned a pilot gender dysphoria service for the Sussex population. South, Central and West Commissioning Support Unit, on behalf of NHS England, has run a formal procurement process to identify a suitable provider. At the conclusion of the procurement process, which was conducted in accordance with procurement regulations, a contract award notice was published in October 2022 stating that the contract has been awarded to Sussex Partnership NHS Foundation Trust (SPFT).

The NHS England procurement evaluation panel were assured of the suitability of SPFT's bid. SPFT has presented a model that meets the national service specification. They have credible recruitment plans and have carried out engagement to gain assurance that they can fill their key posts.

SPFT have partnered with an existing NHS-commissioned Gender Dysphoria Clinic, the Nottingham Centre for Transgender Health (NCTH), to provide training, supervision and the management of complex cases. NCTH has experience supporting gender dysphoria pilots, as they are the link clinic for the Indigo pilot and the directly contracted provider of the East of England Gender Service pilot.

A process for evaluation of the pilot will be co-designed with Sussex ICB and other stakeholders.

Expected benefits for patients include: timely assessment and treatment; care provided locally; reduced use of hormones acquired from unregulated sources; and sensitive and respectful care, tailored to the needs of the local population. The pilot will provide a high quality and timely service that is tailored for the specific needs of the Sussex population, with robust clinical and operational governance structures. The service will have a visible profile in Sussex, including an online presence and at least one physical location, and will form collaborative relationships with local voluntary sector and statutory services. The service will also work closely with local primary care teams on care and management issues relating to patients on the gender dysphoria pathway. The provider will involve the Sussex trans and non-binary communities in the co-design and ongoing development of the pilot.

A separate paper that describes mobilisation of the service, authored by Sussex Partnership NHS Foundation Trust, is attached,

Gender Dysphoria Services for Children and Young People

The sole national service for children and young people (up to the 18th birthday) is currently delivered by the Gender Identity Development Service (GIDS) at the Tavistock and Portman NHS Foundation Trust in London, with clinics in Leeds, Bristol and Birmingham.

Under current arrangements most of the referrals to the service are from GPs (65% of referrals) and child and adolescent mental health services (30% of referrals).

The GIDS provides outpatient psychosocial and psychological services. The clinical team is comprised mainly of psychologists, psychotherapists, family therapists and social workers. Children and young people who meet defined criteria may be referred by GIDS to related endocrinology clinics at Leeds Teaching Hospitals NHS Trust or University College of London Hospitals NHS Foundation Trust for Gonadotrophin-Releasing Hormone Analogues (medicines that 'block' the physical changes of puberty) and, from 16 years, for masculinising / feminising hormones that alter sex characteristics.

Young people who meet the access criteria may be transferred to an adult Gender Dysphoria Clinic from 17 years of age.

Referrals have increased significantly year-on-year (figure 2). The total referral number for 2022/23 was >5000 referrals (not shown in figure) – representing an increase of around 2450% since 2010/11. Waiting times are long – there are currently around 7000 children and young people waiting, with a median waiting time of >3 years. Evidence suggests that there seems to be a higher prevalence of autistic spectrum disorder (ASD) conditions in young people referred to gender dysphoria services than in the general population - the GIDS team has published papers that suggest that around 35% of young people referred to GIDS will have moderate to severe autistic traits.

Circa 1500 children and young people on the waiting list are registered with a GP in the South-East England region (representing around 20% of the total list).

Figure 2: Referrals to GIDS, 2010-11 to 2020-21

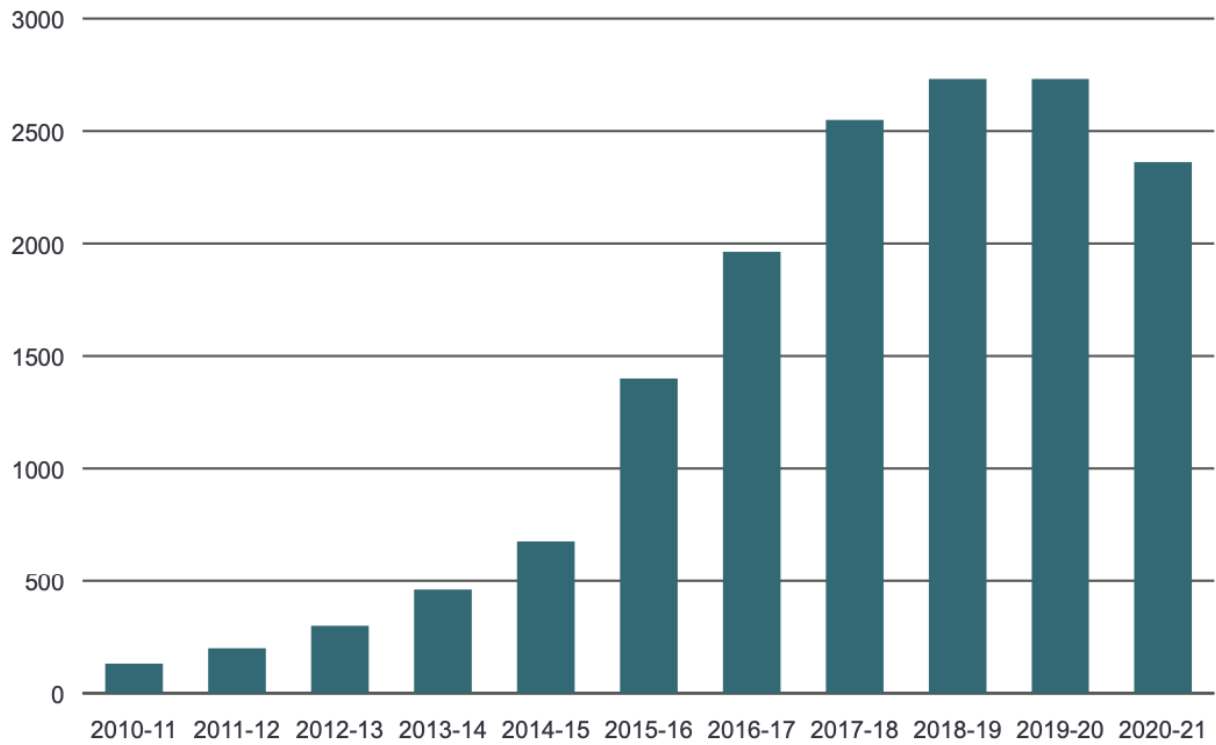
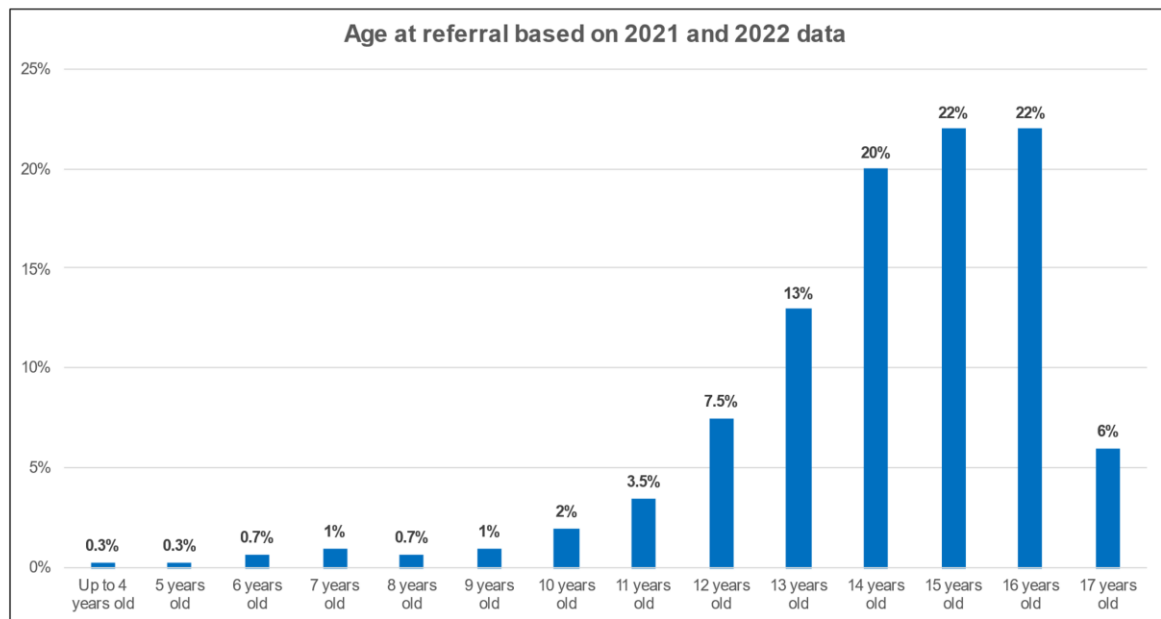


Figure 3: Age at referral to GIDS



GIDS has not been able to increase the clinical workforce to meet the increasing demand. There is a lack of evidence to inform how services for children and young people with gender incongruence should be delivered; there is a lack of professional consensus and a disputed clinical model. In 2020 the Care Quality Commission rated the GIDS as 'inadequate', and the [CQC's full report](#) is published.

In view of these concerns, in 2020 NHS England commissioned an independent review chaired by Dr Hilary Cass, an eminent paediatrician and former President of the Royal College of Paediatrics and Child Health. The [terms of reference](#) and broad and are published.

Dr Cass published interim advice in February 2022 and July 2022; she concluded that the current delivery model is not sustainable, and that a new national service is needed that comprises regional services working to a "fundamentally different service model which is more in line with other paediatric provision" and that are hosted by tertiary paediatric units that have good academic links. In response to Dr Cass' advice, in July 2022 NHS England announced that the current GIDS at Tavistock would be brought to a managed close in 2023 and two new services established at Alder Hey Children's Hospital in Liverpool and Great Ormond Street Hospital for Children in London. Once established, these new services will take over clinical responsibility for and management of all GIDS patients – including those on the waiting list – as part of a managed transition.

Additional new regional services will then be established from 2024. Further consideration will need to be given to the optimal number of regional services, taking into account the need for good geographical distribution as well as the need to build the clinical workforce over time – an initial view is that this may be around seven to eight services but this will be confirmed in due course.

In view of the urgent need to establish the two initial services at Alder Hey and GOSH, these services will be commissioned against an interim service specification which was subject to public consultation between October and December 2022. The submissions made by respondents are currently being analysed by an independent third party, and a report on the outcome of consultation will be published alongside the final version of the interim specification by May 2023. Further work will take place with the Cass Review over 2023 to build a new service specification for the new regional services, including through stakeholder engagement and public consultation.

END

**Appendix A
2021 Census
Data**

Area Name	Gender identity the same as sex registered at birth (percent)	Gender identity different from sex registered at birth but no specific identity given (percent)	Trans woman (percent)	Trans man (percent)	Non-binary (percent)	All other gender identities (percent)	Not answered (percent)
England	93.47	0.25	0.10	0.10	0.06	0.04	5.98
Wales	93.28	0.16	0.07	0.08	0.06	0.04	6.32
North- East	98.41	0.20	0.08	0.09	0.06	0.03	4.73
North-West	94.19	0.23	0.09	0.09	0.06	0.03	5.31
Yorkshire and Humber	93.65	0.25	0.09	0.09	0.06	0.04	5.81
East Midlands	93.44	0.22	0.08	0.09	0.06	0.03	6.08
West Midlands	93.14	0.26	0.10	0.10	0.05	0.03	6.33
East of England	93.92	0.20	0.09	0.09	0.05	0.04	5.62
London	91.21	0.46	0.16	0.16	0.08	0.05	7.88
South- East	94.12	0.18	0.09	0.09	0.07	0.04	5.42
South- West	93.99	0.14	0.08	0.08	0.07	0.04	5.59

Part 2: Provision of adult gender service pilot for Sussex

Author: Sussex Partnership NHS Foundation Trust (SPFT) in collaboration with NHS Sussex ICB

Introduction

NHS England has commissioned an adult gender service pilot for Sussex to be led by Sussex Partnership NHS Foundation Trust (SPFT) in partnership with the Nottingham Centre for Transgender Healthcare (NCTH), one of the seven established NHS Gender Dysphoria Clinics (GDCs) operating across England.

In line with NHS England's vision for improving adult gender dysphoria services through increased capacity and patient choice, SPFT's intention is to establish a Sussex Gender Service pilot that is designed in partnership with NHS and community & voluntary sector organisations, that prioritises patient experience and choice, and makes efficient use of specialised resources. The pilot will deliver additional, local specialised gender service capacity in Sussex. It will also look to provide outreach support for patients, ensuring their needs are met at all stages of their gender dysphoria assessment and treatment journey including whilst they are waiting to access the service.

NHS Sussex is committed to improving care for the TNBI community in Sussex, via the Locally Commissioned Service (LCS) for trans healthcare, established through close working with local voluntary and community sector organisations.

Update on the Locally Commissioned Service (LCS)

Following a successfully pilot project in Brighton, a Transgender Non-Binary and Intersex (TNBI) Locally Commissioned Service (LCS) was agreed and went live in Sussex on 1 April 2022 (LCSs are services provided by General Practice that are additional to core services which are part of the General Medical Services (GMS). The LCS aims to improve the experience of TNBI patients in accessing utilising health services; reduce health inequalities through the delivery of structured, supportive, and integrated physical and mental health care; improve access to hormonal therapy where appropriate; offer annual reviews of physical, mental and sexual health; improve access to appropriate national cancer screening programmes; and improve awareness and training of general practice staff.

The LCS has gained significant traction in Sussex in the first year, with over half of practices signing up. The associated training was well received and we will be commissioning more in the coming year. Not all practices sign up to all LCSs, usually

due to capacity. Workforce, and other pressures within the practice. We need to ensure all patients can access the service, and are currently in discussions with other practices who may have spare capacity to see patients. The LCS allows patients to receive the service in another practice (and this is happening), but we need to ensure enough capacity is available across Sussex.

Model

We have started the mobilisation phase of the pilot which is set to open in September 2023. The pilot will run for an initial two-year period with an option to extend it for another year. At that point the service will be assessed and next steps agreed.

The pilot is required to operate within the national service specification, and in line with this, the pilot will assess people and ensure they can access the relevant gender dysphoria treatments according to their clinical needs and treatment goals. There will be an emphasis on shared decision-making, and treatment plans will be co-created with patients.

GPs from Sussex practices will be core members of the clinical team and will work within the Sussex Gender Service pilot. In addition to GPs, the service will recruit and train nurses, speech and language therapists, and psychologist to develop skills and expertise as gender specialists. The multi-disciplinary teams will not only offer a range of specialisms but will increase the clinical capacity of the Sussex Gender Service.

In collaboration with NCTH, the pilot will provide onward care as appropriate, including making referrals for surgical interventions. The pilot will deliver specialist endocrinology services, speech and language/voice coaching and gender-specific psychological support. The pilot will also use a range of digital/virtual consultation platforms to support improved patient access.

SPFT will pilot outreach support via 'care navigator' roles employed by local TNBI community and voluntary sector organisations, ensuring that the treatment needs of the TNBI community are met.

Consultation and engagement with the TNBI community

Engagement with the TNBI community is central to the success of the pilot. In early developmental work for the Sussex Gender Service pilot, SPFT commissioned The Clare Project, a Sussex based TNBI charity run by and for the TNBI community, to undertake an online consultation. There was a significant response which informed the subsequent pilot proposal.

As the pilot moves into the mobilisation phase, the TNBI community are taking a shared leadership role in the creation of an engagement plan. Initial TNBI engagement planning sessions have been held to gather insight which will be used to develop a co-produced engagement plan, outlining who will be engaged, how they will be engaged and what elements of service development the community can help shape and develop. The plan will be supported by joint SPFT and community approval.

The plan will be presented to the NHS Sussex Trans Healthcare Improvement Board, which has multiagency representatives from across Sussex, to seek feedback and provide assurances on the commitment to engagement. The aim is for the engagement plan to be in place and agreed at the Board on 19 April 2023.

The engagement plan will be live; the document will be held by SPFT, but will be reviewed on a monthly basis at the Sussex Gender Service Pilot Stakeholder Advisory Group. This group will have a wide range of stakeholders on it, and will provide expert advice on the mobilisation and delivery of the pilot.

Mobilisation

Service mobilisation is underway with detailed work being carried out in key areas including development of required sub-contracting arrangements, recruitment and staffing for the service, premises readiness, set up of electronic patient record system, clinical and operational governance arrangements, primary care engagement, development of clinical pathways and procedures, and development of a communication strategy. The engagement plan will take account of how the TNBI community members can be involved in all aspects of service mobilisation, to ensure the successful co-production of the service. We are working towards the service opening in September 2023.

Trans Healthcare Board

It is acknowledged that Transgender, Non-binary and Intersex (TNBI) people experience significant health inequalities in terms of unequal access, treatment, and experience direct and indirect transphobia in both primary and secondary care services.

In response to the significant health inequalities identified for the TNBI population, the Sussex Trans Healthcare Improvement Board (THIB) was established in June 2022.

The purpose of the THIB is to reduce health inequalities and improve the health and wellbeing of the adult TNBI population by making changes to the way services respond to the needs of TNBI people in terms of access, experience, and

outcomes. Membership of the board includes NHS Sussex, GP leads, Community Group (Clare Project and Switch board), People with Lived Experience, Public Health, University Hospital Sussex, local authority, Sussex Gender Service and NHS England.

The Board takes a population health approach aimed at improving the health of the TNBI population by improving physical and mental health outcomes and wellbeing of people, whilst reducing health inequalities. It includes action to reduce the occurrence of discrimination and transphobia.

The key areas of focus for the THIB include:

- The key identified clinical priorities such as fertility, cancer screening, sexual and mental health
- Response to the key findings and actions from the ‘temperature check’ survey carried out by The Clare Project to further develop the programme priorities
- Developing a lived experience and involvement model, aimed at ensuring the TNBI community and patient voice is embedded in service development, delivery and decision making
- Monitor progress of the Sussex Gender service
- Oversee Primary care service provision of the Sussex Transgender, Non-binary and Intersex (TNBI) Locally Commissioned Service

END

