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Ministerial foreword

In our September 2021/22 Programme for Government we committed to improve access to and delivery of gender identity healthcare in Scotland.

I am pleased to fulfil part of that commitment with the publication of Scottish Government’s NHS Gender Identity Services: Strategic Action Framework 2022-2024. We plan to provide £9 million over 3 years, with £2 million in 2022/23, to fund new service models, address waiting times and support those waiting to access services. We will also support staff development and drive service improvement through enhanced data collection and reporting.

As referrals to gender identity services have increased over recent years, so too have waiting times. Waiting times were further impacted by the extraordinary challenges experienced across the NHS as a result of the COVID-19 pandemic. Despite the continued dedication of NHS staff delivering gender identity healthcare in Scotland, we know that some services are currently seeing people for the first time who were referred for an appointment over three and a half years ago.

We do not underestimate how much work is required in order to deliver timely person-centred care for those who need it. Our NHS is under more pressure than at any point in its history and the challenges it experiences as a result of the pandemic are not over. I am determined, however, that we will transform these services, and in doing so fulfil our commitments in the Programme for Government and Bute House Agreement.

Publication of this Framework demonstrates the Scottish Government’s ongoing commitment to improve the lives of trans people living in Scotland. I would like to personally thank all those who have contributed to its development. The actions it sets out have been developed based on evidence and the lived experience of people using services. They have been further honed through the advice and challenge of people with lived experience, third sector organisations, NHS clinicians and service leads. Their input has been invaluable. We look forward to working together to deliver sustainable, person-centred services fit for the future.

Maree Todd MSP
Minister for Public Health, Women’s Health and Sport
Introduction

Over recent years the number of people referred to NHS gender identity clinics (GICs) in Scotland has increased. This increase in demand has contributed to longer waiting times to access GICs. These services were further impacted by the COVID-19 pandemic, as highlighted by service user experience.

People referred to GICs in Scotland, and throughout the UK, have described the distress they have experienced due to long waits to access gender identity healthcare. Increased demand for services is not unique to Scotland - increasing demand and long waiting times to access gender identity services have been seen across the UK.

The National Gender Identity Clinical Network for Scotland’s (NGICNS) 2020/2021 annual report suggests that in early 2021 some patients had waited 35 months from referral for their first appointment. It is clear that waiting times for gender identity services must be improved.

The Scottish Government’s Programme for Government 2021/2022 acknowledges this, and commits:

“To improve access and delivery over the next three years we will centrally fund Gender Identity Service improvements until late 2024. A plan for transformation of these services will be also developed and published by late 2021, and implemented in 2022-2024. This work will include the voices of those with lived experience throughout.”

This followed the September 2021 commitment in the Scottish Government/Scottish Green Party Shared Policy Programme to improve access to and delivery of services by:

- adopting a human rights based, person centred and multidisciplinary approach to improving trans healthcare provision
- bringing gender identity services within national waiting times standards;
- improving support to those waiting on a gender identity service appointment, including peer support
- examining, in conjunction with the upcoming revised Gender Reassignment Protocol for Scotland, different models of delivering gender identity services, with models to be adopted based on the principles of Realistic Medicine
- ensuring that the newly improved services are accessible to trans, including non-binary, people

It should be noted that this Framework uses “trans” people as an umbrella term for people whose gender identity does not fully correspond with the sex they were assigned at birth. This includes, but is not limited to, trans men, trans women and non-binary people.

In preparing this Framework we have engaged with organisations representing trans people in Scotland, the Scottish Government's Non-Binary Working Group, NHS clinicians delivering gender identity healthcare, NHS Boards and trans people using
services. All have been clear that in order to achieve sustainable gender identity healthcare in Scotland more is needed than just increased capacity in current services and reduced waiting times. As the Scottish Public Health Network’s 2018 Health Care Needs Assessment of Gender Identity Services recommends, we must consider ‘alternative models of care for gender identity services to support the development of multidisciplinary, person-centred approaches which reduce [regional] variation’.

This Strategic Action Framework therefore recognises:
- the distress experienced by people waiting long periods to access services
- the need to address waiting times for services
- the challenges staff delivering these services have faced

However, it also recognises the opportunity to consider how gender identity healthcare is delivered across Scotland, to ensure it meets the needs of people using services, is sustainable and is built on the principles of Realistic Medicine (Annex A).

This Strategic Action Framework includes a series of commitments which will
- support and fund new work to address waiting times for accessing services
- bring gender identity services within national waiting times standards
- support new multidisciplinary models of delivering care
- increase support available for people waiting to access services
- improve collection of data and develop national standards for services
- provide a sustainable platform for gender identity service improvement from 2022

Core to delivery of this work is the establishment of a National Gender Identity Healthcare Reference Group, as well as centralised funding we will provide to support the implementation of the 17 commitments outlined here.

Background

Strategic context

This Strategic Action Framework sits alongside wider work supporting Scotland’s recovery from the COVID-19 pandemic (including the NHS Recovery Plan), as well as work to address inequality and disadvantage experienced by minority population groups.

As our Covid Recovery Strategy notes, individual policies ‘cannot be viewed in isolation and all have a part to play in making Scotland a fairer place’ - this publication therefore sits clearly in the context of wider strategic plans.

Scotland’s National Performance Framework (NPF) sets out the vision for how we create a more successful Scotland. It focuses on how the wellbeing of people living in Scotland can be increased across a range of economic, social and environmental factors laying out national outcomes to help achieve its purpose. Of these outcomes this Framework contributes to relevant NPF outcomes which are ‘we are healthy and
active’, ‘we live in communities that are inclusive, empowered, resilient and safe’ and ‘we respect, protect and fulfil human rights and live free from discrimination’.

Additional, relevant wider national policy is listed in Annex B.

**Current services**

There are currently four GICs providing services to adults in NHS Scotland. These are based in four NHS Health Boards:

- NHS Grampian
- NHS Greater Glasgow and Clyde
- NHS Highland
- NHS Lothian

A separate service for young people, NHS Greater Glasgow and Clyde’s Young Person’s Service, accepts referrals from across Scotland.

In 2012 we published the [Gender Reassignment Protocol](#) (GRP), which aimed to improve and standardise gender reassignment clinical pathways in NHS Scotland. The NGICNS was set up in 2014 as a Managed Clinical Network within NHS National Services Scotland to support the implementation of the GRP.

Following a [letter](#) from the Chief Medical Officer, NGICNS and NHS National Services Scotland are now working to review and update this clinical protocol. An updated GRP will be delivered in summer 2022. The work to update the GRP and the delivery of the commitments in this Framework are interconnected and each will support and inform the other.

**Regional variation in care**

People accessing gender identity services have highlighted variation in the time between referral and first appointment between GICs. However, geographical variation in ongoing provision of care after accessing a GIC in the NHS Board areas where people live is also frequently raised.

In keeping with the core principles of Realistic Medicine we recognise the need to address this variation and potential geographic inequalities. Implementation of actions in this Framework from 2022 will ensure equitable access not only to specialist services, but also to subsequent care and support trans people receive from NHS Boards, including through primary care.

**Gender reassignment surgery**

Due to the specialist nature of gender reassignment surgery, this is provided by the NHS via a four nations contract managed by NHS England.

Under the governance of NHS England, the Gender Dysphoria National Referral Support Service manages referrals for gender reassignment surgery from all UK nations. No NHS gender reassignment surgery currently takes place in Scotland.
We recognise the importance of accessing treatments locally where appropriate, as well as building resilience in provision. We have therefore committed in this Framework to look at the potential for providing gender reassignment surgeries in Scotland. We anticipate that this would complement and be part of the current four nations NHS contract.

**Action framework: commitments**

We recognise gender identity services in Scotland are not able to adequately meet current need. We are committed to bringing together people with lived experience of these services, clinical specialists, NHS Boards, academics and LGBTI representative organisations in order to improve access to and reduce waiting times for these services.

We will make use of the best available evidence to ensure improvements in gender identity healthcare are delivered in a sustainable manner, consistent with the principles of Realistic Medicine.

The 17 commitments set out below have been developed based on evidence, information about people’s experience of current services and input from a wide range of stakeholders. These commitments lay the foundation for both iterative and transformational change of gender identity healthcare in Scotland.

We plan to deliver the actions set out in this strategic action Framework through provision of £9 million over 3 years, with funding of £2 million to be provided in 2022/23.

**Strategy and governance**

Improvement of gender identity services across Scotland requires renewed national strategic direction and oversight, policies and procedures which will facilitate best practice and promote equality of access. To achieve this we will therefore:

1. Establish a National Gender Identity Healthcare Reference Group (the Reference Group) which will oversee the implementation of commitments set out within this Framework until 2024
2. Support the NGICNS to become a National Strategic Network for gender identity healthcare, to allow it to take ownership of service improvement and planning from the Reference Group from 2024
3. Support the current review and update of the Gender Reassignment Protocol by NHS National Services Scotland and NGICNS
4. Commission Healthcare Improvement Scotland to develop national standards for adult and young people’s gender identity services

The Reference Group will include people with lived experience of using gender identity healthcare as well as clinicians, academics and representatives from NHS Boards and LGBTI organisations. We anticipate that the Reference Group will begin its work in early 2022.
Service improvement and development

To improve current provision, reduce waiting times, support those waiting to access services and explore new models of delivering healthcare we will:

5. Direct the Reference Group to produce specifications to allocate funding which will develop and test new multidisciplinary models for delivery of gender identity healthcare i.e. ‘pilot services’
6. Direct the Reference Group to produce specifications to allocate funding which will support existing GICs to use new approaches to address current waiting lists
7. Fund enhanced support for people currently on waiting lists, including community and voluntary sector led support
8. Bring gender identity services within national waiting times standards
9. Support the establishment of a nationally commissioned Young Person’s Gender Identity Service
10. Re-establish work to scope gender reassignment surgery provision in Scotland, within the wider framework of the four nations surgical contract

Although the Reference Group will develop detailed specifications which will set parameters of funding applications, we expect ‘pilot services’ will encompass various ways and models of delivering care. Learning from current experiences in other parts of the UK, for example this could include provision of a gender identity service in a NHS Board(s) currently without a GIC, a primary care led gender identity service or embedded involvement of community or voluntary sector in new service provision.

As emphasised in Planning with People, it is vital individuals and communities are involved in decision making that affects them, and in the development of the health and social care services they use. We expect specifications for funding new services and wider service improvement will require active engagement with people using services in both their development and evaluation.

It is important that work to improve services and reduce current waiting lists is not confined to the establishment of new models of delivery. That is why we have committed to make available funding specifically to enable action to be taken within existing systems.

Staff training and development

We recognise the continued hard work of NHS staff across Scotland’s gender identity services and their commitment to deliver high quality care. However we also recognise that services continue to experience recruitment and staffing challenges.

A key component in addressing waiting times, improving access and transforming services will be supporting NHS staff. This includes staff across NHS Scotland working with patients requiring support for their gender identity, not just those accessing specialist clinics. We also recognise people accessing gender identity healthcare can only consistently access high quality care where there are appropriately skilled and resourced staff in place.
In order to develop and expand the available NHS workforce in Scotland to support those requiring gender identity healthcare we will:

11. Commission NHS Education for Scotland to complete development of a Transgender Care Knowledge and Skills Framework
12. Explore with NHS Education for Scotland opportunities for staff training and improved resources to support best care of trans people accessing services in the NHS
13. Continue to review and develop all Equality, Diversity and Inclusion training for all NHS Scotland staff

Data, research and evaluation

We recognise the need to have in place robust data on both waiting times to access services and wider health inequalities experienced by trans people. Access to nationally collated, robust datasets will help achieve our aim to bring gender identity services within national waiting times standards. A commitment to do so was set out by the Scottish Government/Scottish Green Party Shared Policy Programme. Therefore, we will:

14. Commission Public Health Scotland to establish robust national waiting times data collection, monitoring and reporting for gender identity services
15. Commission a trans healthcare specific report, as part of the NHS Greater Glasgow and Clyde, NHS Lothian and Public Health Scotland national LGBT Health Needs Assessment
16. Commit to have funded service improvements or pilots established via the direction of the Reference Group independently evaluated
17. Work with the Chief Scientist’s Office to develop research proposals, and make funding available, for additional research on long term health outcomes for those accessing gender identity healthcare

In addition to nationally collated data on waiting times, a trans specific report from a recent national LGBT Health Needs Assessment will ensure that the Reference Group start their work with current, Scottish-specific research on trans people’s experiences of accessing healthcare. Research on long term health outcomes will help to address a gap identified by clinicians and LGBTI stakeholders on what best care for trans people looks like over time.

Next steps and implementation

We will establish a National Gender Identity Healthcare Reference Group. This new Reference Group will report to Scottish Government. It will have involvement from NHS Boards including National Services Scotland, National Education for Scotland, Healthcare Improvement Scotland and Public Health Scotland.

The Reference Group will include and directly involve people with lived experience of accessing, and waiting to access, gender identity services. It will include relevant third sector organisations representing people using clinical services. Throughout
this work we will consider inclusivity, diversity and accessibility - including geographic accessibility - as service improvement is progressed.

It is anticipated the group will meet for the first time in early 2022. The Reference Group will be in place for a defined period of time in order to support the implementation of this Strategic Action Framework, during 2022-24.

Conclusion

This Strategic Action Framework acknowledges challenges people accessing gender identity services have faced. It also recognises the enthusiasm and ongoing commitment of all stakeholders across Scotland to transform services and to collectively build person-centred, accessible and sustainable gender identity healthcare for those who need it.

Commitments here span a wide range of topics including data collection, staff development, implementation of national standards and more. These will be delivered through the oversight of a new National Gender Identity Healthcare Reference Group. This national group will oversee implementation of the substantive and ambitious work programme outlined above.

This Framework, and implementation of its commitments from 2022, will create the foundations for significant, longer-term service improvement. The result will be greater accessibility for those accessing gender identity healthcare in Scotland. We look forward to working in partnership with stakeholders across Scotland to build accessible, sustainable and person-centred gender identity services fit for the future.
Annex A - About Realistic Medicine

In 2017 the Chief Medical Officer for Scotland published their second annual report titled Realising Realistic Medicine. This set out NHS Scotland’s vision for introducing the realistic medicine concept and how it will make sure that by 2025 anyone providing healthcare in Scotland will take a realistic medicine approach.

Realistic Medicine puts the person receiving health and social care at the centre of decisions made about their care. It encourages health and care workers to find out what matters most to patients so that the care fits their needs and situation. It recognises that a one size fits all approach to health and social care is not the most effective path for the patient or the NHS.

Realistic Medicine is not just about doctors. ‘Medicine’ includes all professionals who use their skills and knowledge to help people maintain health and to prevent and treat illness. This includes professions such as nursing, pharmacy, counsellors, physiotherapists and occupational therapists.

Realistic Medicine encourages shared decision making about care and is about moving away from a "doctor knows best" culture. This means a doctor or health professional should understand what matters to the patient personally and what their goals are.

Realistic Medicine will help to improve the NHS and the care and treatment it offers by:

- sharing decision making between health professionals and patients
- providing a personalised approach to care
- reducing harmful and wasteful care
- collaborative work between health professionals to avoid duplication and provide a joined up care package that better meets patient’s needs and wishes
Annex B - Strategic context

As previously noted this Framework sits in the context of wider national strategic plans including:

- **A Connected Scotland: our strategy for tackling social isolation and loneliness and building stronger social connections**
- **A Fairer Scotland for Disabled People**
- **A Scotland for the future: opportunities and challenges of Scotland’s changing population**
- **Achieving excellence in pharmaceutical care: a strategy for Scotland**
- **Adult social care: independent review**
- **Covid Recovery Strategy: for a fairer future**
- **Health and Social Care Delivery Plan**
- **Mental Health Strategy 2017-2027**
- **National Clinical Strategy**
- **National health and wellbeing outcomes framework**
- **NHS Recovery Plan**
- **Patient Charter of Rights and Responsibilities**
- **Planning with people**
- **Realistic Medicine**
- **Reset and Rebuild - sexual health and blood borne virus services: recovery plan**
- **Scotland’s Digital Health and Care Strategy**
- **The Fairer Scotland Action Plan**
- **Women’s health plan**