Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon Health, Social Care and Sport Committee HSCS(5)-20-18 Papur 6 / Paper 6

Vaughan Gething AC/AM Ysgrifennydd y Cabinet dros lechyd a Gwasanaethau Cymdeithasol Cabinet Secretary for Health and Social Services



Ein cyf/Our ref MA-P-VG-2063-18

Dr Dai Lloyd Chair Health, Social Care and Sport Committee National Assembly for Wales Cardiff Bay Cardiff CF99 1NA

11 June 2018

Dear Dai,

Thank you for your letter regarding the Health, Social Care and Sport Committee's forward priorities for the next 12 months. An update on Adult Gender Identity Service and the National Obesity Plan for Wales is outlined below.

Adult Gender Identity Service

I feel strongly that transgender people should be able to have their healthcare needs met as close to home as possible and I remain committed to improving transgender care in Wales, both through primary and secondary care.

The statements I made outlining our plans to improve gender identity services in Wales build upon our previous investment in this area. In 2016, the Welsh Government provided non-recurrent funding to the Welsh Health Specialised Services Committee (WHSSC) to support the development of a gender variance pathway, led by the all Wales Gender Identity Partnership Group (AWGIPG). This work was precipitated by an increasing demand for specialist gender identity services in Wales and increasing waiting times to access services provided by the Gender Identity Clinic in London.

Following my announcement, detailed work commenced with all partners including NHS Wales, WHSSC, GPC Wales, the RCGP and the Gender Identity Partnership Group. Whilst all partners are committed to making the improvements, the work was more complex than anticipated and we provided additional funding to establish a project lead within WHSSC to support this process. The project manager took up post in September.

Whilst we are making progress towards the interim improvements outlined in my written statement, we have also focused on planning for the longer term arrangements to ensure a full care pathway is in place. Following detailed discussions and exploring a number of options, all parties agree that the favoured approach is to develop a service that

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We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

encompasses both the specialist provision and a bespoke primary care network of prescribing GPs.

On that basis, Dr Andrew Goodall, Chief Executive of NHS Wales, issued a letter in May, directing health boards to commission an integrated gender identity service in Wales from 1 April 2019. The integrated model aims to put in place arrangements to ensure the delivery of a full care pathway and will build upon the preparatory work already done to date in the development of the interim arrangements. Existing pathways with the Gender Identity Clinic in London for individuals with complex needs or those requesting gender reassignment surgery will remain open as part of the new integrated model.

I was clear in my written statement that our intention for the Wales Gender Team (WGT) to start seeing patients in the Spring was subject to the recruitment of staff with the appropriate skills and managing the impact of their recruitment on other essential services. In terms of progress, we agreed the business case for the WGT in April and the Senior Clinician Lead took up post on 1 June. He will take a lead role in the implementation of the service. Job Descriptions for other post in the WGT have now been agreed and an implementation group, reporting directly into to the all Wales Gender Identity Partnership, has been established to oversee the developments.

I have made it clear that I expect the WGT to start seeing patients as soon as possible and I will write to the Committee with a further update next month.

Alongside the implementation of the WGT, work is well progressed with establishing working arrangements with the London Gender Identity Clinic (GIC). This includes arrangements to support the training and ongoing clinical supervision of the WGT, which have now been agreed. Work continues to agree clinical criteria for the repatriation of eligible Welsh patients once the WGT is fully established.

To develop NHS capacity to meet patient needs more broadly, an education and training task and finish group has also been established. The group has developed a training pyramid identifying four levels of training required for providing gender identity care for individuals. This ranges from induction for all staff groups through to specialist training for the Welsh Gender Team. To support this, the group are mapping current provision, identifying gaps and collating a resource directory which will be available on line for staff to access.

Funding has also been agreed to develop an e-learning package for health professionals and specialist training for two Speech and Language Therapists, focusing on voice and communication therapy for transgender patients, which will take place in July.

In terms of primary care, and to respond to the immediate prescribing needs for patients, we also agreed additional funding for Cardiff and Vale University Health Board to employ a GP on an interim basis. A GP with a special interest in gender identity has been identified to see patients who have been seen and assessed by the London GIC and I will include more details on this in my update next month. Ultimately though, our aim is that the prescribing of hormone therapy for transgender patients will become part of normal prescribing – but this will take time and we are starting the process by providing training for GPs. Training events have now been developed and plans for the roll out being finalised.

It is important that our stakeholders, including the trans community are kept informed about our progress. Regular updates from the AWGIPG are circulated to members, stakeholders and to the wider community on the All Wales Gender Dysphoria website. Members of the AWGIPG recently attended (24 May) a South Wales stakeholder support group to provide an update on progress and to discuss some of the complexities regarding the primary care and prescribing elements of the pathway.

This work has been more complex than anticipated and also needed to be balanced with work running in parallel to ensure a robust integrated pathway for patients in the longer term. However, I hope this letter reassures you that we are not only making progress towards the improvements that I announced, but that we are also taking forward a broader set of actions to increase capacity in the NHS to respond to the health needs of the trans gender community.

National Obesity Plan for Wales

The Obesity Strategy Development Board has been meeting since October 2017 and is chaired by the Chief Medical Officer. The board is advising upon priority areas for the strategy. My officials are continuing to engage with external stakeholders, where workshops were held earlier this year and further engagement is planned over the summer period. Public Health Wales has been supporting the board through the development of international evidence, systematic reviews and a case for change. These will be published in the summer, ahead of the launch of the consultation.

I will then be launching a public consultation in the autumn, which will be subject to a 12-week consultation period. I will be writing out to the Committee in advance and would welcome your views.

Yours sincerely,

Vaughan Gething AC/AM

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Ysgrifennydd y Cabinet dros Iechyd a Gwasanaethau Cymdeithasol Cabinet Secretary for Health and Social Services