

**Supporting Trans People Toolkit Listening Event for Clinicians
25 September 2020 @ 5:15-6:30pm**

Attending:

Dr Peter Brindle – Medical Director
Sharon Woma, Inclusion Coordinator
Louise Townsend - Customer Service Support Manager
Dr Katie Clyde – Consultant Psychiatrist
Dr Lucy Griffin – Consultant Psychiatrist
Dr Julie Maxwell – Community Paediatrician
Dr Richard Byng – General Practitioner - had to leave at 6pm

Apologies:

Michelle Smith – Associate Director of Communications and Engagement
Alex Ward-Booth – Head of Insights & Engagement

Introduction

It was agreed by all that the notes for this meeting would be in summary form and not formal verbatim minutes.

Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (BNSSG) have arranged listening events with members of the public, women's groups and clinicians to hear the concerns they have about the Supporting Trans People Toolkit.

Dr Peter Brindle, Medical Director for BNSSG began by thanking his clinical colleagues for the joint letter they had previously submitted and for taking the time to meet today. Peter also acknowledged that the Toolkit is a sensitive issue.

Sharon Woma, Inclusion Co-ordinator assured the group that BNSSG is committed to reviewing and taking into account all the documentation that has been submitted by members of the public and clinicians as part of the Equality Impact Assessment (EIA) process, which we plan to present at Governing Body in November 2020.

Peter opened the session to the clinicians for their feedback and input.

Themes from the clinicians – what we heard

- It was noted that concerns raised in the letter dated 3.2.2020 were still relevant and that the comments below are to be interpreted noting the contents of the letter.

- Tone of the Toolkit – it was felt that the Toolkit promotes medical intervention as the only option. The Toolkit should clarify all options that are available and include the risks of medical intervention. Such as the effects of puberty blockers, currently there is not enough evidence to show the impact these drugs can have.
- Lack of good quality evidence in the Toolkit. There is insufficient good quality research available, particularly looking at long-term outcomes. Existing research, such that it is, is largely centred on natal males however there has been a surge in referrals for young natal females – poor evidence is being applied to a new group.
- Concerns raised about the current references to suicidality in the toolkit as irresponsible; suicide rates in young people (trans and non-trans) are low – suggestion that the Samaritans guidance on suicide and self-harm should be used.
- Confusing language within the Toolkit conflating sex and gender.
- Concerns raised about the section on same-sex wards. Concerns were raised that women could effectively be placed on mixed-sex wards if males that self-identify as females were permitted to join the ward.
- Neutrality and shared decision-making principles - Clinicians should be able to work with patients by communicating, listening and making shared and evidence informed decisions, rather than being pressurised into following a pathway that may not be appropriate.
- De-transition rates are likely to be higher than the reported 1%. A long-term review is needed.
- There is a need for more neutral organisations for patients to be signposted to for advice and information, rather than just those with an affirmative approach.
- It was felt that children need time to grow up and explore. Commissioning of therapeutic groups which allow children to do this is really important.
- More neutral guidance needs to be available to schools and parents.
- Gender dysphoria should be treated as any other condition; medically taking the least invasive approach to treatment, with supportive care, normalising and watchful waiting being better clinical practice.
- Medical interventions cause irreversible changes, eg, young females on testosterone grow beards, their voices break and these effects don't go away following cessation of the drugs
- The toolkit mentions surgery specifically for trans men and specifies mastectomy and hysterectomy. Should these interventions be being offered as part of a standard care pathway?
- We believe the CCG should have a view on the ethics of being able to obtain these medications online and GPs should not be coerced into prescribing.

In Summary the key points from the clinicians are:

- Affirmation overstated within the Toolkit.

- Some of the evidence cited in the toolkit is poor and its validity overstated.
- The language/tone of the Toolkit is confused and often not appropriate.
- Risks of irreversible medical intervention are not recognised within the Toolkit.

Next Steps:

Sharon confirmed the next steps.

- Within the coming weeks CCG Clinicians will be meeting with the writing group to discuss the pathways section of the document.
- The feedback from today's meeting with the external clinicians and the other engagement will inform the EIA and this will be shared with the writing group. The CCG hopes that the writing group will consider and reflect on the recommendations.
- EIA to go to Governing Body in November 2020.
- The EIA will be published on the CCG website and all groups that have engaged with the CCG will be notified.

Peter thanked everyone for their time and assured the group that the submissions received and the views given at this event will be considered during the drafting of the EIA, which will then be discussed with the Governing Body to ensure that BNSSG are able to develop services and respond to the needs of all of the population.

Peter confirmed that BNSSG are committed to maintaining communication with members of the public and clinicians about this subject.

Further written representations can continue to be made by email: bnssg.customerservice@nhs.net