



Healthcare  
Improvement  
Scotland

**Evidence**  
Advice, guidance  
and intelligence

# Gender identity healthcare: Adults and young people

Draft standards

December 2023

We are committed to advancing equality, promoting diversity and championing human rights. These standards are intended to enhance improvements in health and social care for everyone, regardless of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation, socioeconomic status or any other status. Suggested aspects to consider and recommended practice throughout these standards should be interpreted as being inclusive of everyone living in Scotland.

We carried out an equality impact assessment (EQIA) to help us consider if everyone accessing health and social care services will experience the intended benefits of these standards in a fair and equitable way. A copy of the EQIA is available on request.

Healthcare Improvement Scotland is committed to ensuring that our standards are up to date, fit for purpose and informed by high-quality evidence and best practice. We consistently assess the validity of our standards, working with partners across health and social care, the third sector and those with lived and living experience. We encourage you to contact the standards and indicators team at [his.genderidentitystandards@nhs.scot](mailto:his.genderidentitystandards@nhs.scot) to notify us of any updates that might require consideration.

## **Healthcare Improvement Scotland 2023**

**Published December 2023**

This document is licensed under the Creative Commons Attribution-Noncommercial-NoDerivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as Healthcare Improvement Scotland is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this licence, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>

**[www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)**

# Contents

<b>Introduction</b>	<b>4</b>
<b>Glossary</b>	<b>9</b>
<b>How to participate in the consultation process</b>	<b>11</b>
<b>Summary of standards</b>	<b>12</b>
<b>Standard 1: Shared and supported decision making</b>	<b>13</b>
<b>Standard 2: Reducing inequalities in gender identity healthcare and services</b>	<b>18</b>
<b>Standard 3: Access to gender identity healthcare</b>	<b>22</b>
<b>Standard 4: Collaborative leadership and governance</b>	<b>25</b>
<b>Standard 5: Staff training and support</b>	<b>31</b>
<b>Standard 6: Referral into specialist gender identity services</b>	<b>35</b>
<b>Standard 7: Gender identity services for young people</b>	<b>38</b>
<b>Standard 8: Assessment and care planning</b>	<b>44</b>
<b>Appendix 1: Development of the standards</b>	<b>49</b>
<b>Appendix 2: Membership of the standards development group and editorial group</b>	<b>51</b>
<b>References</b>	<b>52</b>

# Introduction

## Background to the gender identity healthcare standards

There has been an increase in the number of people wishing to access specialist gender identity services in Scotland.<sup>1</sup> There is recognition that services in Scotland would benefit from the development of national standards for gender identity healthcare.<sup>1, 2</sup>

People experience and express their gender identity in different ways and at different points across their lifetime. Engagement with gender identity services may take place at any time in any person's lifetime or their care. Some people may access services for support as they question their identity. Others may be seeking to start the process of transitioning. Transitioning is the process of changing the way a person lives in order to match up with their gender identity. Examples of transitioning include the person changing their name, asking people to use different pronouns to address them and changing the way the person expresses their gender. For some people, accessing gender identity services will be for support, information and care. For others, this will involve medical treatments such as hormone therapy and surgery. Some people accessing gender identity services may require ongoing care, support, monitoring and treatment throughout their lives.

There are currently four gender identity clinics in Scotland that provide specialist clinical support delivered by multidisciplinary teams. These services are based in four NHS boards: NHS Grampian, NHS Greater Glasgow and Clyde, NHS Highland and NHS Lothian. The service for young people is located in NHS Greater Glasgow and Clyde and accepts referrals from across Scotland.

Recent evidence has identified the need for gender identity services to improve capacity and access.<sup>3, 4</sup> In particular, people have experienced a number of challenges when accessing gender identity healthcare, including:

- the inconsistency of gender identity service provision across Scotland
- inequality of access across different geographical areas
- frustration with length of time for initial assessment and between appointments
- lack of accurate information regarding likely waiting times
- 'misgendering' or 'deadnaming' in correspondence and other errors in information recording.<sup>3, 4</sup>

Access to high-quality, equitable healthcare is essential to improving the health and wellbeing of society.<sup>5, 6</sup> Healthcare services should ensure appropriate and responsive delivery and interventions for everyone who needs them.<sup>5</sup>

Gender identity healthcare does not start and end at a gender identity clinic. The responsibility for the full range of gender identity healthcare and services in Scotland extends beyond specialist services to include wider healthcare services and settings, for example primary care and community services.

These standards seek to underpin what high-quality, equitable healthcare looks like for trans and non-binary people to support current and future service provision.

## Policy context

Scottish Government has committed to improving access to, and delivery of, gender identity services in Scotland. This commitment is set out in the [NHS gender identity services: strategic action framework 2022-2024](#). As part of this work, in September 2022, Healthcare Improvement Scotland was commissioned to develop national standards for adult and young people's gender identity services.

The standards are underpinned by human rights and seek to provide better outcomes for everyone.<sup>2</sup> The standards promote and uphold the:

- Patient Rights (Scotland) Act 2011<sup>7</sup>
- International Covenant on Economic, Social and Cultural Rights<sup>8</sup>
- United Nations Convention on the Rights of Persons with Disabilities<sup>9</sup>
- United Nations Convention on the Rights of the Child<sup>10</sup>
- General Comment No. 22 from the UN Committee on Economic, Social and Cultural Rights.<sup>11</sup>

## Key principles

The standards emphasise the importance of a multidisciplinary, person-centred and trauma informed approach to gender identity services. The standards:

- outline responsive, coordinated treatment and further support
- reflect care and referral pathways for people accessing gender identity services
- cover the experience of care across a person's lifespan, including continuity of care across services.

## Related guidance and policy

These standards should also be read alongside other relevant legislation and guidance, including but not limited to:

- [Adults with Incapacity \(Scotland\) Act 2000](#)
- [Health and Social Care Standards](#)
- [Health needs assessment of lesbian, gay, bisexual, transgender and non-binary people. 2022](#)
- [Independent review of gender identity services for children and young people: Interim report. 2022](#)
- [Learning from adverse events framework](#)
- [National health and wellbeing outcomes framework](#)
- [NHSScotland climate emergency and sustainability strategy 2022-2026](#)
- [Organisational duty of candour guidance](#)
- [Realising realistic medicine](#)
- [Scotland's public health priorities](#)
- [Scotland's digital health and care strategy](#)

## Scope of the standards

Healthcare Improvement Scotland gender identity services standards cover the following areas:

- shared and supported decision making
- reducing inequalities in gender identity healthcare and services
- access to gender identity healthcare
- collaborative leadership and governance
- staff training and support
- referral into specialist gender identity services
- gender identity services for young people
- assessment and care planning.

## Population covered by the standards

The standards apply to all adults and young people. The standards are for:

- people accessing or wishing to access gender identity healthcare
- people moving between young people's and adult gender identity services
- families and representatives of people receiving, or engaging with gender identity healthcare, where appropriate.

[Standard 7](#) specifically reflects the additional responsibilities and requirements for gender identity services supporting young people.

## Services and organisations covered by the standards

Not all gender identity healthcare is delivered by specialist gender identity services. These standards apply to all services involved in the delivery of gender identity healthcare, including but not limited to, specialist clinics, primary care, community pharmacy and mental health services. The standards apply to both NHS and independent providers.

To ensure consistency and quality, care and support should be coordinated. The standards cover:

- the transfer of care across teams and service boundaries
- the transfer of care across primary, community and specialist care
- support at different stages throughout a person's lifetime, for example young people moving to adult services.

## Format of the standards

Healthcare Improvement Scotland standards follow the same format. Each standard includes:

- an overarching standard statement
- a rationale explaining why the standard is important
- a list of criteria describing what is needed to meet the standard
- what the standards mean if you are a person accessing care and support
- what the standards mean if you are a member of staff
- what the standards mean for organisations
- what the standards mean for primary care
- examples of what meeting the standard looks like in practice.

The gender identity healthcare standards have been co-created with key stakeholders, including those with lived experience. More information about the development of the standards is set out in [Appendix 1](#).

## Implementation

The standards support and inform organisational self-evaluation, assessment and improvement. It is anticipated that all organisations work towards implementing these standards to assure themselves and relevant clinical and care governance structures that they are delivering safe, effective and person-centred services. Healthcare Improvement Scotland may use these standards in a range of quality assurance and inspection activities. They may be used to review the quality and registration, where appropriate, of health and social care services.

The Healthcare Improvement Scotland Quality Management System Framework supports health and social care organisations to apply a consistent and coordinated approach to the management of the quality of health and care services. More information about this framework is available on the [HIS website](#).

## Terminology

Wherever possible, we have incorporated generic terminology, which can be applied across all gender identity healthcare services and providers. Terms and definitions are provided in the [glossary](#). In the standards, we use the terms gender identity healthcare. We recognise that for some services and sectors, the preferred term is 'trans healthcare'.

Consultation



# Glossary

Term	Definition
<b>Cisnormative</b>	the assumption that cisgender is the norm and privileging of this over any other form of gender identity.
<b>Gender identity</b>	an individual's sense of having a gender or genders. Describes how a person feels about their gender.
<b>Holistic</b>	assessments or services that take into account the whole person, including what matters to them and emotional, societal, spiritual and other factors.
<b>Independent advocate</b>	someone who helps build confidence and empowers people to assert themselves and express their needs, wishes and desires. <sup>5</sup>
<b>Independent healthcare</b>	provides a health service, which is not part of the National Health Service. Sometimes 'independent healthcare' is referred to as 'private healthcare.'
<b>Organisation</b>	any service or provider delivering healthcare. It is not restricted to organisations or boards delivering specialist gender identity healthcare. It may include: <ul style="list-style-type: none"> <li>• primary care services</li> <li>• hospital settings</li> <li>• independent providers</li> <li>• specialist services such as Children and Adolescent Mental Health Services (CAMHS) or adult mental health.</li> </ul>
<b>Person/people</b>	'people', 'person' or 'individual' are used within the document to refer to the person receiving care or support.
<b>Person-centred care</b>	ensuring the people who use services are at the centre of decision making. It ensures that care is personalised and supports what matters to people. Person-centred care should be coordinated and enabling so that people can make choices, manage their own health and live independent lives, where possible. <sup>12</sup>

Term	Definition
<b>Primary care</b>	includes general practitioners, community nurses, pharmacists and allied health professionals. <sup>13</sup> It is often the first point of contact someone has with the NHS.
<b>Representative</b>	includes a family member, friend, neighbour or an agreed person who can speak on the person's behalf. A representative may have power of attorney or be a legal guardian. A representative may be formal or informal. <sup>5</sup>  <b>Family</b> includes parents, siblings, foster carers, kinship carers and siblings, adoptive families and extended families. <sup>14</sup>
<b>Specialist gender identity services</b>	there are currently four NHS specialist gender identity clinics in Scotland. These are provided by NHS Grampian, NHS Greater Glasgow and Clyde, NHS Highland and NHS Lothian.
<b>Trans people</b>	an umbrella term for people whose gender identity differs or 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.
<b>Trauma informed</b>	being able to recognise when someone may be affected by trauma. Services should take this into account when providing help and support.  A model that is grounded in and directed by a complete understanding of how trauma exposure affects people's neurological, biological, psychological and social development. <sup>15</sup>
<b>Trusted person</b>	refers to someone chosen by the person to support them through their journey. This may be a friend, relative, nurse, support worker or advocate.

# How to participate in the consultation process

We welcome feedback on the draft standards and will review comments received. We use different methods of engagement during the consultation, including:

- targeted engagement with people who use services (and representatives) and service providers (including staff at the point of care)
- wide circulation of the draft standards to relevant professional groups, health service staff, social care staff, voluntary sector organisations and individuals
- an online survey tool.

## Submitting your comments

Responses to the draft standards should be submitted using our online survey:

<https://www.smartsurvey.co.uk/s/VBGC5U/>.

The consultation closes on **Friday 1 March 2024**. If you would like to submit your comments using a different format, please contact the standards and indicators team on [his.genderidentitystandards@nhs.scot](mailto:his.genderidentitystandards@nhs.scot).

Please note, consultation comments will not be accepted after the closing date or in an alternative format, unless previously agreed with the standards project team.

## Consultation feedback

Feedback on the draft standards will be reviewed and themed by the project team. The development group will reconvene following consultation to review feedback on the draft standards and agree on amendments to the draft standards. The final consultation survey report will be available on request following the publication of the final standards.

# Summary of standards

## **Standard 1: Shared and supported decision making**

People are supported to make informed and shared decisions about their care.

## **Standard 2: Reducing inequalities in gender identity healthcare and services**

Organisations actively work to reduce inequalities in accessing and delivering gender identity services.

## **Standard 3: Access to gender identity healthcare**

People have timely, equitable, consistent and person-centred access to gender identity healthcare.

## **Standard 4: Collaborative leadership and governance**

Organisations demonstrate effective and collaborative leadership, governance and partnership working in the planning, management and delivery of gender identity healthcare.

## **Standard 5: Staff training and support**

31

Staff have the training and skills to deliver the right care and support for people accessing gender identity services.

## **Standard 6: Referral into specialist gender identity services**

Organisations ensure there is a robust referral pathway into specialist gender identity services.

## **Standard 7: Gender identity services for young people**

Young people have timely access to safe, high-quality and person-centred gender identity services which understand, respect and uphold their rights.

## **Standard 8: Assessment and care planning**

People have a holistic, effective and person-centred assessment and care plan.

# Standard 1: Shared and supported decision making

## Standard statement

People are supported to make informed and shared decisions about their care.

## Rationale

A person's gender identity is a personal experience. Inclusive, compassionate and respectful communication is essential to support people in their gender identity healthcare.<sup>16</sup> Trans and non-binary people report discrimination, cisnormative assumptions and over-medicalisation. These factors contribute to apprehension and low levels of confidence when accessing general and specialist gender identity healthcare services.<sup>3, 17</sup>

All people should be recognised as experts in their own care.<sup>5</sup> People report positive experiences and outcomes in decision making about their care when they are listened to, respected, empowered and supported in expressing their identity. This includes addressing people using language that feels respectful and comfortable for them, such as their chosen name and pronouns.<sup>5</sup>

Legislative and policy frameworks, including Patient Rights (Scotland) Act 2011<sup>7</sup> and [Realistic Medicine principles](#), clearly outline the roles and responsibilities for organisations and staff in upholding people's rights, adhering to NHSScotland values and providing safe, appropriate and person-centred care.<sup>18</sup> Organisations and staff should ensure that these principles and responsibilities are embedded in service provision. This ensures that people questioning their gender identity or transitioning:

- experience shared decision making
- are empowered to discuss treatment options as well as risks and benefits
- receive personalised approaches to care
- can develop open and trusting relationships with health and care professionals, which facilitate meaningful conversations based on what matters most to them.

Organisations and staff can access professional and good practice guidance to support trans and non-binary people accessing healthcare services. This includes primary care, pharmacy, nursing and mental health services.<sup>16, 19-24</sup> This ensures that people can discuss their needs, concerns and care options with empathetic, well-informed, compassionate and unbiased staff.

Evidence highlights that lack of information on service access and treatment options can contribute to continued distress.<sup>1</sup> Access to high-quality and accurate information supports informed decision making. Information should be provided in a range of formats and languages, which reflects the needs of the person. The format should take into account age, psychological, social, cultural and spiritual factors. Information and discussions should be delivered in a way that is inclusive of people with learning or developmental disabilities.

People, and their choice of representative where appropriate, should be appropriately signposted to other services or third sector organisations for ongoing support and care.

### Who is responsible for meeting this standard?

All organisations and staff in line with their roles, responsibilities and workplace setting.

#### Criteria

- 1.1** People questioning their gender identity or wishing to access gender identity services are:
- listened to and taken seriously
  - fully informed
  - recognised and respected as experts in their care, needs and preferences
  - addressed by their chosen name and pronouns, which may not be the same as recorded on the person's record.
- 1.2** Organisations use a person-centred and trauma informed approach ensuring that people are actively enabled and supported to:
- participate in shared decision making at all stages of their care
  - raise question or concerns
  - have opportunities to provide feedback on their care and experiences
  - develop the knowledge, skills and confidence to manage their care and treatment, as appropriate.
- 1.3** Organisations provide information about gender identity healthcare and services, which is:
- timely
  - accessible
  - tailored to the person's needs, choice and circumstances.
- 1.4** People can discuss their needs, concerns and care options with kind, empathetic, well-informed, compassionate and unbiased staff.

- 1.5** Organisations ensure staff can provide people with the support they need. This includes ensuring staff can:
- access accurate and responsive information about gender identity healthcare and services
  - access professional and good practice guidance
  - signpost to additional services where this is needed for the person (and/or representative where appropriate), including third sector organisations.
- 1.6** People have the opportunity to involve families, trusted people, independent advocates or other representatives to support their decision making if they wish.
- 1.7** People are asked their preferred method of communication and this is implemented, where possible.

### What does the standard mean for people accessing care and support?

- You will be recognised and respected as an expert in your own care and needs.
- You will be involved in discussions and decisions about your care.
- Staff will use your chosen name and respect your pronouns.
- You will receive individualised care and support from compassionate, understanding, and well-informed staff.
- You will be supported by staff who recognise and uphold your rights.
- You can discuss any aspect of services and care, raise questions or concerns and provide feedback.
- You will receive information and support about the care and treatment you will be offered.
- Information will be provided at the right time, pace and in a language and format that is right for you.
- You have the opportunity to involve a representative in your care, if you wish.

## What does the standard mean for staff?

Staff, in line with roles, responsibilities and workplace setting:

- support, listen and actively engage with people to understand their needs and preferences
- understand the challenges faced by trans and non-binary people and how best to support them in the context of shared and informed decision making
- provide opportunities for people to ask questions about their care
- reflect on feedback if received and identify ways to improve the service
- can readily access and signpost people to accurate information appropriate to their needs.

## What does the standard mean for the organisation?

Organisations:

- have systems and processes in place to provide services, which are responsive and support informed and shared decision making in line with [Realistic Medicine principles](#)
- ensure the availability of appropriate, inclusive, easily accessible and timely information and support
- have mechanisms to record and act upon feedback from people, their families/representatives and staff
- ensure staff have time and resources to support and care for people.

## What does the standard mean for primary care?

Primary care:

- support people to make informed decisions about their care
- take into account the knowledge and understanding of people seeking access to gender identity care about their needs
- incorporate professional and good practice guidance
- work with partners, including specialist gender identity services and the third sector, to ensure people are supported in their decisions
- use a person-centred and trauma informed approach when supporting trans and non-binary people.



## Examples of what meeting this standard might look like

- Ongoing engagement and feedback from service users on their experiences of accessing care.
- Evidence of the person's involvement in decision making, tools for shared decision making, consent and effective communication.
- Evidence of information provided in alternative formats and languages, taking account of the needs of people who may be digitally excluded.
- Clinical audit of consultations with documentation of signposting or written information being provided.
- Quality improvement projects to ensure provision of information about gender identity services in, for example primary care waiting rooms.
- Specific tailored information for young people, learning disabled people and people with complex social needs.

# Standard 2: Reducing inequalities in gender identity healthcare and services

## Standard statement

Organisations actively work to reduce inequalities in accessing and delivering gender identity services.

## Rationale

Access to high-quality and equitable healthcare is an essential part of improving the health and wellbeing of society.<sup>5, 6</sup> Barriers that people experience in accessing gender identity services contribute to inequalities and inequity.<sup>3, 25</sup>

Organisations should ensure that they deliver inclusive services. Inclusive services are designed to take account of the populations they serve, including the impact of protected characteristics, intersectionality, cultural factors, socioeconomic factors and geographical considerations.<sup>26</sup>

Organisations should co-design and regularly review services with people with lived experience to ensure equality and equity in access.<sup>27</sup> Through the use of Equality Impact Assessments (EQIAs), Island Communities Impact Assessments, community engagement and consultation, organisations can understand and effectively reduce health inequalities and improve outcomes.<sup>26</sup> EQIAs can also support organisations to focus on outcomes when designing or improving services. This should include working in partnership with other services such as primary care, community services and the third sector.

Staff should be supported to understand the needs and barriers for people accessing gender identity services and their role in reducing inequalities.

## Who is responsible for meeting this standard?

All organisations and staff in line with their roles, responsibilities and workplace setting.

## Criteria

- 2.1** Organisations demonstrate their commitment to addressing health inequalities in gender identity services by collaborating and working in partnership to:
- undertake comprehensive population needs assessments
  - identify the specific needs of different groups of people who are accessing gender identity services
  - proactively engage with marginalised and under-served groups to reduce barriers to access
  - undertake a training audit of their staff's understanding of health inequalities
  - ensure service design and delivery is inclusive.
- 2.2** Organisations have service improvement and evaluation processes in place to assess the impact of any work undertaken to reduce health inequalities. This includes processes to:
- plan service improvement and evaluation
  - gather qualitative and quantitative data, including feedback and complaints
  - demonstrate learning from feedback.
- 2.3** Organisations can demonstrate where working in partnership with people with lived experience has led to improvements in access to and experience of gender identity support and services.
- 2.4** Organisations work in partnership where appropriate with other services, including primary care and community based services, to:
- improve understanding of access to gender identity services
  - reduce barriers to care
  - develop or design new services
  - ensure continuity and consistency of care
  - share best practice.

### What does the standard mean for people accessing care and support?

- Your voice is heard and care is planned with you.
- You will be recognised as an individual and treated with dignity and respect.
- You will have the opportunity to be involved in reviewing and designing services.

### What does the standard mean for staff?

Staff, in line with roles, responsibilities and workplace setting:

- understand the needs and experiences of the communities in which they work, including the impact of health inequalities, intersectionality and protected characteristics
- are encouraged to identify areas for improvement, including partnership working to reduce inequalities
- put people's rights to equitable and non-discriminatory care at the centre of their work.

### What does the standard mean for the organisation?

Organisations:

- are committed to achieving equality and equity of access
- have systems and processes in place to understand their population, including data on demographics
- understand the needs and experiences of the communities in which they work
- are proactive in activities to review and improve service access and design
- ensure staff training needs are assessed, identified and met
- work with partners, including primary care, pharmacy, third sector and other services to improve access.

### What does the standard mean for primary care?

Primary care:

- understand the needs and experience of the communities in which they work
- ensure their service is inclusive and accessible, for example design of waiting rooms, information displayed, private consultation rooms.

## Examples of what meeting this standard might look like

- EQIAs and Island Communities Impact Assessments, Children’s Rights Impact Assessments demonstrating evidence base, co-design of services and meaningful lived experience engagement.
- Evidence of engaging with people, communities and under-served groups to understand the barriers to access and how to address them.
- Examples of inclusive methods of engagement and consideration of the person’s needs to make a meaningful contribution, for example include hybrid meetings, and provision of travel or overnight expenses to attend events.
- Multiagency staff development sessions on health inequalities.
- Local partnership working across services to understand and minimise barriers to accessing gender identity services.

# Standard 3: Access to gender identity healthcare

## Standard statement

People have timely, equitable, consistent and person-centred access to gender identity healthcare.

## Rationale

Evidence highlights a number of barriers to accessing gender identity services which can lead to poor wellbeing, disengagement from healthcare and an increase in people seeking care that may be high risk and unsafe. People will often contact primary care services initially when looking for information, support and treatment related to their gender identity.<sup>13, 22</sup> It is important that all services work together to deliver person-centred care that is kind, high-quality, timely, and provides continuity and consistency of care.

Organisations should ensure that their work to reduce inequalities ([Standard 2](#)) underpins inclusive access to gender identity services.

Information about accessing gender identity services should be clear, readily available and in different formats. People should be able to access information and support that is right for them. This includes support that is available in primary care and other community settings, which may often be the person's first point of contact with health and care services.

Organisations should use feedback to improve access to services. This should include understanding barriers to access, service user involvement in service design and undertaking impact assessments.

As part of collaborative and multidisciplinary working, there should be arrangements in place, particularly in remote, rural and island settings to support people to access care that is right for them, including help with health costs, where appropriate.<sup>28</sup>

Responsive services should further empower people who face additional barriers to accessing care to be active participants in their healthcare.

## Who is responsible for meeting this standard?

- Gender identity services
- Independent providers
- Primary care
- NHS boards

## Criteria

- 3.1 Organisations ensure that people have access to timely and high-quality gender identity services that are provided as close to home as possible.
- 3.2 Where specialist services are not available locally, organisations ensure robust pathways are in place to provide access to a national, regional or suitable local provision.
- 3.3 People seeking to access services in a primary care or community setting receive suitable support and advice from knowledgeable and well-informed professionals.
- 3.4 Organisations have systems in place to provide, where appropriate and practicable:
  - information about services, including who to contact and how to arrange appointments
  - coordinated appointments for services
  - access to remote or in-person consultations or appointments
  - adequate staff time and resources are available for extended consultations
  - updates on anticipated waiting times.
- 3.5 Organisations need clear, accessible and fair policies for reimbursement of reasonable expenses where a person must travel to access services.
- 3.6 Organisations support partnership working to:
  - ensure that support and advice is available about specialist services to primary care and other community based services
  - raise awareness about local and specialist services.

### What does the standard mean for people accessing care and support?

- You will have access to gender identity services.
- Where possible, services will be locally provided. If you have to travel, you will be supported to claim expenses.
- Staff will help you by sharing information and signposting you to other services, if that is what you need.
- Your GP practice will support you and work with others to make sure you get the care and support you need.

### What does the standard mean for staff?

Staff, in line with their roles, responsibilities and workplace setting:

- will be able to offer services on a fair and equitable basis, regardless of personal circumstance, geographical location or other factors
- will be supported to address and minimise waiting lists where possible.

### What does the standard mean for the organisation?

Organisations:

- demonstrate partnership working with primary care and community services in providing access to specialist and equitable gender identity services
- have systems and policies in place to support appointment attendance, including travel and expenses reimbursement.

### What does the standard mean for primary care?

Primary care:

- work in partnership with other organisations to ensure timely, equitable access to gender identity services
- have a comprehensive understanding of access pathways and explain them clearly to people seeking access to gender identity services
- help people to access gender identity services locally where possible
- take a person-centred approach to trans and non-binary patients' care and reduce barriers to access for them where possible.

### Examples of what meeting this standard might look like

- Specialist gender identity services have a service specification, including a staff workforce plan.
- Partnership working in supporting access to specialist services.
- Coordination of appointments to support the person.
- Easily accessible travel and expenses reimbursement policy.
- Use of text reminders for appointments, online consultations and other technology to remove service barriers where appropriate.
- Evidence of clear policies on a fair, person-centred and supportive response when people cancel or do not attend for appointments.



# Standard 4: Collaborative leadership and governance

## Standard statement

Organisations demonstrate effective and collaborative leadership, governance and partnership working in the planning, management and delivery of gender identity healthcare.

## Rationale

Effective leadership and governance are critical to promoting an inclusive culture and supporting people to access gender identity services. Research has highlighted that there are numerous organisational barriers for trans and non-binary people accessing services and that these contribute to anxiety, distress and other negative experiences.

An organisation's commitment to an inclusive culture can be demonstrated through its policies and procedures, and by supporting staff to fulfil their roles and responsibilities. Organisations should incorporate the principles of [Realistic Medicine](#) into their policies and procedures, including value-based medicine, shared decision making and trauma informed practice.

Organisations should also demonstrate their commitment to the safety and quality of services through addressing complaints or concerns raised by staff and in line with Duty of Candour procedures and whistleblowing policies.<sup>29, 30</sup>

Organisations should co-develop their services with trans and non-binary people and their representatives, where appropriate. Organisations should seek feedback on their governance structures, patient information, facility design and workplace culture. This feedback should be used to improve services and demonstrate a commitment to inclusive service provision.<sup>26</sup>

People accessing services should benefit from partnership working at a local, regional and national level. This should be multidisciplinary and multiagency, including primary care, independent healthcare providers, social care and third sector partners. Effective planning and partnership working should be underpinned by arrangements and information sharing that facilitates the delivery of high-quality and equitable care. Partnership working should support consistent and continuous care throughout the person's journey or at key points in their life. This may include moving from a young person's service to adult services or moving to a care home or supported accommodation setting.

Staff should ensure that people understand the circumstances in which their personal data will be shared. Consent should be obtained in line with national policies and procedures. Information should only be shared with a person's representative with their consent and should also comply with legislation and national guidance.<sup>31</sup>

Organisations should demonstrate effective planning and continuous quality improvement and assurance. Organisations must ensure they have sufficient staff capacity to facilitate progression on a timely basis at all stages of the clinical pathway. Governance structures should demonstrate clear lines of accountability for services, including those for referral pathways. To allow for effective planning, management and quality improvement activities, organisations must ensure the effective collation, analysis and review of data, including feedback from people with lived experience.

Gender identity services will benefit from a clear written service specification and supporting documentation.

### Who is responsible for meeting this standard?

All organisations and staff in line with their roles, responsibilities and workplace setting.

#### Criteria

- 4.1** Organisations have an inclusive, rights-based and person-centred culture, which is demonstrated through:
- supportive and collaborative leadership and management
  - NHSScotland value-based, compassionate and trauma informed practice, service planning and delivery
  - routinely informing people of their rights
  - the provision of comprehensive training for staff on upholding people's rights.
- 4.2** Organisations have clear lines of accountability, which include:
- a multidisciplinary strategy group for gender identity services, including lived experience and third sector representatives
  - a designated lead for gender identity services
  - effective partnership working across healthcare at a local and national level.

- 4.3** Organisations have policies and protocols to demonstrate how they implement specialist gender identity care pathways.
- 4.4** Organisations have policies and protocols to support clinical and care governance, which cover:
- governance structures with clear lines of accountability, describing individual roles and responsibilities
  - monitoring, reporting and management of waiting times, service capacity and staffing
  - approaches to maximising appointment attendance
  - clear and accessible complaints procedures
  - adherence to national whistleblowing guidance when addressing concerns<sup>30</sup>
  - adherence to national Duty of Candour guidance.<sup>29</sup>
- 4.5** Organisations can demonstrate a commitment to internal and external quality assurance through:
- implementing professional guidance relating to the fair and empathetic treatment of trans and non-binary people
  - assessment of current service provision against professional guidance and national standards
  - undergoing inspection and regulation where appropriate to the service.
- 4.6** Organisations empower people with lived experience and their representatives to meaningfully participate in the design and evaluation of services. This includes:
- ensuring staff actively facilitate and support engagement
  - demonstrating where feedback has resulted in change
  - ensuring that all structural and process barriers are removed, including factors such as accessibility to services.
- 4.7** Organisations have clear and structured adverse events procedures and processes, which include:
- clear accountability and responsibility for local reporting
  - a documented escalation process
  - organisational learning.

- 4.8** Organisations have processes in place to support sharing of data and intelligence across providers and services, which cover:
- reporting, benchmarking and performance to improve patient safety, patient outcomes and quality of care
  - regular reporting to Public Health Scotland (PHS) of specialist gender identity services waiting times, data monitoring and reporting requirements
  - information governance and sharing with other services in line with national guidance and General Data Protection Regulations.
- 4.9** Organisations ensures that people receive information about data and intelligence sharing that:
- covers obtaining and recording consent
  - covers the review of consent as a person's circumstances change, for example capacity
  - covers how people can request access to their records and information about themselves and their care
  - outlines the organisation's general duty of confidentiality, including any legal considerations and the limitations of confidentiality where these apply
  - identifies the purpose and benefits of sharing personal health data with wider health and social care agencies
  - provides clarity on the use of identifiable and anonymised data for different purposes and on the options for anonymity where these exist.
- 4.10** Organisations ensure that there are systems and processes in place to monitor and respond to concerns, complaints and compliments, which cover:
- trends in waiting times
  - reporting of adverse events
  - patient experience
  - gaps in gender identity service provision relative to population need.
- 4.11** Organisations ensure that care is delivered in an inclusive and safe environment, including waiting areas and consultation rooms.
- 4.12** Organisations work collaboratively with primary care, pharmacy and other services to ensure consistency and continuity in care. This includes:
- effective and timely communication
  - access to specialist support and advice
  - medicines management including review
  - partnership delivery of training, CPD and supervision.

- 4.13** Organisations work in collaboration with national services and academia to collect and to share data as required to support national benchmarking and research.

#### What does the standard mean for people accessing care and support?

- The services you experience will be inclusive, rights-based and committed to improvement.
- You will have meaningful opportunities to provide feedback and participate in decisions about how services are shaped.
- Information about you and your care, including personal data, will be shared only with your consent and in line with national information sharing guidance.<sup>32</sup>

#### What does the standard mean for staff?

Staff, in line with their roles, responsibilities and workplace settings:

- understand, refer to and access relevant care pathways, standards and guidance
- actively participate in the multidisciplinary team and are supported by their organisations to do so
- are aware of how to report and escalate adverse events
- are proactive in raising and responding to identified concerns, which may impact on patient safety, care or delivery of services
- are encouraged and supported to work collaboratively across services.

## What does the standard mean for the organisation?

### Organisations:

- have governance arrangements in place to determine roles, responsibilities and lines of accountability, including adverse event management
- will ensure that overall service capacity is monitored and adjusted to meet demand, within the resources available
- have care pathways in place
- provide safe, person-centred, consistent and high-quality service that meets the needs of the person
- support a culture where concerns and complaints can be raised by patients and staff, and are appropriately acted upon
- monitor and respond to areas of concern and adverse events
- undertake regular monitoring of gender identity services outcomes to inform and improve service delivery
- engage with people, communities and staff to identify areas for improvement
- undertake quality assurance and improvement activities to ensure performance against standards
- ensure compliance with data protection legislation
- support and encourage research activity, where this is undertaken.

## Examples of what meeting this standard might look like

- Demonstration of senior leadership training, including non-executive directors.
- Local and national care pathways.
- Improvement work, including action plans, data collection and review of data, such as feedback from service users, staff members, national benchmarking and evidence of timeliness of processes.
- A management system for reporting, reviewing, disseminating and learning from all types of adverse events.
- Evidence of involvement in research activity, where appropriate.
- Evaluation of clinical effectiveness and quality assurance against national or local outcomes.
- Evidence of co-designed service plans, innovative engagement with local communities and good, inclusive communication with service users.
- Provision of dedicated service information and advice for primary care.

## Standard 5: Staff training and support

### Standard statement

Staff have the training and skills to deliver the right care and support for people accessing gender identity services.

### Rationale

To ensure that gender identity services are safe, effective, high-quality and person-centred, all staff should be provided with training appropriate to their role, responsibilities and workplace setting. Key to the improvement in access and delivery of gender identity services, is the commitment by organisations to training, continued professional development, supervision and support of staff. Organisations should review training on a regular basis to ensure it equips staff with the right skills and experience to deliver high-quality, effective and person-centred gender identity services. Training should also focus on the principles of multidisciplinary and multiagency working.

The NHS Education for Scotland (NES) Transgender Care Knowledge and Skills Framework provides guidance for clinical and non-clinical staff to improve their knowledge and skills. Organisations should use the framework on a regular basis to assess staff training needs, gaps in learning and staff wellbeing.

Staff should have training to understand what matters to people, including the impact of culture, social support and relationships. This will help to ensure staff provide responsive support for people from different communities. Gender identity health outcomes are affected by people's lived experiences, including any barriers people may face in accessing services, for example disabled people, and those living in island or rural communities. Training should be informed and shaped by the experiences of people with lived experience.

Staff should ensure they are respectful and compassionate to all people who access gender identity services.

Staff should demonstrate understanding and compassion to people who may have experienced trauma. Staff should adhere to the principles of trauma informed practice: safety, trustworthiness and transparency, choice, collaboration and mutuality, and empowerment.<sup>21, 22, 24, 33</sup>

Staff working in specialist gender identity services should be supported to work in partnership with other services and agencies to provide external training where appropriate. Staff should also be supported to undertake quality improvement activities, where appropriate to their role, responsibilities and workplace setting, to support the continuous improvement of gender identity services.

## Who is responsible for meeting this standard?

- Gender identity services
- Independent clinics
- Primary care
- NHS boards

### Criteria

- 5.1** Organisations implement a comprehensive and multifaceted education and training programme that:
- includes an assessment of staff training needs that is responsive to staff roles, responsibilities and workplace setting
  - supports CPD and staff wellbeing
  - promotes the use of quality improvement methodology and tools
  - is aligned to the NES Transgender Care Knowledge and Skills Framework and other professional development frameworks
  - involves people with lived experience in the development and delivery of training resources, where appropriate
  - includes an evaluation of the provision, quality and uptake of training
  - is regularly reviewed to ensure it reflects current practice and evidence.
- 5.2** Staff are supported to access and attend training and education appropriate to their roles, responsibilities and workplace setting, and are allocated appropriate time and resources to complete it.
- 5.3** Staff providing gender identity services have access to training covering:
- inclusive language and terminology
  - clinical assessment, ongoing care and support needs appropriate to the person's needs
  - compassionate care
  - trauma informed care
  - health inequalities
  - communication skills which focus on empathetic, person-centred and inclusive care
  - equality and diversity.
- 5.4** Staff have access to individual and group support, if required, to:
- mitigate against vicarious trauma
  - address professional and emotional strain and challenges they may experience.



- 5.5** Staff who mentor or supervise others receive training on:
- effective and supportive people management
  - embedding reflective practice
  - how to develop their own skills and knowledge.

#### What does the standard mean for people accessing care and support?

- You will be supported by staff who are skilled, knowledgeable, compassionate and respectful.
- Staff will communicate with you using language that feels respectful and comfortable for you, such as your chosen name and pronouns.
- You will be listened to and your concerns and wishes will be taken seriously.
- You will be supported to make choices about your care and support.

#### What does the standard mean for staff?

Staff, in line with their roles, responsibilities and workplace setting:

- provide high-quality, safe, effective and person-centred care
- will ensure they provide responsive and supportive care that takes into account people's specific and individual needs
- attend and participate in relevant training, and achieve and maintain the required competencies and qualifications, including clinical registration
- know their role within multidisciplinary and multiagency teams and are supported to fulfil their responsibilities
- are clear what their contribution is to ensuring that people have a positive experience of care and support
- receive accurate and evidence-based information to enable them to support people
- treat people with dignity and compassion
- are supported by their organisation with their own health and wellbeing.

#### What does the standard mean for the organisation?

Organisations provide:

- ongoing training and education, including personal and peer support opportunities
- commitment and resources to support health and wellbeing
- support and opportunities to participate in training and CPD
- dedicated resources to facilitate training and CPD activities.

## What does the standard mean for primary care?

### Primary care:

- ensure their training, CPD and professional accreditation is up to date and comprehensive
- are supported to attend training and CPD opportunities as they arise
- are confident delivering care to trans and non-binary people in line with their role and responsibility, with the support of specialist services where required.

## Examples of what meeting this standard might look like

- Evidence of provision and uptake of staff training to continuously improve the support, care and treatment provided.
- Evidence of uptake of staff training in empathetic communication and inclusive culture.
- Evidence of accreditation with appropriate professional bodies, including clinical, nursing or surgical staff.
- Evidence of resources available to fund training and CPD activities.
- Consistent staff appraisal including wellbeing, and use of professional development frameworks.
- Evaluation of training needs and training programmes, including understanding health inequalities and health and wellbeing outcomes.
- Information and support mechanisms for staff, including employee assistance programmes and other wellbeing initiatives.
- Demonstrating that people with lived experience are involved in developing, delivering and evaluating training.

# Standard 6: Referral into specialist gender identity services

## Standard statement

Organisations ensure there is a robust referral pathway into specialist gender identity services.

## Rationale

Organisations should have clear referral pathways which are well described and accessible. Information regarding the referral should include anticipated timeframes for the initial appointment, what to expect at appointments and signposting or referral to other services, such as third sector organisations, where appropriate. People who have been referred should be supported throughout the process. Services should demonstrate regular check-in with people on waiting lists and signpost to interim support services where required.<sup>5</sup>

Primary care has a central role in ensuring people receive a timely referral to the appropriate service. Primary care should have an understanding of the referral processes, including options for signposting and waiting times.

Good communication and partnership working between services ensures continuity and consistency of care for the person. This is enabled by a multidisciplinary approach and the sharing of relevant information about ongoing care or treatment between primary care and specialist gender identity services.

## Who is responsible for meeting this standard?

All organisations and staff in line with their roles, responsibilities and workplace setting.

## Criteria

- 6.1 Organisations ensure that information about referral pathways to specialist gender identity services is readily available in primary care, community and specialist settings.
- 6.2 Organisations have clear policies and procedures, which detail:
  - referral pathways, including who can make a referral to specialist gender identity services
  - the information required to accompany the referral
  - eligibility criteria for referral to specialist gender identity services.

- 6.3** Organisations have protocols and policies with clear lines of responsibility and accountability:
- for the review and triage of referrals by appropriately qualified staff
  - to ensure that people who have moved between NHS boards, other UK NHS services or other providers, or who have moved from a young person's service to an adult service, keep their original date of referral.
- 6.4** Specialist gender identity services offer timely triage and advice for professionals when a non-specialist service may be more appropriate for the person.
- 6.5** Primary care and other referrers to specialist gender identity services:
- understand when to refer to the gender identity service and when a referral to a non-specialist service may be more appropriate
  - support the person during the referral process, including signposting or referral to other services such as mental health support.
- 6.6** Organisations ensure the person is kept up to date on the progress of their referral and signposting for additional support where this is required.
- 6.7** Organisations ensure that people who have been referred receive clear information on:
- where they have been referred
  - expected timelines, with regular updates
  - who to contact for further support.
- 6.8** There is partnership working across the system to ensure that referral mechanisms are accessible, reliable and effective.
- 6.9** Referral information supports continuity in care, medication and treatment.

#### What does the standard mean for people accessing care and support?

- You will be referred to the right service at the right time for the care you need.
- You will have access to information about gender identity services in your area and how the referral happens.
- You will be kept informed of your progress on the waiting list.
- You will be offered additional and/or interim support where required as you wait to be seen.

### What does the standard mean for staff?

Staff, in line with roles, responsibilities and workplace settings:

- will support people to receive the right care at the right time
- understand the referral pathway and criteria
- are supported by their organisation to manage workload.

### What does the standard mean for the organisation?

Organisations can demonstrate:

- partnership working with primary care and community services such as onward referral to specialist gender identity services
- a clear service specification for specialist gender identity services, describing referral criteria, and options for people who do not meet the criteria
- clear pathways for referral to specialist services are in place and disseminated
- that referrals, waiting times for initial assessment and any other barriers to access services are monitored and appropriate action is taken to minimise unnecessary delays.

### What does the standard mean for primary care?

Primary care:

- understand referral pathways and criteria for gender identity services and when a referral to non-specialist services is more appropriate
- understand and follow GMC and other professional guidance<sup>19, 22</sup>
- provide information to the person about the progress of referral where appropriate
- know who to contact for specialist advice or referral updates.

### Examples of what meeting this standard might look like

- Demonstrate waiting time management initiatives for specialist gender identity services.
- Standardisation of referral information and forms.
- Audit on referral information, processes and acceptance rate.
- Performance data and feedback from service users.
- Examples of positive experiences of the care pathway.
- Demonstration of continuity in medication.

# Standard 7: Gender identity services for young people

## Standard statement

Young people have timely access to safe, high-quality and person-centred gender identity services which understand, respect and uphold their rights.

## Rationale

Trans and non-binary young people are more likely to experience discrimination at school, poor family and caregiver relationships, and experience of the care system. All these factors may impact on their health and wellbeing.<sup>34</sup> All young people have rights under the UNCRC Article 1 and other policy frameworks, which outline the responsibilities for organisations and staff.<sup>10, 14, 35</sup> This includes, but is not limited to, that people should be informed of their rights, including the right to privacy and the right to confidentiality and the circumstances where confidentiality may be breached in order to keep them safe or protect them from harm. Young people, and their representatives where appropriate, are supported to understand when information may be shared.

The provision of a holistic service, with appropriate and relevant integrated care referral pathways to other health and social care services, is important in ensuring that young people receive the care, advice and support they need.<sup>16</sup> This may include psychological support through CAMHS, support through educational establishments, support for family and representatives, and evidence-based medical guidance where necessary.<sup>24, 36, 37</sup> Young people should be fully and meaningfully involved in the way services are designed to ensure those services meet their needs. Organisations should undertake Children's Rights and Wellbeing Impact Assessments to understand the needs of their populations and ensure these are addressed.

Organisations, including primary care, referring young people to gender identity services should be familiar with referral criteria, guidance and how to contact the service for further specialist information on treatment or advice.

Young people may move from paediatric to adult gender identity services as they get older. This will be determined by personal circumstances, choice and local arrangements for service provision and age boundaries. The move between young people's and adult services should be as seamless as possible, maintaining continuity of care, with early planning and collaborative working relationships between services to support the move.<sup>38</sup>

Organisations and staff should be trained and knowledgeable in their understanding of decision making, consent and safeguarding procedures as they apply to young people.<sup>39</sup>

## Who is responsible for meeting this standard?

- Gender identity services
- Independent clinics
- Primary care
- NHS boards

### Criteria

#### 7.1 Young people:

- are listened to and taken seriously
- are fully supported to make active decisions about their gender identity healthcare and wellbeing
- are supported to understand and uphold their rights
- receive care, information and support, which is accessible, rights-based and appropriate to their stage of emotional development, chronological age and specific needs, for example care-experienced young people.

#### 7.2 Families or representatives are:

- informed of young people's rights
- signposted to information or third sector organisations for support and advice.

#### 7.3 Initial assessment at the young people's gender identity service should:

- be holistic, person-centred and trauma-informed
- go at a pace that supports and is informed by the young person
- involve a full history of the young person's medical, psychological, social, family and other relevant history
- include an assessment of the young person's current health and wellbeing and decision making capacity
- be undertaken by a multidisciplinary team of relevant professionals with the knowledge, skills and competencies required to address their specific individual clinical and developmental needs
- involve the young person's trusted person or representative where appropriate or consent is given.

#### 7.4 For young people who receive endocrine therapies, there is:

- provision of accurate information, including the potential benefits and risks of different care options, to support consent and decision making in line with national guidance
- regular monitoring and review by appropriate professionals, including paediatric endocrinology.

- 7.5** Where young people, their families or representatives require psychological and/or social support, this is delivered and managed by their own NHS board of residence.
- 7.6** Young people, their families or representatives, are supported to participate in planning, services design and evaluation of services.
- 7.7** Gender identity services for young people will work collaboratively and in partnership with schools, youth workers, CAMHS, social workers, primary care, and third sector organisations to support and empower young people and to promote good health and wellbeing.
- 7.8** Gender identity health services and support services working with young people have:
- training and competencies in child development
  - appropriate referral pathways for young people to local support services
  - knowledge and implementation of child protection and safeguarding guidance<sup>39</sup>
  - robust information sharing protocols that respect young people's right to safety and freedom from harm as well as their right to privacy and health.<sup>40</sup>
- 7.9** NHS boards ensure that when a young person is moving to an adult gender identity service, that:
- the process is robust, seamless and fully documented
  - appropriate treatment pathways are followed
  - appropriate information is shared between services for continuity of care
  - early preparation and forward planning is undertaken to support the person and, where appropriate, their representative.
- 7.10** A person-centred care plan for moving between young people's and adult services, will:
- be developed in collaboration the young person and, where appropriate, their family or representative
  - be informed by the young person's needs and desired outcomes
  - be timely and planned well in advance of any service transition
  - be reviewed as needs change
  - include a plan for unscheduled care during service transition, for example access to support
  - be documented and shared with relevant services and the young person where appropriate.



### What does the standard mean for young people accessing care and support?

- Gender identity services will be accessible and right for you.
- Staff and organisations will work together to ensure that you can access the right care and support at the right time.
- You will be listened to and taken seriously.
- You will be supported and empowered to make choices.
- You will receive consistency and continuity in care.
- You will be given opportunities to provide feedback and help to shape services.
- Your move between young peoples' and adult gender identity services will be smooth, seamless and planned well in advance.

### What does the standard mean for staff?

Staff, in line with roles, responsibilities and workplace setting:

- put the best interests of young people at the centre of their work, including respecting privacy and confidentiality
- involve young people in decision making and support them to make choices
- can demonstrate knowledge, skills and competencies in working with young people
- understand social and cultural experiences that may impact on the young person such as being a young carer or care-experienced
- are proactive in identifying and responding to concerns such as safeguarding
- can refer to the relevant professional or service to provide immediate advice and subsequent assessment, if necessary
- plan the move between young people and adult services with input from relevant specialties.

## What does the standard mean for the organisation?

### Organisations:

- uphold the rights of young people
- ensure that legislation, guidance and standards relating to young people are adhered to
- ensure that staff are trained and knowledgeable in working with young people
- ensure that staff maintain their professional registration and are provided with opportunities to participate in training and professional development relating to work with young people
- promote collaborative working across all agencies who come into contact with young people
- respond to concerns such as safeguarding about a young person and follow necessary procedures and protocols.

## What does the standard mean for primary care?

### Primary care:

- take a person-centred approach to gender identity care for young people
- are involved in the development of a care plan for a young person
- work in partnership with other services and organisations such as gender identity clinics, CAMHS, social work, and third sector partners to ensure the young person is receiving the most appropriate care
- have a comprehensive understanding of referral pathways into young people's gender identity services
- have a good understanding of the role of endocrine therapies and are willing to accept an appropriate role in a young person's care where these are prescribed
- facilitate and participate in plans for transfer of care between services according to the young person's care plan.

### Examples of what meeting this standard might look like

- Evidence of alignment of national policies relating to young people and service delivery.
- Information provided in alternative formats and languages, including videos and online material developed in partnership with young people and representatives.
- Use of Children's Rights and Wellbeing Impact Assessments and other impact assessments to inform service design and delivery for young people.
- A clearly documented referral pathway to young person's gender identity services.
- Documented local NHS board referral pathways to other services, including CAMHS and/or family and representative support.
- Evidence of working with young people, their families or representatives in designing services.
- Partnership and multiagency working, including education, CAMHS and the third sector.
- Consistency in recording of care plans, including details of any treatment and requirements by primary care staff.

# Standard 8: Assessment and care planning

## Standard statement

People have a holistic, effective and person-centred assessment and care plan.

## Rationale

A holistic, person-centred assessment is undertaken ensuring that people receive the care that is right for them. People may engage with health services at different stages and for different reasons. Access to a multidisciplinary team, consistency of care and incorporating the person's needs and aspirations supports the creation of a personalised care plan to achieve the desired outcomes.

Referrals to services including surgery should be appropriate and timely for the person. Staff undertaking prescribing, medical or surgical treatments should be trained and knowledgeable of relevant national clinical pathways and competency frameworks.<sup>41</sup> Primary care should be aware that people may opt to self-medicate while waiting for a specialist appointment and follow local and national advice on bridging medications.<sup>19</sup>

Some people may decide to halt or reverse aspects of their gender identity healthcare. An individual's decision will be personal and a person-centred and compassionate approach should be taken by staff and services.<sup>19, 20</sup>

## Who is responsible for meeting this standard?

- Gender identity services
- Independent clinics
- Primary care
- NHS boards

## Criteria

- 8.1** The initial assessment should be comprehensive and holistic, covering the person's:
- individual needs and desired outcomes, avoiding assumptions about what support or treatment may be wanted
  - existing or previous care and treatment plans
  - health and wellbeing including continuity of care, for example named clinician
  - capacity and consent
  - need for further support and/or treatment.

- 8.2** Organisations have local pathways and protocols for assessment of people that:
- have been developed in partnership with other services, including primary care and pharmacy
  - define roles and responsibilities in the initial and subsequent assessment, monitoring and care planning.
- 8.3** The care plan:
- is developed in partnership with the person
  - fully documents the person's initial assessment, any ongoing care and support needs
  - can be accessed by the person
  - is communicated across the multidisciplinary team, with the person's consent
  - is regularly reviewed and updated as a person's circumstances or needs change.
- 8.4** Where there is an assessed need, referrals to appropriate services are timely, these may include but are not limited to:
- endocrinology, where not already incorporated into the gender identity service
  - fertility preservation
  - hair removal and/or wig prescription
  - mental health and psychological support
  - speech and language therapy
  - surgical services.
- 8.5** The organisation has transfer of care protocols when people move between different NHSScotland boards, UK NHS trusts and primary care providers which:
- are person-centred
  - enable continuity and consistency in care
  - ensure clear roles and responsibilities are described
  - provide clear criteria about maintaining the original referral date, where appropriate
  - set out key information required for transfer to reduce unnecessary delays in the person's care.

- 8.6** People receive advice and accessible information from trained, competent and registered staff relating to prescribed endocrine therapy including:
- benefits and risks associated with commencing or discontinuing medication
  - instructions for taking medications
  - regular monitoring and review by appropriately trained staff, including GPs and pharmacy staff
  - any additional monitoring requirements, for example blood sampling, and who is responsible for these.
- 8.7** Organisations develop protocols around endocrine therapy, including bridging prescriptions with primary care, pharmacy and people with lived experience that include:
- clear documentation on reason for bridging prescription
  - dose, duration, monitoring and review
  - discussion with appropriate specialist.
- 8.8** Primary care professionals work together to ensure that, where possible, a person's prescription or prescriptions relating to gender identity healthcare are maintained when the person moves from one NHSScotland board to another, or between providers.
- 8.9** Organisations ensure regular communication on the person's care plan with the wider multidisciplinary team, including the person's GP.
- 8.10** Organisations provide clinical advice and information on surgical interventions from trained, competent and registered staff including:
- benefits and risks of interventions
  - capacity and consent
  - pre-assessment for surgery
  - what to expect when recovering from surgery
  - discharge planning
  - aftercare and support protocols where required, including a point of contact for the person.
- 8.11** Organisations have person-centred protocols to support people who decide to pause or reverse aspects of their gender identity healthcare.
- 8.12** Organisations have person-centred and holistic protocols for the timely reassessment of, or support for, people who have:
- completed active treatment
  - decided to pause treatment
  - been discharged from specialist services.

### What does the standard mean for people accessing care and support?

- You will be offered a comprehensive and holistic assessment.
- You will be supported to identify and achieve your goals and personal outcomes.
- You will have a person-centred care plan, which will be reviewed and updated as your needs change.
- Your care plan will support you to meet your assessed needs.
- Your assessment will take into account your ongoing health and care needs and any medications you use.
- Your care plan will be followed if you move between different services and NHS boards, where appropriate.
- When you join the gender identity service from another provider or health board, your initial date of referral will be maintained.

### What does the standard mean for staff?

Staff, in line with roles, responsibilities and workplace settings:

- can confidently complete a holistic needs assessment with input from the relevant specialties and other services
- can develop, review and appropriately share a care plan
- understand their role in reviewing assessed needs
- work with partners across different healthcare settings, including primary care
- provide information on who to contact if an individual requires further advice, support and intervention.

### What does the standard mean for the organisation?

Organisations:

- ensure staff are trained in holistic needs assessments and person-centred care planning, including regular review of an individual's needs
- have processes in place for service transition, which support consistency and continuity of care and demonstrate positive working relationship between services, providers and other NHS boards
- staff are supported to provide the right information, advice and signposting as part of care planning.

## What does the standard mean for primary care?

### Primary care:

- are aware of their remit within a person's care plan
- support and enable their trans and non-binary patients to make informed decisions about their healthcare
- have a good understanding of the role of endocrine therapies including bridging prescriptions and are willing to accept an appropriate role in a person's care where endocrine therapies are prescribed
- work in partnership with specialist services for local monitoring and management of aspects of an individual's gender identity care, for example undertaking blood tests
- ensure prescriptions are maintained when an individual moves either between GP practices or NHS boards.

## Examples of what meeting this standard might look like

- Evidence of clearly documented assessments and multidisciplinary care plans.
- Documented pathways for service transfer.
- Individual and accessible transfer of care plans.
- Evidence of supporting people to identify and monitor their own needs and choices.
- Evidence of timely referrals to other relevant services.
- Accurate and accessible information to support an individual's decision making on treatment.



# Appendix 1: Development of the standards

Healthcare Improvement Scotland has established a robust process for developing standards, which is informed by international standards development methodology.<sup>42</sup> This ensures they:

- are fit for purpose and informed by current evidence and practice
- set out clearly what people who use services can expect to experience
- are an effective quality assurance tool.

The development of the standards has been informed by current evidence, best practice recommendations, national policy including work to support equity across the pathways and developed by group consensus. The standards have been co-created with key stakeholders and people with lived experience from across Scotland.

## Evidence base

A systematic review of the literature was carried out using an explicit search strategy devised by an Evidence and Information Scientist from the Research and Information Service. Databases searched include Medline, Embase, Cinahl, PsycINFO and the Cochrane Library. The year range covered was 2012-2022. Internet searches were carried out on various websites. The main searches were supplemented by material identified by individual members of the development group.

## Standards development

Each standard is underpinned with the views and expectations of health care staff, third sector representatives, people accessing the service and the public in relation to gender identity services. Information has been gathered from a number of sources and activities, including development group meetings and a consultation survey on the draft scope:

- scope consultation held in January 2023
- three development group meetings held between May and September 2023
- editorial review panel meeting in November 2023.

Membership of the development group is set out in [Appendix 2](#).

## Consultation feedback and finalisation of standards

Following consultation, the standards development group will reconvene to review the comments received on the draft standards and make final decisions and changes. More information can be found in the consultation feedback report which will be available on request.

## Quality assurance

All development group members were responsible for advising on the professional aspects of the standards. People with lived experience provided input based on their experiences of accessing or waiting to access services. Third sector organisations provided input based on working with, and their knowledge of the experiences of, people accessing or waiting to access services. Clinical members of the development group advised on clinical aspects of the work. The chair had lead responsibility for formal clinical assurance and sign off on the technical and professional validity and acceptability of any reports or recommendations from the group.

All development group members made a declaration of interest at the beginning of the project. They also reviewed and agreed to the development group's terms of reference. More details are available on request from [his.genderidentitystandards@nhs.scot](mailto:his.genderidentitystandards@nhs.scot).

The standards were developed within the Operating Framework for Healthcare Improvement Scotland and the Scottish Government (November 2022). Through independence and transparency, we adhere to the principles of openness, honesty, learning support and constructive challenge to deliver the priorities of Scottish Government.

For more information about Healthcare Improvement Scotland's role, direction and priorities, please visit: [www.healthcareimprovementscotland.org/](http://www.healthcareimprovementscotland.org/)

## Appendix 2: Membership of the standards development group and editorial group

The standards development group consists of a range of clinical, professional and people with lived experience from across Scotland. This included:

- Clinical, nursing, allied professionals staff from adult and young people's gender identity service, psychology, psychiatry, endocrinology, paediatrics, pharmacy
- General practitioner
- Healthcare Improvement Scotland quality assurance and inspection representative
- Medical director
- People with lived experience
- Representatives from NHS Education for Scotland, National Services Scotland, Public Health Scotland
- Scottish Government representative
- Service planning manager for gender identity service
- Third sector representatives

The standards development group was supported by a standards and indicators project team from Healthcare Improvement Scotland.

An editorial panel met in November 2023 to review and agree the draft standards for consultation as a final quality assurance check.

The editorial panel ensured that:

- the standards are developed according to agreed Healthcare Improvement Scotland methodologies
- the standards document addresses the areas to be covered within the agreed scope
- any risk of bias in the standards development process as a whole is minimised.

# References

1. Scottish Public Health Network. Health Care Needs Assessment of Gender Identity Services. 2018 [cited 2023 Nov 20]; Available from: [https://www.scotphn.net/wp-content/uploads/2017/04/2018\\_05\\_16-HCNA-of-Gender-Identity-Services-1.pdf](https://www.scotphn.net/wp-content/uploads/2017/04/2018_05_16-HCNA-of-Gender-Identity-Services-1.pdf).
2. Scottish Government. NHS gender identity services: strategic action framework 2022 – 2024. 2022 [cited 2023 Nov 20]; Available from: <https://www.gov.scot/publications/nhs-gender-identity-services-strategic-action-framework-2022-2024/>.
3. Leven T. Health needs assessment of lesbian, gay, bisexual, transgender and non-binary people. 2021 [cited 2023 Nov 20]; Available from: <https://www.stor.scot.nhs.uk/handle/11289/580332>.
4. Leven T. Health needs assessment LGBT+ people: Transgender and non-binary supplementary report. 2022 [cited 2023 Nov 20]; Available from: <https://www.stor.scot.nhs.uk/handle/11289/580334>.
5. Scottish Government. Health and Social Care Standards: My support, my life. 2018 [cited 2022 Nov 20]; Available from: <https://www.gov.scot/publications/health-social-care-standards-support-life/>.
6. Scottish Government. National Health and Wellbeing Outcomes Framework. 2015 [cited 2023 Nov 20]; Available from: <https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/>.
7. Scottish Parliament. Patient Rights (Scotland) Act 2011. 2011 [cited 2023 Nov 20]; Available from: <https://www.legislation.gov.uk/asp/2011/5/contents>.
8. United Nations. International Covenant on Economic, Social and Cultural Rights. 1966 [cited 2023 June 30]; Available from: <https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-economic-social-and-cultural-rights>.
9. United Nations DoEaSAD. Convention on the Rights of Persons with Disabilities – Articles. 2023 [cited 2023 Nov 20]; Available from: <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/convention-on-the-rights-of-persons-with-disabilities-2.html>.
10. Scottish Government. United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill. 2020 [cited 2023 Nov 20]; Available from: <https://www.gov.scot/publications/united-nations-convention-rights-child-incorporation-scotland-bill-leaflet/documents/>.
11. United Nations. General comment No. 22 (2016) on the right to sexual and reproductive health (article 12 of the International Covenant on Economic, Social and Cultural Rights). 2016 [cited 2023 Nov 20]; Available from: <http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=4sIQ6QSmIBEDzFEovLCuW1a0Szab0oXTdlmnsJZZVQfQejF41Tob4CvljeTiAP6sGFQktiae1vlbbOAekmaOwDOWsUe7N8TLm%2BP3HJPzxiHySkUoHMavD%2Fpyfcp3Ylzg>.
12. NHS Education for Scotland. Person centred care. 2023 [cited 2023 Nov 20]; Available from: <https://www.nes.scot.nhs.uk/our-work/person-centred-care/#whatispersoncentredcare1>.
13. Scottish Government. Primary care services. 2023 [cited 2023 Nov 20]; Available from: <https://www.gov.scot/policies/primary-care-services/>.

14. Scottish Government. Keeping the Promise implementation plan. 2022 [cited 2023 Nov 20]; Available from: <https://www.gov.scot/publications/keeping-promise-implementation-plan/pages/2/>.
15. Scottish Government. Trauma-informed practice: A toolkit for Scotland. 2021 [cited 2023 Nov 20]; Available from: <https://www.gov.scot/publications/trauma-informed-practice-toolkit-scotland/documents/>.
16. Mental Welfare Commission for Scotland. LGBT inclusive mental health services: Good practice guide. 2022 [cited 2023 Nov 20]; Available from: [https://www.mwscot.org.uk/sites/default/files/2022-08/LGBT-InclusiveServices-GoodPractice\\_2022.pdf](https://www.mwscot.org.uk/sites/default/files/2022-08/LGBT-InclusiveServices-GoodPractice_2022.pdf).
17. Stonewall Scotland. LGBT in Scotland: Health report. 2019 [cited 2023 Nov 20]; Available from: <https://www.stonewallscotland.org.uk/our-work/stonewall-research/lgbt-scotland-%E2%80%93-health-report>.
18. NHS Inform. Gender identity and your rights. 2023 [cited 2023 Oct 20]; Available from: <https://www.nhsinform.scot/care-support-and-rights/health-rights/gender-identity/gender-identity-and-your-rights/>.
19. General Medical Council. Trans Healthcare. 2019 [cited 2023 Nov 20]; Available from: <https://www.gmc-uk.org/ethical-guidance/ethical-hub/trans-healthcare>.
20. British Medical Association. Managing patients with gender dysphoria. 2022 [cited 2023 Nov 20]; Available from: <https://www.bma.org.uk/advice-and-support/gp-practices/gp-service-provision/managing-patients-with-gender-dysphoria>.
21. Royal College of Nursing. Fair care for trans people: an RCN guide for nursing and health care professionals. 2016 Under review [cited 2023 Nov 20]; Available from: <https://www.rcn.org.uk/Professional-Development/publications/rcn-fair-care-trans-non-binary-uk-pub-009430>.
22. Royal College of General Practitioners. Policy Areas. Transgender care. 2019 [cited 2023 Nov 20]; Available from: <https://www.rcgp.org.uk/policy/rcgp-policy-areas/transgender-care>.
23. Scottish Government. Patient rights and responsibilities charter: easy read version. 2020 [cited 2023 Nov 20]; Available from: <https://www.gov.scot/publications/charter-patient-rights-responsibilities-easy-read/documents/>.
24. Royal College of Paediatrics and Child Health. Supporting LGBTQ+ children and young people - principle statement. 2020 [cited 2023 Nov 20]; Available from: <https://www.rcpch.ac.uk/sites/default/files/generated-pdf/document/Supporting-LGBTQ%252B-children-and-young-people---principle-statement.pdf>.
25. Chong LSH, Kerklaan J, Clarke S, Kohn M, Baumgart A, Guha C, *et al*. Experiences and Perspectives of Transgender Youths in Accessing Health Care: A Systematic Review. *JAMA Pediatr*. 2021;175:1159-73. Epub 2021/07/20. 10.1001/jamapediatrics.2021.2061
26. COSLA and Scottish Government. Planning with people: Community engagement and participation guidance. 2023 [cited 2023 Nov 20]; Available from: <https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2023/04/planning-people-community-engagement-participation-guidance/documents/planning-people-community-engagement-participation-guidance/planning-people-community-engagement-participation-guidance>

[guidance/govscot%3Adocument/planning-people-community-engagement-participation-guidance.pdf](#).

27. Scottish Government. The Scottish approach to service design. 2019 [cited 2023 Nov 20]; Available from: <https://www.gov.scot/publications/the-scottish-approach-to-service-design/>.

28. NHS Inform. Help with health costs. 2023 [cited 2023 Nov 20]; Available from: <https://www.nhsinform.scot/care-support-and-rights/health-rights/access/help-with-health-costs>.

29. Scottish Government. Duty of candour. 2023 [cited 2023 Sept 08]; Available from: <https://www.gov.scot/policies/healthcare-standards/duty-of-candour/>.

30. NHSScotland. Whistleblowing policy. 2021 [cited 2023 Nov 20]; Available from: <https://workforce.nhs.scot/policies/whistleblowing-policy/>.

31. NHSScotland. NHSScotland Caldicott Guardians: Principles into Practice. 2011 [cited 2023 Nov 20]; Available from: <https://www.gov.scot/publications/nhsscotland-caldicott-guardians-principles-practice/pages/1/>.

32. NHS Inform. NHS Scotland: How the NHS handles your personal health information. 2022 [cited 2023 Nov 20]; Available from: <https://www.nhsinform.scot/publications/nhs-scotland-how-the-nhs-handles-your-personal-health-information-leaflet>.

33. NHS Education for Scotland. National trauma training programme. 2023 [cited 2023 Nov 20]; Available from: <https://transformingpsychologicaltrauma.scot/>.

34. The Trevor Project. LGBTQ Youth with a History of Foster Care. 2021 [cited 2023 Nov 20]; Available from: <https://www.thetrevorproject.org/research-briefs/lgbtq-youth-with-a-history-of-foster-care-2/>.

35. Scottish Government. Getting it right for every child (GIRFEC) Practice Guidance 4 - Information sharing. 2022 30 September 2022 [cited 2023 Nov 20]; Available from: <https://www.gov.scot/publications/getting-right-child-girfec-practice-guidance-4-information-sharing/>.

36. Scottish Government. Child and Adolescent Mental Health Services (CAMHS), NHS Scotland National Service Specification. 2020 [cited 2023 Nov 20]; Available from: <https://www.gov.scot/publications/child-adolescent-mental-health-services-camhs-nhs-scotland-national-service-specification/documents/>.

37. General Pharmaceutical Council. Gender identity: pharmaceutical care for children and young people. 2023 [cited 2023 Nov 20]; Available from: <https://www.pharmacyregulation.org/regulate/article/gender-identity-pharmaceutical-care-children-and-young-people>.

38. Scottish Government. Principles of transition. 2018 [cited 2023 Nov 20]; Available from: <https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2018/08/transition-care-planning-action-21-principles-transition/documents/00539633-pdf/00539633-pdf/govscot%3Adocument/00539633.pdf>.

39. Scottish Government. National Guidance for Child Protection in Scotland 2021. 2021 [cited 2023 Nov 20]; Available from: <https://www.gov.scot/publications/national-guidance-child-protection-scotland-2021-updated-2023/documents/>.

40. The United Nations Convention on the Rights of the Child. 1990 [cited 2023 Nov 20]; Available from: <https://www.unicef.org.uk/what-we-do/un-convention-child-rights/>.

41. Royal Pharmaceutical Society. A competency framework for all prescribers. 2021 [cited 2023 Nov 20]; Available from: <https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Prescribing%20Competency%20Framework/RPS%20English%20Competency%20Framework%203.pdf?ver=mctnrKo4YaJDh2nA8N5G3A%3d%3d>.
42. International Society for Quality in Healthcare (ISQua). Guidelines and principles for the development of health and social care standards. 2018 [cited 2023 Nov 20]; Available from: <https://ieea.ch/media/attachments/2021/08/10/isqua-guidelines-and-principles-for-the-development-of-health-and-social-care-standards-5th-edition-v1.0.pdf>.

Consultation



Healthcare  
Improvement  
Scotland

**Evidence**  
Advice, guidance  
and intelligence

You can read and download this document from our website.  
We are happy to consider requests for other languages or formats.  
Please contact our Equality and Diversity Advisor on 0141 225 6999  
or email [contactpublicinvolvement.his@nhs.scot](mailto:contactpublicinvolvement.his@nhs.scot)

Healthcare Improvement Scotland

Edinburgh Office  
Gyle Square  
1 South Gyle Crescent  
Edinburgh  
EH12 9EB  
0131 623 4300

Glasgow Office  
Delta House  
50 West Nile Street  
Glasgow  
G1 2NP  
0141 225 6999

[www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)