

REPORT FOR EXECUTIVE DIRECTORS MEETING
October 2009

GENDER DYSPHORIA SERVICE
Proposed development to reduce waiting times

1. INTRODUCTION

- 1.1. West London Mental Health Trust provides a Gender Dysphoria service to a UK wide population managed as part of the Hammersmith & Fulham Service Delivery Unit (SDU). The service is located on the Fulham Palace Road in Hammersmith, close to Charing Cross Hospital and is classified as a specialist mental health service for commissioning purposes. The service has a caseload of 2189¹ patients as at the 1st October 2009.
- 1.2. Purpose of This Paper
- i) To outline changes to the model of service delivery and an enhancement of the staffing levels supporting the clinic.
 - ii) To show the predicted impact of the enhancements on running costs, income and waiting times.

2. BACKGROUND INFORMATION & THE CURRENT SERVICE MODEL

- 2.1. The Gender Dysphoria service care pathway combines both psychological therapy elements and in about a third of cases a surgical element provided by Imperial College HealthCare Trust and/or University College London Hospitals Trust. Referrals come via psychiatrists from across the UK and the service is delivered by a multidisciplinary team of professionals including senior psychiatrists, psychologists, an endocrinologist and a speech and language therapist. The WLMHT Gender Dysphoria service is the largest provider of such services in the UK, providing services to approximately 60% of the UK wide transgender population currently receiving a gender dysphoria service from the NHS².
- 2.2. The WLMHT Gender Dysphoria service moved into new premises in Hammersmith in May 2007 which afforded the service a number of opportunities for growth. Most notably WLMHT clinicians now work side by side with surgical colleagues from Imperial College supporting 'better' and closer partnership working which has led to an increased patient satisfaction³.
- 2.3. Access to the service is through a tertiary referral source i.e. consultant psychiatrist; however a pilot is being discussed with East of England commissioning group whereby GPs could refer direct. On average a patient spends a period of two to three years within the psychological therapies elements of the care pathway, before a decision is made concerning referral for surgery. Patients also avail of post surgery psychological support and counselling from WLMHT.
- 2.4. The service is commissioned through a number of 'block SLA' agreements through which a number of PCT form commissioning consortia. As well as these arrangements, half of the service income comes from 'cost per case SLA'

¹ Source: RIO – IDT, Caseload 1st October 2009.

² Gender Variance In the UK, Gender Identity Research and Education Society (GIRES) 2009.

³ Patient Satisfaction Survey, Gender Dysphoria Service, Dr Andrew Davis, August 2009

under which each referral requires commissioner funding authorisation prior to assessment and treatment commencing.

3. ACTIVITY & COST

3.1. The West London Gender Dysphoria service has 2189 service users active within the care pathway as at 1st October 2009. Good practice dictates that each service user will be seen by the service three times per calendar year and approximately 40% of referrals accepted by the service for psychological treatment go on to be referred for surgery.

3.2. Both University College London Hospitals Trust (UCLH) and Imperial College HealthCare Trust (IHT) have entered into formal contracting agreements with the pan-London Gender Dysphoria Commissioning Group to exclusively accept referrals for surgery for gender reassignment from the West London Mental Health Trust Gender Dysphoria service. The service is experiencing an increase in referrals 'for pre surgical psychological screening' from alternative Gender Dysphoria service providers from across the UK.

3.3. The Gender Dysphoria service has a budgeted establishment of 8.96 WTE made up of 2.8 WTE consultant psychiatrists, 0.4 endocrinologist, 0.6 WTE speech & language therapist, 0.5 WTE psychologist and 4.66 WTE administrators – with a total pay budget of £592,780 in 09/10. Non pay accounts for a further £62,327 with running costs associated with premises accounting for a further £267k pa. **Tables 1 & 2** below.

Table 1: Gender Service Income & Costs

Budgets	2006/07 £'000	2007/08 £'000	2008/09 £'000	2009/10 £'000
Income Budget	837	1,011	1,189	1,264
Expenditure Budget	487	542	591	655
Estate & Facilities	See Table 1A below		257	267
Total Costs			848	922

Note: Service moved into new accommodation May 2007.

Table 2: Facilities & Estate Running Costs – Fulham Palace Road

	Description	£
Fulham Palace Road Site	Estates maintenance	12,500
Running Costs	Electricity & Gas	13,050
	Water, Portering & Post	3,600
	Domestic & Window cleaning	18,700
	Rent	176,250
	Rates	31,746
	Capital charges	80,500
	Landlord insurance	3,212
	Domestic Waste	4,200
Sub-Total Running Costs		£347,107
Less Income	Imperial College	(£37,352)
Less Rev Transfer	Psychology (Wolverton Grdns)	(£42,853)
Annual Running Costs (met from Gender Income)		£266,902

- 3.4. The service continues to experience increases in new referrals, all be it at a reduced growth rate when compared with previous years, **Table 3**. The service received an average of 78 new referrals per month April –Aug 09, compared with an average of 38 referrals monthly during 2006/07. Whilst further marked growth in referral rates is unlikely in future years, there remains some opportunity for further growth in the ‘second opinion market’, screening of competitors referrals to London surgical providers as well as those moving from private providers during the economic turndown.

Table 3: Referrals Gender Dysphoria Service 2006 - 2009

	2006/07	2007/08	2008/09	2009/10
Referrals	458	567	830	914*

Note: 2009/10 projected based on referrals received April – Aug 09.

- 3.5 The service reported an average of 273 face to face patient contacts per month (3284 annually) during 2008/09 which has been maintained during the first five months of 2009/10. The current ‘new referrals’ rate as outlined above coupled with the fact that the service is running at full capacity on the current staffing establishment, has led to an increased number of patients waiting longer to be seen for assessment and treatment, **Table 4**.

Table 4: Number of patients waiting to be seen 2009

Patient location in care pathway	Apr	May	Jun	Jul	Aug	Average waiting in weeks
Referral to 1st Assessment	325	338	383	410	436	25
1 st Assessment to Treatment - (2 nd assessment)	102	101	101	119	120	16
Waiting for follow up appointment	-	-	-	-	1296*	21

Note: Referral to Treatment numbers include those waiting for 2nd assessment

Note2: * Waiting for follow-up trimmed to exclude those waiting in excess of 18 months.

- 3.6 At the time of writing service users are waiting on average 41 weeks for their treatment to commence following receipt of referral. Whilst there is some delays reported by the service is receiving funding approval from commissioners for a minority of Costs per Case (CPC) referrals, the overriding cause of long waits is lack of clinician capacity.
- 3.7 The services ability to manage increased referral rates and longer waits has been further hindered by the issue of RiO ‘logical deletions’ issue. To date a total of 252⁴ ‘active’ Gender patient records have being automatically deleted from the RiO system due to a known bug in RiO Version 5. The service has had to increase its administrative staffing to counter these effects and to maintain manual processes to support appointment bookings as well as manual CPC billing procedures.

⁴ Source: WLMHT Information Delivery Tool, IDT/BCT 1st October 2009.

4. Actions Needed and Projected Impacts

- 4.1. The Gender service needs to increase its capacity and achieve the 18 week treatment target which is part of the CQUIN targets⁵ agreed with commissioners. Best clinical practice indicates that the service should see each patient within the care pathway at 3 times per calendar year, which for a caseload of 2189 service users equates to in excess of 6000 face to face contacts required. Currently the service provides 3284⁶ which would indicate there is significant capacity shortfall.
- 4.2. Identifying suitably trained psychiatrists to work within the gender dysphoria field is a challenge with a very small pool of talent available. It is advantageous to recruit a cross section of professionals to support multi disciplinary working supported by a strong administrative team.
- 4.3. Assuming new referrals are maintained at current levels over the coming three to five years coupled with the large numbers waiting for treatment and follow up brings with it opportunity to grow the workforce on a phased basis. It is proposed that the service recruits an additional 0.5WTE consultant psychiatrist and also increases the role of the consultant psychologist (8c) to full time. This would facilitate the appointment of 0.6WTE psychologist (band 7) to target 'referrals waiting' and afford the service the opportunity to tap into the trainee psychology graduates pool through a partnership with a local University. The appointment of two psychology graduates, who would work on a voluntary basis receiving supervision from the consultant psychologist, would enhance the service by providing targeted short term counselling (no more than 8 sessions) to those service users who are 'stuck' in the pathway. This is a service that patients and clinicians have identified as a need to support individuals with complex social arrangements and other existing co-morbid conditions. This would facilitate speedier movement through the pathway thus improving clinical outcomes and patient satisfaction.
- 4.4. The staffing enhancements outlined above would facilitate an additional 30 patients being seen per week (excluding counselling psychology patients) the costs of which the service will meet through increased income. It is projected that the service would generate additional income of £437k per annum based on an average tariff of £317 per contact, **Table 5**.

Table 5: Tariffs & Average Unit Cost

Reference Costs 2008/09	
Intervention Type	Tariff
Assessment	£558
Follow up	£294
Group	£101
Average / unit cost	£317

- 4.5. The impact on waiting times for all categories of 'waits' can be seen through **Table 6** below. The modelling of future waiting times assumes that referrals will remain at current levels, i.e. average of 78 per month, and that two thirds of the additional 30 patient contacts per week will be targeted to 1st and 2nd assessments until such time as the backlog of 600 cases waiting for treatment are cleared and new referrals are waiting not more than 18 weeks for

⁵ Gender Service CQUIN Clinical Standards Action Plan, June 2009.

⁶ Gender Dysphoria Service Performance Report July 2009.

treatment. Once the 'waiting for treatment' time is down to below 18 weeks the enhanced staffing will shifted to reducing the 'follow up' waiting times, currently around 21 weeks.

Table 6: Staffing enhancements & Impact on Waits for Treatment

	Jan 10	Feb 10	Mar 10	April 10	May 10	June 10	July 10	Jan 11	Sept 11
New referrals per month	78	78	78	78	78	78	78	78	78
Number of patients waiting for Treatment 1 st & 2 nd assessment combined *	600	520	440	360	280	200	120	78	78
Reduction	-	13%	15%	18%	22%	28%	40%	-	-
Additional face to face contacts targeted at waiters for 'treatment'	80	80	80	80	80	80	80	80	80
Average waiting time in weeks for treatment (1 st & 2 nd assessment)	41	36	31	26	20	15	10	10	10

Note: * estimate based on current waiters for 1st & 2nd assessment (see table 3).

Note2: ** 4664 per year current 3284 plus 1380 (30 additional x 46 weeks).

Note 3: Additional 30 patient contacts per week split 2:1, i.e. assessments additional 80 per month: follow up additional 40 per month.

- 4.6. The service needs to review its accommodation requirements. The service requires additional patient interview/office space to cater for the additional 30 patient contacts per week. The Greyhound rd/Fulham palace rd building in which the service is provided from is shared with Psychology services that from early October will form part of the newly commissioned IAPT service. The SDU are currently exploring a number of accommodation options that maybe better suited to the needs of the IAPT staff. Whilst there is a £42k revenue implication to the IAPT staff moving out of their current base, the gender service could meet this pressure through the increased income generated by the increased patient activity.
- 4.7. The costs associated with the proposed staffing enhancements as well as an estimate of the additional income that will be generated through the increased patient contact activity can be seen through **Table 7** below.

Table 7: Staffing Enhancements & Associated Costs (full year)

Post	WTE	Cost £
Consultant Psychiatrist	0.5	
Psychologist (8c)	0.5	
Psychologist (band 7)	0.6	
Administrator (band 4)	1.0	
Additional Revenue pressure on accommodation		
Total	2.5	
Additional Income (full year)		
Surplus		

Note*: based on 46 weeks activity at 30 new contacts @ £317

5 Conclusion

- 5.1 The Gender Dysphoria service is the UK leader in its field with an international reputation for delivering high quality services in close partnership with surgical colleagues. The service needs to ensure that these standards are maintained part of which is ensuring patients are seen assessed and treated within standards of best practice. The service needs to be able to maintain the 18 week referral to treatment target under which all consultant led services are monitored nationally. The service expansion outlined above would directly enhance the service user experience through reduced waiting times and clinical improvement to the care pathway. The service is confident of meeting the additional costs through increased income.