



Healthcare
Improvement
Scotland

Evidence

Advice, guidance
and intelligence

Gender identity healthcare: Adults and young people

Standards

September 2024

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 identity, 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.standardsandindicators@nhs.scot to notify us of any updates that might require consideration.

Healthcare Improvement Scotland

Published September 2024

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

Contents

Introduction	4
Summary of standards	10
Standard 1: Person-centred care and shared decision making	11
Standard 2: Reducing inequalities	16
Standard 3: Collaborative leadership and governance	20
Standard 4: Staff training, education and support	27
Standard 5: Access to gender identity healthcare	32
Standard 6: Assessment and care planning	35
Standard 7: Referral to gender identity services	40
Standard 8: Specialist gender identity healthcare	44
Standard 9: Mental health and wellbeing	49
Standard 10: Gender identity services for young people	52
Appendix 1: Development of the standards	58
Appendix 2: The standards development group and editorial panel	60
Appendix 3: Glossary	61
References	63

Introduction

Background

People experience and express their gender identity in different ways and at different points across their lifetime. Some people may access services for support as they question their gender identity. Others may be seeking to start the process of transitioning, retransitioning or detransitioning. Some people accessing gender identity services may require ongoing care, support, monitoring and treatment throughout their lives.

Throughout the standards, the term person/individual is used inclusively and covers transgender and non-binary people.

Gender identity healthcare is a term used by NHSScotland to refer to the care and support people can access if they experience distress caused by gender incongruence or gender dysphoria. It includes interventions that may be non-surgical, surgical and pharmaceutical.¹⁻³ There are currently four gender identity clinics in Scotland that provide specialist clinical support delivered by multidisciplinary teams. These services are based in 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.

In recent years, there has been an increase in the number of people accessing specialist gender identity services in Scotland.^{2,3} Recent evidence has identified the need for gender identity services to improve capacity and access.³⁻⁵ People report experiencing challenges when accessing gender identity healthcare, including:

- 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.^{4,5}

Access to high-quality, evidence based and equitable healthcare is essential to improving the health and wellbeing of society.⁶⁻⁸ Healthcare services should ensure appropriate and responsive delivery and interventions for everyone who needs them.⁶

The aim of these standards is to ensure national consistency in the multidisciplinary delivery and coordination of high-quality gender identity healthcare which is based on current evidence and best practice. The standards aim to support current and future service provision and national improvements.³

Scope of the standards

The standards apply to all adults and young people who are:

- accessing or wishing to access gender identity healthcare
- transferring between healthcare services to ensure continuity of care
- people who are exploring their gender identity in relation to possible gender incongruence or dysphoria.

The standards also aim to support, where appropriate, families and representatives of people receiving or engaging with gender identity healthcare.

[Standard 10](#) specifically reflects the additional responsibilities and requirements for gender identity services supporting young people.

Who the standards are for

Not all gender identity healthcare is delivered by gender identity clinics or specialist services. These standards apply to all services involved in the delivery of gender identity healthcare including, community pharmacy, mental health services and primary care.

The standards apply to both NHSScotland and independent providers delivering gender identity healthcare. NHS boards may delegate relevant gender identity healthcare responsibilities to Health and Social Care Partnerships or Integrated Joint Boards.

It is expected that the standards will be adhered to across all health settings including NHSScotland settings and independent healthcare.

Where a principle or criterion applies to a specific setting this has been highlighted throughout the document. The standards should be reviewed pragmatically by service providers. Individual criteria will be applied by service providers in different ways in recognition of the breadth of gender identity healthcare and support delivered across health and social care in Scotland.

All other partners involved in the delivery of gender identity healthcare are encouraged to adopt the standards as good practice. The standards cover and are relevant to:

Standard	Relevant to
Person-centred care and shared decision making	All staff and services.
Reducing inequalities	All staff and services.
Collaborative leadership and governance	Organisations or services with responsibility for gender identity healthcare service delivery.
Staff training, education and support	All staff and services.
Access to gender identity healthcare	<ul style="list-style-type: none"> • Staff who refer from primary care to gender identity healthcare services. • Gender identity clinics or related specialist gender identity services.
Assessment and care planning	Gender identity clinics or related specialist gender identity services.
Referral to gender identity services	<ul style="list-style-type: none"> • Staff who refer from primary care to gender identity healthcare services. • Gender identity clinics or related specialist gender identity services.
Specialist gender identity healthcare	<ul style="list-style-type: none"> • Staff with specialist skills and competencies. • Primary care including pharmacy. • Gender identity clinics or related specialist gender identity services.
Mental health and wellbeing	<ul style="list-style-type: none"> • Staff who refer from primary care to gender identity healthcare services. • Gender identity clinics or related specialist gender identity services.
Gender identity services for young people	Staff and organisations delivering gender identity services for young people.

Policy context

The 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, Healthcare Improvement Scotland was commissioned to develop national standards for adult and young people's gender identity healthcare.

The standards support national work³ including:

- national waiting times data collection, monitoring and reporting for gender identity services by Public Health Scotland
- the [NHS Education for Scotland transgender care knowledge and skills framework](#)
- the national gender identity healthcare protocol
- national planning for young people's services.

The Scottish Government published the [Cass Review Implications for Scotland](#) report in July 2024. The report includes recommendations for NHSScotland. These standards should be considered alongside those recommendations.

Related guidance

The standards are based on current evidence and best practice and considered to be a requisite of high-quality care in all settings. They have been mapped to key policies and legislation to ensure there is alignment in language, scope and principles of safe, effective and person-centred care. These references are not an exhaustive list. Organisations, services and staff should continue to refer to all appropriate and applicable professional and regulatory guidance, policy and best practice relevant to the respective healthcare setting.

The standards should be read alongside:

- [Adults with Incapacity \(Scotland\) Act 2000](#)
- [Equality Act \(2010\)](#)
- [Fairer Scotland Duty](#)
- [Health and social care standards](#)
- [Healthcare Improvement Scotland: sexual health standards](#)
- [Healthcare Improvement Scotland: learning from adverse events](#)
- [National health and wellbeing outcomes framework](#)
- [National guidance for child protection in Scotland](#)
- [NHSScotland climate emergency and sustainability strategy 2022-2026](#)
- [NHSScotland: national access policy](#)

- [NHSScotland waiting times guidance: November 2023](#)
- [NHSScotland waiting times guidance 2023 – application to gender identity clinics](#)
- [Organisational duty of candour guidance](#)
- [Patient Rights \(Scotland\) Act 2011](#)
- [Realising realistic medicine](#)
- [Scotland’s digital health and care strategy](#)
- [Scotland’s public health priorities](#)

Format of the standards

Healthcare Improvement Scotland standards follow a defined 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
- examples of what meeting the standard looks like in practice.

The standards have been co-created with staff, key stakeholders and people with lived experience. More information about the development of the standards is set out in [Appendix 1](#) and [Appendix 2](#).

Implementation

Healthcare Improvement Scotland has published these standards to inform self-evaluation. Services may use these standards to plan and measure improvement. These standards complement existing Healthcare Improvement Scotland quality assurance programmes. A self-assessment toolkit is available on the [Right Decision Service website](#).

It is anticipated that 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.

As services embed change and evaluate learning, these standards may be revised to ensure they continue to reflect current evidence, policy and best practice. The standards will be reviewed to ensure that they remain fit for purpose, effective, person-centred and reflect Scottish Government policy and legislation. Any review should consider the evidence base, learning and intelligence, including the experiences of people who use services.

Terminology

Wherever possible, we have incorporated generic terminology, which can be applied across all gender identity healthcare services and providers. See [Appendix 3](#) for the glossary.

Summary of standards

Standard 1: Person-centred care and shared decision making

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

Standard 2: Reducing inequalities

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

Standard 3: 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 4: Staff training, education and support

Staff have the training and skills to deliver person-centred, high-quality care and support for people accessing gender identity healthcare.

Standard 5: Access to gender identity healthcare

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

Standard 6: Assessment and care planning

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

Standard 7: Referral to gender identity services

NHS boards ensure referral and timely access to gender identity services.

Standard 8: Specialist gender identity healthcare

People have access to safe, high-quality specialist gender identity healthcare.

Standard 9: Mental health and wellbeing

People have timely, equitable, consistent and person-centred access to mental health and wellbeing support.

Standard 10: 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 1: Person-centred care and shared decision making

Standard statement

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

Rationale

A general principle of all healthcare is that people report positive experiences and outcomes when they are fully informed and involved in shared decision making.^{6, 7, 9} People are empowered when they are supported to describe what matters to them and are respected and listened to.⁶ Inclusive, compassionate and respectful communication is essential to support people in their gender identity healthcare.¹⁰ This includes addressing people using language that feels respectful and comfortable for them, for example their chosen name and pronouns.

A person's gender identity is a personal experience, and people are experts in their own experiences and needs.⁶ This standard applies to adults and young people who are questioning their gender identity, undergoing transition including retransition, detransition or have completed transition.

A holistic and [person-centred](#) approach includes being responsive to the person's needs, providing time for discussion and decision making. People can expect that organisations and staff uphold patient rights, adhere to NHSScotland values and provide safe, appropriate and person-centred care.^{9, 11-13} This ensures that people can discuss their needs, readiness to access care, concerns and options with empathetic, well-informed, compassionate and unbiased staff.^{9, 14, 15}

Organisations should have person-centred protocols to support people who decide to pause, change or reverse aspects of their gender identity healthcare. People should be appropriately supported in their decisions.

Evidence highlights that lack of information on service access and treatment options can contribute to continued distress.² Access to high-quality and accurate information supports informed decision making.^{16, 17} Information should be provided in a range of formats and languages, which reflects the needs of the person. The format should include age, psychological, social, cultural and spiritual factors. Information and discussions should be delivered in a way that is inclusive of everyone, including people with learning or developmental disabilities.

People, and their choice of representative where appropriate, should be appropriately signposted to other health and social care 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 are:
 - fully informed, listened to and taken seriously
 - recognised and respected as experts in their own care, needs and preferences, including chosen name and pronouns.
- 1.2** People are supported to develop the knowledge, skills and confidence to manage their own care including medication, as appropriate.
- 1.3** People can discuss with kind, empathetic, well-informed, compassionate and unbiased staff:
 - their needs, concerns and care
 - their readiness to access gender identity healthcare.
- 1.4** Where appropriate, the person's families/representatives are informed and involved in discussions and decisions.
- 1.5** People have access to:
 - timely and high-quality information about gender identity services that meets their communication or support needs, or circumstances
 - a summary of their medical history and care plan
 - their records, relevant information about themselves and their care, if requested.

- 1.6** 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 including pausing, changing or reversing aspects of treatment
 - understand the risks and benefits of any treatment and intervention in line with the current evidence base and best practice
 - have time for consideration and given opportunities to discuss options, raise questions or concerns
 - provide informed consent at key decision points in line with national guidance
 - provide feedback on their care and experiences.
- 1.7** Organisations provide people and, where appropriate, their families/representatives, with:
- information and support that is relevant to their language, age, understanding, circumstances and care plans
 - information about gender identity services, including who to contact and how to be referred
 - signposting to other healthcare services
 - signposting to third sector organisations including peer support.
- 1.8** Organisations have systems in place to provide, where appropriate and practicable:
- coordinated appointments for services
 - access to remote or in-person consultations or appointments
 - adequate staff time and resources for extended consultations
 - updates on anticipated waiting times.
- 1.9** Organisations have processes in place to support continuity of care including sharing of relevant information across multidisciplinary and multi-agency teams, where appropriate and in line with information sharing frameworks and consent guidance.
- 1.10** People are asked their preferred method of communication and this is implemented, where possible.

What does the standard mean for people?

- You will be recognised as an individual.
- You will be listened to, respected and taken seriously.
- You will be involved in discussions and decisions about your care and support.
- You will be supported and respected by staff including use of your chosen name and pronouns.
- 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 family or a representative in your care, if you wish.

What does the standard mean for staff?

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

- listen and actively engage with people to understand their needs and preferences
- take a person-centred and trauma informed approach to planning healthcare that facilitates informed and shared decision making
- provide opportunities for people to ask questions about their care
- provide empathetic, respectful and compassionate support
- signpost to current information and support appropriate to individual needs.

What does the standard mean for the organisation?

Organisations:

- have systems and processes in place to provide services, which are responsive and support fully informed and shared decision making in line with [Realistic Medicine principles](#)
- ensure the availability of appropriate, inclusive, evidence informed, easily accessible and timely information and support
- have mechanisms to record and act upon feedback from people, their families/representatives and staff
- incorporate professional and good practice guidance in person-centred care including communication skills
- work with partners, including specialist gender identity services and the third sector, to ensure people are supported in their decisions
- ensure staff have time and resources to support and care for people.

Examples of what meeting this standard might look like

- Evidence of the person's involvement in decision making, the use of 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 or people with additional communication needs, for example, people with sensory impairments or difficulties with speech and language and learning disabled people.
- Specific tailored information for young people, older people, asylum seekers and refugees and people with complex social needs.
- Ongoing engagement and feedback from service users on their experiences of accessing care.
- 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 alongside other health information in, for example primary care waiting rooms.

Standard 2: Reducing inequalities

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.^{6, 7} Barriers that people experience in accessing gender identity healthcare contribute to inequalities and inequity.^{5, 18}

Organisations should ensure that they deliver inclusive services which take account of the populations they serve. This includes the impact of protected characteristics, cultural factors, socioeconomic factors and geographical considerations, including rurality.¹⁹ This should include support across age groups and different communities including black and ethnic minority communities and immigrants. Organisations should ensure they understand the needs and experiences of people who experience intersecting inequalities.

Organisations should co-design and regularly review services with people with lived experience to ensure equality and equity in access.²⁰ Through the use of Equality Impact Assessments (EQIAs), Island Communities Impact Assessments and community engagement and consultation, organisations can understand and effectively reduce health inequalities and improve outcomes.¹⁹ EQIAs can also support organisations to focus on outcomes when designing or improving services. Organisations should also work in partnership with other services such as primary care, community services and the third sector. For example, working with community planners to take into account accessibility of services including the impact of public transport and rurality. Organisations should ensure they provide feedback on how services have been developed and improved following partnership and community engagement.

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 healthcare 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 people with living experience, including marginalised and under-served groups, to reduce barriers to access
 - provide meaningful and responsive opportunities to engage with people with living experience, including reimbursement of expenses to cover appropriate engagement costs
 - undertake an evaluation of staff's understanding of health inequalities with action plans developed as appropriate
 - understand people's multiple and complex needs and how this impacts on accessing services and support
 - ensure service design and delivery is inclusive
 - ensure systems which support the management and transfer of healthcare are inclusive, including patient forms and IT systems.
- 2.2** Organisations have processes in place to assess the impact of any work undertaken to reduce health inequalities. This includes:
- planned service improvement and evaluation
 - gathering qualitative and quantitative data
 - demonstration of learning from feedback and complaints.
- 2.3** Organisations can demonstrate where working in partnership with people with lived experience has led to improvements in equitable access to, and experience of, gender identity healthcare services.
- 2.4** Organisations work in partnership with other services, including primary care, community based services and academic institutions, to:
- improve understanding of access to gender identity services
 - reduce barriers to care
 - develop or design new services
 - ensure continuity and consistency of care
 - promote best practice and shared learning
 - support and undertake research and evaluation.

What does the standard mean for people?

- You can be confident that your care will be fair, equitable and non-discriminatory.
- You will have the opportunity to provide feedback on your experiences of services.
- 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
- work in partnership 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 and protected characteristics
- understand the needs and experiences of the communities that they serve
- are proactive in activities to review and improve service access and design
- support staff in training and undertaking service improvement work
- ensure services are inclusive and accessible, for example waiting room design, private consultation rooms, information displayed
- work with partners, including primary care, public health, pharmacy, third sector and other services to improve access and reduce inequalities.

Examples of what meeting this standard might look like

- EQIAs and Island Communities Impact Assessments, Children’s Rights Impact Assessments demonstrating evidence based, 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 provide a meaningful opportunity to contribute, for example hybrid meetings, and provision of travel or overnight expenses to attend events.
- Multidisciplinary and multi-agency working and education to understand and minimise barriers to accessing gender identity services.
- Evaluation of the impact of staff training and other learning on understanding of inequalities.
- Participation in research and evaluation activities.
- Examples of how feedback has led to improvements in services.
- Evidence of examples of how services have responded to intersectionality and diversity of lived experience.
- Examples of patient forms and IT systems which enable the sharing of information, for example person’s preferred pronouns and name.

Standard 3: 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 and collaborative leadership and governance are critical to promoting an inclusive culture and supporting people to access gender identity services. Organisations should incorporate [Realistic Medicine](#) principles when delivering services, including value-based medicine, shared decision making and trauma informed practice.^{6, 7, 21, 22}

Good clinical and care governance includes adverse events management, whistleblowing, escalation procedures and robust data monitoring.²³⁻²⁷ Governance structures should demonstrate clear lines of accountability between [NHS boards of treatment and residence](#), and for multidisciplinary and multi-agency working.

Services benefit from clear multidisciplinary and multi-agency pathways and protocols, which are evidence based and informed by current practice. Organisations should implement the relevant national policies, frameworks and other related guidance.¹ Organisations should ensure they have sufficient staff capacity to facilitate person-centred care and support on a timely basis at all stages of the clinical pathway.²⁸ Nominated lead clinicians for gender identity services should provide essential oversight and assurance. Organisations should implement National Waiting Times Guidance²⁹ across gender identity healthcare, including specialist gender identity clinics.

Services should work in partnership at a local, regional and national level. This should be multidisciplinary and multi-agency, including primary care, pharmacy, independent healthcare providers, other public sector partners and third sector partners. Effective planning and partnership working should be underpinned by robust information and shared care arrangements. Continuity of care throughout the person's journey or at key points in their life improves patient outcomes. This may include moving from a young person's service to adult services or moving into a care home or supported accommodation.^{30, 31}

Where a person has to travel for care and treatment, there should be clear and accessible policies for the reimbursement of patient expenses and costs. These should be in line with NHSScotland policy.³²

Clinically relevant information, records and care plans should be kept throughout and shared as appropriate. Consent should be obtained in line with national policies and procedures. Information should only be shared with the person's representative with their consent and in line with legislation and national guidance for example, child and adult protection policies.^{25, 26, 33, 34}

Organisations should demonstrate effective planning, management and continuous quality improvement and assurance of services. The collation, analysis and review of service and outcome data, including feedback from people with lived experience is integral to service design and monitoring.^{19, 35, 36}

Who is responsible for meeting this standard?

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

Criteria

- 3.1** Organisations have an inclusive, rights-based and person-centred culture, which is demonstrated through:
- supportive and collaborative leadership and management
 - value-based, compassionate and trauma informed practice, service planning and delivery in line with NHSScotland values and [Realistic Medicine](#) principles
 - routinely informing people of their rights.¹³
- 3.2** Organisations demonstrate robust clinical governance arrangements across gender identity healthcare pathways, which includes:
- clear lines of accountability between NHS board of residence and NHS board of treatment and individual roles and responsibilities
 - a designated lead for adult and young people's gender identity services
 - safeguarding policies and protocols
 - clinical and medicines management in line with evidence based guidance, protocols and best practice
 - a multidisciplinary strategy group for gender identity services, including lived experience and third sector representatives
 - effective partnership working across healthcare at a local, regional and national level
 - effective partnership working across service providers including independent providers.

- 3.3** Organisations have pathways in place based on current evidence and best practice to ensure people have access to:
- gender identity healthcare
 - specialist gender identity services
 - other specialist services such as mental health or psychological support.
- 3.4** Organisations have processes to ensure people can access services close to home or the most accessible service for them, where possible.
- 3.5** Where a person must travel to access services, organisations:
- have clear, accessible and fair policies for reimbursement in line with national guidance³²
 - provide people with information about what is covered and support where appropriate
 - work with community planning partners to address transport barriers.
- 3.6** Organisations demonstrate a commitment to internal and external quality assurance through:
- assessment of current service provision against professional guidance and national standards, including the Healthcare Improvement Scotland gender identity healthcare standards
 - undergoing scrutiny, inspection and regulation where appropriate to the service.
- 3.7** Organisations work locally, regionally and nationally to evaluate and improve service design through:
- joint improvement work
 - facilitation of engagement and feedback from people with lived experience and, where appropriate their families/representatives
 - review and learning from feedback, compliments and complaints.

- 3.8** Organisations have a robust process for the reporting and review of incidents and adverse events, in line with national policy, which includes:
- a standard and consistent approach to reporting
 - clear accountability and responsibility for local review and response
 - a documented escalation and incident management process
 - timelines for managing the process
 - processes for monitoring actions and learning from incidents and adverse events
 - processes for medicines related adverse events
 - long term monitoring of events
 - information and support for those impacted by adverse events, as appropriate.
- 3.9** Organisations have systems and processes to ensure adherence to national Whistleblowing and Duty of Candour guidance.^{23, 24}
- 3.10** Organisations have systems and processes to demonstrate:
- adherence to safe staffing legislation, building capacity and sustainability
 - a staff workforce plan including for specialist services where appropriate
 - compliance with professional and organisational codes of practice and frameworks
 - continuous quality improvement
 - a service specification for specialist gender identity services, where provided.
- 3.11** Organisations ensure processes are in place to support sharing of data and intelligence across organisations and services, which covers:
- reporting, benchmarking and performance to improve patient safety, patient outcomes and quality of care
 - audit to ensure care is evidence based and informed by current practice
 - regular reporting to Public Health Scotland 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.^{25, 26, 34}
- 3.12** Organisations ensure that care is delivered in an inclusive, safe, trauma informed and accessible environment, including waiting areas and consultation rooms.^{35, 36} Where the care is delivered remotely, or using digital tools, the principles of providing inclusive, safe and trauma informed environment still apply.³⁷

3.13 Organisations work in collaboration with national services and academia to collect and to share data as required to support national benchmarking and research. This will adhere to information governance and consent legislation and protocols.

3.14 Services and organisations work in partnership to:

- provide continuity of care and support
- share practice to support the development of local services with input from specialist services, where appropriate.

What does the standard mean for people?

- You will experience services that are inclusive and rights-based.
- You will have opportunities to provide feedback and participate in decisions about how services are shaped if you wish.
- You will be supported by staff who work together to provide you with a high-quality service.
- Information about you and your care, including personal data, will only be shared with your consent unless there are concerns for your wellbeing. This will be explained to you.
- Organisations will share how services have been developed and improved because of your feedback.
- If you need to travel to access services, you will be able to claim reasonable expenses.

What does the standard mean for staff?

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

- are provided with effective and collaborative leadership
- encourage and empower people to share their views and experiences of services
- are aware of how to report and escalate concerns, complaints or adverse events
- work in line with clinical protocols, pathways, standards and guidance
- share feedback to inform service improvements.

What does the standard mean for the organisation?

Organisations:

- have governance arrangements in place demonstrating roles, responsibilities and lines of accountability, including adverse event management, incidents, compliments and complaints
- provide safe, person-centred, consistent, trauma informed, evidence based and high-quality gender identity services
- have workforce plans in place to support service delivery
- embed the engagement of people with lived experience, communities and staff within service design and decision making, evaluation and planning for improvement
- undertake quality assurance and improvement activities to ensure performance against standards
- ensure compliance with data protection legislation, information governance, consent and safeguarding
- promote, encourage and support research and audit activity, and ensure that collection, analysis and review of outcome data is a routine part of gender identity services activity
- have clear and accessible policies for reimbursement of patient expenses in line with national guidance.

Examples of what meeting this standard might look like

- Documentation describing lines of accountability, roles and responsibilities, escalation routes, incident and adverse event reporting and review.
- Improvement work, data collection and review of data, including feedback from service users and staff members.
- Multidisciplinary and multiagency working, including involvement of professionals, creation of care pathways and local standard operating procedures. This may include social work, education and third sector agencies.
- Evidence of co-designed service plans, innovative engagement with local communities and good, inclusive communication with service users.
- Action plans demonstrating implementation of national guidance or standards, including those produced by Healthcare Improvement Scotland.
- Shared care protocols and memorandums of understanding between NHS boards, multidisciplinary partners and services.
- Evidence of inclusive service design including accessible clinical environments, access to gender neutral spaces.
- Demonstration of expense claims information and support.
- Specialist gender identity services have a service specification, including a staff workforce plan.

Standard 4: Staff training, education and support

Standard statement

Staff have the training and skills to deliver person-centred, high-quality care and support for people accessing gender identity healthcare.

Rationale

Staff with the right training and knowledge ensures the delivery of safe, effective, high-quality, evidence based and person-centred care. Any staff across the health and social care system may interact or provide care to people accessing gender identity healthcare.¹⁵ Organisations should ensure staff are provided with training appropriate to their role, responsibilities and workplace setting.

Key to improving access and delivery of gender identity healthcare, is the commitment of organisations to staff training, continued professional development, supervision and support. Staff training, education and support should reference relevant local and national protocols, frameworks, guidance and good practice.^{1, 11-13, 15, 35}

Organisations should review training on a regular basis to ensure it equips staff with the right skills and experience to deliver high-quality gender identity services. Training should also emphasise the importance 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.¹⁵ Organisations should use the framework to assess staff training needs, gaps in learning and staff wellbeing. This should be implemented alongside resources which support staff to deliver respectful and compassionate care and communication in gender identity healthcare.^{10, 12, 13, 15, 38-43}

Healthcare staff are required to uphold the relevant standards of their regulator or professional body. Staff should also ensure they remain up to date on any relevant guidance that is issued and implement this accordingly.

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. Services should take into account barriers people may face in accessing services, for example the barriers faced by disabled people, or those living in island or rural communities.

Training should be informed and shaped by the experiences of people with lived experience, where appropriate.

Specialist gender identity services' staff should be supported to work in partnership with other services and agencies to support external training, where appropriate. Staff should also be supported to undertake quality improvement activities so that gender identity services continuously improve.

Who is responsible for meeting this standard?

All organisations and staff in line with their roles, responsibilities and workplace setting. While this standard specifically relates to staff employed to deliver gender identity healthcare, the principles included should be considered as good practice for volunteers deployed within the service.

Criteria

- 4.1** Staff involved in the delivery of gender identity healthcare have the right skills and competencies for their role, responsibilities and workplace setting.
- 4.2** Organisations implement a comprehensive and multifaced education and training programme that:
 - supports continued professional development and staff wellbeing
 - promotes the use of quality improvement methodology and tools
 - involves people with lived experience in the development and delivery of training resources, where appropriate
 - includes an assessment of staff training needs that is responsive to staff roles, responsibilities and workplace setting
 - includes an evaluation of the provision, quality and uptake of training
 - understands the use of remote and digital tools to support people to access care
 - is regularly reviewed to ensure it reflects current evidence and best practice
 - informed by the [NES Transgender Care Knowledge and Skills Framework](#).
- 4.3** Organisations support staff to increase their awareness and knowledge of gender identity care in line with [the NES Transgender Care Knowledge and Skills Framework](#),¹⁵ other professional frameworks and national policy.

4.4 Staff involved in the delivery of gender identity services have access to, and are supported to attend, regular and up to date training covering:

- current best practice and evidence based care
- equalities and rights-based care including inclusive language and terminology, and cultural competence
- specific clinical, ongoing care and support needs appropriate to the person’s needs
- person-centred, trauma informed and individualised care including communication skills.

4.5 Organisations work in partnership to provide gender identity healthcare training across services and settings.

4.6 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.

4.7 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?

- 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 using 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 by well-informed staff.

What does the standard mean for staff?

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

- can demonstrate knowledge, skills and competence in gender identity healthcare
- attend and participate in relevant training and maintain the required competencies and qualifications, including professional registration
- receive support for their own mental health and emotional wellbeing
- are confident delivering care to people with the support of specialist services where required
- are supported in undertaking shadowing opportunities and continued professional development.

What does the standard mean for the organisation?

Organisations:

- ensure staff can access all relevant training and education, including personal and peer support opportunities
- provide staff with the necessary knowledge and skills, appropriate to their roles and responsibilities, to ensure high-quality care and support
- are committed, and provide resources, to support health and wellbeing of staff, including workplace policies
- ensure staff professional accreditation or regulation is up to date
- demonstrate their commitment to developing the clinical, nursing and administrative workforce.

Examples of what meeting this standard might look like

- Evidence of provision and uptake of multidisciplinary and multi-agency training.
- Evidence of uptake of staff training in empathetic communication and inclusive culture.
- Evidence of accreditation with appropriate professional bodies, including clinical, nursing and pharmacy.
- Regular 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, mentorship and other wellbeing initiatives. This should cover all staff groups.
- Demonstrating that people with lived experience are involved in developing, delivering and evaluating training.
- Evidence of protected time for training and continued professional development opportunities.

Standard 5: 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 for people accessing gender identity healthcare.⁵ Barriers can lead to poor wellbeing, disengagement from services and an increase in people seeking care that may be considered high risk and unsafe. The presence of these barriers can contribute to apprehension and low levels of confidence when accessing general and specialist gender identity healthcare services.^{5, 44}

People will often initially contact primary care services when looking for information, support and treatment related to their gender identity.^{40, 45} People may present with multiple and/or complex needs, including co-occurring conditions. People accessing gender identity care may or may not wish medical treatments or interventions. Primary care and community services have a role in providing information and ongoing gender identity healthcare as well as referring people to specialist services.⁴⁰ Referrals should be timely and in line with national waiting time targets.²⁹ As people wait for referrals, services should continue to provide support with updates on waiting lists, where appropriate (see [standard 7](#) for more about referrals).

It is important that all services work together to deliver person-centred care that is high-quality, evidence based, timely, and provides continuity and consistency of care across pathways. 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. This might include the use of digital tools to support people's access services.³⁷

Who is responsible for meeting this standard?

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

Criteria

- 5.1 People can access healthcare, including support and advice:
 - in a primary care or community setting
 - from knowledgeable and well-informed professionals
 - that is timely²⁹
 - that is based on current evidence and best practice
 - as close to home as possible, where appropriate.
- 5.2 Where specialist services are not available locally, organisations ensure robust pathways are in place to provide access to a regional or national service.
- 5.3 Organisations have systems in place to provide people accessing gender identity healthcare with:
 - information about services, including who to contact and how to arrange appointments
 - coordinated appointments across services
 - access to remote (including digital options) or in-person consultations or appointments
 - opportunities for extended consultations
 - updates on anticipated waiting times
 - information on what services are available (locally, regionally and nationally)
 - which services the person is being referred to.
- 5.4 Organisations work in partnership with other services and providers to:
 - ensure that support and advice is available, accurate and up to date
 - support referrals to specialist services from primary care and other community based services
 - raise awareness about local and specialist services.

What does the standard mean for people?
<ul style="list-style-type: none">• You will be able to access support and advice from your GP or community based service.• Staff will help you by sharing information and signposting you to other services, if that is what you need.

What does the standard mean for staff?

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

- support people to access information and services on a fair and equitable basis
- 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 people's care and reduce barriers to access for them where possible
- 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 equitable access to specialist gender identity services
- have systems and policies in place to support appointment attendance, including coordination across services, remote services as appropriate.

Examples of what meeting this standard might look like

- Evidence of supporting people in local, community based services.
- Evidence of the fair and equitable provision of services for people regardless of personal circumstances, geographical location or other factors.
- Coordination of appointments to support the person.
- Use of text reminders for appointments, online consultations and other technology to remove service barriers where appropriate.
- Expense and reasonable cost reimbursement policies.
- Evidence of clear policies on a fair, person-centred and supportive response when people cancel or do not attend for appointments.
- Demonstration of partnership working in supporting access to specialist services.

Standard 6: Assessment and care planning

Standard statement

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

Rationale

People may engage with health services at different stages and for different reasons. People should be fully involved in decisions about their care, and where appropriate their families/representatives should be involved with consent.

A holistic, person-centred assessment is undertaken to ensure that people receive the care that is right for them. Assessments should be undertaken by trained healthcare staff who are responsive to the needs of the person and understand the services available. Referrals should be made in line with the relevant care pathway.^{1, 15}

Access to a multidisciplinary team, consistency of care and incorporating the person's needs and aspirations supports the development of a personalised care plan. This ensures that people receive the care that reflects their needs and personal circumstances. Services should work in partnership to ensure that care needs are continually assessed, reviewed and monitored. The care plan should be shared with the wider multidisciplinary team, including the person's GP and/or pharmacy, where appropriate. There should be clear communication between services, including transfer of care in line with local pathways.

Not everyone will need a referral to specialist gender identity services. Some people's care needs will be better met in other services, including primary care. 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.^{12, 15, 35, 38, 39}

Who is responsible for meeting this standard?

All organisations including NHS Scotland gender identity services and independent providers.

Criteria

- 6.1** Organisations have local pathways and protocols for assessment for surgical, non-surgical and other relevant services that:
- have been developed in partnership with other services
 - define roles and responsibilities in the initial and subsequent assessment, monitoring and care planning
 - support continuity of care, for example having a named clinician
 - provide information on areas covered in the assessment
 - ensure the active involvement of people in decision making, and their families/representatives where appropriate, and where consent is provided
 - support shared care across services and settings.
- 6.2** Assessment at a gender identity service is undertaken by appropriately trained healthcare professionals, is comprehensive and holistic, and includes:
- the person's needs and what matters to them, avoiding assumptions about what support or treatment may be sought⁹
 - relevant existing or previous care and treatment plans
 - mental health and wellbeing
 - medical history, including co-occurring conditions
 - sexual health and fertility
 - capacity and consent in line with national guidance
 - need for further support and/or treatment
 - input from the family/representative with consent and where appropriate.
- 6.3** Organisations delivering gender identity services have protocols in place to ensure timely referral²⁹ to appropriate services covering:
- fertility preservation
 - hair removal and wig provision
 - medical treatment including input by specialist pharmacists, endocrinology and paediatric endocrinology
 - mental health and psychological support
 - sexual and reproductive health
 - speech and language therapy
 - surgical services.

- 6.4** Specialist gender identity services have pathways and protocols to ensure the referral into the service is appropriate for the person. This covers:
- review of referral criteria and appropriateness of referral
 - timely triage and referral to other, more appropriate services, including primary care and mental health services
 - supporting people to understand how their care needs are assessed, and which services will best suit their needs
 - partnership working with other services to minimise delays to the person's care
 - how to work with the referring service and healthcare professionals to ensure appropriate referrals.
- 6.5** The care plans developed in specialist gender identity services:
- are co-produced with the person
 - provides a key summary of person's initial assessment, any ongoing care and support needs
 - can be accessed by the person
 - are communicated across the multidisciplinary team including the person's GP, pharmacy, with the person's consent where appropriate
 - are regularly reviewed and updated as a person's circumstances or needs change.
- 6.6** The organisation has transfer of care protocols when people move between care providers. This includes NHS services and primary care providers and people transferring from outwith the UK. The protocols should:
- be person-centred
 - enable continuity and consistency in care
 - describe clear roles and responsibilities
 - provide clear criteria about maintaining the original referral date, where appropriate
 - set out key information required to reduce unnecessary delays in the person's care.
- 6.7** People who decide to halt, reverse or restart aspects of their gender identity healthcare are supported by knowledgeable and compassionate staff to:
- discuss their needs
 - explore treatment, care and support options
 - access services which are right for them.

What does the standard mean for people?

- You will be offered a comprehensive and holistic multidisciplinary 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 be developed jointly between you and your clinician and will support you to meet your 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.
- When you join the gender identity service from another NHS provider or NHS health board, your initial date of referral will be maintained.
- You will be supported by kind, empathetic and knowledgeable staff.

What does the standard mean for staff?

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

- 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
- support and enable people to make informed decisions about their healthcare
- 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 transfer, which support consistency and continuity of care and demonstrate positive working relationships between services and other NHS boards or providers
- ensure staff are supported to provide the right information, advice and signposting as part of care planning.

Examples of what meeting this standard might look like

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

Standard 7: Referral to gender identity services

Standard statement

NHS boards ensure referral and timely access to gender identity services.

Rationale

NHS boards should have clear referral pathways for gender identity services which are well described and accessible. Primary care has a central role in ensuring people are referred to the appropriate service. Referrals to gender identity services should follow referral criteria and be made by appropriately trained healthcare professionals.

People who have been referred should be supported throughout the process. They should receive information regarding the referral which includes anticipated timeframes for the initial appointment and what to expect at appointments. Gender identity services should regularly communicate with people on waiting lists, as required and in line national and local standards.²⁹ Services should signpost people to support services, including third sector organisations, as appropriate.⁶ Protocols should be in place to ensure that the original date of referral is maintained when people have moved between NHS boards, across other UK NHS services, or have moved from a young person's service to an adult service.

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, following appropriate consent. Collaborative working ensures 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

7.1 NHS boards have referral pathways for:

- specialist gender identity services
- other related gender identity healthcare services including speech and language therapy and fertility preservation.

- 7.2** Specialist gender identity services have clear policies and procedures, which include:
- a service specification, setting out who the service is for, and what it provides
 - referral pathways and criteria, including which healthcare professionals can make a referral to the service
 - the information required for the referral
 - support, including updates on waiting times where appropriate, for people waiting to be seen
 - communication of decision making when a referral is not accepted.
- 7.3** Specialist gender identity services have protocols and policies with clear lines of responsibility and accountability:
- for the review and triage of referrals by appropriately trained staff
 - to ensure that people who have moved between NHS boards, UK NHS services or providers, or who have moved from a young person's service to an adult service, keep their original date of referral.
- 7.4** Primary care and other referrers to specialist gender identity services:
- understand when to refer to the gender identity service and when a referral to another service may be more appropriate
 - listen to and involve people in decisions about referrals
 - support the person during the referral process, including signposting or referral to other services such as mental health support where appropriate.
- 7.5** Specialist gender identity services 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.
- 7.6** There is partnership working across the system to ensure that referral mechanisms are accessible, reliable, transparent and effective.

What does the standard mean for people?

- 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, where they are located and how the referral happens.
- You will be kept updated on anticipated waiting times.
- You will be offered additional and/or other appropriate support where required as you wait to be seen.
- If you move to a new area, you will retain your original referral date.

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 referral pathways and criteria for specialist gender identity services and when a referral to another service is more appropriate
- understand and follow professional guidance, best practice and protocols
- know who to contact for specialist advice, additional support or referral updates where appropriate.

What does the standard mean for the organisation?

Organisations:

- demonstrate partnership working with primary care and community services such as onward referral to specialist gender identity services
- provide clear referral criteria and options for people who do not meet these criteria
- provide clear pathways for referral to specialist services, which are applied and widely disseminated
- ensure referrals, waiting times for initial assessment and any other barriers to access services are monitored and appropriate action is taken to minimise unnecessary delays.

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 across specialist gender identity service providers.
- Audit of referral information, processes and acceptance rate and feedback from service users.
- Examples of partnership working across the care pathway.

Standard 8: Specialist gender identity healthcare

Standard statement

People have access to safe, high-quality specialist gender identity healthcare.

Rationale

People should have access to safe, high-quality specialist gender identity healthcare, including [non-surgical](#), surgical and pharmaceutical interventions and treatment. This should follow national clinical protocols, guidance and pathways.¹ Specialist gender identity healthcare should be based on robust holistic clinical assessment, evidence based clinical protocols, best practice and with appropriate governance processes in place.

Services should ensure they support people to make informed decisions and should follow relevant capacity and consent protocols. Referrals to gender identity services, including surgical and non-surgical care, should be appropriate and timely for the person.²⁹ Staff should be trained and knowledgeable about relevant national clinical pathways and regulatory and competency frameworks.

Discussions about specialist healthcare should include risk and benefits of any treatment, continuity of care and safe administration of medications, as appropriate. Policies and protocols to support decision making relating to medication should be developed. All staff who prescribe or administer medication should have appropriate qualifications and competencies and do so in line with regulatory requirements.⁴³ Specialist pharmacy advice should be integral to multidisciplinary discussions. The monitoring and review of medications should be embedded in practice. Where appropriate, repeat and bridging prescriptions should be considered, with decisions recorded appropriately.

Evidence highlights that some people may self-source medication without input from a regulated professional such as a pharmacist. Policies and protocols should include providing support and non-judgemental advice from relevant qualified staff for people self-sourcing.

Organisations should ensure the appropriate governance arrangements are in place to support continuity of care and support throughout the pathway, in line with national and local protocols. For example, when people have moved between NHS boards, UK NHS services or other providers.

Who is responsible for meeting this standard?

All organisations and staff providing specialist gender identity healthcare.

Criteria

- 8.1** Organisations have systems and processes in place in line with national protocols for non-surgical, surgical and pharmaceutical treatment that:
- support informed choice and decision making
 - cover referral, assessment and treatment across the patient pathway.
- 8.2** Organisations have protocols in place for non-surgical, surgical and pharmaceutical treatment by trained, competent and registered staff, which includes:
- criteria for accessing treatment in line with relevant guidelines
 - baseline and ongoing monitoring and review requirements by appropriately trained staff, including primary care and pharmacy staff
 - any additional monitoring requirements, for example blood sampling, and who is responsible for these
 - who to contact to discuss any concerns or if the person wishes to change or discontinue treatment or medication
 - information sharing protocols across multidisciplinary teams and services.
- 8.3** Organisations provide clinical advice and information on **non-surgical** interventions from trained, competent and registered staff, which includes:
- benefits and risks of interventions
 - capacity and consent in line with national guidance
 - pre-assessment for intervention
 - discharge planning
 - aftercare and support protocols where required, including a point of contact for the person.
- 8.4** Organisations have protocols in place for the provision of **non-surgical** interventions, which include:
- access to locally provided services including voice support, mental health support, fertility preservation, and facial hair removal and wigs
 - referral process with clear roles and responsibilities
 - alignment with national guidance and policy.¹

- 8.5** Organisations provide clinical advice and information on **surgical** interventions from trained, competent and registered staff including:
- benefits and risks of interventions
 - capacity and consent in line with national guidance
 - pre-assessment for surgery
 - discharge planning
 - aftercare and support protocols where required, including a point of contact for the person.
- 8.6** Organisations have protocols in place for the provision of **surgical** interventions, which includes:
- access to locally provided surgery or nationally commissioned surgery
 - availability of locally provided surgery
 - referral process with clear roles and responsibilities
 - alignment with national guidance and policy.¹
- 8.7** Organisations provide clinical advice and information on **medications** from trained, competent and registered staff including:
- the benefits and risks associated with commencing or discontinuing medication
 - instructions for taking medications including self-administration
 - the purpose of their medication and importance of taking it as prescribed
 - the importance of medications monitoring and review by regulated health professionals.
- 8.8** Organisations have protocols for **medication and prescribing** that are developed with specialist pharmacy input which cover:
- repeat and ongoing prescriptions
 - bridging prescriptions
 - monitoring and review of all prescriptions including dose and duration
 - prescribed medications and/or those not prescribed
 - advice and support from an appropriate specialist
 - the maintenance of prescriptions when the person moves, where possible and clinically appropriate.

8.9 Medications are:

- prescribed by staff with an independent prescribing qualification and competency in this clinical area or based upon the specialist recommendation of a prescriber in this clinical area, in line with regulatory requirements
- dispensed and/or administered by staff with the relevant professional qualifications and competencies
- regularly reviewed.

8.10 Healthcare professionals work together to ensure safe transfer of care between:

- providers including between NHS/independent provider
- sectors including between NHS/social care such as care homes
- settings including between primary/secondary
- countries including between Scotland and other UK countries/overseas.

8.11 Where appropriate, with consent and in line with national guidance, families/representatives:

- receive information about interventions including potential side effects
- information and guidance to support the person
- are informed about any changes to treatment or intervention and the reason for change.

What does the standard mean for people?

- You will be provided with the opportunity to discuss, consider and decide on the best course of treatment at the time that is right for you.
- You will receive information and guidance to support your decision making.
- You will be supported to understand the risks and benefits of any treatment or interventions.
- If you take medication, you will be able to review this with trained staff at agreed timeframes.

What does the standard mean for staff?

Staff in line with roles, responsibilities and workplace setting:

- provide treatment and interventions in line with best practice and current evidence and guidelines
- support people to make informed choices about their treatment including medicines
- conduct regular treatment reviews using a structured approach
- are able to explain the risks and benefits of any non-surgical, surgical and pharmaceutical interventions under consideration and the pathway for onward referral.

What does the standard mean for the organisation?

Organisations:

- work in partnership with specialist services for local monitoring and management of a person's gender identity care
- have systems and processes in place to support the safe delivery of gender identity healthcare services including transfer of care
- provide information for shared and supported decision making
- ensure staff are trained and competent in the delivery of gender identity healthcare.

Examples of what meeting this standard might look like

- Documentation in clinical notes that demonstrates supported and shared decision making.
- Non-surgical referral pathways.
- Electronic pharmacy records accessed across healthcare settings.
- Clear local pathways and protocols on prescribing, medications management and review.
- Service level agreements relating to provision of surgery.
- Clear pathways on provision of surgery.

Standard 9: Mental health and wellbeing

Standard statement

People have timely, equitable, consistent and person-centred access to mental health and wellbeing support.

Rationale

People should be able to access mental health and wellbeing support as part of ongoing assessment and care, when required. People accessing gender identity healthcare experience a range of challenges that can affect their psychological health and wellbeing.⁴⁶⁻⁴⁹ People accessing gender identity healthcare may also report co-occurring mental health conditions including anxiety and depression.⁵ Over-medicalisation has been reported as contributing to apprehension and low levels of confidence when accessing general healthcare and gender identity healthcare services.^{5, 44}

A holistic and person-centred approach should be taken regarding any referral for mental health and wellbeing support. Services should be trauma informed and promote wellbeing and psychological safety in line with national standards, training frameworks and policy.^{15, 35, 48, 50-52}

Services that promote wellbeing and psychological safety can reduce health inequalities and improve outcomes.⁴⁷ Understanding and acknowledging the experiences of people who have experienced trauma can help services improve for everyone.^{19, 35}

For general mental health and wellbeing support, people should be supported at a local level to access appropriate services, including counselling, Children and Adolescent Mental Health Services (CAMHS) or other psychological interventions, within national timeframes.^{29, 46} A range of services should be provided, including wraparound and peer support to ensure people receive the care and support that is right for them. Services should work in partnership across providers and settings.

Young people, including care-experienced people, may require additional support that is responsive to their needs.^{46, 50, 52} Support for families and representatives should also be provided, where appropriate.

Who is responsible for meeting this standard?

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

Criteria

- 9.1 NHS boards have referral pathways to mental health and emotional wellbeing support services that are person-centred and trauma informed, including third sector and peer support services.
- 9.2 People, and where appropriate their families/representatives, have access to an initial appointment for their mental health assessment within national referral times.²⁹
- 9.3 People are informed about options for continuous or ongoing support for their mental health and emotional wellbeing, including unscheduled mental health support.
- 9.4 Enhanced and tailored support is provided for people with assessed social communication needs, neurodevelopmental conditions, learning disabilities or additional support needs.
- 9.5 People have access to mental health and wellbeing support from appropriately qualified staff, including:
 - counselling
 - clinical psychology
 - community mental health services including CAMHS
 - age and stage appropriate therapeutic support
 - peer support
 - third sector support.
- 9.6 Families/representatives are offered:
 - access to mental health support from a person with the appropriate skills and knowledge of gender identity healthcare
 - signposting to relevant support organisations
 - support at key stages of a person's life or care.

What does the standard mean for people?
<ul style="list-style-type: none"> • If you need support for your mental health or emotional wellbeing, you will be supported to access it. • Staff understand your experience and the impact it may have had on you.
What does the standard mean for staff?
<p>Staff, in line with roles, responsibilities and workplace setting:</p> <ul style="list-style-type: none"> • undertake assessments for mental health and emotional wellbeing and know who to refer to if someone needs support • understand, recognise and respond appropriately to individual needs • provided person-centred, trauma informed care which respects the person and is non-judgemental.
What does the standard mean for the organisation?
<p>Organisations:</p> <ul style="list-style-type: none"> • develop referral pathways and arrangements with a broad range of mental health and emotional wellbeing services • ensure staff have time to support and care for people and their families/representatives • provide mental health and wellbeing support within community and primary care settings where appropriate • support timely referral to specialist mental health and psychological services where required • ensure mental health support and interventions are evidence based, holistic and person-centred.
Examples of what meeting this standard might look like
<ul style="list-style-type: none"> • Evidence of referral pathways for mental health and emotional wellbeing services including CAMHS. • Signposting to support group or peer support for the person and their families/representatives, where appropriate. • Evidence of timely referrals to services.

Standard 10: 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

Young people accessing gender identity services may have additional care and support needs. This standard sets out additional requirements which services should provide. Young people's services should also be delivered in line with standards 1-9.

Delivering healthcare services for young people requires effective communication and multidisciplinary and multi-agency working between services. The implementation of local and national protocols and evidence based integrated clinical and care pathways will ensure young people can access the right care, from the right person at the right time.^{17, 42, 53} This may include CAMHS, social work, support through educational establishments and support for family and representatives.

All young people have rights under the UN Convention of Rights of a Child (UNCRC) Article 1 and other healthcare policy frameworks, which outline the responsibilities for organisations and staff.^{31, 54} This includes, but is not limited to, that young people should be informed of their rights, including the right to privacy and the right to confidentiality, and the circumstances where information may be shared in order to keep them safe or protect them from harm.

Staff working with young people are trained in their professional and legal obligations in safeguarding, obtaining consent and supporting decision making.²⁶ Young people, and their families/representatives, are informed and involved in discussions and decisions where appropriate and with consent. Young people are supported to understand when information may be shared.

Trans and non-binary young people are more likely to experience discrimination and bullying at school, poor family and caregiver relationships, and to have experience of the care system. All these factors may impact on their health and wellbeing. There is evidence that trans and non-binary young people also experience higher rates of mental health issues, adverse childhood events and is more neurodivergent.⁵⁵ A holistic initial assessment and ongoing care planning should consider all relevant medical, social, developmental and other factors to support the young person in their decision making.

Young people should be actively involved in the way services are planned and be listened to and taken seriously. Organisations should undertake Children’s Rights and Wellbeing Impact Assessments to understand the needs of their populations and ensure these are addressed.

Young people may move from young people’s to adult gender identity services as they get older. The transfer to adult services 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.³⁰ The original referral date should be applied by the adult service in the event that the young person reaches the relevant age for adult services whilst waiting to access the young people’s service.

Who is responsible for meeting this standard?

All organisations and staff providing a gender identity service for young people in line with their roles, responsibilities and workplace setting.

Criteria

10.1 Young people:

- are listened to, their experience is acknowledged and taken seriously
- are supported to make fully informed decisions about their gender identity healthcare and wellbeing
- understand the consent process
- are supported to understand and uphold their legal rights
- are supported to understand privacy, confidentiality and who will be involved in decisions at all stages of their care.

- 10.2** 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, education, family, welfare and other relevant history
 - include a mental health assessment with screening for neurodevelopment conditions, including autism spectrum disorder, where appropriate
 - include other sources of information including family, where appropriate
 - include assessment and review of any medication history
 - include an assessment of the young person’s current health and wellbeing
 - cover capacity for decision making and consent
 - involve discussion of future pathways where appropriate.
- 10.3** Young people receive care, information and support that is based on evidence and good practice. It should be appropriate to their stage of emotional development, age and specific needs, for example care-experienced young people.
- 10.4** Families/representatives, where appropriate:
- are informed of young people’s rights
 - are supported to understand and uphold their own rights
 - are informed and involved in discussions, decisions and care planning
 - can access mental health support and advice
 - are signposted to relevant support organisations.
- 10.5** Gender identity services for young people work in partnership with staff with specialist skills including paediatrics, specialist pharmacists and paediatric endocrinology, where required.
- 10.6** Gender identity services for young people 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.

- 10.7** 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 guidance²⁶
 - 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.⁵⁴
- 10.8** NHS boards ensure that when a young person is moving to an adult gender identity service:
- the process is robust, seamless and fully documented
 - appropriate treatment pathways are followed, for example, medicines management, mental health support
 - 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 family/representative.
- 10.9** A person-centred care plan for moving between young people’s and adult services, will:
- be developed in collaboration with the young person and, where appropriate, their family or representative
 - include a named healthcare professional’s contact details
 - be informed by the young person’s needs and what matters to them
 - be timely and planned well in advance of any service transition^{29, 30}
 - 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?

- 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.
- Staff and organisations will work together to ensure that you can access the right care and support at the right time.
- You will be given opportunities to provide feedback and to help shape services.
- Your move between young peoples' and adult gender identity services will be smooth, seamless and planned well in advance.
- Your family/representative will be involved if that is right for you.

What does the standard mean for staff?

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

- put the best interests of young people at the centre of their work, including respecting their privacy and confidentiality
- involve young people in decision making and support them to make choices
- take a person-centred and evidence based approach to gender identity care for young people
- are involved in the development of a care plan for a young person, where appropriate
- 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 initial advice and subsequent assessment, if necessary
- plan the move between young people and adult services with input from relevant specialties
- 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.

What does the standard mean for the organisation?

Organisations:

- adhere to legislation, evidence based guidance and standards relating to young people
- provide evidence of alignment with child protection and safeguarding policies
- ensure that staff are trained and knowledgeable in working with young people, including consent and confidentiality
- ensure that staff maintain their professional registration and participate in training and professional development relating to work with young people
- promote collaborative working across all agencies who work with young people
- facilitate and participate in plans for transfer of care between services according to the young person's care plan
- respond to concerns such as safeguarding about a young person and follow necessary procedures and protocols.

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 and improving services.
- Partnership and multiagency working, including education, CAMHS and the third sector.
- Evidence of responsive and person-centred care, for example, to support care-experienced young people.
- Consistency in recording of care plans, including details of any treatment and requirements by primary care staff.

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.⁵⁶ This ensures the standards:

- 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 standards have been informed by current evidence, best practice recommendations, national policy and are developed by expert group consensus. The standards have been co-created with key stakeholders and people with lived experience from across Scotland.

Evidence base

A review of the literature was carried out using an explicit search strategy developed by Healthcare Improvement Scotland's Research and Information Service. Additional searching was done through citation chaining and identified websites, grey literature and stakeholder knowledge. Searches included Scottish Government, PHS, NICE, SIGN, NHS Evidence and Department of Health websites. This evidence was also informed equalities impact assessments.

Standards are mapped to a number of information sources to support statements and criteria. This includes, but is not limited to:

- government healthcare policy
- approaches to healthcare delivery and design, such as person-centred care
- clinical guidelines, protocols or standards
- professional or regulatory guidance, best practice or position statements.

Standards development

The development of standards is underpinned by the views and expectations of health care staff, third sector representatives, people accessing the service and the public in relation to gender identity services. The standards development process included:

- scope consultation held in January 2023
- three development group meetings held between May and September 2023
- an editorial review panel meeting in November 2023
- 13 week consultation on draft standards

- final development group meeting in April 2024
- final editorial review panel meeting in July 2024.

Information about the development group and editorial panel is set out in [Appendix 2](#).

Consultation feedback and finalisation of standards

Following consultation, the standards development group reconvened 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 from Healthcare Improvement Scotland website.

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 their work 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.standardsandindicators@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/

Appendix 2: The standards development group and editorial panel

The membership of the standards development group covered a range of clinicians, professionals and people with lived experience from across Scotland. This included representation from:

- clinical, nursing, allied health professionals, staff from adult and young people's gender identity service; psychology; psychiatry; endocrinology; paediatrics; pharmacy, service managers
- people with lived experience
- Healthcare Improvement Scotland, NHS Education for Scotland, National Services Scotland, Public Health Scotland
- third sector
- Scottish Government representatives attended development group meetings as observers.

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

An editorial panel met in July 2024 to review and agree the final standards for publication as a final quality assurance check.

The editorial panel ensured that:

- the standards were 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 was minimised.

Appendix 3: Glossary

Term	Definition
Gender identity	a person's sense of having a particular gender. It is a way of describing the gender with which a person identifies such as a trans man, trans woman or as non-binary.
Gender identity clinic/services	provide specialist NHS gender identity services including clinical assessment, treatment and specialist support.
Independent healthcare clinic/services	provide a health service which is not part of the National Health Service. Sometimes 'independent healthcare' is referred to as 'private healthcare.' The term 'service' includes consultations, investigations and treatments.
Organisation	any service or provider delivering healthcare. It may include: <ul style="list-style-type: none"> • Health and Social Care Partnerships • hospital settings • independent providers • Integrated Joint Boards • NHS boards • Primary care services • specialist services such as CAMHS or adult mental health.
NHS board of residence	the NHS board in the area which the person usually resides (also known as health board of residence).
NHS board of treatment	the NHS board that treats the patient.
Non-surgical interventions and treatment	non-surgical medical procedures are used to diagnose, measure, monitor or treat people for conditions or diseases that do not require surgery such as speech and language therapy.

Term	Definition
Person-centred care	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. Care is focused on the needs of the individual accessing services. ¹²
Primary care	includes General Practitioners, community nurses, pharmacists and allied health professionals. It is often the first point of contact someone has with the NHS.
Representative	refers to any individual the person wishes to be involved in their care. This can include, but is not limited to, a family member, partner, friend, neighbour or an individual who can speak on the person's behalf.
Trans people	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.
Transition	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, it may involve medical treatments such as hormone therapy or surgery. "Transition" can mean different things to different people. Some people prefer the term gender reassignment.
Trauma informed	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. ²² Services should take this into account when providing help and support.

References

1. Gender identity healthcare protocol. 2024 [cited 2024 Sept 3].
2. Scottish Public Health Network. Health care needs assessment of gender identity services. 2018 [cited 2024 Aug 14]; Available from: https://www.scotphn.net/wp-content/uploads/2017/04/2018_05_16-HCNA-of-Gender-Identity-Services-1.pdf.
3. Scottish Government. NHS gender identity services: strategic action framework 2022 – 2024. 2022 [cited 2024 Aug 14]; Available from: <https://www.gov.scot/publications/nhs-gender-identity-services-strategic-action-framework-2022-2024/>.
4. Leven T. Health needs assessment LGBT+ people: Transgender and non-binary supplementary report. 2022 [cited 2024 Aug 14]; Available from: <https://www.stor.scot.nhs.uk/handle/11289/580334>.
5. Leven T. Health needs assessment of lesbian, gay, bisexual, transgender and non-binary people. 2021 [cited 2024 Aug 14]; Available from: <https://www.stor.scot.nhs.uk/handle/11289/580332>.
6. Scottish Government. Health and social care standards: My support, my life. 2018 [cited 2024 Aug 14]; Available from: <https://www.gov.scot/publications/health-social-care-standards-support-life/>.
7. Scottish Government. National health and wellbeing outcomes framework. 2015 [cited 2024 Aug 14]; Available from: <https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/>.
8. Cass H. Independent review of gender identity services for children and young people. 2024 [cited 2024 Aug 14]; Available from: <https://cass.independent-review.uk/>.
9. NHS Inform. Realistic Medicine. 2022 [cited 2024 Aug 14]; Available from: <https://www.nhsinform.scot/care-support-and-rights/nhs-services/using-the-nhs/realistic-medicine>.
10. Mental Welfare Commission for Scotland. LGBT inclusive mental health services: Good practice guide. 2022 [cited 2024 Aug 14]; Available from: https://www.mwcscot.org.uk/sites/default/files/2022-08/LGBT-InclusiveServices-GoodPractice_2022.pdf.
11. NHS Inform. Gender identity and your rights. 2023 [cited 2024 Aug 14]; Available from: <https://www.nhsinform.scot/care-support-and-rights/health-rights/gender-identity/gender-identity-and-your-rights/>.
12. NHS Education for Scotland. Person centred care. 2023 [cited 2024 Aug 14]; Available from: <https://www.nes.scot.nhs.uk/our-work/person-centred-care/#whatispersoncentredcare1>.
13. Scottish Government. Patient rights and responsibilities charter: easy read version. 2020 [cited 2024 Aug 14]; Available from:

- <https://www.gov.scot/publications/charter-patient-rights-responsibilities-easy-read/documents/>.
14. General Medical Council. Personal beliefs and medical practice. 2020 [cited 2024 Aug 14]; Available from: <https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/personal-beliefs-and-medical-practice>.
 15. NHS Education for Scotland. Transgender care: knowledge and skills framework. 2024 [cited 2024 Sept 3]; Available from: <https://frameworks.nes.digital/transgender-care-knowledge-and-skills-framework/>.
 16. NHS Inform. Communication and involving you. 2022 [cited 2024 Aug 14]; Available from: <https://www.nhsinform.scot/care-support-and-rights/health-rights/communication-and-consent/communication-and-involving-you>.
 17. NHS Inform. Information for young people using NHS services. 2023 [cited 2024 Aug 14]; Available from: <https://www.nhsinform.scot/care-support-and-rights/health-rights/communication-and-consent/information-for-young-people-using-nhs-services>.
 18. 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
 19. COSLA and Scottish Government. Planning with people: Community engagement and participation guidance. 2023 [cited 2024 Aug 14]; Available from: <https://www.gov.scot/publications/planning-people-community-engagement-participation-guidance-updated-2024/>.
 20. Scottish Government. The Scottish approach to service design. 2019 [cited 2024 Aug 14]; Available from: <https://www.gov.scot/publications/the-scottish-approach-to-service-design/>.
 21. Scottish Parliament. Patient Rights (Scotland) Act. 2011 [cited 2024 Aug 14]; Available from: <https://www.legislation.gov.uk/asp/2011/5/contents>.
 22. Scottish Government. Trauma-informed practice: A toolkit for Scotland. 2021 [cited 2024 Aug 14]; Available from: <https://www.gov.scot/publications/trauma-informed-practice-toolkit-scotland/documents/>.
 23. Scottish Government. Duty of candour. 2023 [cited 2024 Aug 14]; Available from: <https://www.gov.scot/policies/healthcare-standards/duty-of-candour/>.
 24. NHSScotland. Whistleblowing policy. 2021 [cited 2024 Aug 14]; Available from: <https://workforce.nhs.scot/policies/whistleblowing-policy/>.
 25. Scottish Government. Adults with Incapacity (Scotland) Act. 2000 [cited 2024 Aug 14]; Available from: http://www.legislation.gov.uk/asp/2000/4/pdfs/asp_20000004_en.pdf.
 26. Scottish Government. National Guidance for Child Protection in Scotland 2021. 2023 [cited 2024 Aug 14]; Available from: <https://www.gov.scot/publications/national-guidance-child-protection-scotland-2021-updated-2023/documents/>.
 27. Healthcare Improvement Scotland. Learning from adverse events. 2024 [cited 2024 Aug 14]; Available from:

- <https://www.healthcareimprovementscotland.scot/inspections-reviews-and-regulation/learning-from-adverse-events/>.
28. Scottish Government. Health and Care (Staffing) (Scotland) Act 2019: overview. 2024 [cited 2024 Aug 14]; Available from: <https://www.gov.scot/publications/health-and-care-staffing-scotland-act-2019-overview/>.
 29. Scottish Government. NHSScotland waiting times guidance. 2023 [cited 2024 Aug 14]; Available from: <https://www.gov.scot/publications/nhsscotland-waiting-times-guidance-november-2023/>.
 30. Scottish Government. Principles of transition. 2018 [cited 2024 Aug 14]; 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>.
 31. Scottish Government. Getting it right for every child (GIRFEC) Practice Guidance 4 - Information sharing. 2022 [cited 2024 Aug 14]; Available from:
<https://www.gov.scot/publications/getting-right-child-girfec-practice-guidance-4-information-sharing/>.
 32. NHS Inform. Help with health costs. 2023 [cited 2024 Aug 14]; Available from:
<https://www.nhsinform.scot/care-support-and-rights/health-rights/access/help-with-health-costs>.
 33. NHSScotland. NHSScotland Caldicott Guardians: Principles into Practice. 2011 [cited 2024 Aug 14]; Available from: <https://www.gov.scot/publications/nhsscotland-caldicott-guardians-principles-practice/pages/1/>.
 34. Data Protection Act (2018). 2018 [cited 2024 Aug 14]; Available from:
<https://www.legislation.gov.uk/ukpga/2018/12/contents>.
 35. NHS Education for Scotland. National trauma training programme. 2023 [cited 2024 Aug 14]; Available from: <https://transformingpsychologicaltrauma.scot/>.
 36. Public Health Scotland. Inclusion health principles and practice. 2020 [cited 2024 Aug 14]; Available from: <https://publichealthscotland.scot/repository/inclusion-health-principles-and-practice-mitigating-the-impact-of-covid-19/>
 37. Near Me. 2024 [cited 2024 Aug 14]; Available from: <https://www.nearme.scot/>.
 38. General Medical Council. Trans Healthcare. 2019 [cited 2024 Aug 14]; Available from:
<https://www.gmc-uk.org/ethical-guidance/ethical-hub/trans-healthcare>.
 39. British Medical Association. Managing patients with gender dysphoria. 2022 [cited 2024 Aug 14]; Available from: <https://www.bma.org.uk/advice-and-support/gp-practices/gp-service-provision/managing-patients-with-gender-dysphoria>.
 40. Royal College of General Practitioners. The role of the GP in transgender care: position statement. 2024 [cited 2024 Aug 14]; Available from:
<https://www.rcgp.org.uk/representing-you/policy-areas/transgender-care>.
 41. Royal College of Nursing. Fair care for trans people: an RCN guide for nursing and health care professionals. 2020 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>.
42. Royal College of Paediatrics and Child Health. Supporting LGBTQ+ children and young people - principle statement. 2020 [cited 2024 Aug 14]; Available from: <https://www.rcpch.ac.uk/resources/supporting-lgbtq-children-young-people>.
 43. Royal Pharmaceutical Society. A competency framework for all prescribers. 2021 [cited 2024 Aug 14]; Available from: <https://www.rpharms.com/resources/frameworks/prescribing-competency-framework/competency-framework>.
 44. Stonewall Scotland. LGBT in Scotland: Health report. 2019 [cited 2024 Aug 14]; Available from: <https://www.stonewall.org.uk/resources/lgbt-scotland-health-2018>.
 45. Scottish Government. Primary care services. 2023 [cited 2024 Aug 14]; Available from: <https://www.gov.scot/policies/primary-care-services/>.
 46. Scottish Government. Child and Adolescent Mental Health Services (CAMHS), NHS Scotland National Service Specification. 2020 [cited 2024 Aug 14]; Available from: <https://www.gov.scot/publications/child-adolescent-mental-health-services-camhs-nhs-scotland-national-service-specification/documents/>.
 47. Scottish Government. Mental health and wellbeing strategy. 2023 [cited 2024 Aug 14]; Available from: <https://www.gov.scot/publications/mental-health-wellbeing-strategy/>.
 48. Scottish Government. National specification for the delivery of psychological therapies and interventions in Scotland. 2023 [cited 2024 Aug 14]; Available from: <https://www.gov.scot/publications/psychological-therapies-interventions-specification/>.
 49. Royal College of Psychiatrists. Supporting transgender and gender-diverse people. 2018 [cited 2024 Aug 14]; Available from: https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/position-statements/ps02_18.pdf?sfvrsn=af4d4aad_4.
 50. NHS Education for Scotland. Children and young people's mental health and wellbeing : a knowledge and skills framework for the Scottish workforce. 2021 [cited 2024 Aug 14]; Available from: <https://learn.nes.nhs.scot/49341/children-and-young-people-s-mental-health-and-wellbeing/children-and-young-people-s-mental-health-and-wellbeing-a-knowledge-and-skills-framework-for-the-scottish-workforce>.
 51. Scottish Government. Core mental health quality standards. 2023 [cited 2024 Aug 14]; Available from: <https://www.gov.scot/publications/core-mental-health-standards/documents/>.
 52. Scottish Government. Children and young people - national neurodevelopmental specification: principles and standards of care. 2021 [cited 2024 Aug 14]; Available from: <https://www.gov.scot/publications/national-neurodevelopmental-specification-children-young-people-principles-standards-care/>.
 53. General Pharmaceutical Council. Gender identity: pharmaceutical care for children and young people. 2023 [cited 2024 Aug 14]; Available from:

- <https://www.pharmacyregulation.org/about-us/news-and-updates/regulate/gender-identity-pharmaceutical-care-children-and-young-people>.
54. Scottish Government. United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act. 2024 [cited 2024 Aug 14]; Available from: <https://www.legislation.gov.uk/asp/2024/1/contents/2024-01-17/data.html>.
 55. The Trevor Project. LGBTQ Youth with a History of Foster Care. 2021 [cited 2024 June 20]; Available from: <https://www.thetrevorproject.org/research-briefs/lgbtq-youth-with-a-history-of-foster-care-2/>.
 56. International Society for Quality in Healthcare (ISQua). Guidelines and principles for the development of health and social care standards. 2018 [cited 2024 Aug 14]; 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>.



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

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