NHS

South West Regional

Non-Surgical Gender Identity Service

Market Engagement Prospectus

December **2021**

Table of

Contents

1. Introduction 3

2. About NHS England and NHS Improvement SW 5

3. Summary of the current service 8

4. Insights from expert practitioners and local residents with lived experience 10

5. The preferred model of care 13

6. Market engagement 15

7. Overview of our process 16

8. Governance and administration 17

9. Finance and affordability 19

10. Right to vary process 19

11. Integrated Care Systems of the South West Region 20

Section **1**

Introduction

1.1 NHS England and NHS Improvement nationally (NHSE and NHSI) has developed a proposed model of how gender identity clinics (GIC), surgical centres, GPs, and voluntary and community social enterprise sector (VCSE) services can work better together in the future. By doing so NHSE and NHSI believes it will be better able to meet the current and future health needs of local people.

1.2 Through this service prospectus, the regional team, NHSE and NHSE/I SW invites providers to support the design of a proposed service model and any potential provider structure(s) for an integrated assessment and treatment service for the South West.

1.3 The purpose of this prospectus is to supply potential providers with information on the values and outcomes identified for the service. It will describe the process that commissioners will run to facilitate the discussion regarding how the marketplace can shape and meet the service needs.

1.4 The NHSE/I South West Gender Identity Service (GIS) Project Group was set up to identify a new non-surgical gender identity model. During the project time frame, the GIC within the South West, which is provided by the Laurels, and Devon Partnership NHS Foundation Trust agreed to continue to provide the service for a three-year period whilst NHSE/I SW and the project group work to identify a new trans health model for the region.

The process was separated into three distinct parts:

Stage **1**

Commission an independent survey to determine what individuals from the trans community want and need from the service, and their experiences of the current service.

Stage **2**

Development and implementation of sprint workshops to take the information gathered from a survey questionnaire and to establish findings.

Stage **3**

Identify and develop a potential new model to support the development of a business case for the procurement and tendering of a new service.

Section **1**

Introduction

Stage 1

During March 2021 the Intercom Trust, an independent LGBTQ+ charity in the region, was commissioned by NHSE/I SW to carry out a survey amongst the trans population living in the Southwest to determine their views on the service and the issues they face.

In May the Intercom Trust published 'Trans+ Voices – Gender Identity Healthcare in the South West'.

The key points highlighted in the report include:

- Individuals have different intervention and support goals, but hormone replacement was the most common
- Significant numbers self-medicate and there is a need for safer and more rapid access to GP prescribing
- Some GPs are excellent but still a significant number of individuals encounter prejudice and discrimination
- Need for social support in all aspects of transition
- Waiting is stressful and improved communication would help
- Those waiting also experience other mental health related issues
- Clarity as to the process involved
- Better accessibility due to the geographical spread of the South West and relatively poor transport links

Additionally, at the behest of T+ people and operational staff at the Laurels, information was also gathered on the GIC Pilots being run across the UK, in Manchester, Liverpool, London and Wales.

Information about these models were shared during Stage 2.

Stage 2

A 'Sprint Workshop' was held on 30 June 2021, from 10:00 -16:00. Involving staff from DPT, NHSE/I SW, Primary Care Networks (PCNs), CCGs, private providers, and representatives from other interested parties, it looked at how best we can utilise the available funding to develop a service that meets the need of the trans-community in the twenty first century. A fuller description and link to the output report is provided below.

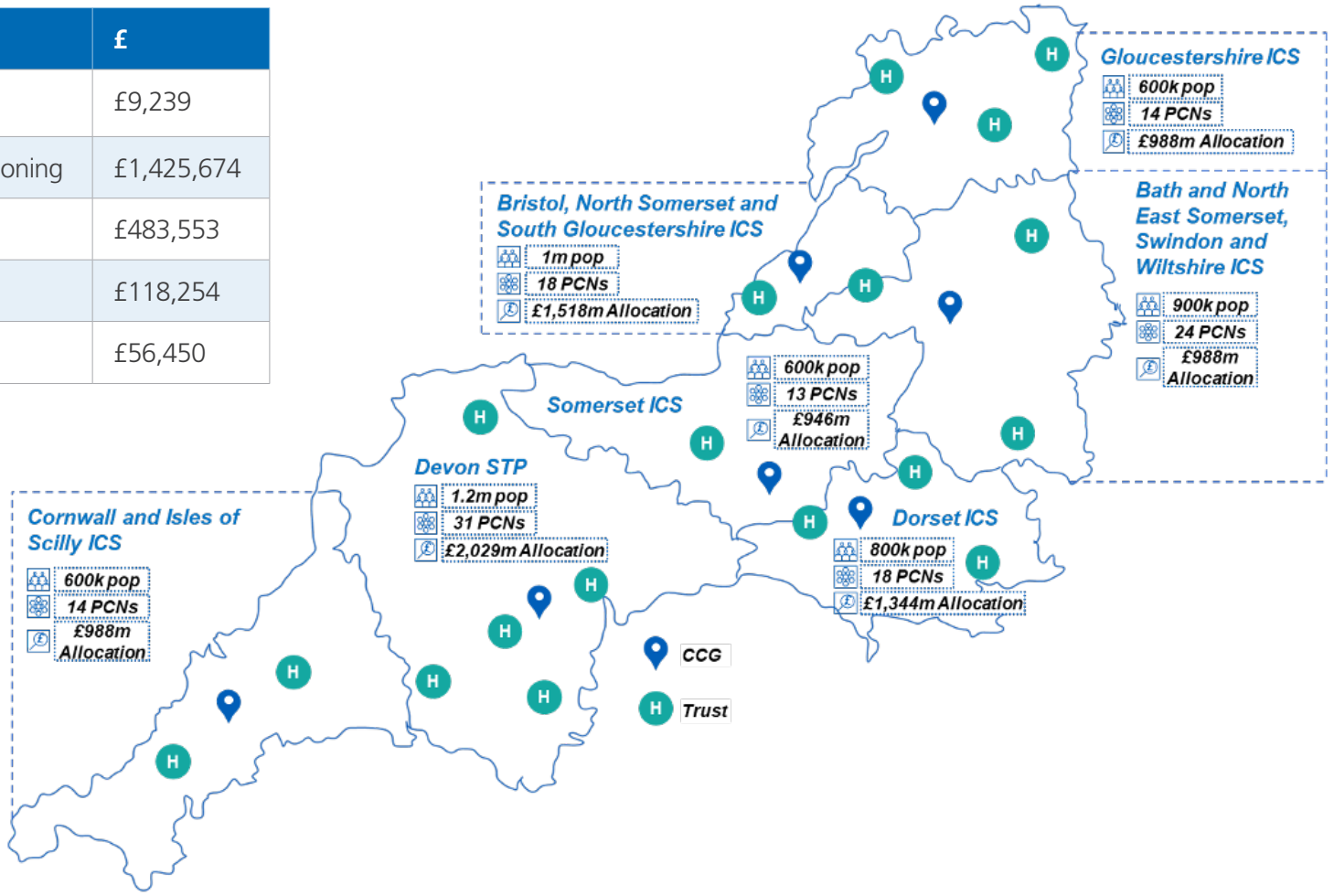
Stage 3

Following the sprint workshop findings were established and a potential model was identified, drawn up and shared with the representatives of T+ community to ensure that it addressed the issues raised and captured their views and aspirations for the new service.

Section **2**

About NHS England and NHS Improvement South West

Spend	£
Regional Allocation	£9,239
Specialised Commissioning	£1,425,674
Primary Care	£483,553
Public Health	£118,254
Health & Justice	£56,450



Section **2**

About NHS England and NHS Improvement South West

2.1 NHS England and NHS Improvement South West is one of seven regional teams nationally, covering the areas of: Bath and North East Somerset, Swindon and Wiltshire, Bristol, Somerset and South Gloucestershire, Cornwall and Isles of Scilly, Devon, Dorset, Gloucestershire and Somerset. We make sure that people across the South West have access to high quality health and care services.

2.2 Our work involves supporting the seven Integrated Care Systems (ICSs), 23 NHS Trusts and seven Clinical Commissioning Groups in the South West to ensure that together excellent services are commissioned and provided that meet the needs of patients. We do this by providing professional leadership to the local NHS on commissioning, digital transformation, assurance and delivery, finance, nursing, medical and clinical leadership.

2.3 NHSE/I SW oversees NHS Foundation Trusts and NHS Trusts, as well as independent providers that provide NHS-funded care. We offer the support these providers need to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable. By holding providers to account and, where necessary, intervening, we help the NHS to meet its short-term challenges and secure its future.

2.4 NHSE/I SW is also responsible for commissioning some healthcare services across the SW including; primary care services (dentists, opticians and pharmacists), screening and immunisations programmes, specialised services, and, health services for children, young people and adults in secure and detained services.

2.5 NHSE/I SW's vision is to improve the health and well-being for the people of the South West.

2.6 NHSE/I SW's priorities for 2020-2025 are:

- Reduce health inequalities
- Work in partnership
- Become digitally enabled
- Address mental health needs
- Put in place regional diagnostic hubs
- Make the SW the best place to work
- Develop improvement capability

2.7 The principles we expect of ourselves and those we work in partnership with are:

- Decisions will be made as close to the person as possible
- Decisions at higher levels (community/place, system, region and national) will be made where greater benefit can be evidenced
- Each system holds a responsibility for more than their own area
- Person before organisation (be they 'patients' or staff)
- Work now for the future and build prevention in at all levels
- Not 'Why we can't' but 'How can we'

Section **2**

About NHS England and NHS Improvement South West

- People are treated in the best place to meet their needs
- No one has a veto on evidence-based change
- Unwarranted variation should always be challenged (tackle inequalities)
- We listen to each other and seek to understand more than just our individual perspective

2.8 The health profile of the region differs by healthcare system (see Section 11). For example, the South West generally has a lower average Indices of Multiple Deprivation (IMD) than other parts of the country. However, many localities have areas with high and relatively high levels of multiple deprivation. The top ten local authority areas with the highest levels of LSOA7 and with high IMD Scores are: Torbay, Plymouth, Bristol, Torridge, Cornwall, Gloucester, Sedgemoor, North Devon, Somerset West, Taunton, and Swindon.

2.9 The age profile of the South West of England includes a higher proportion of people over the age of 65 years (22%) than the average for England (18%).

The proportion of people of working age (60%) is below the national average, which is (64%). The proportion of children and young people (under 16 years) is in line with the national average (18%).

2.10 In the South West life expectancy is higher generally than the England average with men living on average 80.2 years and women living to 83.8 years. There are areas with lower levels of life expectancy than the national average such as Bristol, Plymouth and Torbay.

2.11 Evidence from national population projections show that the South West's population will grow by 7.5% over the next 8 years. This will apply to the population as a whole, but predominantly the over 65 group. This group is expected to grow by 21% (more than 255,000 people). This growth is seen in all areas of the South West, ranging from 13% in Bristol, North Somerset and South Gloucestershire and up to 24% in Somerset, BANES, Swindon and Wiltshire and Gloucestershire.

This has implications on the number of adults in nursing homes and increase the number of patients with complex chronic conditions like diabetes and dementia, who may also need additional support for accessing healthcare services.

Section **3**

Summary of the current service

3.1 The West of England Specialist Gender Identity Service provides advice and treatment for gender dysphoria and is currently delivered by Devon Partnership Trust from a clinic called the Laurels in Exeter (opening hours are Monday to Friday, 09:00 to 17:00).

3.2 The service accepts referrals from any GP in England for people aged 17 and above with Gender Dysphoria. Transfers of care directly from other NHS gender identity clinics are also accepted.

3.3 The service also provides advice at the health professionals request on any health problem related to 'patients" gender concerns or any specialist gender identity-related matter.

3.4 The range of support currently offered includes:

- Named Professional support
- Volunteer support and advice
- Support with legal documentation to reflect an individual's gender identity
- Signposting to relevant external services

3.5 The following options are currently available only after completion of a diagnostic assessment:

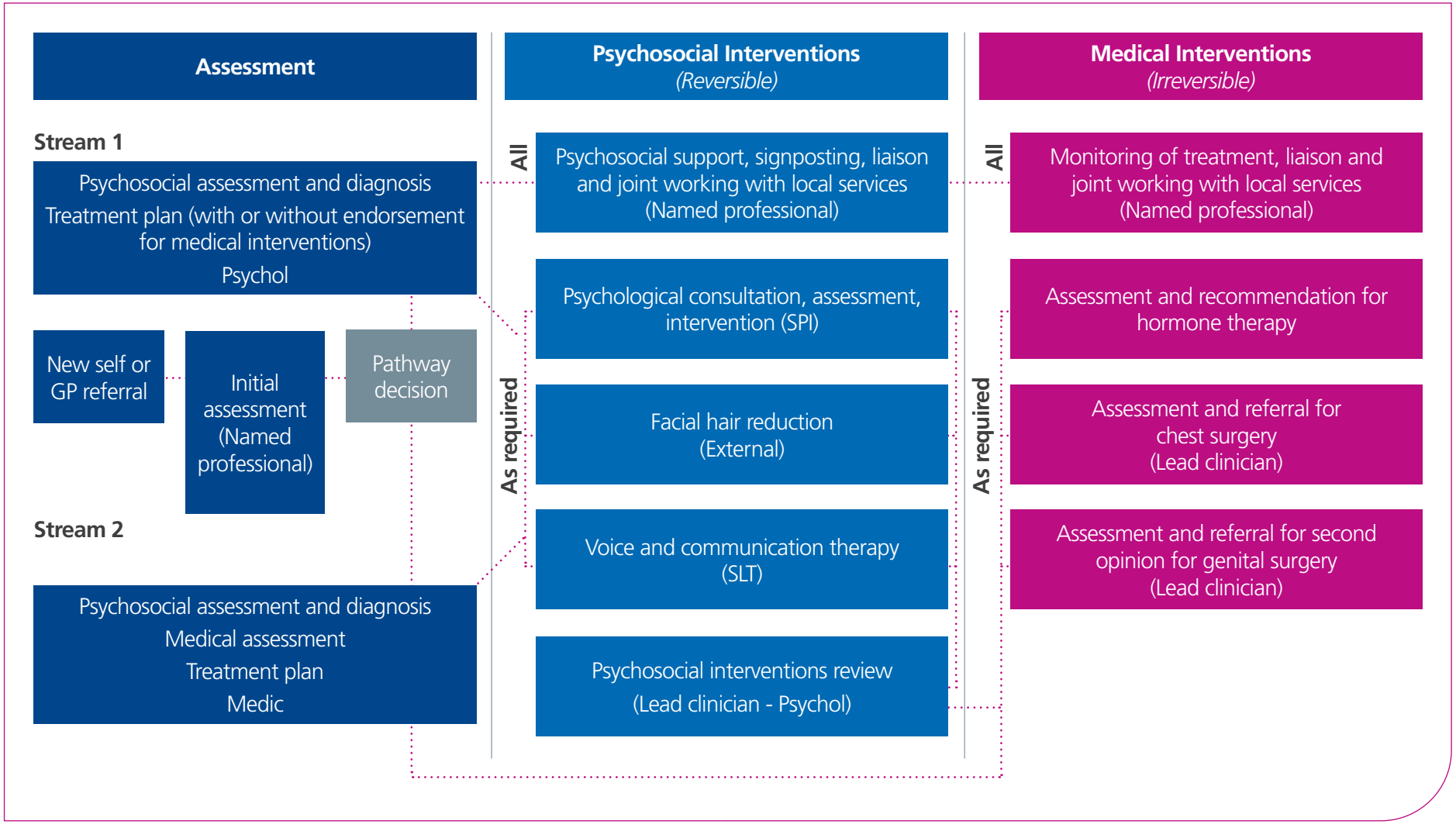
- Recommendation for hormone treatment through the individual's GP
- Referral for hair removal treatments
- Specialist Psychological Interventions
- Occupational therapy including speech and language therapy
- Hormone medication advice and monitoring
- Referral for surgery

3.6 Current waiting information: *(updated November 2021)*

3,181	The number of people currently waiting for their initial appointment
65	Number of people joining the waiting list for an appointment in the last month
652	Number of people currently receiving treatment
17	Number of people who have completed their treatment in last month

Section **3**

Summary of the current service



Section **4**

Insights from expert practitioners and local residents with lived experience

4.1 As previously stated, during Stage 1 of the review of non-surgical gender identity services for transgender, non-binary and gender fluid (T+) adults in the South West, NHSE/I SW's Development team commissioned a regionwide LGBTQ+ support organisation, the Intercom Trust, to independently survey the views and experiences of gender non-conforming people over 16 living in the SW (n=645) of using health services.

4.2 This provided rich information about the care, support, and treatment that T+ adults have received in primary, community, and secondary care settings; identified what interventions (if any) they aim to have or have had, including both NHS and non-NHS interventions; and any struggles and challenges they have faced in their gender transition.

A copy of this report can be downloaded at
www.intercomtrust.org.uk/item/244-gihealthcaresurveyreport

4.3 Although the target population for the GIC is transgender men and women over 17 years old, the Intercom Trust report revealed a significant number of non-binary and gender fluid individuals being referred to the service.

Hence, the scope of the engagement programme was widened to explore and include details of a more appropriate referral pathway for non-binary and gender fluid individuals.

4.4 The Intercom Trust report suggested the following opportunities for improvement be prioritised as soon as possible:

- Ensure only those that need it are on the GIC waiting list
- Review criteria for prioritising those who are waiting to account for comorbidities
- Improve communication and administration (between GIC and patients, VCSE support groups, GPs, and surgical teams)
- Review training for GPs to better understand the needs of all gender diverse people
- Consider what tasks/support could be carried out by VCSE organisations and peer-supporters to release clinical capacity
- Increase access to psychosocial and peer support closer to where people live
- Work with the police and those who have experienced hate crime to provide appropriate support with the physical and mental health impacts
- Understand the clinical implications of informed consent models of hormone prescribing to enable people to take greater responsibility for decisions about their care
- Review transition policies from GID to GIC so that young people who have already been waiting several years do not start at the bottom of the waiting list for the adult service

Insights from expert practitioners and local residents with lived experience

- Provide clarity over the referral and service delivery process and manage expectations
- Consider the timing and location of appointments for people who currently travel long distances for care, providing as much care as close to home as possible
- Consider the impact of lack of continuity of care, particularly for T+ people on the autistic spectrum who may be disproportionately impacted by change

4.5 The NHSE/I SW project team also visited staff at the Laurels to offer reassurance that this review exercise seeks to increase access and widen support. Issues raised by staff at the Laurels Gender Identity Clinic:

- Lengthy waits for assessment and treatment are causing significant service-user distress impacted by a lack of transparency about waiting times. Referral to Treatment Times (RTT) do not meet NHS standard of 18 weeks
- Lack of flow through the treatment pathway due to capacity issues
- Lack of support for people who are on the external waiting list. Service unable to provide Mental Health (MH) support, yet gender dysphoria can cause significant distress. Patients feeling that Mental Health Services are insufficient to manage this. There are high suicide rates in this client population
- Many GPs are unwilling/or lack confidence prescribing hormones The service does not prescribe hormones so this can leave service users in a difficult position - potentially having to change their GP
- Service has yet to open to self-referrals – anticipate referral increase when this happens
- Service users obtaining hormones from the internet with no/little medical oversight. Unregistered private providers with no quality assurance are in operation and service users are driven to use these because of lengthy waits
- Staff are exposed to service user distress due to lengthy waits – causing 'morale injury' to staff
- Staff and service users have historically sometimes been unclear about where responsibility for mental health crisis lies. Providing a Gender Service within a mental health Trust has contributed to this. Recent clarity that asserts GIC is not a MH service has been helpful
- Surgical provision impacted by the pandemic meaning people are not moving through the pathway in a timely way. Difficulty in having up-to-date information about which providers are open/ closed due to centralised but distanced NRSS (non-registered support staff)
- Service currently unable to work with service users with high-risk forensic history (MAPPA - multi-agency public protection arrangements - level 1) due to lack of specialist skills/staffing. These service users are transferred to other clinics (out of area)

Section **4**

Insights from expert practitioners and local residents with lived experience

- Third sectors such as (Intercom) are seeing an increasing number of service users with complex needs and in some cases are struggling to know how best to support them
- Current Lack of Speech and Language Therapy (NB since this finding was reported a lead in this area has been appointed and there is a recruitment process underway for a speech and language nursing team to work with them)
- Need for greater service user involvement in service development
- High numbers of referrals for people with ASD and limited specialist skills in the team to meet need
- No endocrinology integral to the service such as other services, (funding has been obtained such that a specialist endocrinology nursing team will be in place by Jan 2022)
- Medics feel the electronic recording system (Carenotes) does not work well for the Medical aspects of care. Other systems are preferred (e.g. System One)

4.6 The collective information from service users and staff directed the focus of discussions at a multi-sector sprint workshop to co-design an improved pathway for T+ adults.

Members of the T+ community, GPs, national and regional NHSE/I and CCG commissioners, health inequalities' leads, GIC managers and clinicians, community representatives from Healthwatch and Overview and Scrutiny committees and managers of voluntary and community sector (VCSE) LGBTQ+ support organisations came together at the end of June 2021 to offer solutions to the issues raised by local T+ people and operational staff at the Laurels.

The co-production sprint output report can be downloaded at:

www.england.nhs.uk/south/wp-content/uploads/sites/6/2021/08/gi-sprint-output-report-pf.pdf

Section **5**

The preferred model of care

5.1 NHSE/I SW's vision is for the service to provide:

- Services that meet the highest standards of care that are compassionate, holistic and bespoke to individual needs
- Responsive and timely wraparound treatment, advice and support
- Accessible and local care that is integrated and joined up with the providers of other parts of the pathway such as VCSE organisations that provide peer support and advice, community mental health, primary care and surgical provision (regardless of whether those providers currently hold an NHS contract)
- Services that proactively seek to address health inequalities, with consideration given to people's personal circumstances and any disabilities, financial hardship or disadvantages they may be experiencing
- Services in supportive empathetic settings
- Services that empower patients to make decisions about their care within a seamless pathway with viable alternatives offered
- Services that ensure people receive care within a sustainable model that provides continuity of care
- Support and training for professionals to increase access to hormones
- Support and training for professionals to enable them to signpost individuals who do not have a surgical transition goal to receive support from an appropriate organisation, such as one of the many LGBTQ+ support organisations spread across the region
- Services that use resources efficiently and work within or below existing budgets
- Services that ensure the best communication exists

5.2 In context of health inequalities, NHSE/I SW expects that the proposed service will fit with the strategic direction and provide a positive model for the future.

5.3 The service should be integrated across the NHS and with other organisations in a seamless way for patients; in particular there should be integration and interface with the following current services noting that this list is not exhaustive.

Integration with:

- LGBTQ+ support organisations
- Mental Health Services
- Locality GP practices
- Locality Health and Social Care Integrated Team – to support care of patients through GP case management

Interface with:

- Acute Trust / ED Department / Surgical specialities
- Police
- Local Pharmacy

Section **5**

The preferred model of care

- Sexual Health Service
- Social Services
- Community and Voluntary organisations
- Emergency Department

5.4 The new region-wide model will lead to:

- A reduction in waiting times
- Greater accessibility and viable alternatives to current services
- Widespread adoption of effective approaches
- Increased coordination and collaboration of all agencies across the pathway to improve care and treatment
- Improved patient experience
- Improved retention, job satisfaction and wellbeing of GI staff

5.5 This will be achieved by:

- Services as close to home as possible
- Digitally enabled services where appropriate
- Providing appropriate, supportive care at every point in the care pathway including before first assessment by the GIC/s

5.6 We aim to commission additional capacity within the South West to provide a better wraparound provision, easily accessible to our geographical footprint.

This will enable providers and stakeholders to deliver a 'whole pathway approach' to care delivering greater consistency and quality of experience and outcomes no matter where people reside.

Section **6**

Market engagement

6.1 At the end of the market engagement NHSE/I (SW) will have:

- Communicated a clear vision of the service outcomes, model and direction of travel
- Engaged, listened to and collaborated with potential providers, key stakeholders and service users
- Received feedback to support future commissioning plans for the service

6.2 During the market engagement we will ask (amongst others) the following questions:

Question 1
Can the vision, objectives, and features of the service be blended into a single specification for the service?

Question 2
From a provider perspective, what are the potential pitfalls in moving to this model of service?

Question 3
What does integration really mean in this context and is it achievable?

Question 4
Could providers form partnerships to deliver this service?

Question 5
How should commissioners use pricing models and finance to deliver desired outcomes?

Question 6
What service areas should be built into future phases of development of the service?

6.3 The process described in the following section highlights how we will do this.

Section **7**

Overview of our process

7.1 NHSE/I SW will manage the engagement process which is designed to complement its wider stakeholder engagement and internal design process to arrive at a service model and commissioning strategy to secure the future services.

7.2 The process will comprise the following steps:

- **Expression of Interest (EOI)**
  All providers must submit an expression of interest to the NHSE/I SW advert
- **Engagement meeting**
  NHSE/I SW will engage with all interested providers, provide further information and seek answers to the questions in para 4.2
- **Analysis**
  Analyse engagement meeting feedback
- **One-to-one engagement**
  An opportunity to further explore the service model and provider formats
- **Close dialogue**
  End date for the engagement period
- **Develop commissioning plans**
  Produce report for project board proposing approach to future commissioning arrangements

7.3 Any provider wishing to participate in this engagement must express an interest via in-tendhost.co.uk/scwcsu/aspx/Home.

7.4 The market engagement meeting shown in the overview table has been set for 18 February 2022. The agenda for the meeting will be circulated closer to the date. Providers will be expected to participate fully in the discussions on the day.

7.5 Prior to the above meeting NHSE/I SW welcomes feedback and suggestions as to how to deliver excellent integrated assessment and treatment services. Providers are encouraged to provide this information via in-tendhost.co.uk/scwcsu/aspx/Home.

7.6 Once commissioners and providers have an opportunity to reflect on and analyse the outputs from the engagement meeting NHSE/I SW will host a round of one-to-one meetings with any provider who wishes to build upon information received and explore further potential service and provider solutions.

Section **8**

Governance and administration

Non-collusion and Canvassing

8.1 Each potential provider must not canvass or solicit or offer any gift or consideration whatsoever as an inducement or reward to any officer or employee of, or person acting as an adviser to, either the NHS in connection with the selection of the provider in relation to the managed tender process.

Freedom of Information Act

8.2 NHSE/I SW advises that this process is, or may be subject to the Freedom of Information Act 2000 (FOIA) and NHSE/I may be required to disclose information about the contract to ensure the compliance of NHSE/I with the FOIA.

Disclaimer

8.3 Each organisation will be responsible for its own costs incurred throughout this engagement process. NHSE/I SW will not be responsible for any costs incurred by any prospective provider or any other person through this process.

8.4 The information contained in this prospectus is presented in good faith and does not purport to be comprehensive or to have been independently verified.

8.5 Neither NHSE/I SW, nor any of its advisers accepts any responsibility or liability in relation to its accuracy or completeness or any other information which has been, or which is subsequently, made available to any potential provider, or any of their advisers, orally or in writing or in whatever media.

8.6 Interested parties and their advisers must therefore take their own steps to verify the accuracy of any information that they consider relevant. They must not, and are not entitled to, rely on any statement or representation made by NHSE/I SW or any of its advisers.

8.7 Nothing in this prospectus is, nor shall be relied upon as, a promise or representation as to any decision by NHSE/I SW in relation to any future selection process. No person has been authorised by NHSE/I SW or its advisers or consultants to give any information or make any representation not contained in this prospectus and, if given or made, any such information or representation shall not be relied upon as having been so authorised.

8.8 Nothing in this prospectus or any other engagement documentation shall constitute the basis of an express or implied contract that may be concluded in relation to the engagement process, nor shall such documentation/information be used in construing any such contract.

8.9 Engaging in this process does not guarantee any providers automatic pre-selection for any future commissioning activity or procurement of the services. In addition, NHSE/I SW does not commit to invite open competition for any future service model.

Section **8**

Governance and administration

Conflicts of Interest

8.10 NHSE/I SW requires that all actual or potential conflicts of interest are declared to NHSE/I SW. A form will be sent to all providers that express an interest.

NHS Constitution

8.11 The NHS Constitution provides a legal duty on NHS bodies and other healthcare providers to take account of the NHS Constitution in performing their NHS functions.

All providers will be expected to ensure that the delivery of patient and staff rights is explicit in their documentation and there is clear evidence of how the NHS Constitution is embedded into the organisation both for patients and staff.

It is expected that there is also an outline of how these rights and responsibilities are communicated effectively to all audiences.

Section **9**

Finance and affordability

9.1 NHSE/I SW intends to identify those areas within its new model to invest in those areas that will make the highest impact in terms of quality of care and improved outcomes.

Section **10**

Right to vary process

10.1 NHSE/I SW reserves the right to change the basis of, or the process (including the timetable) relating to, the engagement process and not to invite a potential provider to proceed further, not to furnish a potential provider with additional information nor otherwise to hold dialogue with a potential provider in respect of the engagement process.

10.2 NHSE/I SW shall normally notify the providers of any such changes.

Section **11** - Integrated Care Systems of the South West Region

Gloucestershire

CCG Name	NHSE CCG Assurance 2019/20	Population
Gloucestershire	Good	637,070

Providers	Type	CQC Rating
Gloucestershire Health and Care NHS FT	Coummunity and mental health	Good
Gloucestershire Hospitals NHS FT	Acute	Good

Primary Care	
GP Practices	71
NHS Dental Practices	39
Pharmacies	112
Optometrists	71
Primary Care Networks	15

Public Health England LA Health Profiles

Gloucestershire

Health in summary

The health of people in Gloucestershire is generally better than the England average.

Gloucestershire is one of the 20% least deprived counties/unitary authorities in England, however about 12.6% (13,320) children live in low income families.

Life expectancy for both men and women is higher than the England average.

Health inequalities

Life expectancy is 8.4 years lower for men and 5.4 years lower for women in the most deprived areas of Gloucestershire than in the least deprived.

Child health

In Year 6, 18.6% (1,224) of children are classified as obese, better than the average for England.

The rate for alcohol-specific hospital stays among those under 18 is 30*. This represents 38 admissions per year.

Levels of teenage pregnancy and GCSE attainment are better than the England average.

Adult health

The rate of alcohol-related harm hospital stays is 674*. This represents 4,344 stays per year.

The rate of self-harm hospital stays is 212*, worse than the average for England. This represents 1,280 admissions per year.

Estimated levels of adult physical activity are better than the England average.

Rates of new STIs and new cases of TB are better average.

* rate per 100,000 population

Section **11** - Integrated Care Systems of the South West Region

Bristol, North Somerset and South Gloucestershire (BNSSG)

CCG Name	NHSE CCG Assurance 2019/20	Population
BNSSG	Requires improvement	963,522

Providers	Type	CQC Rating
North Bristol NHS Trust	Acute	Good
University Hospitals Bristol and Weston NHS FT	Acute	Good
Sirona Care and Health	Community	Good

Primary Care	
GP Practices	77
NHS Dental Practices	94
Pharmacies	175
Optometrists	85
Primary Care Networks	18

Public Health England LA Health Profiles

Bristol, North Somerset and South Gloucestershire (BNSSG)

Health in summary

Bristol: Health is varied compared to the England average. Bristol is one of the 20% most deprived districts/unitary authorities in England and about 19.7% (16,440) children live in low income families. Life expectancy is lower than the England average.

North Somerset: Health is varied compared to average. About 12.6% (4,625) children live in low income families. Life expectancy for women is higher than average.

South Gloucestershire: Health is generally better than average. One of the 20% least deprived districts/unitary authorities in England. 10.2% (5,040) children live in low income families. Life expectancy better than average.

Health inequalities

Bristol: Life expectancy is 9.8 years lower for men and 7.7 years lower for women in the most deprived areas than in the least.

North Somerset: Life expectancy is 9.7 years lower for men and 9.6 years lower for women in the most deprived areas than in the least.

South Gloucestershire: Life expectancy is 5.7 years lower for men and 6.9 years lower for women in the most deprived areas than in the least.

Child health

Bristol: In Year 6, 18.4% of children are classified as obese, better than average for England. The rate for alcohol-specific hospital admissions among those under 18 worse than average.

North Somerset: 14.4% of children are classified as obese, better than average. Alcohol admissions rate is worse than average.

South Gloucestershire: 15.8% of children are classified as obese, better than average. Alcohol admissions rate is worse than average.

Adult health

Bristol: The rate for alcohol-related harm hospital stays is 856, worse than the average for England. The rate for self-harm hospital stays is 307*, worse than the average.

North Somerset: The rate for alcohol-related harm hospital stays is 728*, worse than the average. The rate for self-harm hospital stays is 298, worse than the average.

South Gloucestershire: The rate for alcohol-related harm hospital stays is 713*, worse than the average. The rate for self-harm hospital stays is 255*, worse than average.

* rate per 100,000 population

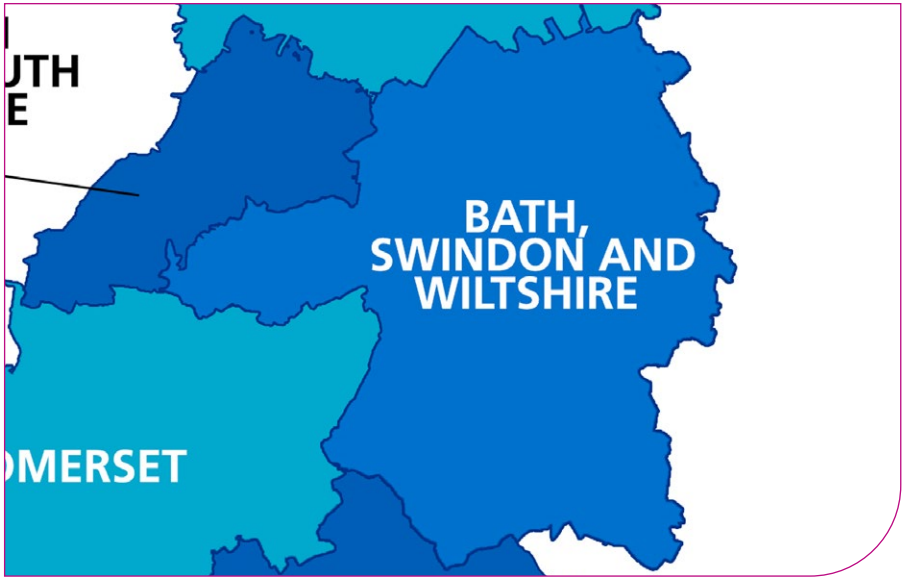
Section **11** - Integrated Care Systems of the South West Region

Bath, Swindon and Wiltshire (BSW)

CCG Name	NHSE CCG Assurance 2019/20	Population
BSW	Good	921,917

Providers	Type	CQC Rating
Avon and Wiltshire Mental Health Partnership NHS Trust	Mental health	Requires improvement
Great Western Hospitals NHS FT	Acute	Requires improvement
Royal United Hospitals Bath NHS FT	Acute	Good
Sailsbury NHS FT	Acute	Good
B&NES Community Health and Care - Virgin Care	Community	Good
Wiltshire Health and Care	Community	Good

Public Health England LA Health Profiles



Primary Care	
GP Practices	121
NHS Dental Practices	93
Pharmacies	147
Optometrists	81
Primary Care Networks	33

Bath, Swindon and Wiltshire (BSW)

Health in summary

Bath: Health is generally better than the England average. One of the 20% least deprived authorities in England, and about 9.8% (2,795) children live in low income families. Life expectancy is higher than the England average.

Swindon: Health is varied compared with the England average. About 14.1% (6,185) children live in low income families. Life expectancy is similar to England average.

Wiltshire: Health is generally better than the England average. About 10.4% (8,840) children live in low income families. Life expectancy is higher than average.

Health inequalities

Bath: Life expectancy is 6.8 years lower for men and 2.9 years lower for women in the most deprived than in the least.

Swindon: Life expectancy is 5.1 years lower for men and 7.1 years lower for women in the most deprived areas of Swindon than in the least.

Wiltshire: Life expectancy is 4.7 years lower for men and 3.1 years lower for women in the most deprived areas than in the least.

Child health

Bath: In Year 6, 13.5% of children are classified as obese, better than the average. Rate for alcohol-specific hospital admissions in under 18s is worse than average.

Swindon: 18.9% of children are classified as obese. Levels of breastfeeding are better than average.

Wiltshire: 14.8% of children are classified as obese, better than the average. Alcohol admissions is worse than average.

Adult health

Bath: The rate for alcohol-related harm hospital stays is 559*, better than the average for England. The rate for self-harm hospital admissions is 216*, worse than the average.

Swindon: The rate for alcohol-related harm hospital stays is 849*, worse than the average. The rate for self-harm hospital stays is 407*, worse than the average.

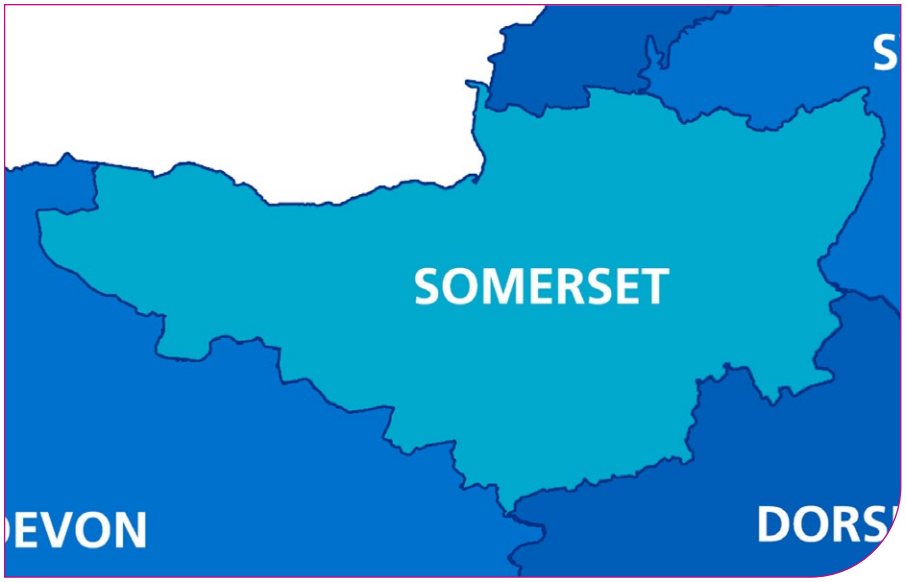
Wiltshire: The rate for alcohol-related harm hospital stays is 586*, better than the average. The rate for self-harm hospital admissions is 267*, worse than the average.

* rate per 100,000 population

Somerset

CCG Name	NHSE CCG Assurance 2019/20	Population
Somerset	Requires improvement	562,225

Providers	Type	CQC Rating
Somerset NHS FT	Acute, community and mental health	Good
Yeovil District Hospital NHS FT	Acute	Requires improvement



Primary Care	
GP Practices	60
NHS Dental Practices	56
Pharmacies	101
Optometrists	52
Primary Care Networks	13

Public Health England LA Health Profiles

Somerset

Health in summary

The health of people in Somerset is varied compared with the England average.

About 12.9% (11,950) children live in low income families.

Life expectancy for both men and women is higher than the England average.

Health inequalities

Life expectancy is 5.5 years lower for men and 4.0 years lower for women in the most deprived areas of Somerset than in the least deprived areas.

Child health

In Year 6, 17.9% (902) of children are classified as obese, better than the average for England.

The rate for alcohol-specific hospital stays among those under 18 is 57*, worse than the average for England. This represents 63 stays per year.

Levels of teenage pregnancy, GCSE attainment, and smoking in pregnancy are worse than the England average.

Levels of breastfeeding are better than average.

Adult health

The rate for alcohol-related harm hospital admissions is 711*, worse than average. This represents 4,073 admissions per year.

The rate for self-harm hospital stays is 345*, worse than the average for England. This represents 1,740 admissions per year.

Estimated levels of excess weight in adults are worse than the England average.

Rates of new STIs, new cases of tuberculosis, under 75 mortality rate from cardiovascular diseases and cancer, and employment (aged 16-64) are better than average.

* rate per 100,000 population

Dorset

CCG Name	NHSE CCG Assurance 2019/20	Population
Dorset	Good	773,839

Providers	Type	CQC Rating
Dorset County Hospital NHS FT	Acute	Good
University Hospitals Dorset	Acute	None yet
Dorset Healthcare University NHS FT	Community and mental health	Outstanding

Public Health England LA Health Profiles

Primary Care	
GP Practices	73
NHS Dental Practices	80
Pharmacies	144
Optometrists	83
Primary Care Networks	18

Dorset

Health in summary

Dorset: Health of people in Dorset is varied compared with the England average. Life expectancy for men and women is higher than average.

Bournemouth, Christchurch and Poole: Health of people is varied compared with the England average. Life expectancy for men is higher than average.

Health inequalities

Dorset: Life expectancy is 6.3 years lower for men and 5.3 years lower for women in the most deprived areas of Dorset than in the least deprived areas.

Bournemouth, Christchurch and Poole: Life expectancy is 8.6 years lower for men and 6.6 years lower for women in the most deprived areas of Bournemouth, Christchurch and Poole than in the least deprived areas.

Child health

Dorset: In Year 6, 14.9% (505) of children are classified as obese, better than average. The rate for alcohol-specific hospital stays among those under 18 is 49*, worse than average. Levels of teenage pregnancy and breastfeeding are better than average.

Bournemouth, Christchurch and Poole: In Year 6, 16.3% (601) of children are classified as obese, better than average. The rate for alcohol-specific hospital stays is 60*, worse than average. GCSE attainment and breastfeeding levels are better than average.

Adult health

Dorset: The rate for alcohol-related harm hospital stays is 549*, better than average. This represents 2,223 admissions per year. The rate for self-harm hospital stays is 274*, worse than average.

Bournemouth, Christchurch and Poole: The rate of alcohol-related harm hospital stays is 807*, worse than average. The rate for self-harm hospital stays is 369*, worse than average.

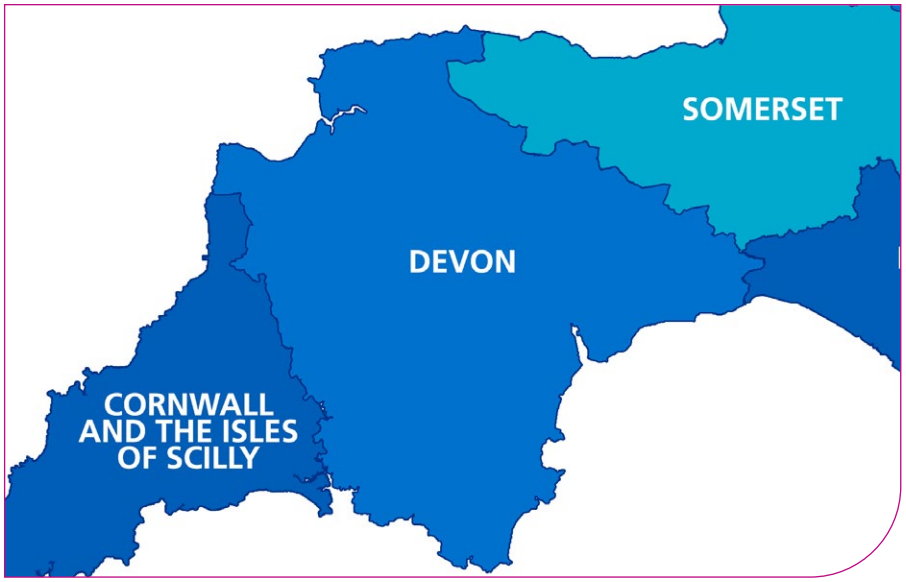
* rate per 100,000 population

Devon

CCG Name	NHSE CCG Assurance 2019/20	Population
Devon	Inadequate	1,200,739

Providers	Type	CQC Rating
University Hospitals Plymouth	Acute	Requires improvement
Northern Devon Healthcare NHS FT	Acute	Requires improvement
Royal Devon and Exeter NHS FT	Acute	Good
Devon Partnership NHS Trust	Mental health and learning disabilities	Good
Torbay and South Devon NHS FT	Acute and community	Good
South Western Ambulance Service NHS FT	Ambulance	Good

Public Health England LA Health Profiles



Primary Care	
GP Practices	121
NHS Dental Practices	124
Pharmacies	220
Optometrists	107
Primary Care Networks	33

Devon

Health in summary

Devon: Health is varied compared with the England average. Life expectancy for both men and women is higher than average.

Plymouth: Health is varied compared to average. Life expectancy is lower than average.

Torbay: Health is varied compared to average. Life expectancy is lower than average.

Health inequalities

Devon: Life expectancy is 6.0 years lower for men and 4.2 years lower for women in the most deprived areas than in the least.

Plymouth: Life expectancy is 8.6 years lower for men and 5.6 years lower for women in the most deprived areas than in the least.

Torbay: Life expectancy is 10.5 years lower for men and 8.1 years lower for women in the most deprived areas than in the least.

Child health

Devon: In Year 6, 14.1% (903) of children are classified as obese, better than the average for England. Rate for alcohol-specific hospital stays in under 18s is 46*, worse than average.

Plymouth: In Year 6, 18.9% (490) of children are classified as obese. Rate for alcohol-specific hospital stays in under 18s is 48, worse than average.

Torbay: In Year 6, 20.4% (272) of children are classified as obese. Rate for alcohol-specific hospital stays among those under 18 is 79*, worse than average.

Adult health

Devon: Rate of alcohol-related harm hospital stays is 547*, better than average. Rate of self-harm hospital admissions is 210*, worse than average.

Plymouth: Rate of alcohol-related harm hospital stays is 636*. Rate of self-harm hospital stays is 246*, worse than average. Rate of new cases of TB is better than average, rate of new STIs is worse than average.

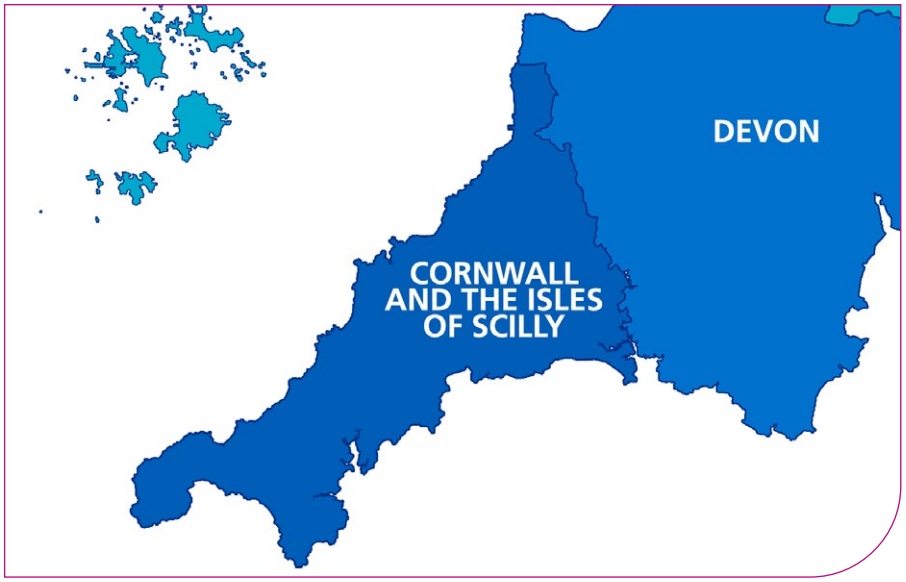
Torbay: Rate of alcohol-related harm hospital stays is 808*, worse than average. Rate of self-harm hospital admissions is 306*, worse than average. Rates of new STIs and new cases of TB are better than average. Rate of statutory homelessness worse than average.

* rate per 100,000 population

Cornwall and Isles of Scilly

CCG Name	NHSE CCG Assurance 2019/20	Population
Kernow	Requires improvement	571,802

Providers	Type	CQC Rating
Cornwall Partnership NHS FT	Community	Good
Royal Cornwall Hospitals NHS Trust	Acute	Requires improvement



Primary Care	
GP Practices	57
NHS Dental Practices	69
Pharmacies	98
Optometrists	49
Primary Care Networks	15

Public Health England LA Health Profiles

Cornwall and Isles of Scilly

Health in summary

The health of people in Cornwall is varied compared with the England average.

About 16.4% (14,750) children live in low income families.

Life expectancy for both men and women is similar to the England average.

Health inequalities

Life expectancy is 6.2 years lower for men and 4.5 years lower for women in the most deprived areas of Cornwall than in the least deprived areas.

Child health

In Year 6, 15.6% (794) of children are classified as obese, better than the average for England.

The rate for alcohol-specific hospital stays among those under 18 is 29*. This represents 32 stays per year.

Levels of GCSE attainment and smoking in pregnancy are worse than the England average. Levels of breastfeeding are better than average.

Adult health

The rate of alcohol-related harm hospital stays is 783*, worse than the average for England. This represents 4,645 stays per year.

The rate of self-harm hospital admissions is 263*, worse than the average. This represents 1,360 admissions per year.

Rates of new STIs and new cases of TB are better than average.

Rates of statutory homelessness, violent crime (hospital admissions for violence) and under 75 mortality rate from cardiovascular diseases are better than average.

The rate of excess winter deaths is worse than average.

* rate per 100,000 population

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