

## MH6 Adherence to Standards for Gender Identity Clinics

Scheme Name	MH6 Adherence to Standards for Gender Identity Clinics
Eligible Providers	All providers of Gender Identity Services
Duration	April 2016 to March 2017.
Scheme Payment (% of CQUIN-applicable contract value available for this scheme)	CQUIN payment proportion [Locally Determined] for first year should achieve payment of £40,000 per provider: Target Value: <span style="color: red;">Add locally</span> CQUIN %: <span style="color: red;">Add locally</span>
<b>Scheme Description</b>	
<p>A set of standards have been proposed through the Gender Identity Task and Finish Group against which Gender Identity Clinics can be measured for compliance.</p> <p>The standards will be implemented across all GICs and will start the process of improving equity of expectation across all Clinics.</p> <p>For a typical provider, approximately 400 -500 patients could benefit each year. Through the ten providers across England there will be benefit to between 3000 and 4500 patients per year.</p> <p>There is currently variance across the range of delivery by providers as a result of independent development of provision in isolation of other similar Clinics. All Clinics have their own innovations. The standards take account of these and bring them into one set of standards. Each Clinic will currently, differentially be strong on some and weak on others. The CQUIN scheme aims to incentivise consistent strength across all the specified standards.</p> <p>The Gender Identity Services Task and Finish Group commissioned a review of all GICs in England. The set of standards has been identified as a result of that work. It is envisaged that if quality and outcomes are similar at all clinics, patients will need to travel less to seek a perceived better quality service.</p> <p>Much of the improvement should be made with through service/process redesign and additional administrative resource, both staff and systemic. The benefit to patients, the NHS and the general population will be equitable access, expectations and outcomes at all points of delivery.</p> <p>The standard set should be achievable within one financial year.</p>	
<b>Measures &amp; Payment Triggers</b>	
<p>Q1 Service/process redesign and recruitment (costs incurred)</p> <p>Q2 Process implementation (costs incurred)</p> <p>Q3 Early evaluation of improved outcomes Benefits realised</p> <p>Q4 Realisation of better outcomes and equity of provision (significant benefits realised)</p>	

<b>Partial achievement rules</b>	
None	
<b>In Year Payment Phasing &amp; Profiling</b>	
25% each quarter for meeting process targets as set out above.	
<b>Rationale for inclusion</b>	
<ul style="list-style-type: none"> <li>• Adherence to a measurable standard set</li> <li>• Better standardisation of delivery and expectation of services by patients</li> <li>• A baseline upon which to build further equity of delivery and outcomes.</li> </ul> <p>If the CQUIN is not adopted, there is a risk of continued disparate development and additional diversity.</p>	
<b>Data Sources, Frequency and responsibility for collection and reporting</b>	
Reports of achievement to be supplied to commissioners on an agreed basis	
Baseline period/ date & Value	N/A
Final indicator period/date (on which payment is based) & Value	As above.
Final indicator reporting date	Month 12 Contract Flex reporting date as per contract
<b>CQUIN Exit Route</b>	Service specification will be adjusted.
<i>How will the change including any performance requirements be sustained once the CQUIN indicator has been retired</i>	

### Supporting Guidance and References

A copy of the standards will be published separately to support providers in meeting this CQUIN.