**Commissioning Brief**
**17/51 - Gender Identity Health Services**
**Closing date: 14 September 2017 (two stage – Stage 1 to Stage 2)**

## 1. Remit and purpose of this call

The NHSE Clinical Reference Group for (adult) Gender Identity Services informs has identified the need for evidence for improvement of service provision of specialised commissioned services and of shared care with generalist services to meet escalating demand. Consultation with NHSE and equivalent bodies in other UK jurisdictions regarding specialised gender development services for children and young people (CYP) and CAMHS service provision highlighted concerns about how health services are managing the rapidly increasing demands from CYP with gender identity health needs, which unmet, is likely to lead to further health, social and educational problems. Concerns by service users of all ages about access and their experience of services, rising demand for services, and uncertainties about models of assessment, service models of provision, workforce capacity and skills, interventions and outcomes gives impetus for health services research.

The lack of a UK evidence base for the NHS to inform decisions about gender identity health services has been well known for some time; there is a need to produce actionable outputs for commissioners of both specialised and generic local services.

## 2. Research required

The following priority topics for research have been identified as part of this commissioned call. However, the programme may consider proposals for research around other associated topics, including those described in the supporting document, so long as they meet the HS&DR remit and the importance to the NHS and patients can be clearly demonstrated.

**1)** Research is required that may include evidence review, and which uses secondary datasets of services combined with primary research, to establish a programme of prospective research using cohort designs, to address both of these two sub topics. This could include international comparison. This topic applies to patients of any age, but research may address either CYP or adults.

a) What outcomes of gender affirming physical and psychological interventions are there for which interventions in the immediate and longer term?

The long-term iatrogenic impacts of hormonal treatments and surgeries on young people and adults are largely unknown, but some studies show some treatments increase risks of several long-term conditions including cardiovascular and renal diseases, and fracture risk, while research on user satisfaction and psychological outcomes in the UK is of small scale and duration. The impact of behaviour lifestyle choices on outcomes should be included.

b) What measures should be used for services and/or in long-term research studies in a common dataset?

Measures to be considered include assessment measures of suitability for treatment, treatment progress and outcomes from gender identity and/or gender development services, including the views of service users during and temporally distant from service use?

**2)** Primary research, which must be informed by evidence review, is required to improve psychological assessment and intervention services for gender diverse young people.

a) If therapy is needed, what are the therapeutic goals (e.g. challenging distorted cognitions, building emotional resilience), and therapy approaches (e.g. family therapy, CBT), that are most associated with satisfactory outcomes (e.g. mental and sexual health, body image, healthy lifestyle, and satisfaction with gender) post specialist therapy and in the longer term including transfer into adult Gender services?

**3)** Primary research in the UK context is required on how to improve the experience of health services for gender questioning people. Research should address one or more these sub topics:

a) How do children, young people and adults with gender diverse identities navigate and experience health services, particularly "gateway" services such as GP and CAMHS, GID/Cs, and how can this be improved?

b) What lifestyle intervention services are most acceptable, and lead to sustained behaviour change with CYP and with adults who have entered specialist gender identity services; these may focus on alcohol, substance misuse, smoking cessation, diet, and on harm reduction from self-medication with cross sex hormones.

c) What is the impact of training interventions for gateway professionals?

d) Can the experience of health services be improved by services engaging with third sector peer support services for gender diverse children and families, and for adults and partners?

**4)** Primary research is required on how UK health services can provide better shared care with specialist services (GICs/GIDS). Research is needed to understand either or both of these sub topics:

a) What models are there for shared care by GPs and CAMHS for young people who require pre-assessment mental health care?

b) What models are there for shared care for patients during and after physical treatments to be cared for and monitored by GPs?

For both sub topics, research should evaluate patient satisfaction and clinical outcomes, and the costs to health services in the UK context of different models.

## 3. Scope

Research is concerned with all health services used by people of all ages with gender identity concerns. Gender identity health services for adults may include generic services such as primary care, and referral to specialized endocrinology, gynecology or urology, dermatology, surgery, voice and communication therapy, and mental health services. Children and young people (CYP) may be offered support through their GP and CAMHS, and referral to specialist assessment and psychological interventions, voice coaching, puberty hormone suppression before age 16 and cross hormone treatment/gender affirming hormones after this age. Research should include clinical, health, patient experience, and where relevant educational/employment outcomes, and costs to health services. Samples or cohorts should where feasible include data from secondary datasets and enable further use in long-term studies. Research methods include evidence review, primary research and analysis of secondary datasets. Where justified, for example by the size of samples required and/or comparability of services, the benefits of international collaboration may be considered[1].

[1] Adult GICS- England: Devon Partnership NHS Trust, Leeds and York Partnership NHS Foundation Trust, Nottinghamshire Healthcare NHS Foundation Trust, Northampton shire Healthcare NHS Foundation Trust, Northumberland, Tyne & Wear NHS Foundation Trust, Sheffield Health & Social Care NHS Foundation Trust and Tavistock and Porrtman NHS Trust (Charing Cross) – NHS England. CYP

## 4. Notes to Applicants

The NIHR Health Services and Delivery Research (HS&DR) programme aims to produce rigorous and relevant evidence on the quality, access and organisation of health services, including costs and outcomes in order to improve health and health services. It is focused on research to support decisions by frontline managers and clinical leaders on the appropriateness, quality and cost-effectiveness of care.

The NIHR HS&DR programme is funded by the NIHR, with contributions from Health and Care Research Wales, the HSC R&D Division, Public Health Agency in Northern Ireland, and case by case contributions from the CSO in Scotland.

The programme operates two funding streams; researcher-led and commissioned. Researchers in England, Wales and Northern Ireland are eligible to apply for funding from either workstream under this programme. Researchers in Scotland may apply to the researcher-led workstream but are not eligible to respond to the commissioned workstream and should contact the CSO to discuss funding opportunities for healthcare delivery-type research.

## 5. Application process and timetable

***Please ensure you have read the supporting documents and application guidance notes provided to support this call.***

Should you have any questions or require any further clarification please refer to the NETSCC website at HS&DR programme; if the answer to your question cannot be found please email your query to hsdrinfo@nihr.ac.uk with the title for the call for proposals as the email header. Applicants should be aware that while every effort will be made to respond to enquiries in a timely fashion, **these should be received at least two weeks before the call closing date.**

The process of commissioning will be in **two stages** and applicants should submit **Stage 1 proposals** via the HS&DR website by **1pm on 14 September 2017**. All proposals will initially be checked for remit and competitiveness[2]. No late proposals will be considered. No paper-based only submissions will be considered.

Applicants will be notified of the outcome of their Stage 1 application in December 2017.

Shortlisted applicants will be invited to submit a Stage 2 proposal via the HS&DR website (a link will be sent to shortlisted applicants). Applicants will be notified of the outcome of their Stage 2 proposal application in June 2018. Please note that these dates may be subject to change.

## 6. Transparency agenda

In line with the government's transparency agenda, any contract resulting from this tender may be published in its entirety to the general public. Further information on the transparency agenda is at:

http://transparency.number10.gov.uk/
http://www.ogc.gov.uk/policy_and_standards_framework_transparency.asp
http://www.contractsfinder.businesslink.gov.uk/

services are provided by the Tavistock clinic and joint pediatric endocrinology services from UCL. It operates also from a base in Leeds from two main bases and regular outreach clinics are held (in Exeter, Barnstable, Bath, Bristol and Brighton)

[2] '***Non-Competitive***' means that a proposal is not of a *sufficiently high* standard to be taken forward for further assessment in comparison with other proposals received and funded by the HS&DR programme because it has little or no realistic prospect of funding. This may be because of scientific quality, cost, scale/duration, or the makeup of the project team.