

University College London Hospitals NHS
Foundation Trust

University College Hospital & Elizabeth Garrett Anderson Wing

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated ●

Are services safe?

Are services effective?

Are services caring?

Are services responsive to people's needs?

Are services well-led?

Our findings

Overall summary of services at University College Hospital & Elizabeth Garrett Anderson Wing

Inspected but not rated



University College Hospital and Elizabeth Garrett Anderson Wing is a large teaching hospital located in central London. It provides a range of acute and specialist services. The hospital includes the Macmillan Cancer Centre, which provides facilities for the diagnosis and treatment of a wide range of cancer and non-cancer conditions. The hospital has 679 general and acute inpatient beds, 12 theatres and one of the largest critical care departments in the NHS.

We last inspected the hospital in July 2018 and rated it as requires improvement.

Services for children and young people

Inspected but not rated



The Gender Identity Development Service (GIDS) is a national service, specialising in working with children, young people and their families who experience difficulties in the development of their gender identity, including gender dysphoria. Although the service is led by The Tavistock and Portman NHS Foundation Trust, it is commissioned by NHS England and takes referrals from across the country.

The service provides specialist assessment and consultation, including psychological support and physical intervention, to children and young people up to the age of 18. The trust's approach to physical intervention is based on a staged model of care, which begins with an assessment and exploration of the child or young person's gender identity. The assessment period usually takes six months or more, over a minimum of four to six sessions. Following psychological assessment, some young people with gender dysphoria may wish to be referred to a paediatric endocrine liaison clinic for physical intervention.

There are two paediatric endocrine liaison clinics in England, one is delivered by University College London Hospitals NHS Foundation Trust (UCLH), the other by Leeds Teaching Hospitals NHS Trust. For young people who have started puberty, the liaison clinics can prescribe hormone blockers to suppress puberty. For young people over the age of 16, the clinics can prescribe cross-sex hormones, also known as gender-affirming hormones. These hormones are used to help young people transition from their biological gender to their desired gender.

The GIDS liaison clinic at UCLH is delivered by the trust's children and young people's endocrinology team. The team specialise in adolescent endocrinology, assessing physical changes that occur in puberty and, where appropriate, prescribing medicines.

All referrals to the GIDS liaison clinic are made by The Tavistock and Portman NHS Foundation Trust. The referrals are discussed at a UCLH GIDS multi-disciplinary team triage meeting, and only young people who have had a recent psychological assessment and meet the minimum eligibility criteria are accepted. The clinic does not have a waiting list.

From January 2019 to November 2020, The Tavistock and Portman NHS Foundation Trust referred 93 young people to the paediatric endocrine liaison clinic at UCLH. Since January 2020, the GIDS liaison clinic at UCLH has obtained consent from 32 young people to commence hormone blocker treatment and 33 young people to commence cross-sex hormone treatment.

We inspected the paediatric endocrine liaison clinic at UCLH using our children and young people inspection framework. We carried out an announced inspection of the service on 13 October 2020. This inspection focused specifically on consent. As this was a focused inspection, we did not rate the service.

During our inspection, we looked at 19 sets of medical records. We spoke with four members of staff including the service's clinical lead and the divisional manager for paediatrics and adolescents. We also looked at a range of documents including policies, pathways and patient information packs.

We found:

Services for children and young people

- Staff supported young people and their families to make informed decisions about their care and treatment. Staff were aware of their responsibilities to seek patient consent, in line with current legislation. Staff had a good understanding of Gillick Competence and applied this proportionately when obtaining consent from young people. Consent was clearly documented in patient records.

Separate from our inspection, the High Court made a ruling on the 1 December 2020 around the capacity and consent of children receiving hormone intervention for gender dysphoria. This ruling has not impacted on our findings; our findings and judgements are based on the legal position at the time of our inspection.

Is the service effective?

Inspected but not rated



This inspection focused on specific areas of effectiveness, specifically consent. We did not rate the effective domain. We found:

- All referrals to the UCLH GIDS liaison clinic were made by The Tavistock and Portman NHS Foundation Trust. The referral included a letter, in-depth psychological assessment, consent form and checklist. Referrals were discussed at a UCLH GIDS multi-disciplinary team triage meeting, and only when the team had received all referral documentation, a recent psychological assessment and the patient met the minimum eligibility criteria were they accepted. We saw evidence in the patient records that UCLH staff had requested additional information from The Tavistock and Portman NHS Foundation Trust when referral information was incomplete.
- Staff supported young people and their families to make informed decisions about their care and treatment. All patients referred to the paediatric endocrine liaison clinic for physical intervention were invited to attend an education day. Patients over the age of 14 were invited to attend a group education day. For patients under the age of 15, or for patients with individual needs, the service offered individual education sessions. The education day included information about: the pathway options available to patients; the tests, scans and physical examinations that are required for hormone treatments; potential benefits and side effects; and fertility. In addition to the education day, we saw evidence in the patient records that staff had supported young people and their family during their appointments to help them understand all the available treatment options. For patients concerned about the effect hormone treatment may have on their fertility, staff referred patients to the trust's reproductive medicine specialist.
- Staff were aware of their responsibilities to seek patient consent, in line with trust policy and current legislation. The term Gillick Competence is used to describe when a young person can consent to his or her own medical treatment. Staff had a good understanding of Gillick Competence and applied this proportionately when obtaining consent from young people. Staff ensured patients fully understood their proposed treatment option, could retain an understanding of the implications of their treatment and could adequately assess the benefits and risks before they could give their consent for treatment. The service only provided hormone treatments to patients deemed competent to give their consent.
- Staff encouraged young people to involve their families in decisions about consent and worked with The Tavistock and Portman NHS Foundation Trust to understand each patient's family dynamic. We saw evidence in the patient records that staff tried to involve parents who did not live with the young person in decisions about consent. The trust used an electronic flagging system, held on the patient's electronic record, to alert staff to any safeguarding concerns.

Services for children and young people

- As part of our inspection, we reviewed 19 patient records. We saw consent was clearly documented in the patient records. Consent was documented on a paper consent form, which was then scanned onto the trust's electronic patient record system. The service used different consent forms, depending on the type of physical intervention the patient was consenting to. Each consent form was split into two sections. The first section contained information about the potential benefits of the treatment, as well as the risks, side effects and potential impact on fertility. The second section of the consent form contained a number of statements. The patient was required to read, agree to, and initial each statement before signing that they consented to treatment. All consent forms contained a statement that the patient's decision to treatment was voluntarily and that they could withdraw from treatment at any time. Each consent form we reviewed had been appropriately signed and dated by the patient, their parent or carer and the consultant.
- Capacity and consent were continuously reviewed. Within the records, we saw evidence that staff assessed patient capacity at each appointment and ensured patients had every opportunity to stop their treatment, should they wish.