

Mr J. Taylor  
HM Assistant Coroner  
North London Coroner's Court

24 April 2023

Dear Sir

**Inquest touching the death of Sophie Williams**  
**Regulation 28 Response**

I am writing on behalf of The Tavistock and Portman NHS Foundation Trust ('the Trust') in response to your Report to Prevent Future Deaths made on 27 February 2023, following the conclusion of the inquest touching the death of Ms. Sophie Williams.

At the outset, I would like to reiterate how sorry the Trust was to learn of Ms. Williams' death. It was clear at the inquest how much her family, friends and community felt her loss, and I extend my sincere condolences to them.

The Trust is grateful to you for raising the matters of concern in your Report which you have outlined relate to the services available to patients who are being treated by or are on the waiting list to be treated by the Gender Identity Clinic ('GIC') at the Trust.

As set out in the evidence presented by the Trust during the inquest, the role of the GIC is detailed in the service specifications published by NHS England for Gender Identity Services for Adults (Non-Surgical Interventions). The treatment pathway commissioned under the service specification is as follows:

1. Referral to a specialist Gender Dysphoria Clinic (self-referral; or by primary, secondary or tertiary care).
2. Assessment for gender dysphoria, and diagnosis.
3. Individuals who meet the criteria for diagnosis of gender dysphoria related to gender incongruence are accepted on to the NHS care pathway and an individualised treatment plan is agreed.
4. Therapeutic interventions delivered by the specialist Gender Identity Clinic; and/or referral for interventions with other providers.
5. Ongoing review and monitoring during and after interventions.
6. Conclusion of contact: discharge to primary care.

The service specification states that "Gender Dysphoria Clinics assess and diagnose individuals; directly provide some interventions and arrange for referrals to other services, including for medical and surgical treatments." The Trust is inevitably restricted to providing

those services which it is commissioned to provide, which currently does not include any services for those on the list waiting to be seen at the GIC.

The Trust however is keen to engage in a dialogue with its commissioners, NHS England, to discuss the provisions proposed in your Report and whether these services should be commissioned and funded in the future, and thus able to be provided by the Trust or other providers.

Addressing the specific concerns at 5B of your Report, the condition the GIC is commissioned to treat is Gender Incongruence, coded HA60 in the International Classification of Diseases version 11; this is 'a condition related to sexual health' and not a mental health diagnosis. Accordingly, the provision of mental health care for those both on the waiting list, and those who are actively being treated by the GIC, continues to be dealt with either through their GP or secondary mental health services, as was the case for Ms. Williams. The GIC works closely with colleagues from primary care or secondary mental health services, including sharing information to facilitate patient care as required. As part of that information sharing process, the GIC would raise any concerns it had about a patient's mental health with their GP directly, for example, if it was felt they might benefit from a referral to secondary mental health services.

Regarding the setting and implementation of criteria for prioritising patients for treatment, it is deeply regrettable that Ms. Williams could not maintain her existing place on the waiting list following a previous referral to a different GIC (as she had not yet been reviewed at the first clinic to which she was referred). Any change in this approach would have to be agreed nationally, not unilaterally by the GIC, to ensure equity and consistency for service users. The Trust will also discuss this arrangement with its commissioners in order to see if there is any scope for a different, national protocol for those patients moving between clinics before they have had their first appointment.

The Trust is grateful for your careful consideration of this matter, and hope this letter assists in reassuring you, and Ms. Williams' family and friends, that the Trust and the GIC are continually exploring avenues to provide the best possible service to their patients. This includes measures to reduce the length of the waiting list for the GIC, as the priority has always been, and remains, to ensure that patients have prompt access to the service.

Yours sincerely



Interim Chief Medical Officer