



29th January 2024

[REDACTED]
on behalf of the Senior Coroner for West Sussex Brighton & Hove
[REDACTED]

Dear Madam,

Inquest into the death of Alice Litman
Regulation 28 Response

I am writing on behalf of The Tavistock and Portman NHS Foundation Trust (Gender Identity Clinic) in response to your Report to Prevent Future Deaths made on 5th December 2023, following the conclusion of the inquest touching on the death of Ms Alice Litman.

At the outset, I would like to reiterate how sorry the Trust was to learn of Ms. Litman's 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 relating 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, with a specific focus on the care available to them in other clinical settings.

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.” We are working with NHS England and other providers to develop innovative ways of reducing the waiting list and providing support to patients while on the waiting list; this includes the development of new roles including nurse led triage and peer support workers. While, sadly, this extra workstream will not have had an impact on this case, we believe it will have a significant impact on those waiting for care within the clinic in the future.

The Trust will continue to engage with its commissioners, NHS England, to develop provisions proposed in your Report.

It is important to note that 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. Litman. 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.

The Trust is grateful for your careful consideration of this matter, and hope this letter assists in reassuring you, and [REDACTED] 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, and we continue to actively engage with colleagues within NHS England to look at solutions to this issue.

Yours sincerely

[REDACTED]

[REDACTED]

Chief Medical Officer