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POSTER ABSTRACT

Developing new clinical strategies in gender healthcare: engaging with interest holders with lived experience.

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Karl Neff[1], Ciara Martin, Dervela Grey, Gary Killeen, Pamela McDermott

1: HSE, Ireland

Background: The Health Service Executive in Ireland (HSE) is redeveloping the way it delivers gender healthcare.
This work is needed as the available gender healthcare services are unable to meet the demand for services. Clinical needs in those presenting to services are increasingly complex, and are not all currently being met. In addition, the evidence base supporting gender healthcare is underdeveloped, which limits certainty around clinical safety and effectiveness.

To inform this work, the HSE has committed to involving people with lived experience from the initial stages of the process, so that the HSE could best understand how to best engage with gender diverse people in Ireland during the redevelopment of gender healthcare.

Approach: As part of the redevelopment of gender healthcare in Ireland, the HSE is involving a range of interest holders in the process. This work is being referred to as the Experience Base. The Experience Base and will be considered alongside the Evidence Base, which is a review of clinical research in the area of gender healthcare, by a Working Group tasked with formulating a new Model of Care for gender healthcare in Ireland. Details on this process can be found on the HSE website at www.hse.ie/eng/about/who/cspd/ncps/gender

As the initial step in the Experience Base process, the HSE invited personnel from national representative groups with lived experience, and those with experience of developing and delivering service with gender diverse people. From July through to September 2025, 12 people convened via this process to form a consulting and advising group (the Group). The NCP team worked closely with the interest holders with lived experience to develop recommendations that would enhance engagement and build trust between all those involved.
The Group was invited at an 'Involve' decision level (as per the International Association of Public Participation (IAP2) definition), with a commitment to hear the recommendations from the Group and work to ensure that the work of the HSE on this project reflected the Group's input.

Results: During this work, a wide range of domains were discussed, resulting in the formulation of a set of recommendations. This included recommendations on design principles and participant safety, as well as on clarity of information prior to and during any interest holder engagement processes.

Implications: The work of this Group has produced a set of recommendations that will help to make our wider interest holder engagement work more effective and efficient. Involving those with lived experience at an early stage may help others working on similar healthcare projects where co-design is required, especially where building trust is needed.