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Arbenigol Cymru (PGIAC)
Welsh Health Specialised
Services Committee (WHSSC)

Specialised Services Policy:

CP21

Specialised Adult Gender Identity Services

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Executive Lead:	Director of Planning
Approved by:	Joint Committee
Issue Date:	25 September 2012
Review Date:	September 2015
Document No:	CP21

Document History

Revision History			
Version No.	Revision date	Summary of Changes	Updated to version no.:
	17 th August	<ol style="list-style-type: none"> Referral pathway amended to reflect care pathway developed by Service Model Working Group. Clarity of commissioning responsibilities for core procedures 	0.1
0.1	31 st August	<ol style="list-style-type: none"> Minor ammendments to text 	0.2
Date of next revision			

Consultation		
Name	Date of Issue	Version Number
Chair of Service Model Working Group	17 th August 2012	0.1
Senior Equality Manager, NHS CEHR	17 th August 2012	0.1
West London Mental Health Trust	31 st August 2012	0.1
Chair of Service Model Working Group	4 th Sept 2012	0.2
Senior Equality Manager, NHS CEHR	4 th Sept 2012	0.2

Approvals		
Name	Date of Issue	Version No.
Joint Committee	25th Sept 2012	1.0

Distribution – <i>this document has been distributed to</i>			
Name	By	Date of Issue	Version No.

Policy Statement

<p>Background</p>	<p>Gender Dysphoria is defined as:</p> <p>A desire to live and be accepted as a member of the opposite sex, usually accompanied by a sense of discomfort with, or inappropriateness of, one’s anatomic sex, and a wish to have surgery and hormonal treatment to make one’s body as congruent as possible with one’s preferred sex.</p>
<p>Summary of Clinical Criteria</p>	<p>WHSSC funds access to specialised gender identity services, including assessment services and gender confirmation surgery that comply with the following criteria:</p> <p>Assessment:</p> <ul style="list-style-type: none"> • The desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatment; and • The gender dysphoria has been present persistently for at least two years; and • The disorder is not a symptom of another mental disorder or chromosomal abnormality; and • The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning; • All referrals must follow the referral pathway specified in the document. <p>Hormone Therapy:</p> <p>The WLMHT GIC will be responsible for ensuring that patients meet the criteria for hormone therapy prior to the recommendation of treatment.</p> <ul style="list-style-type: none"> • Full assessment undertaken by the specialist service; and • Competent to consent to receive treatment consistent with safe clinical practice; and

	<ul style="list-style-type: none"> • The patient is at least 18 years of age; and • Demonstrable knowledge of what hormones medically can and cannot do, and their social benefits and risks; and • Evidence of change of name and social gender role prior to the recommendation of treatment. <p>Gender Reassignment Surgery:</p> <p>Consideration for funding gender reassignment surgery will only be given to patients who meet the following criteria:</p> <ul style="list-style-type: none"> • Has undergone a minimum of 12 months continuous hormone therapy when recommended by a health professional and provided under the supervision of a physician; and • Has completed a period (minimum of 12 months) of successful continuous real-life experience with no returning to their original gender; including one or more of the following; <ul style="list-style-type: none"> • Maintain part or full-time employment; or • Function as a student in an academic setting; or • Function in a community-based volunteer; and • Acquire a gender-identity appropriate name change; and • Regular participation in follow up and monitoring by a specialised assessment service; and • Demonstrable progress in consolidating one's gender identity role. • Demonstrable progress in dealing with work, family and interpersonal issues resulting in a significantly better state of mental health. This implies satisfactory control of problems such as sociopathy, substance misuse, psychosis, suicidality and self harm. • Demonstrable knowledge of the required length of hospitalisation, likely complications and post surgical rehabilitation • Written confirmation that the surgeon is
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	<p>satisfied that the patient meets the above criteria, understands the ramifications and possible complications of surgery, and that the surgeon is of the view that the patient is likely to benefit from surgery.</p> <p>Once the elements above are confirmed, surgical interventions will be authorised where clinically appropriate as indicated in the tables on pages 9 and 10.</p>
<p>Responsibilities</p>	<p>The role of the local Consultant Psychiatrist is to consider whether the patient has a diagnosis of Gender Dysphoria and / or whether the patient also has any other form of mental disorder. The objective is to assess whether the patient is an appropriate case to be referred to the specialised gender identity clinic for further assessment and/or treatment.</p> <p>Once the Consultant Psychiatrist is confident that the patient meets the WLMHT GIC criteria they may refer to the designated gatekeeper within their Local Health Board. The role of the gatekeeper is to ensure that the referring consultant psychiatrist has made a diagnosis of gender dysphoria and that the referral meets the agreed criteria.</p> <p>If the referral meets the criteria, the clinical gatekeeper will approve the referral and forward it to WHSSC for authorisation.</p> <p>Referrers should:</p> <ul style="list-style-type: none"> • Inform the patient that this treatment is not routinely funded outside the criteria in this policy • Refer via the agreed pathway <p>Clinician considering treatment should:</p> <ul style="list-style-type: none"> • Discuss all the alternative treatment with the patient • Advise the patient of any side effect and risks of the potential treatment • Inform the patient that treatment is not routinely funded outside of the criteria in the policy.

	<ul style="list-style-type: none">• Confirm that there is contractual agreement with WHSSC for the treatment <p>In all other circumstances submit an IPFR request.</p>
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1. Aim

1.1 Introduction

The document has been developed as the policy for the planning of Specialised Adult Gender Identity Services for Welsh patients. The policy applies to residents of all seven Health Boards in Wales.

The purpose of this document is to:

- Set out the circumstances under which patients will be able to access Specialised Adult Gender Identity Services;
- clarify the referral process and;
- define the criteria that patients must meet in order to access treatment.

This policy applies to the Specialised Gender Identity Services which are planned and funded by WHSSC. There are a number of local Gender Identity assessment services which are planned and funded by Local Health Boards; this policy does not apply to those services.

1.2 Relationship with other Policies and Service Specifications

This document should be read in conjunction with the following documents:

- Specialised Services policy for Plastic Surgery
- All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR)

2. Scope

2.1 Definition

There are two main diagnostic systems for Gender Dysphoria in operation:

- a. *International Classification of Diseases (ICD-10) category F64.0*

Gender Dysphoria is defined as:

A desire to live and be accepted as a member of the opposite sex, usually accompanied by a sense of discomfort with, or inappropriateness of, one's anatomic sex, and a wish to have surgery and hormonal treatment to make one's body as congruent as possible with one's preferred sex.

- b. *Diagnostic and Statistical Manual of Mental Disorders (IV) category 302.85 (DSM) 2*

All the following criteria must be met for the diagnosis of Gender Dysphoria to be made:

- A strong desire or persistent cross-gender identification (not merely a desire for any perceived cultural advantages of being the other sex).
- Persistent discomfort with his or her sex or sense of inappropriateness in the gender role of that sex.
- The disturbance is not congruent with a physical intersex condition.
- The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

2.2 Codes

ICD-10 Codes

Code Category	Code	Description
ICD-10	F64.0	Transsexualism
ICD-10	F64.1	Dual-role transvestism
ICD-10	F64.2	Gender identity disorder of childhood
ICD-10	F64.8	Other gender identity disorders
ICD-10	F64.9	Gender identity disorder, unspecified
ICD-10	F66.0	Sexual maturation disorder
ICD-10	F66.1	Egodystonic sexual orientation

OPCS 4 Codes

Code Category	Code	Description
X15	X15.1	Combined operations for transformation from male to female
	X15.2	Combined operations for transformation from female to male
	X15.3	Excision of ovotestis
	X15.4	Construction of scrotum
	X15.8	Other specified
	X15.9	Unspecified

3. Access Criteria

3.1 Clinical Indications and Criteria for Treatment

If the patient wishes to be referred to a provider out of the agreed pathway, an IPFR should be submitted.

The access criteria for assessment (at the West London Mental Health NHS Trust Gender Identity Clinic (GIC)), hormone therapy (at the West London Mental Health NHS Trust Gender Identity Clinic (GIC)), and gender confirmation surgery is set out below:

Assessment

The diagnosis of Gender Dysphoria in an adult requires four criteria to be met:

1. The desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatment; and
2. The gender dysphoria has been present persistently for at least two years; and
3. The disorder is not a symptom of another mental disorder or chromosomal abnormality; and
4. The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning;

Hormone Therapy

Endocrinology services are planned and funded locally by the Local Health Boards, and would be responsible for the assessment, monitoring and provision of hormone therapy for patients with Gender Dysphoria. However, for patients residing in areas in Wales which do not offer endocrinology support, WHSSC plans and funds access to endocrinology support and assessments at WLMHT GIC where clinically indicated.

The WLMHT GIC will be responsible for ensuring that patients meet the criteria for hormone therapy prior to the recommendation of treatment.

Full assessment undertaken by the specialist service; and

- Competent to consent to receive treatment consistent with safe clinical practice; and
- The patient is at least 18 years of age; and
- Demonstrable knowledge of what hormones medically can and cannot do, and their social benefits and risks; and
- Evidence of change of name and social gender role prior to the recommendation of treatment.

Note: WHSSC is not responsible for funding the prescription costs of hormone therapy, as these therapies prescribed at a secondary/primary care level with support from the GIC.

Speech and Language Therapy

Speech and Language services are planned and funded locally by the Local Health Boards, and access to these services is not covered by this policy.

Gender Reassignment Surgery

Consideration for funding gender reassignment surgery will only be given to patients who meet the following criteria:

The patient is at least 18 years old; and

- Has undergone a minimum of 12 months continuous hormone therapy when recommended by a health professional and provided under the supervision of a physician; and
- Has completed a period (minimum of 12 months) of successful continuous real-life experience with no returning to their original gender; including one or more of the following;
 - Maintain part or full-time employment; or
 - Function as a student in an academic setting; or
 - Function in a community-based volunteer; and
- Acquire a gender-identity appropriate name change; and
- Regular participation in follow up and monitoring by a specialised assessment service; and
- Demonstrable progress in consolidating one's gender identity role.
- Demonstrable progress in dealing with work, family and interpersonal issues resulting in a significantly better state of mental health. This implies satisfactory control of problems such as sociopathy, substance misuse, psychosis, suicidality and self harm. This may include a period of exploratory psychotherapy at any stage leading up to or during transition.

- Demonstrable knowledge of the required length of hospitalisation, likely complications and post surgical rehabilitation
- Written confirmation that the surgeon is satisfied that the patient meets the above criteria, understands the ramifications and possible complications of surgery, and that the surgeon is of the view that the patient is likely to benefit from surgery.

Female to male patients may require bilateral mastectomy and chest reconstruction, or reduction mammoplasty after 12 months on the pathway in order to avoid respiratory and other difficulties caused by wearing binders and to be able to pass in their chosen gender.

If gender reassignment surgery is requested, then the patient must be assessed at WLMHT GIC by two gender specialist Consultants. Following this, WHSSC will be notified accordingly through a referral letter that must contain the signatures of the two WLMHT specialist Consultants indicating the 'change of social gender role' has been successfully completed and that the patient is considered by both consultants to be suitable for referral for assessment by gender reassignment surgical providers.

Once the elements above are confirmed, WHSSC will authorise funding for the clinically appropriate and indicated surgical interventions as specified in the following tables:

Core Procedures

Female to male (F t M) :-

WHHSC planned and funded approved services
Bilateral mastectomy or reduction mammoplasty (when provided by specialist Gender Reassignment Service)
Hysterectomy (when provided by specialist Gender Reassignment Service)
Salpingectomy
Vaginectomy
Oophorectomy
Phalloplasty
Urethroplasty
Implantation of penile prosthesis
Scrotoplasty with testicular prostheses
Hair removal only from areas directly involved in reconstructive genital surgery

Male to female (M t F) :-

WHHSC planned and funded approved services
Clitoroplasty
Labiaplasty
Orchidectomy
Penectomy
Vaginoplasty
Hair removal only from areas directly involved in reconstructive genital surgery

3.2 Referral Pathway

The care pathway for individuals with gender dysphoria commences with a referral from a patient's GP to a local NHS Consultant Psychiatrist. The role of the local Consultant Psychiatrist is to consider whether the patient has a diagnosis of Gender Dysphoria and / or whether the patient also has any other form of mental disorder.

The objective is to assess whether the patient is an appropriate case to be referred to the specialised gender identity clinic for further assessment and/or treatment. Once the Consultant Psychiatrist is confident that the patient is ready and eligible for assessment and treatment by WLMHT GIC they may refer to the designated gatekeeper within their Local Health Board. The role of the gatekeeper is to ensure that the referring consultant

psychiatrist has made a diagnosis of gender dysphoria and that the referral meets the agreed criteria. (The list of clinical gatekeepers is included in Annex iii)

If the referral meets the criteria, the clinical gatekeeper will approve the referral and forward it to WHSSC for authorisation. WHSSC will then notify the GIC that the referral has been approved, and will notify the referring consultant that they can proceed with referral to the GIC assessment service. A list of the information by the GIC required from the referring consultant is provided in annex v. Appeals against the decision of the gatekeeper would need to be considered by the relevant LHB's IPM panel. The assessment conducted by the GIC is a two part assessment which is carried out by two Gender specialists; this includes the patient's history of and current experience of Gender Dysphoria, and psychological assessments and blood tests. Occasionally patients with complex social circumstances may require third assessment it is at this stage that a diagnosis if present will be confirmed. If the diagnosis is confirmed then a plan for treatment will be agreed and the patient will proceed with social transition phase. However, if following the assessment the gender specialists confirm there is no diagnosis of Gender Dysphoria; the patient will be discharged back to their GP.

Once the two part assessment has been completed follow up arrangements will be provided as clinically indicated in the WLMHT GIC care pathway (annex iv). The change of social gender role is a period of living continuously in the gender role with which the individual identifies (the length of the change of social gender role is determined by the assessment centre). The aim is to assist the patient and the professionals in any subsequent decisions about how to proceed. There may be circumstances where it is clinically appropriate for the change of social gender role to be extended. This will be a decision for the Gender specialists and the reasons for this must be discussed with the individual.

The quality of the change of social gender role shall be assessed through discussions about the patient's ability to consolidate their gender role in areas such as employment, voluntary work, education or training, or some other stable social and domestic lifestyle; formally adopt a gender appropriate first name and demonstrate that society is aware that they are living in their new role. There may be occasions when clinicians request verifiable documentation or evidence of the gender change. WLMHT GIC may, where clinically appropriate and in the absence of local services, provide psychosocial support and the services of a Consultant Endocrinologist to advise the patient's GP concerning hormone

treatment. Hormone treatment will generally be endorsed when the patient has made a change in social gender role.

Not all individuals will wish to progress to complete surgical reassignment and therefore it is necessary to have a degree of flexibility in the progression from one stage to another. Trans people will usually be on lifelong hormone therapy unless contraindicated.

If gender reassignment surgery is requested following the change of social gender role stage, then the patient must be assessed at WLMHT GIC by two gender specialist Consultants. Following this, the WHSSC will be notified accordingly through a referral letter that must contain the signatures of the two WLMHT specialist Consultants indicating the 'change of social gender role' has been successfully completed and that the patient is considered by both consultants to be suitable for referral for assessment by gender reassignment surgical providers.

On receipt of this recommendation WHSSC will give authorisation for the referral for surgery with West London Hospitals. WHSSC will also ensure that feedback as appropriate is given to the LHB by the GIC/surgical provider to enable the management of any after care and longer term input from local services. Following surgery the Trans person a further follow up appointment will be offered with WLMHT GIC, following which the patient would be discharged back to the care of their GP with appropriate monitoring and management recommendations.

If the patient wishes to be referred to a provider out of the agreed pathway, an IPFR should be submitted.

3.3 Exclusions

Requests for any of the procedures which are not part of WHSSC planned services (as listed below) will only be considered by the All Wales IPFR panel if exceptional circumstances can be demonstrated.

Surgical procedures that will **not** be routinely approved are:-

- Breast augmentation – this is consistent with the NHS Wales policy on aesthetic breast procedures
- Reduction Thyroid chondroplasty
- Rhinoplasty / other facial bone reduction
- Blepharoplasty
- Face-lift

- Hair removal / electrolysis other than site preparation for surgery
- Body contouring – e.g. suction-assisted lipoplasty of the waist
- Voice modification surgery
- Procedures to decrease areas of baldness
- Skin resurfacing – e.g. acid peel (a method of removing the upper layer of skin in order to improve skin smoothness)

Speech and Language services are planned and funded by the Local Health Boards, and access to these services is not covered by this policy.

3.4 Exceptions

If the patient does not meet the criteria for treatment, but the referring clinician believes that there are exceptional grounds for treatment an Individual Patient Funding Request (IPFR) can be made to WHSS under the *All Wales Policy for Making Decisions on Individual Patient Funding Requests (IPFR)*.

If the patient wishes to be referred to a provider out of the agreed pathway and the referring clinician believes that there are exceptional grounds for treatment at an alternative provider, an Individual Patient Funding Request (IPFR) can be made to WHSSC under the *All Wales Policy for Making Decisions on Individual Patient Funding Requests (IPFR)*.

Guidance on the IPFR process is available at www.whssc.wales.nhs.uk

3.6 Responsibilities

The role of the local Consultant Psychiatrist is to consider whether the patient has a diagnosis of Gender Dysphoria and / or whether the patient also has any other form of mental health disorder. The existence of mental health disorders / learning disabilities should not preclude the patient from referral to gender identity services. The objective is to assess whether the patient is an appropriate case to be referred to the specialised gender identity clinic for further assessment and/or treatment.

Once the Consultant Psychiatrist is confident that the patient meets the WLMHT GIC criteria they may refer to the designated gatekeeper within their Local Health Board. The role of the gatekeeper is to ensure that the referring consultant psychiatrist

has made a diagnosis of gender dysphoria and that the referral meets the agreed criteria.

If the referral meets the criteria, the clinical gatekeeper will approve the referral and forward it to WHSSC for authorisation.

Referrers should:

- Inform the patient that this treatment is not routinely funded outside the criteria in this policy
- Refer via the agreed pathway

Clinician considering treatment should:

- Discuss all the alternative treatment with the patient
- Advise the patient of any side effect and risks of the potential treatment
- Inform the patient that treatment is not routinely funded outside of the criteria in the policy.
- Confirm that there is contractual agreement with WHSSC for the treatment

In all other circumstances submit an IPFR request.

4. Putting Things Right: Raising a Concern

Whilst every effort has been made to ensure that decisions made under this policy are robust and appropriate for the patient group, it is acknowledged that there may be occasions when the patient or their representative are not happy with decisions made or the treatment provided. The patient or their representative should be guided by the clinician, or the member of NHS staff with whom the concern is raised, to the appropriate arrangements for management of their concern:

- When a patient or their representative is unhappy with the decision, of the gatekeeper, that the patient does not meet the criteria for treatment and that the patient is not an exceptional case, the patient and/or their representative has a right to ask for this decision to be reviewed. The review should be undertaken, by the patient's Local Health Board, in line with section 7 of the All Wales Policy: Making Decisions on Individual Patient Funding Requests;
- When a patient or their representative is unhappy with the care provided during the treatment or the clinical decision to withdraw treatment provided under this policy, the patient and/or their representative should be guided to the LHB for NHS Putting Things Right. For services provided outside NHS Wales the patient or their representative should be guided to the NHS Trust Concerns Procedure with a copy of the concern being sent to WHSSC.

5. Equality Impact and Assessment

The Equality Impact Assessment (EQIA) process has been developed to help promote fair and equal treatment in the delivery of health services. It aims to enable Welsh Health Specialised Services Committee to identify and eliminate detrimental treatment caused by the adverse impact of health service policies upon groups and individuals for reasons of race, gender re-assignment, disability, sex, sexual orientation, age, religion and belief, marriage and civil partnership, pregnancy and maternity and language (welsh).

Paying Due Regard to Equality

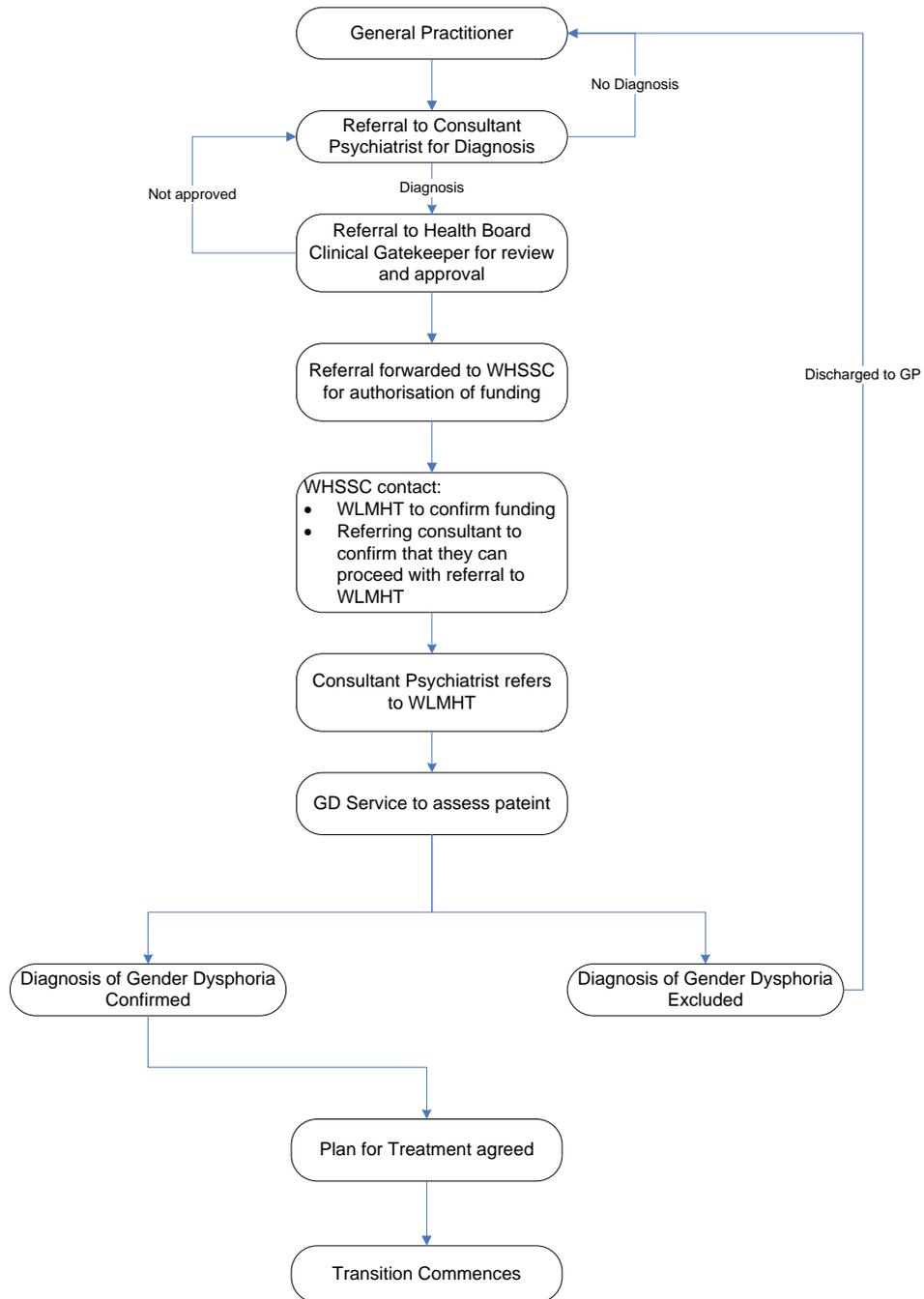
The Equality Act 2010 places a positive duty on public authorities to promote equality for all protected groups and requires Welsh public bodies to demonstrate how they pay "due regard" to equality when carrying out their functions. This policy has been developed using an EQIA methodology to anticipate the consequences of decisions on relevant groups. This has involved significant engagement with service users and clinicians. As far as possible negative consequences have been eliminated or minimized and opportunities for promoting equality and human rights have been maximised.

During the course of the work it was evident that there were a number of wider potentially discriminatory issues, outside of the scope of WHSSC, it is recommended that these are addressed by the wider health service.

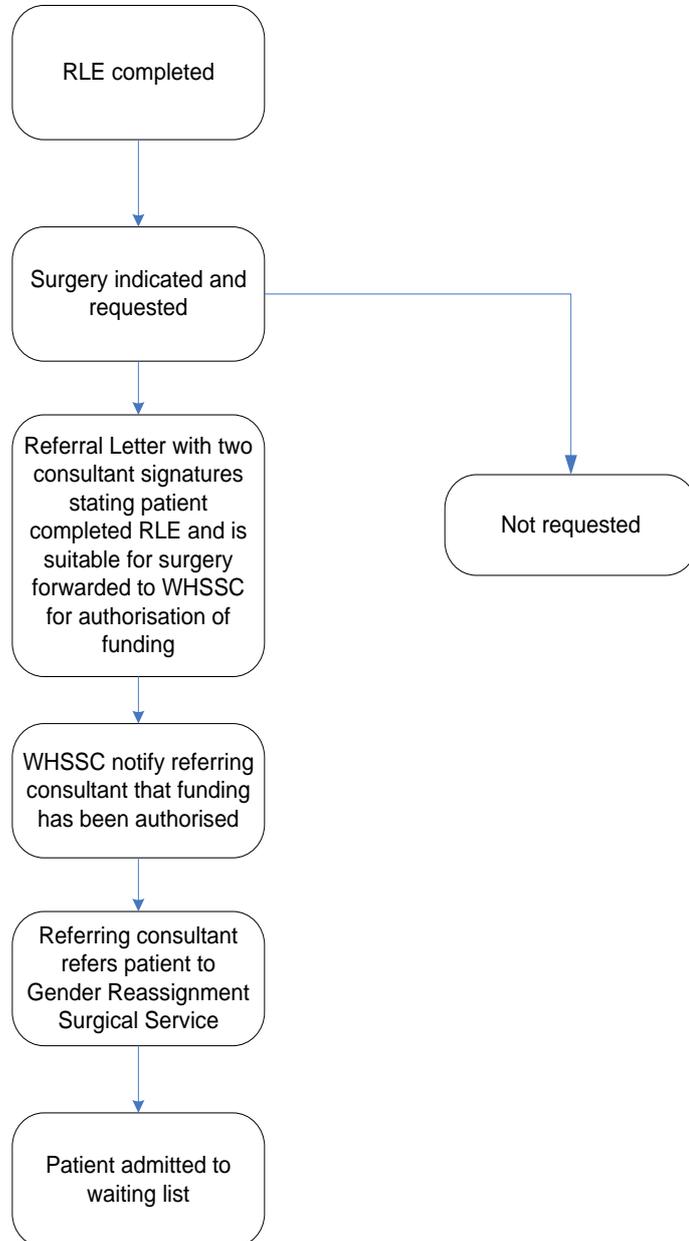
Annex (i) Referral Pathway

Adult Referral Pathway

Referral to Gender Identity Clinic



Surgery Referral Pathway



Annex (ii) Checklist

CP21 Specialised Adult Gender Identity Services

The following checklist should be completed and retained as evidence of policy compliance by the receiving centre. It is expected that this evidence will be provided at the point of invoicing by the receiving centre.

- i) Where the patient meets the criteria **AND** the procedure is included in the contract **AND** the referral is received by an agreed centre, the form should be completed and retained by the receiving centre for audit purposes.
- ii) The patient meets the criteria **AND** is received at an agreed centre, but the procedure is not included in the contract. The checklist must be completed and submitted to WHSSC for prior approval to treatment.
- iii) The patient meets the criteria but wishes to be referred to a non contracted provider. An Individual Patient Funding Request (IPFR) Form must be completed and submitted to WHSSC for consideration.
- iv) The patient does not meet criteria, but there is evidence of exceptionality. An Individual Patient Funding Request (IPFR) Form must be completed and submitted to WHSSC for consideration for treatment.

To be completed by the referring gatekeeper or treating clinician

PRIOR APPROVAL

Please tick the appropriate boxes:

		Yes	No
Patient NHS No:			
Patient is Welsh Resident	Post Code		
Patient is English Resident	GP Code:		
Patient meets following access criteria for treatment:			
The desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatment; and			
The gender dysphoria has been present persistently for at least two years; and			
The disorder is not a symptom of another mental disorder or chromosomal abnormality; and			
The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning;			
Patient wishes to be referred to non-contracted provider			
<i>An Individual Patient Funding Request (IPFR) must be completed and submitted to WHSSC for approval prior to treatment. The form must clearly demonstrate why funding should be provided as an exception. The form can be found at http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=898&id=181455</i>			
Patient does not meet access criteria but is exceptional			
<i>An Individual Patient Funding Request (IPFR) must be completed and submitted to WHSSC for approval prior to treatment. The form must clearly demonstrate why funding should be provided as an exception. The form can be found at http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=898&id=181455</i>			

Name: _____ **Designation:** _____

Signature: _____ **Date:** _____

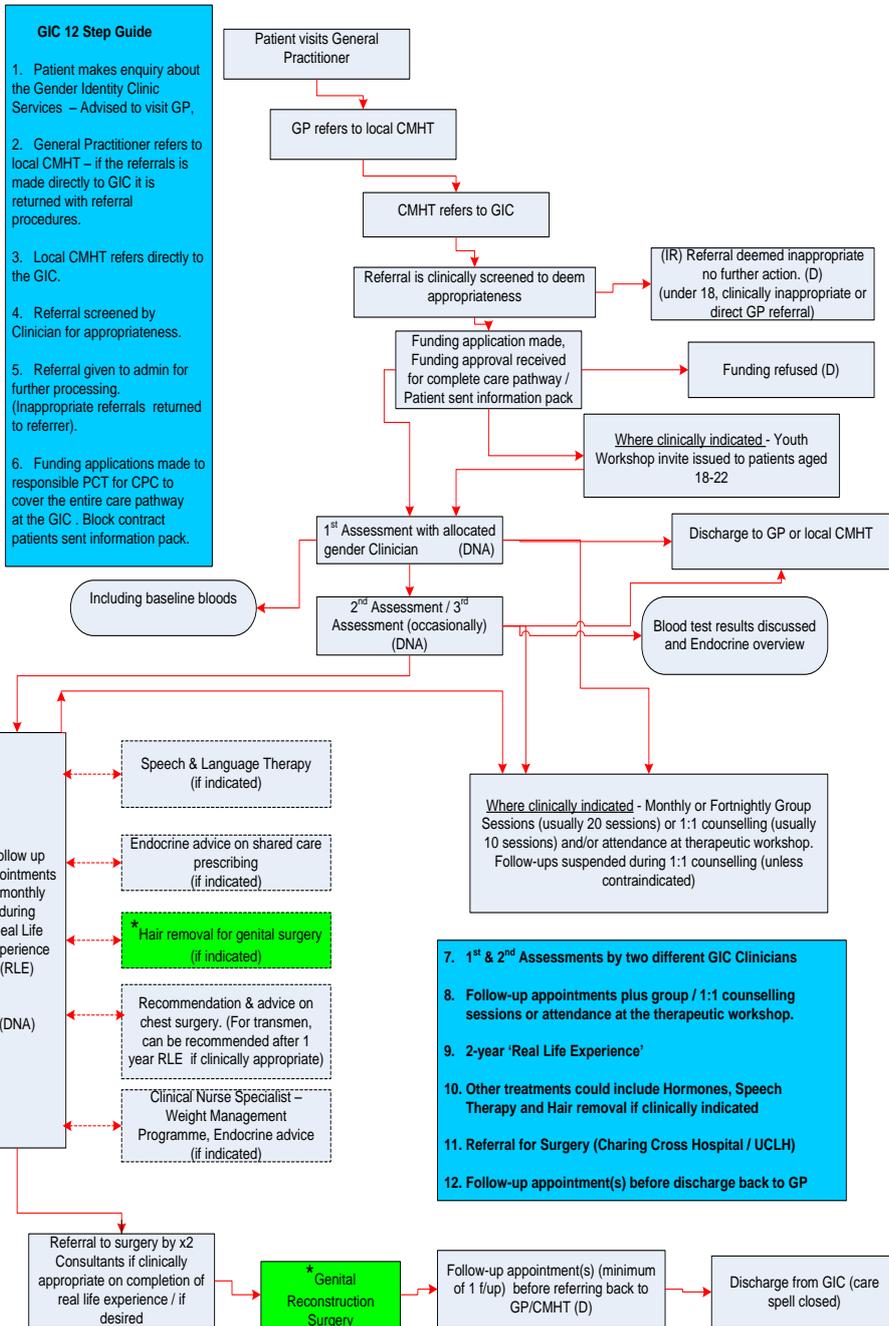
	Name (printed):	Signature:	Date:	Yes	No
Authorised by TRM Gatekeeper					
Authorised by IPM					
IPM/IPFR TRM Reference number:					

Annex (iii) Clinical Gatekeepers

LHB	Gatekeeper
ABMUHB and Powys (Ystradgynlais)	Dr Adeel Siddiqui
Aneurin Bevan (and South Powys)	Dr. Nahla Jamil
Cardiff & Vale	Dr. Cath Curran
Cwm Taf	Dr. Mark Winston
Hywel Dda	Dr. Carl Hooper
Betsi Cadwaladr and Powys (North)	Dr. David Crossley

Annex (iv) West London Care Pathway

GENDER IDENTITY CLINIC (GIC) – CARE PATHWAY



The Gender Identity Clinic, 179-183 Fulham Palace Road, London W6 8QZ. Tel 020 8483 2801 Fax 020 8483 2873

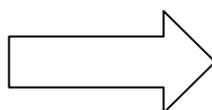
*Core procedure but not part of the WLMHT contract

(DNA) = DNA Policy (see reverse)

(IR) Inappropriate Referrals = GP Referrals, Under 18, Clinically Inappropriate

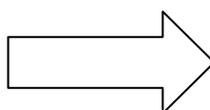
Did Not Attend Policy (DNA) – Gender Identity Clinic

Patient DNAs for
1st or 2nd
assessment



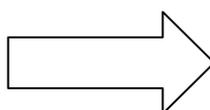
Discharge to
GP

Patient DNAs for
Follow up/
Pre surgery/
Endocrine
appointments



Patient given 4
weeks to write
to Clinic

Patients DNAs for
2 consecutive
appointments



Discharge to
GP

**Following NHS guidelines cancellations made giving less than 48hrs
notice will be recorded as a DNA.**

Annex v. List of information and investigations required on referral to GIC

The following information and results should be included with all initial referrals to the GIC:

- Full demographics and contact details,
- A recent comprehensive psychiatric history assessment,
- Blood test results:
 - LH
 - FSH
 - FBC
 - Oestradiol
 - Testosterone
 - Prolactin
 - SHBG
 - Di-hydro testosterone
 - LFTs
 - PSA
 - Lipid profile