

“Non-Core” Procedures and Interventions for Gender Reassignment in Patients aged 17 and Over

February 2019

This policy applies to patients for whom the following Clinical Commissioning Groups are responsible:

- NHS South Worcestershire Clinical Commissioning Group (CCG)
- NHS Redditch & Bromsgrove Clinical Commissioning Group (CCG)
- NHS Wyre Forest Clinical Commissioning Group (CCG)

Collectively referred to as the Worcestershire CCGs

COMMISSIONING SUMMARY

Worcestershire CCGs (also termed “the Commissioner” in this document) recognise the NHS England Commissioned Gender Reassignment treatment pathway and the treatments, therapies and interventions that are commissioned through that pathway.

This policy provides clarity about the local commissioning arrangements for the following interventions identified but not commissioned by NHS England (“non-core procedures”):

- Breast augmentation (augmentation mammoplasty)
- Facial Feminisation Surgery (FFS)
- Lipoplasty / Contouring including Liposuction and / or body sculpture
- Hair Removal/Electrolysis outside of Core Facial Hair Removal
- Skin Resurfacing/Laser Treatment to Skin
- Revision of Scarring
- Phonosurgery
- Hair transplantation
- Reversal of previous surgical interventions for the treatment of gender dysphoria
- Hysterectomy, Bilateral salpingo-oophrectomy, penectomy and orchidectomy when not performed as part of an NHS Gender Reassignment pathway

Gamete storage is the subject of a separate commissioning policy: “Cryopreservation for Infertility Associated with Medical Treatment or Surgery”.

The list of interventions detailed above is not exhaustive and any other procedures, for which NHS England has not yet considered commissioning responsibility, are considered as “non-core” and are not routinely commissioned by Worcestershire CCGs.

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Lead Executive/Director:	Ms Christina Emerson, Head of Commissioning & Service Redesign December 2018: Mr Simon Gartland, Associate Director of Contracting
Name of originator/author:	Mrs Helen Bryant, Commissioning & IFR Manager Mrs Fiona Bates, Public Health and Medicines Commissioning Project Lead December 2018: Mrs Helen Bryant, Senior Contracts Manager Mrs Fiona Bates, Public Health Liaison and Medicines Commissioning Project Lead
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Clinical Commissioning Policy Collaborative, which includes: GPs, Commissioners, Medicines Commissioning, Public Health, Patient and Public Representatives	

Version Control:

Version No	Type of Change	Date	Description of change
1.0	NEW	May 2015	Production of local policy to reflect changes in commissioning responsibilities from local to national commissioners for main treatment pathway and to confirm local commissioning stance for those areas national commissioning deem to be

Version No	Type of Change	Date	Description of change
			retained at local level.`
1.1	Minor	October 2015	Updates to draft document following legal review
1.2	Minor	December 2018	Updates to published document to reflect NHS England Service Specifications on the provision of Gender Identity Surgery and to confirm the local commissioning stance for those areas that NHS England determined as “not routinely commissioned” or commissioned at a local (CCG) level.

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1. Definitions

- 1.1 **Gender Variance (GV)** is behaviour or gender expression by an individual that does not match cultural expectations about the gender roles typically associated with that individual's sex assignment at birth.
- 1.2 **Gender Identity (GI)** is the gender that a person "identifies" with or feels themselves to be (their psychological sense of themselves as men or women).
- 1.3 **Gender Dysphoria (GD)** is a term describing the discomfort or distress caused by the discrepancy between a person's gender identity and the sex they were assigned at birth (with the accompanying primary/secondary sexual characteristics and/or expected social gender role). Gender dysphoria is also sometimes known as gender identity disorder (GID), gender incongruence or transgenderism.
- 1.4 **Transsexualism** is an extreme form of Gender Dysphoria. It is the desire to transition and be accepted as a member of a sex other than that assigned at birth, and to make one's body as congruent as possible, typically through hormone (endocrine) treatment and surgery.
- 1.5 **Gender Reassignment (GR)** is the process by which an individual transitions from their birth gender to their preferred gender (gender identity). The transitional process for patients may have many facets which are described within this and other referenced documents.
- 1.6 **Exceptional clinical circumstances** are clinical circumstances pertaining to a particular patient, which can properly be described as exceptional, when compared to the clinical circumstances of other patients with the same clinical condition and at the same stage of development of that condition (i.e. similar patients). A patient with **exceptional clinical circumstances** will have clinical features or characteristics which differentiate that patient from other patients in that cohort and result in that patient being likely to obtain significantly greater clinical benefit (than those other patients) from the intervention for which funding is sought.
- 1.7 A **Similar Patient** is a patient who is likely to be in the same or similar clinical circumstances as the requesting patient and who could reasonably be expected to benefit from the requested treatment to the same or a similar degree. The existence of more than one similar patient indicates that a decision regarding the commissioning of a **service development** or commissioning policy is required of the Commissioner.
- 1.8 An **individual funding request (IFR)** is a request received from a provider or a patient with explicit support from a clinician, which seeks exceptional funding for a single identified patient for a specific treatment.
- 1.9 An **in-year service development** is any aspect of healthcare, other than one which is the subject of a successful individual funding request, which the Commissioner agrees to fund outside of the annual commissioning round. Such unplanned investment decisions should only be made in exceptional circumstances because, unless they can be funded through disinvestment, they will have to be funded as a result of either delaying or aborting other planned developments.

2. Scope of policy

2.1 This policy is part of a suite of locally endorsed commissioning policies. Copies of these commissioning policies are available on the following website address: <http://www.redditchandbromsgroveccg.nhs.uk/about-us/strategies-policies-and-procedures/commissioning-ifr/>

2.2 This policy applies to all patients for whom the Worcestershire CCGs have responsibility including:

- People provided with primary medical services by GP practices which are members of any one of the CCGs and
- People usually resident in any of the areas covered by the CCG's and not provided with primary medical services by any CCG.

2.3 For patients who do not fall within the eligibility criteria set out in the policy but where there is demonstrable evidence that the patient has exceptional clinical circumstances, an Individual Funding Request may be submitted for consideration. The referring clinician should consult the Commissioner's "Operational Policy for Individual Funding Requests" document for further guidance on this process.

For a definition of the term "exceptional clinical circumstances", please refer to the Definitions section of this document.

2.4 NHS England is responsible for commissioning specialised Gender Dysphoria Services nationally. Their arrangements are set out within the "Gender Identity Services for Adults (Surgical Interventions)" and "Gender Identity Services for Adults (Non Surgical Interventions)" service specifications; these documents outline the range of core services commissioned by NHS England including:

- Clinical assessment and support at Gender Identity Clinic
- Diagnosis and agreement of Individual Care Plan (where appropriate)
- Ongoing psychotherapy and counselling
- Hormone Treatment
- Facial hair removal
- Speech therapy
- Hair removal (donor site)
- Defined surgical treatments for male to female and female to male transitions

Clinical Commissioning Groups do not commission any of these services.

2.5 The NHS England commissioning guideline defines a group of procedures that are not exclusive to gender reassignment – "non-core" surgical procedures – the document outlines that these procedures are not routinely commissioned by the NHS and may only be provided on an exceptional clinical need basis. These procedures are the commissioning responsibility of Clinical Commissioning Groups (CCGs) and include:

- Breast augmentation (augmentation mammoplasty)
- Facial Feminisation Surgery (FFS)
- Lipoplasty / Contouring
- Gamete Storage
- Hair Removal/Electrolysis outside of Core Facial Hair Removal
- Skin Resurfacing/Laser Treatment to Skin
- Revision of Scarring
- Phonosurgery
- Hair transplantation
- Reversal of previous surgical interventions for the treatment of gender dysphoria

- Hysterectomy, bilateral salpingo-oophorectomy, penectomy and orchidectomy when not performed as part of an NHS Gender Reassignment pathway
- 2.6 This document sets out the Commissioner's policy on those interventions, identified within the NHS England "Gender Identity Services for Adults (Surgical Interventions)" and "Gender Identity Services for Adults (Non Surgical Interventions)" service specification document as requiring local CCG commissioning consideration. It states the Worcestershire CCGs policy for the NHS funding of non-core clinical interventions to assist feminisation or masculinisation.
- 2.7 Commissioning arrangements for gamete storage are not dealt with in this policy as they are the subject of a separate commissioning policy "Cryopreservation for Infertility associated with Medical Treatment or Surgery".
- 2.8 The NHS England Service Specification also sets out the commissioning arrangements for children and young people under 18 experiencing gender dysphoria; there are specialist clinics for this cohort of patients. This is detailed in the "Gender Identity Development Service (GIDS) for Children and Adolescents" service specification. Teenagers who are 17 years of age or older may be seen in Adult Gender Clinics as they are entitled to consent to their own treatment, if they are Fraser/Gillick-competent, and follow the standard adult protocol. Under the terms of the NHS England Protocol, patients must be aged at least 17 in order to access hormone treatments and surgical interventions. To be consistent with the NHSE protocol, this CCG policy for non-core treatments (which are the commissioning responsibility of CCGs) also only applies to patients aged 17 and over.

Commissioner responsibility for services and treatments associated with Gender Reassignment may be subject to change following NHS England consultation. The Worcestershire CCGs and this policy will seek to reflect any such changes at the earliest opportunity, although it may not be possible to revise the policy immediately upon such changes coming into effect. If there is any doubt as to the current position at any point in time, it is advisable to check with the local CCG.

3. Background

- 3.1. The NHS Constitution, which details the principles and values that guide the NHS, has been applied in the agreement of this policy.
- 3.2. NHS Redditch & Bromsgrove Clinical Commissioning Group, NHS South Worcestershire Clinical Commissioning Group and NHS Wyre Forest Clinical Commissioning Group consider all lives of all patients whom they serve to be of equal value and, in making decisions about funding treatment for patients, will seek not to discriminate on the grounds of sex, age, sexual orientation, ethnicity, educational level, employment, marital status, religion or disability except where a difference in the treatment options made available to patients is directly related a particular patient's clinical condition or is related to the anticipated benefits to be derived from a proposed form of treatment.
- 3.3. Gender Identity Disorder (GID) or Gender Dysphoria (GD) are uncommon conditions where the individual's psychological experience of themselves as male or female is incongruent with the external sexual characteristic of their body. Individuals are diagnosed with GID when they meet specified criteria outlined in the ICD-10 (International Classification of Diseases and Health Related Problems Version 10) diagnosis of transsexualism (F64.0) "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 make his or her body as congruent as possible with the preferred sex through surgery and hormone

treatment.” Individuals who are diagnosed with GID can vary in the extent to which they feel dissatisfied with their sexual identity. Individuals will also vary in the extent to which they wish to undergo transition to their desired gender and the permanency of that desire.

Gender identity disorder treatment is a combination of initial assessment, psychiatric assessment, psychological support, an aided period of real life experience in the desired gender and surgical interventions. The NHS-funded treatment pathway for patients transitioning gender has been commissioned at a national level by NHS England since 1st April 2013. Their “Interim Gender Dysphoria Protocol and Service 2013/14” Guideline, which provides information about their commissioned treatment pathway, is available via the following link:

<http://www.england.nhs.uk/wp-content/uploads/2013/10/int-gend-proto.pdf>

- 3.4. The NHS England document should be used in conjunction with the UK Intercollegiate *Good Practice Guidelines for the Assessment and Treatment of Adults with Gender Dysphoria* and is cross-referenced to its relevant sections. It should be interpreted and implemented in a manner that is consistent with the UK Intercollegiate *Good Practice Guidelines*.

4. Relevant National Guidance and Facts

4.1 There are a number of national guidelines published and referred to in this document including:

- a. Royal College of Psychiatrists: CR181. Good practice guidelines for the assessment and treatment of adults with gender dysphoria. October 2013
<http://www.rcpsych.ac.uk/usefulresources/publications/collegereports/cr/cr181.aspx>
- b. NHS England: Interim Gender Dysphoria Protocol and Service Guideline 2013/14. October 2013
<http://www.england.nhs.uk/wp-content/uploads/2013/10/int-gend-proto.pdf>
- c. England Gender Identity Clinics: Gender dysphoria services: a guide for General Practitioners and other healthcare staff
<http://www.nhs.uk/Livewell/Transhealth/Documents/gender-dysphoria-guide-for-gps-and-other-health-care-staff.pdf>

4.2 Incidence

A survey of new referrals to major NHS Gender Dysphoria services in England during 2008 suggests an incidence of 3 per 100,000 equating to 17 patients per annum in Worcestershire. This is likely to be an underestimate as patients are also managed by GPs and local psychiatrists and other patients self-manage.

4.3 Prevalence

The data for this are variable:

- A survey of 10,000 people undertaken in 2012 by the Equality and Human Rights Commission found that 1% of the population surveyed was gender variant, to some extent.
- A study carried out in Scotland in 1999 found that around 1 in every 12,500 people may have GD, equating to around 45 people in Worcestershire.
- Another study estimates prevalence for gender dysphoria in adults as 1 in 37,000 males and 1 in 107,000 females. Worcestershire could therefore expect to have a prevalence of around 11 people with GD, comprising 8 male to female (transfemale) and 3 female to male (transmale).

5. Patient Eligibility

- 5.1 NHS England is responsible for commissioning specialised Gender Dysphoria Services nationally. Their arrangements are set out within the "Gender Identity Services for Adults (Surgical Interventions)" and "Gender Identity Services for Adults (Non Surgical Interventions)" service specifications; these documents outline the range of core services commissioned by NHS England.

Clinical Commissioning Groups do not commission any of the core services detailed within these documents.

5.2 Procedures and Interventions for local NHS funding consideration:

The list of "non-core" procedures below is not exhaustive and any other procedures not listed, which are not confirmed as the responsibility of NHS England, should be considered as "non-core".

Procedure	Worcestershire CCG Policy
Breast augmentation (augmentation mammoplasty)	This intervention is not routinely funded on the NHS.
Facial Feminisation Surgery (FFS) including but not confined to: <ul style="list-style-type: none"> • Thyroid chondroplasty/Tracheal shave (reducing size of larynx) • Rhinoplasty (nasal surgery) • Facial bone reduction • Blepharoplasty • Facelift 	These interventions are not routinely funded on the NHS.
Lipoplasty / Contouring including Liposuction and / or body sculpture	These interventions are not routinely funded on the NHS.
Hair Removal/Electrolysis outside of Core Facial Hair Removal	This intervention is not routinely funded on the NHS.
Hair Transplantation	This intervention is not routinely funded on the NHS.
Skin Resurfacing/Laser Treatment to Skin	These interventions are not routinely funded on the NHS.
Revision of Scarring	This intervention is not routinely funded on the NHS.
Phonosurgery, a range of surgical procedures that maintain, restore, or enhance the human voice. Which includes the following interventions (this list is not exhaustive): <ul style="list-style-type: none"> • phonomicrosurgery (microsurgery of the vocal folds done through an endoscope), • laryngoplastic phonosurgery (open-neck surgery that restructures the cartilaginous framework of the larynx and the soft tissues), • laryngeal injection (injection into the larynx of medications as well as synthetic and organic biologic substances), • reinnervation (restoration of the nerve supply) of the larynx 	These interventions are not routinely funded on the NHS.
Reversal of previous surgical	This intervention is not routinely funded

Procedure	Worcestershire CCG Policy
interventions for the treatment of gender dysphoria	on the NHS.
Hysterectomy, bilateral salpingo-oophorectomy, penectomy and orchidectomy when not performed as part of an NHS Gender Reassignment pathway	The CCGs will not routinely fund interventions that are part of the GRS transitional surgery as this should only be provided as part of the agreed NHS Gender Reassignment pathway commissioned by NHS England and at NHS England designated provider organisations. <i>Note: Patients who require these procedures for clinical presentations outside of the GRS treatment pathway will be funded in line with the standard treatment pathways.</i>
Other non-core procedures	These interventions are not routinely funded on the NHS.

5.3 Co-Payment and Retrospective Funding

The Commissioner has adopted the NHS England Commissioning Policy “Defining the boundaries between NHS and private care”, which provides further clarification on the Commissioner’s position on co-payment and retrospective funding. This, along with all other commissioning policies, is available at the following internet address:

<http://www.redditchandbromsgroveccg.nhs.uk/about-us/strategies-policies-and-procedures/commissioning-ifr/>

Co-payment is seldom permitted in the NHS, other than where, pursuant to Regulations made under the National Health Service Act 2006, specified patients are required to make a specified contribution e.g. prescriptions.

The Commissioner will not make any contribution to privately funded care to cover the cost of treatment that the patient could have accessed via the NHS England commissioned Gender Reassignment treatment pathway.

6. Supporting Documents

- Worcestershire CCGs: Operational Policy for Individual Funding Requests
- Worcestershire CCGs: Prioritisation Framework for the Commissioning of Healthcare Services
- NHS England: Ethical Framework for Priority Setting Resource Allocation
- NHS England: Individual Funding Requests
- NHS England: Interim Gender Dysphoria Protocol and Service Guideline 2013/14
- UK Intercollegiate Good Practice Guidelines for the Assessment and Treatment of Adults with Gender Dysphoria. October 2013
- England Gender Identity Clinics: Gender dysphoria services: a guide for General Practitioners and other healthcare staff - <http://www.nhs.uk/Livewell/Transhealth/Documents/gender-dysphoria-guide-for-gps-and-other-health-care-staff.pdf>
- NHS Constitution, updated 27th July 2015
- NHS England “Gender Identity Services for Adults (Non-Surgical Interventions)” Service Specification: <https://www.england.nhs.uk/wp->

[content/uploads/2018/10/Gender-identity-services-for-adults-non-surgical-interventions.pdf](https://www.england.nhs.uk/wp-content/uploads/2018/10/Gender-identity-services-for-adults-non-surgical-interventions.pdf)

- NHS England “Gender Identity Services for Adults (Surgical Interventions)”: <https://www.england.nhs.uk/wp-content/uploads/2018/10/Gender-identity-services-for-adults-surgical-interventions.pdf>
- NHS England “Gender Identity Development Service (GIDS) for Children and Adolescents” <https://www.england.nhs.uk/wp-content/uploads/2017/04/gender-development-service-children-adolescents.pdf>

Acknowledgements:

The commissioners wish to acknowledge, with thanks, use of the following policy statements during the creation of our policy:

- Thames Valley Priorities Committee Commissioning Policy Statement (applicable to Aylesbury, Bracknell & Ascot, Chiltern, Newbury & District, North and West Reading, Oxfordshire, South Reading, Slough, Windsor, Ascot and Maidenhead and Wokingham CCGs)
- North and East London Commissioning Support Unit Procedures of Limited Clinical Value Statement (applicable to Tower Hamlets and Waltham Forest CCGs)

7. Equality Impact Assessment

Organisation	NHS Redditch & Bromsgrove CCG, NHS South Worcestershire CCG and NHS Wyre Forest CCG		
Department	Commissioning	Name of lead person	Helen Bryant and Fiona Bates
Piece of work being assessed	"Non-Core" Procedures and Interventions for Gender Reassignment Surgery In Adults		
Aims of this piece of work	To clarify the local commissioning position on the NHS funding of "Non-Core" procedures associated with the transition process with the NHS England funded Gender Reassignment treatment pathway.		
Date of EIA	26 th February 2015 Reviewed: 10 th December 2018	Other partners/stakeholders involved	Clinical Commissioning Policy Collaborative
Who will be affected by this piece of work?	Patients who are registered with a Worcestershire GP or who live in Worcestershire not registered with a GP who are considering or actively participating in the NHS England commissioned Gender Reassignment treatment pathway.		

Single Equality Scheme Strand	Baseline data and research on the population that this piece of work will affect. What is available? E.g. population data, service user data. What does it show? Are there any gaps? Use both quantitative data and qualitative data where possible. Include consultation with service users wherever possible	Is there likely to be a differential impact? Yes, no, unknown
Gender	Prevalence data suggests that Gender Dysphoria is more common in men than women ¹ and therefore male to female transitioning individuals may be affected more by the limitations of this policy. The NHS England GRS pathway is available to any patient who meets the clinical eligibility criteria for NHS funded treatment. The Non-Core surgical procedures identified by NHS England for local CCG funding consideration are, by the nature of the gender transition process "chosen Gender" specific.	Yes
Race	In 2011, The Office of National Statistics noted that 95.7% of Worcestershire's population classified themselves as "White" (including 0.6% White Irish, 0.2% White Gypsy or Irish Traveller). 2.4% of the population classified themselves as "Asian or Asian British" and 0.4% "Black or Black British". No data is available to determine the racial breakdown of people who present to the NHS to consider (or receive) gender reassignment treatment.	No

¹ Peers et al. Gender Identity Research and Education Society. Gender Variance in the UK: Prevalence, Incidence, Growth and Geographic Distribution. 2009

	This CCG policy for non-core interventions applies to any patient who meets the NHS England GRS pathway clinical eligibility criteria for NHS funded treatment regardless of race.	
Disability	In 2011, The Office of National Statistics noted that 8.1% of Worcestershire's population classified themselves as "having long term health problems or disabilities such that their day to day activities are affected a lot". No data is available to determine the ability breakdown of people who present to the NHS to consider (or receive) gender reassignment treatment.	No
Religion/ belief	There is no available evidence regarding the breakdown of the UK GRS population by their religion/beliefs. The policy has no reference to religion or belief.	No
Sexual orientation	Sexual orientation is distinctly different to a patient's gender identity and has little relevance to this policy. There is some evidence from children identified with Gender Dysphoria that they are more likely to be homosexual or bisexual. However this would have no impact on management of patients in accordance with this policy.	No
Age	The average age of people in the UK presenting for the Gender Reassignment treatment pathway is 42 ² . There is evidence that "most children with gender dysphoria will not remain gender dysphoric after puberty" ³ and this supports the limitations of both the NHS England and CCG policies in relation to age. There are NHS England commissioned specialised clinics available for children and young people aged under 18 before transitioning into the adult service from age 17.	Yes
Social deprivation	There is no published information that indicates whether people from socially deprived backgrounds are more or less likely to present for the GRS pathway.	No
Carers	The Office of National Statistics 2011 Census noted that 11.3% of Worcestershire population provide unpaid care. Therefore, it may be reasonable to assume that a proportion of that small population group	No

² No Health without Mental Health Department of Health, February 20122

³ Wallien MS1, Cohen-Kettenis PT. Psychosexual outcome of gender-dysphoric children. J Am Acad Child Adolesc Psychiatry. 2008 Dec;47(12):1413-23. doi: 10.1097/CHI.0b013e31818956b9.

	<p>may also be part of the GRS population group but this will have no impact on patient management in accordance with this policy.</p> <p>Not applicable, the NHS England GRS pathway is available to any patient who meets the clinical eligibility criteria for NHS funded treatment.</p>	
Human rights	Neither the NHS England GRS pathway described in their service specifications nor the local commissioning policy would seek to affect a patient's human rights.	No

Equality Impact Assessment Action Plan

Strand	Issue	Action required	How will you measure the outcome/impact	Timescale	Lead
Gender	Gender Dysphoria more common in men and therefore men are more likely to be affected by the non-availability of non-core procedures.	No action: The prevalence of Gender Dysphoria cannot be influenced.	N/A	-	-
Age	Policy applies to patients aged 17 and over	No action: This policy is consistent with the NHS England commissioned services available for GID. As "non-core" procedures are not routinely funded, there is no equality issue in relation to the age of a patient.	N/A	-	-