

## Appendix 7

### GENDER DYSPHORIA REFERRAL POLICY

The preferred provider is the Porterbrook clinic, CHCS, Sheffield. The lead consultant is currently Dr. K. Whyllie.

1. All referrals must be via a local consultant psychiatrist, who, within guidelines agreed with the Sheffield centre, will assess and screen the patient for psychiatric and organic illness and will continue to have responsibility for other psychiatric problems the patients may have. Any other problems identified should be managed and/or treated prior to referral.
2. The patient will be assessed by the specialist gender psychiatrist, currently Dr. Whyllie, at the Porterbrook clinic.
3. Following multi-disciplinary assessments over a minimum of six months and the provision of counselling to the patient, and if a diagnosis of transsexualism is confirmed, the patient will be considered for hormonal treatment.
4. The treatment plan usually entails the patient entering a 'real life diagnostic test' with a minimum period of 18 months living in the desired gender role and with regular reviews by the Porterbrook team. In such circumstances, the patient needs to demonstrate acceptance by society in their role through being financially independent in employment, engaged in full-time education or training, or in certain approved circumstances, significant employment in the voluntary sector.
5. Once the psychiatrist feels that the patient has fulfilled a valid 'real life test' and has completed 18 months of hormone treatment, the team will consider whether gender reassignment surgery is appropriate. In exceptional circumstances, the treatment plan of the specialist gender psychiatrist may vary depending on the individual circumstances.
6. Before proceeding to surgery the opinion of a second consultant psychiatrist experienced in gender dysphoria and not connected with the clinic will be sought. If the second opinion is supportive the patient will be referred for the appropriate surgical opinion(s). Genital surgery will be provided by a centre considered appropriate by the Sheffield team, in discussion with the patient.
7. If the patient is placed on a surgical waiting list, they will continue to attend the clinic and maintain contact with the gender dysphoria team.
8. Post operatively patients will be offered ongoing counselling and support from the gender dysphoria service.

## Services to be provided

NHS funding will cover:

- the service elements within the referral policy as described above
- counselling
- hormonal treatment
- speech therapy
- genital reconstruction surgery

Funding for surgical reconstruction will be agreed on an individual case basis by the PCTs.

NHS funding is only available for the following procedures under the criteria set out within the cosmetic/aesthetic procedures policy (01/00):

non-genital surgery (such as breast augmentation)  
other cosmetic surgical procedures  
tattoo removal

NHS funding is not generally available for electrolysis as there are other methods of achieving the same cosmetic results, such as depilatory creams or waxing. However, if there are exceptional circumstances, for example, if a patient cannot use any other method of hair removal for sound medical reasons, then funding may be considered on an individual case basis for treatment to necessarily exposed skin (such as the face).

## Monitoring

Annual statements of stage in the assessment process or stage of treatment for all patients referred to the gender dysphoria service will be required.

The Sheffield unit should be supported in setting up a long-term audit to examine outcomes for patients treated.

Doncaster PCTs will request follow-up information on all cases completing treatment from the unit in the form of an annual audit report.