NHS Commissioning Board

C4b

2012/13 NHS STANDARD CONTRACT
FOR ACUTE, AMBULANCE, COMMUNITY AND MENTAL HEALTH
AND LEARNING DISABILITY SERVICES
(MULTILATERAL)

SECTION B PART 1 - SERVICE SPECIFICATIONS

Service Specification No.	**C4b** (22(4))
Service	Gender Identity Services – Gender Identity Clinic Services (GIC)
Commissioner Lead	Jo Scott
Provider Lead	
Period	12 months
Date of Review	

1. Population Needs

1.1 National/local context and evidence base

- Gender Dysphoria is a condition in which there is a psychological experience of oneself as a man or woman, which is incongruent with the phenotype. The individual's physical sex is not aligned with their gender identity.

- If not treated, gender dysphoria can lead to mental ill health and severely affect the person's quality of life. The aetiology of the condition is not yet fully understood; however there is current evidence that suggests that transsexualism is not a mental illness, but rather a neuro-developmental condition. Transsexualism cannot be 'cured'. Instead interventions may be required to optimise mental health and facilitate transition of status where appropriate.

- Estimates of the prevalence of transsexualism vary considerably; discrepancies may be due to a range of factors. Secrecy and stigma may lead to the perception of an apparently smaller trans population than in those parts of the world where there is greater tolerance. Easier access to treatment and a more benign legal setting may also affect the outcomes of studies. In Europe, studies include the Scottish study which yielded an incidence of 1 in 12,225 (Wilson et al, 1999) and the Netherlands study (Van Kesteren et al, 1996) 1 in 21,186. The Gender Identity Research and Education Society estimated that there were about 15,000

people in the UK receiving some form of medical intervention for gender dysphoria, which is about one in 4,000, of the whole population (GIRES, 2009). Ratios of trans men to trans women are usually found to be approximately 1 in 3 or 1 in 4. Not all patients with gender dysphoria symptoms wish for surgery and the numbers related to need are largely unknown. National demand for these services is currently at a level of approximately 1,500 new cases per year in England. Anecdotally, it is believed that approximately 1 in 5 cases proceed to sex reassignment surgeries, although robust data is lacking.

- Legislation now enables trans people to obtain legal recognition of their new gender status, after they have undergone transition which does not necessarily include hormone treatment or reconstructive surgery (Gender Recognition Act, 2004).

- This is a field in which there are known limitations to the evidence base, owing to a history of restricted funding for detailed research, general stigma surrounding the subject matter and evidence of difficulties in getting research published in peer review journals

- Terminology can vary widely, and individual preferences must be respected; people with Gender Dysphoria might identify as male or female, and / or gender variant, transgender, transsexual, transvestite, genderqueer, gender neutral, androgyne, neutrois, or other.

2. Scope

2.1 Aims and objectives of service

- The aim of the service is to work in partnership with the patient to facilitate a clear and realistic understanding of their feelings; the patient will be encouraged to explore their options with the clinician. Neither the patient nor the clinical team should pre-judge the direction of the treatment pathway to be followed. As the process progresses, the patient will be able to contemplate approaches that they may not have considered, and so make a fully-informed decision about the way forward.

- Whatever course the patient and clinician agree, the goal of the service is to then support the patient with the medical, psychological and nursing input and access to any other appropriate services they need to achieve a successful outcome in their personal case, the overarching treatment goal is lasting personal comfort with the gendered self in order to maximise overall psychological well being and self-fulfilment and thereby improving the individuals quality of life.

- Genital reconstructive surgery (GRS) is in all cases a possible outcome, but the patient will be assisted to consider a range of possibilities for dealing with their Gender Dysphoria.

- The aim is to improve quality of life for those diagnosed with gender dysphoria by:
    - Making timely and accurate diagnosis
    - Providing appropriate counselling and psychological support
    - Providing skills development to facilitate living in the desired gender such as voice coaching or speech and language therapy.
    - Providing support and advice to primary care to enable safe prescribing of hormone therapy.
    - Referring and supporting patients, when appropriate, before and after both chest and genital reconstructive surgery.
    - Ensuring smooth and managed transition from the young person's service to adult services.
    - Ensuring effective communication between patients, primary care and service providers.
    - Providing a personal service, sensitive to the physical, psychological and emotional needs of the patient.
    - Providing advocacy and education for and about patients in obtaining those services they require i.e. passport application, housing etc.

2.2 Service description/care pathway

- There is no single model for treatment; the care pathway for individuals with gender dysphoria varies as appropriate for the patient. There is no predefined order; it may be possible to miss a stage if it is appropriate for the patient. Not all patients will wish to proceed to surgery.

- The service will offer / facilitate:
    - Referral from GP or local psychiatry services
    - Diagnostic Assessment
    - Psychological support / counselling, including during the social gender role transition
    - Skills development to facilitate living in their desired gender (including speech and language therapy; support and advice on presentation)
    - Hormone therapy (including endocrinology assessment) – this element will be prescribed by primary care on advice and with support from the GIC (see draft prescribing guidance at Appendix A).
    - Hair removal (donor site)
    - Referral for surgery

- Gender Identity Clinic services (GICs) will receive individuals with a tentative diagnosis of Gender Dysphoria (after delineation of any mental illness diagnosis by a Community Mental Health Team, if indicated by Primary Care). The Gender Dysphoria service definition includes not only reconstructive surgery (chest and genital) and transition but also any person requiring assessment or treatment for gender identity issues.

- The Gender Identity Clinic service (GICs) provides access to a specialist mental health team which commences appropriate (non-surgical) treatment for all gender dysphoria patients aged 18 years and over (see section re: young persons service and transition). Treatments include: Specialist assessment and diagnosis,

psychological therapies, speech and language therapies, endocrinology, hair removal, referral for reconstructive surgery (chest and genital), including repair and aftercare.

- Individuals who need help to optimise mental health and to make the social gender role transition will need intervention from professionals with knowledge, training and experience in the treatment of gender dysphoria. In many cases, reconstructive surgery (chest and genital) will also be appropriate. This document seeks to specify commissioners' requirements of non-surgical gender dysphoria services. The requirement for surgical services will be addressed in a separate specification.

- GICs are tertiary and, as such receive referrals from secondary and sometimes primary care. This varies with the characteristics of the individual patient, and local service arrangements.

- **The Initial Assessment Period**

    - An initial assessment period of usually three to six months involves diagnostic assessment of the patient (including patient's history of and current experience of gender dysphoria), psychological assessment, general medical examination and physiological measurements, including blood tests. It will be expected that all patients who wish to proceed to either hormone therapy or surgery will have been through this initial assessment period in order to discount any differential diagnosis.

    - The assessment of patients who are further down the care pathway or transfer with complete history from another suitably qualified and experienced clinician may be shorter.

- **Psychological input**

    - All patients will be reviewed at regular intervals in line with best practice guidelines.

    - Patients may in some cases be offered psychological support as part of their individualised package of care.

    - In some cases, formal psychiatric intervention may be required, particularly for patients with psychiatric co morbidities. This will not normally be provided by the GIC. The GIC may ask the GP to refer (or refer directly) to mental health services for unrelated mental health problems.

- **Social Gender Role Transition Period**

    - The social gender role transition is a period of time where the person changes all aspects of their life, to that which is congruent with their desired gender role. This will be sustained for a period of at least 12 months in order to be considered for referral for genital surgery. During this

time, patients are able to weigh up the practical and social implications of a permanent gender change and to assure themselves that it feels right for them and that they can cope with any negative implications. The role of the clinician is to advise on coping strategies and (where necessary) challenge the patient to ensure they derive the full benefit of the experience. The social role transition period is an integral part of any individualised treatment plan where genital reconstructive surgery is being considered. The quality of the social role transition is assessed through the patient's ability to function in their acquired gender.

- Gender Recognition Certificates may be taken into account at this stage.

- **Hormone / Endocrine Therapy**

  - Hormone therapy will be considered when clinically indicated

  - Primary care (GPs) is responsible for the initiation and ongoing prescribing of hormone therapy and organising blood and other diagnostic tests as recommended by the specialist gender clinician (see draft prescribing guidance at Appendix A).

  - Discussions regarding fertility are part of the assessment within GICs and should take place before any treatment which potentially compromises fertility is initiated. Hormone therapy has the potential to disturb the endocrine control of gametogenesis. Genital surgery causes irreversible loss of fertility. Consequently, it is advisable for patients with Gender dysphoria to consider providing sperm specimens or undergoing treatments to procure eggs prior to starting hormone treatment. Storage of gametes is usually not funded within the NHS.

  - Hormone therapy is an important component of treatment for properly selected individuals with persistent Gender Dysphoria. Hormone therapy usually consists of a combination of hormone suppressing medication (reversible) and the administration of cross sex hormones.

  - The administration of cross sex hormones is only commenced if the patient fulfils the following criteria:
    - Competent to consent to receive treatment consistent with safe clinical practice and relevant legislation.
    - Demonstrable knowledge of what hormones medically can and cannot do, and their social benefits and risks;
    - Having had a reasonable period between decision between clinician and patient to proceed with hormone therapy and the actual administration of hormones, allowing for relevant tests to be carried out where necessary or a cooling off period where appropriate.

- **Speech and Language Therapy**

Services will offer Speech and language therapy to support patients to 're-train' their voice to make it sound more congruent with the new gender presentation.

- **Chest and Genital Reconstructive Surgery (GRS)**

    - Services offer surgical procedures as part of the Gender Dysphoria treatment pathway. Chest and genital reconstructive surgery (GRS) services are an integral part of the Gender Identity Services and should not be considered separately.

    - Patients will be referred to the surgical service when they meet the eligibility and readiness criteria.

    - See separate service specification for this element.

- **Discharge criteria and Planning**

    - All patients should be followed up by the Gender Identity Clinic service at 12 months following genital reconstructive surgery, to review and record the outcome. The patient and the GIC clinician may decide that it is both appropriate and necessary for patients also to attend the gender identity service following GRS for ongoing support, and/or hormone monitoring.

    - Patients will be discharged from the service when :-

        - They are no longer receiving benefit or
        - They have a stable gender identity or
        - Following GRS they are medically stable and their care can be transferred to their GP or
        - They request discharge.

    - Gender Identity Clinic services should always be directed towards facilitating a social or occupational role for patients. Discharge planning should be an integral part of the personalised care plan.

    - Upon discharge, the GICs will provide a sufficiently detailed discharge plan to enable an appropriate transfer of care from the specialised service back to primary care, including a recommended programme for periodic diagnostic tests and medication reviews to assure continued wellbeing, based on extant best practice.

- **Infrastructure**

  The GIC multi-disciplinary team is expected as a minimum to include the following: psychiatrist; psychotherapist / clinical psychologist; speech and language therapist; endocrinologist and nurses.

2.3 Population covered

- The service outlined in the specification is for patients ordinarily resident in England; or otherwise the commissioning responsibility of the NHS in England[1] (as defined in *Who Pays?: Establishing the responsible commissioner* and other Department of Health guidance relating to patients entitled to NHS care or exempt from charges).

- Specifically, this service is for adults with a tentative diagnosis of Gender Dysphoria (after delineation of any mental illness diagnosis by a Community Mental Health Team, if indicated by Primary Care).

2.4 Any acceptance and exclusion criteria

- The service will accept referrals from General Practitioners and from secondary mental health services of adults with symptoms of Gender dysphoria, after delineation of the nature and extent of any mental health diagnosis.

- The following may all co-exist with gender dysphoria, and are not considered contraindications to referral: disorders of mental or physical health, learning development (including autistic spectrum) or personality; dependence on alcohol or other substances. It is the responsibility of the referrer to ensure that any such conditions are stabilised. Where there are significant elements of associated risk these should be well managed by referrers and additional (including forensic) services as appropriate.

- People under 17 years should be referred to the Gender Identity Development Service at the Tavistock and Portman NHS Trust.

- People between 17 and 17 years 6 months will be referred to the most appropriate service to meet their needs; this will be agreed in discussion with the young person and their carers and the receiving preferred service.

- People over 17 years 6 months will be referred into the adult service.

- All referrals received will be placed onto a single waiting list for the gender identity clinic.

[1] Note: for the purposes of commissioning health services, this EXCLUDES patients who, whilst resident in England, are registered with a GP Practice in Wales, but INCLUDES patients resident in Wales who are registered with a GP Practice in Wales, but INCLUDES patients resident in Wales who are registered with a GP Practice in England.

2.5 Interdependencies with other services

Interdependent services
Surgical providers:

- In England there are two specialist centres providing NHS-funded genital reconstructive surgery for trans women and one specialist centre in England providing NHS funded genital reconstructive surgery for trans men. (Some trans men may receive NHS-funded surgery abroad.) See the Surgery specification for more details but the procedures listed below are considered to be the main elements of specialised reconstructive (chest and genital) surgery services. Not all patients have the same care pathway nor do they necessarily have all the procedures listed:

- Trans women (MtF):
    - penectomy (removal of penis)
    - orchidectomy (removal of testes)
    - Breast augmentation only available on a clinical need basis (joint agreement between MDT GIC & Surgical centre). Breast augmentation can only be considered after a sufficient period of exposure to adequate hormone treatment has taken place. The expected maximum effect of feminising hormone treatment is usually three years.
    - vaginoplasty (creation of a vagina)
    - clitoroplasty and labiaplasty (creation of clitoris and labia)
    - Donor site hair removal if clinically necessary (according to the advice from the surgical provider)

- Trans men (FtM):
    - chest reconstruction / bilateral mastectomy (carried out by surgeons with experience in performing surgery for trans men or gynaecomastia surgery)
    - hysterectomy (removal of uterus)
    - vaginectomy (removal of vagina)
    - salpingo-oophorectomy (removal of ovaries and fallopian tubes)
    - metoidoplasty (creation of micropenis)
    - phalloplasty (creation of phallus)
    - urethroplasty (creation of urethra)
    - Scrotoplasty
    - Implantation of penile and / or testicular prosthesis
    - Donor site hair removal if clinically necessary (according to the advice from the surgical provider)

- **Local speech and language services**
  Refer to section 2.2

- **Local hair removal services**
  Refer to section 2.2

- **Related Services**

    - **General Practitioners (GP):**
        - The care pathway for individuals with gender identity dysphoria starts with a referral from a patient's GP. The GP is responsible for ongoing prescribing of hormone therapy and organising blood and other diagnostic tests as recommended by the GICs clinician. GPs are also responsible for assuring that the patient's life-long wellbeing is assured by conducting periodic diagnostic tests and medication reviews as recommended initially by the discharging specialist and thereafter according to extant best practice.

        - Emerging Clinical commissioning Groups (CCGs) may choose to agree local care pathway / referral routes should consortia wish to develop one Primary Care practice or GP as their expert, including using them to prescribe the hormone therapy in partnership with the Gender Identity Clinic service (GICs).

    - **Gender Identity Development Service at the Tavistock and Portman NHS Trust**
        - People older than 17 years will be referred to the most appropriate service to meet their needs; this will be agreed in discussion with the young person and their carers, the current and receiving preferred service.

        - As an individual approaches 18, Gender Identity Development Service at the Tavistock and Portman NHS Trust will liaise with the appropriate adult GICs, to ensure a smooth transfer of care, including hormone treatment.

        - A National shared care protocol between the Gender Identity Development Service at the Tavistock and Portman NHS Trust and adult GICs in England will be developed to facilitate transition of care and treatment, it is expected that all adult services will support closer working with the adolescent service.

3. Applicable Service Standards

3.1 Applicable national standards e.g. NICE, Royal College

- Any clinical support for changing from one gender to another regardless of biological or current gender must follow extant professionally recognised best practice, as recognised by relevant UK clinicians.

- Intercollegiate Committee (2006). 'The Draft Good Practice Guidelines for the Assessment and Treatment of Gender Dysphoria'. http://www.rcpsych.ac.uk/pdf/Standards%20of%20Care%20Draft%20v8%203b%20final.pdf

- World Professional Association for Transgender Health (WPATH) (2001)[2]. 'The Harry Benjamin International Gender Dysphoria Association's Standards Of Care For Gender Identity Disorders, Sixth Version'. http://www.wpath.org/documents2/socv6.pdf

- National Offender Management Service (2011). 'The care and management of transsexual prisoners', Reference PSI 07/2011, London, Ministry of Justice.

4. Key Service Outcomes

Patients discharged from Gender Identity Clinic services, with or without having had endocrine, surgical or other interventions, will usually have a stable gender identity; and will be accepting and confident of the decisions they have been supported to make with regard to their treatment pathway.

5. Location of Provider Premises

The Laurels Lead Clinician: Dr John Dean	Devon Partnership NHS Trust The Laurels Gender and Sexual Medicine Clinic 11-15 Dix's Field Exeter EX1 1QA
Leeds Lead Clinician: Dr Amal Beaini	Leeds and York Partnership NHS Foundation Trust Leeds Gender Identity Service Outpatient's Suite 1st Floor, Newsam Centre Seacroft Hospital York Road Leeds LS14 6UH
London Charing Cross Lead Clinician: Dr James Barrett	West London Mental Health Trust Gender Identity Clinic 179 – 183 Fulham Palace Road London W6 8QZ

[2] Note: Replaced by WPATH Standards of care version 7 published July 2012 not considered in the writing of this service specification, this will need to be reviewed by the NHS CB at the earliest opportunity http://www.wpath.org/documents/SOC%20V7%2003-17-12.pdf

Northampton Lead Clinician: Dr Byran Timms	Northamptonshire Healthcare NHS Foundation Trust Danetre Hospital London Road Daventry Northants NN11 4DY	
Nottingham Lead Clinician: Dr Walter Bouman	Nottinghamshire Healthcare trust Nottingham Gender Clinic Mandala Centre Gregory Boulevard Nottingham NG7 6LB	
Sheffield Lead Clinician: Prof. Kevan Wylie	Sheffield Health and Social Care NHS Foundation Trust Porterbrook Clinic 75 Osbourne Road Nether Edge Hospital Sheffield S11 9BF	
Sunderland / Newcastle Lead Clinician: Dr Helen Greener	Newcastle Tyne and Wear NHS Foundation Trust Cherry Knowle Hospital Ryhope Sunderland Tyne and Wear SK2 0NB	

2012/13 NHS STANDARD CONTRACT- (MULTILATERAL)
SECTION B – THE SERVICES
GATEWAY REFERENCE: 16953

Appendix A

DRAFT SHARED CARE PRESCRIBING GUIDANCE FOR

Treatment of Gender Dysphoria in Transwomen (Male to Female Transsexuals)

Note: this is a shared care prescribing protocol and must only be used when patients are engaged in treatment with an appropriate clinical team.

Applicable to:	GPs referring patients to the Gender Identity Clinic
Date Approved:	
Principal Author(s):	Leighton Seal Consultant Endocrinologist
Expiry date/ Review date:	
Version:	1.1
Updated on:	

Treatment of Gender Dysphoria in Transwomen (Male to Female Transsexuals)

NOTES to the GP

Your patient is undergoing treatment for gender dysphoria, which has been initiated at the Gender Identity Clinic. They have/have not (delete as appropriate) undergone gonadectomy (as part of sex reassignment surgery).

The medicines part of the treatment usually consists of an oestrogen (e.g. estradiol valerate) to cause feminisation, which will be continued indefinitely after surgery. In some cases additional or alternative medicines are used, as explained in the shared care protocol. Sometimes there is a need for a GNRH analogue (e.g. decapeptyl or zoladex) to suppress testosterone.

As the patient will be having long-term maintenance treatment, it is in their best interests for you as their GP to prescribe and monitor their treatment, with support from our clinic as necessary.

Although not all these medicines are licensed for the treatment of gender dysphoria (nor are they likely to be), they are medicines with which you will be familiar. The doses of oestrogen are often slightly higher than you would usually prescribe, as a born male tends to have a larger frame and needs a bigger dose to reach the normal physiological range for a woman.

There is a comprehensive programme for assessment and evaluation of patients referred to the clinic, which can be obtained on request from the Specialist Team in the Gender Identity Clinic. When all these assessments have been undertaken, the decision may be taken to commence medication

I enclose a shared care protocol, which I hope will give you enough information to feel confident to prescribe the maintenance medication for this patient as specified. If you have any questions, or would like more information, you are welcome to contact me. My contact details are below on the shared care protocol.

Yours sincerely

Lead Clinician Gender Identity Clinic

Date shared care guideline prepared: **Approved by:** **Included in WLMHT Approved Off-Label Use list (app 1 Medicines Policy M2) approved:** >> Oct 2010 **Review date**: <<September 2012>	**Prepared by:** Leighton Seal **Comments by:** Christina Richards Stuart Lorimer James Barrett Trudi Hilton Chief Pharmacist

Consultant Name:	**Patient name:**
Consultant signature:	**Patient ID / D.O.B**
Date completed:	**Diagnosis/Indication**
GP Name	

ACTION

Gender Identity Clinic:

- Send shared care guideline to GP who referred patient, for attention and action
- F**ax details for GPs** can be found on the NHS choices website, asking GP to acknowledge receipt of fax within 2 working days.
- Original to be filed in Patient's clinical record

GP PRACTICE:

- Please consider prescribing request within 2 weeks - If named GP is not available over the next week please pass request to a GP colleague.

GPs are encouraged to consider the following points, and read the advice contained in this document, before deciding on whether or not to prescribe under a Shared Care Guideline

a) Is the patient's condition predictable or stable?
b) Do you have the relevant knowledge/skills/equipment to allow you to monitor treatment as indicated in this shared care prescribing guideline?
c) Have you been provided with relevant clinical details including monitoring data?

- **If GP agrees** to the request, initiate prescribing as detailed in the following shared care guideline. Please let Gender Identity Clinic know that prescribing has been initiated, preferably within 2 weeks of the receipt of the request
- **If GP does not agree** to the request, the GP needs to liaise with their CCG to ensure that the patient's prescribing needs are addressed. (see sections 2.2.15 & 2.5.4 of service specification) This will be an alternative local arrangement and should not normally be the GIC
- Once decision reached file copy in patient's notes.

Attach patient addressograph or
Insert patient details
Patient name
Patient ID
Date of Birth

Treatment of Gender Dysphoria in Transwomen (Male to Female Transsexuals)

1 CIRCUMSTANCES WHEN SHARED CARE IS APPROPRIATE

- The GP will commence prescribing when both the consultant and GP concur the patients condition is psychologically stable or predictable.

2 AREAS OF RESPONSIBILITY

Specialist Gender Identity Clinic (GIC) Team/Consultant Responsibilities

- Establish or confirm diagnosis and assess patient suitability for treatment
- Baseline monitoring:
  GIC will advise GP on results of baseline blood tests taken in primary care
- Discuss treatment with patient and ensure they have a clear understanding of benefits and side-effects of treatment, including dose adjustments and how to report any unexpected symptoms
  The specialist team provides the patient with information and advice, supported by a written information booklet
- Obtain signed consent for hormonal treatment
- Fax a signed shared care guideline with patient details completed to GP for consideration of shared care request
- Contact GP directly if response to shared care request has not been received within 2 weeks
- Monitor treatment according to local guideline (see Page 5) and advise patient and GP on dose titration of medicines.

After agreement to share care; Specialist team to

- Inform GP when patient is stable
- Inform GP of abnormal monitoring results and any changes in therapy prescribed by the GP, including the need to discontinue if appropriate
- Evaluate adverse events reported by GP or patient and communicate outcome to GP
- Carry out ongoing monitoring and follow up accordingly to shared care guidelines including continued need for therapy.

Consultant/Gender specialist Nurse:
The GIC team will provide training, support and advice for General Practitioners, Community Pharmacists, District Nurses, and the patient.

GP RESPONSIBILITIES

- Consider shared care proposal and if in agreement to respond within 2 weeks of receipt
- If do not agree to shared care discuss with local CCG medicines management team to agree an alternative local arrangement to ensure the patient's prescribing needs are addressed and confirm details with requesting consultant within 2 weeks of receipt of shared care request.

After agreement to share care

- Prescribe dose as advised by the Specialist Team and discussed with the patient
- Monitor general health of patient and check adverse effects as appropriate; ensure patient is aware of warning symptoms and how to report them
- Inform specialist consultant of suspected adverse effects and also report via yellow card scheme if necessary
- Stop treatment on advice of specialist or immediately if urgent need arises
- Check compatibility interactions when prescribing new or stopping existing medication
- Carry out monitoring (baseline bloods etc.) and follow up according to shared care guideline
- Discuss any abnormal results with specialist consultant and agree any action required

Only ask specialist to take back prescribing should unmanageable problems arise. Allow an adequate notice period.

3 PATIENT'S RESPONSIBILITIES **(add specific additional responsibilities where applicable)**

- Keep a copy of management information provided by Gender Identity Clinic, including consent to treatment, to take along when seeing GP
- Take medicines as agreed and prescribed
- Report any adverse effects to GP or hospital doctor
- Do not share medicines
- Attend appointments for review as necessary
- Always inform the Specialist team and GP of all medication being taken, whether prescribed or bought

4 COMMUNICATION AND SUPPORT

Gender Identity Clinic contacts:

DRAFT SHARED CARE PRESCRIBING GUIDANCE FOR

Treatment of Gender Dysphoria in Transmen
(Female to Male Transsexuals)

Note: this is a shared care prescribing protocol and must only be used when patients are engaged in treatment with an appropriate clinical team.

Applicable to:	GPs referring patients to the Gender Identity Clinic
Date Approved:	
Principal Author(s):	Leighton Seal Consultant Endocrinologist
Expiry date/ Review date:	
Version:	1.1
Updated on:	

Treatment of Gender Dysphoria in Transmen
(Female to Male Transsexuals)

NOTES to the GP

Your patient is undergoing treatment for gender dysphoria, which has been initiated at the Gender Identity Clinic. They have/have not (delete as appropriate) undergone gonadectomy (as part of sex reassignment surgery).

The medicines part of the treatment usually consists of an androgen (e.g. Sustenon) to cause masculinisation, which will be continued indefinitely after surgery. In some cases additional or alternative medicines are used, as explained in the shared care protocol. Sometimes there is a need for a GNRH analogue (e.g. decapeptyl or zoladex) to suppress oestrogen.

As the patient will be having long-term maintenance treatment, it is in their best interests for you as their GP to prescribe and monitor their treatment, with support from our clinic as necessary.

Although not all these medicines are licensed for the treatment of gender dysphoria (nor are they likely to be), they are medicines with which you will be familiar. The doses of testostereone are the same as would be usually prescribed,for someone born male.

There is a comprehensive programme for assessment and evaluation of patients referred to the clinic, which can be obtained on request from the Specialist Team in the Gender Identity Clinic. When all these assessments have been undertaken, the decision may be taken to commence medication

I enclose a shared care protocol, which I hope will give you enough information to feel confident to prescribe the maintenance medication for this patient as specified. If you have any questions, or would like more information, you are welcome to contact me. My

contact details are below on the shared care protocol.
Yours sincerely

Lead Clinician Gender Identity Clinic

Date shared care guideline prepared: **Approved by:** **Included in WLMHT Approved Off-Label Use list (app 1 Medicines Policy M2) approved:** >> **Review date**: << >	**Prepared by:** Leighton Seal **Comments by:**

Consultant Name:	**Patient name:**
Consultant signature:	**Patient ID / D.O.B**
Date completed:	**Diagnosis/Indication**
GP Name	

ACTION
Gender Identity Clinic:

- Send shared care guideline to GP who referred patient, for attention and action
- F**ax details for GPs** can be found on the NHS choices website, asking GP to acknowledge receipt of fax within 2 working days.
- Original to be filed in Patient's clinical record

GP PRACTICE:

- Please consider prescribing request within 2 weeks - If named GP is not available over the next week please pass request to a GP colleague.

GPs are encouraged to consider the following points, and read the advice contained in this document, before deciding on whether or not to prescribe under a Shared Care Guideline

d) Is the patient's condition predictable or stable?
e) Do you have the relevant knowledge/skills/equipment to allow you to monitor treatment as indicated in this shared care prescribing guideline?
f) Have you been provided with relevant clinical details including monitoring data?

- **If GP agrees** to the request, initiate prescribing as detailed in the following shared care guideline. Please let Gender Identity Clinic know that prescribing has been initiated, preferably within 2 weeks of the receipt of the request
- **If GP does not agree** to the request, the GP needs to liaise with their CCG to ensure that the patient's prescribing needs are addressed. (see sections 2.2.15 & 2.5.4 of service specification) This will be an alternative local arrangement and should not normally be the GIC.
- Once decision reached file copy in patient's notes.

Attach patient addressograph or
Insert patient details
Patient name
Patient ID
Date of Birth

Treatment of Gender Dysphoria in Transmen
(Female to Male Transsexuals)

1 CIRCUMSTANCES WHEN SHARED CARE IS APPROPRIATE

- The GP will commence prescribing when both the consultant and GP concur the patients condition is psychologically stable or predictable.

2 AREAS OF RESPONSIBILITY

Specialist Gender Identity Clinic Team/Consultant Responsibilities

- Establish or confirm diagnosis and assess patient suitability for treatment
- Baseline monitoring:
  GIC will advise GP on results of baseline blood tests taken in primary care
- Discuss treatment with patient and ensure they have a clear understanding of benefits and side-effects of treatment, including dose adjustments and how to report any unexpected symptoms
  The specialist team provides the patient with information and advice, supported by a written information booklet
- Obtain signed consent for hormonal treatment
- Fax a signed shared care guideline with patient details completed to GP for consideration of shared care request
- Contact GP directly if response to shared care request has not been received within 2 weeks
- Monitor treatment according to local guideline (see Page 5) and advise patient and GP on dose titration of medicines.

After agreement to share care; Specialist team to

- Inform GP when patient is stable
- Inform GP of abnormal monitoring results and any changes in therapy prescribed by the GP, including the need to discontinue if appropriate
- Evaluate adverse events reported by GP or patient and communicate outcome to GP
- Carry out ongoing monitoring and follow up accordingly to shared care guidelines including continued need for therapy.

Consultant/Gender specialist Nurse:
The GIC team will provide training, support and advice for General Practitioners, Community Pharmacists, District Nurses, and the patient.

GP RESPONSIBILITIES

- Consider shared care proposal and if in agreement to respond within 2 weeks of receipt
- If do not agree to shared care discuss with local CCG medicines management team to agree an alternative local arrangement to ensure the patient's prescribing needs are addressed and confirm details with requesting consultant within 2 weeks of receipt of shared care request.

After agreement to share care

- Prescribe dose as advised by the Specialist Team and discussed with the patient
- Monitor general health of patient and check adverse effects as appropriate; ensure patient is aware of warning symptoms and how to report them
- Inform specialist consultant of suspected adverse effects and also report via yellow card scheme if necessary
- Stop treatment on advice of specialist or immediately if urgent need arises
- Check compatibility interactions when prescribing new or stopping existing medication
- Carry out monitoring (baseline bloods etc.) and follow up according to shared care guideline
- Discuss any abnormal results with specialist consultant and agree any action required

Only ask specialist to take back prescribing should unmanageable problems arise. Allow an adequate notice period.

3 PATIENT'S RESPONSIBILITIES **(add specific additional responsibilities where applicable)**

- Keep a copy of management information provided by Gender Identity Clinic, including consent to treatment, to take along when seeing GP
- Take medicines as agreed and prescribed
- Report any adverse effects to GP or hospital doctor
- Do not share medicines
- Attend appointments for review as necessary
- Always inform the Specialist team and GP of all medication being taken, whether prescribed or bought

4 COMMUNICATION AND SUPPORT

Gender Identity Clinic contacts: