Document 1

NATIONAL PLANNING FORUM
PAPER – NPF (11) 23

Meeting date:	**14 April 2011**
Agenda item:	**15**

Purpose:
FOR INFORMATION

Title:	**DEVELOPMENT OF GENDER REASSIGNMENT SERVICES PROTOCOL**

Source & Rationale:	At the meeting on 15th February 2011, the NPF were verbally updated on work being undertaken by NHS Health Scotland on the development of a gender reassignment services protocol. The NPF requested that a paper be submitted to the next NPF meeting outlining the project and proposals.

Key Issues:	This paper provides the National Planning forum with the project proposals and objectives for the development of a Gender Reassignment Services protocol which is being lead by NHS Health Scotland on behalf of the Scottish Government Health Delivery Directorate.

Actions required: The NPF is asked to note this paper for information.

Author:	[Redacted]
Date:	29 March 2011

Background

In response to concerns raised by the Equality and Human Rights Commission (EHRC) the Scottish Government Health Delivery Directorate (SGHDD) has agreed that 'gender identity disorder' will be removed from the 'Exceptional Aesthetic Referral Protocol' (EARP) and be replaced by a specific stand-alone protocol for 'Gender Reassignment Services'. The current EARP states that aesthetic treatment as part of the pathway of care for gender identity disorder will be available following appropriate clinical and psychological assessment providing:

- The patient is diagnosed and assessed by a specialist multi-disciplinary team.
- Surgical gender genital operations are only performed by a specialist surgeon
- Surgical ancillary procedures are offered in consultation with the aforementioned specialist team.

The SGHDD has made a commitment to the EHRC that a draft protocol for access to surgical treatment will be developed and has tasked NHS Health Scotland to establish a short term expert working group to develop the protocol, and to explore improvements to the gender reassignment services pathway.

Project objectives

The project aims to improve the patient experience for people undergoing gender reassignment by improving the clinical pathway of NHS Scotland's gender reassignment services. In order to achieve demonstrable change in the given timeframe, this aim will be met by the following objectives:

- remove gender identity disorder from the Exceptional Aesthetic Referral Protocol (EARP) and develop a recommended stand alone protocol for Gender Reassignment Services which will be considered by Scottish Government for implementation
- develop access criteria for gender reassignment surgery that will sit within the wider Gender Reassignment Services Protocol
- address non-surgical treatment, for example hormone treatment, specialist endocrinology, counselling, hair removal etc, within the wider Gender Reassignment Services Protocol
- make recommendations to SGHDD on how to raise awareness amongst clinicians and people who have or who are undergoing gender reassignment of the new Gender Reassignment Services Protocol
- explore improvements to the access of gender reassignment services, including an exploration of current funding of gender reassignment surgery by NHS National Services Scotland and develop an Improvement Plan, taking into account resources and available services, in agreement with the working group by summer 2011. This will be submitted to Scottish Government for consideration.

The working group has to date met twice and is made up of NHS Scotland clinicians involved in gender reassignment services, representatives from the Scottish Transgender Alliance (STA), service users who have or who are undergoing gender reassignment, representatives from the SGHDD and National Services Division.

Document 2

Scoping Paper
Gender Reassignment Services Scoping Paper

The purpose of this document is to outline the knowledge accumulated from current resources and set out estimations concerning the size of the transgender community, services available, services needed, cost and also identifies current guidelines and practice.

Contents

Gender Reassignment Services – Scoping Paper

There have been a number of surveys and reports over the past years which have aimed to map the size and needs of the transgender community but none have provided definitive answers and can sometimes differ greatly in their estimations. This paper outlines the knowledge accumulated from current resources and sets out

estimations based on this. Areas which are considered are: the size of the transgender community, services available, services needed (as stated by the transgender community), uptake of services, current and projected costs, and examples of practice and current guidelines.

The Transgender Community

Within the UK, the Gender Identity Research and Education Society (GIRES) estimates that 300,000 adults may experience some degree of gender variance and this number could be as high as 500,000 if the gender balance is equal amongst transgender people (GIRES, 2009). The Scottish Transgender Survey (2006) found a ratio of 4:1 between Male to Female (MtF) and Female to Male (FtM). Press for Change (2008) believe that this ratio is more likely to be 1:1 however there are problems in how this data is collected.

GIRES research found that the prevalence of people who sought medical care for gender variance is 20 per 100,000 and the incidence (those presenting per annum) is 3 per 100,000, which also demonstrates an 11% growth in those presenting each year.

UK wide, the median age for presenting is 42 with young people representing a minority in this. This is despite many transgender people experiencing gender variance from an early age.

Transgender Services

Press for Change (2008) identifies the main treatments required for gender reassignment which are available across Europe (though not all treatments are offered by all countries):

- Psychotherapy
- Vaginoplasty
- Mastectomy
- Hysterectomy
- Metoidioplasty
- Hormone therapy
- Hair removal
- Breast Augmentation
- Phalloplasty

The Scottish Transgender Survey also identified that the following treatments were required by some members of the transgender community, though these were not always performed in the NHS:

- Facelift
- Brow/Eyelid surgery
- Voice surgery
- Upper lip surgery
- Tracheal shave

Costs of Gender Reassignment Surgery

Press for Change (2008), has completed extensive research on the cost to the State of gender reassignment treatments. In order for a transgender woman to undergo

these treatments including vaginoplasty, the cost would be around €10,000, and the cost of treatment including mastectomy and hysterectomy for a transgender man would be around £8,000. (The Press for Change document, "Transgender EuroStudy" alternates between Euros and Pounds and as such €10,000 will be taken as £10,000 for estimation purposes)

Press for Change also estimate that the cost of psychiatric treatment for gender dysphoria would amount to £4000 per annum if treated solely as a mental health issue, and given that no psychiatric or psychotherapeutic "cure" has been found, then this method of treatment would potentially last a lifetime, incurring enormous costs.

The following table summarises estimated costs for surgery in Scotland. Using the aforementioned figures, the number of patients presenting with gender variance in Scotland in 2007 would have been 150 (based on a population of 5 million). £10,000 is used as the benchmark to cover both male and female transitions. Referral numbers are given an 11% increase per annum and cost are also shown should MtF:FtM become equal to 1:1

Year	Referrals	Cost	Ratio 1:1	Cost
2007	150	£1.5m		
2008	167	£1.67m		
2009	185	£1.85		
2010	205	£2.05m		
2011	228	£2.28m	365	£3.65m
2012	253	£2.53m	405	£4.05m
2013	281	£2.81m	450	£4.5m
2014	312	£3.12m	500	£5m
2015	346	£3.46m	555	£5.55m
2016	384	£3.84m	616	£6.16m
2017	426	£4.26m	684	£6.84m
2018	473	£4.73m	759	£7.59m
2019	525	£5.25m	843	£8.43m
2020	583	£5.83m	936	£9.36m

Transgender Services in Scotland

Services and uptake of services differs across Scotland's Health Boards. There are no specialist services for surgery available in Scotland and as a result patients are referred to clinics in England for this part of their treatment.

The following treatments do appear to be available to an extent in Scotland: psychiatric assessment; hormone treatment; breast augmentation / removal; facial hair removal. The NHS Board of residence of the patient is responsible for funding these elements of treatment. When patients progress to gender reassignment surgery, which is unavailable in Scotland, NHS National Services Division (NSD) is responsible for funding. This is only the case if a patient is referred to another NHS organisation. If private treatment is required then it is the patient's NHS Board who decides if private treatment will be funded.

Below are examples of current practice within NHS Scotland.

Sandyford Clinic

Over the previous two years the Sandyford Clinic has dealt with 390 transgender patients. These range in age from 12 to 75, with the median age being 39. Glasgow represented the largest number of referrals [160], with other notable referrals coming from Edinburgh [35] Paisley [31], Kilmarnock [28] and Motherwell [22]. There were a number of referrals from other parts of Scotland and also from England. A full breakdown can be found in appendix 1 [redacted].

The Sandyford has around a three month waiting time for a first appointment (STA, 2010) which is usually arranged via GP referral although self-referral is also possible. The service is available to anyone who lives in Scotland and is not limited to the Glasgow and Clyde area. Services are also available for young people under the age of 19.

Psychiatric assessments, hormone treatment, and referrals for: endocrinology; facial feminisation and tracheal shave; breast augmentation; speech therapy; dermatology and possibly hair removal are offered. All gender confirmation surgery is performed in England including: vaginoplasty/clitoroplasty; mastectomy; phalloplasty; metoidoplasty; and scrotoplasty. The same surgeon who carries out the gender confirmation surgery holds outpatient clinics 3-4 monthly at the Sandyford.

The Real Life Experience (RLE) must be undertaken for at least a year prior to surgery.

NHS Greater Glasgow and Clyde Integrated Care Pathway can be found in appendix 2.

NHS Lothian

A Freedom of Information (FOI) request (2008) reveals that between 1999 and 2008 there were [26] procedures performed on patients within the NHS Lothian system (some of these patients may have been referred from other Health Boards). [Redacted] Male to Female procedures and [redacted] Female to Male procedures were carried out at a total cost of £478,603. The procedures were not carried out by NHS Lothian but were instead referred by Lothian to other NHS or private practices. Since 2007 all procedures have been funded by NHS NSD (FOI 2009), suggesting that NHS Lothian has not approved any treatment to be undertaken at private practices.

The Edinburgh Gender Clinic cannot provide the two psychiatric assessments for surgery (Engender, 2010) and as such refers patients to the Gender Identity Clinic, Charing Cross, London for the second assessment. Engender recommends that patients are referred to the Sandyford Clinic in order to keep this treatment in Scotland.

NHS Highland

Over the past twelve months [redacted] patients have accessed NHS Highland's gender reassignment services. NHS Highland does not accept out of area referrals and averages one or two operations per year. Highland Breast Service undertake mastectomy for FtM patients and the local gynaecologists perform hysterectomy and bi-lateral salpingo-oophorectomies (BSO) when they are given the right consent. Patients also have access to speech and language therapists.

There is no local expertise in psychiatry/psychology and patients undergoing laser hair treatment are referred to the Photobiology Unit in Dundee. For all other treatments, patients are referred to specialists in England (London, Leicester and Brighton).

NHS Grampian

Psychology/Psychiatry services are available followed by referral to speech therapy and then the commencement of hormone treatment. As with the other NHS Boards, once surgery has been confirmed as the next appropriate treatment, patients are referred to specialists in England.

The Real Life Experience (RLE) must be undertaken for at least 18 months prior to surgery.

NHS Grampian's gender reassignment protocol is attached in appendix 3.

Issues Identified by Transgender Community

(Engender, Equality Counting Project, 2010)
Engender is an information, research and networking organisation for women in Scotland. Equality Counting is a project funded by the Equality and Human Rights Commission (EHRC) "to enable women disadvantaged by a public service provision to come together in communities-of-interest around specific issues of concern". As part of the project, an online survey was undertaken of transgender women in Scotland between August and October 2010. The project identified the following areas/issues in current service provision.

Hair removal
Hair removal is stated as an essential part of gender reassignment yet few Health Boards provide funding for it. It is required 1 year pre transition and several years thereafter. Of 49 respondents:

- 36 went private or received no funding
- 10 received funding
- 3 provided "other responses"

Surgery
The following relates to gender confirmation surgery:

- 17 respondents had surgery funded by the NHS and carried out either through the NHS or privately
- NHS Greater Glasgow and Clyde, NHS Forth Valley, NHS Highland, NHS Borders, NHS Grampian, NHS Ayrshire and Arran and NHS Lothian funded

treatment through a private hospital. NHS Lothian also funded surgery through another NHS Board, and also refused funding.
•2 respondents had funding refused

Time

- Consistency needed regarding waiting times
- Concerns over time from RLE and funding available – leading to stress, suicide attempts
- Experience of 10 months to get first specialist meeting
- 7 years stated by one respondent from start to finish of gender reassignment process
- Improve communication of timescales

Funding

The following are funding recommendations made by Engender:

- Be controlled centrally rather than subject to individual Board's budget constraints
- Removes the "postcode lottery"
- Should apply and be improved for surgery and other gender reassignment related treatments
- Private healthcare should be commissioned to avoid NHS bottlenecks
- NHS NSD should have capacity to release funding for private treatment for the reason stated above and it may also prove cheaper than NHS treatment

Other potential pathway inclusions/issues:

- Counselling be available at all stages
- Facial feminisation surgery
- Breast augmentation
- Speech therapy
- Voice surgery
- Tracheal shave
- Follow up care
- Lack of general communication throughout process

Current Good Practice and Guidelines

We have reviewed available guidance and good practice guidelines to identify what information is currently available on accessing gender reassignment services to help inform working group discussions and decision making. The guidance that has been reviewed is:

- The Harry Benjamin International Gender Dysphoria Association's Standards of Care for Gender Identity Disorder, Sixth Version (February 2001)
- Guidelines for health organisations commissioning treatment services for trans people (Parliamentary Forum on Gender Identity, October 2009)
- NHS funding processes and waiting times for adult service-users (Department of Health, February 2008)

- Guidance for GPs, other clinicians and health professionals on the care of gender variant people (Department of Health, May 2008)
- Good Practice Guidelines for the Assessment and Treatment of Gender Dysphoria (Royal College of Psychiatrists, November 2006)

Scotland specific guidance has been searched for however none has been identified. There is no guidance available from the Scottish Government or NHS Scotland on accessing gender reassignment services. Below are short summaries of the guidance and good practice guidelines:

The Harry Benjamin International Gender Dysphoria Association's Standards of Care for Gender Identity Disorder, Sixth Version

The purpose of the Harry Benjamin Standards of Care (SOC) is to "articulate this international organisation's professional consensus about the psychiatric, psychological, medical, and surgical management of gender identify disorders. Professionals may use this document to understand the parameters within which they may offer assistance to those with these conditions".

Included in the guidelines are sections on epidemiology, mental health professionals, treatment of children, adolescents and adults, hormone replacement therapy (female-to-male or male-to-female), the real-life experience, surgery and post-transition follow up.
The following information is included in the guidelines:

- Formal medical approval for hair removal is not necessary, electrolysis may be begun whenever the patient deems it prudent. It is usually recommended prior to commencing the real-life experience, because the beard must grow out to visible lengths to be removed. Many patients will require two years of regular treatments to effectively eradicate their facial hair.
- For female-to-male patients, a mastectomy procedure is usually the first surgery performed for success in gender presentation as a man; and for some patients it is the only surgery undertaken.
- For male-to-female patients, augmentation mammoplasty may be performed if the physician prescribing hormones and the surgeon have documented that breast enlargement after undergoing hormone treatment for 18 months is not sufficient for comfort in the social gender role.
- Genital surgery is not a right that must be granted upon request. The SOC provide for an individual approach for every patient; but this does not mean that the general guidelines which specify treatment consisting of diagnostic evaluation, possible psychotherapy, hormones, and real-life experience, can be ignored. However, if a person has lived convincingly as a member of the preferred gender for a long period of time and is assessed to be psychologically healthy after a requisite period of psychotherapy, there is no inherent reason that he or she must take hormones prior to genital surgery.
- Long-term post-operative follow up is encouraged in that it is one of the factors associated with a good psychosocial outcome.

Guidelines for health organisations commissioning treatment services for trans people (Parliamentary Forum on Gender Identity, October 2009)

The Parliamentary Forum on Gender Identity lists treatments to which trans people in England should have access. “It is not intended to be prescriptive, but should be used flexibly in response to the various needs and circumstances of the individual service users…Once it has been established that extreme gender dysphoria is likely to persist, and treatment is initiated, there is an obligation for funding to be provided throughout the entire process of transition and on an ongoing basis following transition. The individual must be given life-long hormone therapy and, where necessary, psychological support. Many people seeking treatment for gender discomfort do not require surgery but, where it is appropriate; it should not be delayed or withheld except on clinical grounds.”

From page 6 of the Parliamentary Forum guidelines:

In cases of adult gender dysphoria/transsexualism health commissioners are responsible for funding:

- Support from the GP throughout the process
- Referral to a local mental health specialist for the purpose of identifying and providing treatment for any mental health conditions
- Ongoing assessment and psychological support when necessary.
- Within a gender identity clinic, a package that includes advice on presentation in the new role, and facilities for peer support groups (facilitated or self-led) and relatives’ support groups
- Hormone treatment including a referral to an endocrinologist, or other relevant specialist
- Referral to a specialist in reproductive medicine for advice and information about reproductive options
- Treatments for trans women:
  - Removal of facial hair and body hair
  - Feminising facial surgery
  - Crio-thyroid approximation
  - Thyroid chondroplasty
  - Breast augmentation
  - Genital surgery could include: hair removal from donor site; orchidectomy and penectomy, vaginoplasty, labioplasty and clitoroplasty
- Treatments for trans men:
  - Chest reconstruction
  - Hysterectomy, salpingo-oophorectomy, vaginectomy
  - Genital surgery could include: hair removal from donor site, metoidioplasty, scrotoplasty (with prostheses), urethroplasty and phalloplasty (with or without erectile prosthesis)
- Speech and language therapy
- Appropriate district nurse pre-operative and post-operative advice and support
- Post-operative referral to endocrinologist or other relevant specialist
- Ongoing monitoring of hormone regime (usually by GP or, where appropriate, an endocrinologist)
- Follow up reviews by gender specialist (as necessary)

NHS funding processes and waiting times for adult service-users (Department of Health, February 2008)

It should be noted that when this guidance was written in 2008 the system for funding gender reassignment in England was undergoing major change as the role of special commissioning groups (SCG) was expanding. We have a copy of the South East Coast Specialised Commissioning Groups Designation Framework for Gender Dysphoria Services which may help inform group discussions.

The publication shows that:

- the NHS is legally required to fund treatment, but in accordance with reasonable local priorities, which permit wide differences in local funding policies
- there are substantial local differences in the treatment that is covered and the speed at which funding is approved
- the new structure based on SCGs should result in more consistent funding policies but should not be expected to increase the amount of money made available to pay for treatment
- waiting times for psychiatric assessment and treatment have been very long in the past but will be reduced to 18 weeks, at lease for new cases, from December 2007

Guidance for GPs, other clinicians and health professionals on the care of gender variant people (Department of Health, May 2008)
The purpose of this guidance is to provide an overview of care particularly applicable to GPs for trans people. The publication aims to enable GPs and other clinicians to respond confidently and appropriately when they are approached by trans service users.

Good Practice Guidelines for the Assessment and Treatment of Gender Dysphoria (Consultation document, Royal College of Psychiatrists, November 2006)
The purpose of this document is to provide guidelines to optimise the clinical care pathways for trans patients who may need to access several medical and allied health professionals. The recommendations within the guidelines are enshrined in the principles of accessibility of services without undue and unnecessary long waits, the provision of high quality services with proper co-operation and working practices between a number of clinicians. The guidelines were issued for consultation in 2006 and have yet to be finalised. The Royal College of Psychiatrists is holding a meeting at the end of this month to discuss next steps for the guidelines.

The guidelines provide recommendations and good practice advice on a variety of issues including:

- Availability, accessibility and choice of services – “Regardless of location there should be a competent and effective gender identity service which is readily accessible within geographic region of reasonable travelling time thereof. The waiting times for access to such service should be in line with those of other tertiary clinics in the region.”
- Waiting times – “Treatment waiting times should conform to NHS guidelines. Health care practitioners should be aware that unnecessary, non-clinical delay in administering hormones or moving to the surgical stage of treatment could result in legal challenges.”
- Initial referrals, assessments and support

- Surgical interventions
- Follow up and general medical care

References
Links to publications mentioned in paper

Engender (2010) Equality Counting: Online survey of trans women in Scotland. August to October 2010. A series of PowerPoint presentations – report to follow.

GIRES (2008) Reed, B. Rhodes, S. Schofield, P. Wylie, K. Gender Variance: Prevalence and Trend
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GIRES (2010). The number of Gender Variant People in the UK: An Update – November 2010
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NHS Lothian (2008) Freedom of Information – Gender Reassignment
http://www.nhslothian.scot.nhs.uk/your_rights/foi/foi_responses/932_foi.pdf

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Whittle, S. Turner, L. Combs, R. Rhodes, S. (2008) Transgender EuroStudy: Legal Survey and Focus on the Transgender Experience of Health Care, Press for Change, ILGA-Europe
http://www.pfc.org.uk/files/ILGA_report.pdf

Wilson, P. Carr, S. Young, R. Fleming, P. Spiers, A. McConnachie, A. (2006) Scottish Transgender Survey. University of Glasgow
http://www.nes.scot.nhs.uk/nes_resources/lgbt/documents/6%20Training_activities_resources/6%20Trans_awareness/Resources/Trans_Survey_Glasgow_Uni.pdf

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

Guidance for GPs, other clinicians and health professionals on the care of gender variant people (Department of Health) -
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_085013.pdf

Guidelines for health organisations commissioning treatment services for trans people (Parliamentary Forum on Gender Identity) - http://gires.org.uk/assets/Medpro-Assets/parliamentary-guidelines.pdf

NHS funding processes and waiting times for adult service-users (Department of Health) - http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_082955.pdf

The Harry Benjamin International Gender Dysphoria Association's Standards of Care for Gender Identity Disorder, Sixth Version - http://www.wpath.org/documents2/socv6.pdf

Appendix 1:
Access to Gender Reassignment Services, Sandyford Clinic, Glasgow

Service User Geographical breakdown

[Information redacted]

Appendix 2:
NHS Greater Glasgow & Clyde (taken from NHS GG&C Transgender policy)

Integrated Care pathway
Gender Service, Sandyford Initiative

1. Self-referral or referral by outside agency.

2. Appointment with one of the doctors*
a. No GID□discharge/onward referral
b. Gender dysphoria or uncertainty□ongoing assessment/Counselling
c. GID□refer for 2nd opinion (one from psychiatrist one from another doctor)

3. 2nd opinion completed
a. Transsexualism confirmed□attend drop in and /or scheduled appointments for repeat assessments, bloods, practical help/advice.
i. Begin RLE on agreed date (date may be reset if attendance inconsistent)
ii. Referral to Speech and Language therapy if necessary
iii. Encourage to begin electrolysis
iv. After 3 months of confirmed RLE, hormonal treatment may be instituted. This requires discussion between clinicians at bi-monthly gender team meeting(documented in case records).
a. Consent from patient completed and 'A guide to hormone therapy for trans people' provided
b. Referral to endocrinology if necessary
c. Bloods**
d. In exceptional circumstances a trial of hormones may be instituted following discussion at gender team meeting.
Hormones continued if:
- Symptomatic relief achieved without RLE
- Patient likely to continue taking hormones unsupervised and obtained illegally

- Continual review by team and discussed at gender team meeting.

e. For F-M hormones only instituted after 6 months RLE

b. Uncertainty□further appointed assessments

4. At least 1 year of RLE minimum

a. Attend local support groups during this period

b. Evidence of successful engagement provided by patient and copied for records e.g. driver's license, household bills, letter from employer/college or interview with significant other.

5. Referral for surgery(GCS)

a. Request for funding from local health authority.

b. Referral letter *** along with Psychiatric assessment and 2nd opinion from mental health professional if funding in place.

c. Attend local surgical clinic at Sandyford

6. Referral for breast surgery(F-M)

a. Can only be referred after once started on androgens requires 2 opinions (ONE MENTAL HEALTH OPINION).

7. All patients to have appointment within 6 months of surgery to discuss any issues

a. Patient provided with post-op plan and copy to GP

b. Post op assessment/ outcome data

8. Attendance encouraged at drop in post operatively should there be any issues

9. Adolescent gender dysphoria

a. Assessment by Dr Westwater, Child and Adolescent Psychiatrist

b. Assessment by paediatric Endocrinologist

c. No irreversible treatments prior to age 18

*Information should be provided to the patient regarding services in the local area, purple booklet

**

1. M-F

i. Baseline monitoring-Glucose, FBC, U&E, LFT, lipids, TSH. FT4, testosterone, estradiol(<100pmol/l), Prolactin(50-400mU/l)

ii. Oestradiol 1-4mg/day OR 50-150mcg patches 2-3X per week

iii. Levels 24hrs post dose(300-400pmol/l or 80-140pg/ml)

iv. Lipid levels, LFT's, BP

v. Stop oestrogen 4 weeks prior to surgery

vi. Finasteride 5mg/day. Goserelin 3.6mg 4 weekly OR 10.8mg 12 weekly. Cyproterone acetate50-100mg add if above ineffective.Monitor testosterone levels.

vii. 5year breast screening

viii. Prostate awareness

2. F-M

i. Baseline monitoring- Glucose, FBC, U&E, LFT, lipids, TSH. FT4, testosterone, estradiol(<100pmol/l), Prolactin(50-400mU/l)
ii. Goserelin 3.6mg 4 weekly OR 10.8mg 12 weekly.
iii. Sustanon(testosterone enanthate) 250mg 2-3 weekly
iv. Testosterone levels just prior to next injection
v. Testagel 5g daily
vi. Monitor HB HCT(FBC)

*** The referral letter for surgery should detail the patients engagement with the service and their adaptation to the RLE. It should also confirm that 2 mental health assessments have been undertaken. A copy of the psychiatric report should be appended.
Ratified 6th October 2009

Appendix 3:
Referral Guidelines for Assessment and Management Of Gender Dysphoric and Transsexual Adults in Grampian