Annex A

Document 1 – Project Initiation Document

Gender Reassignment Pathway, Project Initiation Document			
The purpose of this document is to provide a definition of the Gender Reassignment Pathway project, to form the basis of its management and the assessment of its overall success.			
Status	**Draft**	**Contact**	**[redacted]**
Version	**1.1**	**Email**	**[redacted]**
Approved Date		**Telephone**	**[redacted]**
Review Date		**Contributors**	**[redacted]**
EQIA	**State if EQIA done here and signpost to appendix. Alternatively state why no EQIA.**		
Last worked on			**27 Jan 2011**

Gender Reassignment Pathway
Improving the experience of transgender people within NHS Scotland

Project Initiation Document

Version 1.1
January 2011

Content

Project Initiation Document

1 Purpose

The purpose of this document is to provide a definition of the Gender Reassignment Pathway project, to form the basis of its management and the assessment of its overall success.

2 Background

NHS Health Scotland has accepted a request from the Scottish Government Health Delivery Directorate (SGHDD) to undertake work on improving the experience of transgender people accessing services within NHS Scotland. In response to concerns raised by the Equality and Human Rights Commission, the Health Delivery Directorate of the Scottish Government 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 treatment pathway.

It is encouraged that key stakeholders commit to the working group beyond this initial phase to develop an Improvement Plan with NHS Health Scotland for completion by summer 2011. This will focus on making demonstrable change to the experiences of transgender people when accessing gender reassignment services within NHS Scotland.

Although this project is being managed from within NHS Health Scotland, success will be dependent on strong partnership working and engagement with NHS Boards and the transgender community.

3 Project Objectives

This project aims to improve the patient experience for transgender people 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 etc., within the wider Gender Reassignment Services Protocol
- make recommendations to SGHDD on how to raise awareness amongst clinicians and the transgender community 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.

4 Project Scope and Exclusions

The project will:

- be limited in exploring improvements to the gender reassignment services protocol only. We recognise that through discussions with stakeholders additional aspects of services that could be improved that are specific to the experience of transgender people may arise. However it is considered too large an undertaking to review all aspects of the health service that transgender people may access within this project.

- gather anecdotal evidence of additional aspects of services that could be improved for transgender people and submit this to the Scottish Government by summer 2011.

5 Method of Approach

A short life expert group will be established to develop the access criteria for gender reassignment surgery within the wider Gender Reassignment Services protocol. Key stakeholders will be invited to sit on the group including clinical and managerial representatives and representatives from transgender organisations.

The working group will help to facilitate consultation and buy-in from key stakeholders and this should help the project achieve its outcomes within the agreed timescales and to identify areas for improvement within the wider Gender Reassignment Services protocol.

6 Project Deliverables

The project working group will review the existing EARP and propose a separate draft Gender Reassignment Services Protocol, including access criteria to gender reassignment surgery, which will be submitted by SGHDD to the EHRC. The EHRC will be updated on progress in January 2011. On completion of the protocol, and agreement by the EHRC, the working group will identify recommendations to build awareness amongst clinicians and the transgender community by the summer of 2011. This will be done in parallel with exploring improvements to accessing transgender services which will culminate with the submission of an initial Improvement Plan by NHS Health Scotland to SGHDD, also by the summer of 2011. As part of exploring improvements, current funding of gender reassignment surgery by NHS National Services Scotland will also be explored. The submission of documents in the summer of 2011 will end NHS Health Scotland's role in this project unless further direction is given by the Scottish Government.

7 Project Timescales

The project will be completed in three phases and specific timescales will be agreed by the working group:
Phase 1 (November 2010 – Early 2011):
Review gender reassignment section of EARP

- identify key stakeholders and establish working group
- review existing EARP, removing gender identity disorder
- develop separate Gender Reassignment Services Protocol
- SGHDD to provide a progress update to EHRC in January 2011
- identify areas of focus for Improvement Plan
- submit new protocol to SGHDD for consideration
- if SGHDD approve protocol they will then submit it to the EHRC
- gather anecdotal evidence of additional areas of service improvement which specifically affect the transgender community

Phase 2 (Early 2011 – Mid Summer 2011):

Explore improvements and build awareness of access to gender reassignment services

- receive endorsement from EHRC on Gender Reassignment Services Protocol
- gather evidence on access to gender reassignment services for the Improvement Plan
- consider and propose recommendations for raising awareness of the new protocol amongst clinicians and the transgender community
- continue to gather anecdotal evidence of additional areas of service improvement which specifically affect the transgender community

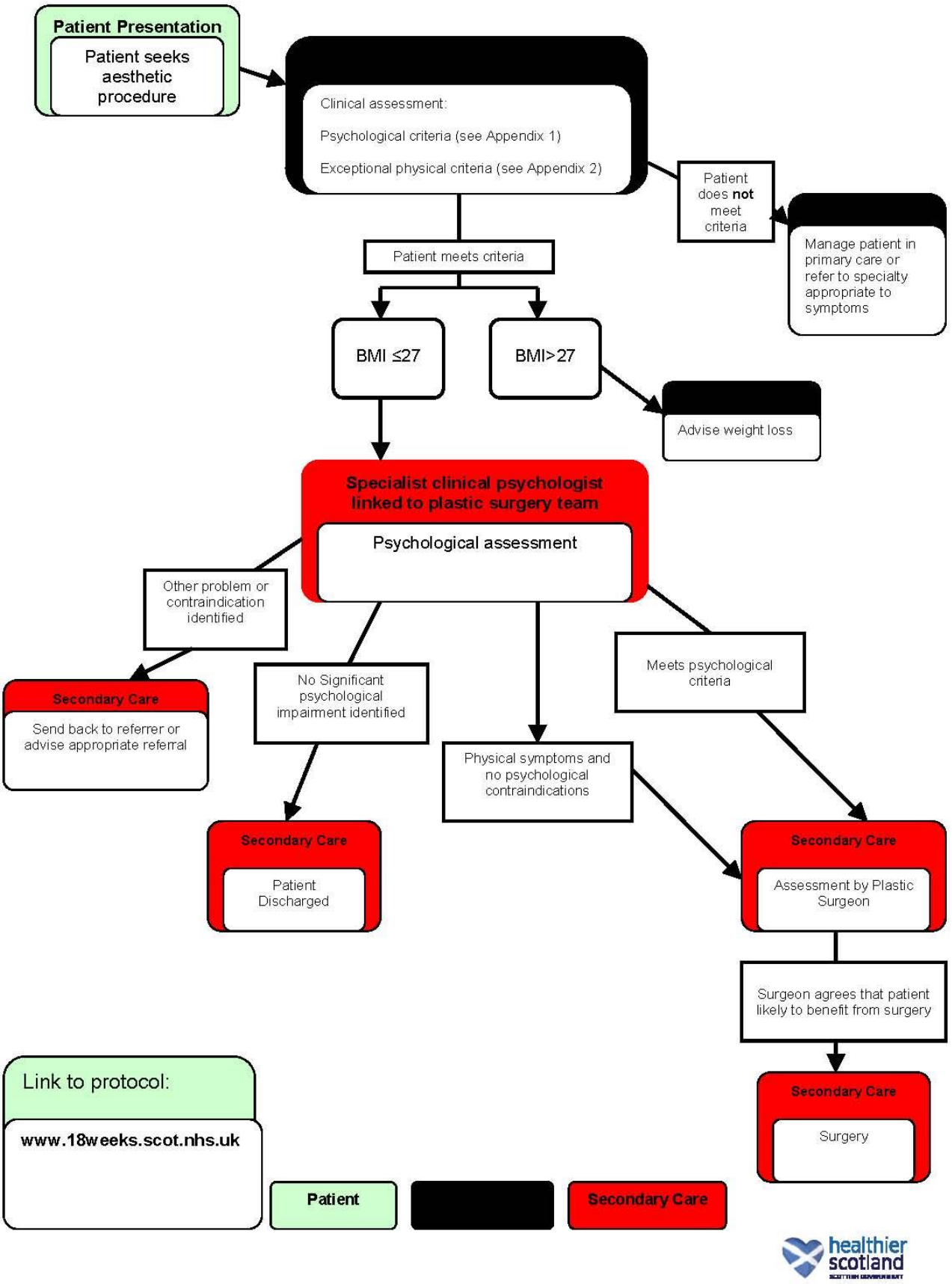
Phase 3 (Mid - Late Summer):

Reporting and next steps

- produce draft Improvement Plan which will be submitted to SGHD for consideration
- submit anecdotal evidence to Scottish Government
- identify specific actions for further development from the Improvement Plan and all evidence gathered
- evaluate success of working group

Appendix 1 – CEL 30 (2009) Exclusion of Exceptional Aesthetic Procedures from the 18 Week Referral to Treatment Standard and Existing Waiting Times Milestones

The Exceptional Aesthetic Referral Protocol
Revised - May 2009



Psychology Assessment Criteria for General Practitioners

1. Referral for aesthetic surgery on psychological grounds may be indicated if the patient presents with:

Significant and prolonged psychological distress
and associated impairment in functioning related to the perceived problem
and likely to benefit from aesthetic surgery.

2. Referral for aesthetic surgery is contra-indicated in the following circumstances:

- Patient has had a major life event in the previous 12 months particularly
marital / relationship breakdown
birth of a child
death of a close family member.

- Patient currently has:
a major depressive illness
an active delusional or schizophrenic illness
an eating disorder
obsessive-compulsive disorder
substance abuse problem.

- Patient has had an **episode of self-harm within the last two years.**

- Patient has been previously diagnosed with **body dysmorphic disorder.**

- Patient clearly has a **disproportionate view** of problem following **your examination.**

Physical Assessment Criteria for General Practitioners

Aesthetic surgery is not routinely offered by the NHS and can only be provided on an exceptional case basis in line with these guidelines.

The following procedures should only be referred after a clinical assessment when there is a symptomatic or functional requirement for surgery. All cases will be judged against agreed criteria on an individual basis. Referral for consideration does not necessarily mean that surgery will be offered and this should be communicated to the patient.

Procedures: not available on NHS for aesthetic reasons	**Exceptional Physical Criteria**
Body contouring: Abdominoplasty/Apronectomy, Liposuction, thigh/arm lift, excision of redundant skin/fat	• Severe, intractable intertrigo beneath the skin fold and massive weight loss (BMI≤27). • Significant weight loss following treatment for morbid obesity resulting in functional problems (BMI<27). • Lipodystrophy • Adjunct to reconstructive procedures
Excision of benign skin lesions (excluding genetic malformations)	• Diagnostic doubt • Significant risk of neoplasia • Lesions causing functional problems or significant disfigurement • Lesions prone to recurrent infection
Blepharoplasty	• Upper eyelid skin or associated structures interfere with the visual field.
Breast Augmentation	• Significant congenital asymmetry (> 1 cup size, BMI < 27) • As an adjunct to reconstruction • Post surgical asymmetry • Congenital aplasia in patients with a BMI > 20 • Poland's syndrome or significant chest wall deformity
Mastopexy	• Asymmetry (> 1 cup size; BMI < 27) • Tuberous Breast syndrome • As an adjunct to reconstruction
Breast Reduction	• To obtain symmetry following breast reconstruction • Hypertrophy/gigantomastia –massive disproportion to body size in a patient up to a BMI of 27 and physical symptoms e.g. back/neck pain and/or intertrigo. • Growth asymmetry (> 1 cup size) • It is generally inadvisable for patients < 18 years • Where the reduction mass is unlikely to be more than 500g per side, surgery will not be considered irrespective of perceived symptoms.

Procedures: not available on NHS for aesthetic reasons	Exceptional Physical Criteria
Surgery for Gynaecomastia	• Patients should be referred for an assessment by an Endocrinologist in the first instance. • Cases of weight loss following morbid obesity creating functional problems. • May be available for males with a BMI up to 27 where there is excessive breast tissue.
Capsular contraction following aesthetic augmentation	• Replacement of silicon implants is not routinely available on the NHS unless the implant operation was performed in the NHS. • Patients may be assessed to rule out any underlying implant failure or breast disease. However, patients should be referred to the surgeon or clinic where their surgery took place in the first instance. • Patients may be offered the removal of implants if the implants are causing physical problems with everyday life or there is evidence of implant failure/complications.
Correction of congenital nipple inversion	• Acquired nipple inversion could be considered as suggestive of a more serious underlying pathology and requires referral to a breast surgeon. • Surgical correction of nipple inversion is not suitable for breast feeding as most procedures result in complete division of the lacteal ducts. This common condition may respond to non-surgical interventions. • There are now well-proven, non-operative ways of correcting inverted nipple by devices that can be obtained relatively cheaply commercially and are suitable for simple lack of nipple protrusion. • If the patient regards nipple inversion as a deformity, referral to a psychologist should be considered but only once a nipple suction device has been tried and failed.
Face or brow lift	• Facial palsy+/-field of vision being affected • Cutis laxa • Severe lipodystrophy • Severe post acne scarring • Congenital conditions such as malformations/neurofibromatosis • Functional problems following previous NHS surgery

Appendix 2 – Gender Reassignment Pathway Working Group
Purpose:

- **to review Exceptional Aesthetic Referral Protocol, removing Gender Identity Disorder, and develop separate Gender Reassignment Services Protocol, including access criteria for surgical treatment.**

Stakeholder role:

- **to advise and recommend a protocol for gender reassignment services**
- **to help identify further areas for improvement to NHS services for transgender people**
- **to potentially act as a network in identifying and contacting further stakeholders for future actions**

NHS Health Scotland role:

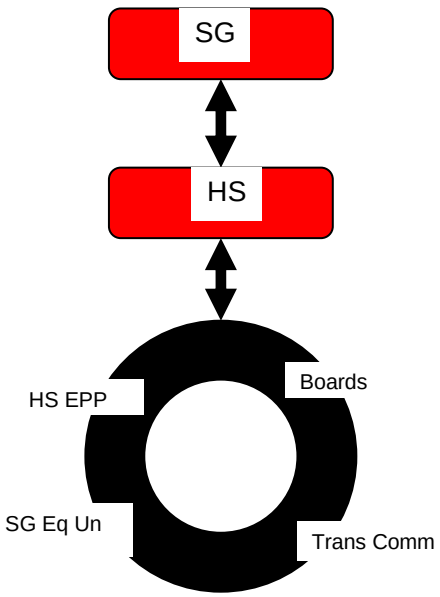
- **relay aims of Scottish Government to the steering group**
- **facilitate the organisation of the group and take forward actions and recommendations**
- **submit protocol, key developments and progress updates to Scottish Government**
- **in collaboration with stakeholders, identify future areas for improvement to NHS services for transgender people**

Scottish Government role:

- **set aims of the project**
- **identify chair of the steering group**
- **monitor progress**
- **submit Gender Reassignment Services Protocol to EHRC**
- **agree to NHS Boards adopting the new protocol**

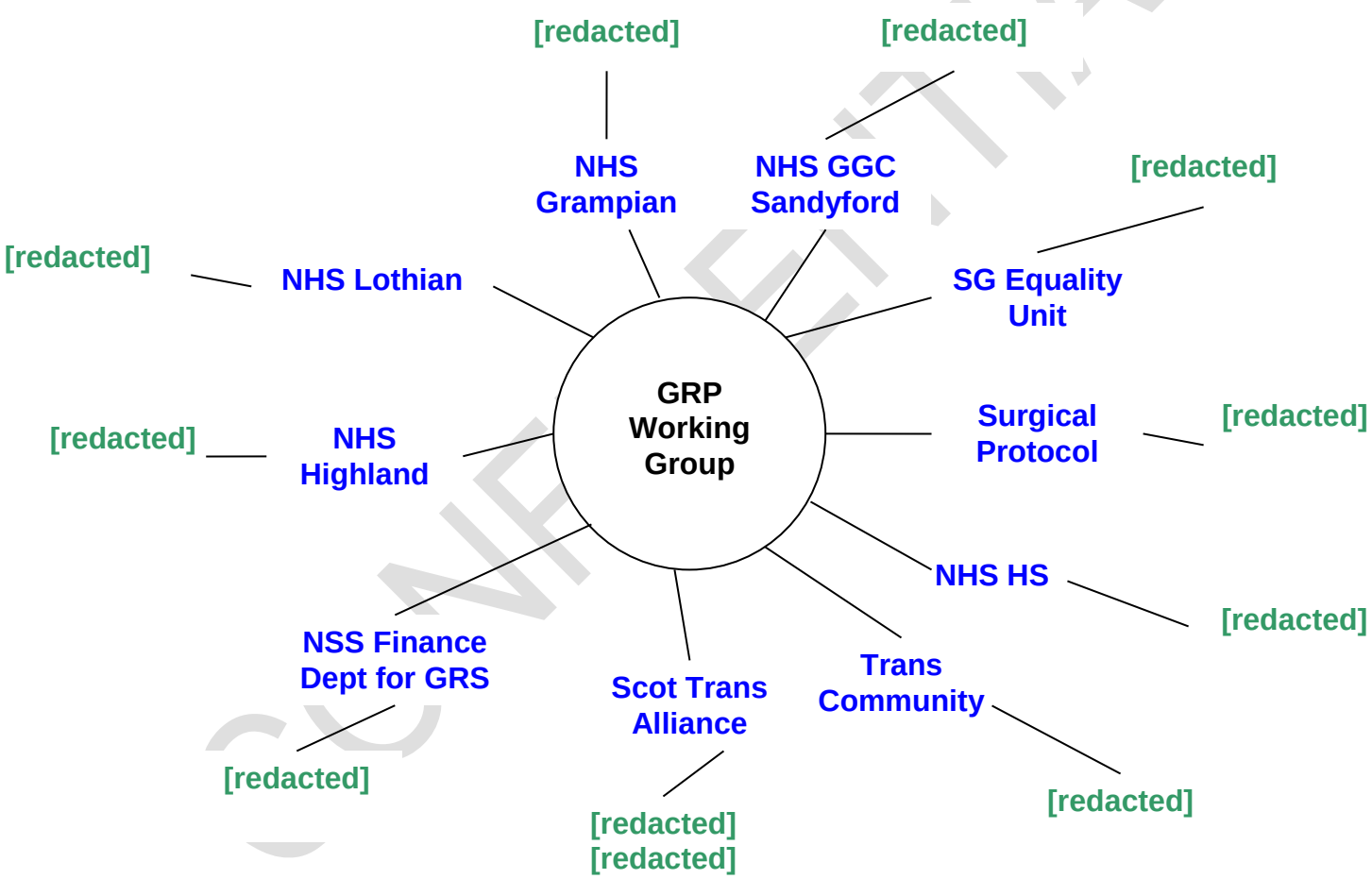
Chair of Working Group role:

- **lead and control meeting agenda**
- **direct discussion and mediate**
- **achieve the aims of the meeting and conclude decisions made by the group**

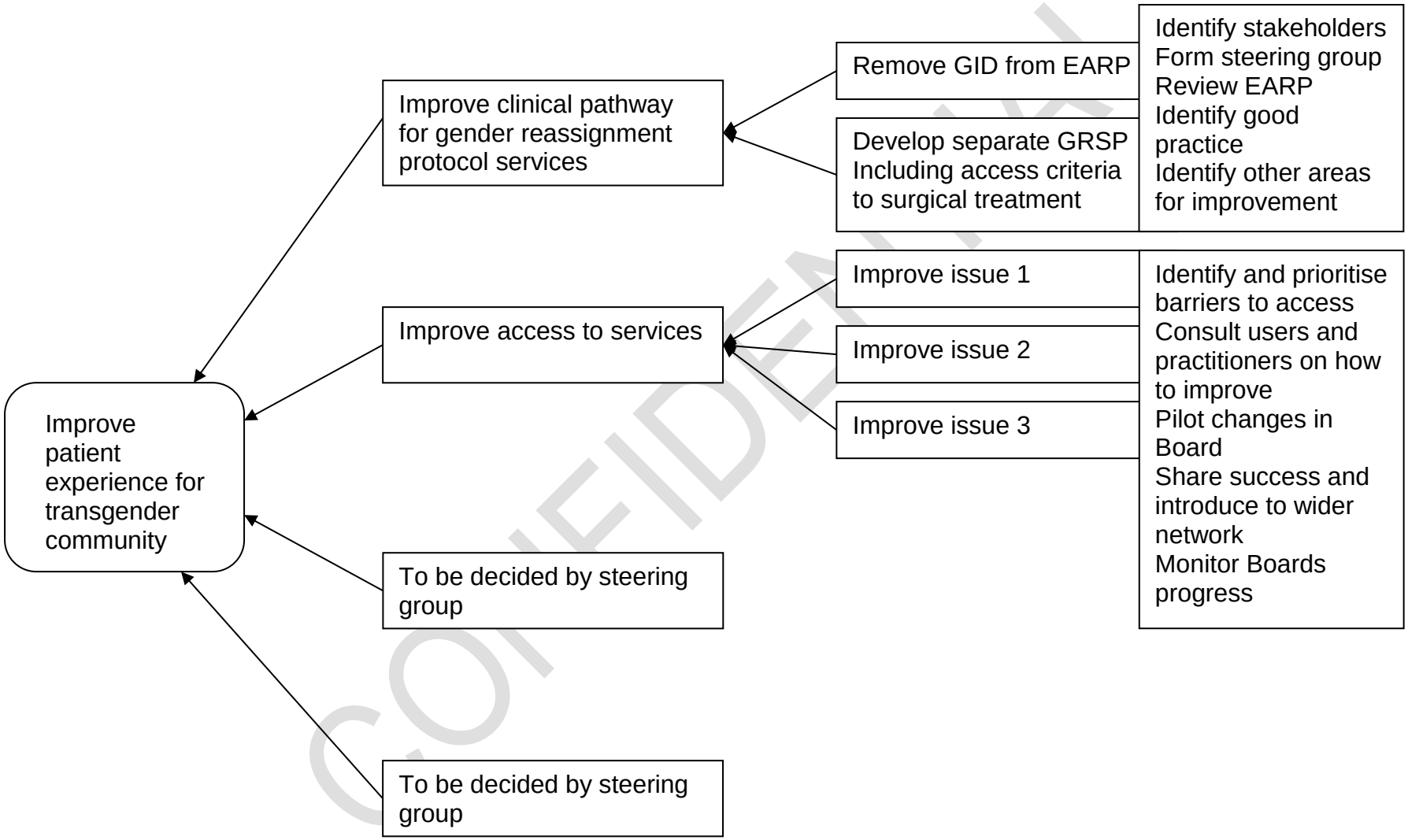


Stakeholder Map

Working Group



Driver Diagram



Document 2

Gender Reassignment Pathway Engagement Plan
This document aims to set out appropriate methods for engaging the transgender community in the development of the Gender Reassignment

Engagement Plan

NHS Health Scotland is leading the development of a stand-alone gender reassignment services protocol to improve the experience of transgender people accessing services within NHS Scotland. The work is being undertaken in partnership with key stakeholders from NHS Scotland, Scottish Government, Scottish Transgender Alliance (STA) and the transgender community.

We are aware that there is variation in gender reassignment services across the NHS in Scotland and as a result people's experiences of accessing these services vary greatly. To help us ensure that the new gender reassignment services protocol meets the needs of those accessing the services as best as possible we will involve and engage with the transgender community from the beginning of this process.

Through consultation with the transgender community we seek to obtain feedback for the working group on analysis, alternatives and/or decisions. We believe that engaging with the transgender community is essential for building their trust in the NHS and their acceptance of the new protocol. It will also help raise awareness of the new protocol amongst the community.

Methods of engagement

Working group representation

Two representatives from the Scottish Transgender Alliance (STA) and two members of the transgender community (one representative still to be agreed by the working group at the first meeting) sit on the GRP working group. They will be able to bring the experiences and perspectives of the community to the meetings; however we acknowledge that it is not possible for them to represent all the varying experiences of members of the community who have or are currently accessing gender reassignment services.

Below we have proposed three methods to help us appropriately engage and involve the wider transgender community in this work. We ask that the working group consider and discuss these methods and agree the most suitable one for the purposes of this work.

Method 1: Working in partnership with the STA

The NHS Health Scotland project team work in partnership with the STA to organise written engagement and consultation activities (e.g. online surveys, internet

information, newsletters, circulation of information at STA and transgender support group meetings and events).

Information is gathered and fed into working group meetings to help inform the development of the protocol. Similarly feedback from the working group will be shared with the community via suitable STA mechanisms.

Method 2: Working group sub group

A sub group to the Gender Reassignment working group is established to bring together interested members of the transgender community to feed into the development of the protocol. A member of the sub group would sit on the working group to feed in the comments from the sub group and feed back to the sub group discussions held at working group meetings.

The NHS Health Scotland project team would help with the organisation and administration of the sub group which would be facilitated by a third party. In order to build relationships and gain trust within the transgender community it is proposed that an organisation such as the Equality and Human Rights Commission would fit well with this role.

Method 3: Attending STA and other forum meetings

Members of the NHS Health Scotland project team would attend STA run meetings or other transgender support group meetings to discuss and consult on this work. It is suggested that members of the working group could also attend these meetings to hear first-hand the experiences and perspective of people accessing gender reassignment services.

Information gained from these meetings would be gathered and fed into the working group meetings. Feedback from the working group on the outcome of any information collated would be communicated back to the meetings, either via written communication or if appropriate by further attendance by the project team at the meetings.

Conclusion

The working group are asked to consider and discuss at the first working group meeting on 10th February the most appropriate method/s of engagement and involvement with the transgender community. The following questions have been provided to help guide your thinking.

1. Which method of engagement should we follow to involve the transgender community in the development of the Gender Reassignment Services protocol?

2. Is there another method of engagement that we could use?

Document 3

Feedback to Programme Initiation Document

Gender Reassignment Pathway Working Group

Pre-meeting feedback on Project Initiation Document (PiD)

Do you have a clear understanding of the aims of the project and any comments on its objectives?

A working group has been established to develop the Gender Reassignment protocol. How can the group make most effective use of this method?

Do you think the project timescales are realistic?

Document 4

Terms of Reference of Group

Gender Reassignment Working Group: Terms of Reference
This document aims to set out project working arrangements for the working group, including its purpose and stakeholder responsibilities.

Gender Reassignment Working Group: Terms of Reference

Purpose:

1. The purpose of this group is to review the Exceptional Aesthetic Referral Protocol, removing Gender Identity Disorder and develop a separate Gender Reassignment Services Protocol, including access criteria for surgical treatment. The group will also explore improvements to the access of gender reassignment services and develop an Improvement Plan.

Membership

2. The group has been selected by Scottish Government to represent a broad mix of relevant stakeholders from NHS Boards, Scottish Government, the Scottish Transgender Alliance and members from the transgender community.

Attendance at meetings

3. Members will be expected to commit to attending meetings which will be organised to best suit their diaries. It is the responsibility of members to arrive at meetings prepared with necessary papers.

4. Video conference facilities will be made available at each meeting.

Frequency of meetings

5. To be decided at first meeting.

Authority

6. The group will develop the access criteria to surgical treatment alongside the development of the Gender Reassignment Services Protocol. Once completed, this will be recommended to the Scottish Government for implementation. It is not in the group's remit to implement the protocol.

7. Group members have responsibility to each other that the group operates in a respectful and constructive manner.

8. The Chair will: lead and control the meeting agenda; direct discussion and mediate; achieve the aims of the meeting and conclude decisions made by the group.

Duties

9. The working group will draw on experience and knowledge, and develop a protocol which strikes a balance between the needs of the transgender community, government policy, legal obligations and available resources. This will result in:

a. Gender Reassignment Services Protocol
b. Access criteria for gender reassignment surgery
c. Addressing non-surgical treatment within the protocol

10. On completion of the protocol and its acceptance by Scottish Government the working group will:
a. Consider and propose recommendations for raising awareness of the new protocol in partnership with SGHDD amongst clinicians and the transgender community
b. Explore improvements to the access of gender reassignment services

Administration and reporting procedures

11. Minutes will be circulated by NHS Health Scotland to the group no later than ten working days after a meeting.

12. Agendas and relevant papers will be sent out no later than five working days prior to meetings.

13. Group members are to return any pre-meeting comments/responses to agenda items no later than two days prior to the meeting.

14. NHS Health Scotland will update SGHDD on progress of the working group and subsequently liaise with the group regarding any feedback from SGHDD.

15. The transgender community will be kept informed of project progress using appropriate methods as outlined in the Engagement Plan and agreed by the working group

Review

16. NHS Health Scotland will review the success of the working group on its completion and seeks commitment from members to participate. This will be built into the project timescale.

Document 5
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
http://www.gires.org.uk/assets/LGBTSummit/LGBThealthsummit2008.pdf

GIRES (2009) Reed, B. Rhodes, S. Schofield, P. Wylie, K. Gender Variance: Prevalence, Incidence, Growth and Geographic Distribution.
http://www.gires.org.uk/assets/Medpro-Assets/GenderVarianceUK-report.pdf

GIRES (2010). The number of Gender Variant People in the UK: An Update – November 2010
http://www.gires.org.uk/assets/Medpro-Assets/Prevalence2010.pdf

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

Document 6

1. NHS Gender Reassignment Protocol Working Group

In 2010, the Equality and Human Rights Commission (EHRC) received a number of complaints against NHSScotland from people undergoing gender reassignment. As a result of this the EHRC raised concerns with the Scottish Government about Gender Identity Disorder being included in the Exceptional Aesthetic Referral Protocol (EARP) and in response to this the Scottish Government has agreed that Gender Identify Disorder will be removed from the EARP and that a working group be set up to recommend a comprehensive stand-alone protocol for Gender Reassignment**: A Gender Reassignment Services Protocol**.
The working group is facilitated by members of NHS Health Scotland's Equality, People and Performance Directorate and chaired by Hilary Third, Team Leader of Equality Policy and Communities within the Equality Unit in the Scottish Government. Other stakeholders were chosen as follows:

- Clinicians from NHS Highland, NHS Grampian, NHS Lothian and NHS Greater Glasgow & Clyde
- Representatives of the trans community (undergoing or having completed Gender Reassignment)
- Members of the Access Support team in Scottish Government
- A member of the NHS National Services Scotland National Services Division (NSD)
- Representatives of the Scottish Transgender Alliance

Within these members are those able to also represent other areas such as nursing, younger people and those in education.
The initial meeting of the Working Group was on 10th February 2011, and a target was set to complete the work by late summer 2011. After this the group will submit the draft gender reassignment services protocol and an improvement plan to the Scottish Government for consideration and agreement. The final decision will sit with the Scottish Government.
It was agreed that the new protocol would cover all aspects of the gender reassignment process including both surgical and non-surgical procedures. It was further agreed the protocol would not consider access to health services for general matters not related to the gender reassignment process.
The Group is to meet at monthly intervals and will set up a thorough programme of engagement with those undergoing or considering gender reassignment, and others involved in the procedures, allowing for full consultation and wide consideration of the drafted protocol at appropriate stages.

Gender Reassignment Protocol Working Group
Thistle House Room 1
10/02/11 10:00 – 11:30

Present

Name	Role in group	Organisation	Job title
[redacted]	Chair	Equality Unit, Scottish Government	[redacted]
[redacted]	Project support	NHS Health Scotland	[redacted]
[redacted]	Project lead	NHS Health Scotland	[redacted]
[redacted]	Project support	NHS Health Scotland	[redacted]
[redacted]	Participant	NHS GGC (Sandyford)	[redacted]
[redacted]	Participant (via video link)	NHS Highland	[redacted]
[redacted]	Participant	NHS Lothian	[redacted]
[redacted]	Participant	NHS Nation Services Scotland Finance	[redacted]
[redacted]	Participant	Scottish Transgender Alliance	[redacted]
[redacted]	Participant	Scottish Transgender Alliance	[redacted]
[redacted]	Participant (via video link)	NHS Grampian	[redacted]
[redacted]	Participant	Access Support Team, Scottish Government Health Delivery Directorate	[redacted]
[redacted]	Participant	Community Transgender Rep - Nursing	[redacted]

Apologies

[redacted]	Participant	NHS GG&C (Canniesburn Plastic Surgery Unit)	[redacted]

NOTE and ACTION

	Welcome and Introduction	**Action**
	Welcome – [redacted] introduced herself and welcomed the members to the group. It was explained that [redacted] had been asked to chair the meeting. Introductions – The group introduced themselves and talked a little about their knowledge and experience of gender reassignment and gender reassignment services. Meeting Conduct – [redacted] set the meeting conduct and this was then agreed by the group. The following rules were set, - All participants must speak through the chair. - Participants must respect the views of others and allow them to speak - Acronyms and any technical information should be explained as much as possible as not all members of the group are from a medical background.	
	Background / Roles and Responsibilities	
	[redacted] ran through the background to the project. She explained that the Equality and Human Rights Commission (EHRC) contacted the Scottish Government following complaints made to them about the variation in access to gender reassignment services and the inclusion of gender identity disorder on the Exceptional Aesthetic Referral Protocol (EARP). The Scottish Government have therefore asked NHS Health Scotland to develop a stand-alone Gender Reassignment services pathway protocol.	
	Project Plan	
	The group discussed the project plan and [redacted] read through some of the responses to the Project Initiation Document (PiD) questionnaire that was issued prior to the meeting. One response suggested hair removal should specifically be mentioned under non -surgical treatment examples in the Project Objectives (section 3 of the PiD) as it is often forgotten about in discussions around the gender reassignment process. The group were reminded that hair removal also affects trans men as well as trans women. Another questionnaire response raised concerns that the primary focus in discussions is normally surgery. It was recommended that the group take time to also consider the social and mental wellbeing of people going through the gender reassignment process.	**[redacted]**

	Following discussion about the aims, objectives and scope of the project and the role of the working group, the group agreed that a short one page narrative of what the group is aiming to achieve should be completed in plain English. This would help in community engagement and keep the group focused on the final objective. [redacted] and [redacted] agreed to work on this. [redacted] will create a first draft and then contact [redacted] for collaboration. This will then be presented to the group. The group also felt that in order to continue the process, a scoping paper should be produced. This paper would give the group detail of the current gender reassignment services available in Scotland and the level of demand for these services. [redacted] suggested that he would be able to provide some information on this, providing demographic information on patients from the Sandyford Clinic. It was agreed that the NHSHS project team will provide a draft scoping paper for the next meeting based on information that is readily available. Note – If [redacted] joins the group (see group membership below), she may be able to contribute to this action.	
	Group Membership	
	The group discussed the balance of members on the working group. [redacted] informed the group that it is hoped that [redacted], Director of Regional Services for NHS Greater Glasgow & Clyde will be able to join the group. [redacted] raised concerns that only one trans woman was represented on the working group and that she was not comfortable representing the trans woman community alone. [redacted] noted that the community engagement work would ensure that a much wider range of trans women and men can comment on the work and responsibility does not rest solely with those who sit on the group. However, the group agreed that there was space in the group for another trans woman. It was suggested that [redacted] join the group as a second transgender woman representative. [redacted] [information redacted to avoid identification] . The group agreed that [redacted] experience and academic and research knowledge made her a suitable representative for the group. [redacted] agreed to contact [redacted] and invite her to join the group.	**[redacted]**
	Engagement Strategy	
	The group discussed the engagement plan that was issued prior to the meeting. The purpose of the engagement plan is to agree how to engage and involve the wider transgender community in this work. The plan offered 3 methods for engagement.	

	[redacted] presented the group with a fourth option for community engagement. This was a combination of the first and third community engagement options from the engagement plan. The NHS Health Scotland (NHSHS) project team would work in partnership with the STA and other transgender equality groups and Lesbian, Gay, Bisexual and Transgender (LGBT) organisations as appropriate and organise some transgender community engagement events across Scotland. Other mechanisms for gathering comments would also be used. In addition to the community engagement an electronic consultation exercise would also be carried out to gather comments on the draft gender reassignment services protocol. The group agreed that the fourth option was very good. There were concerns that engaging with the community too early on this work may raise expectations that it may not be possible to meet. It was agreed that timing of community engagement is important so as not to raise expectations. When we do engage with the community on this work, the scope of the working group and the aims and objectives of the project should be made clear to ensure there is clear understanding of what the project is able to achieve. It will also be important to emphasise that the role of the group is to make clear, evidence based recommendations to the Scottish Government on the gender reassignment services protocol and that the final decision sits with the Scottish Government. The one page narrative that is being developed by the group will help with this.	**[redacted] & NHS HS project team**
	Working Arrangements	
	Initially the group agreed to meet monthly with meetings in March and April this year. NHSHS will contact group members with potential dates for the next meeting.	**[redacted]**
	Terms of Reference	
	As the group was running out of time during the meeting, it was agreed that members would look over the terms of reference document after the meeting and report any issues to [redacted]. It was noted that the discussion at the meeting, and decisions taken were very much in line with the terms of reference as drafted.	**Group**
	Date of Next Meeting	
	It was agreed that the next two meetings would take place in early March and then again in April. NHS Health Scotland will arrange the next two meeting dates, a poll will be created and the best date set for the majority of the group.	
	Summary of Actions	
	1. Creation of plain English narrative - [redacted] and [redacted]	

	a. Write a draft narrative detailing the objectives of the working group that could be used in community engagement. 2. Creation of scoping document [redacted], [redacted] and potentially [redacted]. a. Work on the creation of a draft scoping document before the next meeting. Starting point possibly the HRC paper, data from [redacted] work at Sandyford or research from [redacted] 3. [redacted] and the project team to further discuss the 4th method of engagement and draft potential timescales. 4. Arrange follow up meetings in March and April – NHSHS o Health Scotland will arrange venue and dates of the next working group meeting.	
	Addendum – Group membership	
	The group agreed that it was important that the Directors of Planning Forum be made aware of this work. [redacted] confirmed that she would be happy to do this as she sits on the group. [redacted] confirmed that [redacted], [redacted] (EPP) also sits on the group and with [redacted] will also be able to do this. [redacted] will be kept up to date on the work of this group by the project team.	

Document 8
Gender Reassignment Protocol Working Group Minutes
Thistle House Room 1
14/04/11 10:00 – 12:00

Please treat as confidential

Present

Name	Role in group	Organisation	Job title
[redacted]	Chair	Equality Unit, Scottish Government	[redacted]
[redacted]	Project support	NHS Health Scotland	[redacted]
[redacted]	Project lead	NHS Health Scotland	[redacted]
[redacted]	Project support	NHS Health Scotland	[redacted]
[redacted]	Participant (Via Teleconference)	NHS GGC (Sandyford)	[redacted]
[redacted]	Participant	NHS Lothian	[redacted]
[redacted]	Participant	Scottish Transgender Alliance	[redacted]
[redacted]	Participant	Scottish Transgender Alliance	
[redacted]	Participant	Access Support Team, Scottish Government Health Delivery Directorate	[redacted]
[redacted]	Participant	NHS Highland	[redacted]
[redacted]	Participant	NHS GG&C (Canniesburn Plastic Surgery Unit)	[redacted]

Apologies

[redacted]	Participant	NHS National Services Scotland	[redacted]
[redacted]	Participant (via video link)	NHS Grampian	[redacted]
[redacted]	Participant		[redacted]
[redacted]	Participant		[redacted]

	Welcome and Introduction	Action
	Welcome – The group was welcomed to the third meeting of the Gender Reassignment Protocol Working Group. Introductions – The group welcomed [redacted], there was a round table of introductions. Meeting Conduct – Meeting conducted remained the same, - All participants must speak through the chair. - Participants must respect the views of others and allow them to speak - Acronyms and any technical information should be explained as much as possible as not all members of the group are from a medical background.	
	Previous Minutes	
	The previous minutes were agreed by the group as an accurate reflection of the previous meeting. Some group members raised issues with how they were listed in the attendance. NHS Health Scotland will correct this.	**NHSHS**
	Matters Arising	
	[redacted]– NHS Health Scotland met with colleagues from [redacted]department to discuss the development of this protocol and availability of someone from their team joining the working group. Health Scotland is still in discussions with them around how they could input into this work. The group felt this was a positive step. NHS Health Scotland agreed to keep the group up to date on the progress of this. **Suggestions for clinical psychologist** – The group were reminded of the action from the previous meeting to suggest names for the addition of a clinical psychologist to the working group. NHS Health Scotland received no further suggestions other than [redacted] prior to the meeting. [redacted]. During discussions, [redacted] from NHS Greater Glasgow and Clyde was also suggested. Concerns were raised around the reason for having a clinical psychologist on the group and the possible impacts this could have on the final protocol. It was put to the group that there is currently no requirement to see a clinical psychologist and that including this would possible increase waiting times. Through discussion it was agreed that the addition of a clinical psychologist would be of benefit to the group to help inform the work and should be pursued.	

	It was also agreed that the addition should not dictate aspects of the final protocol. NHS Health Scotland will pursue this. **Revised Narrative** – The group agreed the final draft narrative and this is now a public document. **Scoping Paper** – NHS Health Scotland provided an update on the scoping paper. The paper is still a work in progress, some information has still to be provided by the STA. This has not been sent due to IT issues but should be sent as soon as possible. A definition of children has been received but it was explained that the NHS are currently reviewing this definition therefore we will await further guidance around this for the draft protocol. NHS Health Scotland will update the scoping paper once further information is received and send a revised copy to the group as soon as possible.	**NHS Health Scotland** **[redacted]** **NHS Health Scotland**
	Project Language and Terminology	
	The group were told that some concerns had been raised around the term, 'transgender' which had been used in a number of working group papers. The group discussed possible users of the protocol. Some members of the group felt that the protocol should only apply to those who are confirmed as transsexual. It was suggested however that there is a very wide range of people who access NHS gender clinics regarding their gender identity and that the protocol should start by aiming at as wide a group as possible to ensure that individual needs of those people are met through the course of the pathway as appropriate. It will then fall to the gender specialists to determine a patient's pathway. The group clarified that only those diagnosed with gender identity disorder would have access to gender reassignment services. The group agreed that the terminology suggested from the previous meeting was suitable to use in papers and communications relating to this work. The term agreed is 'people who are considering, are undergoing or have undergone gender reassignment surgery'. It was agreed that NHS Health Scotland will agree a form of words and an explanation for using this language and share this with the group.	**NHSHS**
	Community Engagement	
	An updated was provided on the work being done on the community engagement plan and also confirmed that they now have an additional member of staff to help with its organisation. The STA have created a short introductory document to promote the community engagement sessions and James shared this with the group. The STA reported that NHS Lothian and NHS Dumfries and Galloway are working on developing their own protocols. NHS Dumfries and Galloway are conducting their own engagement which the STA will attend. The	

	group were also told that they were currently having difficulties finding venues for meetings in Glasgow and Aberdeen. NHS Health Scotland will meet with the STA to discuss possible venues, financial arrangements and details for each focus group session. The chair encouraged members to attend the community engagement sessions. It was agreed it was very important for the group to hear the issues first hand, especially those members of the group who do not have regular contact with the trans community. It was also agreed that this would be a positive step in supporting the STA with the work. The group discussed the style of the paper. It was agreed that the introduction would be sent around the group who would then provide feedback. Some trans community groups had raised concerns about holding the events during working hours so many of the planned engagement meetings are now being held evenings and weekends. The group will be provided with the dates and locations of the meetings and will report back to the STA if they would like to attend.	**NHSHS STA** **STA Working group members**
	Project Planning	
	Mapping Exercise – The mapping exercise documents were presented to the group. The mapping work is now split between two forms that will be sent to boards to gather information on services provided and the number of service users. The hospital form examines the availability of services in Scotland which may or may not be currently used for gender reassignment. The form will be issued to hospitals to allow NSD to map out which services are provided in Scotland. The clinic form aims to capture examples of current practice. This will highlight core and non-core procedures, referral pathways etc. and aims to support the final improvement plan. The groups commented that the clinic form will take longer to complete as clinical staff will be required to go through case notes to complete. It was suggested that ISD could be contacted for information, but members of the group felt that the figures from ISD could be inconsistent. NHS Health Scotland will co-ordinate the clinicians to find the most effective way of capturing this information in a timely manner. It was suggested that a simplified version could be created to be distributed to trans communities. This would allow them to suggest services that have been used outside of the NHS or that clinical staff in Scotland may not be aware of. Concerns were raised that this kind of work gives us information on service providers who only perform the service a few times a year. This could lead to the	

	group using information on providers who do not provide the best service available. The group agreed that there was a need to establish where in Scotland surgery was available. **Gantt Chart** – The current version of the Gantt chart was presented to the group. It attempted to map out the steps needed to take the work forward. It was agreed that a review of the protocol should be built in within a year of it being implemented to examine how well it is working and if any tweaks to the protocol are needed. This is often common practice for other protocols. It was also agreed that the Gantt charts be reviewed at every meeting to ensure the work is running to schedule. **Project Milestones** – NHS Health Scotland presented suggested milestones for the project. They suggested that the group should aim to agree pre-surgical, surgical and post-surgical aspects of the protocol. Members of the group felt that the language should be altered to convey that the protocol is not only looking at surgical processes but the full care pathway for gender reassignment. This was agreed and it was agreed that the first milestone should be to identify the initial steps of the pathway and the core and non-core treatments. The group agreed that the Standards of Care (SoC) for Gender Identity Disorders, sixth version were the agreed international standard and that we should be referring to them in this work. [redacted] made the group aware that the SoC are currently under review and being updated and that the seventh version is due for publication in September 2011. NHSHS tabled the NHS Wales protocol and agreed to share this with the group for information.	**NHS Health Scotland**
	Pre surgical treatments for gender reassignment	
	The group ran out of time to discuss this agenda item. It was agreed that at the next meeting the initial steps of the pathway would be the focus of discussion.	
	Next Meeting Date	
	The next meeting will take place on the 26th or 31st of May. Date and venue will be confirmed as soon as possible.	
	Summary of Actions	
	NHS Health Scotland • Correct the previous minutes and any other documents with correct job titles and organisation. • Confirm the correct terminology to use in papers.	

	• Approach [redacted] in regards to joining the group as a clinical psychologist representative. • Issue the NHS Wales protocol to the group for information. • Meet with the STA to discuss the community engagement. • Co-ordinate clinicians to complete mapping exercise. **STA** • Issue the group with the community engagement introduction document. • Issue the group with the dates and venues of community engagement meeting so that they may attend if they wish.	

Document 9

Minutes of meeting

Gender Reassignment Protocol Working Group Minutes
Edinburgh Training & Conference Venue
26/05/11 13:00 – 15:00

Please treat as confidential

Present

Name	Role in group	Organisation	Job title
[redacted]	Chair	Equality Unit, Scottish Government	
[redacted]	Participant	NHS GGC (Sandyford)	[redacted]
[redacted]	Participant (via video link)	NHS Grampian	[redacted]
[redacted]	Participant	Scottish Transgender Alliance	[redacted]
[redacted]	Participant	Scottish Transgender Alliance	
[redacted]	Participant	Access Support Team, Scottish Government Health Delivery Directorate	[redacted]
[redacted]	Participant		[redacted]
[redacted]	Participant		[redacted]
[redacted]	Guest	On placement with STA	[redacted]
[redacted]	Project lead (& note)	NHS Health Scotland	[redacted]

Apologies

[redacted]	Participant	NHS National Services Scotland	[redacted]
[redacted]	Participant	NHS GG&C (Canniesburn Plastic Surgery Unit)	[redacted]
[redacted]	Participant	NHS Highland	[redacted]
[redacted]	Participant	NHS Lothian	[redacted]

[redacted]	Project support (minutes)	NHS Health Scotland	[redacted]

	Welcome and Introduction	**Action**
	Welcome – [redacted] introduced herself to the group. [redacted] informed the group that [redacted] has moved to [redacted] and confirmed that she will be taking over the role of Chair of the GRP working group. Introductions – The group introduced themselves to [redacted]. Meeting Conduct – Meeting conducted remained the same: - All participants must speak through the chair. - Participants must respect the views of others and allow them to speak - Acronyms and any technical information should be explained as much as possible as not all members of the group are from a medical background.	
	Previous Minutes	
	The previous minutes were agreed by the group as an accurate reflection of the previous meeting.	
	Matters Arising	
	Representation of service delivery manager –[redacted] confirmed that members of the NHS Health Scotland (NHSHS) project team had been meeting with service delivery managers and clinicians from the 3 of the NHS Scotland boards that provide plastic surgery services to gather their feedback and experiences of delivering gender reassignment services. The 3 boards are NHS Greater Glasgow & Clyde, NHS Lothian and NHS Tayside. The project team are still considering how service delivery can be represented within this work. At present it looks unlikely that a service delivery manager will join the group but they will be consulted on this work in some form. NHS Health Scotland will keep the group informed of how this is done and also of the comments and information gathered at the meetings with the 3 boards. **Representation of clinical psychologist** – [redacted] was pleased to inform the group that[redacted] had agreed to join the working group to help inform the protocol. [redacted] was not able to join today's meeting but is able to attend the June meeting. **Feedback from Directors of Planning meeting** –[redacted] updated the group on behalf of [redacted]. [redacted] presented a paper to the National Planning	**NHS Health Scotland**

	Forum (NPF) meeting on 14th April giving background information on the gender reassignment protocol project and working group. The paper was noted by the NPF for information. [Redacted] will ensure that information is cascaded to and from the working group to the NPF as appropriate. **Mapping exercise** – [redacted] updated the group on developments with the mapping exercise. [redacted] will meet on 2nd June to map out the current gender reassignment services that they know of both in Scotland and England. [Redacted] is unable to attend the meeting due to annual leave but will provide information electronically. The information gathered through the mapping exercise will be shared with the working group at the June meeting. It was agreed that if possible it would be useful to identify through the mapping exercise not only where services are available but also how regularly the services can be accessed e.g. how many surgeries are performed per month / year. [redacted] confirmed that [redacted] will also issue a mapping questionnaire to the Directors of Planning and Chief Operating Officers of health boards to establish what services are available within their board. The project team are currently in discussions with Information Services Division (ISD) regarding data on numbers of procedures performed in NHS Scotland and board of residence of patient receiving procedure. The project team will keep the group informed of progress with these exercises.	**[redacted]** **NHSHS** **NHSHS**
	Freedom of Information & Data Protection	
	[Redacted] updated the group on the recent Freedom of Information (FOI) request received by NHS Health Scotland regarding the community engagement focus groups. The request asked for information on numbers of NHS staff attending the groups and costs incurred in running the groups. The project team are currently providing a response. As a result of the FOI, the project team asked the members of the working group if they would happy for their identity to be disclosed should another FOI request be received. The group agreed that it would depend on the nature of the request but that they felt it was better to be open and up front in providing information. It was agreed that if further FOI requests are received, the content of the request will be shared with the group for agreement on whether their information should be included in the response. It was also agreed that if working group members receive any requests for information that these should be directed to NHS Health Scotland. The project team will email a short generic statement to members with information as to how a personal request should be handled. This will ensure consistency in approach and prevent any member being put in a vulnerable position.	**NHSHS**
	Project language & terminology definition	

	Some members expressed concern regarding the language used in the third paragraph and glossary. [redacted] and [redacted] offered to consider the definition further and they send to [redacted] to circulate to the rest of the group for further comments and agreement. It was agreed that the definition should be used in any supporting papers that the group submits to the Scottish Government.	**[redacted] and wider working group members**
	Community Engagement focus groups	
	[Redacted] and [redacted] updated the group on the success of the focus groups. All sessions went ahead apart from the session planned for Stirling which was cancelled due to lack of interest. All other sessions were well attended. [Redacted] and [redacted] are currently collating the information from the diversity forms that each participant was asked to complete to show the range of people attending. [redacted] highlighted some key points from the sessions: • The majority of participants were very pleased with the local service that they receive from speech therapists and see them as a great source of support • Greater information is needed when starting the process with the gender identity clinics and explaining timescales, waiting times, etc. • Request for additional counselling, especially relating to reflecting on treatment options • There is a variation in funding for hair removal, and that where this is funded, it is predominately for laser treatment • There were concerns about the robustness of the assessment process and the real life experience • Trans men have difficulties accessing chest reconstruction surgery within Scottish health boards and they believe that these difficulties arise because it is a less common procedure than other procedures, e.g. hysterectomy. There was also concern expressed around the timing of surgery. [Redacted] thanked [redacted] and [redacted] for their work on managing and running the focus groups and also the other members of the working group who helped out and supported the sessions. [Redacted] expressed thanks to the trans community support groups who had supported the sessions, and in particular to [redacted] who helped with the organisation of the Grampian session. [redacted] informed the group that the Equality and Human Rights Commission (EHRC) have commented that the community engagement work is likely to be a first for Britain and that the group should consider circulating the community engagement report wider than the group as an example of good working practice.	

	At the focus group session for young people, there had been a specific request for regular engagement sessions with NHS staff. [Redacted] suggested that the information could be shared with the Royal College of Nursing as they are holding a meeting on gender reassignment later this year. It was also suggested that the report and further information about this work could be shared at the WPATH conference or within a WPATH journal. A primary care article was also suggested as a way of engaging with GPs. [redacted] confirmed that this has been done for other protocols. The NHS Health Scotland project team will consider these options. Working group members were encouraged to continue to think of other options and share any ideas with the group.	**NHSHS Working group members**
	Identifying initial steps of the protocol	
	The group discussed the draft skeleton protocol and agreed that it was a useful start. It was suggested that it may be necessary to include a step before Step 1, and that the protocol could identify where further information is needed and where health boards could find this. The group discussed how much information the protocol should hold and how prescriptive it should be. It was agreed that the protocol cannot be too prescriptive or didactic as gender identity clinics should be treating patients on an individual basis. It was suggested that information should be included for each procedure / intervention. Further discussion is required in order to ascertain what to include in the protocol. It was suggested that the protocol could be issued with supporting guidance or appendices. It was agreed that this should be discussed further as the protocol develops. [redacted] and [redacted] agreed to discuss further where the second opinion should sit within the protocol and possible ways that the four gender identity clinics could work together on this to allow for greater flexibility. A possible pathway suggested was a Managed Clinical Network. It was agreed that [redacted] would revise the protocol in advance of the mapping meeting on 2nd June and that the clinicians would discuss this further then. It was agreed that another connecting arrow should flow from ongoing assessment to refer for second opinion. It was agreed that the protocol should split after the second opinion and before RLE to show separate pathways for MT and FTM patients. Discussion also took places to when it was recognised RLE starts. The group agreed that further work was needed to these initial steps and this can be discussed further at the next meeting.	**[redacted]** **NHSHS** **NHSHS**
	AOCB	

	[Redacted] will send out dates for future meetings in order for working group members to plan diaries.	**NHSHS**
	Next Meeting Date	
	The next meeting will take place on the 27th June from 10 am – 12 pm in Thistle House, Edinburgh.	
	Summary of Actions	
	NHS Health Scotland • Keep the working group informed of discussions with service delivery managers and share notes of discussions with them once all meetings have been held. • Keep the working group informed of progress of mapping exercises with ISD and Directors of Planning and Chief Operating Officers. • Issue a short statement to all working group members to use if approached for information on this work. • Circulate updated project language and terminology definition to wider group for comment. • Update the skeleton protocol as per the group discussions. • Issue dates for future meetings. **Gender identity clinicians** • Complete mapping exercise and share findings with the group at the June meeting. • Discuss and agree at the mapping meeting where the 2nd opinion should sit within the protocol. **STA** • With [redacted], further develop the project language and terminology definition and forward to [redacted] for wider circulation to group.	

Document 10

Gender Reassignment Protocol Working Group Minutes
Thistle House, Edinburgh
27/06/11 10:00 – 12:00

Please treat as confidential

Present

Name	Role in group	Organisation	Job title
[redacted]	Chair	Equality Unit, Scottish Government	
[redacted]	Participant	NHS National Services Scotland	[redacted]
[redacted]	Participant (via video link)	NHS Grampian	[redacted]
[redacted]	Participant	Scottish Transgender Alliance	
[redacted]	Participant	Access Support Team, Scottish Government Health Delivery Directorate	[redacted]
[redacted]	Participant		[redacted]
[redacted]	Guest	On placement with STA	[redacted]
[redacted]	Participant	NHS Lothian	[redacted]
[redacted]	Project lead (& note)	NHS Health Scotland	[redacted]
[redacted]		NHS Health Scotland	[redacted]
[redacted]	Project support (minutes)	Project Administrator (EPP)	[redacted]

Apologies

[redacted]	Participant	NHS GGC (Sandyford)	[redacted]
[redacted]	Participant	NHS GG&C (Canniesburn Plastic Surgery Unit)	[redacted]
[redacted]	Participant	NHS Highland	[redacted]
[redacted]	Participant	Scottish Transgender Alliance	[redacted]

	Welcome and Introduction	Action
	Welcome – [redacted] welcomed everyone to the meeting. [Redacted] introduced [redacted], NHS Health Scotland project administrator who has returned from maternity leave and will provide administration support to the group.	
	Previous Minutes	
	The previous minutes were agreed by the group as an accurate reflection of the previous meeting.	
	Matters Arising	
	• **Update on Clinical Psychology representation** [Redacted] informed the group that [redacted] is no longer able to participate in the working group due to work commitments. However she is happy to be involved virtually and will continue to be included in all working group communications for input and comment. • **Current status of mapping exercises** [redacted] has issued a mapping questionnaire to the Directors of Planning of Scottish Health Boards and also to English colleagues to establish what services are available within their board. It is hoped that responses will be received from health boards in time for the August meeting. agreed to send [redacted] the mapping information that has been gathered from the Gender Identity Clinics. • **Update on Freedom Of Information (FOI)** [redacted] confirmed that the recent article in the Scottish Daily Express was drafted from the information provided in the FOI response and that no follow up requests or enquiries have been received. The group were reminded that they should direct any enquiries about the GRP work to NHS Health Scotland who will manage the response. • **Project language and terminology** This is still in development. [Redacted] agreed to draft and circulate to the project team a draft project language and terminology definition for discussion at the next meeting.	**[redacted]** **[redacted]**
	Business	

	Report on feedback from community engagement focus groups It was agreed that it would be most useful to discuss the findings in the report as the group discussed the draft protocol, but before this [redacted] asked if the group had any specific comments on the report. [redacted] commented that she was pleased to see that issues with regard to accessing cervical screening services had been raised by the focus groups. She informed the group that she is currently pursuing a solution to the issue of cervical screening appointments (currently trans men with a male-coded CHI number are not being called for smear tests or able to receive test results) but that trans men also need to be made aware of this issue. [Redacted] informed the group that she would be happy to receive written information from members of the community with regard to issues when accessing screening services. [Redacted] confirmed that the improvement plan can also highlight this issue and suggest recommendations. [redacted] commented that she was surprised that the focus groups had not raised issues around vocal cord approximation/tracheal shave and puberty blockers, and that only a couple of groups had discussed facial feminisation surgery. She explained that these were important issues that should not be forgotten about despite not being included in the focus group report. The group agreed that when the report is disseminated to the focus group participants we will ask if it has captured all information accurately and if they have anything else to add to ensure information is not missing. [Redacted asked members if they would be happy for the report to be shared with NHS Scotland Equality and Diversity Leads. The group considered it best to check with focus group participants before circulating to a wider audience.	**NHS HS project team** **NHS HS project team / STA** **NHS HS project team / STA**
	Protocol development	
	Members agreed that the draft protocol in its current form was too didactic as flexibility is important for individuals. It was agreed that not all individuals on the gender reassignment pathway will have genital surgery but that in its current form the protocol suggests that all individuals will access this surgery. It was agreed that the protocol should be amended to show a list of surgical procedures available for gender reassignment. Supporting information and guidance should also be included explaining what are core and non-core procedures and the surgical criteria to be met. The Gender Specialist should go through the list with the patient and advise on treatment and together they would reach agreement on the most suitable treatment. The group discussed whether funding approved/declined should be included in the protocol. It was agreed that this was misleading and [redacted confirmed that funding is provided as long as the request comes from a relevant specialist and the procedure is available on the NHS. It was agreed that the wording be changed to read treatment approved/declined.	**NHS HS project team** **NHS HS project team**

	The group discussed breast augmentation for trans women and whether this should be included in the protocol as a core or non-core procedure. The point was raised that there should be a level playing field for all women with regard to access to breast augmentation and that inclusion of this surgery as a core procedure within the gender reassignment protocol could lead to inequalities. The counter argument was given that breast development is an essential part of the transition for the majority of trans women and therefore it should be considered a core procedure. This discussion will continue in future meetings but it was agreed that whatever decision is reached must be supported by evidence. Likewise, the issue of chest surgery being available for trans men prior to undertaking the RLE was discussed. Arguments were put forward that although this is a vital piece of surgery for trans men, the RLE is also vital prior to any irreversible surgery. It was suggested and agreed that a panel of specialists, including the gender specialist and surgeons, should look at individual cases collaboratively to reach agreement on the appropriate pathway and treatment as is usual practice for other surgical procedures. It was agreed that this would help manage expectations and ensure people meet the criteria for surgery. The patient would be represented via their gender specialist and would not be expected to attend in person. There was some discussion as to whether this should be for each case or only exceptional cases, and this will be discussed further at future meetings as the protocol develops. Members discussed referral thresholds to ensure equity of access for specific treatments. [Redacted] agreed to circulate the draft Adult Exceptional Aesthetic Referral Protocol (particularly relating to breast augmentation and reduction) as an example of referral thresholds. Members agreed not to circulate outside of the group as it is currently in draft form. It was discussed whether this protocol should consider the possibilities for a Scottish Centre of Excellence, but it was agreed that the scope of the Working Group was only to consider what is possible for existing services. The group also discussed the supporting notes and questions on the back of the protocol: Number 1 (lack of information for GPs): [redacted] informed the group that the website NHS Inform currently has a couple of pages on gender dysphoria and that there may be the possibility of expanding these to include more information for GPs and patients. She also confirmed that the Department of Health (DH) have some gender reassignment good practice guidance that GPs could be signposted too and these could be highlighted in an appendix of the final	**[redacted** **NHS HS project team**

	protocol. [Redacted] agreed to forward the DH funding guidance to [redacted] to see if the information is relevant to Scotland. Number 8&13 (questions regarding funding): [redacted] reiterated that if a referral has come from a relevant specialist the procedure will be funded provided it is available on the NHS. Members discussed NHS capacity to perform genital surgery procedures and agreed that it is important to establish what capacity for surgery is currently available on the NHS and what could be available on the NHS [redacted]. agreed to investigate the issue of capacity further. It was agreed that the project team would revise the protocol as per the discussions at the meeting and circulate a new draft to the group for comment. As the project is nearing its completion date it was agreed that discussions should take place via email on amendments to the protocol in advance of the next meeting.	**NHS HS project team & working group members**
	AOCB	
	Gender Recognition Panel User Group [redacted] informed the group that on Tuesday 27 September, the Scottish Government will be hosting the UK Ministry of Justice's Gender Recognition Panel User Group meeting in Edinburgh. This User Group takes decisions on the legal side of the gender recognition process and meets from time to time to get general feedback of the performance of the panel and procedures. The User Group will invite interested organisations/individuals to attend the meeting, but delegates must be aware that this is **not** a forum to raise individual cases. Whilst in Scotland, the Panel will meet with the General Register Office for Scotland to learn about birth registration procedures in Scotland. There could also be an opportunity to discuss the progress of the Gender Recognition Protocol. [Redacted] agreed to send any further updates on the visit to the group in due course.	
	Next Meeting Date	
	The next meeting will take place on the 2nd of August from 10am – 12 pm in Elphinstone House, Glasgow. NHS Health Scotland to send members a map and directions to Elphinstone house.	**NHS HS project team**
	Summary of Actions	
	NHS Health Scotland • Send [redacted] Department of Health guidance on funding for gender reassignment procedures. • Ensure improvement plan includes recommendation to improve access to cervical screening for trans men. • When disseminating the focus group summary report to the participants, ask if all information has been captured accurately and if they have any other comments (this will be done in partnership with the STA).	

	• When disseminating the focus group summary report to the participants ask if they are happy for the report to be shared with a wider audience outwith the working group. • Amend the draft protocol to ensure it is less didactic and it includes a list of surgical procedures. • Remove references to funding in the protocol and replace this (where appropriate) with treatment approved/declined. • Send [redacted] DH gender reassignment funding guidance. • Circulate a new draft of the protocol to working group members for comment and discussion in advance of the next meeting on 2nd August. **[redacted]** • Draft and send to the project team a definition of language. **[redacted]** ▪ Circulate the draft Adult Exceptional Aesthetic Referral Protocol threshold. **All working group members** • Actively contribute to email discussions to inform the next draft of the protocol in advance on the next meeting on 2nd August.	

Document 11

Gender Reassignment Protocol Working Group Minutes
Elphinstone House, Glasgow
02/08/11 14:00 – 16:00

Please treat as confidential

Present

Name	Role in group	Organisation	Job title
[redacted]	Chair	Equality Unit, Scottish Government	
[redacted]	Participant (via video link)	NHS National Services Scotland	[redacted]
[redacted]	Participant	NHS GG&C (Canniesburn Plastic Surgery Unit)	[redacted]
[redacted]	Participant	Scottish Transgender Alliance	
[redacted]	Participant	Access Support Team, Scottish Government Health Delivery Directorate	[redacted]
[redacted]	Participant		[redacted]
[redacted]	Participant	Scottish Transgender Alliance	[redacted]
[redacted]	Participant	NHS Lothian	[redacted]
[redacted]	Project lead (& note)	NHS Health Scotland	[redacted]
[redacted]	Project support (minutes)	NHS Health Scotland	[redacted]

Apologies

[redacted]	Participant	NHS GGC (Sandyford)	[redacted]
[redacted]	Participant	NHS Grampian	[redacted]
[redacted]	Participant	NHS Highland	[redacted]
[redacted]	Participant	Social Care	[redacted]
[redacted]	Project support	NHS Health Scotland	[redacted]

In attendance

[redacted]	Guest	Scottish Government	

	Welcome and Introduction	Action
	Welcome – [redacted] welcomed everyone to the meeting. [Redacted] of Scottish Government Chief Nursing Officer, Patients, Public and Health Professions Directorate and who is supporting [redacted] (Head of Patient Focus and Equalities) on health and equality policy issues, was introduced to the group.	
	Previous Minutes	
	[redacted] highlighted that information within paragraph 3 under the item Protocol Development (page 3) of the previous minutes regarding funding of services was not accurate and could be misleading. The sentence should read 'funding for specialised surgery in England is provided as long as the procedure is available on the NHS in England.'	
	Matters Arising	
	• **Update on mapping exercises** [Redacted] updated the group on progress with the mapping exercise of NHS gender reassignment surgical services available in England. The exercise has been very useful in helping to identify where NHS services are available in England and the capacity of the service. As a result of the mapping exercise, [redacted] confirmed that she felt the best way to proceed would be to recommend to the National Planning Forum (NPF) that NHS Scotland should establish a contract, through a tendering process, with a provider in NHS England for gender reassignment surgery and she sought agreement from the group raise this with the NPF. The group welcomed this recommendation and agreed to it being raised with the NPF. [redacted] summarised the findings from the mapping exercise of NHS Scotland gender reassignment services and confirmed that she would contact Equality and Diversity managers of the boards who had yet to respond to ask them to encourage their board to return a response. [Redacted] raised some concerns with the findings from the Scottish mapping exercise with regard to breast augmentation. Although the majority of boards who replied confirmed that they provide this surgery [redacted] confirmed that breast augmentation for a trans women is a different technique than for biological woman and not enough surgeries are taking place in Scotland to ensure quality is sustained. [Redacted] also raised that this is the same issue with regard to mastectomy for a trans man. [redacted] confirmed therefore that both breast augmentation and mastectomy should be included in the NHS England tender for surgery to ensure availability of specialist surgery for those patients who are assessed as requiring this surgery. • **Community engagement focus group report** [Redacted] confirmed that the report from the focus groups had been issued to some members of the community and that permission had been sought to share	[redacted] to raise with NPF [redacted] NHSHS project team & [redacted]

	to the report wider in the NHS. [Redacted] confirmed that participants had been informed at the beginning of the sessions that findings may be shared with a wider audience. The project team will liaise with [redacted] to disseminate the report. • **Project language & terminology** Following feedback from the trans community, a discussion took place around the protocol, associated terminology and the inclusion of individuals who are considering undergoing gender reassignment in this pathway. The group confirmed that the protocol should include all people who access gender identity clinics to ensure that they are appropriately referred and treated. It was suggested that transgender be removed from the first paragraph of the definition of terms to read "including people who are considering, who are already undertaking or who have already undertaken gender reassignment". The group agreed that the glossary was a good start but that it could be reduced to only include terms used in the protocol and supporting documents to avoid confusion. It was agreed that the glossary would be reviewed once the protocol is complete to ensure satisfaction with the definitions, for example, using gender dysphoria in place of transgender or transsexual, and that all the terms used had been captured. • **Cervical screening** [Redacted] confirmed that this is on the agenda for meeting that NSD are having soon with the e.Health leads. [Redacted] will update the group at the next meeting.	[redacted]
	Business	
	Protocol and improvement plan development The group discussed the protocol starting from page 1 and worked through the subsequent pages. They agreed the following: • The 2nd assessment should be moved to show that it can happen during or after the RLE. • 'Ongoing psychotherapy' should be included before as well as during the RLE. • As the protocol currently stands it suggests that mastectomy for FtM patients would happen towards the end of the RLE. [Redacted] suggested that further information is needed in the protocol to clarify that this is a core procedure for trans men and that this could happen 3-6 months into the RLE. It was agreed that the information shouldn't be too prescriptive to allow GIC to reach a decision with the patient as to when it would be appropriate to proceed with this surgery. It was agreed that mastectomy should be considered a core procedure for a trans man, and that the information in the final two paragraphs of Appendix 3 on mastectomy should be moved to its own chapter.	**NHS HS project team to action all amendments**

	• Referral for surgery stages should be broken down and made clearer to show the core genital surgery and also other surgeries, and that this should be reflected in the notes. • Clarity as to when speech therapy could be accessed was required. [Redacted] suggested that appendix 2 (in particular, treatments not routinely available) be taken out of the protocol. He advised that protocols are already in place for the procedures listed under 'Treatments not routinely available'. The group discussed at length whether the gender reassignment protocol should include its own criteria for breast augmentation or if it should refer to the criteria within the revised Adult Exceptional Aesthetic Referral Protocol (AEARP). [Redacted] expressed the importance of ensuring that the GRP included information on breast augmentation and that this should not be excluded. [redacted] confirmed that the criteria included in the GRP for breast augmentation is the same as the breast augmentation criteria in the AEARP and that having too many criteria in different places will be confusing. [Redacted] confirmed that having a consistent approach would be beneficial when presenting the protocol to the NPF. [Redacted] explained that a patient who is accessing procedures via the AEARP has their case referred to the exceptional referral panel, which includes surgeons and clinical psychologists, for consideration and that this would be the same for a trans women. Concerns were raised as to the experience and knowledge that the clinical psychologists would have on transsexualism and that this could impact on the decisions that are made. It was suggested that to ensure this doesn't happen, the clinicians from the gender identity clinics could be involved in this decision making process or alternatively training on gender identity disorder could be provided to the psychologists. [Redacted] agreed to contact [redacted] (clinical psychologist) who has experience on the referral panel to discuss how equipped they would be to review transsexual cases. [Redacted] confirmed he would also try to speak to her if he gets the opportunity. The group agreed that it is important to keep information on breast augmentation in the protocol and that it could be linked to the AEARP. [redacted] stressed that as the AEARP is reviewed regularly that it would be better for the GRP to include a link to it rather than include it as an appendix as the information could quickly become incorrect. The group agreed that a multidisciplinary team approach should only be for complex cases, for example, when a patient is not responding to or can't have hormone treatment, and who would therefore have to have breast augmentation.	**[redacted]**

	The group agreed that the information on hair removal should highlight that it will not eradicate hair completely but there will be a significant reduction and that a course of hair removal should be funded by a patient's health board. Information on hair removal should also include reference to laser treatment. It was also agreed that the information on the removal of genital hair, such as whether it takes place before or after surgery, should not be too prescriptive. As the meeting was coming to a close, the Chair highlighted that a specific discussion had not taken place around the improvement plan. However it was confirmed that a number of the discussions around other aspects of the protocol will help to inform the improvement plan. **Next steps** The protocol will be submitted to the Scottish Government solicitors for comment on the 15th August. They have requested to see a near complete version of the protocol. [Redacted] will circulate a revised protocol to the group for comment before submitting it to the solicitors. [Redacted] will share solicitor feedback with group at next meeting.	**[redacted]** **[redacted]**
	AOCB	
	Gender Recognition Panel User Group [Redacted] further updated on the Gender Recognition Panel User Group. The group are issuing invites for people to attend the meeting on the 27th of September.	
	Next Meeting Date	
	The next meeting will take place on the 30th of August, in Woodburn House, Edinburgh.	
	Summary of Actions	
	NHS Health Scotland • Contact Equality and Diversity leads within the Scottish Health Boards who have yet to reply to the mapping exercise and ask them to encourage their board to respond. • Liaise with the STA around disseminate the community engagement focus group report to the wider community who participated in the focus groups. • Make amendments to the protocol as per group discussions and agreement. • Contact [redacted] to discuss knowledge regarding exceptional referral panel of transsexualism. • Circulate a revised protocol to the group before it is submitted to the solicitors. • Update the group at the next meeting on feedback from the solicitors. **[redacted]**	

	• Discuss with the National Planning Forum the recommendation of establishing a contract with one or more specialist providers for the provision of gender reassignment surgery. • Update the working group at the next meeting on the discussion with e.health leads on cervical screening. **STA** • Liaise with NHS Health Scotland project team to disseminate the community engagement focus group report to the wider community who participated in the focus groups. • Speak to [redacted] regarding knowledge amongst exceptional referral panel of transsexualism.	

Document 12

Summary of 10 focus groups held in Scotland to discuss protocols for NHS gender reassignment

This report summarises the findings of 10 focus groups held by the Scottish Transgender Alliance across Scotland in May 2011. The 10 focus groups had a total of 56 participants.

[Information redacted]

Summary

While the views of participants varied widely, there were some themes in responses that relate to transition as a whole. The **lack of a support structure** within the NHS for the psychological needs of those going through transition was clearly noted by all groups. The **differences in participants' experiences and the frustration engendered by this** was another theme, clearly supporting the need for a patient pathway. Alongside this, participants clearly recognised that people's circumstances and choices meant that **transition needed to be an individualised process**, with no obvious "order" for stages to be reached in either MTF or FTM transition, or universally applicable periods of time for those stages. The most commonly agreed timing was that people should wait **less than 6 months from referral** to initial consultation at a GIC.

Participants in these focus groups also agreed that **information provision was patchy** and needed to be improved, with information while awaiting initial GIC appointment and information about hormone and surgical options highlighted as the key areas.

Other key areas highlighted were **psychological support** for those going through gender transition and their families, and **financial support** for specific items such as binders, packers and breast prostheses.

Research needs were also highlighted, in areas including issues for trans people with unrelated medical conditions, long term outcomes for trans people using hormones, and post-surgical outcomes. Participants felt that there was little medical interest in what became of trans people once transition was "finished".

Overall, participants in these focus groups **strongly supported a clear care pathway** for gender transition, which also recognised individual needs and circumstances.

Document 13

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.