

Dear

## FREEDOM OF INFORMATION – GENDER IDENTITY

I write in response to your request for information in relation to Gender Identity,

Question:

1. Do all patients have a psychological assessment before they (a) start cross sex hormones (b) are referred for surgery?

Answer:

Patients have a psychosocial assessment following guidance in NHS Scotland Gender Identity Healthcare protocol 2024

Question:

2. If yes how many appointments do they have and how long is each appointment.

Answer:

The number of appointments and length depend on the complexity. 1st assessment appointments are always booked for 90 minutes. If it is a more complex case, they may be seen for follow up assessments which would be around 1 hour.

Question:

3. How many clinicians are involved in these assessments and please state the speciality of these clinicians

Answer:

Currently we have 8 staff members who carry out initial assessments; these comprise of psychiatrists, psychologists, GPs with a special interest and nurses.

Question:

4. Please share the protocol for the psychological assessments.

Headquarters  
Mainpoint  
102 West Port  
Edinburgh EH3 9DN

Chair Professor John Connaghan CBE  
Chief Executive Professor Caroline Hiscox  
*Lothian NHS Board is the common name of Lothian Health Board*

Answer:

Please see attached document – ‘Gender Identity Healthcare Protocol for Scotland’.

Question:

5. Please share the protocol you follow when assessing a patient for surgery referral.

Answer:

Please see attached documents – ‘Surgical Referrals’, ‘Surgical referrals checklist v6.2 191224 top surgery’ & ‘Surgical referrals checklist v6.2 191224 bottom surgery’

Question:

6. Is there a consent process within GICs prior to referring a patient for surgery?

Answer:

Please see Surgical Referrals SOP

Question:

7. If yes please share a copy of the protocol and the consent form(s).

Answer:

Consent for surgery is via the surgeons.

Question:

8. When referring patients for hysterectomy is one of the reasons to mitigate the risk of endometrial cancer (testosterone increases the risk of uterine cancer in women)?

Answer:

No.

No UK based guidance recommends hysterectomy to prevent endometrial cancer in people assigned female at birth who use testosterone because there is no robust evidence of an increased risk of endometrial cancer in this group of patients.

**I hope the information provided helps with your request.**

If you are unhappy with our response to your request, you do have the right to request us to review it. Your request should be made within 40 working days of receipt of this letter, and we will reply within 20 working days of receipt. If our decision is unchanged following a review and you remain dissatisfied with this, you then have the right to make a formal complaint to the Scottish Information Commissioner within 6 months of receipt of our review response. You can do this by using the Scottish Information Commissioner’s Office online appeals service at



[www.itspublicknowledge.info/Appeal](http://www.itspublicknowledge.info/Appeal). If you remain dissatisfied with the Commissioner's response you then have the option to appeal to the Court of Session on a point of law.

If you require a review of our decision to be carried out, please write to the FOI Reviewer at the email address at the head of this letter. The review will be undertaken by a Reviewer who was not involved in the original decision-making process.

FOI responses (subject to redaction of personal information) may appear on NHS Lothian's Freedom of Information website at: <https://org.nhslothian.scot/FOI/Pages/default.aspx>

Yours sincerely

**ALISON MACDONALD**  
**Executive Director, Nursing**  
Cc: Chief Executive

# Chalmers Gender Identity Clinic SOP

## Surgical Referrals

### Version History

Version	Date Updated	Updated By
1.0	06/02/2024	FC & PB
2.0	28/05/2024	RJ
	09/07/2024	FC & PB
	29/10/2024	RJ
3.0	06/02/2025	RJ
4.0	13/03/2025	DJC/JH/FC
5.0	19/03/2025	AD/HL/DJC
6.0	17/04/2025	DJC/HS/DP/SAS
7.0	12/06/2025	RJ/AD
8.0	19/03/2026	RJ/PB
8.1	11/06/2026	PB

## 1. Contents

2. Purpose & Scope.....	2
3. Pathway Overview.....	2
4. Process.....	3
4.1 Surgical Preparation Assessment (Nurse Appointment).....	3
4.2 Surgical Assessment.....	4
5. Referral Administration.....	4
5.1 Opinions.....	4
5.2 Clinical Sign-off for Local surgery.....	5
5.2.1 Laparoscopic Hysterectomy.....	5
5.2.2 Orchidectomy.....	5
5.2.3 Facial Feminising Surgery & Breast Augmentation.....	5
6. Clinical Sign-off process for out-of-area referrals via NSD.....	6
6.1 Chest Reconstructive Surgery.....	6
6.2 Vaginoplasty/Labiaplasty & Metiodoplasty/Phalloplasty.....	7
7. Surgical Assessment Appointment Availability.....	7
8. Unusual surgical requests.....	8
Appendix 1.....	9
Surgical revisions outwith the contract between NSD and NHSE – advice from NSD.....	9
Appendix 2: Supporting Documents.....	10

## 2. Purpose & Scope

---

This surgical referral pathway SOP is a component of the Standard and Enhanced Pathways for Chalmers Gender Identity Clinic and supporting documents and should be implemented and updated in conjunction with these documents, found on the Gender shared drive (S:\srhs gic\). The GIC supports transgender patients (an umbrella term for when gender identity does not sit comfortably with the sex they were assigned at birth) by assessment and diagnosis of Gender Incongruence (in line with the World Health Organisation ICD11 International Statistical Classification of Disease & Related Health Problems). Both pathways and this SOP adhere to the *NHS Scotland Gender Identity Healthcare Protocol (2024)* and *Gender Identity Healthcare Standards*, published on 3<sup>rd</sup> September 2024.

Some patients being seen within the Chalmers Gender Identity Clinic (GIC) may express an interest in receiving gender affirming surgery. Surgical referrals are informed by the '4 nations' Service Specification: *Gender surgery services for adults* (Appendix 2), in addition to the documents above. Guidance on Funding is contained in *Funding Authorisation for Highly Specialist / Specialised NHS Treatment commissioned by NHS England* (Appendix 2)

This SOP will outline the process for surgical referrals within the GIC. Supporting documents are found embedded within the Standard and Enhanced pathway documents.

The SOP will cover the process from the initial discussion up until the referral for surgery. It will cover surgeries that need one opinion and those that need two opinions. It is intended for use by clinicians and administrative staff who have undertaken the training relevant to their role in clinical assessment and referral. Although it supports training in those new to role, it is not a training document.

The SOP will also contain information regarding the availability of Surgical Assessment slots and information on which types of assessments each of the clinicians can give.

## 3. Pathway Overview

---

Patients that express an interest in gender affirming surgery follow the following pathway; each of these stages will be expanded on in the following sections.

Patients will follow the standard or enhanced clinical pathways according to clinical need. These are documented separately in detail.

The type of surgery chosen will dictate whether a patient will need one or two surgical assessments in addition to other routine GIC reviews.

### One Assessment

1. Initial Discussion (with Nursing team) – Approx wait for these appointments its 6-8 weeks.
2. Patient added to Surgical Assessment Waiting List
3. Surgical Assessment (first opinion) – approximate wait for these appointments is 30months.
4. Funding applied for & granted
5. Onwards referral for surgery

### Two Assessments

1. Initial Discussion (with Nursing team)
2. Patient added to Surgical Assessment Waiting List
3. Surgical Assessment (first opinion) – approximate wait for these appointments is 30 months
4. After their first assessment the patient will be booked in for their second assessment at the earliest opportunity.
5. Surgical Assessment (second opinion) - approximate wait for these appointments is 3 months.
6. Funding applied for & granted
7. Onwards referral for surgery.

## 4. Process

---

### 4.1 Surgical Preparation Assessment (Nurse Appointment)

- Patient seen in clinic and expresses an interest in gender affirming surgery.
- Book in with clinical nurse specialist [REDACTED] for 30-minute appointment to have following discussion:
  - Provide information about surgery (GDNRSS leaflets, gender construction kit, Welsh Gender service speaking to [REDACTED])
  - Explore motivations for surgery. If concerns, discuss at MDT.
  - Explore expectations of surgery. If concerns, discuss at MDT.
  - Explain WPATH guidance and check patient meets these.
  - Check the person's BMI and smoking status. If above BMI limit for surgery advice given about weight loss and do not place on list until losing weight and nearing target BMI. If the person smokes/vapes, needs to be able to stop 6 weeks prior to surgery (6 months for phalloplasty) and similar amount of time after. Advice should be given re smoking cessation and healthy lifestyle.
- Once the clinician assesses that the patient is appropriate for surgical assessment, send a note via the NaSH IM system to the admin team and ask for patient to be placed on waiting list for assessment for whatever type of surgery they require:
  - Referrals within Scotland:
    - hysterectomy (done locally except some cases at C&W Hospital)
    - orchidectomy (done locally when standalone)
    - facial feminising surgery (only available for people resident in Fife)
    - breast augmentation (only available for people resident in Fife)
  - Referrals via NSD to England and Wales
    - Masculinising chest reconstructive surgery
    - vaginoplasty/labiaplasty
    - metoidioplasty/phalloplasty
- Clinician gives patient the most up to date GDNRSS information sheet with details of currently available surgical providers & will signpost the patient to the NGICNS website (<https://www.ngicns.scot.nhs.uk/public/surgery-providers/>). They should be informed that they need to choose one prior to being seen for assessment for surgery.

## 4.2 Surgical Assessment

- Patient seen at the Surgical Assessment clinic.
- If they are suitable for surgery, the clinician will inform the patient and check that they have chosen a surgeon. If patient has not decided, then is asked to let secretaries know – give phone number and admin email.
- Clinician to dictate a letter (see letter template Appendix 2).
- The patient is added to the 'Surgical Patients Tracker v2' spreadsheet on shared drive (S:\srhs gic\Surgical Referrals).

**Note:** Surgical Assessments are carried out by clinicians with specialist clinical experience in Gender Identity Healthcare:

- Consultant Psychiatrist or
- Clinical Psychologist or
- Consultant in Sexual & Reproductive Health.

Referrals are allocated to clinicians according to availability and clinical assessment (see Section 7). Where there is doubt about any aspect of the referral, cases will be discussed at the Weekly or Surgical MDT (as outlined in Standard and Enhanced Pathway documents) and referred internally for a second (or in some cases third) opinion where appropriate. This referral will be to a clinician with the appropriate Psychiatric/Psychological/Medical skills and expertise as required. Qualifications and supervision of clinicians within the GIC are outlined in the document *Clinical Supervision in GIC* as part of the Standard Pathway document.

## 5. Referral Administration

---

### 5.1 Opinions

Depending on the type surgery the patient will need either one or two opinions from appropriately qualified clinicians (see section 3.2) before they can receive their gender affirming surgery.

#### **One opinion:**

- Masculinising specialist chest reconstruction
- Facial feminisation
- Breast augmentation

#### **Two opinions:**

- Vaginoplasty / labiaplasty
- Metoidioplasty / phalloplasty
- Hysterectomy (done locally)
- Orchiectomy (done locally when standalone)

**If a patient has a Gender Recognition Certificate (GRC) a scan of the GRC can be used instead of a second opinion.**

- The referral letter(s) is/are transcribed, queued and signed off on NaSH.
- If no surgeon selected after all necessary opinions completed, contact patient to chase up.
- Check the patient has been added to the 'Surgical Patients Tracker v2' and update as necessary.
- Check patient details against CHI store (using the refresh button on NaSH) – ensure we have up to date address and CHI number.

## 5.2 Clinical Sign-off for Local surgery

### 5.2.1 Laparoscopic Hysterectomy

- 1<sup>st</sup> opinion clinician books patient into Consultant Reproductive Endocrinologist [REDACTED] clinic for 2<sup>nd</sup> opinion with a note on appointment.
- 1<sup>st</sup> opinion clinician informs GIC admin team that patient booked in for hysterectomy opinion if they are from Lothian. The admin team will add an episode onto TRAK by referring the patient onto the waiting list for a Sexual & Reproductive Health appointment and then booking 1<sup>st</sup> appointment for the clinic: Chalmers, Sexual & Reproductive Health, Sexual Health Return Patient, SRH open.
- Consultant Reproductive Endocrinologist does the necessary consents and refers on to local service. No extra funding steps are required.
- Email [REDACTED] the name and CHI number.
- In a small number of cases, vulvoplasty/labiaplasty undertaken at C&W hospital includes robotic hysterectomy and is included in NSD referral pathways. The referral process is as for vulvoplasty/labiaplasty and there are no additional steps.
- **For Lothian patients**, RH will fill out yellow and white forms which need scanned onto NaSH. The doctors will leave these forms on the secretaries' desks after the patient's appointment. The hard copies of these forms should then be included with the referral letter to be sent to the gynae surgical team at the Royal.
- **For Fife Patients**. Hysterectomies should be sent to [REDACTED] at Victoria Hospital, Kirkcaldy.

### 5.2.2 Orchidectomy

This requires 2 opinions (from GIC clinicians as per section 4.2.1) and surgery is undertaken locally.

- Lothian referrals to [REDACTED], Consultant Urologist, Western General Hospital.
- Fife referrals to [REDACTED] Consultant Urologist, Victoria Hospital Kirkcaldy KY2 5AH
- Borders?

### 5.2.3 Facial Feminising Surgery & Breast Augmentation

- Only for patients resident in Fife.
- Refer to [REDACTED] Consultant Plastic Surgeon at Ninewells, discussing type of surgery required:
  - Tracheal shave
  - Nose surgery
  - Jaw surgery
  - Brow surgery
  - Possibly breast augmentation ( not morbidly obese, disproportionate small breasts for their frame, significant dysphoria and no concerns re body dysmorphia)
- [REDACTED] will contact patient and discuss which surgery is appropriate, then forward to the appropriate clinician.

## Clinical Sign-off process for out-of-area referrals via NSD

This process applies to:

- Masculinising chest reconstructive surgery
- vaginoplasty/labiaplasty
- metoidioplasty/phalloplasty

- Chest Reconstructive Surgery

- **Administration team**

- Completes form 'Specialist Gender Reassignment Surgery (GRS) – Notification of Referral to Specialist Surgical Provider' found in S:\srhs gic\Surgical Referrals
- Uploads copies of referral letter/letters with form & relevant top or bottom surgery checklist to a subfolder for the patient titled [NHS Board] [patient initials] [CHI] to: [F:\Safe Haven and Chalmers GIC\2024 onwards - surgery referrals\All referrals for CL signoff](#)
  - TOP and BOTTOM surgery checklists can be found in the folder: [F:\Safe Haven and Chalmers GIC\2024 onwards - surgery referrals\Check lists for CL signoff](#)
- Update spreadsheet 'Surgical Patients Tracker v2' found in S:\srhs gic\Surgical Referrals

- **Clinical Lead Chalmers – this step covers all referrals, all Boards**

- Reviews clinical record on NaSH, referral letters
- Completes and signs 'Gender Surgery Referral Review Checklist' (see Appendix 2)
- Seeks further info from clinicians/refers to surgical MDT for discussion if required (add ON HOLD to the patients folder name)
- Signs off form 'Specialist Gender Reassignment Surgery (GRS) – Notification of Referral to Specialist Surgical Provider' (if approved)

- **Administration team**

- Follow the next steps for the appropriate board - The contact for Fife and Borders will arrange health board approval and forward to NSD after we have given them the required information.

- **Lothian**

- Move patient folder into [F:\Safe Haven and Chalmers GIC\2024 onwards - surgery referrals\Authorisation in process](#)
- Informs Clinical Director by email of Lothian referrals for sign off
- Update spreadsheet 'Surgical Patients Tracker v2'

- **Fife**

- Email [REDACTED] the NSD form.
  - These are saved as a group called 'Fife Referrals' On the shared GICAdmin inbox.
  - [REDACTED] is the PA to [REDACTED], the Clinical Director of NHS Fife. [REDACTED] will return a copy of the NSD form signed by [REDACTED] also sends this to [REDACTED] and the NCA team, so no action is required by Chalmers at this point,
- Update spreadsheet 'Surgical Patients Tracker v2'

- **Borders**

- Email [bord-uhb.commissioning-ncaqueries@borders.scot.nhs.uk](mailto:bord-uhb.commissioning-ncaqueries@borders.scot.nhs.uk) or [ExtraContractual.Referrals@borders.scot.nhs.uk](mailto:ExtraContractual.Referrals@borders.scot.nhs.uk)

- Update spreadsheet 'Surgical Patients Tracker v2'
- **Clinical Director ELHSCP - for Lothian referrals ONLY**
  - Reviews referral letters and checklist
  - Seeks further info from clinicians/Clinical Lead and refers for further case discussion if required
  - Signs off Specialist Gender Reassignment Surgery (GRS) –
  - Notification of Referral to Specialist Surgical Provider (if approved)
  - Informs Safehaven via loth.safehaven@nhs.scot (copying in loth.gicadmin@nhs.scot and Chalmers Clinical Lead) once signed off.
  - If not approved – discuss with clinical team & Safehaven for feedback to patient.
  - If further advice required – document query and forward to NHSL Safehaven, copying NHSL Medical Director for forwarding to NSD.
- **Administration team**
  - Once funding approved and code is returned from NSD, add the code to the referral letter and upload to GDNRSS.
  - Update spreadsheet 'Surgical Patients Tracker v2'
  - Patient and GIC receive confirmation of referral from GDNRSS.
  - Patient moved to 'Complete' sheet on 'Surgical Patients Tracker v2' spreadsheet. (if funding code has not been supplied 3 weeks after submission GIC will follow this up)
  - Safe Haven offices organise reimbursement of patient travel to England (NHS Lothian Safe Haven sends expenses claim form by post to Lothian patients authorised for surgery)
  - Surgeon arranges assessments and surgery, informs GIC of completed surgery.

## 6.1 Vaginoplasty/Labiaplasty & Metoidioplasty/Phalloplasty

The process is exactly as for Chest Reconstructive surgery, apart from the addition of a second opinion appointment and appointment letter before the completion of 'Specialist Gender Reassignment Surgery (GRS) – Notification of Referral to Specialist Surgical Provider' and initiation of the approval process.

- Patient seen for second opinion.
- Donor-site hair removal may be required depending on the type of surgery – the surgeon will inform us and we will organise via SafeHaven.

## 6. Surgical Assessment Appointment Availability

Care Provider	Number of Surgical slots	Type of Appointment	Notes
Fiona Clunie	3 per week	All	
Sarah Millar	2 per week	CRS, Vagino/Vulvoplasty and Metoidio/Phalloplasty	
Ruth Howie	Whenever space in regular clinic	All Hysterectomy and standalone orchidectomy 2 <sup>nd</sup> opinions	

## 7. Unusual surgical requests

---

Some patients may request non-standard surgeries or revisions that may not be funded. It is important that we can manage patients' expectations appropriately.

- The following procedures are not available as they are not provided by surgeons or not funded by the NSD/ NHSE contract:
  - Nullification surgery
  - Breast reduction surgery
  - Revision surgery for cosmetic reasons (see below)
  
- If there are requests for other unusual surgeries the process to be followed is as follows:-
  - The clinician undertaking the consultation where the patient asks about the surgical procedure takes the case to the Weekly MDT. The case is discussed at the MDT with reference to existing guidance. If there is no clear guidance about the surgery the case will be referred to the Surgical MDT.
  - After discussion at the Surgical MDT the outcome will be fed back to the clinician to inform the patient. If it is unclear whether the procedure will be funded the MDT will email [REDACTED] (Lead Clinician Chalmers) and [REDACTED] (Clinical Director, East Lothian Health and Social Care Partnership) who will consider the request (in liaison with other NHS boards if required) and feedback the outcome to the surgical MDT and the patient's clinician. The clinician will inform the patient and make an appropriate entry into NASH.
  
- Patients from outwith Lothian
  - Patients from NHS Fife, NHS Borders and other Health Boards requesting unusual surgical procedures: The same surgical sign off process is followed, as for all other GIC surgical referrals, however the review by the Clinical Lead will be completed but not signed off. The referral paperwork will then be passed to the Clinical Director (Lothian) or the Medical Director of the relevant Board, with the recommendation that the referral is not made, however the final decision will rest with the Board of residence.
  
- Appeals
  - An appeals process is not possible. Patients who are unhappy with the decision will be directed to the patient feedback & complaints process. This can be by the relevant board website or directly:
    - NHS Lothian Patient Experience Team – NHS Lothian, Mainpoint, 102 Westport, Edinburgh, EH3 9DN Tel. 0131 536 3370 (open Mon-Fri, 9am to 2pm). **By email** [LOTH.Feedback@nhs.scot](mailto:LOTH.Feedback@nhs.scot)
    - NHS Borders: Patient Experience Team, Clinical Governance and Quality, NHS Borders, Borders General Hospital. Tel: 01896 82 6714 or 01896 82 6719 Email: [complaints.clingov@borders.scot.nhs.uk](mailto:complaints.clingov@borders.scot.nhs.uk)
    - NHS Fife Patient Experience Team, Victoria Hospital Mailroom, Hayfield Road, Kirkcaldy KY2 5AH [01592 648153](tel:01592648153). email: [fife.patientexperience@nhs.scot](mailto:fife.patientexperience@nhs.scot)

## Appendix 1

---

### Surgical revisions outwith the contract between NSD and NHSE – advice from NSD

See also Funding Authorisation for Highly Specialist / Specialised NHS Treatment commissioned by NHS England (Appendix 2)

NSD will not fund revision surgery for primarily cosmetic reasons from the financial risk share. This is in line with the Exceptional Referral Protocol for cisgender individuals.

#### **Specifically NSD will fund:**

Physical dysfunction as a result of late stage complications such as prosthesis failure, urethral stenosis, vaginal stenosis etc. If the patient is entitled to NHS care and are resident in Scotland we need to deal with this. This would be after 1 year. Early complications should be addressed by the provider who has undertaken the surgery.

#### **Specifically NSD will not fund:**

Body contouring procedures to excise redundant skin or fat following primary surgery

Any procedures after significant change in body shape as a result of weight loss or bariatric surgery

Procedures to alter aesthetics when the post-surgical clinical appearance following the primary surgery does not match the patient expectations or perception

Procedures to alter the appearance of the external genitalia after the patient has had their specialist genital surgery

#### **Safety Net:**






Where the patient presents primarily with symptoms which could be suspicious of cancer (such as haematuria, bleeding from the GU/GI tract, breast lump/nipple discharge), it is essential that the patient receives urgent local investigation with a relevant clinical assessment and diagnostics while awaiting review from the gender surgical provider.

If the patient develops acute complications such as sepsis, urinary retention or acute bleeding this should be dealt with either locally or by the original provider. The gender contract (and the commissioned providers) is not well suited to provide unscheduled emergency care.

## Appendix 2: Supporting Documents

This SoP should be used in conjunction with the *Chalmers Gender Identity Clinic Pathway* as outlined in *SBAR Review of assessment and approval for Gender Re-assignment Surgery in Lothian: Report for NHSL PSEAG and CMT* and the Enhanced Pathway for Chalmers GIC and supporting documents.

The following supporting documents are included for reference but to ensure document control, please check the master document in the CGIC Shared Drive for the latest version,

Title	Document
Gender Surgery Referral Letter Template V5	 Gender Surgery Referral Letter Templ
Gender Surgery Referral Review Checklist V6 Dec 2024 - Top Surgery (requires one opinion)	
Gender Surgery Referral Review Checklist V6 Dec 2024 - Bottom Surgery	
Four nations specification for gender surgery NHS England 2021	
Funding Authorisation for Highly Specialist / Specialised NHS Treatment commissioned by NHS England	



T: 0131 244 4000  
E: directorforpopulationhealth@gov.scot

Dear Colleague,

## **GENDER IDENTITY HEALTHCARE PROTOCOL FOR SCOTLAND**

### **Summary**

1. This letter provides Health Boards with the Gender Identity Healthcare Protocol for Scotland (GIHP). Please note that this supersedes [CEL26\(2012\)](#).
2. This updated protocol takes into account developments in terminology, best practice and service development within NHS Scotland for the provision of this care since publication of the 2012 Gender Reassignment Protocol for Scotland (GRP).
3. For the avoidance of doubt, this letter is not a direction under section 2 of the National Health Service (Scotland) Act 1978. The Scottish Government recognises that Health Boards remain under substantial financial and operational pressure across a wide range of clinical priorities. This protocol primarily codifies existing best practice already taking place across Scotland and in doing so seeks to support ongoing work to reduce regional variation in service provision.
4. The protocol should be used by Health Boards to inform local Standard Operating Procedures for how gender identity healthcare is accessed and provided. If a Health Board does not offer a gender identity clinic the protocol confirms that it still has a responsibility to its patients to ensure respective roles, responsibilities and referral and discharge routes are clear and formalised. It is acknowledged that many Health Boards that do not offer a gender identity clinic, but refer to a gender identity clinic in another Health Board, already have formalised agreements in place in the form of service level agreements.

### **Background**

5. Following engagement with NHS National Services Scotland's National Gender Identity Clinical Network for Scotland (NGICNS) in 2021, the Scottish Government wrote to the

**DL21(2024)**

3 September 2024

### **Addressees**

For action  
NHS Chief Executives

For information  
NHS Medical Directors  
Chief Medical Officer  
Deputy Chief Medical Officers

### **Enquiries to:**

Gender Identity and  
Healthcare Access Policy  
Team

E-mail:  
[genderidentityhealth@gov.scot](mailto:genderidentityhealth@gov.scot)



NGICNS and NHS National Services Scotland (NSS), requesting they review and update the 2012 GRP. This was in recognition that the national protocol no longer fully reflected the strategic and clinical landscape within the NHS in Scotland for gender identity healthcare.

6. Following a series of working groups including clinical and third sector representative organisations, and targeted consultation, an initial draft of this document was submitted by NSS to the Scottish Government for consideration in late 2022. It was subsequently agreed with NSS that the Scottish Government would collaborate with them to take forward further work to finalise the new Protocol.
7. The GIHP sets out the clinical procedures and pathways governing **adult** gender identity healthcare services within NHS Scotland. This, alongside [Healthcare Improvement Scotland Standards for Gender identity healthcare: Adults and Young People](#) will help inform and support local Health Board Standard Operating Procedures to deliver consistent care.

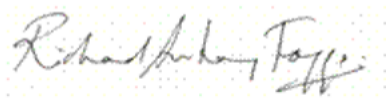
### Children and Young People

8. Due to national work underway on how under-18s gender identity healthcare provision is commissioned most effectively for the NHS in Scotland, this protocol does not at this time address services for children and young people.

### Action & Communication

9. Health Boards are asked to ensure that this updated protocol is fully communicated throughout each Board area to relevant staff for action, and patient groups.

Yours sincerely,



**Richard Foggo**  
Director for Population Health



**NHS Scotland Gender Identity Healthcare Protocol**  
**September 2024**

# Contents

<b>Executive Summary</b>	3
<b>NHS Scotland Gender Identity Healthcare Protocol</b>	7
Introduction	7
Review	7
Terminology	7
Current delivery of gender identity healthcare	7
The NHS Scotland Gender Identity Healthcare Protocol	8
Adult Gender Identity Clinics	10
Waiting list support and triage	10
Accessing a gender identity clinic - initial assessment	11
Gender Identity Healthcare – Treatments available via NHS Scotland	13
Discharge and patient initiated review	14
Halting or reversal of NHS Scotland treatment	14
Wider NHS role in the delivery of gender identity healthcare	14
Further Considerations	16
<b>ANNEX A - Terminology</b>	19
<b>ANNEX B - Non-Surgical Interventions</b>	22
<b>ANNEX C - Surgical Interventions</b>	24
<b>ANNEX D - Gender Identity Clinic Contact Details</b>	27
<b>ANNEX E - Assessment for Adults</b>	28

## Executive Summary

1. This update of the 2012 Gender Reassignment Protocol for Scotland is part of wider national work to improve access to, and delivery of, gender identity healthcare within NHS Scotland. It is complemented by, and should be read in conjunction with, [Healthcare Improvement Scotland Standards for Gender identity healthcare: Adults and Young People](#) and the [NHS Education for Scotland Transgender Knowledge and Skills Framework](#).
2. This protocol uses 'trans' as an umbrella term for people whose gender identity does not fully correspond with their recorded sex at birth. This includes, but is not limited to, trans women, trans men and non-binary people. For the purpose of this protocol it also includes people who are exploring their gender identity in relation to possible gender incongruence or dysphoria. A terminology guide is provided in **Annex A**.
3. The term 'gender identity healthcare' is used to encompass a range of non-surgical and surgical interventions available via NHS Scotland for people seeking medical support to manage distress caused by gender incongruence or gender dysphoria.
4. Gender incongruence is a clinical condition where there is a mismatch between a person's experienced gender and their sex recorded at birth. Gender dysphoria is clinically significant distress as a result of gender incongruence. This protocol will use the term gender dysphoria throughout.
5. In light of ongoing national work to commission gender identity healthcare services for young people this protocol does not address services for children and young people in detail.

## The NHS Scotland Gender Identity Healthcare Protocol

6. The Referral, Assessment and Treatment Protocol is outlined in Figure 1 on page 8.

### *Interventions*

7. The Protocol sets out locally and nationally provided non-surgical and surgical interventions via NHS Scotland as part of an adult's gender identity healthcare in **Annexes B and C**.
8. Referral to one of NHS Scotland's four gender identity clinics (GICs) is primarily made through a person's GP. Contact details for each GIC are provided in **Annex D**.

### *Adult Gender Identity Clinics*

9. All adult GICs in NHS Scotland should operate using a multi-disciplinary team model. The clinical multi-disciplinary team should be supported by sufficient administrative staff. The wider care team may also include voluntary sector input.

### *Waiting list support and triage*

10. Responsibility for care of a person waiting to access a GIC should be shared between the person's home Health Board and the GIC, and set out in a formalised agreement between the referring Health Board and GIC. This means:

- GICs should have in place policies to ensure waiting lists to access the GIC are routinely validated;
- if people waiting to access GICs are identified as likely benefitting from direct support from another clinical service e.g., Smoking Cessation or Mental Health services, processes should be in place to facilitate referral to relevant services in their home Health Board; and
- all GIC waiting list communication should be consistent and in line with Health Board practices and policy for waiting list management, as per guidance issued to Health Boards within [DL\(2024\)09](#).

### *Initial gender identity clinic assessment*

11. Every initial assessment should involve the clinician and person identifying the possible reasons for the person's experience and challenges and, where this is related to gender dysphoria, explore possible options including:

- carefully considering readiness to access gender identity healthcare; and
- collaboratively developing a care plan that is based upon the person's needs.

12. In situations where an assessment proves more complex than anticipated, a multidisciplinary team approach should enable timely additional guidance to be sought to support shared decision making and identification of next steps.

### *Discharge and patient-initiated review*

13. Local GIC pathways should prepare for discharge from its service, including:

- a person being assessed as not being suitable to access gender identity healthcare or not requiring intervention, or discharge into ongoing care in the community following completion of treatment;
- ensuring routes are available for a primary care provider to re-refer a person who had previously accessed NHS Scotland gender identity healthcare, if required; and
- GICs should ensure they have processes and pathways in place to offer timely follow up to anyone who has previously accessed NHS gender identity healthcare and may wish to discuss potential options, including making changes to previous treatment they have requested or received.

### *Wider NHS role in the delivery of gender identity healthcare*

14. All territorial Health Boards are expected to have, or put in place:

- clear local arrangements which set out policy for referral, support and ongoing management of people seeking clinical support with gender dysphoria;
- a formal agreement between the referring Health Board and GIC(s) their patients are referred to (e.g. a Service Level Agreement or part of regional planning);
- this agreement should include clear roles and responsibilities regarding local provision of, and referral pathways to, non-surgical interventions
- this agreement should include clear roles and responsibilities regarding surgical interventions locally available, and clear information on eligibility criteria;
- confirmation of the local expenses policy for patients, as applicable, for treatment requiring travel outside their home Board;
- a local policy on expectations of local primary care providers for their patient's ongoing care in the community e.g. provision of cross-sex hormone prescriptions and facilitating local monitoring blood tests as recommended by a GIC, and establishing responsibilities for the management of test results; and
- adherence to all other legislation, national standards and guidance relevant to these services.

15. People should not be referred to GICs for issues unrelated to assessment and treatment for gender dysphoria, particularly when those who are not trans experiencing the same health issues would be expected to be routinely referred to other secondary care services.

### *The role of all NHS Scotland clinical staff*

16. The delivery of care to people who are trans is expected to be delivered consistent with appropriate regulatory body guidance e.g. as [issued by the General Medical Council](#) or wider NHS Scotland standards regarding the provision of inclusive, person-centred care e.g. [Health and Social Care Standards](#).

### *Independent Treatment*

17. Where people choose to access an independent provider of gender identity healthcare, they are advised to only consider independent providers which are regulated by Healthcare Improvement Scotland, or its equivalent regulator elsewhere in UK nations.

18. As is the case across a wide range of health conditions and treatments, it is up to GP practices to decide whether they wish to enter into a Shared Care Agreement with a private provider. If GPs choose to provide an NHS prescription based on the recommendation of a private provider, routine monitoring should be provided on the same basis as other NHS prescriptions.

# NHS Scotland Gender Identity Healthcare Protocol

## Introduction

1. This document is an update of and replaces the 2012 Gender Reassignment Protocol for Scotland ([CEL26\(2012\)](#)).
2. This protocol is complemented by, and should be read in conjunction with, [Healthcare Improvement Scotland Standards for Gender identity healthcare: Adults and Young People](#) and the [NHS Education for Scotland Transgender Knowledge and Skills Framework](#).

## Review

3. It is expected this Protocol will require regular updates to remain current. As a result, Scottish Government Health Directorates will update, or commission an update, of this Protocol no later than December 2026.

## Terminology

4. This protocol uses 'trans' as an umbrella term for people whose gender identity does not fully correspond with their recorded sex at birth. This includes, but is not limited to, trans women, trans men and non-binary people. For the purpose of this protocol it also includes people who are exploring their gender identity in relation to possible gender incongruence or dysphoria. An additional terminology guide is provided in **Annex A**.
5. This Protocol uses the term 'gender identity healthcare' to encompass a range of non-surgical and surgical interventions available via NHS Scotland for people seeking to access medical support to manage distress caused by gender incongruence, or gender dysphoria.
6. Gender incongruence is a clinical condition where there is a mismatch between a person's experienced gender and their sex recorded at birth. Gender dysphoria is clinically significant distress as a result of gender incongruence. This protocol will use the term gender dysphoria throughout.

## Current delivery of gender identity healthcare

### *Adults*

7. Gender identity clinics (GICs) in Scotland offer assessment and access to medical interventions in relation to gender dysphoria. At time of publication there are four GICs providing clinical assessment, treatment and specialist support to adults. These are based within four Health Boards:

- NHS Grampian
- NHS Greater Glasgow and Clyde
- NHS Highland
- NHS Lothian

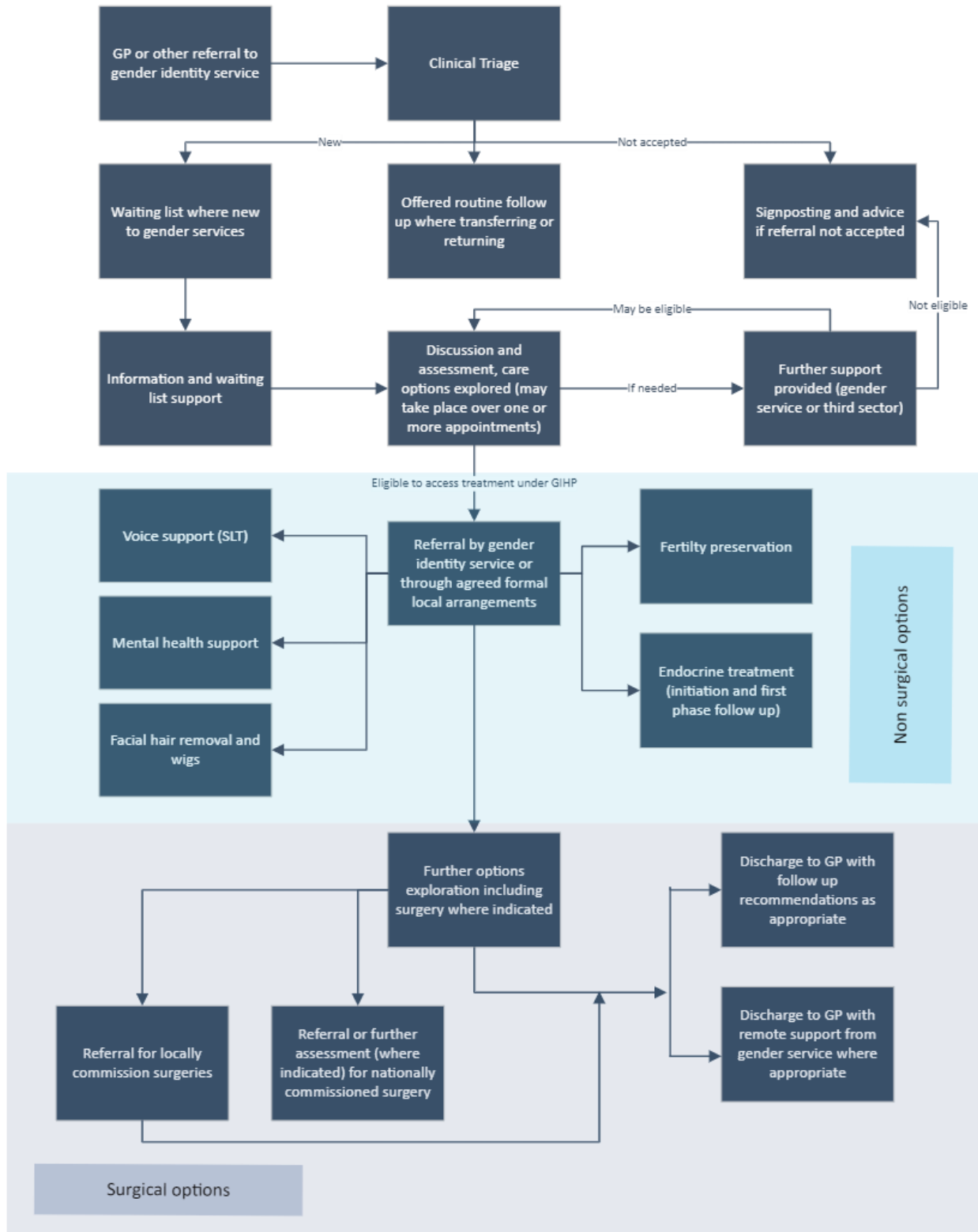
### *Children and Young People*

8. A separate service for children and young people – based within NHS Greater Glasgow and Clyde’s Gender Service at Sandyford - accepts referrals from all Health Boards for young people up to the age of 18 years old.
9. At time of publication, underpinned by the Chief Medical Officer Directorate’s [Cass Review – Implications for Scotland: Findings Report](#), work is now underway via to develop sustainable service provision for young people in Scotland.
10. As a result, this protocol does not cover services for children and young people in detail. The Protocol will be reviewed in due course and, as appropriate, will incorporate provision of services for young people once national commissioning and planning processes are complete.

### **The NHS Scotland Gender Identity Healthcare Protocol**

11. The Referral, Assessment and Treatment Protocol is outlined below in Figure 1.
12. Referral to one of NHS Scotland’s four GICs is primarily made via a person’s GP. This Protocol will be updated in the event there is any amendment to this. Contact details for each GIC are provided in **Annex D**.

**FIGURE 1: NHS SCOTLAND GENDER IDENTITY HEALTHCARE PROTOCOL - REFERRAL, ASSESSMENT AND TREATMENT**



## **Adult Gender Identity Clinics**

13. All GICs in NHS Scotland should operate using a multi-disciplinary team (MDT) model. Staff working in or attached to GIC can include, but are not limited to, the following professions and specialties:

- psychologists
- psychiatrists
- pharmacists
- sexual health consultants
- specialty nurses
- specialty doctors
- endocrinologists
- GPs
- primary care liaison e.g. link into local Community Treatment and Care (CTAC)

14. Every GIC should operate a regular MDT meeting. MDT meetings provide an opportunity for structured conversation about providing the best possible holistic care for people who have multiple and or complex needs. These meetings will involve a range of practitioners, each of whom brings their knowledge about the person and/or their area of specialist knowledge, to inform and jointly create a care plan. MDT meetings work best when they are regular, well structured and with a clear agenda, membership, roles and responsibilities.

15. Members of the MDT should have completed trauma informed training or complete it at the earliest opportunity.

16. MDTs may sometimes find it necessary to invite additional input from other clinics. GICs should consider providing support and expertise to other GICs when invited, in order to help promote nationally consistent care.

17. The clinical MDT should be supported by necessary administrative staff. The wider care team may also include voluntary sector input and support – for instance through commissioned support or community coordinator/care navigator roles.

18. Each adult GIC in Scotland differs in size and accepts referrals from a varying number of Health Boards, as well as its own. As is common with many secondary health services, local processes in each clinic will be flexible to accommodate differences in the size of service, local staffing contexts and associated governance.

## **Waiting list support and triage**

19. Responsibility for care of a person waiting to access a GIC should be shared between the person's home Health Board and the GIC and set out in a formalised agreement between the referring Health Board and GIC. This means:

- GICs should have in place policies to ensure waiting lists to access the GIC are routinely validated;
- if people waiting to access GICs are identified as likely benefitting from direct support from another clinical service e.g., Smoking Cessation or Mental Health services, processes should be in place to facilitate referral to relevant services in their home Health Board; and
- all waiting list communication should be consistent and in line with broader Health Board practices and policy for waiting list management, as per guidance set out to Health Boards within [DL\(2024\)09](#).

19. Dependent on individual need and circumstances some non-surgical interventions may be initiated prior to a first appointment at a GIC. For instance, it may be possible to self-refer to speech and language services or psychosocial support, dependent on the local policies of a person's home Health Board. GICs should take into account the local contexts of those accessing their services, wherever possible. This highlights the importance of ensuring a GIC and its referring Health Boards have jointly agreed waiting list policies in place.

#### **Accessing a gender identity clinic - initial assessment**

20. Every person's circumstance, goals and priorities for accessing a GIC will be unique to them. Every initial assessment will be needs led and include psychosocial assessment leading to the clinician and person identifying the possible reasons for the person's experience and challenges and, where this is related to gender dysphoria, explore possible options including:

- carefully considering readiness to access gender identity healthcare; and
- collaboratively develop a care plan that is based upon the person's needs

21. Clinicians carrying out needs led initial and ongoing assessments should be competent to identify a range of additional needs - for instance any relevant mental health concerns or neurodevelopmental needs, including where these impact accessibility. Where needs are identified and assessment for support is considered outside the competence of the initial assessor, or in situations where an assessment proves more complex than anticipated, processes should be in place to allow a multidisciplinary team approach and additional input from relevant colleagues to enable additional guidance to be sought and shared decision making to be reached safely with minimal delay.

22. As highlighted in Figure 1, initial assessment may result in a number of outcomes, including referral for treatment(s) or subsequent appointments within the GIC, as determined by the person's circumstances and clinical necessity.

23. Each GIC will have its own Standard Operating Procedures (SOPs) for clinical care. These will be informed by, and be consistent with, a range of local Health Board policies, this protocol, external resources such as guidance from professional bodies specific to the care being provided and National Standards produced by Healthcare Improvement Scotland. To assist ongoing development and review of such SOPs and to promote national consistency in this field, local initial assessment policies for accessing gender identity healthcare within NHS Scotland should:

- agree with the person a pace of assessment that meets their needs, including those relating to accessibility;
- discuss how possible treatment fits within the person's goals for managing gender dysphoria and their hopes or concerns;
- promote a realistic understanding of expectations of positive and negative effects of any treatment, including impact on reproductive and sexual function;
- identify and consider the impact of any significant co-existing mental health or physical concerns and offer signposting and support as appropriate;
- explore fertility preservation options, where the proposed treatment has potential to affect reproductive function and seek referral where appropriate and requested;
- assess whether the person is sufficiently informed and has capacity to give informed consent for the proposed treatment;
- where a shared decision cannot be agreed, or there are concerns about capacity, identify additional psychosocial support or other interventions that could facilitate the person's readiness or ability to provide informed consent; seek input and guidance from a more experienced health professional if the complexity of co-existing conditions is outwith the scope of the health professional's competence;
- where a shared decision cannot be agreed, and this is unrelated to capacity, identify support or interventions designed to work towards an agreed outcome or arrange for a further opinion if this is preferred by the person;
- provide a pathway for a second opinion if the person wishes, and provide a pathway for reassessment at a later date; and
- be clearly documented, in line with local Health Board policies.

24. Further example content which may inform initial assessment discussions is provided in **Annex E**.

25. Following assessment and a decision over next steps, and if determined that accessing gender identity healthcare would address clinical need, the term '*Meets the readiness criteria for and is eligible to access treatment under the NHS Scotland Protocol for Gender Identity Healthcare*' should be used in all communications.

26. ICD-11 HA60 'Gender Incongruence of Adolescence or Adulthood' may be recorded for coding purposes.

## Gender Identity Healthcare – Treatments available via NHS Scotland

### *Non-Surgical interventions*

27. The following non-surgical interventions may be provided via NHS Scotland as part of an adult's gender identity healthcare:

- cross-sex hormone therapy
- speech and language therapy
- facial hair reduction via laser and/or electrolysis
- wig prescription
- occupational therapy
- psychological therapies or interventions
- psychosocial support (via NHS or via external organisations commissioned by the NHS)
- group or individual peer-support
- counselling for the individual/family/couple
- help to explore gender expression and 'coming out'
- help to develop social connections & peer support

28. Psychological therapies and interventions should be delivered in line with the Scottish Government's [Psychological Therapies and Interventions Specification](#) and [Matrix](#).

29. Further information on non-surgical interventions is set out in **Annex B**.

### *Surgical interventions*

30. Gender related surgery for adults is provided via one of two routes:

- locally provided surgery
- nationally commissioned surgery

31. Surgery that may currently be accessed nationally via NHS Scotland, delivered on a four nations basis by NHS England, for the purposes of treating gender dysphoria in adults are:

- feminising and masculinising genital reassignment procedures
- chest reconstruction for individuals recorded female at birth

Further information on both nationally commissioned surgery and surgery that may currently be provided locally within NHS Scotland Health Boards for the purposes of treating gender dysphoria in adults is set out in **Annex C**.

## **Discharge and patient initiated review**

32. It is expected that local GIC policies which manage care take account of, and prepare for, discharge from its service. This may include considerations such as a person being assessed as not being suitable to access gender identity healthcare or not requiring intervention, or discharge into ongoing care in the community following completion of treatment.
33. However as highlighted in Figure 1, local policies should also reflect the ability of a primary care provider to re-refer a person who has previously accessed NHS Scotland gender identity healthcare, if required. This reflects the nature of the healthcare provided and may include a person wishing to explore further treatment options at their own pace. This could be described as a patient initiated review or follow-up.

## **Halting or reversal of NHS Scotland treatment**

34. In a small number of cases, people who are either in the process of accessing gender identity healthcare or have previously accessed gender identity healthcare may decide to halt, or seek to reverse aspects of, their treatment. They should be appropriately supported. A person's individual reasons for stopping medical care or seeking its reversal will be highly personal and may be complex. For example:
  - they may no longer identify as trans or as a gender identity they previously identified with;
  - they may have experienced rejection from people close to them
  - they may have concerns about the impacts of medical interventions they have accessed to support a transition;
  - they may choose to pause the process, and some people who reverse aspects of their transition may decide to transition again at a later point; or
  - some trans people, especially older trans people, may reverse aspects of their transition because they are concerned that they may not receive appropriate care in care settings.
35. GICs should ensure they have processes and pathways in place within Standard Operating Procedures to support anyone who has previously accessed gender identity healthcare and may wish to discuss potential options, including making changes to previous treatment they have requested or received.

## **Wider NHS role in the delivery of gender identity healthcare**

36. All territorial Health Boards are expected to have, or put in place:
  - clear local arrangements which set out the Board's policy for referral, support and ongoing management of people seeking clinical support with gender dysphoria;

- a formalised agreement between the referring Health Board and GIC(s) their patients are referred to. This may take the form of a Service Level Agreement or be incorporated into wider regional planning. To promote consistency, it is expected that such agreements will include an outline of the process by which a referral is made to a GIC; and requirements on a person's home Health Board to provide any necessary support for those waiting to access a GIC e.g., local referral into other services, as determined by need;
  - this formalised agreement should include clear roles and responsibilities regarding local provision of, and referral pathways to, non-surgical interventions;
  - this formalised agreement should include clear roles and responsibilities regarding clarity on what surgical interventions are available locally, with clear information on eligibility criteria;
  - a local policy on expectations of local primary care providers for their patient's ongoing care in community e.g. provision of cross-sex hormone prescriptions and facilitating local monitoring blood tests as recommended by a GIC, and establishing responsibilities for the management of test results;
  - confirmation of the local expenses policy for patients, as applicable, for treatment requiring travel outside their home Board; and
  - adhere to all other legislation, national standards and guidance relevant to these services e.g. waiting times guidance as issued within [DL\(2024\)09](#).
37. Primary care support for those accessing gender identity healthcare can include, but is not limited to, GPs, general practice nursing teams and board-employed Community Treatment and Care Services, pharmacists and sexual health services.
38. Trans people, including those accessing specialised gender identity healthcare, experience the same health issues as the general population and should be treated on the basis of need.
39. GICs within the NHS in Scotland only provide treatment and care directly relating to gender dysphoria. Trans people who present to primary care services with general health concerns and medical conditions should be reviewed and managed as per standard pathways, in line with professional guidance as set out by the Royal College of General Practitioners (RCGP) and the General Medical Council (GMC). Trans people should not be referred to GICs for issues unrelated to their gender identity, particularly when those who are not trans experiencing the same health issues would be expected to be routinely referred to other secondary care services. It is acknowledged however that primary care may need to seek specialist advice from a GIC regarding specific care or medication, unrelated to transition. In such specific instances GICs should have arrangements in place to support local primary care providers when this requirement arises.

40. To facilitate delivery of the above all Health Boards should work to ensure there is a formal agreement in place between their local primary care providers and GIC(s) that accept referrals. This agreement could reflect shared care or an enhanced service and should make clear the roles and responsibilities of the GIC, the home Health Board and its primary care providers in relation to a patient's gender identity healthcare and be implemented as policy. This includes any further local support for patients waiting to access, or discharged from, a GIC.

#### *The role of all NHS Scotland clinical staff in the delivery of gender identity healthcare*

41. Every person using NHS Scotland services should be able to access high-quality, person centred healthcare. The delivery of care to trans people is expected to be delivered consistent with appropriate regulatory body guidance e.g. as [issued by the General Medical Council](#) or wider NHS Scotland standards regarding the provision of inclusive, person centred care e.g. [Health and Social Care Standards](#).

#### **Further Considerations**

42. The below subsections are provided as further context to inform local Health Board policies and their delivery of gender identity healthcare.

#### **Independent Treatment**

43. Where people choose to access an independent provider of gender identity healthcare they are advised to only consider independent providers which are regulated by Healthcare Improvement Scotland, or its equivalent regulator elsewhere in UK nations.
44. It is not recommended that people seek clinical treatment or care overseas where that would not have been offered by, or has had any involvement with, their local Health Board. Individuals should be made aware that standards of care delivery may not be as high in other countries as they are in Scotland or the wider UK. For example, NHS Inform [provides information](#) to people who may be considering surgery abroad without a NHS referral.
45. As is the case across a wide range of health conditions and treatments it is up to GP practices to decide whether they wish to enter into a Shared Care Agreement with a private provider. If GPs choose to provide an NHS prescription based on the recommendation of a private provider, routine monitoring should be provided on the same basis as other NHS prescriptions.
46. GPs may seek advice from their relevant GIC as to whether an assessment carried out by a private provider has been carried out by a clinician who it is understood meets the necessary competence, from a clinic that is registered with Healthcare Improvement Scotland or a similar UK regulator, whether the assessment carried out

is competent and whether proposed treatment and monitoring is consistent with [published NHS Scotland endocrine guidance](#).

### **Self-Sourcing of Medication**

47. There is evidence that some people may self-source cross-sex hormone medication from unregulated sources, either whilst on a gender identity clinic waiting list or otherwise. It is unlikely that this will be monitored by a regulated health professional.
48. Health Boards should ensure that local policies take account of this. Measures to support people in such circumstances, based upon the principles of harm reduction, are encouraged.
49. These may include activities to identify people who may be self-sourcing. Reasonable efforts should be made to balance the risk of inequitable consequence or treatment occurring to others waiting for or accessing gender identity healthcare against the need to reduce risk of harm to those self-sourcing.

### **Updating a Community Health Index Number (CHI)**

50. Everyone in Scotland registered with a GP has a unique CHI number in which the penultimate digit is a binary gender marker (odd/even). Trans people can request that their CHI number is updated by asking their GP practice to update this.
51. Guidance for NHS staff responding to CHI change enquiries and information around screening can be found at: [How to change patient details | National Services Scotland \(nhs.scot\)](#).

### **Screening**

52. Information about screening for trans people is available via [NHS Inform](#). People accessing gender identity healthcare should be signposted to this information, especially to the different circumstances affecting those who changed their CHI number prior to June 2015.

### **Sexual Health**

53. All services providing Sexual and Reproductive healthcare (SRH) to trans people should follow [Healthcare Improvement Scotland Sexual Health Standards](#).
54. Trans people may have specific reproductive health care needs that change during the course of their gender identity healthcare. Reproductive healthcare needs will vary with the age when accessing trans healthcare and the healthcare interventions undertaken.

55. Gender identity healthcare clinicians should be competent in taking a sexual history for the purposes of counselling about expected effects prior to treatments and to establish any contraceptive requirement for testosterone users.

### **Individuals in custodial settings**

56. Those in custody and prison who have been diagnosed with gender dysphoria, or who seek a clinical support while exploring their gender identity, should receive equitable healthcare and support compared to the general population, while considering the constraints of the prison or custody environment.

## ANNEX A - Terminology

Term or Acronym	Definition
<b>CHI Number (Community health index number)</b>	<p>Community Health Index (CHI) is a register of all patients in NHS Scotland and is used for health care purposes.</p> <p>The CHI number is ten numeric characters in length and uniquely identifies a person on this Index.</p>
<b>CTACS</b>	Community Treatment and Care Services.
<b>Gender dysphoria</b>	<p>This protocol uses ‘gender dysphoria’ to describe clinically significant distress related to gender incongruence. Treatments accessed under this protocol are intended to reduce or help manage gender dysphoria.</p> <p>Gender dysphoria may be more widely used by some trans people to describe feelings of discomfort or distress related to gender incongruence. Not all trans or gender diverse people experience gender dysphoria.</p>
<b>Gender identity</b>	A person’s sense of having a particular gender; a way of describing the gender with which a person identifies such as man, woman or non-binary.
<b>Gender incongruence</b>	<p>Describes the situation where a person’s gender is different to their sex recorded at birth. This term is preferable to terms used in the past like gender identity disorder and transsexualism.</p> <p>‘Gender incongruence of adolescents or adults’ is defined in ICD-11 (International Statistical Classification of Diseases and Related Health Problems) as being characterised by a “marked and persistent incongruence between an individual’s experienced gender and the assigned sex, which often leads to a desire to ‘transition’, in order to live and be accepted as a person of the experienced gender, through hormonal treatment, surgery or other health care services to make the individual’s body align, as much as desired and to the extent possible, with the experienced gender” Clinically significant distress related to gender incongruence is known as gender dysphoria.</p>

Term or Acronym	Definition
<b>GIC</b>	Gender Identity Clinic; specialist NHS gender identity services providing clinical assessment, treatment and specialist support.
<b>GMC</b>	General Medical Council – independent regulator for doctors in the UK.
<b>ICD-11</b>	International Classification of Diseases, published by World Health Organisation (WHO). Number 11 denotes current updated version.
<b>NHS NSS</b>	NHS National Services Scotland.
<b>NHS NSS National Services Division (NSD)</b>	National Services Division, part of NHS NSS. Their activities include planning, commissioning and coordinating high-quality, person-centred specialist services, networks and screening programmes in Scotland.
<b>Independent healthcare/independent providers</b>	Defined in the National Health Service (Scotland) Act 1978 as clinics that are not part of a hospital and from which a medical practitioner, dental practitioner, registered nurse, registered midwife or dental care professional (clinical dental technician, dental hygienist, dental nurse, dental technician, dental therapist, orthodontic therapist). provides a service, which is not part of the National Health Service. The term ‘service’ includes consultations, investigations and treatments.
<b>Multi-disciplinary Team</b>	A multi-disciplinary team (MDT) is a group of health and care staff who are members of different organisations and professions (such as GPs, nurses, psychiatrist, etc.) who work together with an aim to deliver person-centred care and support for each individual patient and service user.
<b>NGICNS - National Gender Identity Clinical Network for Scotland</b>	The <a href="#">National Gender Identity Clinical Network for Scotland</a> (NGICNS), hosted by NSS, was established to oversee the implementation of 2012 Gender Reassignment Protocol across Scotland. It aims to work with gender identity clinics, gender reassignment surgical providers, primary care, patient and third sector representation to achieve timely, coordinated, service provision and equitable access to planned gender identity clinical services across Scotland.

Term or Acronym	Definition
<b>Non-binary</b>	Someone who does not identify as a man or a woman or who identifies as both or as something else completely. A non-binary person may or may not identify as trans.
<b>Person-centred care</b>	Care focused on the needs of the individual accessing service.
<b>Primary care</b>	This refers to an individual's first point of contact with NHS Scotland, usually their GP.
<b>RCGP</b>	Royal College of General Practitioners - professional membership body for GPs at all stages of their career in the UK.
<b>RCSLT</b>	Royal College of Speech and Language Therapists - professional body for people working in or studying speech and language therapy in the UK.
<b>Service Level Agreement</b>	A written agreement which sets out what services will be provided by Service provider, and how and when these will be provided, the financial arrangements for the provision of agreed services, and any associated responsibilities.
<b>Trans people</b>	An umbrella term for people whose gender identity does not fully correspond with their sex recorded at birth. This includes, but is not limited to, trans men, trans women and non-binary people.
<b>Transition</b>	Often used to describe the process a trans person goes through from being known as one gender to being known as another. This transition may be social, such as involving a change of name and presentation, and it may involve medical intervention in the form of hormone replacement therapy and/or surgery. This term, however, can mean different things to different people. Some people prefer the term gender reassignment.

## ANNEX B - Non-Surgical Interventions

### Speech and Language Therapy

1. Speech and language therapy services will be provided by a person's home Health Board and may be delivered via a range of modalities including face to face, video consultation, group and individual. Although referral pathways to speech and language services may vary by Health Board, all territorial Health Boards should have established referral, assessment and triage options for speech and language therapy for trans people if required.
2. Where available, referrals to speech and language services may be made:
  - as a self-referral by the person, where local processes are available, when accessing a gender identity clinic or waiting to access a gender identity clinic, or in need of no other support than speech and language therapy;
  - to local speech and language services by a GP; or
  - by a clinician at a gender identity clinic.
3. Voice and communication specialists working with trans people should develop skills for understanding gender diversity using the Royal College of Speech and Language Therapists (RCSLT) [Trans and gender-diverse voice & communication therapy competency framework](#) and be part of the RCSLT clinical excellence network.

### Facial hair removal

4. Available guidance on the provision of [Facial Hair Removal for Transgender Patients](#) should be followed by Health Boards.

### Wig provision

5. Available guidance on the [provision of wigs](#) should be followed.
6. To reduce unnecessary referral delay and clinical time within dermatology and to facilitate equity of access, Health Boards should put in place pathways to accept referrals directly to the wig service from the GIC. The referring clinician will complete the wig referral form with all relevant information.

### Endocrine intervention

7. Clinicians involved in the care and management of trans people and associated cross-sex hormone prescription making recommendations about, or prescribing cross-sex hormones or other gender identity related endocrine treatments, should take account of the National Gender Identity Clinical Network for Scotland (NGICNS) July 2022 [Endocrine and Fertility Preservation Guidance](#) .

8. This guidance has been updated and replaces the previous NGICNS guidance on 'Endocrine Management of Adult Transgender Patients', first published 11 August 2015 and revised 7 July 2018.

### **Gender identity specific psychosocial support**

9. Gender identity specific psychosocial support should aim to be accessible as an option throughout gender identity healthcare. It may include the individual, a couple or family, groups and should:

- be accessible throughout gender identity healthcare provision;
- take a tiered approach;
- reflect individual goals, needs, requests;
- take a non-directive support to explore gender identity, role, and expression;
- work to address the negative impact of gender dysphoria and stigma on mental health;
- work to alleviate internalised transphobia;
- work to enhance social and peer support;
- work to improve body image;
- promote resilience; and
- not impede access to other aspects of gender identity healthcare.

10. If evidence based psychological therapies and interventions are required, this should be delivered in line with the Scottish Government's [Psychological Therapies and Interventions Specification](#) and [Matrix](#).

## ANNEX C - Surgical Interventions

### Surgical interventions available via NHS Scotland

1. Reassignment surgery for adults is provided via one of two routes:
  - locally provided surgery
  - nationally commissioned surgery
2. Information on each surgical route is set out below. Health Boards should note that people may access one or both routes, dependent on individual need and in consultation with their clinical team.
3. People considering surgery should be offered appropriate space, support and information to fully explore their options. This provision should be in place for anyone considering one of these procedures and accessible regardless of whether they are actively seeking or awaiting referral. Clinicians supporting people with these decisions must have appropriate knowledge, skill and competence and ensure that:
  - people considering surgical interventions are offered support and information to fully explore their options; and
  - referrals for surgical intervention are only initiated under the governance of an NHS Scotland gender identity clinic.

#### *Locally provided surgery*

4. Surgery that may currently be provided locally within NHS Scotland for the purposes of treating gender dysphoria in adults are:
  - breast augmentation
  - body contouring
  - chondrolaryngoplasty
  - facial feminising procedures
  - hysterectomy
  - oophorectomy
  - orchidectomy
5. The above surgical interventions do not require NHS NSS National Services Division approval. Decisions on their availability are instead made by a person's local Health Board.
6. Health Boards should ensure they have clear documentation on what is available to their patients and have local policies in place regarding access to them. This will require engagement with local clinical teams and the referring GICs to put in place appropriate policies.

7. Local policies may consider it reasonable that referrals to locally provided surgery can be made on the basis of clinical recommendation from an NHS Scotland gender identity clinic, where the referring clinician and person are in agreement that the surgery is indicated, be of benefit to the person and the circumstances relating to the decision are not considered complex. Where a further opinion is required, the referring clinician should facilitate this with minimal delay, unless delay is requested by the person seeking surgery.

### **Nationally commissioned surgery**

8. Nationally commissioned surgery includes:
  - feminising and masculinising genital reassignment procedures
  - chest reconstruction for people recorded female at birth
9. Referrals are authorised by NHS National Services Scotland on behalf of all Health Boards and are carried out under a four nations contract managed by NHS England. The [NHS Gender Identity Services for Adults \(Surgical Interventions\) specification](#) makes clear how referrals for these services function.
10. People can be referred for nationally commissioned surgery via their gender identity clinic, following consultation with their clinical team and meeting required governance arrangements to access surgery via the four nations contract or otherwise agreed by NHS National Services Scotland.
11. Health Boards should note that a request may be made by the person's surgical team for donor site hair removal. This should be provided via the person's local Health Board.

### *Post-surgical care*

12. Surgical providers are responsible for immediate post operative after-care and generally thereafter for the first 12 months post-surgery.
13. An unscheduled aftercare pathway should be available for surgical revisions sought after the original episode of care is completed.
14. Access to this pathway, managed on a similar basis to other referrals via NHS National Services Scotland, is made available via the person's NHS Scotland gender identity clinic.

### *Further action*

15. As part of consideration of this protocol, NHS NSS and lead clinicians in this field recognised further work is required – at a national level – to deliver equitable access for what is currently locally commissioned surgery.

Scottish Government will therefore convene a short-life working group in 2025 to:

- review availability of surgery delivered by local Health Boards within NHS Scotland which are not nationally commissioned;
- provide a recommendation on what further surgery, if any, should be provided via NHS Scotland;
- provide a recommendation on whether any currently available surgery should no longer be made available via NHS Scotland;
- provide a recommendation on how such surgery should be delivered e.g. locally, regionally or nationally; and
- consider if the 2019 Exceptional Referral Protocol should be updated in order to apply to this surgical provision.

## ANNEX D - Gender Identity Clinic Contact Details

Gender Identity Clinic	Accepts referrals from	Contact details
<b>Sandyford Adult Gender Service</b>	<ul style="list-style-type: none"> <li>• NHS Ayrshire &amp; Arran</li> <li>• NHS Dumfries &amp; Galloway</li> <li>• NHS Forth Valley</li> <li>• NHS Greater Glasgow &amp; Clyde</li> <li>• NHS Highland<sup>1</sup></li> <li>• NHS Lanarkshire</li> <li>• NHS Tayside</li> <li>• NHS Western Isles</li> </ul>	<p>Sandyford Clinic Glasgow 6 Sandyford Place Glasgow G3 7NB</p> <p><b>Tel:</b> 0141 211 8130 <b>Email:</b> <a href="mailto:adultgender.sandyford@ggc.scot.nhs.uk">adultgender.sandyford@ggc.scot.nhs.uk</a> <b>Website:</b> <a href="https://www.sandyford.scot/sexual-health-services/gender-service-at-sandyford/">https://www.sandyford.scot/sexual-health-services/gender-service-at-sandyford/</a></p>
<b>The Chalmers Centre Gender Identity Clinic</b>	<ul style="list-style-type: none"> <li>• NHS Borders</li> <li>• NHS Fife</li> <li>• NHS Lothian</li> </ul>	<p>Chalmers Sexual Health Centre 2A Chalmers Street Edinburgh EH3 9ES</p> <p><b>Tel:</b> 0131 536 1570 <b>Website:</b> <a href="https://www.lothiansexualhealth.scot/gender-identity-clinic/">https://www.lothiansexualhealth.scot/gender-identity-clinic/</a></p>
<b>Highland Gender Identity Clinic</b>	<ul style="list-style-type: none"> <li>• NHS Highland</li> </ul>	<p>Highland Gender Identity Clinic Highland Sexual Health Royal Northern Infirmary Ness Walk Inverness IV3 5SF</p> <p><b>Tel:</b> 01463 888300 <b>Email:</b> <a href="mailto:nhsh.gicadmin@nhs.scot">nhsh.gicadmin@nhs.scot</a> <b>Website:</b> <a href="https://highlandsexualhealth.co.uk/gender-identity">https://highlandsexualhealth.co.uk/gender-identity</a></p>
<b>Grampian Gender Identity Clinic</b>	<ul style="list-style-type: none"> <li>• NHS Grampian</li> <li>• NHS Orkney</li> <li>• NHS Shetland</li> </ul>	<p>Elmwood Hospital Ashgrove Road Aberdeen AB25 3BW</p> <p><b>Tel:</b> 01224 557 170 <b>Email:</b> <a href="mailto:gram.gic@nhs.scot">gram.gic@nhs.scot</a></p>

<sup>1</sup> In specific instances related to geographical location – for instance for people based in Argyll and Bute.

## ANNEX E - Assessment for Adults

1. The key principles of delivery of gender identity healthcare are that care delivered should:
  - be holistic, person-centred and needs-led;
  - work with the spectrum of gender diversity and identity;
  - allow people to present authentically;
  - provide equitable access regardless of location in Scotland;
  - provide access regardless of ethnicity, age, race, neurodiversity, ability, physical health status or other intersection; and
  - foster collaboration and cooperation of different clinicians to deliver holistic, person-centred care.

### Example Content for Adult Assessment

2. A basic psychosocial assessment is recommended for adults that includes a narrative of gender history, transition progress and expectations. It should be adapted to the individualised context of the person and to the intervention proposed. At all stages this is a collaborative process between the trans person and their clinician with shared decision making.
3. This example content can be adapted as appropriate.

### Introduction

#### Expectations

- person's expectations from the engagement and proposed intervention
- understanding of existing experience and knowledge
- agree themes for assessment

#### Gender

- current gender identity and expression
- gender history, development and experience
- timeline of gender identity development
- experience and progress of social transition
- impact of relevant physical changes
- experience of gender dysphoria
- establish and agree presence of gender incongruence

#### Social

- discuss accommodation, family/friends, education, work as relevant
- identify social support and wider community networks
- impact of wider social and cultural context
- consider social impact of further transition and discuss potential barriers

#### Mental Health

- explain basis for discussing mental health and reassure that this is a supportive element of the process

- mental health and neurodevelopmental history (conditions diagnosed or suspected)
- understanding of any previous formal contact with mental health or psychological services
- taking a trauma-informed approach, consider the impact of any previous trauma or negative experience and its relationship to the assessment and any proposed treatment
- discuss risk including suicidal thoughts/actions and self harm
- explore any current concerns and identify support as appropriate
- the key principles of gender specific psychosocial support are given in **Annex B**

### **Medical**

- medical history
- any current conditions or waiting for treatment
- medications
- smoking and other substances
- family history especially blood clots, cardiovascular disease or cancer

### **Sexual Health & Fertility**

- sensitively explore sexual health history
- offer sexual health testing where indicated and requested
- explore impact of any proposed intervention on sexual function
- discuss contraception where indicated
- discuss thoughts about future family and explain options for fertility preservation where eligible
- offer referral for fertility preservation where requested

### **Reflection and Consent**

- provide verbal and written information prior to decision making about the proposed intervention
- ensure that there is an effective understanding of any proposed intervention including a full discussion about benefit and risk
- clearly identify elements of any intervention that are irreversible and ensure there is sufficient space for this to be explored
- where there is uncertainty or concern about capacity access timely support from a suitable multidisciplinary team.
- confirm the outcome of the assessment with the person verbally and in writing

**Gender Surgery Referral Review Checklist V6 Dec 2024 - Bottom Surgery** (requires two opinions *or* one opinion + GRC)

CHI:	Surgical procedure(s) requested:			Y/N	Notes
Date and author of 1 <sup>st</sup> opinion letter:	Date and author of 2 <sup>nd</sup> opinion letter or GRC:				
Gender identity:					
Pronouns:					
Gender narrative: <i>NHSE Service Specification 2019: persistent, well documented gender dysphoria</i>					
Age at first accessing gender care (specify if <18, 18-24, or 25 yrs or older):					
Which service?:					
Duration of persistent gender dysphoria at time of referral (years):					
Social circumstances (including support after surgery):					
Treatment given to date, changes seen, how person feels about it:					
<b>Past medical history:</b> including recent BP and BMI		<b>BP:</b>	<b>BMI:</b>		
<b>Past psych history:</b> <i>Significant physical or mental health concerns must be reasonably well controlled</i>					
Neurodevelopmental diagnosis (or suspected diagnosis):					
<b>Current Rx and dose:</b> <i>12 months continuous hormone Rx appropriate to goals (unless CI/unable/unwilling)</i>					
Non-prescribed, OTC and online-sourced medications:					
Recreational drugs (including significant past recreational drug use):					
Motivations for, expectations and understanding of surgery <i>GIHP 2024: Inc. positive and negative effects of treatment and impact on reproductive and sexual function</i>					
Fertility preservation discussion and outcome:					
Additional considerations for surgical team: <i>GIHP 2024: Person is sufficiently informed and has capacity to give informed consent for proposed treatment</i>					
Patient fulfils criteria for diagnosis of ICD-11 HA60 gender incongruence:					
Patient fulfils WPATH care standards (v8) and letter includes the term "Meets the readiness criteria for and is eligible to access treatment under the NHS Scotland Protocol for Gender Identity Healthcare" (GIHP 2024)					
Clinician supportive of surgery request and in their opinion individual will permanently remain in this gender					
Approved for sign-off and Safehaven referral:					
If not approved – for MDT review/amendment with reason:					
Notes re further discussion/clarification with referrer, date, content of discussion:					
Date of review:		Name of reviewer:		Electronic/paper signature:	

**Gender Surgery Referral Review Checklist V6 Dec 2024 - Top Surgery** (requires one opinion)

CHI:	Surgical procedure(s) requested:			Y/N	Notes
Date and author of 1 <sup>st</sup> opinion letter:					
Gender identity:					
Pronouns:					
Gender narrative: <i>NHSE Service Specification 2019: persistent, well documented gender dysphoria</i>					
Age at first accessing gender care (specify if <18, 18-24, or 25 yrs or older):					
Which service?:					
Duration of persistent gender dysphoria at time of referral (years):					
Social circumstances (including support after surgery):					
Treatment given to date, changes seen, how person feels about it:					
<b>Past medical history:</b> including recent BP and BMI	<b>BP:</b>		<b>BMI:</b>		
<b>Past psych history:</b> <i>Significant physical or mental health concerns must be reasonably well controlled</i>					
Neurodevelopmental diagnosis (or suspected diagnosis):					
<b>Current Rx and dose:</b>					
Non-prescribed, OTC and online-sourced medications:					
Recreational drugs (including significant past recreational drug use):					
Motivations for, expectations and understanding of surgery <i>GIHP 2024: Inc. positive and negative effects of treatment and impact on reproductive and sexual function</i>					
Family history of any breast diseases or problems, especially cancer diagnoses					
Additional considerations for surgical team: <i>GIHP 2024: Person is sufficiently informed and has capacity to give informed consent for proposed treatment</i>					
Patient fulfils criteria for diagnosis of ICD-11 HA60 gender incongruence:					
Patient fulfils WPATH care standards (v8) and letter includes the term "Meets the readiness criteria for and is eligible to access treatment under the NHS Scotland Protocol for Gender Identity Healthcare" (GIHP 2024)					
Clinician supportive of surgery request and in their opinion individual will permanently remain in this gender					
Approved for sign-off and Safehaven referral:					
If not approved – for MDT review/amendment with reason:					
Notes re further discussion/clarification with referrer, date, content of discussion:					
Date of review:		Name of reviewer:		Electronic/paper signature:	