**HAVERTHWAITE SURGERY**

**Clinical Guidance Document**

**Gender Dysphoria Policy**

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# Introduction

## Policy statement

In 2013, NHS England published the [Interim Gender Dysphoria Protocol and Service Guideline 2013/14](https://www.england.nhs.uk/wp-content/uploads/2013/10/int-gend-proto.pdf) which was aimed at providing consistency and equality across England for transgender patients.

Following this, an independent review has been commissioned by NHS England and NHS Improvement and is expected to be completed by mid-2021. Its purpose is to make recommendations on the services provided to children and young people who are exploring their gender identity or experiencing gender incongruence[[1]](#footnote-1).

## Status

The organisation aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the [Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/contents). Consideration has been given to the impact this policy might have in regard to the individual protected characteristics of those to whom it applies.

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment.

## Training and support

The organisation will provide guidance and support to help those to whom it applies to understand their rights and responsibilities under this policy. Additional support will be provided to managers and supervisors to enable them to deal more effectively with matters arising from this policy.

# Scope

## Who it applies to

This document applies to all employees of the organisation. Other individuals performing functions in relation to the organisation, such as agency workers, locums and contractors, are encouraged to use it.

## Why and how it applies to them

This document has been produced to support all staff at Haverthwaite Surgery to ensure that transgender patients’ care is managed in the appropriate manner and in accordance with extant guidance. All staff should be aware of the need to ensure that patients are fully involved about decisions relating to their health and wellbeing and that they are offered the necessary support at all times.

# Definition of terms

## Transgender

Often abbreviated to ‘trans’, this is an umbrella term used to describe a whole range of people whose gender identity and/or gender expression differ in some way from the gender assumptions made about them when they were born.

## Gender dysphoria

The condition where a person experiences discomfort and/or distress because of a misalliance between their biological sex and gender identity

## Gender identity

A person’s perception of having a particular gender which may or may not align to their birth sex

## Transsexual

A person with strong, persistent feelings of gender dysphoria who emotionally and psychologically feels that they belong to the opposite sex

## Transition

A trans woman is someone who was registered as a male child and later undertakes the transition to presenting as a woman because she wants to be regarded and treated as the woman she feels inside. Similarly, a trans man is someone who was born with female anatomy and undertakes the transition to present to the world as a man.

A further glossary of terms and FAQs can be found at [www.stonewall.org.uk](http://www.stonewall.org.uk).

# Treatment pathway

## Referral to a Gender Identity Clinic (GIC)

All GPs in England can refer those patients who request treatment for gender dysphoria directly to a GIC. There is no requirement for a GP to first refer the patient for a mental health assessment, nor do GPs need to request prior approval from their Clinical Commissioning Group (CCG).

The following links provide advice on accessing the UK nations’ gender identity clinics.

|  |  |
| --- | --- |
| **Country** | **Gender Identity Clinic Information** |
| England | [NHS England - How to find an NHS gender identity clinic](https://www.nhs.uk/live-well/healthy-body/how-to-find-an-nhs-gender-identity-clinic/) |
| Scotland | [NHS Scotland - Gender identity clinics](https://www.ngicns.scot.nhs.uk/gender-identity-clinics/) |
| Wales | [Welsh gender service](https://cavuhb.nhs.wales/our-services/welsh-gender-service/) |
| Northern Ireland | [NI Regional gender identity service](https://belfasttrust.hscni.net/service/regional-gender-identity-service/) |

## Geographical differences

There are differences affecting countries within the United Kingdom and as a result separate guidance has been published:

|  |  |
| --- | --- |
| **Country** | **Guidance**  |
| England | [RCGP Guidelines for the care of Trans patients in primary care](https://www.rcgp.org.uk/policy/rcgp-policy-areas/transgender-care.aspx) |
| Scotland | [NHS Scotland - Gender Reassignment Protocol](http://www.sehd.scot.nhs.uk/mels/CEL2012_26.pdf) |
| Wales | [Gender Wales](https://gender.wales/) |
| Northern Ireland | [RCGPNI - Guidance for the care of Trans people in primary care](https://gendergp.com/wp-content/uploads/2016/03/RCGPNI-Guidance-for-the-care-of-Trans-people-in-primary-care-2015-web4.ashx_.pdf) |

## GMC Ethical Hub

The General Medical Council (GMC) has a collection of resources titled the ‘Ethical Hub’ that explores how to apply the GMC’s guidance in practice and focuses on areas that clinicians have often requested support upon from the GMC.

This [link](https://www.gmc-uk.org/ethical-guidance/ethical-hub) to the Ethical Hub will help clinicians address important ethical issues and incorporate good practice into their work

## The protocol

At Haverthwaite Surgery GPs must ensure they follow the detailed guidance in each nation of the UK (use links at paragraph 4.2), ensuring the patient is fully involved in the decision-making process.

GPs should also be mindful that some patients may have psychiatric comorbidities and, as a result, they may require formal psychiatric intervention.

## Supporting documentation

In addition to the referenced material throughout this policy, GPs in particular should also refer to the UK intercollegiate [Good Practice Guidelines for the Assessment and Treatment of Adults with Gender Dysphoria](https://www.evidence.nhs.uk/search?om=%5b%7B%22srn%22:%5b%22Royal%20College%20of%20Psychiatrists%20-%20RCPsych%22%5d%7D%5d&q=gender+dysphoria&sp=on) for further supporting information.

# Administration

## Medical records

At Haverthwaite Surgery a patient’s request to change the sex that is indicated on their medical records will be accepted. The patient does not need to have been issued with a Gender Recognition Certificate or have an updated birth certificate for their records to be amended. Furthermore, the patient may also wish to change their name and title on their electronic and paper medical records.

It should be noted that trans patients have a legal right to change their name and gender on their healthcare records. **Patients may request to change gender on their patient record at any time and do not need to have undergone any form of gender reassignment treatment to support this request.**

## Processing the request

When a member of staff at Haverthwaite Surgery receives such a request, they are to ask the patient to write a statutory declaration which states that in future they wish to be known by their new name, title and gender. This request must be in writing and signed by the patient.

When a patient changes gender, they are given a new NHS number and must be registered as a new patient at the organisation. All previous medical information relating to the patient needs to be transferred into a newly created medical record.

When the patient informs the organisation that they wish to change gender, the organisation must inform the patient that this will involve a new NHS number being issued for them. This is not reversible.

Should the patient wish to revert back to their original gender, they would then need to receive a third NHS number. Again, the organisation will confirm this has been discussed with the patient when notifying PCSE.

1. The process to be followed is that the **GP practice** notifies **PCSE** that a patient wishes to change gender via the [enquiries form](https://pcse.england.nhs.uk/contact-us/). The organisation should include the patient’s name and NHS number in the notification to PCSE, plus confirmation that they have discussed with the patient that this will involve the creation of a new NHS number.
2. **PCSE**sends the GP practice a deduction notification for the patient and emails the main contact for the organisation (if available) the new details for the patient. The main contact for Haverthwaite Surgery is Judith Satterthwaite, Practice Manager.
3. **The GP practice** accepts the deduction and registers the patient using the new details provided by PCSE. It is important that the patient’s original record is NOT updated with their new NHS number. If this happens, they will not be registered and will miss out on continuity of care.
4. **PCSE**sends a new patient medical record envelope with the patient’s updated details to the GP practice.
5. **The GP practice** creates a new patient record using the new details and transfers all previous medical information from the original medical record. Any information relating to the patient’s previous identity should not be included in the new record.
6. If the gender is being reassigned from male to female, the screening team will contact the organisation for no cervix confirmation.
7. If the gender is being reassigned from female to male, screening will become the responsibility of the organisation.

It is important to complete the new registration for the patient within five working days to ensure no interruption to patient care.

When registering new patients, do not use Select ‘I’ (indeterminate) as the sex category. Only select either ‘M’ for male or ‘F’ for female. This ensures that the appropriate screening invitations are correctly sent to individuals.

Further information can be found in the [PCSE Process for registering a patient gender re-assignment](https://pcse.england.nhs.uk/media/1481/14.pdf).

## Recalling patients for screening and routine tests

Trans gender patients should be offered cancer prevention screening that is not sex-specific in line with standard recommended practice (e.g., bowel screening). However, it is possible to become confused about what sex-specific screening is necessary in some trans gender patients, for example does a trans man need cervical screening?

Therefore, it is considered reasonable and pertinent to **screen for the organs present, not the gender**.

Examples are as follows:

1. If a trans gender man retains a cervix, then cervical screening should take place.
2. A trans gender woman will not need cervical screening even if she undergoes sex reassignment surgery (genital surgery) as no cervix is present. However, she will retain a prostate so offering prostate-specific antigen testing in line with usual practice would be appropriate.
3. Breast screening should be based on what breast tissue is present.

Given that trans gender patients or patients wishing to identify as a member of the opposite sex will be issued with a new NHS number, there is the possibility and danger that these patients will ‘drop out’ out of automated sex-specific screening recall systems via the clinical system. This organisation will ensure that screening continues and individual arrangements for such patients will be conducted using the following process:

1. It will be explained to the patient that they may not be recalled for some types of screening when changing their gender designation.
2. The patient will be informed as to what screening would be appropriate for them and which types may be affected. They will be asked to work with the organisation to ensure that this happens.
3. Screening conducted will be according to the organs/tissues present.
4. Where relevant, **confidentially and with the patient’s permission**, the patient will be identified as trans gender on paperwork/forms accompanying the samples. It is critical that the reason for this is explained and consent given. The testing facility will be advised of the need to keep the patient’s trans gender status strictly confidential.
5. A copy of the results will be provided to the patient for future reference.
6. Where possible, a reminder will be issued for future screening via the clinical system or a confidential database. This can be done by placing a relevant alert or reminder on the medical record. However, the patient will also be advised to keep a note of when screening is due and to request this if they do not receive an automated reminder.

Ensuring that patients maintain regular screening is vitally important. It is imperative that the patient is invited to the organisation to discuss these with the GP and the above steps advised.

The information in this section was sourced from [www.wessexlmcs.com](http://www.wessexlmcs.com)

## UK General Data Protection Regulation (GDPR) compliance

It is the responsibility of the data controller at Haverthwaite Surgery to ensure that data is *“accurate and, where necessary, kept up to date; every reasonable step must be taken to ensure that personal data that is inaccurate, having regard to the purposes for which they are processed, are erased or rectified without delay”.*

For more information, refer to the organisation’s [UK GDPR Policy](https://practiceindex.co.uk/gp/forum/resources/uk-gdpr-policy.1703/).

## Confidentiality

It is clearly outlined by the GMC that *“it is unlawful to disclose a patient’s gender history without their consent. When communicating with other health professionals, gender history need not be revealed unless it is directly relevant to the condition or its likely treatment*”.

Additionally, the GMC states that “*there may be circumstances where it is necessary to disclose the patient’s gender history. This will enable the service that will be dealing with the patient to be prepared to do so, thereby ensuring the necessary level of support is available to the patient at the time of his/her appointment*”.

Supporting information regarding disclosure, confidentiality and ethics can be found in [Section 22 of the Gender Recognition Act 2004](http://www.legislation.gov.uk/ukpga/2004/7/section/22/data.pdf) and at [www.gmc-uk.org](https://www.gmc-uk.org/ethical-guidance/ethical-hub/trans-healthcare#confidentiality-and-equality).

Further compliance with the UKGDPR is required in relation to confidentiality. The data controller must ensure the data is collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes.

Furthermore, data processors (staff) must ensure the data subject (patient) has given consent to the processing of his or her personal data for one or more specific purposes, i.e., referral for treatment, etc.

At Haverthwaite Surgery the data controller is Judith Satterthwaite, Practice Manager. Any questions regarding confidentiality and the sharing of data should be referred to the aforementioned person in the first instance.

## Respect

It is imperative that patients who are transitioning or have transitioned are addressed in the correct manner. All staff at Haverthwaite Surgery are to use the patient’s preferred name and title at all times.

Where doubt exists, staff should ask the patient “How do you prefer to be addressed?” and, if necessary, “What pronoun do you use?” (i.e., he or she).

# Summary

All staff are to be mindful that the patient population at Haverthwaite Surgery is, by nature, diverse. Effective communication is one way in which the organisation ensures that all patients are treated with respect and dignity whilst also involving patients in decisions about their healthcare, always ensuring they are offered the appropriate level of care and support.

1. [www.england.nhs.uk](https://www.england.nhs.uk/commissioning/spec-services/npc-crg/gender-dysphoria-clinical-programme/gender-dysphoria/independent-review-into-gender-identity-services-for-children-and-young-people/) [↑](#footnote-ref-1)