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**Gender Reassignment Protocol Review  
Lead Clinician's Update 04/04/2022**

# Gender Reassignment Protocol Review

Scottish Pathway for Trans Healthcare Update

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## 1. Introduction

### 1.1. Purpose of the Document

This document is intended to provide an interim report to the National Gender Identity Healthcare Reference Group on the current progress of the update of the Gender Reassignment Protocol to the end of March 2022. The project is on track to deliver within timescales agreed and work is being undertaken by six short life working groups to draw together the evidence and recommendations under their areas of expertise.

This paper is to read in conjunction with the Initial Briefing for the project dated 01/02/2022. It confirms the deliverables for each group and provides an update on progress to date.

A draft version of the protocol is expected to be available by end of June 2022.

If you have any questions or comments about this paper please contact [NSS.grp@nhs.scot](mailto:NSS.grp@nhs.scot)

### 1.2. Project Summary

The Chief Medical Officer for Scotland (CMO) requested the National Gender Identity Clinical Network for Scotland (NGICNS) to undertake a review of the Gender Reassignment Protocol (GRP) on [08/07/2021](#). This is a protocol for care provided to transgender, non binary and gender diverse (TGD) people in relation to gender transition.

NGICNS is a managed clinical network hosted by National Services Scotland (NSS), National Services Division (NSD). A Project Initiation Document (PID) was agreed with the NSD senior management team and funding for resources to undertake the review has been identified. NSD forwarded a project update to the CMO at the end of October 2021.

An independent chair, [REDACTED], has been recruited and agreed to support the project. Project oversight for NSD is provided by Senior Programme Manager, [REDACTED] and support provided by Assistant Programme Manager [REDACTED]. A project oversight group has been recruited and met for the first time in January 2022.

Six short life working groups have been established to support the review. These groups report to the oversight group. The board will aim to complete its work by 01/09/2022 and deliver an updated GRP to the CMO for consideration and publication.

It is expected the GRP will then be regularly updated as needed, and at least annually.

### 1.3. What we will do

We will undertake a review and deliver an updated GRP that is fit for purpose and fully inclusive of all TGD people.

### 1.4. What will inform the review

The review will be based on principles of human rights and person centred care.

It will take into account in relation to gender identity healthcare:

- Best practice and developments from across and outwith NHS Scotland
- Different models of care
- Advances in evidence including World Professional Association of Transgender Health (WPATH) Standards of Care
- Updates to the World Health Organisation's International Classification of Diseases and Health Problems (ICD-11)
- Extensive and detailed engagement with those with lived experience of using gender identity services in Scotland and across NHS Scotland
- Principles of Realistic Medicine

The review will be informed by key documents including:

- The [Scottish Public Health Network Healthcare Needs Assessment of Gender Identity Services](#)
- [Planning with People](#)
- The [National Health and Wellbeing Outcomes Framework](#)

Discussion of gender recognition is outwith the scope of the review.

It may be helpful to be clear that this review is about the clinical needs of TGD people accessing pathways for gender identity healthcare, and does not consider service provision or funding. Other activity may take place regarding this at the same time or after this process is completed, but it is independent of the review.

### 1.5. How the review will work

An oversight group has been formed based upon the recommendations from the CMO letter and including people with lived experience (and their families if appropriate), clinical specialisms providing gender identity healthcare, organisations representing TGD people, representatives from primary care and from NHS Scotland.

Subject matter experts supported by the project team will review the available evidence. A [Delphi approach](#) may be used to develop consensus. Once the evidence has been collected the project team will compile the draft protocol and accompanying explanation document for approval by the oversight board.

### 1.6. Key areas of the review

It is proposed the review will be split into five major sections, and more details on each of these work areas can be found in later sections of this document:

- **Initial assessment**, including support and therapeutic approaches
- The role of **primary care** in gender identity healthcare
- Gender affirming **non surgical care**, including hormone therapy, facial hair removal, sexual and reproductive health, speech therapy and fertility preservation)
- **Gender affirming surgery**
- Pathways for **children and young people**

The individual needs of people accessing gender identity healthcare is at the heart of this work. We will engage widely with people using or interested in accessing services and also professional organisations. There will be a consultation period prior to the completion of the review. A public engagement questionnaire has been available since 24/12/2021 and will continue throughout the review.

We know that there are different clinical perspectives related to the delivery of gender identity healthcare and we will listen respectfully to all voices. Where there are differences we will reflect on this and find ways to reach a consensus.

### 1.7. What the review will produce

A progress report to the CMO in October 2021; this has been completed.

An updated GRP in September 2022 for the consideration of and publishing by the CMO.

An accessible explanation document for TGD people to understand and set expectations when accessing NHS gender identity healthcare.

## 2. Initial Assessment - Adults

### 2.1. Deliverables

1. Evaluation and recommended models of care regarding appropriate approaches for initial assessment.
2. Content and structure of assessment, including number and type of appointments. Suggested outputs and distribution.
3. Example pathways including options for modified pathways for people who have started transitioning, have more complex needs, or are re-transitioning.
4. Criteria for assessing competence of staff undertaking assessments.
5. Appropriate support and information for people whilst they are waiting to be seen.
6. Recommendation on how people can be referred for gender identity healthcare and information that should be provided.
7. Arrangements for supporting people in institutional settings.
8. Summary describing the involvement of people with lived experience in the group's work and intersection with the principles of the Review.

### 2.2. Update

The group has met twice. Much of the activity has centred on the process and pathway of assessment along with careful consideration of the optimal staff competency. The group is considering a stratified approach to represent different skill levels and intends that its output supports the engagement of and attracts healthcare professionals from any relevant background. It is intended that trans healthcare may be provided in a number of settings including gender identity clinics.

It has linked with the endocrine and fertility preservation and primary care subgroups to explore a recommendation around interim provision of prescribing gender affirming hormone treatment to people on the waiting list who are already accessing this but not via the NHS. The mechanism for this is still being discussed and there is likely to be further work outside of the scope of the GRP to develop this.

## 3. Endocrine and Fertility Preservation

### 3.1. Deliverables

1. Updated clinical guidance for the initiation, titration and maintenance of hormone treatment that is inclusive of the needs of all trans, non-binary and gender diverse people.
2. Narrative for fertility preservation including pathways and advice for people already started hormone treatment.
3. Clinical aspects suitable for a shared care agreement or similar application.
4. Options for interim support for people who may be self-sourcing hormone treatment until waiting times are normalised (this is a shared deliverable with the Primary Care group).
5. Specific consideration for hormone treatment and monitoring across the lifetime (noting that this will be adjacent to work carried out by the CYP group)
6. Recommendations for patient facing material that supports the exploration of hormone treatment, fertility preservation and appropriate consent.
7. A patient facing document that clearly describes NHS practice and methodology that may be useful for people deciding to source their hormone treatment elsewhere.
8. Summary describing the involvement of people with lived experience in the group's work and intersection with the principles of the Review.

### 3.2. Update

The group has met on three occasions. Updates to the endocrine pathways are almost completed. New patient information leaflets are in progress that will inform and support the expectations of people considering gender affirming hormone treatment (GAHT).

Recommendations will be made for the continuance of people moving to Scotland already established on GAHT and further for supporting people on the waiting list who are sourcing GAHT outwith the NHS.

The group has sight of the proposed national fertility preservation guidance developed by a separate Scottish Government working group and is minded to consider supporting this once it has been formally adopted.

Clinical information from the updated endocrine guidance will be shared with the primary care subgroup.

## 4. Primary Care

### 4.1. Deliverables

1. Recommendation and options for an improved formalised arrangement between local gender identity healthcare and gender specialists, including resourcing.
2. Recommendations for understanding the competence of gender specialists, including those not based in the NHS.
3. Options for improved arrangements for TGD people who are or are considering self-sourcing hormone treatment until waiting times are normalised (this is a shared deliverable with the Endocrine and Fertility Preservation group).
4. Consideration of the effectiveness of current screening arrangements and information provided.
5. Provision of a framework with examples for communication between the TGD person, their GP and their gender specialist.
6. Consideration of arrangements and strategy for long term monitoring of hormone treatment.
7. Summary describing the involvement of people with lived experience in the group's work and intersection with the principles of the Review.

### 4.2. Update

The group has met once.

There was broad agreement that it is essential that TGD people are able to access safe, high quality and convenient healthcare. Primary care representatives strongly recommended a shared care approach which is well proven. A proposed draft of such an agreement has been made available to the group for further discussion.

The clinical detail of the shared care agreement will be drawn from the work of the endocrine and fertility preservation group. The group will provide options for formalised care including suggestions for resourcing although agreement to any funding is outwith the scope of the Review.

The group is keen that arrangements for post operative care following gender affirming surgery are clear and there are effective pathways (aligns with a surgical subgroup deliverable).

## 5. Non Surgical Interventions

This is a cohort of different interventions, many of which may be accessed by people at different times in their care. None are accessed solely by TGD people, however, all of these services requires to be sensitive to and meet the needs of TGD people.

### 5.1. Deliverables

1. Narrative for speech therapy including access to pathway
2. Narrative including consideration of NGICNS clinical guidance for hair removal
3. Narrative regarding and recommendations to improve access to psychological and mental health support
4. Recommendations to improve access to sexual and reproductive healthcare for TGD people
5. A patient facing document that describes the above
6. Summary describing the involvement of people with lived experience in the group's work and intersection with the principles of the Review.

### 5.2. Update

The group has met once. Actions were identified relating to each of the working areas.

## 6. Gender affirming surgery

Gender affirming surgery for TGD people falls into two categories dependent upon whether it is commissioned under specialist national arrangements (nationally commissioned procedures) or by the person's health board (locally commissioned procedures).

### 6.1. Nationally commissioned procedures

Nationally commissioned procedures include masculinising chest reconstruction, and masculinising and feminising genital reassignment surgeries. These are managed under a four nations' contract for whom NSD are the Scottish commissioners. A [detailed specification](#) describes the current arrangements.

### 6.2. Locally commissioned procedures

Locally commissioned procedures include standalone orchidectomy, hysterectomy and oophorectomy, breast augmentation and facial feminising procedures.

For breast augmentation and facial feminising procedures NGICNS service mapping suggests some uncertainty regarding provision and there have been recent calls for a 'Once for Scotland' approach. Removing these surgeries from the aesthetics protocol was intended to lead to greater consistency of access and the working group are considering how well this may be working.

Standalone orchidectomy, hysterectomy and oophorectomy are provided by local board acute services.

### 6.3. Deliverables

1. Narrative for nationally commissioned surgeries based upon review of current evidence and WPATH SoC8 recommendations. This should include, but is not limited to, criteria for assessment, criteria for staff undertaking assessments, support for people to explore their options, review post-surgery and pathways for revision.
2. Narrative for locally commissioned surgeries based upon review of current evidence and WPATH SoC8 recommendations. This should include, but is not limited to, criteria for assessment, criteria for staff undertaking assessments, support for people to explore their options, review post-surgery and pathways for revision.
3. Narrative based upon review of current evidence and WPATH SoC8 recommendations relating to gender affirming surgeries not currently commissioned nationally or locally
4. A patient facing document that describes the above
5. Summary describing the involvement of people with lived experience in the group's work and intersection with the principles of the Review.
6. Recommendations to improve access to locally commissioned surgeries for TGD people

## 6.4. Update

The group has met twice. It is carefully reviewing the content and number of assessments required for nationally commissioned surgical interventions including options for broader information provision prior to assessment. It is informed by lived experience feedback and service mapping of inconsistent provision of locally commissioned services including those affected by the 2017 update intended to improve access to improve the pathway between the specialist and surgical provider.

Work has also been submitted regarding surgeries that are not currently commissioned on the NHS pathway and the group will consider whether to recommend further exploration of these.

## 7. Pathways for children and young people

In Scotland the NHS gender service for Children and Young People is a multi-disciplinary team based at Sandyford in Glasgow who specialise in working with young people up to the age of 18, who are experiencing uncertainty or distress about their gender. The Service provides clinical input for young people and their families from across Scotland, as well as consultation and training to professionals and other agencies.

At the time of writing the 2012 protocol, specialist gender identity development services for children and young people under 16 were not available in Scotland. Since that time the Sandyford service has developed and there are now considerable waiting lists. Annual referral numbers have increased year on year.<sup>1</sup>

GIC staff and endocrinologists across Scotland have been working on a national endocrinology pathway for young people, which is nearing completion, and which will also be considered by the endocrinology and fertility working group. This pathway development is part of an ongoing process to formally establish a national service for young people and funding is available from Scottish Government.

It is anticipated that this workstream may be further informed by the [Cass Review](#).

We intend to include pathways for children and young people within the GRP Review. As noted above some recent work has been or is near to completion. The GRP Review will be informed by developments including the evidence considered as part of the revision of the WPATH Standards of Care.

We will ask the working group to identify the work that can reasonably be achieved during the GRP Review and to consider how it will continue its work as the national process progresses and evidence becomes available.

### 7.1. Deliverables

1. Narrative considering the recommendations from the relevant WPATH chapters for children and young people, as appropriate to the context within Scotland. This should include ensuring an appropriately skilled and supervised workforce, the provision of a suitable assessment, processes supporting consent, support and information and be fully inclusive of all trans, non-binary and gender diverse children and young people.
2. Recommendations for updates to pathways including the cooperation between the Young People's Service and the endocrine service.
3. Recommendations for pathways relating to the transition of young people from the Young People's Service to adult services
4. Investigate ways of providing support to children and YP on the waiting list for services— this should include identifying formal (e.g. mental health support/counselling) and informal (e.g. 121 and group work/befriending/peer support) methods
5. Identify mechanisms for providing community based support to YP under 12 and their families

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<sup>1</sup> Scottish Public Health Network (ScotPHN) Health Care Needs Assessment of Gender Identity Services, May 2018, Thomson R, Baker J, Arnot J, pp 44 [last accessed 12/08/2021 - [- \(scotphn.net\)](https://www.scotphn.net)]

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6. Plan identifying those parts of the Review that may be further informed by the Cass Review and progression towards a national service. Proposals for an iterative update of the Review.
7. A patient facing document that describes the above.
8. Summary describing the involvement of people with lived experience in the group's work and intersection with the principles of the Review.

### 7.2. Update

This group will commence its work during April 2022.

## 8. Summary

The core project team is very grateful to the considerable number of people who have contributed to the review to date and especially those with lived experience who have shared their views either through consultation or group membership.

The Review is well underway and intends to provide an updated Scottish Pathway for Trans Healthcare by September.

A draft version will be provided by the end of June to the Oversight Group, and key themes will be shared for feedback from key stakeholders including territorial NHS boards and gender identity clinics.

Following this output from the subgroups will be curated by the core project team into a final document for consideration by the Oversight Group. This will be submitted via National Services Division Senior Management to the CMO.

It is clear that some discussions will not complete in this first iteration and where this happens we will be clear as to our recommendation pathway and timetable for these to continue.