Referral pathway should follow the agreed Pan London Gender pathway whereby a GP refers to a designated psychiatrist at WLMHT for assessment, who in turn makes a referral to the Gender Service if deemed appropriate.

Core and none-core therapies recommended by the Pan London Gender Consortium will be funded on an individual basis via the IFR route.

None-core therapies that are not recommended by the Pan London Gender Consortium will not be funded.

Introduction

This paper sets out which surgical procedures for Gender Identity patients in London are Core and Non-Core. Core services are those that are included as services commissioned by the Gender Dysphoria Consortium. Non-Core services are those which should be procured and paid for by individual PCTs and elaborated further in the document.

This final version has been redrafted to incorporate comments received, and to reflect a consensus view. Several of the comments received from patients were not germane to the purpose of this paper and were about other aspects of the patient pathway. They have been shared with specialised commissioners, and a separate audit of patient satisfaction with the services available in the UK is being undertaken with the help of patient group representatives, SOGIAG (Sexual Orientation and Gender Identity Advisory Group of the DH) and the AIAU (Audit, Information and Analysis Unit).

The paper has been formally approved by the London GD Consortium. Sources of information are referenced at the end of the document.

This paper sets out to clarify core and non-core services for GID patients for commissioners to refer to as appropriate, and has provided reasons based on clinical work at the main provider centre and feedback from patients, for the proposals.

The addition of bilateral mastectomy and hair removal form donor surgery sites will increase consortium costs for F\rightarrow M patients by up to £4,900 approx. The inclusion of phono surgery and hair removal from donor surgery sites in M\rightarrow F patients by up to £4,000 approx. Both of the above are cost neutral for PCTs since they are already incurring these costs.

See Appendix B for list of costings.

Consideration will be given at a later date as to whether the two following procedures become part of the core service:

- facial hair removal for male to female patients, for reasons given in Appendix A, paragraphs 3.1 and 3.3.
- breast augmentation for male to female patients, for the reasons given in Appendix A, paragraphs 3.4 to 3.6


Is this the latest version? Check here: http://www.northwestlondon.nhs.uk
This would mean that the overall cost per M►F patient would increase, in addition to the above costs, by £5,800 - £9,000 (£2,000 - £4,500 for facial hair removal + £3,800 for breast augmentation.

The patient pathway for Gender Identity patients resident in London is solely through referral by an NHS psychiatrist to the West London Mental Health Trust. Patients are not permitted to self-refer nor are private sector referrals accepted by the consortium. Initiation of the process begins with the patient’s own GP referring them to an NHS psychiatrist followed by an onward referral to WLMHT if appropriate. WLMHT eligibility criteria are clearly defined and published by the Trust.

Gender Reassignment Surgery involves both the removal of organs relating to the unwanted gender and the creation of genitalia in the desired gender. Surgical procedures for the provision of secondary gender characteristics are also sought by transgender patients.

Previously there has been confusion regarding what procedures which are included as defined as core and non-core provided by the GD consortium. The only part of core treatment funded directly by the consortium is the psychological treatment at the WLMHT, all other Consortium Core treatments are funded by individual PCTs on a cost per case basis.

It should be noted not all procedures currently designated as non-core are available at the main provider sites for GD patients. (A list of providers for bilateral mastectomy for female to male patients is currently available from WLMHT.)

Current Core and Non Core Non-Surgical Procedures

Core therapies

Service provided by WLMHT:

- Psychotherapy (mainly monitoring at WLMHT according to need.)
- Hormone Replacement Therapy (HRT) during the psychotherapeutic process (GPs responsible for prescribing and paying for drugs)
- Speech therapy
- Hair removal for skin sites that will be used for genital surgery. (Payment responsibility of individual PCT.) (Generally hair removal is regarded as a non-core procedure, however some female to male (F►M) patients absolutely require it prior to radial artery phalloplasty or radial artery urethroplasty. It therefore becomes ‘core’ because surgeons will refuse to offer these procedures to patients who have not had laser hair removal. The surgeons justify the procedure as otherwise the patient would have hair-bearing skin on the inside of the neourethra. This equally applies to any skin used for male to female (M►F) patients’ construction of a neovagina (vaginoplasty) and for labiaplasty (even if no vaginoplasty takes place).

Laser hair removal is not always suitable. In many instances laser will not work and electrolysis will be required. Electrolysis takes much longer than laser hair removal and should be commenced much earlier. Laser treatment will take up to a year to clear the skin and should be initiated well before referral for surgery.

(Comment from patient: “successful hair removal is key to a satisfactory outcome of surgery in the genital area. I cannot speak for transmen, but too many transwomen are left with difficult problem of removing unwanted hair after their surgery. There is a need to start hair removal as early as possible and to be much more precise about the areas that need to be clear of hair.”)

Is this the latest version? Check here: http://www.northwestlondon.nhs.uk
See Appendix A, Section 2 for Health and Cost Benefits of the procedure.

It is advised patients are counselled regarding phalloplasty and before a decision is made as to the timing of a hysterectomy. Frequently patients not requiring referral for phalloplasty do require hysterectomy and Oophorectomy

Non core Therapies.

‘Adjunctive procedures’ are paid for by PCTs on a cost per case basis and may occur while the patient is under the care of WLMHT and prior to referral for genital reconstruction surgery.

• Hair removal from skin sites other than those used for genital surgery.
• Breast augmentation (M►F)

Core and Non-Core Surgical Procedures

Core surgical procedures

Male to Female (M►F), [‘trans women’ after having changed gender role]:

• Orchidectomy (removal of testes)
• Penectomy (removal of the penis)
• Vaginoplasty (creation of a vagina)
• Clitoroplasty and labiaplasty (creation of clitoris and labia)
• Phonosurgery. This occurs in a minority of patients’ where prior speech therapy has failed. This surgical procedure must be followed by more speech therapy to be effective.

Female to Male (F►M), [‘trans men’ after having changed their gender role]:

• Hysterectomy (removal of uterus) Hysterectomy’s performed using a Pfannenstiel incision (the most common approach), causes problems when performing a pubic phalloplasty, and requires an additional operation to correct.
• Vaginectomy (removal of vagina)
• Salpingo-oophorectomy (removal of ovaries and Fallopian tubes)
• Metoidioplasty (creation of micropenis)
• Phalloplasty (creation of phallus)
• Urethroplasty (creation of urethra)
• Scrotoplasty (creation of scrotum) and placement of testicular prosthesis
• Implantation of penile prosthesis
• Bilateral Mastectomy. It is important this procedure is undertaken by surgeons with an interest in performing this operation, rather than being commissioned locally
• Salpingo-oophorectomy: This is offered at the time of phalloplasty if required, but it may be performed locally prior to referral for phalloplasty. This does mean one more additional procedure
• Oophorectomy: some patients may elect to have this procedure but may never have phalloplasty, and this should be an option.
Non-Core Surgical Procedures

These are procedures undertaken to assist transition and should be considered for funding in line with PCT exceptions committee policies for plastic surgery/ cosmetic procedures.

- Breast augmentation in M➔F patients. ['Tran's women' after having changed their gender role].
  (Note: patients commenting did not agree with this.)
- Reduction Thyroid Chondroplasty (reducing size of larynx) / Rhinoplasty (nasal surgery) / other facial bone reduction
- Lipoplasty / Body contouring (liposuction and/or body sculpture)
- Blepharoplasty / face-lift
- Gamete storage to preserve reproductive potential. This should be considered on an individual basis in line with local PCT fertility treatment policies.

Other Work

The Royal College of Psychiatrists Review have formulated UK Standards of Care for GD; the group was chaired by a clinician from Nottingham. A draft has been out for consultation (ended February 2007). There is at present no final date of issue available.

South Central SCG (formerly Thames Valley Specialised Services) commissioners have produced a review paper (2006) which has informed their commissioning policy on Gender Dysphoria Services. The proposals are consistent with their Gender Dysphoria Consortium policy.
Health benefits of the full Gender Service and specific procedures - both genders

The full Gender Service at WLMHT

Many referrals to the WLMHT have been long-term attendees of their local Community Mental Health Teams. Of these, according to the lead clinician of the WLMHT, the majority display an improvement in their global functioning after the first two contacts with the Trust, and are then discharged from the Community Mental Health Team’s caseload. He has estimated that 10% of the health benefit of the service is achieved after two contacts.

Two opinions are required before a diagnosis, treatment with hormones or gender reassignment surgery occurs. Practice at WLMHT shows cross checking with second opinions at all crucial stages substantially decreases the risk of giving a wrong treatment.

The lead clinician at WLMHT has indicated a large proportion of the patients who present in their birth gender role, change social gender after two contacts with the Trust. This, if it happens, is supported by cross sex hormone treatment. He estimates a further 70% of health improvement comes from a supported change of social gender role.

WLMHT requires patients to live for at least a year in a male role before considering referral for bilateral mastectomy. This is considered a core procedure in at least three other commissioning policies elsewhere in the UK. A patient commented: “to leave a man with breasts would be inhumane”.

A minimum of two years in the new gender role (known as the Real Life Experience, RLE) are required before any form of genital surgery is considered. Of these two years, at least one is required to be spent in some kind of meaningful full time occupation. With adherence to these requirements, only one in five male to female patients undergo gender reassignment surgery (GRS).

The length of the RLE: evidence suggests there is no correlation between success of outcome and RLE length. Similarly employment has no correlation. International guidelines and the RCPsych draft guidelines now out to consultation indicate duration of one year RLE.

The lead clinician at the WLMHT estimates the remaining 20% of benefits come from nonhormonal physical interventions.

Health and cost benefits: hair removal on proposed surgical sites prior to surgery

If hair is not adequately removed prior to surgery, it regrows inside the vagina, and under the clitoral hood. At this point, it becomes a post-operative complication necessitating further surgery to rectify (the surgeon "digs out" the follicles from the skin under general anesthesia).

Apart from the health risks associated with general anesthesia, the additional financial cost is significant. E.g. A PCT had to pay £2,500 compared to £360.00 for a hair removal procedure post surgery performed at the Sussex Nuffield Hospital as a consequence of a patient's inability to afford hair removal prior to genital surgery and their PCT refusing to fund hair removal prior to surgery on the grounds that this was "cosmetic".

Discussions with the gender team at the Sussex Nuffield suggest £2,500.00 is a typical figure for this procedure, frequently performed, usually with PCTs agreeing to fund where they previously refused to pay for removal of the hair when still accessible on the skin surface prior to surgery.
Health benefits: Male to Female patients

The most beneficial intervention after GRS is facial hair removal. This is strongly advised by the lead clinician at WLMHT and therefore recommended for consideration by the commissioning sub-group.

After this, the next most beneficial intervention is probably Speech and Language Therapy. Phonosurgery, an uncommon intervention, would only be required in the very few cases where Speech and Language Therapy has not helped. Within strict selection criteria, its benefits are clear.

“...The phanosurgery effectively ‘cemented’ into place the pitch changes I was able to achieve through speech therapy, so that I no longer have to worry about how I speak, rather than the more important ‘what I say’.

“...Phonosurgery has been vitally important to me - before surgery, my voice often drew unwanted attention to my situation; since then, not at all. “Vocal surgery has made as much difference to my life as a woman as genital surgery, and probably more so on an everyday basis.”

Comment from a patient: “speech and facial hair are by far the most important determinants of success in trans women’s transitions. If either is not right, then any chance of living successfully as a woman is minimal at best. No matter how good surgery or hormones or psychotherapy may or may not be given – the outcome will be unsatisfactory without the right voice and absence of facial hair.”

Breast augmentation (augmentation mammoplasty) should only be considered if hormone treatment under proper endocrinological supervision has clearly failed. However, the definition of failure may be subjective. These cases would need to be considered by PCT Exceptions Committees/ Priority Panel on an individual basis.

Comment from patient: “whereas transmen’s bodies are usually changed by testosterone to the image they require (apart from height), transwomen get only limited assistance from oestrogen. In addition, there is a much greater stigma attached by society to what it sees as ‘men dressing as women’, (so)that it is obvious that transwomen will be more concerned about their body image. This does vary a great deal between individuals, however, but certainly from my own perspective, I find it very difficult to cope with ‘not passing’ as a woman in public and have undergone a number of surgical interventions to make me more successful in this respect.”

A factor that varies among individual patients is not only breast development, but the frame of their bodies. Comment from patient: “A breast size that appears perfectly natural on a slighter female chest will look insignificant on the broader deeper chest common among many transwomen…and breast augmentation should be regarded as vital to a success outcome for such transwomen.”

Health benefits: Female to Male patients

The most beneficial intervention is a bilateral mastectomy, best performed after a year in the male role, according to the lead clinician at the WLMHT. It is virtually universally needed, and produces a great improvement in global functioning and quality of life gain. Access to the operation should be with a named provider at one year, with no administrative delays. It is already a core procedure in other commissioning policies in England.

Phalloplasty is only taken up by about one-third of the female patients.
Appendix B – Prices of procedures

Bilateral mastectomy

The average bilateral mastectomy will be between £3,500 and £4,000. Small breasted trans men can cost as little as £1,500 for Liposuction, and large breasted trans men can cost up to £4,500. The difference in cost is generally due to operation time and techniques used (Bilateral Mastectomy HRG4 code: AB06Z. Price: £1,145.00).

Hair removal for surgical donor sites

Chris Hart of “Cristianos”

Electrolysis £75 per hour. London clinic does not conduct this treatment as the staff are nurses and do not hold the appropriate qualifications. As a company they do not provide electrolysis for the perineal area, as the nature of the skin tissue does not lend itself to the treatment and scar tissue may result.

Laser or Intense Pulsed Light (IPL) - Choice of system depends on the hair and skin colour and may be combination of both.

Male to female transgendered patients the amount of facial hair growth always covers the entire face and neck and is charged at £300 per session ranges between 10-15 sessions

Male to female transgendered patients having Perineal treatment prior to surgery is £75 per session, usually 8 sessions. This treatment can not be conducted post surgery.

Female to male transgendered patients having hair removal from donor site tissue prior to phalloplasty is £75 per session again usually 8 sessions.

Electrolysis for genital hair removal

This procedure is undertaken by Sara Thomas an Independent Practitioner in the use of electrolysis for the removal of genital hair. Her professional experience spans 20 years and is recognized by both Imperial Surgeons and WLMHT GIC.

Fees are £2,176 covering 32 sessions (generally over a period of 6 months to allow for any re-growth). Any additional sessions required are charged at £68.00/half hour.

Facial hair removal

Costs and time taken for facial hair removal with electrolysis vary enormously, so it is hard to quote a reliable figure. Typically people seem to require 200 to 400 hours of treatment for permanent hair removal.

Costs: Nowadays it would probably come out at around £15 - £20 per hour in high street beauticians.

Therefore £15.00 x 300 = £4,500
Not more than 15 laser treatments for facial hair


Pay for block of 3 treatments = £478.38. A further 3 – 6 more may be necessary = £956.76 - £1,435.14

“The Laser Clinic”, Harley St. £599 (package of 6 treatments) for full face hair removal. However up to 12 sessions may be required costing £1,788.00. Individual sessions are charged at £149.00. This clinic is registered with the Health Care Commission.

**Breast augmentation**

Breast Augmentation ranges in cost from £3,400 - £5,000. “Spire Healthcare” quotes £3,400 - £5,000 “Transform” quote £3,495.00

NHS costs would probably be towards the high end, because the private providers generally tend to save their costs in these areas by minimising the in-patient care time.

**Phonosurgery**

<table>
<thead>
<tr>
<th>HRG4 Code</th>
<th>HRG4 Elective Spell Tariff</th>
</tr>
</thead>
<tbody>
<tr>
<td>LA09C</td>
<td>£870</td>
</tr>
<tr>
<td>MB08B</td>
<td>£472</td>
</tr>
<tr>
<td>LA09C</td>
<td>£870</td>
</tr>
<tr>
<td>HD37C</td>
<td>£547</td>
</tr>
</tbody>
</table>
2. Policy on Gender Identity Disorder Services, Health Commission Wales, January 2005
3. The Treatment Process of Persons with Gender Identity Disorders (GID), Specialised Services Commissioning Team, Cumbria & Lancashire

## References

### Diagnostic and Procedure Codes

<table>
<thead>
<tr>
<th>ICD10 Codes</th>
<th>OPCS Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>F640</td>
<td>X151</td>
</tr>
</tbody>
</table>