Kent and Medway Policy Recommendation and Guidance Committee

Policy Recommendation

Policy:	**PR 2019-18: Standalone surgical procedures (hysterectomy, bi-lateral salpingo-oophorectomy, orchidectomy or penectomy) for adults with gender dysphoria**
Issue date:	**September 2019**

The Kent and Medway Policy Recommendation and Guidance Committee (PRGC) considered professional society and NHS England guidance, the baseline position, stakeholder views, and the potential impact of implementing a new policy. All decisions were made with reference to the Ethical Framework. Taking these into account, the PRGC recommends:

Standalone surgical procedures (hysterectomy, bi-lateral salpingo-oophorectomy, orchidectomy or penectomy) are not routinely funded for treatment of adults with gender dysphoria unless both of the following criteria are met:

- The patient has followed the appropriate NHS England care pathway for gender dysphoria, AND
- The patient meets the NHS England eligibility criteria for masculinising or feminising genital surgery as set out in their service specification for gender identity services for adults

Where applicable, refer to Kent and Medway CCGs' overarching policies on smoking status[1] and weight loss[2] prior to non-urgent surgery.

This policy recommendation will be reviewed when new information becomes available that is likely to have a material effect on the current recommendation.

Clinical Commissioning Groups in Kent and Medway will always consider appropriate individual funding requests (IFRs) through their IFR process.

Supporting documents

NEL HPSU (2019) *Standalone surgical procedures for adults with gender dysphoria – Final report*

Equality Analysis Screening Tool – Standalone surgical procedures for adults with gender dysphoria (2019)

[1] Kent and Medway CCGs' policy on smoking status of patients prior to non-urgent surgery: At referral for consideration of suitability for non-urgent surgery, the GP should check the patient's current smoking status and refer patients who smoke tobacco to smoking cessation services, unless the patient explicitly refuses consent. When the decision is made that a patient requires non-urgent surgery, the responsible clinician should check the patient's current smoking status and refer patients who smoke tobacco to smoking cessation services, unless the patient explicitly refuses consent. All clinicians should inform patients about the risks of smoking prior to surgery and the benefits of quitting. Surgery should not be withheld in people who refuse referral to smoking cessation services.

[2] Kent and Medway CCGs' policy on weight loss prior to non-urgent surgery: At referral for consideration of suitability for non-urgent surgery, GPs should check the patient's current BMI. Where patients are considered overweight (BMI ≥25 kg/m^2) or obese (BMI ≥30 kg/m^2):

- The benefits of weight loss on surgical outcomes and future health should be discussed with the patient and documented in their notes
- Appropriate advice and support should be provided to help the patient lose weight
- Referral to tier 2 or 3 weight management services should be considered where appropriate

Surgery should not be withheld in people who refuse referral to weight management services.

Key points and rationale

What is gender dysphoria?

Gender dysphoria is a condition where a person experiences discomfort or distress because there is a mismatch between their biological sex and gender identity. This mismatch between sex and gender identity can lead to distressing and uncomfortable feelings that are called gender dysphoria. Gender dysphoria is a recognised medical condition, for which treatment is sometimes appropriate.

Some people with gender dysphoria have a strong and persistent desire to live according to their gender identity, rather than their biological sex. These people are sometimes called transsexual or trans people. Some trans people have treatment to make their physical appearance more consistent with their gender identity.

There are identities other than the traditional (binary) identities associated with 'man' and 'woman', and gender diverse people with such identities (and who are known by a variety of other names, including non-binary, trans-feminine, trans-masculine, genderqueer, non-gender and others) may also experience gender dysphoria.

How is gender dysphoria managed?

Treatment for gender dysphoria aims to help reduce or remove the distressing feelings of a mismatch between biological sex and gender identity. This can mean different things for different people. For some people, it can mean dressing and living as their preferred gender. For others, it can mean taking hormones or also having surgery to change their physical appearance.

For trans men surgery may involve: bilateral mastectomy (removal of both breasts), hysterectomy (removal of the womb), bilateral salpingo-oophorectomy (removal of the fallopian tubes and ovaries), phalloplasty or metoidioplasty (construction of a penis), scrotoplasty (construction of a scrotum) and testicular and penile implants. For trans women surgery may involve: orchidectomy (removal of the testes), penectomy (removal of the penis), vaginoplasty (construction of a vagina), vulvoplasty (construction of the vulva), clitoroplasty (construction of a clitoris with sensation). Not all patients will undergo all surgeries listed above; this will depend on the patients' preferences and clinical circumstances.

What does national and professional society guidance recommend?

NICE have not issued any recommendations on surgical procedures for gender dysphoria.

In 2018 NHS England published new service specifications for adult gender identity services; one for non-surgical interventions and one for surgical interventions. NHS England commissions Gender Dysphoria Clinics which assess and diagnose individuals, directly provide some interventions and arrange for referrals to other services, including for medical and surgical treatments. Access to NHS funded surgical intervention is only by referral from a specialist Gender Dysphoria Clinic that is commissioned by NHS England. The majority of surgical interventions are the commissioning responsibility of NHS England, however CCGs are responsible for commissioning hysterectomy, bilateral salpingo-oophorectomy, penectomy and orchidectomy when they are performed as 'stand-alone' procedures for gender dysphoria.

The Royal College of Psychiatrists have produced *Good practice guidelines for the assessment and treatment of adults with gender dysphoria* (2013). The eligibility criteria for surgical interventions set out in these guidelines are broadly consistent with those specified by NHS England.

What is the rationale for PR2019-18?

PR2019-18 is in line with NHS England service specifications for gender identity services for adults. The procedures are intended to reduce gender dysphoria, and improve quality of life and social functioning in people who have gender dysphoria that is a consequence of incongruence between their identity, and their biologically-determined sex characteristics and the social role traditionally expected of people with such biologically determined sex characteristics.

Change sheet

Reason for review:
In April 2019 commissioning responsibility for hysterectomy, bilateral salpingo-oophorectomy, penectomy and orchidectomy when they are performed as 'stand-alone' procedures for adults with gender dysphoria transferred from NHS England to CCGs. Consequently, Kent and Medway CCGs require a policy on access to these procedures.

Change from baseline:
Currently there is no local policy on standalone surgical procedures for adults with gender dysphoria.

Rationale for PR2019-18:
PR2019-18 is in line with NHS England service specifications for gender identity services for adults. The procedures are intended to reduce gender dysphoria, and improve quality of life and social functioning in people who have gender dysphoria that is a consequence of incongruence between their identity, and their biologically-determined sex characteristics and the social role traditionally expected of people with such biologically determined sex characteristics.

Estimated impact of implementing PR2018-19:
Estimating the number of patients who would potentially undergo standalone surgical procedures for gender dysphoria is not straightforward. There is no accepted prevalence rate for gender dysphoria, furthermore it is not possible to accurately determine how many patients are likely to request standalone surgery as opposed to full genital reconstruction. In order to estimate this cost impact local consultants' activity estimates and known procedure costs have been used.

Local consultants estimate they will see no more than 8 individuals with gender dysphoria requiring a standalone hysterectomy and bilateral salpingo-oophorectomy annually. The estimated cost impact of funding these procedures is £23,000 annually across Kent and Medway.
Local consultants estimate they will see less than 1 individual with gender dysphoria requiring a standalone penectomy and/or orchidectomy annually. The estimated cost impact of funding these procedures is less than £2,900 annually across Kent and Medway.