

# Primary Care Assessment and Referral of Transgender People

## Terminology:

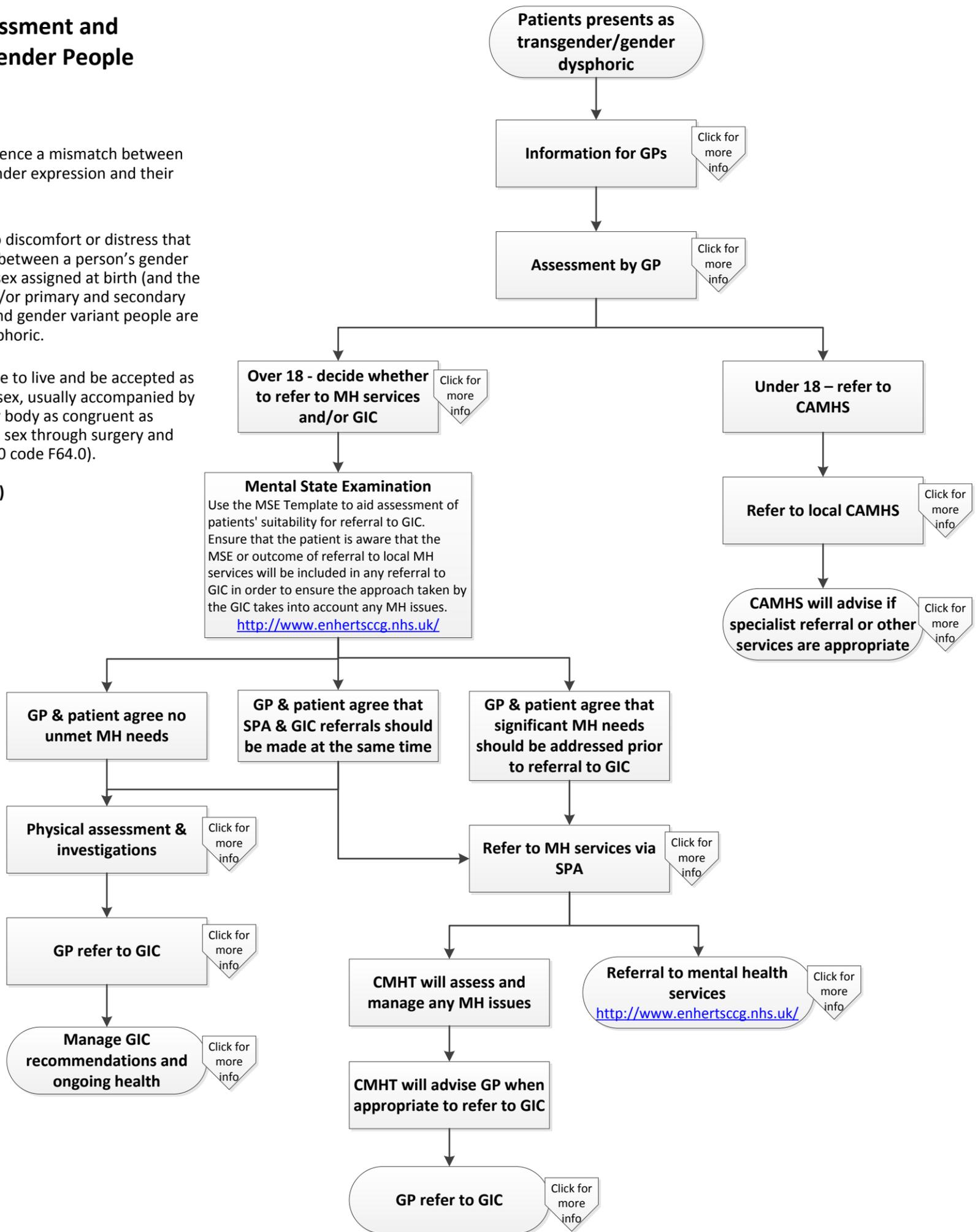
**Transgender** people experience a mismatch between their gender identity or gender expression and their assigned sex at birth.

**Gender dysphoria** refers to discomfort or distress that is caused by a discrepancy between a person's gender identity and that person's sex assigned at birth (and the associated gender role and/or primary and secondary sex characteristic). Trans and gender variant people are not necessarily gender dysphoric.

**Transsexualism** is the desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatment (ICD-10 code F64.0).

## Gender Identity Clinic (GIC)

Click for info for patients



## Information for GPs

A supportive GP can be crucial to the longer-term health of people with Gender Dysphoria, with some patients requiring more support at the primary care level than others might.

Current guidance states that:

- It is not acceptable for a GP to block or withhold treatment from dysphoric individuals on the basis of their own religious, cultural or other doctrinal beliefs around gender.
- Individual preferences for terminology and gender pronouns/forms of address should be respected.
- GPs as well as other clinicians, should recognise that surgery is not always wanted or needed and that hormone therapy may be sufficient for some people.

**General Medical Council (GMC) Guidance for Doctors Treating Transgender Patients:** [http://www.gmc-uk.org/guidance/ethical\\_guidance/28852.asp](http://www.gmc-uk.org/guidance/ethical_guidance/28852.asp)

**General Medical Council (GMC) advice for doctors supporting transgender patients:** <http://www.gmc-uk.org/news/26555.asp>

**General Medical Council (GMC) Prescribing Guidance:** [http://www.gmc-uk.org/guidance/ethical\\_guidance/28859.asp](http://www.gmc-uk.org/guidance/ethical_guidance/28859.asp)

**Gender Dysphoria:** <http://patient.info/doctor/gender-dysphoria-pro>

**Gender Identity Services (Adults):** <https://www.england.nhs.uk/commissioning/spec-services/npc-crg/group-c/c05/>

**Trans: A Practical Guide for the NHS:** [http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_089941](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_089941)

**Brighton & Hove: Supporting Patients Accessing Gender Identity Services:** <http://www.gp.brightonandhoveccg.nhs.uk/supporting-patients-accessing-gender-identity-services>

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## **Assessment by GP**

When referring patients to gender services, the GP must consider whether there are any co-existing conditions, mental or physical health issues, or risk and vulnerability factors which need to be taken into account.

- The GP will be required to carry out basic examinations and/or investigations, as a precursor to physical treatments that may later be recommended. This will include checking the patients' weight and blood pressure, as well as their general health and well-being or hormone treatment - GP will need to know weight and BP before prescribing oestrogens for example. Patients are entitled to refuse these examinations, although physical examination will become inevitable if gender related surgeries are considered.

Extracted from "Gender dysphoria services: a guide for General Practitioners and other healthcare staff"



## **Over 18 - decide whether to refer to MH services and/or GIC**

### **Referring patients**

The interim national protocol states:

When referring patients to gender services, the GP must consider whether there are any co-existing conditions, mental or physical health issues, or risk and vulnerability factors which need to be taken into account. These do not necessarily preclude treatment, but the gender service does need to be made aware of them. The GP should explain that this is the case and that in order to assess the patient; they may need to access any existing mental health records the patient may have. GPs may also need to work with referring psychiatrists at mental health teams to ensure there is support available between referral and appointment if needed.

The GP will need to decide whether a referral to community mental health services is required for initial assessment or if the patient should be referred directly to the Gender Identity Service.

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## Physical assessment & investigations

- FBC
- U&Es
- LFT / Gamma GT
- Serum Calcium
- B12 & folate
- Cholesterol
- Triglycerides
- Fasting blood sugar
- TFTs
- SHBG
- FSH
- LH
- Vitamin D
- Prolactin
- Testosterone
- Dihydrotestosterone and oestradiol

**Height (metres)**

**Weight (kg)**

**Waist (cm)**

**BMI**

**Blood pressure**

**Heart rate**

The results of physical investigations and examinations will be included in the referral to the GIC to allow that service to ensure that they take the best approach for each patient.

Patients are entitled to refuse to have such examinations/investigations, but the GIC may decline to see them until these are done, and they will be necessary in order to consider hormonal and surgical interventions.

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## GP refer to Gender Identity Clinic (GIC)

### London (Charing Cross)

West London Mental Health Trust

Gender Identity Clinic

179 - 183 Fulham Palace Road, London W6 8QZ

T: 020 8483 2801

Link to referral form: <http://www.enhertscg.nhs.uk/>

### Northampton

Northamptonshire Healthcare NHS Foundation Trust

Denetre Hospital

London Road, Daventry, Northants NN11 4DY

T: 01327 707200

E: genderclinic@nhft.nhs.uk

### Exeter (The Laurels)

Devon Partnership NHS Trust

The Laurels

Gender and Sexual Medicine Clinic

11-15 Dix's Field, Exeter EX1 1QA

T: 01392 677077

### Leeds (Newsome Centre)

Leeds and York Partnership NHS Foundation Trust

Leeds Gender Identity Service

Outpatient's Suite, 1st Floor, Newsome Centre

Seacroft Hospital, York Road, Leeds LS14 6UH

T: 0113 8556346

E: gid.lypft@nhs.net

### Nottingham

Nottinghamshire Healthcare Trust

Nottingham Gender Clinic

Mandala Centre, Gregory Boulevard, Nottingham NG7 6LB

T: 0115 8760160

### Sheffield

Sheffield Health and Social Care NHS Foundation Trust

Porterbrook Clinic

75 Osbourne Road, Nether Edge Hospital, Sheffield S11 9BF

T: 0114 2716671

### Newcastle

Northumberland, Tyne & Wear NHS Foundation Trust

Northern Region Gender Dysphoria Service

Benfield House, Walkergate Park Hospital, Newcastle Upon Tyne, NE6 4QD

T: 0191 2876130

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## **Manage GIC recommendations and ongoing health**

After assessment at the Gender service, the GP is responsible for the initiation and ongoing prescribing of endocrine therapy and organising blood and other diagnostic tests as recommended by the specialist gender clinician.

**NB: See information For GPs on prescribing responsibilities.**

In the longer term, primary care is responsible for the life-long maintenance of their patient's wellbeing. This involves conducting simple monitoring tests, examinations and medication reviews as recommended, initially by the discharging gender specialist, and thereafter according to extant best practice.

From: "Gender dysphoria services: a guide for General Practitioners and other healthcare staff"



## **Refer to mental health services via SPA**

The role of the CMHT, in terms of providing the necessary assessment, is consideration of a diagnosis pertaining to Gender Dysphoria and identifying (or, at least, flagging up) any mental health diagnosis that might be causing apparent gender identity issues. People with co-existing conditions (including, but not restricted to: disorders of mental or physical health, learning, development, personality; alcohol or substance dependence) are not excluded from referral to gender services. It is, however, important to ensure that these conditions are stabilised as far as is possible.

Consider substance misuse services such as, Spectrum, AA, Al Anon, The Living Room, Resolve.

Where there are significant elements of risk, these should be well managed, using additional (including forensic) services, as appropriate.

Individuals referred to a gender service are not required to have started living in their preferred gender role, and it is not necessary for them to have undertaken psychotherapy prior to referral.

Some patients may already have progressed significantly in terms of transition and integration of their gender identity. Their purpose in seeking referral may simply be to obtain access (via the gender service) to endocrine treatment or surgery.

### **Ongoing involvement**

The CMHT's involvement will be required in the management of any significant ongoing or new co-morbid condition.



## **Referral to mental health services**

Call HPfT Single Point of Access (SPA) Tel: **0300 777 0707** from 8am - 7pm Email: [hpft.spa@nhs.net](mailto:hpft.spa@nhs.net)

Alternatively, call HPfT Out of Hours Helpline Tel: **01438 843322**



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## **Refer to local CAMHS**

Local CAMHS in Hertfordshire accessed by referring to Single Point of Access Team based at:

Hertfordshire Partnership Foundation Trust

99 Waverly Road, St. Albans, Hertfordshire, AL3 5TL

Telephone: 0300 777 0707

Fax: 0300 777 0808

Initial assessment of the Gender Dysphoria and possible associated psychological difficulties, such as depression or an autistic spectrum conditions.

Following assessment, local CAMHS should consider referral to a nationally funded specific Gender Identity Development Service for Children & Adolescents

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### **CAMHS will advise if specialist referral or other services are appropriate**

Patient should initially be referred to CAMHS.

CAMHS will determine if specialist referral or other services are appropriate.

Specialist CAMHS will assess initially and either provide an intervention or provide an intervention alongside the Gender Identity Service (GIDS) (If there are mental health concerns).

GIDS, if involved, will provide specialist interventions required with local CAMHS overseeing as the local service.

Referrals to this Specialist service are made by CAMHS not the GP, GP's cannot refer direct to T&P for CAMHS



## **Patient information leaflets**

**Gender Dysphoria:** <http://patient.info/health/gender-dysphoria-leaflet>

**Herts LGBT Guide:** <http://hertslgbtqservices.org/index.php/herts-lgbt-q-guide>