

BOB ICB and Frimley ICB Priorities Committee Clinical Commissioning Policy Statement

Policy Number/ Name	BOBFPC2 Treatments for Gender Dysphoria
Date of BOB ICB Adoption	January 2024

NHS England's Specialised Commissioning team is responsible for the provision of care and treatment for people with gender dysphoria. NHS England's 'Gender Identity Services for Adults (Non-Surgical Interventions)' 2019 and 'Gender Identity Services for Adults (Surgical Interventions)' 2019 set out their commissioning responsibilities.

The NHS pathway of care can be summarised as:

- Referral to a specialist Gender Identity Clinic from primary, secondary or tertiary care or by self-referral.
- Assessment for gender dysphoria, and diagnosis.
- Individuals who meet the criteria for gender dysphoria related to gender incongruence are accepted on to the NHS care pathway and an individualised treatment plan is agreed.
- Therapeutic interventions delivered by the specialist Gender Dysphoria Clinic; and / or referral for interventions led by other providers, including for surgery.
- Ongoing review and monitoring during and after interventions.
- Conclusion of contact: discharge to primary care.

The following specialist surgery and associated care is commissioned by NHS England:

- Mastectomy and related chest reconstruction for individuals assigned female at birth.
- Genital reconstruction.

Non-core procedures (listed below) that are not commissioned by NHS England are not normally funded by the NHS and will only be provided on an exceptional clinical need basis, following an application to the patient's Integrated Care Board, via the Individual Funding Request (IFR) route.

Individual funding requests will be considered in line with local policies for the NHS funding of plastic surgery/cosmetic procedures. Prior to application for non-core treatments, patients will be expected to have completed their core procedures and be able to demonstrate adherence to their prescribed hormone treatment.

Surgical procedures that are not normally funded include (NB the list is not exhaustive and any other procedure not listed should be considered as non-core):

- Phonosurgery (improvement or restoration of voice)
- Augmentation mammoplasty (breast enlargement)
- Facial feminisation surgery, including thyroid chondroplasty (surgical reduction of the size of the thyroid cartilage i.e., Adam’s apple) and rhinoplasty (surgery that changes the shape of the nose)
- Lipoplasty / body contouring, microdermabrasion and other cosmetic procedures
- Body hair removal (the need for donor site hair epilation is assessed and arranged by the specialist team)
- Hair transplantation
- Scar revision
- Blepharoplasty
- Hysterectomy, bilateral salpingo-oophorectomy, penectomy and orchidectomy when they are performed as “stand alone” procedures
- Reversal of a previous surgical intervention for the treatment of gender dysphoria that is requested due to regret or other change of mind by an individual who no longer has a diagnosis of gender dysphoria.

For preservation of fertility i.e., collection and storage of sperm and eggs for future use please see policy statement TVPC17 Preservation of fertility.

What is gender dysphoria?

Gender dysphoria refers to the 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). The term currently used to describe a discrepancy between birth-assigned sex and gender identity is gender incongruence; this term is preferable to the formerly-used terms of gender identity disorder and transsexualism. Gender incongruence is frequently, but not universally, accompanied by the symptom of gender dysphoria.

NOTES:

- Potentially exceptional circumstances may be considered by a patient's ICB where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual’s health status.
- This policy was developed and recommended by Thames Valley Priorities Committee which was the predecessor of Buckinghamshire, Oxfordshire, and Berkshire West ICB and Frimley ICB Priorities Committee. Amendments have been approved by BOB APC.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g. from NICE.
- BOBFPC clinical policies can be viewed at [Clinical Commissioning Policy Statements & IFRs | BOB ICB](#)

Policy update record		
TVPC 24.11.2021	v2.1	3 yearly update. Amended to reflect the NHS England (2019) Gender Identity Services for Adults (Surgical Interventions) Service Specification content. No change to commissioning position.
TVPC 23.3.2022	v2.2	Post meeting feedback for discussion. No further content change. Minor wording amendment.