

# The Leeds Gender Identity Service

## Our Care Pathway

This document explains our care pathway.



### Referral from GP

In the Leeds Gender Identity Service (GIS), we only accept referrals from your family doctor (GP). For your referral to be valid we would need your doctor to complete our referral form found on the main page of our website. It is best that you are there when your doctor completes this referral so they can complete all sections fully.

### Screening Appointment

We complete screening assessment appointments usually over the phone but these can sometimes be in person. These are completed to make sure that you are physically healthy, mentally healthy and to see if we can offer you any advice or recommendations whilst you are on the waiting list. This can help you to make some positive changes so as not to cause any issues with your referral.

### Assessment with Lead Professional

We offer a few assessment appointments to clients, but aim to complete your assessment in one appointment if we can. If there are any complexities that we need to explore then this may mean further assessment.

These are conducted with a lead professional who is a nurse with a speciality in gender. Your lead professional will ask you questions about your past and current issues. This helps us formulate a timeline of how your gender identity developed and how this affects you. This will be the main preparation for your end of assessment appointment.

### End of Assessment

When your lead professional has completed their assessment, they will request for what is called an end of assessment appointment. This can be with a psychiatrist or a psychologist. They will ask you very similar questions to what was asked by your lead professional and sometimes in more depth. At the end of the appointment you may receive a diagnosis or the psychiatrist / psychologist may make some recommendations.

## If your diagnosis is confirmed

Diagnosis confirmed

Acceptance onto Care Pathway

### Diagnosis confirmed

Once you have a diagnosis of Gender Dysphoria, or Transsexualism confirmed, we will be able to offer you treatments under the NHS protocols for Gender Services.

### Acceptance onto care pathway

Acceptance onto the care pathway depends on a valid diagnosis. Depending on the areas in your life and body that you have dysphoria in, there may be some, or all of our treatments available. These can include hormones, surgical interventions and also voice coaching.

Endocrinology Clinic

Facial Hair Removal

Voice Coaching

Assessment for chest reconstruction

Lower/Bottom Surgery

### Endocrinology clinic

In the Leeds GIS we have a team of doctors who are able to assess, prescribe and review hormone treatment following a diagnosis. This is sometimes called HRT or cross sex hormone therapy. Usually if you are a trans woman or trans\* feminine you could be eligible to be assessed for oestrogen therapy. If you are a trans man or trans\* masculine, then you could be eligible for testosterone therapy.

Hormone Treatments are not guaranteed. We will only prescribe hormone therapy if you are physically well and it is safe to do so. Our doctors will not prescribe treatments if this will be detrimental to your physical or mental health.

### Assessment for upper surgery

For people that wish to have a more masculine chest, normally trans men or trans\* masculine non-binary people, mastectomy and chest wall reconstruction is something that can be offered. Your lead professional will discuss this option with you and refer you for medical recommendation.

For surgery to occur, you will need one positive recommendation from a medically qualified clinician. Once complete we will also, as a team, discuss your treatment and make a recommendation as well.

### **Lower Surgery**

Lower surgery / bottom Surgery / gender reassignment surgery / gender confirmation surgery – these are all terms for the same thing.

This is surgery to change the form and function of your genitalia so that this brings you less dysphoria. Your lead professional will go through surgeries that are available for you and the advantages and disadvantages of each. You will need to have two positive recommendations for genital surgery. One will be the clinician that confirmed your diagnosis and the other will be another clinician in the service. One of these opinions will be from a medically qualified clinician.

### **Facial Hair Removal**

For people who have dysphoria over facial hair, usually trans women and trans\*feminine non-binary people, this service can be offered to remove facial hair that can be quite masculinising in appearance. Currently this is funded only to the value of 8 Laser facial hair removal sessions or the equivalent in electrolysis.

Due to the limited number of sessions on this we would normally recommend that this is looked at six months after oestrogen therapy, to allow the hormones to reduce the amount of growth and density of facial hair.

For those with extreme facial hair dysphoria or those who do not wish to access hormones, we can refer for this treatment without hormones.

### **Voice coaching**

Usually trans women or trans\* feminine people experience dysphoria should they have a deep, perhaps more masculine sounding voice. We offer different interventions to assist such people in changing their voice in order to reduce their dysphoria.

## If your diagnosis is not confirmed

Diagnosis not  
Confirmed

Discharge back  
to GP

### **Diagnosis not confirmed**

Sometimes a diagnosis cannot be reached or it may not be appropriate to give a diagnosis. During the end of assessment appointment your clinician and lead professional will be able to discuss why a diagnosis was not able to be reached, any recommendations and sometimes referral to other services may be needed.

### **Discharge Back to GP**

There are a few ways you can be discharged back to your GP:

- You have completed all treatments that you wish to access for your transition. Do not feel pressured to accept all treatments if you are unsure. You can always be referred back to us if you have received your diagnosis from a gender clinic and we will allocate you to our priority waiting list.
- It is felt that we are unable to offer a diagnosis and subsequent treatments. Recommendations will always be made and your care discussed with you.
- Lack of attendance and lack of engagement with the GIS. We require our service users to take responsibility for their care in partnership with us. Should you fail to attend appointments or cancel multiple appointments, it can bring into question your readiness to transition.
- If the Leeds GIS feels that transition would be detrimental to your physical or mental state. Sometimes other things can be going on in our life and we may suggest stepping off our care pathway until you are in a better situation for transition. Providing you have a diagnosis, this can be done as Priority Referral back to us.

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