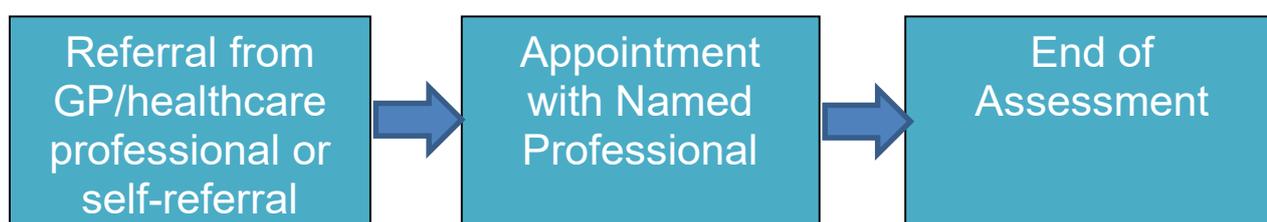


The Leeds Gender Identity Service

Our Care Pathway

This document explains our care pathway.



Referral from GP

In the Leeds Gender Identity Service (GIS), we accept referrals from your family doctor (GP), NHS healthcare professionals, or from you via the referral form on our website. It is however helpful if this referral comes from your GP, as they will need to support with any ongoing hormone treatments that may be recommended.

Assessment with Named Professional

We aim to complete your overall assessment in two appointments if we can. If there are any complexities that we need to explore then this may need further assessment. If this is the case this will be discussed with you.

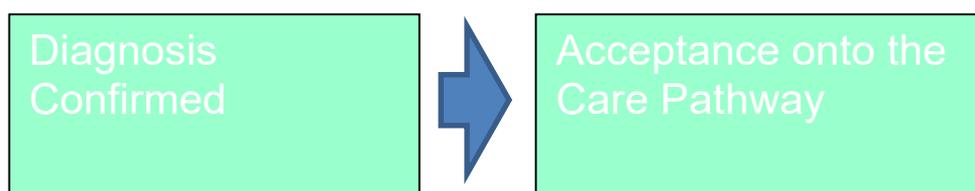
Assessments are initially conducted with a Named Professional who is a nurse with a speciality in gender. Your Named Professional will ask questions about your past and current physical health, mental health, social circumstances and gender identity. This helps us formulate a timeline of how your gender identity developed and how this affects you. This will be the main preparation for your End of Assessment Appointment. We understand that some questions may feel personal and sensitive in nature. All questions that we ask are relevant to the assessment, but if you would like to understand why we are asking certain questions, or feel uncomfortable, please let us know and we can discuss this with you further.

End of Assessment

When your Named Professional has completed their assessment they will request for what we call an End of Assessment Appointment. This can be with a psychiatrist

or a psychologist. They will ask you very similar questions to those asked by your Named 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

Once you have a diagnosis of Gender Incongruence/Gender dysphoria 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 you receiving a diagnosis of Gender Incongruence/Gender Dysphoria. Depending on the areas in your life and body you experience dysphoria in, some or all of our treatments may be available to you. These can include hormones, surgical interventions and also voice therapy. Your Named Professional will discuss these treatments with you at your care planning appointment, following your diagnosis.



Lower/bottom
Surgery

Gender Outreach
Worker Support

Endocrinology Clinic

In the Leeds GIS we have a team of doctors and non-medical prescribers who can assess, recommend prescription and review hormone treatments following your diagnosis. These treatments are sometimes called HRT or cross sex hormone therapy. Usually if you are transwoman or trans feminine you could be eligible to be assessed for oestrogen therapy. If you are a transman 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 treatment 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, (usually trans men, trans masculine or people who identify as non-binary) mastectomy and chest wall reconstruction can be offered. Your Named Professional will discuss this with you and refer you for medical recommendation with one of our psychiatrists or psychologists. Once you have this positive recommendation for surgery, you will be referred to a surgeon via the NHS Gender Dysphoria National Referral Support Service (GDNRSS), who will process your referral.

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 to bring you less dysphoria. Your Named Professional will go through surgeries that are available for you and together you can discuss the advantages and potential risks involved. 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 people who identify as trans feminine and/or non-binary) facial hair removal can be offered. 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 we normally recommend that this is considered six months after oestrogen therapy has commenced 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 you being on hormone treatment. We refer for this through the NHS Gender Dysphoria National Referral Support Service (GDNRSS) referral service and will provide you with a list of NHS approved providers to enable you to decide who you wish to be referred to.

Voice Therapy

Gender dysphoria secondary to the sound or quality of your voice is common during the process of transition. People may seek to engage in gender affirming voice therapy to support them to modify their voice. Speech and Language Therapy can support people looking for a feminine, masculine or non-binary voice through a variety of methods, with the goal being for your voice to reflect who you are. Sessions are primarily delivered through an online group model with our 3 Speech and Language Therapists.

Psychological Therapy

Psychological Therapy can be offered to individuals at any stage on the care pathway or for those who are not yet on the care pathway but who are accessing the service. Therapy can be offered to clients who require psychological support for difficulties related to their gender identity. For example, therapy can provide a space for clients to explore their gender identity and image. You may also need access to support throughout your transition process or may need support around difficulties with mood, self-esteem, anxiety or worries about treatment.

Named Professional Support

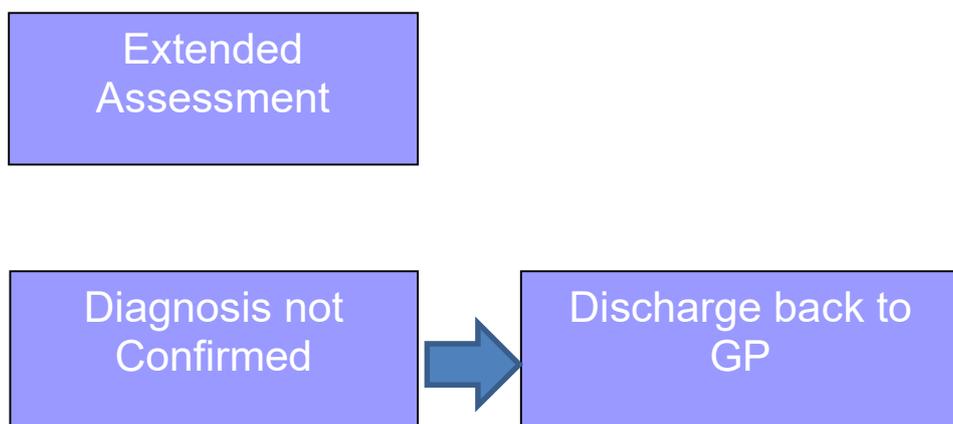
You will have a follow up appointment with your Named Professional every six months. During this appointment you will be asked about your physical health,

mental health, and social wellbeing. It is important that we are kept up to date with all these areas of your life and health so we can support you. You will complete a written Care Plan together with your Named Professional; this will be updated once a year.

Gender Outreach Worker Support

Sometimes it may be helpful to speak to someone who has their own personal experience of gender. The Gender Outreach Workers can be contacted at any point of your care pathway, including when you are on the waiting list. They offer one to one support or advice, groups and signposting which may be helpful. Gender Outreach Workers can be reached directly on their Information & Advice Line on 0800 183 1486.

If your diagnosis is not confirmed



Extended Assessment

On occasion, further assessment is required to establish a diagnosis. If you require an extended assessment the reasons for this will be discussed with you including the timescales for the extended assessment.

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 will discuss why a diagnosis has not been made; any they will discuss any recommendations and sometimes will suggest a referral to other services.

Discharge back to GP

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

- You have completed all treatments that you wish to access for your transition. Do not feel pressured into accepting any treatment if you are unsure. You can always be referred back to us if you have received your diagnosis from us or any other NHS 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 health. Sometimes other things can be going on in your life that needs to be prioritised first and we may suggest stepping off our Care Pathway until you are in a better situation for transition. Providing you have a diagnosis, you will be placed on our priority waiting list if you are referred back to us.

Last updated 10th January 2023