Clinical Commissioning Policy

CMICB_Clin069
Gender incongruence services

Commissioned by NHS England

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Last Reviewed: March 2024

This policy statement will be reviewed 5 years from the date of the last review unless new evidence or technology is available sooner.

1. Policy statement

1.1 Gender identity and gender incongruence services are funded by NHS England as part of Specialised Commissioning arrangements.

1.2 Adults

1.2.1 For **adults** (age 17 years and older) , service specifications (first published in 2019) are available for Surgical and Nonsurgical interventions. The comprehensive pathways for referral and treatment are described, and the surgical interventions specification also lists "surgical procedures which are **not** routinely commissioned by NHS England".

1.2.2 The "procedures which are **not** routinely commissioned by NHS England" are mostly cosmetic in nature and, in those cases, would not normally be routinely commissioned by the ICB in line with existing policies. The national policy also outlines certain procedures that are commissioned by NHS England when performed "by a specialist Gender Identity surgical unit simultaneously with the genital surgical interventions for the purpose of the alleviation of gender dysphoria" but that are not commissioned nationally as stand-alone procedures.

1.3 Children and Young People

1.3.1 For **children and young people** (age up to 18th birthday) with gender incongruence, an interim service specification was published in 2023, which outlines the provision of services and is commissioned by NHS England.

1.3.2 The ongoing commissioning arrangements for the provision of this service, which has been developed as a result of the Cass Review, are still being finalised. Further details can be found in Section 5. This policy will be amended as required when further national policies and guidance are published.

1.4 Referral details

1.4.1 Adults can be referred to any of the NHS gender dysphoria clinics listed here. Assessment by mental health services is not required prior to referral. Prior approval from an ICB is not required before referral.

1.4.2 Referrals for Children and young people should be made to NHS Arden & GEM Commissioning Support Unit (The CSU) who will hold the national waiting list on behalf of NHS England until referrals may be passed to a new provider in chronological order.

2. Exclusions

2.1 None

3. Core Eligibility Criteria

3.1 There are several circumstances where a patient may meet a 'core eligibility criterion' which means they are eligible to be referred for this procedure or treatment, regardless of whether they meet the policy statement criteria, or the procedure or treatment is not routinely commissioned.

3.2 These core clinical eligibility criteria are as follows:

- Any patient who needs 'urgent' treatment will always be treated.
- All NICE Technology Appraisals Guidance (TAG), for patients that meet all the eligible criteria listed in a NICE TAG will receive treatment.
- In cancer care (including but not limited to skin, head and neck, breast and sarcoma) any lesion that has features suspicious of malignancy, must be referred to an appropriate specialist for urgent assessment under the 2-week rule.
  NOTE: Funding for all solid and haematological cancers are now the responsibility of NHS England.
- Reconstructive surgery post cancer or trauma including burns.
- Congenital deformities: Operations on congenital anomalies of the face and skull are usually routinely commissioned by the NHS. Some conditions are considered highly specialised and are commissioned in the UK through the National Specialised Commissioning Advisory Group (NSCAG). As the incidence of some cranio-facial congenital anomalies is small and the treatment complex, specialised teams, working in designated centres and subject to national audit, should carry out such procedures.
- Tissue degenerative conditions requiring reconstruction and/or restoring function e.g. leg ulcers, dehisced surgical wounds, necrotising fasciitis.
- For patients expressing gender incongruence, further information can be also be found in the current ICB gender incongruence policy and within the NHS England gender services programme - https://www.england.nhs.uk/commissioning/spec-services/npc-crg/gender-dysphoria-clinical-programme/

4. Rationale behind the policy statement

4.1 Gender incongruence services are funded by NHS England.

4.2 Both the former Mersey and Cheshire CCG policies contained a standard paragraph which linked various "non-core" treatments as defined in the Gender Dysphoria Protocol and Service Guidelines 2013/14. As that publication has now been superseded, the relevant paragraph has now been removed from all policies.

5. Summary of evidence review and references

5.1 Adults

5.1.1 Previously, most CCG-commissioned gender identity policies were driven by the NHS England document "Interim gender dysphoria protocol and guideline" which was published in 2013. This "interim" guideline was intended to achieve national consistency and equity of access for patients accessing gender identity services. The document highlighted "core" services funded by NHS England. It also listed "non-core" services which should have been funded by the CCG and accessed on an exceptional clinical need basis.

5.1.2 The interim guideline has now been superseded by a series of NHS England service specifications for Surgical and Nonsurgical interventions in adults (2019) and the Gender Identity Development Service (GIDS) for children (2016). The concept of "core" and "non-core" services has been abandoned and replaced with a clinical pathway which specifies the range of services which are commissioned. Within the adult specifications, NHS England lists "procedures not routinely commissioned" and these are similar to the previously mentioned "non-core" services. These have been reproduced in 5.1.3

5.1.3 Procedures not routinely commissioned by NHS England (not exhaustive)

- Phonosurgery
- *Augmentation Mammoplasty (breast enlargement)* *
- *Facial Feminisation Surgery*, *including Thyroid Chondroplasty and Rhinoplasty* *
- *Lipoplasty / Contouring*, Microdermabrasion and other cosmetic procedures *
- Body hair removal (other than donor site for surgery) *
- Hair transplantation *
- 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.

  Note:
  Items in *italics* are those procedures previously referred to as "non-core".
  Starred * items are those areas where there is an existing ICB policy.

5.1.4 Section 5.1.3 shows that hysterectomy, bilateral salpingo-oophorectomy, penectomy and orchidectomy are not commissioned by NHS England if these are "stand-alone" procedures. In this case, the service specification states that commissioning responsibility then lies with the CCG for these operations. However, with the abandonment of "core" and "non-core" definitions, and the transition from CCGs to ICBs, it has to be inferred that these stand-alone procedures together with the other items in 5.1.3 should be considered the commissioning responsibility of the ICB. Unless these services are currently commissioned locally already, it is also not unreasonable to infer that these should be accessed on an exceptional clinical needs basis, as outlined for non-core services in the previous interim guideline, in the absence of any other updated statement about the commissioning of these interventions and procedures.

5.2 Children and Young People

5.2.1 There is currently one provider commissioned by NHS England, the Gender Identity Development Service (GIDS) provided by Tavistock and Portman NHS Foundation Trust, for children and young people who experience difficulties in the development of their gender identity.

5.2.2 In 2020, NHS England commissioned Dr Hilary Cass to review gender identity services for children and young people, because of several factors including significantly increased demand, long waiting times and lack of evidence to support clinical decision making.

5.2.3 In July 2022, in a letter to NHS England, Dr Cass recommended that the new regional centres for the re-named Gender Identity Services are led by experienced providers of tertiary paediatric care to ensure a focus on child health and development, with strong links to mental health services. Alder Hey Children's NHS FT and Royal Manchester Children's Hospital (MFT) have developed the Gender Development Service North Hub. Great Ormond Street Hospital for Children NHS FT (GOSH), Evelina London Children's Hospital (GSST) and South London and Maudsley NHS FT have formed the South Hub. Both Hubs are jointly known as the Phase 1 Providers.

5.2.4 Following a public consultation, the updated interim service specification has been released, along with the public consultation report. Phase 1 Providers are expected to be initially commissioned against the interim service specification. The proposed go live date is April 2024, though notice on the Tavistock and Portman is not yet known to have been served. The final service specification is due to be released following the publication of the final report from the Cass Review, which is expected by the end of 2023. The interim service specification currently remains the key document in relation to future policy around gender incongruence for children and young people.

6. Advice and Guidance

6.1 Aim and Objectives

- This policy aims to ensure a common set of criteria for treatments and procedures across the region. This is intended to reduce variation of access to NHS services in different areas and allow fair and equitable treatment for all patients.

- This policy relates to the commissioning of interventions which optimise clinical effectiveness and represent value for money.

- This document is part of a suite of policies which the Integrated Care Board (ICB) uses to drive its commissioning of healthcare. Each policy is a separate public document in its own right but should be considered alongside all the other policies in the suite as well as the core principles outlined.

- At the time of publication, the evidence presented per procedure/treatment was the most current available.

- The main objective for having healthcare commissioning policies is to ensure that:
  - Patients receive appropriate health treatments
  - Treatments with no or a very limited evidence base are not used; and
  - Treatments with minimal health gain are restricted.

- Owing to the nature of clinical commissioning policies, it is necessary to refer to the biological sex of patients on occasion. When the terms ‘men’ and ‘women’ are used in this document (unless otherwise specified), this refers to biological sex. It is acknowledged that this may not necessarily be the gender to which individual patients identify.

6.2 Core Principles

- Commissioning decisions by ICB Commissioners are made in accordance with the commissioning principles set out as follows:

  - Commissioners require clear evidence of clinical effectiveness before NHS resources are invested in the treatment.
  - Commissioners require clear evidence of cost effectiveness before NHS resources are invested in the treatment.
  - Commissioners will consider the extent to which the individual or patient group will gain a benefit from the treatment.
  - Commissioners will balance the needs of an individual patient against the benefit which could be gained by alternative investment possibilities to meet the needs of the community.
  - Commissioners will consider all relevant national standards and consider all proper and authoritative guidance.

- Where a treatment is approved Commissioners will respect patient choice as to where a treatment is delivered, in accordance with the 'NHS Choice' framework.
- Commissioning decisions will give 'due regard' to promote equality and uphold human rights. Decision making will follow robust procedures to ensure that decisions are fair and are made within legislative frameworks.

6.3 Individual Funding Requests (Clinical Exceptionality Funding)

- If any patients are excluded from this policy, for whatever reason, the clinician has the option to make an application for clinical exceptionality. However, the clinician must make a robust case to the Panel to confirm their patient is distinct from all the other patients who might be excluded from the designated policy.

- The ICB will consider clinical exceptions to this policy in accordance with the Individual Funding Request (IFR) Governance Framework consisting of: IFR Decision Making Policy; and IFR Management Policy available on the C&M ICB website: https://www.cheshireandmerseyside.nhs.uk/your-health/individual-funding-requests-ifr/

6.4 Cosmetic Surgery

- Cosmetic surgery is often carried out to change a person's appearance to achieve what a person perceives to be a more desirable look.

- Cosmetic surgery/treatments are regarded as procedures of low clinical priority and therefore not routinely commissioned by the ICB Commissioner.

- A summary of Cosmetic Surgery is provided by NHS Choices. Weblink: http://www.nhs.uk/conditions/Cosmetic-surgery/Pages/Introduction.aspx and http://www.nhs.uk/Conditions/Cosmetic-surgery/Pages/Procedures.aspx

6.5 Diagnostic Procedures

- Diagnostic procedures to be performed with the sole purpose of determining whether or not a restricted procedure is feasible should not be carried out unless the eligibility criteria are met, or approval has been given by the ICB or GP (as set out in the approval process of the patients responsible ICB) or as agreed by the IFR Panel as a clinically exceptional case.

- Where a General Practitioner/Optometrist/Dentist requests only an opinion the patient should not be placed on a waiting list or treated, but the opinion given and the patient returned to the care of the General Practitioner/Optometrist/Dentist, in order for them to make a decision on future treatment.

6.6 Clinical Trials

- The ICB will not fund continuation of treatment commenced as part of a clinical trial. This is in line with the Medicines for Human Use (Clinical Trials) Regulations 2004 and the Declaration of Helsinki which stipulates that the responsibility for ensuring a clear exit strategy from a trial, and that those benefiting from treatment will have ongoing access to it, lies with those conducting the trial. This responsibility lies with the trial initiators indefinitely.

7. Monitoring and Review

7.1 This policy remains in force until it is superseded by a revised policy or by mandatory NICE guidance or other national directive relating to this intervention, or to alternative treatments for the same condition.

7.2 This policy can only be considered valid when viewed via the ICB website or ICB staff intranet. If this document is printed into hard copy or saved to another location, you must check that the version number on your copy matches that of the one published.

7.3 This policy may be subject to continued monitoring using a mix of the following approaches:
- Prior approval process
- Post activity monitoring through routine data
- Post activity monitoring through case note audits

7.4 This policy will be kept under regular review, to ensure that it reflects developments in the evidence base regarding effectiveness and value. In view of the forthcoming planned changes and updates to national policy relating to gender incongruence, this policy has been given an expedited review date of 12 months.

8. Quality and Equality Analysis

8.1 Quality and Equality Impact Analyses have been undertaken for this policy at the time of its review.

9. Clinical Coding

9.1 **Office of Population Censuses and Surveys (OPCS)**

X15 Operations for sexual transformation AND
E31 Reconstruction of larynx
E33.5 & E33.6 Vocal cord medialisation
E35.7 Endoscopic vocal cord medialization
B31.2 Augmentation mammoplasty
E33.3 Operations on cartilage of larynx NEC Includes: Chondroplasty of larynx
W89.1 Endoscopic chondroplasty NEC
E02 Plastic operations on nose
S62.1 & S62.2 Liposuction
S60.1 & S60.2 Dermabrasion
S60.6 Electrolysis of hair
S60.7 Epilation NEC
S21 Hair bearing flap of skin
S33 Hair bearing graft of skin to scalp
Q07 Abdominal excision of uterus
Q08 Vaginal excision of uterus
Q22 Bilateral excision of adnexa of uterus
Q24 Other excision of adnexa of uterus
N26 Amputation of penis
N05 Bilateral excision of testes
N06.3 Orchidectomy NEC

9.2 **International classification of diseases (ICD-10)**

F64 Transsexualism

9.2.1 Whilst the ICD-10 classification of F64 has been used here to maintain consistency with ICB policy standards, it is important to highlight that in the updated classification ICD-11, transsexualism has been replaced with:

1.4.2.1 HA60 Gender incongruence of adolescence or adulthood
1.4.2.2 HA61 Gender incongruence of childhood
1.4.2.3 HA6Z Gender incongruence, unspecified

These classifications are no longer listed within Chapter 6 (mental, behavioural or neurodevelopmental disorders) and are now in Chapter 17(conditions related to sexual health).

NHS Cheshire and Merseyside

Document Control

Ref:	CMICB_Clin069 – Gender incongruence services
Version:	1
Supersedes:	Previous Clinical Commissioning Group (CCG) Policies
Author (inc Job Title):	Consultant in Public Health, NHS Midlands and Lancashire
Ratified by: **(Name of responsible Committee)**	ICB Board
Cross reference to other Policies/Guidance	N/A
Date Ratified:	March 2024
Date Published and where (Intranet or Website):	March 2024 - (Website)
Review date:	March 2029
Target audience:	All Cheshire & Merseyside ICB staff and provider organisations

Version History
Version 1 – March 2024 – Policy ratified by NHS Cheshire & Merseyside ICB