

Gender Reassignment Services

This document sets out the scope Gender Reassignment Services which will be routinely funded by the Committee for Health and Social Care (CHSC) and what is currently excluded.

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Committee for Health and Social Care Policy

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This is a controlled document. As a controlled document, the correct version of the document is the one available on CHSC intranet and the States of Guernsey website.

Version History

Version Number	Date	Person responsible	Prepared by (title of author/reviewer)	Status	Reason for Issue
1.0	Nov 2011	Director of Public Health	Director of Public Health	Superseded	Part of the low priority procedure policy
2.0	May 2014	Director of Public Health	Public Health Advisor	Superseded	Primary surgery added to the list of funded treatment. Care pathway defined
3.0	April 2017	Director of Public Health	Public Health Advisor	Superseded	Routine review with no material changes Document put into new format
3.1	October 2017	Director of Public Health	Public Health Advisor	Superseded	Errors corrected. Numbering of the policy. Mastectomy omitted.
3.2	April 2021	Head of Client Team	Consultant Psychiatrist and Public Health Advisor	Superseded	Review date extended to allow completion of current work streams reviewing the services and related policies.
4.0	January 2023	Clinical Director Mental Health and Adult Disability	Clinical Director Mental Health and Adult Disability	TBC	Expiry of previous policy and change of provider

Gender Reassignment Services G1031

1.1 This policy applies to any patient for whom the Committee for Health and Social Care has responsibility for funding defined elements of their healthcare.

1.2 For HSC to agree funding, the correct patient referral pathway needs to be followed:

For those 18 or over, an initial assessment is carried out by the local Adult Mental Health Services to provisionally diagnose Gender Identity Disorder following which an off-island referral will be made to HSC's preferred provider for specialist assessment and treatment. Patients will not be referred where there is a contraindication to gender reassignment surgery.

For those under the age of 18, the local Child and Adolescent Mental Health Services will refer to HSC's preferred off-island provider following assessment and a provisional diagnosis of Gender Identity Disorder.

An individual who does not follow the above referral process will be treated as a private patient and is responsible for privately funding treatment.

1.3 The following elements of the Gender Reassignment will be routinely funded:

1.3.1 Hormone therapy.

1.3.2 Speech therapy.

1.3.3 Hair removal from the donor site.

1.3.4 Primary male to female surgery:

1.3.4.1 Penectomy (removal of the penis).

1.3.4.2 Bilateral orchidectomy (removal of the testes).

1.3.4.3 Vaginoplasty (creation of a vagina) or Vulvoplasty (creation of a vulva).

1.3.4.4 Clitoroplasty and labiaplasty (creation of a clitoris and labia).

1.3.5 Primary female to male surgery:

1.3.5.1 Hysterectomy (removal of the uterus).

1.3.5.2 Vaginectomy (removal of the vagina).

1.3.5.3 Mastectomy (removal of the breasts).

1.3.5.4 Metoidoplasty (creation of a micro penis).

1.3.5.5 Urethroplasty (creation and joining up of the urethra)

1.3.5.6 Scrotoplasty (creation of scrotal sacs).

1.3.5.7 Placement of testicular prosthesis.

1.3.5.8 Subsequent surgery to restore urinary function.

1.3.6 Primary female to male surgery requiring submission to an Individual Funding Request application which should set out the surgical method proposed and the up-to-date outcome data for that surgery:

1.3.6.1 Phalloplasty (creation of a penis).

1.3.6.2 Surgery for the restoration of sexual function.

1.3.6.3 Placement of an appropriate penile prosthesis (inflatable or malleable)

1.3.7 Preservation of fertility for patients undergoing gender reassignment

1.3.7.1 Cryopreservation of semen and oocytes in line with HSC's policy G1029.

1.3.7.2 The use of stored gametes, for example for in vitro fertilization, will not be funded.

1.4 The following elements of the pathway **will not be funded** for the following indications:

1.4.1 Facial hair removal.

1.4.2 Breast augmentation.

1.4.3 Voice enhancement surgery.

1.4.4 Facial feminising surgery:

- Thyroid chondroplasty
- Tracheal shave (reducing size of larynx)
- Rhinoplasty (nasal surgery)
- Facial bone reduction
- Blepharoplasty (surgery around the eye)
- Facelift
- Brow lift

1.4.5 Other:

- Calf implants
- Cheek/malar implants
- Chin/nose implants
- Collagen injections
- Drugs for hair loss or growth
- Hair transplantation
- Pectoral implants
- Neck tightening
- Liposuction or body sculpting.
- The use of stored gametes, for example for *in vitro* fertilization.

1.5 If a clinician considers exceptional circumstances might apply an application can be made for consideration through the Individual Funding Request process.

1.6 In line with G1033, the elements described in 1.3 will only be provided at HSC's preferred provider(s).

1.7 HSC will not be responsible for funding non-emergency complications of privately funded treatment which would not have been normally funded by HSC.

References

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