

Northamptonshire Gender Identity Clinic

Frequently Asked Questions (FAQ)

You have been referred to an adult gender clinic with the agreement of your GP or a specialist physician. This FAQ aims to provide you with some information on how the Gender Clinic works so that you have clear and realistic expectations about your options, and what to do before you attend your appointment.

1. What will happen at my appointments?

For you to be considered suitable to commence treatment, you will need to be assessed separately by two clinicians with relevant experience, of which one must be medically qualified. Whilst we strive to arrange the appointments as close together as we can, this isn't always possible and there could be a gap between assessments. In some cases each assessment may require additional appointments to complete.

Your assessments will consist of you being interviewed by a member of the Gender Clinic staff who will be aiming to get a good picture of who you are and what the impact of your gender identity is having on you, so that they can form an accurate diagnosis and identify the best plan of care that's suitable for you.

2. When can I start hormones?

In most cases, you will need to be seen at least twice by our clinicians and you will also be required to undergo a full physical examination to ensure that you are physically well enough to be able to have hormone treatments. If there are no problems identified, a member of the clinical team will write to you and your GP advising on the type and dosage of hormone treatments and what monitoring will be needed throughout your treatment. The whole process usually takes around 6 months.

3. Do you dispense and administer medicines directly from the clinic?

No. This clinic is commissioned by NHS England (East Midlands) to provide assessments, diagnoses and advice to GPs on what to prescribe and administer, along with guidance for monitoring treatment.

4. Why do I have to have a physical examination?

The hormone treatments offered by the clinic all have the potential to cause severe and unwanted side effects, as well as carrying the risk of contributing to serious health complications in the longer term. Surgical procedures for gender reassignment are often referred to as '**Upper/Top**' surgery (breast tissue augmentation or chest reconstruction and mastectomy) and '**Lower/Bottom**' surgery (removal of or remodelling of genital areas). There are various types of surgeries ranging from changing outward appearances ("cosmetic surgery") to more complex functional genitalia—"gender reassignment surgery". All these

types of operations are major clinical procedures, which require the patient to be healthy and fit to undergo and recover from surgery as safely as possible.

The physical examination is carried out by one of our doctors with a nurse present acting as a chaperone. It can be helpful to think of the examination as a top-to-toe 'MOT' of your wellbeing. If you have any previous or on-going health issues or if there is a history of these in your family, please let the examining doctor know. The more detailed your health history, the more likely it is that your care plan can be tailored to your personal needs.

5. Why do I need regular blood tests?

When you are first seen, our doctors will request that your GP arranges for you a full set of blood tests. This provides a good 'baseline' observation for us; it helps us find out early on if there are any health issues that need to be taken into account when considering a treatment plan.

We need you to have regular blood tests throughout your treatment so that we can monitor how effective prescribed hormone treatments are. We will then be able to adjust medicine doses, to get the right balance between being effective and keeping you safe. Blood result monitoring also helps to make sure that your treatments aren't causing unwanted side effects, particularly relating to your heart, liver and kidney functions. You will need blood tests throughout your life as you will need to continue to take hormones even after you have surgery. We will be responsible for monitoring your blood tests throughout the time you are attending the clinic.

If you've been self-medicating with privately bought hormones *please don't be afraid to tell us*. Whilst we advise against self-medicating for reasons of safety, we do need to know what you've been taking and how much, as this is likely to affect your initial blood results. You won't have treatment refused if you have been self-medicating prior to seeing us-but we will need you to agree with *only taking the medication our doctors prescribe* once a treatment plan is formulated with you.

6. When can I have surgery, and why must I have one clinician documenting support for a referral for 'Upper/Top' Surgery, and another two assessments before being referred for 'Lower/Bottom' surgery?

We closely follow NHS England's "Interim Gender Dysphoria Protocol and Service Guideline 2013/14". You can access a copy of this protocol from the front page of our website. It gives a good overview of each step along the pathway.

Please bear in mind that the NHS England document is a guideline and is not a completely inflexible policy. You may only wish to take hormones and not proceed to any surgery, or you may want chest surgery but feel that full genital remodelling surgery is unnecessary.

In cases where there are no complications, referral for chest surgery is usually made after 9-12 months after your first consultation; sometimes the referral is made sooner but will not be made until at least 6 months after your first consultation.

A referral for genital surgery will be considered after a period of time of living fully in the gender role that matches your gender identity. This time period of living in role will be agreed between each patient and the clinic and may vary, but this usually falls within the range of 12-24 months in role before the referral is made. You will need two assessments prior to this referral, one of which must be from an independent clinician who is not directly involved in your care and treatment.

We understand that multiple assessments can be frustrating when you have already made your own mind up that you want surgery, but 'Upper' and 'Lower' surgeries are irreversible procedures. Our clinicians need to be absolutely sure that proceeding with either type of surgery is the best possible course of action for you to take.

7. My Body Mass Index (BMI) is over 30. Why can't I have surgery?

Your Body Mass Index (BMI) is calculated by dividing your weight in kilograms (kg) by your height in metres (m), then dividing the answer by your height again to get your BMI score. This is a commonly used method by doctors and nurses to approximate whether a person is under or overweight. We will calculate your BMI at your physical examination, but you can do this yourself with the help of the online BMI calculator on the NHS Choices website: <http://www.nhs.uk/Tools/Pages/Healthyweightcalculator.aspx>

The calculator will also indicate how much over or under your 'ideal' weight you are.

The surgeons who perform these operations have strict BMI score requirements for patients who wish to undergo surgery. In particular, excess body mass can create problems with breathing under a general anaesthetic, blood loss and causing difficulty with accessing the parts of the body where surgery will be performed. There are some variations on what the required BMI score needs to be: some surgeons will want the BMI to be lower than 30, some will accept slightly more. Now is a good time to start some regular exercise with the support of your GP and consider changing your diet!

8. I'm a smoker. Why do I have to stop smoking?

There are already numerous health reasons for quitting smoking, but this becomes even more important, prior to hormonal treatments and/or surgery. All the hormone and hormone-blocking medicines prescribed to aid with gender reassignment raise the risk of an occurrence of the UK's biggest killers: Heart Disease, Cancer and Cerebrovascular Accidents (Strokes). When this is coupled with the risks already associated with smoking, the level of potential harm to you as our patient becomes unacceptably high.

Treatments may not be offered by our clinic until you are able to quit smoking. Additionally, UK-based NHS surgeons will not consider a referral for any operation whilst you are a smoker. They will undertake tests routinely to confirm you are not smoking prior to surgery.

9. I've had/am having care and treatment from Mental Health Services. Will this stand against me getting treatment from the Gender Clinic?

No. If you have had or are receiving care and treatment for mental health issues, this won't prevent you from accessing our clinic or getting treatment with us. It's not uncommon for transgendered people to have (or had in the past) mental health issues.

As we don't operate a crisis/emergency service, we will need to be reassured that you have access to adequate support and treatments (if needed) from your local Wellbeing or Mental Health services before we can offer you treatment.

10. Can I have hair removal treatment on the NHS? When can I start this?

Yes. Hair removal treatments are available on the NHS. In the East Midlands area we have a protocol which we will provide you with once you are being seen by us. Currently there are different procedures to follow depending on what part of the country you are in. It's a good idea to raise this with your GP to confirm what the protocol is in your locality with the local Clinical Commissioning Group (CCG). The number of treatments available per person is limited to the protocols followed by your CCG.

This is not an ideal situation, but we are hoping to see a single countrywide protocol being released in the near future. Once you start seeing us, we will be happy to provide you with a covering letter confirming you are a patient in our clinic and eligible for hair removal sessions.

11. Can I have speech therapy to help me modulate my voice in line with my identified gender?

Yes. We have a Speech & Language Therapist (SaLT) based within our hospital sites in Northampton and Daventry who can provide sessions for patients. Our SaLT is also able to liaise with similar services within England if you are unable to attend sessions because you live some distance from our locality.

12. Are you able to recommend 'Private' (non-NHS) surgeons?

Yes. Depending on what type of surgery you are considering, our doctors can help inform you of what is available in the private sector, based within England and abroad. These discussions usually take place once you are receiving treatment from us.

13. Can I get my travel costs reimbursed?

Please see <http://www.nhs.uk/NHSEngland/Healthcosts/Pages/Travelcosts.aspx> on the NHS Choices website for eligibility criteria to reclaim travelling costs.

14. What websites do you recommend going to for good information and support?

We've found the following websites informative and helpful for providing or signposting support:

GIRES: www.gires.org.uk

Mermaids (for young people): <http://www.mermaidsuk.org.uk>

The Terrence Higgins Trust: <http://www.tht.org.uk>

Gendered Intelligence: <http://genderedintelligence.co.uk>

15. How do I go about changing my personal documents (Name, driver's licence etc.)?

The UK Trans Info website is an excellent resource providing clear and helpful information on changing your name and your personal documents. It also has a detailed guide to UK legal Gender Recognition: <http://uktrans.info>. The government site www.uk/change-name-deed-poll/ gives advice on name changes.

16. I have more questions!

We hope this FAQ has given you some answers to the most common questions we hear from patients under the clinic, but it's likely you will have more specific queries about your care. It's a good idea to make a short list and bring this with you to your first appointment, to help remind you of what you want to ask.