



**Hertfordshire and
West Essex**
Integrated Care Board

NHS Herts and West Essex

Integrated Care Board (ICB)

Cosmetic interventions for individuals with

Gender Dysphoria or post Gender

Reassignment surgery

July 2022 V1.0

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Approved By	NHS Hertfordshire & West Essex Integrated Care Board.
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Description	Policy for local Evidence Based Interventions procedure
Superseded Documents	West Essex CCG – Interventions for Individuals with Gender

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(if applicable)	Dysphoria or post Gender Reassignment Surgery Hertfordshire CCG (Priorities Forum) – Cosmetic Interventions for Gender Dysphoria
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Document Control

Version	Page	Details of amendment	Author

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The policy should include a contents page, as set out below, and be structured around all of the headings shown (although not necessarily in the same order)

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3.	Content The key points of the policy should be written in a clear, concise manner, so as to be easily understood and correctly interpreted	4
4.	References An evidence base for the policy using up-to-date references. All references should be cited in full using an agreed uniform approach to referencing	5

Appendices:

Each appendix will be numbered to follow on from the policy document.

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Policy Statement: Cosmetic interventions for individuals with gender dysphoria or post gender reassignment surgery

NHS England funds gender identity disorder surgical services as part of specialised commissioning, with services provided by specialist gender identity surgical providers. This includes the complete gender reassignment process to completion of transition, from specialist assessment, preparation for gender reassignment procedures, surgery and immediate associated aftercare. Further information, including service specifications for surgical and non-surgical interventions, can be found from the [Gender Dysphoria Clinical Programme pages of the NHSE website](#).

Link: [NHS commissioning » Gender Dysphoria Clinical Programme \(england.nhs.uk\)](#)

It would be expected that patients undergoing gender reassignment will have all procedures required as part of transition, and the ICB would only consider funding additional cosmetic procedures on a case by case basis as part of the usual individual funding process and through consideration of the respective relevant policies (eg cosmetic procedures).

In light of increasing requests and appeals to ICB's for further treatment to complete phenotypic gender transition after gender reassignment surgery, a systematic literature review was conducted to answer the following question: What is appropriate cosmetic treatment following gender reassignment surgery? The rationale to this question was that where a patient has had GRS they should be treated as any other individual of their (adopted) gender with regards to eligibility to interventions for aesthetic non-clinical reasons. In addition to the literature identified in the review the following statements were made with consideration of the four ethical principles of beneficence, non-maleficence, justice (equity) and autonomy.

a) No directly relevant evidence was found regarding the question of what cosmetic treatment might be appropriate following GRS apart from the provision of phono surgery by the London policy document¹

b) A 'cosmetic' intervention might be equitably provided to a person who has had gender reassignment surgery if NOT providing the treatment undermines the person's gender identity including their ability to function socially and be accepted as their adopted gender, rather than merely fulfilling a desire to improve ones appearance². Generally this will only be for characteristics outside the normal range for the persons adopted gender². (Statement level D, appendix)

c) Points a and b (above are dependent on the individuals making fully informed choices regarding the risks and implication of the procedures and the likelihood that their expectations will be realised (i.e. autonomy and non-maleficence).

IFR panels will take these points into consideration in their deliberations.

References

1. London gender dysphoria consortium criteria for approved procedures (final draft)

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2. De Vries ALC, Doreleijers TAH, Cohen-Kettenis PT. Disorders of sex development and gender identity outcome in adolescence in adulthood: understanding gender identity development and its clinical implications. *Paediatric Endocrinology Reviews*, 2007; 4: 343-351.
3. GIREs. Guidance for GPs, other clinicians and health professionals on the care of gender variant people. DOH 2008.
4. Suffolk SUFFOLK PCT Low Priority Treatment PE23. Treatment of gender dysphoria December 2006 5.
5. Thompson S. 2008. Gender Dysphoria COMMISSIONING POLICY. Health Commission Wales (HCW)
6. Beauchamp TL, Childress JF. *Principles of Biomedical Ethics*, 5th edn. Oxford University Press, 2001. ISBN 0-19-514332-9
7. Pacey S. Torture, transformation or treatment? Ethics and physical interventions to the sexual self. *Sexual and Marital Therapy*, 1999; 14: 255-275.
8. Mate-Kole C, Freschi M, Robin A. A controlled study of psychological and social change after surgical gender reassignment in selected male transsexuals. *British Journal of Psychiatry*, 1990; 157:261-264.
9. Tugnet N, Goddard JC, Vickery RM, Khoosal D, Terry TR. Current management of male-tofemale gender identity disorder in the UK. *Postgraduate Medicine Journal*, 2007; 83: 638-642.
10. Wylie K, Hainsworth K, Ryles S. The support needs of people awaiting a primary assessment at a UK gender reassignment programme. *International Journal of Transgenderism*, 2007; 10:91-97.
11. Lavin M. Mutilation, deception, and sex changes. *Journal of Medical Ethics*, 1987; 13: 86-91
12. Mason N. The transsexual dilemma: being a transsexual. *Journal of Medical Ethics*, 1980; 6: 85-89.
13. Cohen-Kettenis PT, de Waal D, Gooren LJG. The Treatment of Adolescent Transsexuals: Changing Insights. *Journal of Sexual Medicine*, 2008; 8: 1892-1897.
14. Levine B, Solomon A. Meanings and political implications of “psychopathology” in a gender identity clinic: a report of 10 cases. *Journal of Sex & Marital Therapy*, 2009; 35: 40-57.
15. Lev AI. Disorder of Gender Identity: Gender Identity Disorder in the DSM-IV-TR. *Journal of Psychology & Human Sexuality*, 2005; 17: 35-69

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. Individual cases will be

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reviewed as per the ICB policy.

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