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Dear Colleague,

GENDER IDENTITY HEALTHCARE PROTOCOL FOR SCOTLAND

Summary

1. This letter provides Health Boards with the Gender Identity Healthcare Protocol for Scotland (GIHP). Please note that this supersedes [CEL26\(2012\)](#).
2. This updated protocol takes into account developments in terminology, best practice and service development within NHS Scotland for the provision of this care since publication of the 2012 Gender Reassignment Protocol for Scotland (GRP).
3. For the avoidance of doubt, this letter is not a direction under section 2 of the National Health Service (Scotland) Act 1978. The Scottish Government recognises that Health Boards remain under substantial financial and operational pressure across a wide range of clinical priorities. This protocol primarily codifies existing best practice already taking place across Scotland and in doing so seeks to support ongoing work to reduce regional variation in service provision.
4. The protocol should be used by Health Boards to inform local Standard Operating Procedures for how gender identity healthcare is accessed and provided. If a Health Board does not offer a gender identity clinic the protocol confirms that it still has a responsibility to its patients to ensure respective roles, responsibilities and referral and discharge routes are clear and formalised. It is acknowledged that many Health Boards that do not offer a gender identity clinic, but refer to a gender identity clinic in another Health Board, already have formalised agreements in place in the form of service level agreements.

Background

5. Following engagement with NHS National Services Scotland's National Gender Identity Clinical Network for Scotland (NGICNS) in 2021, the Scottish Government wrote to the

DL21(2024)

3 September 2024

Addressees

For action
NHS Chief Executives

For information
NHS Medical Directors
Chief Medical Officer
Deputy Chief Medical Officers

Enquiries to:

Gender Identity and
Healthcare Access Policy
Team

E-mail:
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NGICNS and NHS National Services Scotland (NSS), requesting they review and update the 2012 GRP. This was in recognition that the national protocol no longer fully reflected the strategic and clinical landscape within the NHS in Scotland for gender identity healthcare.

6. Following a series of working groups including clinical and third sector representative organisations, and targeted consultation, an initial draft of this document was submitted by NSS to the Scottish Government for consideration in late 2022. It was subsequently agreed with NSS that the Scottish Government would collaborate with them to take forward further work to finalise the new Protocol.
7. The GIHP sets out the clinical procedures and pathways governing **adult** gender identity healthcare services within NHS Scotland. This, alongside [Healthcare Improvement Scotland Standards for Gender identity healthcare: Adults and Young People](#) will help inform and support local Health Board Standard Operating Procedures to deliver consistent care.


Children and Young People

8. Due to national work underway on how under-18s gender identity healthcare provision is commissioned most effectively for the NHS in Scotland, this protocol does not at this time address services for children and young people.

Action & Communication

9. Health Boards are asked to ensure that this updated protocol is fully communicated throughout each Board area to relevant staff for action, and patient groups.

Yours sincerely,



Richard Foggo
Director for Population Health

NHS Scotland Gender Identity Healthcare Protocol
September 2024

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Executive Summary

1. This update of the 2012 Gender Reassignment Protocol for Scotland is part of wider national work to improve access to, and delivery of, gender identity healthcare within NHS Scotland. It is complemented by, and should be read in conjunction with, [Healthcare Improvement Scotland Standards for Gender identity healthcare: Adults and Young People](#) and the [NHS Education for Scotland Transgender Knowledge and Skills Framework](#).
2. This protocol uses 'trans' as an umbrella term for people whose gender identity does not fully correspond with their recorded sex at birth. This includes, but is not limited to, trans women, trans men and non-binary people. For the purpose of this protocol it also includes people who are exploring their gender identity in relation to possible gender incongruence or dysphoria. A terminology guide is provided in **Annex A**.
3. The term 'gender identity healthcare' is used to encompass a range of non-surgical and surgical interventions available via NHS Scotland for people seeking medical support to manage distress caused by gender incongruence or gender dysphoria.
4. Gender incongruence is a clinical condition where there is a mismatch between a person's experienced gender and their sex recorded at birth. Gender dysphoria is clinically significant distress as a result of gender incongruence. This protocol will use the term gender dysphoria throughout.
5. In light of ongoing national work to commission gender identity healthcare services for young people this protocol does not address services for children and young people in detail.

The NHS Scotland Gender Identity Healthcare Protocol

6. The Referral, Assessment and Treatment Protocol is outlined in Figure 1 on page 8.

Interventions

7. The Protocol sets out locally and nationally provided non-surgical and surgical interventions via NHS Scotland as part of an adult's gender identity healthcare in **Annexes B and C**.
8. Referral to one of NHS Scotland's four gender identity clinics (GICs) is primarily made through a person's GP. Contact details for each GIC are provided in **Annex D**.

Adult Gender Identity Clinics

9. All adult GICs in NHS Scotland should operate using a multi-disciplinary team model. The clinical multi-disciplinary team should be supported by sufficient administrative staff. The wider care team may also include voluntary sector input.

Waiting list support and triage

10. Responsibility for care of a person waiting to access a GIC should be shared between the person's home Health Board and the GIC, and set out in a formalised agreement between the referring Health Board and GIC. This means:

- GICs should have in place policies to ensure waiting lists to access the GIC are routinely validated;
- if people waiting to access GICs are identified as likely benefitting from direct support from another clinical service e.g., Smoking Cessation or Mental Health services, processes should be in place to facilitate referral to relevant services in their home Health Board; and
- all GIC waiting list communication should be consistent and in line with Health Board practices and policy for waiting list management, as per guidance issued to Health Boards within [DL\(2024\)09](#).

Initial gender identity clinic assessment

11. Every initial assessment should involve the clinician and person identifying the possible reasons for the person's experience and challenges and, where this is related to gender dysphoria, explore possible options including:

- carefully considering readiness to access gender identity healthcare; and
- collaboratively developing a care plan that is based upon the person's needs.

12. In situations where an assessment proves more complex than anticipated, a multidisciplinary team approach should enable timely additional guidance to be sought to support shared decision making and identification of next steps.

Discharge and patient-initiated review

13. Local GIC pathways should prepare for discharge from its service, including:

- a person being assessed as not being suitable to access gender identity healthcare or not requiring intervention, or discharge into ongoing care in the community following completion of treatment;
- ensuring routes are available for a primary care provider to re-refer a person who had previously accessed NHS Scotland gender identity healthcare, if required; and
- GICs should ensure they have processes and pathways in place to offer timely follow up to anyone who has previously accessed NHS gender identity healthcare and may wish to discuss potential options, including making changes to previous treatment they have requested or received.

Wider NHS role in the delivery of gender identity healthcare

14. All territorial Health Boards are expected to have, or put in place:

- clear local arrangements which set out policy for referral, support and ongoing management of people seeking clinical support with gender dysphoria;
- a formal agreement between the referring Health Board and GIC(s) their patients are referred to (e.g. a Service Level Agreement or part of regional planning);
- this agreement should include clear roles and responsibilities regarding local provision of, and referral pathways to, non-surgical interventions
- this agreement should include clear roles and responsibilities regarding surgical interventions locally available, and clear information on eligibility criteria;
- confirmation of the local expenses policy for patients, as applicable, for treatment requiring travel outside their home Board;
- a local policy on expectations of local primary care providers for their patient's ongoing care in the community e.g. provision of cross-sex hormone prescriptions and facilitating local monitoring blood tests as recommended by a GIC, and establishing responsibilities for the management of test results; and
- adherence to all other legislation, national standards and guidance relevant to these services.

15. People should not be referred to GICs for issues unrelated to assessment and treatment for gender dysphoria, particularly when those who are not trans experiencing the same health issues would be expected to be routinely referred to other secondary care services.

The role of all NHS Scotland clinical staff

16. The delivery of care to people who are trans is expected to be delivered consistent with appropriate regulatory body guidance e.g. as [issued by the General Medical Council](#) or wider NHS Scotland standards regarding the provision of inclusive, person-centred care e.g. [Health and Social Care Standards](#).

Independent Treatment

17. Where people choose to access an independent provider of gender identity healthcare, they are advised to only consider independent providers which are regulated by Healthcare Improvement Scotland, or its equivalent regulator elsewhere in UK nations.

18. As is the case across a wide range of health conditions and treatments, it is up to GP practices to decide whether they wish to enter into a Shared Care Agreement with a private provider. If GPs choose to provide an NHS prescription based on the recommendation of a private provider, routine monitoring should be provided on the same basis as other NHS prescriptions.

NHS Scotland Gender Identity Healthcare Protocol

Introduction

1. This document is an update of and replaces the 2012 Gender Reassignment Protocol for Scotland ([CEL26\(2012\)](#)).
2. This protocol is complemented by, and should be read in conjunction with, [Healthcare Improvement Scotland Standards for Gender identity healthcare: Adults and Young People](#) and the [NHS Education for Scotland Transgender Knowledge and Skills Framework](#).

Review

3. It is expected this Protocol will require regular updates to remain current. As a result, Scottish Government Health Directorates will update, or commission an update, of this Protocol no later than December 2026.

Terminology

4. This protocol uses 'trans' as an umbrella term for people whose gender identity does not fully correspond with their recorded sex at birth. This includes, but is not limited to, trans women, trans men and non-binary people. For the purpose of this protocol it also includes people who are exploring their gender identity in relation to possible gender incongruence or dysphoria. An additional terminology guide is provided in **Annex A**.
5. This Protocol uses the term 'gender identity healthcare' to encompass a range of non-surgical and surgical interventions available via NHS Scotland for people seeking to access medical support to manage distress caused by gender incongruence, or gender dysphoria.
6. Gender incongruence is a clinical condition where there is a mismatch between a person's experienced gender and their sex recorded at birth. Gender dysphoria is clinically significant distress as a result of gender incongruence. This protocol will use the term gender dysphoria throughout.

Current delivery of gender identity healthcare

Adults

7. Gender identity clinics (GICs) in Scotland offer assessment and access to medical interventions in relation to gender dysphoria. At time of publication there are four GICs providing clinical assessment, treatment and specialist support to adults. These are based within four Health Boards:

- NHS Grampian
- NHS Greater Glasgow and Clyde
- NHS Highland
- NHS Lothian

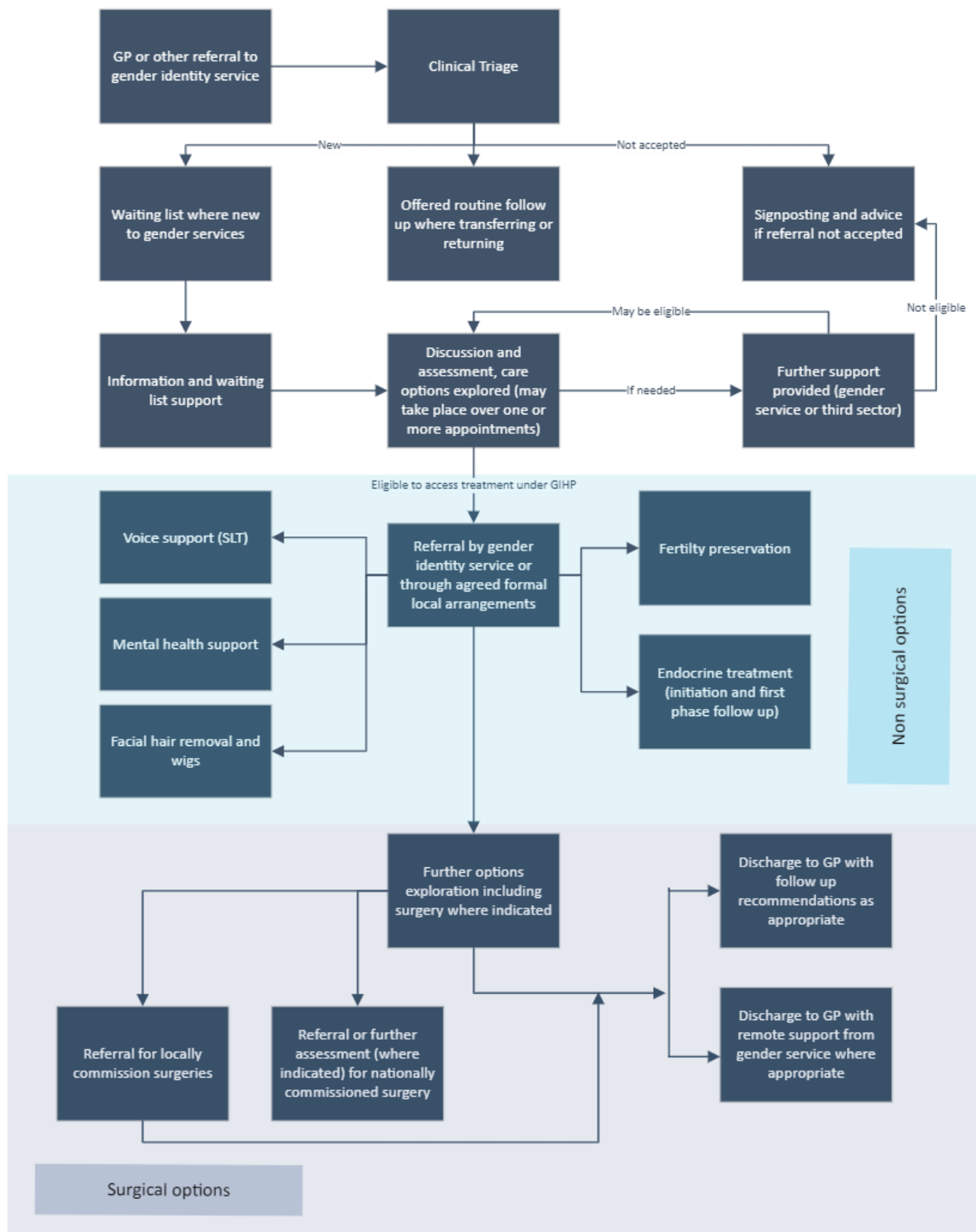
Children and Young People

8. A separate service for children and young people – based within NHS Greater Glasgow and Clyde's Gender Service at Sandyford - accepts referrals from all Health Boards for young people up to the age of 18 years old.
9. At time of publication, underpinned by the Chief Medical Officer Directorate's [Cass Review – Implications for Scotland: Findings Report](#), work is now underway via to develop sustainable service provision for young people in Scotland.
10. As a result, this protocol does not cover services for children and young people in detail. The Protocol will be reviewed in due course and, as appropriate, will incorporate provision of services for young people once national commissioning and planning processes are complete.

The NHS Scotland Gender Identity Healthcare Protocol

11. The Referral, Assessment and Treatment Protocol is outlined below in Figure 1.
12. Referral to one of NHS Scotland's four GICs is primarily made via a person's GP. This Protocol will be updated in the event there is any amendment to this. Contact details for each GIC are provided in **Annex D**.

FIGURE 1: NHS SCOTLAND GENDER IDENTITY HEALTHCARE PROTOCOL - REFERRAL, ASSESSMENT AND TREATMENT



Adult Gender Identity Clinics

13. All GICs in NHS Scotland should operate using a multi-disciplinary team (MDT) model. Staff working in or attached to GIC can include, but are not limited to, the following professions and specialties:

- psychologists
- psychiatrists
- pharmacists
- sexual health consultants
- specialty nurses
- specialty doctors
- endocrinologists
- GPs
- primary care liaison e.g. link into local Community Treatment and Care (CTAC)

14. Every GIC should operate a regular MDT meeting. MDT meetings provide an opportunity for structured conversation about providing the best possible holistic care for people who have multiple and or complex needs. These meetings will involve a range of practitioners, each of whom brings their knowledge about the person and/or their area of specialist knowledge, to inform and jointly create a care plan. MDT meetings work best when they are regular, well structured and with a clear agenda, membership, roles and responsibilities.

15. Members of the MDT should have completed trauma informed training or complete it at the earliest opportunity.

16. MDTs may sometimes find it necessary to invite additional input from other clinics. GICs should consider providing support and expertise to other GICs when invited, in order to help promote nationally consistent care.

17. The clinical MDT should be supported by necessary administrative staff. The wider care team may also include voluntary sector input and support – for instance through commissioned support or community coordinator/care navigator roles.

18. Each adult GIC in Scotland differs in size and accepts referrals from a varying number of Health Boards, as well as its own. As is common with many secondary health services, local processes in each clinic will be flexible to accommodate differences in the size of service, local staffing contexts and associated governance.

Waiting list support and triage

19. Responsibility for care of a person waiting to access a GIC should be shared between the person's home Health Board and the GIC and set out in a formalised agreement between the referring Health Board and GIC. This means:

- GICs should have in place policies to ensure waiting lists to access the GIC are routinely validated;
- if people waiting to access GICs are identified as likely benefitting from direct support from another clinical service e.g., Smoking Cessation or Mental Health services, processes should be in place to facilitate referral to relevant services in their home Health Board; and
- all waiting list communication should be consistent and in line with broader Health Board practices and policy for waiting list management, as per guidance set out to Health Boards within [DL\(2024\)09](#).

19. Dependent on individual need and circumstances some non-surgical interventions may be initiated prior to a first appointment at a GIC. For instance, it may be possible to self-refer to speech and language services or psychosocial support, dependent on the local policies of a person's home Health Board. GICs should take into account the local contexts of those accessing their services, wherever possible. This highlights the importance of ensuring a GIC and its referring Health Boards have jointly agreed waiting list policies in place.

Accessing a gender identity clinic - initial assessment

20. Every person's circumstance, goals and priorities for accessing a GIC will be unique to them. Every initial assessment will be needs led and include psychosocial assessment leading to the clinician and person identifying the possible reasons for the person's experience and challenges and, where this is related to gender dysphoria, explore possible options including:

- carefully considering readiness to access gender identity healthcare; and
- collaboratively develop a care plan that is based upon the person's needs

21. Clinicians carrying out needs led initial and ongoing assessments should be competent to identify a range of additional needs - for instance any relevant mental health concerns or neurodevelopmental needs, including where these impact accessibility. Where needs are identified and assessment for support is considered outside the competence of the initial assessor, or in situations where an assessment proves more complex than anticipated, processes should be in place to allow a multidisciplinary team approach and additional input from relevant colleagues to enable additional guidance to be sought and shared decision making to be reached safely with minimal delay.

22. As highlighted in Figure 1, initial assessment may result in a number of outcomes, including referral for treatment(s) or subsequent appointments within the GIC, as determined by the person's circumstances and clinical necessity.

23. Each GIC will have its own Standard Operating Procedures (SOPs) for clinical care. These will be informed by, and be consistent with, a range of local Health Board policies, this protocol, external resources such as guidance from professional bodies specific to the care being provided and National Standards produced by Healthcare Improvement Scotland. To assist ongoing development and review of such SOPs and to promote national consistency in this field, local initial assessment policies for accessing gender identity healthcare within NHS Scotland should:

- agree with the person a pace of assessment that meets their needs, including those relating to accessibility;
- discuss how possible treatment fits within the person's goals for managing gender dysphoria and their hopes or concerns;
- promote a realistic understanding of expectations of positive and negative effects of any treatment, including impact on reproductive and sexual function;
- identify and consider the impact of any significant co-existing mental health or physical concerns and offer signposting and support as appropriate;
- explore fertility preservation options, where the proposed treatment has potential to affect reproductive function and seek referral where appropriate and requested;
- assess whether the person is sufficiently informed and has capacity to give informed consent for the proposed treatment;
- where a shared decision cannot be agreed, or there are concerns about capacity, identify additional psychosocial support or other interventions that could facilitate the person's readiness or ability to provide informed consent; seek input and guidance from a more experienced health professional if the complexity of co-existing conditions is outwith the scope of the health professional's competence;
- where a shared decision cannot be agreed, and this is unrelated to capacity, identify support or interventions designed to work towards an agreed outcome or arrange for a further opinion if this is preferred by the person;
- provide a pathway for a second opinion if the person wishes, and provide a pathway for reassessment at a later date; and
- be clearly documented, in line with local Health Board policies.

24. Further example content which may inform initial assessment discussions is provided in **Annex E**.

25. Following assessment and a decision over next steps, and if determined that accessing gender identity healthcare would address clinical need, the term '*Meets the readiness criteria for and is eligible to access treatment under the NHS Scotland Protocol for Gender Identity Healthcare*' should be used in all communications.

26. ICD-11 HA60 'Gender Incongruence of Adolescence or Adulthood' may be recorded for coding purposes.

Gender Identity Healthcare – Treatments available via NHS Scotland

Non-Surgical interventions

27. The following non-surgical interventions may be provided via NHS Scotland as part of an adult's gender identity healthcare:

- cross-sex hormone therapy
- speech and language therapy
- facial hair reduction via laser and/or electrolysis
- wig prescription
- occupational therapy
- psychological therapies or interventions
- psychosocial support (via NHS or via external organisations commissioned by the NHS)
- group or individual peer-support
- counselling for the individual/family/couple
- help to explore gender expression and 'coming out'
- help to develop social connections & peer support

28. Psychological therapies and interventions should be delivered in line with the Scottish Government's [Psychological Therapies and Interventions Specification](#) and [Matrix](#).

29. Further information on non-surgical interventions is set out in **Annex B**.

Surgical interventions

30. Gender related surgery for adults is provided via one of two routes:

- locally provided surgery
- nationally commissioned surgery

31. Surgery that may currently be accessed nationally via NHS Scotland, delivered on a four nations basis by NHS England, for the purposes of treating gender dysphoria in adults are:

- feminising and masculinising genital reassignment procedures
- chest reconstruction for individuals recorded female at birth

Further information on both nationally commissioned surgery and surgery that may currently be provided locally within NHS Scotland Health Boards for the purposes of treating gender dysphoria in adults is set out in **Annex C**.

Discharge and patient initiated review

32. It is expected that local GIC policies which manage care take account of, and prepare for, discharge from its service. This may include considerations such as a person being assessed as not being suitable to access gender identity healthcare or not requiring intervention, or discharge into ongoing care in the community following completion of treatment.
33. However as highlighted in Figure 1, local policies should also reflect the ability of a primary care provider to re-refer a person who has previously accessed NHS Scotland gender identity healthcare, if required. This reflects the nature of the healthcare provided and may include a person wishing to explore further treatment options at their own pace. This could be described as a patient initiated review or follow-up.

Halting or reversal of NHS Scotland treatment

34. In a small number of cases, people who are either in the process of accessing gender identity healthcare or have previously accessed gender identity healthcare may decide to halt, or seek to reverse aspects of, their treatment. They should be appropriately supported. A person's individual reasons for stopping medical care or seeking its reversal will be highly personal and may be complex. For example:
 - they may no longer identify as trans or as a gender identity they previously identified with;
 - they may have experienced rejection from people close to them
 - they may have concerns about the impacts of medical interventions they have accessed to support a transition;
 - they may choose to pause the process, and some people who reverse aspects of their transition may decide to transition again at a later point; or
 - some trans people, especially older trans people, may reverse aspects of their transition because they are concerned that they may not receive appropriate care in care settings.
35. GICs should ensure they have processes and pathways in place within Standard Operating Procedures to support anyone who has previously accessed gender identity healthcare and may wish to discuss potential options, including making changes to previous treatment they have requested or received.

Wider NHS role in the delivery of gender identity healthcare

36. All territorial Health Boards are expected to have, or put in place:
 - clear local arrangements which set out the Board's policy for referral, support and ongoing management of people seeking clinical support with gender dysphoria;

- a formalised agreement between the referring Health Board and GIC(s) their patients are referred to. This may take the form of a Service Level Agreement or be incorporated into wider regional planning. To promote consistency, it is expected that such agreements will include an outline of the process by which a referral is made to a GIC; and requirements on a person's home Health Board to provide any necessary support for those waiting to access a GIC e.g., local referral into other services, as determined by need;
 - this formalised agreement should include clear roles and responsibilities regarding local provision of, and referral pathways to, non-surgical interventions;
 - this formalised agreement should include clear roles and responsibilities regarding clarity on what surgical interventions are available locally, with clear information on eligibility criteria;
 - a local policy on expectations of local primary care providers for their patient's ongoing care in community e.g. provision of cross-sex hormone prescriptions and facilitating local monitoring blood tests as recommended by a GIC, and establishing responsibilities for the management of test results;
 - confirmation of the local expenses policy for patients, as applicable, for treatment requiring travel outside their home Board; and
 - adhere to all other legislation, national standards and guidance relevant to these services e.g. waiting times guidance as issued within [DL\(2024\)09](#).
37. Primary care support for those accessing gender identity healthcare can include, but is not limited to, GPs, general practice nursing teams and board-employed Community Treatment and Care Services, pharmacists and sexual health services.
38. Trans people, including those accessing specialised gender identity healthcare, experience the same health issues as the general population and should be treated on the basis of need.
39. GICs within the NHS in Scotland only provide treatment and care directly relating to gender dysphoria. Trans people who present to primary care services with general health concerns and medical conditions should be reviewed and managed as per standard pathways, in line with professional guidance as set out by the Royal College of General Practitioners (RCGP) and the General Medical Council (GMC). Trans people should not be referred to GICs for issues unrelated to their gender identity, particularly when those who are not trans experiencing the same health issues would be expected to be routinely referred to other secondary care services. It is acknowledged however that primary care may need to seek specialist advice from a GIC regarding specific care or medication, unrelated to transition. In such specific instances GICs should have arrangements in place to support local primary care providers when this requirement arises.

40. To facilitate delivery of the above all Health Boards should work to ensure there is a formal agreement in place between their local primary care providers and GIC(s) that accept referrals. This agreement could reflect shared care or an enhanced service and should make clear the roles and responsibilities of the GIC, the home Health Board and its primary care providers in relation to a patient's gender identity healthcare and be implemented as policy. This includes any further local support for patients waiting to access, or discharged from, a GIC.

The role of all NHS Scotland clinical staff in the delivery of gender identity healthcare

41. Every person using NHS Scotland services should be able to access high-quality, person centred healthcare. The delivery of care to trans people is expected to be delivered consistent with appropriate regulatory body guidance e.g. as [issued by the General Medical Council](#) or wider NHS Scotland standards regarding the provision of inclusive, person centred care e.g. [Health and Social Care Standards](#).

Further Considerations

42. The below subsections are provided as further context to inform local Health Board policies and their delivery of gender identity healthcare.

Independent Treatment

43. Where people choose to access an independent provider of gender identity healthcare they are advised to only consider independent providers which are regulated by Healthcare Improvement Scotland, or its equivalent regulator elsewhere in UK nations.
44. It is not recommended that people seek clinical treatment or care overseas where that would not have been offered by, or has had any involvement with, their local Health Board. Individuals should be made aware that standards of care delivery may not be as high in other countries as they are in Scotland or the wider UK. For example, NHS Inform [provides information](#) to people who may be considering surgery abroad without a NHS referral.
45. As is the case across a wide range of health conditions and treatments it is up to GP practices to decide whether they wish to enter into a Shared Care Agreement with a private provider. If GPs choose to provide an NHS prescription based on the recommendation of a private provider, routine monitoring should be provided on the same basis as other NHS prescriptions.
46. GPs may seek advice from their relevant GIC as to whether an assessment carried out by a private provider has been carried out by a clinician who it is understood meets the necessary competence, from a clinic that is registered with Healthcare Improvement Scotland or a similar UK regulator, whether the assessment carried out

is competent and whether proposed treatment and monitoring is consistent with [published NHS Scotland endocrine guidance](#).

Self-Sourcing of Medication

- 47. There is evidence that some people may self-source cross-sex hormone medication from unregulated sources, either whilst on an gender identity clinic waiting list or otherwise. It is unlikely that this will be monitored by a regulated health professional.
- 48. Health Boards should ensure that local policies take account of this. Measures to support people in such circumstances, based upon the principles of harm reduction, are encouraged.
- 49. These may include activities to identify people who may be self-sourcing. Reasonable efforts should be made to balance the risk of inequitable consequence or treatment occurring to others waiting for or accessing gender identity healthcare against the need to reduce risk of harm to those self-sourcing.

Updating a Community Health Index Number (CHI)

- 50. Everyone in Scotland registered with a GP has a unique CHI number in which the penultimate digit is a binary gender marker (odd/even). Trans people can request that their CHI number is updated by asking their GP practice to update this.
- 51. Guidance for NHS staff responding to CHI change enquiries and information around screening can be found at: [How to change patient details | National Services Scotland \(nhs.scot\)](#).

Screening

- 52. Information about screening for trans people is available via [NHS Inform](#). People accessing gender identity healthcare should be signposted to this information, especially to the different circumstances affecting those who changed their CHI number prior to June 2015.

Sexual Health

- 53. All services providing Sexual and Reproductive healthcare (SRH) to trans people should follow [Healthcare Improvement Scotland Sexual Health Standards](#).
- 54. Trans people may have specific reproductive health care needs that change during the course of their gender identity healthcare. Reproductive healthcare needs will vary with the age when accessing trans healthcare and the healthcare interventions undertaken.

55. Gender identity healthcare clinicians should be competent in taking a sexual history for the purposes of counselling about expected effects prior to treatments and to establish any contraceptive requirement for testosterone users.

Individuals in custodial settings

56. Those in custody and prison who have been diagnosed with gender dysphoria, or who seek a clinical support while exploring their gender identity, should receive equitable healthcare and support compared to the general population, while considering the constraints of the prison or custody environment.

ANNEX A - Terminology

Term or Acronym	Definition
CHI Number (Community health index number)	<p>Community Health Index (CHI) is a register of all patients in NHS Scotland and is used for health care purposes.</p> <p>The CHI number is ten numeric characters in length and uniquely identifies a person on this Index.</p>
CTACS	Community Treatment and Care Services.
Gender dysphoria	<p>This protocol uses ‘gender dysphoria’ to describe clinically significant distress related to gender incongruence. Treatments accessed under this protocol are intended to reduce or help manage gender dysphoria.</p> <p>Gender dysphoria may be more widely used by some trans people to describe feelings of discomfort or distress related to gender incongruence. Not all trans or gender diverse people experience gender dysphoria.</p>
Gender identity	A person’s sense of having a particular gender; a way of describing the gender with which a person identifies such as man, woman or non-binary.
Gender incongruence	<p>Describes the situation where a person’s gender is different to their sex recorded at birth. This term is preferable to terms used in the past like gender identity disorder and transsexualism.</p> <p>‘Gender incongruence of adolescents or adults’ is defined in ICD-11 (International Statistical Classification of Diseases and Related Health Problems) as being characterised by a “marked and persistent incongruence between an individual’s experienced gender and the assigned sex, which often leads to a desire to ‘transition’, in order to live and be accepted as a person of the experienced gender, through hormonal treatment, surgery or other health care services to make the individual’s body align, as much as desired and to the extent possible, with the experienced gender” Clinically significant distress related to gender incongruence is known as gender dysphoria.</p>

Term or Acronym	Definition
GIC	Gender Identity Clinic; specialist NHS gender identity services providing clinical assessment, treatment and specialist support.
GMC	General Medical Council – independent regulator for doctors in the UK.
ICD-11	International Classification of Diseases, published by World Health Organisation (WHO). Number 11 denotes current updated version.
NHS NSS	NHS National Services Scotland.
NHS NSS National Services Division (NSD)	National Services Division, part of NHS NSS. Their activities include planning, commissioning and coordinating high-quality, person-centred specialist services, networks and screening programmes in Scotland.
Independent healthcare/independent providers	Defined in the National Health Service (Scotland) Act 1978 as clinics that are not part of a hospital and from which a medical practitioner, dental practitioner, registered nurse, registered midwife or dental care professional (clinical dental technician, dental hygienist, dental nurse, dental technician, dental therapist, orthodontic therapist). provides a service, which is not part of the National Health Service. The term 'service' includes consultations, investigations and treatments.
Multi-disciplinary Team	A multi-disciplinary team (MDT) is a group of health and care staff who are members of different organisations and professions (such as GPs, nurses, psychiatrist, etc.) who work together with an aim to deliver person-centred care and support for each individual patient and service user.
NGICNS - National Gender Identity Clinical Network for Scotland	The National Gender Identity Clinical Network for Scotland (NGICNS), hosted by NSS, was established to oversee the implementation of 2012 Gender Reassignment Protocol across Scotland. It aims to work with gender identity clinics, gender reassignment surgical providers, primary care, patient and third sector representation to achieve timely, coordinated, service provision and equitable access to planned gender identity clinical services across Scotland.

Term or Acronym	Definition
Non-binary	Someone who does not identify as a man or a woman or who identifies as both or as something else completely. A non-binary person may or may not identify as trans.
Person-centred care	Care focused on the needs of the individual accessing service.
Primary care	This refers to an individual's first point of contact with NHS Scotland, usually their GP.
RCGP	Royal College of General Practitioners - professional membership body for GPs at all stages of their career in the UK.
RCSLT	Royal College of Speech and Language Therapists - professional body for people working in or studying speech and language therapy in the UK.
Service Level Agreement	A written agreement which sets out what services will be provided by Service provider, and how and when these will be provided, the financial arrangements for the provision of agreed services, and any associated responsibilities.
Trans people	An umbrella term for people whose gender identity does not fully correspond with their sex recorded at birth. This includes, but is not limited to, trans men, trans women and non-binary people.
Transition	Often used to describe the process a trans person goes through from being known as one gender to being known as another. This transition may be social, such as involving a change of name and presentation, and it may involve medical intervention in the form of hormone replacement therapy and/or surgery. This term, however, can mean different things to different people. Some people prefer the term gender reassignment.

ANNEX B - Non-Surgical Interventions

Speech and Language Therapy

1. Speech and language therapy services will be provided by a person's home Health Board and may be delivered via a range of modalities including face to face, video consultation, group and individual. Although referral pathways to speech and language services may vary by Health Board, all territorial Health Boards should have established referral, assessment and triage options for speech and language therapy for trans people if required.
2. Where available, referrals to speech and language services may be made:
 - as a self-referral by the person, where local processes are available, when accessing a gender identity clinic or waiting to access a gender identity clinic, or in need of no other support than speech and language therapy;
 - to local speech and language services by a GP; or
 - by a clinician at a gender identity clinic.
3. Voice and communication specialists working with trans people should develop skills for understanding gender diversity using the Royal College of Speech and Language Therapists (RCSLT) [Trans and gender-diverse voice & communication therapy competency framework](#) and be part of the RCSLT clinical excellence network.

Facial hair removal

4. Available guidance on the provision of [Facial Hair Removal for Transgender Patients](#) should be followed by Health Boards.

Wig provision

5. Available guidance on the [provision of wigs](#) should be followed.
6. To reduce unnecessary referral delay and clinical time within dermatology and to facilitate equity of access, Health Boards should put in place pathways to accept referrals directly to the wig service from the GIC. The referring clinician will complete the wig referral form with all relevant information.

Endocrine intervention

7. Clinicians involved in the care and management of trans people and associated cross-sex hormone prescription making recommendations about, or prescribing cross-sex hormones or other gender identity related endocrine treatments, should take account of the National Gender Identity Clinical Network for Scotland (NGICNS) July 2022 [Endocrine and Fertility Preservation Guidance](#) .

8. This guidance has been updated and replaces the previous NGICNS guidance on 'Endocrine Management of Adult Transgender Patients', first published 11 August 2015 and revised 7 July 2018.

Gender identity specific psychosocial support

9. Gender identity specific psychosocial support should aim to be accessible as an option throughout gender identity healthcare. It may include the individual, a couple or family, groups and should:
 - be accessible throughout gender identity healthcare provision;
 - take a tiered approach;
 - reflect individual goals, needs, requests;
 - take a non-directive support to explore gender identity, role, and expression;
 - work to address the negative impact of gender dysphoria and stigma on mental health;
 - work to alleviate internalised transphobia;
 - work to enhance social and peer support;
 - work to improve body image;
 - promote resilience; and
 - not impede access to other aspects of gender identity healthcare.
10. If evidence based psychological therapies and interventions are required, this should be delivered in line with the Scottish Government's [Psychological Therapies and Interventions Specification](#) and [Matrix](#).

ANNEX C - Surgical Interventions

Surgical interventions available via NHS Scotland

1. Reassignment surgery for adults is provided via one of two routes:
 - locally provided surgery
 - nationally commissioned surgery
2. Information on each surgical route is set out below. Health Boards should note that people may access one or both routes, dependent on individual need and in consultation with their clinical team.
3. People considering surgery should be offered appropriate space, support and information to fully explore their options. This provision should be in place for anyone considering one of these procedures and accessible regardless of whether they are actively seeking or awaiting referral. Clinicians supporting people with these decisions must have appropriate knowledge, skill and competence and ensure that:
 - people considering surgical interventions are offered support and information to fully explore their options; and
 - referrals for surgical intervention are only initiated under the governance of an NHS Scotland gender identity clinic.

Locally provided surgery

4. Surgery that may currently be provided locally within NHS Scotland for the purposes of treating gender dysphoria in adults are:
 - breast augmentation
 - body contouring
 - chondrolaryngoplasty
 - facial feminising procedures
 - hysterectomy
 - oophorectomy
 - orchidectomy
5. The above surgical interventions do not require NHS NSS National Services Division approval. Decisions on their availability are instead made by a person's local Health Board.
6. Health Boards should ensure they have clear documentation on what is available to their patients and have local policies in place regarding access to them. This will require engagement with local clinical teams and the referring GICs to put in place appropriate policies.

7. Local policies may consider it reasonable that referrals to locally provided surgery can be made on the basis of clinical recommendation from an NHS Scotland gender identity clinic, where the referring clinician and person are in agreement that the surgery is indicated, be of benefit to the person and the circumstances relating to the decision are not considered complex. Where a further opinion is required, the referring clinician should facilitate this with minimal delay, unless delay is requested by the person seeking surgery.

Nationally commissioned surgery

8. Nationally commissioned surgery includes:
 - feminising and masculinising genital reassignment procedures
 - chest reconstruction for people recorded female at birth
9. Referrals are authorised by NHS National Services Scotland on behalf of all Health Boards and are carried out under a four nations contract managed by NHS England. The [NHS Gender Identity Services for Adults \(Surgical Interventions\) specification](#) makes clear how referrals for these services function.
10. People can be referred for nationally commissioned surgery via their gender identity clinic, following consultation with their clinical team and meeting required governance arrangements to access surgery via the four nations contract or otherwise agreed by NHS National Services Scotland.
11. Health Boards should note that a request may be made by the person's surgical team for donor site hair removal. This should be provided via the person's local Health Board.

Post-surgical care

12. Surgical providers are responsible for immediate post operative after-care and generally thereafter for the first 12 months post-surgery.
13. An unscheduled aftercare pathway should be available for surgical revisions sought after the original episode of care is completed.
14. Access to this pathway, managed on a similar basis to other referrals via NHS National Services Scotland, is made available via the person's NHS Scotland gender identity clinic.

Further action

15. As part of consideration of this protocol, NHS NSS and lead clinicians in this field recognised further work is required – at a national level – to deliver equitable access for what is currently locally commissioned surgery.

Scottish Government will therefore convene a short-life working group in 2025 to:

- review availability of surgery delivered by local Health Boards within NHS Scotland which are not nationally commissioned;
- provide a recommendation on what further surgery, if any, should be provided via NHS Scotland;
- provide a recommendation on whether any currently available surgery should no longer be made available via NHS Scotland;
- provide a recommendation on how such surgery should be delivered e.g. locally, regionally or nationally; and
- consider if the 2019 Exceptional Referral Protocol should be updated in order to apply to this surgical provision.

ANNEX D - Gender Identity Clinic Contact Details

Gender Identity Clinic	Accepts referrals from	Contact details
Sandyford Adult Gender Service	<ul style="list-style-type: none"> • NHS Ayrshire & Arran • NHS Dumfries & Galloway • NHS Forth Valley • NHS Greater Glasgow & Clyde • NHS Highland¹ • NHS Lanarkshire • NHS Tayside • NHS Western Isles 	<p>Sandyford Clinic Glasgow 6 Sandyford Place Glasgow G3 7NB</p> <p>Tel: 0141 211 8130 Email: adultgender.sandyford@ggc.scot.nhs.uk Website: https://www.sandyford.scot/sexual-health-services/gender-service-at-sandyford/</p>
The Chalmers Centre Gender Identity Clinic	<ul style="list-style-type: none"> • NHS Borders • NHS Fife • NHS Lothian 	<p>Chalmers Sexual Health Centre 2A Chalmers Street Edinburgh EH3 9ES</p> <p>Tel: 0131 536 1570 Website: https://www.lothiansexualhealth.scot/gender-identity-clinic/</p>
Highland Gender Identity Clinic	<ul style="list-style-type: none"> • NHS Highland 	<p>Highland Gender Identity Clinic Highland Sexual Health Royal Northern Infirmary Ness Walk Inverness IV3 5SF</p> <p>Tel: 01463 888300 Email: nhsh.gicadmin@nhs.scot Website: https://highlandsexualhealth.co.uk/gender-identity</p>
Grampian Gender Identity Clinic	<ul style="list-style-type: none"> • NHS Grampian • NHS Orkney • NHS Shetland 	<p>Elmwood Hospital Ashgrove Road Aberdeen AB25 3BW</p> <p>Tel: 01224 557 170 Email: gram.gic@nhs.scot</p>

¹ In specific instances related to geographical location – for instance for people based in Argyll and Bute.

ANNEX E - Assessment for Adults

1. The key principles of delivery of gender identity healthcare are that care delivered should:
 - be holistic, person-centred and needs-led;
 - work with the spectrum of gender diversity and identity;
 - allow people to present authentically;
 - provide equitable access regardless of location in Scotland;
 - provide access regardless of ethnicity, age, race, neurodiversity, ability, physical health status or other intersection; and
 - foster collaboration and cooperation of different clinicians to deliver holistic, person-centred care.

Example Content for Adult Assessment

2. A basic psychosocial assessment is recommended for adults that includes a narrative of gender history, transition progress and expectations. It should be adapted to the individualised context of the person and to the intervention proposed. At all stages this is a collaborative process between the trans person and their clinician with shared decision making.
3. This example content can be adapted as appropriate.

Introduction

Expectations

- person's expectations from the engagement and proposed intervention
- understanding of existing experience and knowledge
- agree themes for assessment

Gender

- current gender identity and expression
- gender history, development and experience
- timeline of gender identity development
- experience and progress of social transition
- impact of relevant physical changes
- experience of gender dysphoria
- establish and agree presence of gender incongruence

Social

- discuss accommodation, family/friends, education, work as relevant
- identify social support and wider community networks
- impact of wider social and cultural context
- consider social impact of further transition and discuss potential barriers

Mental Health

- explain basis for discussing mental health and reassure that this is a supportive element of the process

- mental health and neurodevelopmental history (conditions diagnosed or suspected)
- understanding of any previous formal contact with mental health or psychological services
- taking a trauma-informed approach, consider the impact of any previous trauma or negative experience and its relationship to the assessment and any proposed treatment
- discuss risk including suicidal thoughts/actions and self harm
- explore any current concerns and identify support as appropriate
- the key principles of gender specific psychosocial support are given in **Annex B**

Medical

- medical history
- any current conditions or waiting for treatment
- medications
- smoking and other substances
- family history especially blood clots, cardiovascular disease or cancer

Sexual Health & Fertility

- sensitively explore sexual health history
- offer sexual health testing where indicated and requested
- explore impact of any proposed intervention on sexual function
- discuss contraception where indicated
- discuss thoughts about future family and explain options for fertility preservation where eligible
- offer referral for fertility preservation where requested

Reflection and Consent

- provide verbal and written information prior to decision making about the proposed intervention
- ensure that there is an effective understanding of any proposed intervention including a full discussion about benefit and risk
- clearly identify elements of any intervention that are irreversible and ensure there is sufficient space for this to be explored
- where there is uncertainty or concern about capacity access timely support from a suitable multidisciplinary team.
- confirm the outcome of the assessment with the person verbally and in writing