

## SPSO decision report

**Case:** 201203255, An NHS Board  
**Sector:** health  
**Subject:** policy/administration  
**Outcome:** some upheld, recommendations

### Summary

Ms C is a transgender woman undergoing gender reassignment (a process of changing from man to a woman). She complained that the assessment process for acceptance for gender reassignment surgery took too long and was unreasonably delayed. She started going to the relevant clinic, attending regularly over the following three years. She was referred for a range of additional treatments including hormone therapy, plastic surgery and speech therapy. She sometimes presented at the clinic as a man and sometimes as a woman, but consistently said she was keen to seek gender reassignment surgery.

After three years Ms C was given a referral for gender reassignment surgery in the UK. Ms C then said she preferred to have this abroad, asked for a referral, and withdrew from the service.

In considering this complaint, we took independent advice from our psychiatric adviser, who reviewed all the consultations that Ms C had as she progressed towards referral for surgery. While he acknowledged that it had taken some time for Ms C to gain her referral, he did not identify any specific delays on the part of the board. The timescales involved were partly due to referrals to other services and partly due to inconsistencies in the way Ms C was presenting at the clinic.

Ms C also complained that the board unreasonably refused to refer her for surgery abroad. She said that the criteria for referral were the same, and she would be paying for the surgery. The board said that the decision not to refer Ms C was taken on policy grounds, as international referrals are only made when specialist skills are not available in the UK. Our adviser noted that it would have been appropriate to make an exception to policy on this occasion, given that payment for surgery was not an issue, and we upheld the complaint. However, we noted that before gaining a new referral, Ms C would need to provide evidence that she was ready for surgery now, as she does not currently meet the referral criteria because she withdrew from the service.

Ms C also complained about the standard of plastic surgery on her jaw. She said that it had left her jaw heavier on one side, and that this was deliberate on the part of the surgeon. We took independent advice on this from a facial surgery adviser, who found that the technique used during surgery was appropriate and that the results were of an acceptable standard. He noted that all faces are asymmetric and that patients who have had plastic surgery are much more aware of their appearance after surgery than they were before.

Finally, Ms C complained that there were factual inaccuracies in the board's response to her complaints. We reviewed the correspondence, and found that there appeared to be some confusion around the use of the word 'ambivalence', which was used by Ms C's psychiatrist to describe her approach to her gender reassignment when she was not consistently presenting as female. However, our psychiatric adviser considered these assessments to be appropriate. We also found some inconsistency around the information presented in relation to her attendance at appointments and some confusion caused by a statement from the board's plastic surgeon. However, we could not find any significant inaccuracies in the board's correspondence, and did not uphold this complaint.

## **Recommendations**

We recommended that the board:

- ensure that all patients attending/receiving the services of the clinic are, at their first appointment, given verbal and written information of the policies and procedures followed there in relation to gender reassignment surgery; and
- apologise for not referring Ms C for surgery abroad when it would have been appropriate to do so.