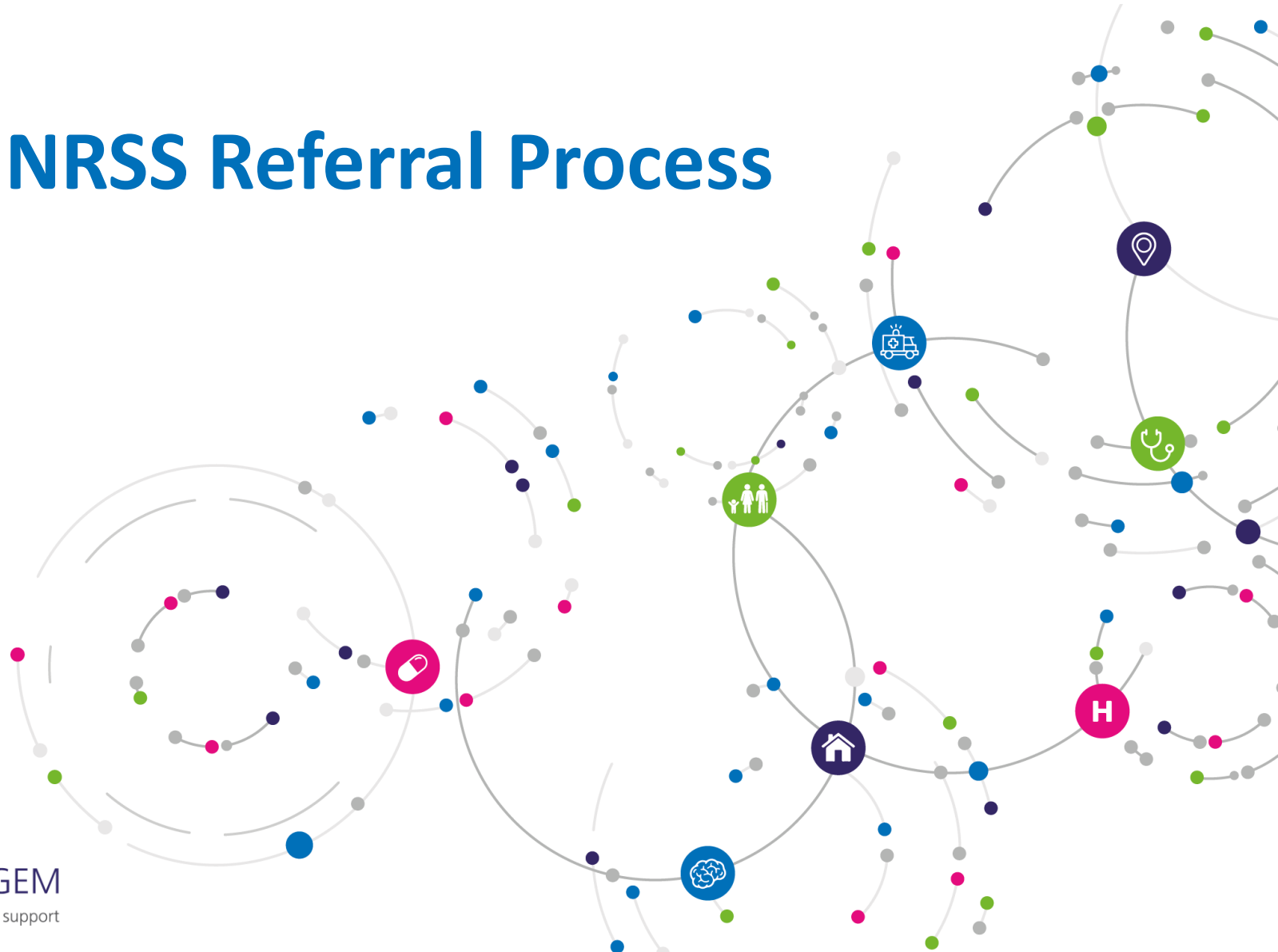
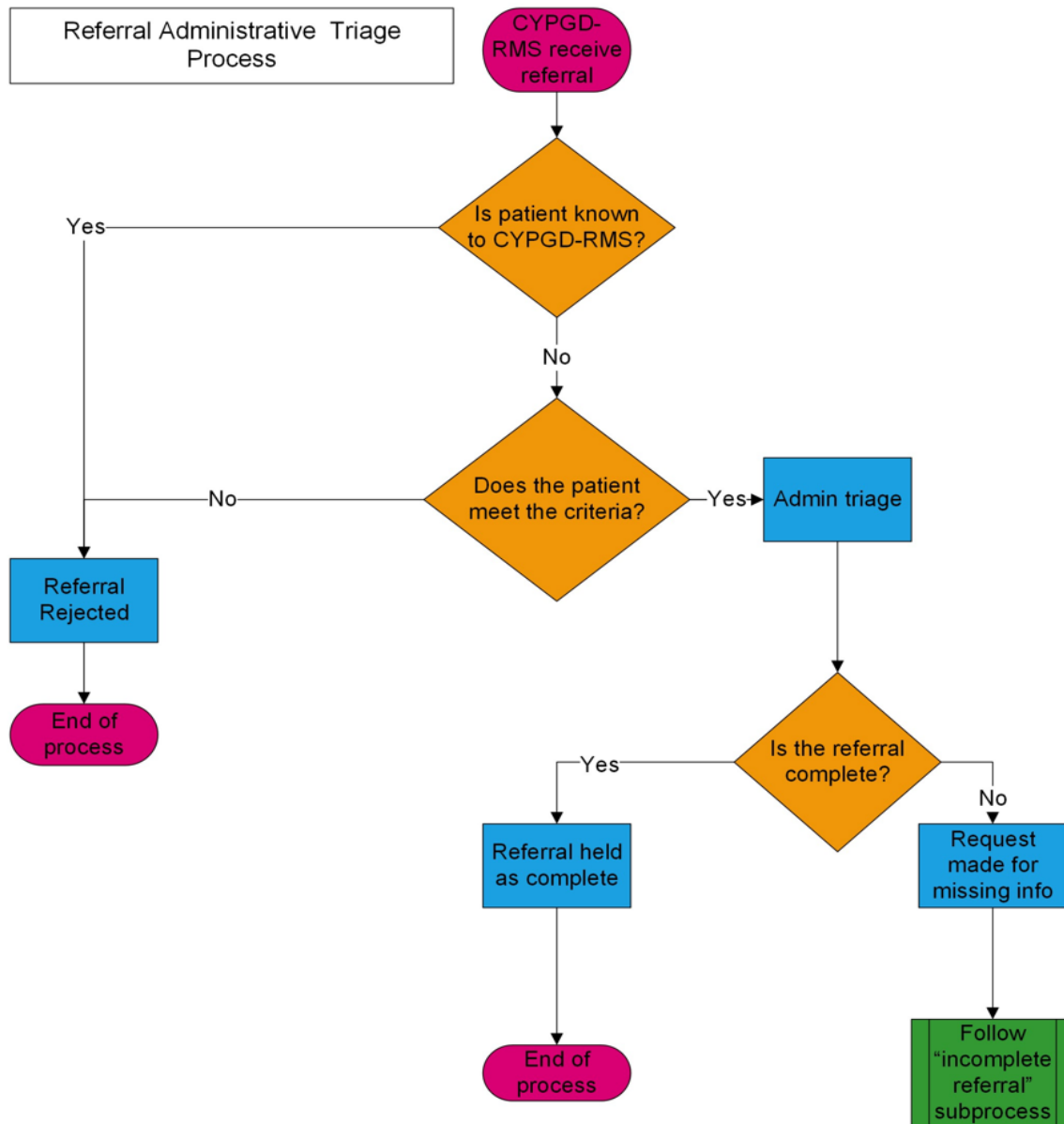


CYP-GNRSS Referral Process



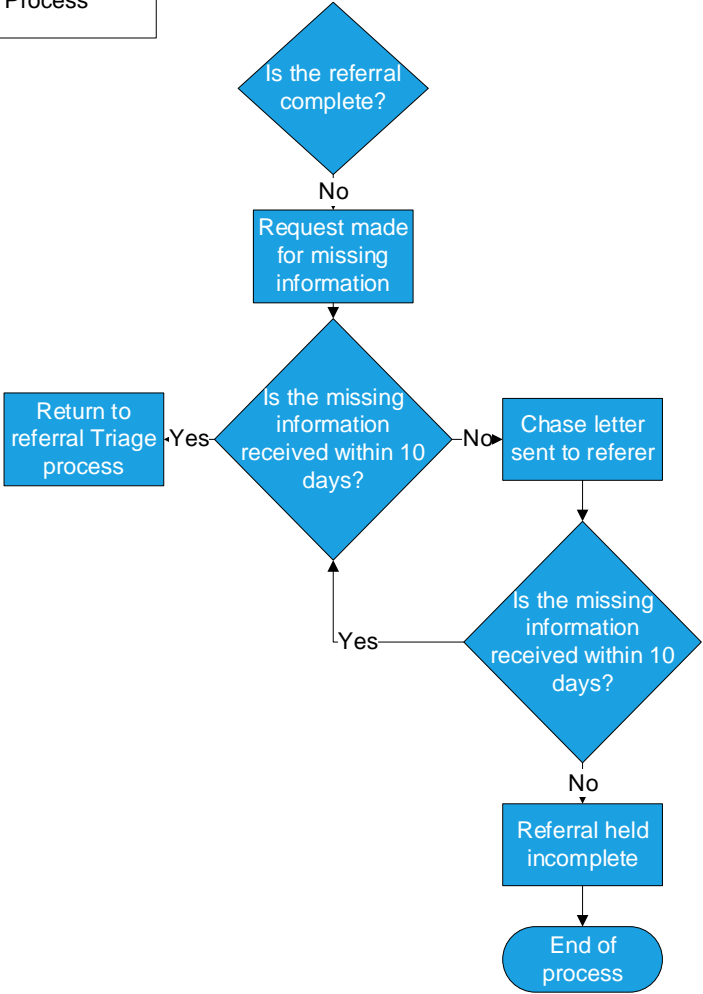
CYP Referral process



CYP Incomplete Referrals



Incomplete Referrals Process



Referral Criteria and Minimum Data Set



Referral criteria

- The service user is under the age of 16 years and under
- The service user is seeking support and/or treatment around their gender identity
- Referral for patients in England
- Welsh referrals made by Welsh Health Specialised Services Committee (WHSSC).
- Referrals for young people aged 17 years as they are unlikely to be seen by the time of their 18th birthday which is the cut off point for CYP services – you may consider a referral to an adult Gender Dysphoria Clinic from 17 years of age, should you consider that the young person is likely to meet the acceptance criteria

Rejection Criteria

- Hand-written referrals
- Referrals made without use of the referral form
- Referrals for under 16s where parental consent is not present (please contact agem.cyp-gd@nhs.net for advice)
- Referrals where it has been indicated that the young person is the only person to be contacted, but the contact provided is the parents/carers postal address
- Self-referrals from young people or families
- Referrals received for Welsh patients made by anyone other than other than Welsh Health Specialised Services Committee (WHSSQ)
- Referrals for Northern Ireland
- Referrals for Scotland

Continue.... Referral Criteria and Minimum Data Set



- **Minimum Data Set**

- The service user's name and date of birth
- Date of referral
- The service user's sex assigned at birth
- The service user's Gender Identity
- Age of young person at time of referral
- The service user's address
- The service user's NHS number
- The service user's / Guardian Email and telephone number – indicating preferred method
- If the young person has consented
- Parental / guardian consent to referral
- An indication of who has parental responsibility
- An indication as to whether the young person Looked After or in Special Guardianship
- An indication as to whether the correspondence should be sent to young person only or to the legal guardian and the young person
- The service user's ethnicity
- At least one Parent / Carer / Guardian contact:

- Name, Address if different to the service user's, Relationship to patient, Email and telephone number





Get in touch with us at:

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