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Date: 25th May 2022
Our Ref: JG/LLPA

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Dear Ms Budge, Ms Calder and Ms Smith

Implications for Scotland from the Cass Review of Gender Services for Children

Thank you for your email of 29th April 2022, enclosing a copy of your letter of 28th April 2022 to the Cabinet Secretaries for Health and Social Care, Education and Skills and the Minister for Children and Young people regarding the above, and the concerns you have about the direction of travel the Scottish Government is taking in response to the increasing numbers of young people who are seeking support from the specialist gender identity clinic at the Sandyford service.

I note that this letter also highlights a number of specific concerns about the Sandyford service and from your email, you are seeking reassurance that due regard is being given by NHS Greater Glasgow and Clyde to the findings and recommendations of the Cass Report in shaping any future service model. As Sandyford Sexual Health Service is hosted by Glasgow City Health and Social Care Partnership, Susanne Millar, Chief Officer for the Partnership has also reviewed and endorsed this response.

As you are aware, Sandyford runs the only gender service in Scotland for young people and your letter quite rightly points out the significant incremental growth in referrals per year. Since it was established in 2014, the service has continually been under capacity staff-wise to meet this growing demand. The current waiting time sits at 35 months. The table below provides detail on referral rates and sources from 2019.

	2019	2020	2021	2022 (Mar)
GP Referral	141	111	198	45
Other Health/Social Care Referral	13	16	10	7
Self-Referral	119	80	245	60
Other	44	74	68	3
Total	317	281	521	112

It is also important to point out that the adult service faces very similar challenges with the waiting time currently sitting at 48 months. I am sure that you will agree that this is a completely unacceptable situation for any clinical service and NHS Greater Glasgow and Clyde therefore welcomes the Scottish Government's plans to provide investment to bring these waiting times down. Following the Scottish Government launch of The NHS Gender Identity Services Strategic Action Framework 2022-2024 on 20th December 2021, Sandyford has been actively engaged with the Scottish Government to support improved accessibility to specialist gender services. In doing so, both the Sandyford Team and NHS Greater Glasgow and Clyde believe that sound clinical governance and integrity are crucial components of service development and cannot be compromised. This equally applies to the role of the general practitioner in relation to managing any young patient who presents with concerns about their gender identity.

With regard to the development of services for young people, I can confirm that NHS Greater Glasgow and Clyde welcomes the publication of the interim report by Dr Hilary Cass in March 2022 regarding the review of gender services for children and young people in England. We view this as both timely and wholly relevant to informing the development of the future service model in Scotland.

In your letter to the Scottish Government, you raise a number of concerns about the young people's service at Sandyford in relation to data quality regarding natal sex, young women being referred for surgery and failure to provide proper care for patients who have been misdiagnosed and now find themselves de-transitioning.

Information regarding natal sex is automatically transferred via the CHI store. However, as a patient may have chosen to have their CHI information changed, there is no guarantee regarding the absolute accuracy. The young people's and adult services' electronic record system has been upgraded to include a gender identity summary which enables recording of age of onset of dysphoria and whether before or after puberty, direction of transition, key conditions e.g. ASD, outcome of assessment, psychological, medical, non-surgical and surgical treatments, and de-transition.

With regard to surgery, the Scottish Gender Reassignment Protocol does permit referrals for breast surgery for female to male patients over the age of 16. The numbers of these referrals are small and, due to the long waiting times for this type of surgery, patients are normally over 18 years by the time their surgery takes place. Patients must also be on cross hormones for 6 months in advance of any surgery. I understand that the Gender Reassignment Protocol is currently under review which will include this aspect of care and treatment.

Finally, in respect of patients who believe they have been misdiagnosed, I can advise that the response to this by the Sandyford team is no different to any other clinical service dealing with a misdiagnosis. In the event of this happening, the matter is investigated under NHS Greater Glasgow and Clyde Significant Adverse Event Review process, which, with their agreement, includes direct involvement with the patient.

I note that you have requested a meeting with me to discuss NHS Greater Glasgow and Clyde's response to the Cass Report and the other matters you have raised. Given that you have formally raised these matters with Scottish Government Ministers, I would suggest that, in the first instance, we await their response and views on how this discussion can be taken forward. In the meantime, I trust that this response addresses the matters you have raised.

Yours sincerely



Jane Grant
Chief Executive
NHS Greater Glasgow and Clyde