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Date: 19/10/2022  
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Dear Dr Smith,

### **Gender Identity Services for Children & Young People**

We are writing to you in the light of the recent statement from Dr Hilary Cass, Chair of the Independent Review of Gender Identity for Children & Young People for NHS England, and the implications for the services that are provided in NHSGGC and NHS Lothian.

Whilst the delivery model in Scotlands are different to those described by Dr Cass delivered by the Tavistock Centre, it is appropriate that we take stock of the concerns raised and provide assurance that any relevance to the care provided by our services is understood and appropriate actions are being taken. We believe that this is important assurance for public confidence but also as an expression of our confidence in our clinical teams who have developed services to high standards of clinical governance and openness to peer review and scrutiny.

To this end, we have asked our respective clinical teams to review the clinical pathway and the clinical governance arrangements. Dr Emilia Crighton, Director of Public Health, NHSGGC will lead work to establish a second opinion process for selected groups of patients, supporting NHSGGC and NHS Lothian clinicians who currently prescribe both puberty blockers and hormonal therapy to young people. The Sandyford clinicians will also develop a referral protocol to the service to ensure patients are appropriately referred and receive local assessment and clinical care for co-morbid conditions. This work will be completed shortly and will be supportive of the work to be undertaken by National Services Scotland to commission a Young Person's Gender Identity Service for Scotland. We would expect the design model of this service to reflect the findings of the CASS Review and international evidence base.

Dr Cass drew attention to uncertainties of the long term outcomes of medical intervention, reflecting the off-licence use of treatment therapies employed. It was recommended that:

“consideration is given to the rapid establishment of the necessary research infrastructure to prospectively enrol young people being considered for hormone treatment into a formal research programme with adequate follow up into adulthood”.

We believe that it is important that NHS Scotland pay heed to this recommendation and would formally ask that you:

- Make arrangements for an independent review of the evidence base for puberty blocker/hormone therapy in the treatment of gender dysphoria in young people
- Consider doing this in collaboration with the NHS England review
- That this includes introduction of a long term follow up process for all young people who are and have received this treatment and this forms part of UK evaluation/ research process

#### Operational Concerns for Gender Identity Services (Adult and Young People)

We have a further concern with the current backlog of demand for both the Adult & Young People's Services. The Sandyford service has unacceptably long waits for a 1st assessment of over 4 years for Adults and over 3 years for Young People. Both services have a high proportion of patients referred from out with NHSGGC, over 80% of attendances in the young people's service came from other Boards, with a similar position for adult services of over 60%. Evidence indicates that many patients will have additional mental health needs that are separate to Gender Dysphoria which can go unmet.

Whilst we recognise the progress being made by the National Framework programme to develop common pathways for Gender Identity, our current concern is that there is no assurance that patients on our waiting list have been assessed or are accessing treatment for additional care needs. In July, we responded to the invitation to submit a bid for national monies to address waiting times and highlighted the need for cross system dialogue to help manage the care implications. We continue to await the outcome of this process but remain hopeful that funding will be forthcoming.

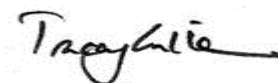
In the meantime, we intend to work with referring Boards to establish a mechanism to ensure all patients on the current waiting list are reviewed by their local clinical team to ensure unmet need is identified and can be met within the patient's own Board. Whilst this process is in operation, we will pause acceptance of new referrals to both the Adult and Young Person's service, this will include self-referrals who will be passed back to their local clinical team.

We trust that you will be supportive of this action which is taken in the best interests of our patients.

Yours sincerely,

Handwritten signature of Dr Jennifer Armstrong in cursive script.

Dr Jennifer Armstrong  
**Board Medical Director**

Handwritten signature of Miss Tracey Gillies in cursive script.

Miss Tracey Gillies  
**Board Medical Director**  
**NHS Lothian**