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Dear Professor Smith,

NHS England's Clinical Policy in relation to Puberty Suppressing Hormones (PSH) and implications for the Scottish Service

I refer to the previous correspondence of 20th October 2022 from Ms Tracey Gillies, Board Medical Director for NHS Lothian and myself, and your subsequent reply of 3rd February 2023, regarding gender services for children and young people.

In our letter, Ms Gillies and I requested that, in the light of the recommendation regarding PSH made by Dr Hilary Cass from her review of the Gender Identity Development Service (GIDS) for children and young people at the Tavistock and Portman NHS Foundation Trust (February 2022), it was important that NHS Scotland consider this recommendation. In particular we requested that the Scottish Government,

- 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, and that
- this should include 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

In response to this, you advised that, whilst you fully supported engagement with UK colleagues, the parameters of any research proposal by the National Institute for Health and Care Research (NIHR) were in early stages. In the meantime, you advised that the Scottish Government would continue to engage with NHS England, and would work with Healthcare Improvement Scotland (HIS) to scope whether an updated rapid evidence review on outcomes surrounding puberty blocking intervention would add value to the available existing evidence base.

NHSGGC position on NHS England's Policy

As you will be aware, on 12th March 2024, NHS England announced that after a thorough review of evidence, there is insufficient evidence to support the safety or clinical effectiveness of PSH to make the treatment routinely available at this time.

The clinical significance of this has subsequently required NHSGGC and NHS Lothian to review their position. NHSGGC currently has national responsibility for the assessment of gender dysphoria in Young People, with subsequent referral for medication interventions to paediatric endocrinology services in NHSGGC and NHS Lothian.

Following consultation with senior medical staff and the clinical team responsible for the delivery of PSH our shared view is that Scottish practice should align with the position taken by NHS England, and to do otherwise would present significant risk. New referrals from the NHSGGC Young Persons Gender Service (based at Sandyford Services), to paediatric endocrinology services in NHSGGC and NHS Lothian, have been paused while we review the implications for our service. Aligning with NHS England, those patients who are currently on PSH treatment should continue on treatment with close monitoring and support, as they wish to and as guided by individual clinical assessments within each service.

As NHS England has taken the position that all access to PSH treatment will only be made available via a formal clinical research trial, we ask that any future PSH treatment is carried out in partnership with the NHS England research proposal and would see a Scottish centre within any research proposal.

Gender affirming hormone treatment for those not treated with PSH up to age 18

Currently in Scotland, Young People age 16-18 years who have not been treated with PSH may still access gender affirming hormone treatment (GAHT) via the NHSGGC YPGS and from aged 17 in NHS Lothian Adult Gender Service.

Clinical teams in NHSGGC and NHS Lothian recommend that this pathway is also reviewed in line with NHS England and that this intervention is only provided with multidisciplinary specialist Endocrinology input. We will also pause this service whilst this review is undertaken.

NHSGGC Young Persons Gender Service Model

It is important to recognise that the NHSGGC YPGS provides psychiatric and clinical psychology support, assessment and diagnosis of Gender Dysphoria and we propose no changes to this service at the present time. As you are aware, there are significant existing pressures on the service, and the proposals outlined above will not change this situation. Whilst the National Services Scotland Young Persons Gender Service Specification is awaited, alongside the specific actions outlined above, it is the strong clinical consensus that the YPGS model follows that set out by NHS England, [NHS England » Interim service specification for specialist gender incongruence services for children and young people](#) (updated 12 March 2024).

In summary, NHSGGC and NHS Lothian ask that you formally support the position set out above, namely:

- Pause to new referrals from the NHSGGC Young Persons Gender Service to Paediatric Endocrine services with immediate effect.
- Urgently explore the possibility that future PSH treatment can be carried out in partnership with the NHS England research proposal.
- Support a clinical review of the pathway for GAHT for those not treated with PSH up to age 18 to align with NHS England.
- Align the YPGS with NHS England model.

NHSGGC and NHS Lothian commit to individual communication with the young people and families who are impacted by these decisions to explain the change in treatment pathways. The distress these decisions may potentially cause is recognised and the service will ensure this is completed before a public position statement is issued.

There is therefore an urgent need for both a formal statement of support from your office and clarity on the Scottish Government's position on Young Persons' Gender Services in Scotland, in response to these developments.

We are of course happy to discuss any aspect of this in more depth if necessary.



Dr Jennifer L. Armstrong
Board Medical Director



Tracey Gillies
Executive Medical Director, NHS Lothian