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By email:

Dr Jennifer Armstrong  
Board Medical Director, NHS Greater Glasgow &  
Clyde

Miss Tracey Gillies  
Executive Medical Director, NHS Lothian

9 April 2024

Dear Jennifer and Tracey,

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

1. Thank you for your letter dated 27 March, received by my office on 28 March, regarding NHS England's settled clinical policy in relation to puberty suppressing hormones (PSH) as a treatment option for gender dysphoria, announced on 12 March 2024 and corresponding implications for the Scottish Service as provided by NHS Greater Glasgow and Clyde (NHS GGC) via its Sandyford Sexual Health Service.

### **Response**

2. Recognising you are awaiting my response to your letter before formally notifying patients potentially impacted by the new clinical position you are taking in this area; I have come back directly on your main points below. I am available to discuss broader points in your letter at a later date, if helpful.
  - **Pause new referrals from the NHS GGC Young Persons Gender Service to Paediatric Endocrine services with immediate effect.**
3. As Chief Medical Officer for Scotland I expect Health Boards to make decisions on the delivery of clinical care via agreed local governance processes, taking into account new and emerging evidence in a clinical field. This is no exception and I support your decision.
  - **Urgently explore the possibility that future PSH treatment can be carried out in partnership with the NHS England research proposal.**
4. As you will be aware, following its announcement in summer 2022 the Scottish Government has proactively pursued links with NHS England commissioners on this matter, and is grateful for NHS GGC's subsequent involvement as this relationship has developed.
5. As part of this engagement, which now includes the Chief Scientist Office (Health), we have also facilitated involvement from representatives from the University of Glasgow in



discussions with NHS England and the National Institute for Health Research (NIHR), who are designing this study. This link, which NHS GGC is now building upon, should ensure an appropriately broad understanding of any implications in aligning an NHS Scotland provided service with a research protocol as currently being designed by the NIHR.

6. I would of course support NHS GGC, working with Chief Scientist Office as required, in making arrangements to join the NIHR study in this field and the associated alignment of a treatment pathway as a result.
  - **Support a clinical review of the pathway for Gender Affirming Hormone Treatment for those not treated with PSH up to age 18 to align with NHS England.**
7. As I have already stated, I support decisions taken by Health Boards via agreed local clinical governance processes to review and revise current care pathways, to consider new and emerging evidence in a clinical field. This is no exception.
  - **Align the Young Person Gender Service, as offered by NHS GGC, with NHS England model.**
8. As you are aware, the Scottish Government commissioned NHS National Services Scotland (National Services Division) in early 2022 to take forward a proposal for a young person gender service for NHS Scotland. This was to formally commission this offering via agreed national commissioning processes. I am grateful to NHS GGC for their engagement with this work.
9. I note your request on aligning the Young Person Gender Service as offered by NHS GGC with the clinical model as recently updated and published by NHS England. As referenced above, I am supportive of decisions taken by Health Boards via agreed local clinical governance processes to review and revise current care pathways, to consider new and emerging evidence in a clinical field. I know too that you will be aware of historical differences in clinical approaches in this field between comparable NHS Scotland and NHS England services, a reflection I understand was also commented on by the Cass Review during routine engagement by NHS Scotland with that Review.
10. I would however reflect that such a decision should be taken only after full consideration of its potential implications – which may require consideration of legislative and/or structural differences between NHS England and NHS Scotland – and how access to healthcare interventions previously offered may be impacted for NHS Scotland patients. I would also reflect that any decision to substantively amend a clinical offering for a service serving all NHS Scotland would likely benefit by following relevant NHS Scotland structures to reach collective agreement e.g. progression of a detailed proposal to Health Board Chief Executives.
11. Finally, with these points in mind, I would strongly encourage NHS GGC and NHS Lothian to substantively engage with the new clinical services established from 1 April 2024 by NHS England in this field, to better understand implementation of those new clinical pathways and their associated specification(s). I would note building robust

clinical links with other centres in UK nations will ultimately benefit NHS Scotland patient outcomes and service delivery in this sensitive field.

## **Conclusion**

12. I am encouraged to read that NHS GGC and NHS Lothian have a communication plan to sensitively handle this change in position for patients, as this can be expected to attract substantive public interest and has the potential to cause concern to those on the waiting list (and their families) if not communicated appropriately. In light of this I would ask both Health Boards to continue to maintain good links with relevant Scottish Government officials on this communication plan, to ensure a shared understanding of the position as it is implemented.
13. I remain grateful for the continued efforts of clinicians and staff working to care for children, young people and their families seeking their support. I know you agree we must collectively maintain our focus on delivering the best possible evidence-based care for NHS Scotland patients in what remains a highly sensitive, at times clinically complex, and highly polarised field of medicine.



**Professor Sir Gregor Smith**  
**Chief Medical Officer for Scotland**