Cabinet Secretary for Health and Social Care Rùnaire a' Chaibineit airson Slàinte agus Cùram Sòisealta Humza Yousaf BPA/MSP



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Baroness Kishwer Falkner Chairwoman Equality and Human Rights Commission Amdale House The Amdale Centre Manchester M4 3AQ

By email: ChairandCEO@equalityhumanrights.com

10 November 2022

Dear Baroness Falkner,

Following your correspondence of 20 September 2022 to Shona Robison MSP, Cabinet Secretary for Social Justice, Housing and Local Government, she has asked me to write to you regarding your references to gender identity healthcare within NHS Scotland.

Within your 20 September letter to the Cabinet Secretary, you made reference to NHS England's Cass Review and stated that the interim report from that review has 'informed the decision to close the Tavistock clinic in London and calls to close the equivalent provision in Scotland, the Sandyford clinic.'

It is not wholly clear what calls you are referring to or how you believe an ongoing review of specialist clinical services as commissioned by NHS England should impact the legislative progress of the Gender Recognition Reform (GRR) Bill.

As previously stated by Ms Robison and I will reiterate again here, it is not the case that a Gender Recognition Certificate (GRC) is required to access specialist gender identity healthcare, regardless of circumstances or age. Current proposals in the GRR Bill will not change this. I am of the view that considerations of how clinical care is best delivered for children and young people in this specialist and sensitive field holds no relevance to legal gender recognition reform as set out by the legislative proposals currently with the Scottish Parliament.

The <u>Independent review of gender identity services for children and young people</u> as chaired by Dr Hilary Cass (the 'Cass Review') only extends to current and future services as offered by NHS England. You will be aware that how the NHS is structured, and how clinical services are commissioned, is different in England and Scotland. The Cass Review is not considering or reviewing clinical services or pathways as provided within NHS Scotland.

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As Scottish Government has previously publicly stated, and I will again reiterate here, the findings of the Cass Review, both interim and final, will be – and are being – closely considered both by Scottish Government and NHS Scotland. This is in the context of how such healthcare is best delivered in Scotland.

Following publication of its interim report in March 2022 the Cass Review's chair. Dr Hilary Cass, wrote to NHS England with advice on the future of services as commissioned by them. In response, NHS England announced plans on 28 July to restructure and further expand specialist services for children and young people experiencing gender incongruence and gender dysphoria. That press release stated that two 'Early Adopter' services have been announced with the future potential for an eventual "around seven to eight services". It was announced that, over time, these will take over responsibility for all patients currently being seen, or waiting to be seen, by the Tavistock and Portman NHS Foundation Trust's Gender Identity Development Services (GIDs). It is not clear from the announcements and information available to date what the timeline for such a change will be, beyond establishment by NHS England of early adopter services for spring 2023.

You will note that from that press release and a similar one from GIDs that the current service based within Tavistock and Portman NHS Foundation Trust is not currently closed. You may wish to note the 'Beyond the Headlines' release from the Cass Review on 18 August highlighting that the widespread reporting of the review's advice had 'sometimes overlooked' the detail of the advice and a follow up press release from GIDs on 25 August, regarding reporting and public discourse surrounding the 28 July announcement.

The Cass Review has not yet made its final recommendations and it may be some time before it does. The Cass Review has not published any comment or advice on NHS Scotland gender identity services and are not expected to do so, as that is not part of their review.

It may be useful in this letter for me to highlight the provision of gender identity healthcare to people in Scotland so you understand them clearly. There are four adult NHS gender identity clinics in Scotland. There is one clinic for young people, which includes under 16s - the Young People's Gender Service based within NHS Greater Glasgow and Clyde, which is what I presume your reference to the Sandyford Clinic in your letter refers to. It may be useful to note that 'the Sandyford Clinic' is the name of a clinical service within that Health Board which offers a wide range of clinics and services including, but not exclusively, the Young People's Gender Service.

The Young People's Gender Service accepts referrals from all Health Board areas in Scotland, for individuals up to the age of 18 years old. This clinical service was founded over 8 years ago by NHS Greater Glasgow and Clyde in response to need in Scotland and a recognition of a requirement to provide specialist care for children and young people presenting with potentially complex needs and associated support. The service was established with an ethos of holistic health care - with the young person and their family at the core. The service is staffed by a multidisciplinary team of experienced psychologists, psychiatrists, and a Specialty Doctor with a background in Child and Adolescent Mental Health Services (CAMHS). The service also has a mental health occupational therapist and works closely, as required, with a range of other services such as local CAMHS, paediatric endocrinologists and child protection teams.

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I am mindful of pressures that polarised public discourse can put on NHS staff working hard to deliver the best care possible to young people and their families. This is not to mention the associated anxiety and stress reported by such young people, witnessing this, as they wait or access services.

Please be assured that in addition to the work laid out by Scottish Government to date to improve access to, and delivery of, these services I fully expect this will remain informed by continuing use of relevant best practice guidelines, evidence on treatments and consideration of new models of care in England, and internationally, as it becomes available.

I trust this information is of use.

Yours sincerely,

HUMZA YOUSAF

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