

Response ID ANON-4HQX-TXVK-J

Submitted to NHS Children and Young People's Gender Service Specification
Submitted on 2025-10-30 09:53:18

Consultation questions

1 In what capacity are you responding?

Other

If you have selected 'Other', please specify:

As a representative of LGB Alliance, the UK's only charity which exclusively advocates for the rights and interests of same-sex attracted people. This issue particularly affects LGB people as they are more likely to be gender non-conforming and therefore to seek out gender services, as demonstrated in the Cass Review.

2 Are you responding on behalf of an organisation?

Yes

If you have selected 'Yes', which organisation are you responding on behalf of?:

LGB Alliance

3 To what extent do you support the inclusion of the holistic assessment of needs (Appendix A in the service specification)?

Agree

Please add your comments:

We support a holistic approach to assessment and treatment of this patient cohort, as recommended by the Cass Review. The children and young people presenting to gender services are individuals with their own complex needs. We know autism is common among these young people, and they often present with co-occurring mental health issues, including depression, eating disorders and OCD. Many of the children and young people who presented to GIDS had had adverse childhood experiences, such as abuse, neglect and parental mental illness. We also know the majority of the young people presenting with gender incongruence are same-sex attracted, so this must be taken into account in assessment. In some cultures and families, it is seen as more acceptable to identify as the opposite sex than to be gay, and this again may affect a young person's self-image and lead them to present with gender issues. Same-sex attracted young people are likely to present as gender non-conforming, and without a holistic assessment that takes sexuality into account, this could be and has been misunderstood as them having a 'transgender' identity.

The holistic assessment of needs is split into eight domains and we are happy to see sexuality is included within this under the heading of Sexual development. This is vitally important as without it gender services could continue to overlook young people's emerging sexuality and put them on a pathway that has been referred to as 'transing away the gay'.

We're happy to see Mental health as one of the domains, for the reasons listed above. Any assessment that does not take into account the co-occurring mental health needs of this cohort will be unlikely to resolve the underlying needs of the patient and would not be effective treatment.

Education setting and social context is also a welcome domain of assessment as we know social contagion is a factor in many of the young people presenting with gender incongruence, particularly in adolescent girls. As stated in the Cass Review, the research around social transition (changing of name, using opposite sex pronouns etc. prior to accessing treatment) is limited, but it's not a neutral act and may push children further down a pathway towards medical transition that they might otherwise have desisted from.

We're particularly glad to see Safeguarding as one of the domains of the holistic assessment framework. It is vital that safeguarding becomes a central aspect of treatment. Services must address concerns around homophobic families and cultures pushing gender non-conforming children towards transition rather than letting them grow up to potentially be gay. They must also take into account the possibility of Fabricated or Induced Illness (previously Munchausen syndrome by proxy) in which a parent or guardian may invent a condition and symptoms for a child. These young people must be carefully assessed to ensure they are not being pushed down a pathway they would not choose themselves.

4 To what extent do you agree with the approach to the management of patients accessing prescriptions from un-regulated sources as explained above?

Agree

Please add your comments:

It is vitally important that children and young people seeking treatment for 'gender dysphoria' go through the holistic assessment process set out in this service specification. This requires that the service provider be appropriately regulated. While we do not believe anyone under 18 should be given puberty blockers or cross-sex hormones, we are particularly concerned about unregulated providers getting around UK law to give these drugs to children.

It is good to see within the service specification that the Service will not assume responsibility for prescribing medication initiated outside the service and will not facilitate continuation of medical interventions that begin outside the regulated service. We hope this will discourage these young people and their families from seeking medication from unregulated providers. We are of course pleased that the Service will potentially offer psychosocial support to these patients as this is an appropriate treatment, unlike hormones. It is absolutely right that the Service initiates safeguarding procedures for children and young people who are given medication by unlicensed providers, as this could be a type of abuse and certainly gives cause for serious concern.

5 To what extent do you support the following other proposed changes to the specification as described above:

Partially Agree

Please add your comments:

Having clear oversight of the decisions the Service takes regarding complex cases is a good idea. It is also important that policies and procedures, training, protocols and standards are consistent across each service provider across the country, and that they all follow the rules which are set out to prevent the unnecessary medicalisation of children and young people. It is also vital that clear and accurate records are kept and that the National Provider Network ensures this for the purposes of research and audit. These appear to be the functions of the National Provider Network, so in that we support this.

However, details around exactly what training and education the National Provider Network will provide to each Service are lacking. We would be concerned about such a network sourcing training from organisations like Mermaids, who advised the GIDS service very poorly, and making it standard training for each Service across the country. There must be clear details of what kind of training will be provided and how appropriate standard protocols will be developed and maintained. It would also be helpful to know if the National Provider Network will make provision for clinicians to raise concerns about individual Services and have those concerns addressed seriously and fairly. We know from research into GIDS at the Tavistock that many clinicians raised concerns about the service which were dismissed and which they were often punished for raising, and there must be assurances that this will not happen again with the new Service.

Agree

Please add your comments:

We are pleased to see the Service will collect data on all those who are referred to it, including those for whom it is determined intervention would not be beneficial. We know data collection and reporting have previously been inconsistent in gender services, making it harder to analyse the effectiveness of different interventions. That the collection of NHS patient data will now be mandatory is a welcome development.

It is helpful to know that the data will be collected and what it will be used for, but we would be glad of more details about exactly what data will be collected. In particular, we would like to ensure data around a patient's sexual orientation is collected, along with the details of how this is taken into account in the treatment of patients' gender incongruence.

Not Answered

Please add your comments:

Disagree

Please add your comments:

As demonstrated by the Cass Review, the existing evidence for the safety and effectiveness of using Gonadotropin-releasing Hormone Agonists (puberty blockers) for treating 'gender dysphoria' is incredibly weak. We are also aware of many adverse effects from the prescription of cross-sex hormones, including cardiovascular problems, reduced bone density, infertility and increased risk of certain cancers. These hormones also do not necessarily relieve the dysphoria the patients are experiencing.

The inclusion of endocrinology as a core function of the Service's Multi-disciplinary Team suggests these hormonal interventions will still be available for young people seeking treatment. As these treatments have such devastating effects and the evidence around them remains so poor, it is concerning that they may still be included as a potential treatment method for anyone, especially children.

We would urge NHS England and the DHSC to demand the existing gender services turn over their data around these hormonal interventions and their long-term effects to facilitate the data linkage study detailed in the Cass Review. It is wrong to use more young people as the test subjects for these potentially damaging interventions when the evidence already exists but is being kept from us.

Not Answered

Please add your comments:

6 The proposed provider-reported metrics aim to help monitor and assess the quality of the service. To what extent do you agree with the inclusion of the metrics?

Not Answered

Please add your comments:

7 Are there any other changes or additions to the revised service specification that should be considered?

Not Answered

If you have selected 'Yes', please explain:

8 To what extent do you agree that the Equality and Health Inequalities Impact assessment reflects the potential impact on equalities or health inequalities which could arise because of the proposed changes?

Partially Disagree

Please add your comments:

'NHS England has concluded that there is insufficient evidence to determine if a particular group or cohort will be disproportionately impacted by the proposals.'

It is surprising to read this sentence in the Equality and Health Impact assessment under the sexual orientation heading, especially since the same section refers to evidence presented in the Cass Review and elsewhere that the majority of young people who presented to gender clinics were same-sex attracted. We firmly believe the revision of gender services will have a greater impact on lesbian, gay and bisexual young people as they are the group most likely to present at these services, and are the group who have been most affected by the failures of GIDS. The Equality and Health Impact assessment should reflect this disparity of sexual orientation within the patient cohort.

We are, however, pleased to see the holistic framework the Service is adopting will engage with the sexual orientation of service providers, record data on this and include experts on the development - including the sexual development - of children and young people in the multidisciplinary teams. Engagement with service users and their families to improve the design of the service and address any inequalities around sexual orientation is also a welcome development.