

Briefing note for meeting with Liz Truss on gender identity issues

1. You are meeting Liz Truss on Monday. She will talk to you about two issues:
 - I. Changing the reference to gender dysphoria in the Gender Recognition Act (GRA)
 - II. A review of transgender healthcare provision

Changing the reference to gender dysphoria in the Gender Recognition Act

2. Liz Truss is minded to remove the gender dysphoria diagnosis from the GRA for those wishing to apply for a Gender Recognition Certificate (GRC), replacing it with reference to a requirement for a specified medical practitioner to assess an applicant's "psychological readiness" or "fitness to proceed".
3. Her officials have told us that she does not want to change the application process, but rather is nervous about the term "gender dysphoria"; she is concerned there may be stigma associated with this term. It is intended to be a positive step rather than an intention to impose more stringent requirements than what is currently in place.
4. It is our view, however, that the term gender dysphoria is internationally recognised by both the medical and transgender community, and we don't believe there is any stigma attached to its use. The National Advisor for LGBT Health at NHSEI shares this view.
5. ***We recommend that any decisions around removing this term from the GRA should be clinician-led.***

Review of transgender healthcare

6. In a separate issue, as part of the Government response to the consultation on reforming the GRA, Liz Truss wants to announce a review of transgender healthcare provision to be led by DHSC. It is our understanding that No 10 and GEO officials are concerned that gender identity has become 'an answer' for children and young adults who actually have a range of complex social and mental health issues.
7. You might want to consider if this is the right time for a review. We believe that a review at this time would be a distraction to the Department's / NHSEI's ongoing response to COVID-19, and could be seen to prejudge and undermine ongoing work being done by NICE and NHSEI on transgender health issues for children and young people.
8. Specifically, NICE are reviewing the evidence-base on the administration of puberty blockers and cross sex hormones, and NHSEI has also asked NICE to deliver guidelines that will define referral criteria into the Gender Identity Development Service for children and young people. (The NICE work was to be completed by autumn but over the course of the COVID pandemic, NICE had to pause this work. They are planning a phased restart of work that had previously been de-prioritised but we have no timelines at the moment for its completion.)
9. We also believe any review of transgender health is likely to be controversial and would not necessarily address No 10 and GEO's far ranging concerns which are, in many cases, rooted in wider social trends.
10. It is worth noting that if this review has a focus on children's services, this isn't related to the GRA (children can't get a certificate, and services for children and young people don't require one).
11. ***We recommend that if you are inclined to support a review, that this is done after NICE and NHSEI have completed their work so any review can consider their findings. If you want to have a more detailed discussion with Liz about the scope of a review, we have set out our advice in an annex.***

Annex: Scope of the review

1. No 10 have become concerned that gender identity has become ‘an answer’ for a children and young adults who actually have a range of complex social and mental health issues. No 10 and the GEO believe that a manageable way to start to look at this is through a review of health services. In particular:
 - Rising referrals
 - Fast-tracking and consent to treatment
 - Long-term outcomes
2. If you are inclined to support a review, there are a series of useful questions that could be addressed and are discussed below. It may also be useful to address:
 - The provision of adult services, specifically the length of the waiting list
 - Workforce shortages – the lack of specialists
 - The structural robustness of the current provision for children and young people

Rising referrals

3. Referrals to GIDS have more than tripled since 2014-15 to 2,590 total referrals in 2018-19 (GIDS, 2019) and there are concerns about this rise, particularly the increased referrals of adolescent girls (including some with Autism Spectrum Disorder). It is worth noting that internationally many specialist gender services have witnessed a similar increase in referrals of young people (and particularly adolescent girls) seeking help with gender identity development.
4. This increase has been seen in other developed countries such as Finland, Canada, and the Netherlands. It is unclear what is driving these increases; sociological and sociocultural explanations have been offered to account for this, including greater awareness and acceptance of transgender issues.
5. The Government Equalities Office had intended to commission new research to explore the nature of adolescent gender identity and transitioning, but this has been put on hold for the moment as No 10 suggested that this could be considered as part of this wider review.
6. We believe that exploring the nature of adolescent gender identity and transitioning falls under the category of wider social trends that goes beyond just health.
7. ***It might be helpful to examine the referral pathways to better understand where children are being referred from. This would help us to understand if they are on the appropriate pathway.***

Fast-tracking and consent to treatment

8. A further concern of No 10 is regarding what is often referred to as the “affirmation”-based approach to gender dysphoria, whereby it has been suggested that young people are fast-tracked into potentially irreversible treatment without the appropriate psychological evaluation. This is linked to the third concern on long-term outcomes.
9. Evidence presented in the NHSE/I service specification for GIDS suggests that the age at which adolescents transition socially has decreased in the last decade, and that many young people choose to socially transition before any treatment has started. In one

clinical report findings indicate that one third of children who attend gender identity services have socially transitioned in advance of their first appointment.

10. ***As part of any review, it may be helpful to explore the proportion of children who have socially transitioned before attending GIDS, and what percentage of children who present to GIDS continue on their transition journey.***
11. There are also questions about at what age a young person can consent to treatments. On 27 February 2020, the courts confirmed that a judicial review against the Tavistock and Portman NHS Foundation Trust could proceed. The claimants argue that children are too young to give informed consent to receive puberty blockers. Our colleagues in the health policy team are currently engaging with legal advisors to consider the wider implications this could have on established law on consent for younger people.
12. Further to this, as we've previously advised you, NHS England is reviewing its commissioning position on administration of hormone treatments to children and young people on the gender dysphoria pathway. To support this NICE are reviewing the evidence base on the administration of puberty blockers and cross sex hormones.
13. Over the course of the COVID pandemic, NICE has had to reprioritise a significant amount of its workload. This has involved pausing the publication of work that is not therapeutically critical or COVID-related, meaning NICE's work on gender identity was paused.
14. As the NHS and wider health and care system starts to make arrangements for the next phase of its response to the pandemic, NICE is now planning a phased restart of work that had previously been de-prioritised.
15. ***We don't propose addressing this as part of any review as it is subject to a judicial review process; this is a controversial topic that already has garnered much media attention.***

Long-term outcomes

16. We currently don't know the long-term outcomes for young people who transition over time but, in 2019, the National Institute for Healthcare Research (NIHR) awarded Tavistock and Portman NHS Foundation Trust £1.3m to fund a Longitudinal Outcomes of Gender Identity in Children (LOGIC) study looking into the development of gender identity in children and young people in the UK.
17. The study will also seek to understand the care pathways of the children and young people involved and their outcomes over time, whether or not they remain in contact with GIDS. Research outcomes, because of their longitudinal nature, will not be available for some time.
18. The current evidence-base is insufficient to predict the long-term outcomes of completing a gender role transition during early childhood and we welcome the NIHR-funded study.
19. ***Any review of the long-term outcomes would have to be done over several years due to the nature of the research. We therefore think this is beyond the scope of any review.***

Conclusion

20. Whilst we agree that there are some legitimate concerns about the long-term impacts of hormone therapy and transitioning, we are concerned that the scope of any review

commissioned by No 10 may raise broader questions around the rise of gender dysphoria in society, and that this transcends health.

21. By focusing purely on the health journey of gender dysphoric young people, we risk trying to solve issues that are not simply health-related.
22. To summarise, we think that a review could usefully:
 - examine the referral pathways
 - explore the profile of children and young people being referred into services
 - help us to understand the percentage of children who choose, or otherwise, to continue on their transition journey.
23. As referenced earlier, we also think it might also be helpful to address:
 - the length of the waiting list
 - workforce shortages
 - the structural robustness of the current provision for children and young people
24. On the first two points, we know that the current waiting time for accessing gender identity clinics is around 2.5 years for a first appointment and that there is a shortage of specialists in this field. We also know that Government/NHS data shows that trans people often experience poor mental and physical health outcomes. NHSE/I is currently exploring ways to improve the adult service, but a holistic review would be helpful.
25. On the third point, currently there is only one clinic for children and young people at the NHS Tavistock and Portman Foundation Trust. The NHS has announced that the service specification for gender identity development services for children and young people will be reviewed, but any review might want to look at capacity in the system.