

Engagement Report for Gender Incongruence Service for Children and Young People: Service Specification for the National Referral Support Service

6 December 2023

Topic details

Programme of Care	<i>National Programme Board for Gender Dysphoria Services</i>
Clinical Reference Group	<i>NHS England National Transformation Programme for Children and Young People Gender Incongruence Service</i>
Unique Reference Number (URN)	Enter here

1. Summary

This report summarises the feedback NHS England received from engagement during the development of this service specification, and how this feedback has been considered.

2. Background

This service specification has been developed under the auspices of NHS England's National Transformation Programme for Children and Young People Gender Incongruence Services. A separate interim service specification that describes the operation of the new Children and Young People's Gender Incongruence Service was published by NHS England in June 2023 following public consultation.

3. Engagement Results

3.1 Stakeholder Testing

NHS England has a duty under Section 13Q of the NHS Act 2006 (as amended) to 'make arrangements' to involve the public in commissioning. Full guidance is available in the Statement of Arrangements and Guidance on Patient and Public Participation in Commissioning. In addition, NHS England has a legal duty to promote equality under the Equality Act (2010) and reduce health inequalities under the Health and Social Care Act (2012).

The service specification was sent for stakeholder testing for three weeks from 3 – 24 August 2023. A summary of the responses has been shared with NHS England's National Programme Board for Gender Dysphoria Services to enable full consideration of feedback to determine whether subsequent public consultation is necessary prior to final decision.

Respondents were asked the following questions:

1. To what extent do you agree with the six substantive changes to the service specification listed below? (Agree / Partially agree / Neither Agree nor Disagree / Partially Disagree / Disagree with option to add comments)
 - a. Referrals to the waiting list may only be made by general paediatric services or CYP mental health services.
 - b. Children under 7 years of age will not be added to the waiting list.
 - c. Young people aged 17 years will not be added to the waiting list of the children and young people's gender incongruence service.
 - d. Young people who reach 17 years of age while on the waiting list for the children and young people's gender incongruence service will be removed from that waiting list; and they may join the waiting list of an adult gender service with their original referral date honoured.
 - e. Role of the pre-referral consultation service.
 - f. Any other element of the service specification
2. To what extent do you agree that the Equality and Health Inequalities Impact Assessment reflects the potential impact on health inequalities which might arise as a result of the proposed changes?

3.2 Stakeholder testing results and summary of participant

Individual responses were received mostly from clinicians with some parents and patient feedback. The breakdown of individual response was as follows:

● Patient	6% (4)
● Family member/carer	11% (8)
● Clinician	33% (23)
● Service provider	4% (3)
● Other	14% (10)



The following organisations also provided feedback:

- Norfolk & Suffolk NHS Foundation Trust
- Mersey Care NHS Foundation Trust
- Mermaids
- The Bayswater Support Group
- TransActual
- Think2Speak
- Renaissance UK
- LGBT Partnership
- Royal College of Paediatrics and Child Health
- LGBT Foundation
- Our Duty
- Trans Learning Partnership & Gendered Intelligence
- Clinical Advisory Network for Sex and Gender
- Women's Rights Network
- Stonewall
- Genspect

Referrals to the waiting list may only be made by general paediatric services or CYP mental health services.

To what extent would you be in support of this change?

● Strongly opposed	30
● Somewhat opposed	7
● Neither oppose nor support	4
● Somewhat support	10
● Strongly support	19



Children under 7 years of age will not be added to the waiting list.

To what extent would you be in support of this change?

⊕ ● Agree	29
● Partially agree	7
● Neither agree nor disagree	3
● Partially disagree	5
● Disagree	26



Young people aged 17 years will not be added to the waiting list of the children and young people's gender incongruence service

To what extent would you be in support of this change?

● Agree	20
● Partially agree	10
● Neither agree nor disagree	4
● Partially disagree	8
● Disagree	28



Young people who reach 17 years of age while on the waiting list for the children and young people's gender incongruence service will be removed from that waiting list; and they may join the waiting list of an adult gender service with their original referral date honoured.

To what extent would you be in support of this change?

● Agree	13
● Partially agree	16
● Neither agree nor disagree	6
● Partially disagree	3
● Disagree	32



Role of the pre-referral consultation service.

To what extent would you be in support of this change?

● Agree	19
● Partially agree	21
● Neither agree nor disagree	10
● Partially disagree	8
● Disagree	11



To what extent do you agree that the Equality and Health Inequalities Impact Assessment reflects the potential impact on health inequalities which might arise as a result of the proposed changes?

● Agree	3
● Partially agree	11
● Neither agree nor disagree	15
● Partially disagree	10
● Disagree	24



A 13Q assessment has been completed following stakeholder testing.

The NHS England Programme Board for Gender Dysphoria Services has proposed that there were complications or concerns raised during stakeholder testing about the proposed changes to the service specification. Therefore, the proposition was subject to further public consultation. This recommendation has been assured by the NHS England Patient Public Voice Advisory Group for Specialised Services, which has recommended a 90-day public consultation.

4 How has feedback been considered

Given the significant number of different issues raised during stakeholder testing, and the divergent views expressed and the volume of text that was submitted, the report below has summarised the key themes. Direct quotes are provided in quotations where this is helpful for context.

KEY THEMES FROM RESPONDENTS	NHS ENGLAND RESPONSE
<p><i>To what extent are you in support of the proposed changes?</i></p> <p>The proposals will increase pressure on CAMHS; and will impose another waiting list and waiting time on children and young people before they are added to the gender waiting list.</p>	<p>Not all children and young people would be referred to the gender incongruence service through CAMHS; referrals would be made through general paediatric services for children and young people who do not meet the criteria for CAMHS. For those children and young people who meet the criteria for CAMHS it is clinically appropriate that they be referred via CAMHS to ensure that all of an individual's needs are assessed and addressed even before a referral is made to the gender incongruence service.</p> <p>The proposed service specification makes clear that the National Referral Support Service will use the initial date of primary to secondary care referral as the proxy referral date to the Children and Young People Gender Incongruence Service.</p>
<p>Proposals around access are unnecessary gatekeeping.</p>	<p>The proposals are necessary to ensure that all of an individual's needs are assessed and addressed even before a referral is made to the gender incongruence service; and responds to the concerns that have previously been identified by the Care Quality Commission about the need to respond to clinical risk on the national waiting list.</p>
<p>The NHS should not be funding gender dysphoria treatments.</p>	<p>Specialised gender dysphoria services are prescribed by statutory regulations as specialised services to be commissioned and funded by the NHS.</p>

<p>The justification for removing GP referral rights is not proven.</p>	<p>The proposals are necessary to ensure that all of an individual's needs are assessed and addressed even before a referral is made to the gender incongruence service; and responds to the concerns that have previously been identified by the Care Quality Commission about the need to respond to clinical risk on the national waiting list.</p>
<p>Clear guidance around referral thresholds is needed, particularly in regard to children with autism or other presentations.</p>	<p>This will be addressed in NHS England's work to build a substantive service specification for the Children and Young People Gender Incongruence Service in 2024, informed by the final advice of the Cass Review that is expected later in 2023/24.</p>
<p>Rather than insist on a referral through CAMHS or paediatrics, better to invest in local support services.</p>	<p>This will be explored in NHS England's work to build a substantive service specification for the Children and Young People Gender Incongruence Service in 2024, informed by the final advice of the Cass Review that is expected later in 2023/24.</p>
<p>The proposed measures will not lead to an exploration of the underlying issues; GPs and NHS clinicians are too quick to refer to GIDS.</p>	<p>This comment relates more to the service specification for the Children and Young People Gender Incongruence Service. The interim specification was published in June 2023. This will be explored further in NHS England's work to build a substantive service specification for the Children and Young People Gender Incongruence Service in 2024, informed by the final advice of the Cass Review that is expected later in 2023/24.</p>
<p>Disproportionate impact to children and young people from ethnic backgrounds, low income, deprived areas.</p>	<p>These issues are addressed in the Equality and Health Inequalities Impact Assessment, which itself will be subject to a process of public consultation.</p>
<p>Distress should not have to be a criteria for referral, because there are going to be people who want support to think about gender development, but are not currently 'in distress'.</p>	<p>This comment relates more to the service specification for the Children and Young People Gender Incongruence Service. The interim specification was published in June 2023. This will be</p>

	<p>explored further in NHS England’s work to build a substantive service specification for the Children and Young People Gender Incongruence Service in 2024, informed by the final advice of the Cass Review that is expected later in 2023/24.</p>
<p>There is no detail on thresholds for referral or exit points for eg. an autistic child.</p>	<p>This comment relates more to the service specification for the Children and Young People Gender Incongruence Service. The interim specification was published in June 2023. This will be explored further in NHS England’s work to build a substantive service specification for the Children and Young People Gender Incongruence Service in 2024, informed by the final advice of the Cass Review that is expected later in 2023/24.</p>
<p>Referrals will not be accepted of children under 7 years of age</p>	
<p>Various comments that there should be a lower / higher minimum age threshold, including comments that there should be a corresponding minimum age threshold to adult gender dysphoria services eg 25 years.</p> <p>Suggestions for a higher age threshold to children’s gender services included comments that children are not capable of understanding issues around sex and gender; that children cannot give informed consent to treatment; and that in most cases gender incongruence will resolve by adolescence.</p> <p>Suggestions for no / lower age threshold to children’s gender incongruence services including comments that children under 7 may be clear about their preferred gender and should be a high priority for support; and lack of justification given for the proposed threshold which some saw as arbitrary; and that not providing support to children below the age of 7 years could have a detrimental impact on their mental health and leave parents of much younger children unsupported; and that the current long waiting list means that a</p>	<p>NHS England recognises the divergence of views on this proposal. The process of public consultation will include a specific question on a minimum age threshold to the Children and Young People Gender Incongruence Service.</p> <p>NHS England will await the final advice of the Cass Review later in 2023/24 in order to understand how that advice touches upon NHS England’s planned review of the service specifications for adult gender dysphoria services.</p>

<p>seven year old referred may not be seen until they are ten or eleven in any event, which undermines the justification for the proposals.</p>	
<p>Agree with the proposal, which should be supported by guidance to be issued for parents of very young children who are distressed.</p>	<p>NHS England published the MindEd materials on gender incongruence in children and young people in September 2023; and the proposed service specification refers to the development of additional guidance for local health systems.</p>
<p>Agree with the proposal, which should be supported by guidance to schools and education settings, particularly on social transition.</p>	<p>The development of guidance for schools and education settings is not within the scope of this NHS service specification.</p>
<p>General mental health services for younger children are preferable to specialist gender provision. It is possible that referral to a service specifically labelled as a "gender" service may itself reinforce the child's belief that their problems are caused by "gender" (and it is not at all clear what a child might believe this term to mean).</p>	<p>This comment relates more to the service specification for the Children and Young People Gender Incongruence Service. The interim specification was published in June 2023. This will be explored further in NHS England's work to build a substantive service specification for the Children and Young People Gender Incongruence Service in 2024, informed by the final advice of the Cass Review that is expected later in 2023/24.</p>
<p><i>Young people aged 17 years will not be added to the waiting list of the Children and Young People Gender Incongruence Service.</i></p>	
<p>This is unfair as there are long waiting times and limited clinical capacity in adult services.</p> <p>There should be more resource put into CYP services so that all young people can be seen in a CYP gender incongruence service up to 18 years</p> <p>This should be a temporary arrangement until there is sufficient capacity in CYP services.</p>	<p>Despite significant increases in financial investment by NHS England in GIDS in recent years, clinical capacity remains limited due to very high demand for the service and workforce constraints, and this has led to long waiting times. While the waiting times remain at their current levels, individuals who are 17 years old and who are referred to the Children and Young People's Service for Gender Incongruence will not be seen by the time of their 18th birthday, which is the age cut-off for the service. It is therefore rational that these individuals are not</p>

	<p>added to the CYP waiting list. As clinical capacity is increased through the establishment of around eight new CYP services over time, it is planned that waiting times will reduce. The need for retention of this measure will be re-visited in NHS England's work to build a substantive service specification for the Children and Young People Gender Incongruence Service in 2024, informed by the final advice of the Cass Review that is expected later in 2023/24.</p>
<p>Young people should not be seen in adult services until 18 years / 25 years.</p>	<p>The current service specification for adult gender dysphoria services was agreed in 2019 following an extensive public consultation, including with royal colleges of medicine and professional associations. The process included a consultation on the age threshold for adult services. NHS England will await the final advice of the Cass Review later in 2023/24 in order to understand how that advice touches upon NHS England's planned review of the service specifications for adult gender dysphoria services.</p>
<p>Not all GDCs accept referrals from age 17 so leads to inconsistency.</p>	<p>Providers who are commissioned against the NHS England service specification for adult gender dysphoria services are contractually obliged to meet that terms of that service specification.</p>
<p>Support the proposal but concerned that GPs need to have access to more information, education and resources about gender dysphoria and the pathway.</p>	<p>NHS England published the MindEd materials on gender incongruence in children and young people in September 2023; and the proposed service specification refers to the development of additional guidance for local health systems.</p>
<p><i>Young people who reach 17 years of age while on the waiting list for the children and young people's gender incongruence service will be removed from that waiting list; and they may join the waiting list of an adult gender service with their original referral date honoured.</i></p>	

<p>Age of referral to adult services should be higher 18 or 25.</p> <p>Young people should not be seen in adult services until 18 years / 25 years.</p> <p>The clinical model for adult services is inappropriate for young people under 18.</p>	<p>The current service specification for adult gender dysphoria services was agreed in 2019 following an extensive public consultation, including with royal colleges of medicine and professional associations. The process included a consultation on the age threshold for adult services. NHS England will await the final advice of the Cass Review later in 2023/24 in order to understand how that advice touches upon NHS England's planned review of the service specifications for adult gender dysphoria services.</p>
<p>NHS England should not be funding gender dysphoria services.</p>	<p>Specialised gender dysphoria services are prescribed by statutory regulations as specialised services to be commissioned and funded by the NHS.</p>
<p>A transfer should be made directly by NHS England without the need for a referral from the GP.</p>	<p>NHS England, as a commissioning body, is not in a position to determine an individual's intentions or preferences about a transfer to an adult gender dysphoria service, and is similarly not in a position to make assumptions about those intentions or preferences. A direct referral from the individual's GP, which has been agreed with the individual patient and reflects the individual's choice about (a) the need for a referral and (b) choice of provider is therefore more clinically appropriate than a blanket transfer policy effected by the commissioner.</p>
<p>It is not appropriate that NHSE has pre-empted the outcome of consultation by doing this already.</p>	<p>NHS England is consulting on the terms of a proposed service specification that will define future practice. In the meantime, there is a need for NHS England to operationally respond to the current situation in which individuals are reaching 17 years on the waiting list before the new Children and Young People's Gender Incongruence Service are operational. The materials that supported the process of stakeholder testing on the future state made clear that this proposal reflects "current operational</p>

	practice". NHS England's approach is therefore rational and clinically appropriate.
<p>There should be more resource put into children and young people's services so that all young people can be seen in a CYP service up to 18 years.</p>	<p>Despite significant increases in financial investment by NHS England in GIDS in recent years, clinical capacity remains limited due to very high demand for the service and workforce constraints, and this has led to long waiting times. While the waiting times remain at their current levels, individuals who are 17 years old and who are referred to the Children and Young People's Service for Gender Incongruence will not be seen by the time of their 18th birthday, which is the age cut-off for the service. It is therefore rational that these individuals are not added to the CYP waiting list. As clinical capacity is increased through the establishment of around eight new CYP services over time, it is planned that waiting times will reduce. The need for retention of this measure will be re-visited in NHS England's work to build a substantive service specification for the Children and Young People Gender Incongruence Service in 2024, informed by the final advice of the Cass Review that is expected later in 2023/24.</p>
<p>Not all adult Gender Dysphoria Clinics accept referrals from age 17 so leads to inconsistency.</p>	<p>Providers who are commissioned against the NHS England service specification for adult gender dysphoria services are contractually obliged to meet that terms of that service specification.</p>
<p>Young people should be given the choice between CYP and adult services.</p> <p>Once the new Children and Young People's Gender Incongruence Services are operational, it is not rational if young people are removed from the CYP waiting list if their position on the waiting list means that they would have otherwise been seen by the CYP service</p>	<p>Despite significant increases in financial investment by NHS England in GIDS in recent years, clinical capacity remains limited due to very high demand for the service and workforce constraints, and this has led to long waiting times. While the waiting times remain at their current levels, individuals who are 17 years old and who are referred to the Children and Young People's Service for Gender Incongruence will not be seen by the time of their 18th birthday, which is the age cut-off for the</p>

	<p>service. It is therefore rational that these individuals are not added to the CYP waiting list. As clinical capacity is increased through the establishment of around eight new CYP services over time, it is planned that waiting times will reduce. The need for retention of this measure will be re-visited in NHS England's work to build a substantive service specification for the Children and Young People Gender Incongruence Service in 2024, informed by the final advice of the Cass Review that is expected later in 2023/24.</p>
<p><i>The role of the Pre-Referral Consultation Service</i></p>	
<p>More clarity is needed on role.</p>	<p>NHS England has considered the level of detail offered in the proposed service specification, and has concluded that the level of detail is reasonable and proportionate to a specialised commissioning service specification. It is difficult to expand on a response further as part of this exercise - noting that the majority of respondents felt able to respond to this question.</p>
<p>Not appropriate to form an individual care plan without the child and family being seen directly.</p>	<p>The aim of a consultation, advice and liaison meeting is to support referrers and local professional networks in local care planning for the individual while they remain on the waiting list. The model has been deployed elsewhere in the NHS with positive results (eg: forensic CAMHS).</p>
<p>The Referral Consultation Service must not be ideologically driven and must not be influenced by transgender campaign groups.</p> <p>It would be beneficial to involve LGBT+ and Trans+ services, especially youth groups, in the support identified for patients, and to fund that support.</p>	<p>The Referral Consultation Service will be delivered by clinicians working for the NHS children's hospitals who are commissioned by NHS England to deliver the Children and Young People's Gender Incongruence Services. The local services available to children and young people will be those for whom the responsible commissioner is the relevant Integrated Care Board.</p>
<p>There is no legitimate role for this service – NHS should instead focus on seeing CYP in a timely way.</p>	<p>NHS England's engagement with clinicians and professional bodies suggests that there is a legitimate role for this service</p>

<p>Risk that this presents unnecessary gatekeeping.</p> <p>The clinical resource needed for this could be better deployed elsewhere on the pathway / insufficient clinical capacity to deliver this.</p> <p>A potential risk that this pre-referral consultation activity may form a potential bottleneck in the pathway, especially if the criteria for referral to the special service is dependent on the outcome of the pre-referral consultation appointment.</p>	<p>within the scope of the interim Children and Young People's Gender Incongruence Service. The planned process of public consultation will provide an opportunity to canvass views from a wider and larger audience in this regard.</p>
<p>"All referrals to GIDS tend to be appropriate, so there is no need for this service" [from a GIDS clinician].</p>	<p>The primary function of the Referral Consultation Service is to support referrers and local professional networks in local care planning for the individual while they remain on the waiting list. This responds, in part, to the concerns of the Care Quality Commission about the levels of clinical risk that resided in the Tavistock GIDS waiting list and the lack of support for children and young people.</p>
<p>Concerns that the 'desk-vetting' process suggests that this will happen through non-clinical staff making clinical-level decisions about which children and young people will be accepted into the Service prior to these assessments, and without any clear rejection criteria.</p> <p>Removal from the waiting list for gender services should not be an outcome of this process.</p>	<p>The Referral Consultation Service will be delivered by clinicians working for the NHS children's hospitals who are commissioned by NHS England to deliver the Children and Young People's Gender Incongruence Services. The primary function of the Referral Consultation Service is to support referrers and local professional networks in local care planning for the individual while they remain on the waiting list.</p> <p>Removal from the waiting list is a legitimate outcome if the clinical opinion is that the child or young person does not meet the access criteria for the service. It would not be rational or clinically appropriate to otherwise retain the child or young person on the waiting list. The criteria for access to the Children and Young People's Gender Incongruence Service is detailed</p>

	in NHS England's interim service specification published in June 2023 and agreed after public consultation.
Comments on any other element of the service specification	
The criteria for gender incongruence in children are questionable - e.g. playing with gender-coded toys. Much will depend on the capacity of the system to deal with demand - I don't see that this specification will greatly help with that.	<p>The criteria for access to the Children and Young People's Gender Incongruence Service is detailed in NHS England's interim service specification published in June 2023 and agreed after public consultation.</p> <p>NHS England has established a significant programme of work to improve the care and support offered to children and young people who are being considered for a referral to a gender incongruence service.</p>
There needs to be join up between health and education policy.	The development of guidance for schools and education settings is not within the scope of this NHS service specification.
Various comments on the nature of gender incongruence, the clinical pathway for gender incongruence, clinical decision-making and the limited and contested evidence base to inform commissioning approaches. Some respondents considered that the overall approach described is overly affirmative while others considered that the overall approach was overly restrictive.	Both the service specification currently under consideration and the interim service specification for Children and Young People's Gender Incongruence Services (June 2023) is consistent with the interim advice of the Cass Review. NHS England's will build a substantive service specification for the Children and Young People Gender Incongruence Service in 2024, informed by the final advice of the Cass Review that is expected later in 2023/24.
The proposals will only work when the capacity in primary and secondary care is increased and improve to meet the needs of the population being considered. The main concern raised by CQC was about safety/risk - there is very little in these proposals that seeks to directly address this concern.	NHS England's engagement with clinicians and professional bodies suggests that there is a legitimate role for this service within the scope of the interim Children and Young People's Gender Incongruence Service. The planned process of public

	<p>consultation will provide an opportunity to canvass views from a wider and larger audience in this regard.</p> <p>The primary function of the Referral Consultation Service is to support referrers and local professional networks in local care planning for the individual while they remain on the waiting list. This responds, in part, to the concerns of the Care Quality Commission about the levels of clinical risk that resided in the Tavistock GIDS waiting list and the lack of support for children and young people.</p>
<p>The appeals process at each stage must be clearer. There needs to be a route for CYP and their families to appeal decisions made by any gatekeeper in the process, and/or ask for a second opinion.</p> <p>The NHS should strive to include staff with lived experience within this service and as part of the so called "vetting" process. It should also be clear that if a referral is declined, that another one can be made and when this can happen.</p>	<p>The Referral Consultation Service will be delivered by clinicians working for the NHS children's hospitals who are commissioned by NHS England to deliver the Children and Young People's Gender Incongruence Services.</p> <p>The benefit of the proposals, if adopted, would be that all children and young people who are referred to a Children and Young People's Gender Incongruence Service would have been seen for a thorough assessment by general paediatric services or CYP mental health services, as appropriate. Children and young people and their families will be fully involved in this process.</p> <p>The proposed service specification under consideration explains that should a clinical decision subsequently be made that the child or young person does not meet the access criteria for the Children and Young People's Gender Incongruence Service the family and professional network will have been assisted to develop their formulation of the child or young person's needs and a local care plan and will be advised of other resources for support that are appropriate for individual needs – and that in some cases, a further consultation for</p>

	referral may be appropriate following further local assessment and intervention and/or a process of watchful waiting.
Various comments about the language used in the proposed service specification. Some respondents suggested that it inappropriately reflects 'gender ideology' while conversely others suggest that it does not reflect language that is preferred by transgender groups.	NHS England is aware of the disagreements that inevitably manifest about the language used in literature relating to children and young people who present with issues of gender incongruence. NHS England will not be changing the language used in the documents for the purpose of public consultation.
"As a Senior Clinician in GIDS I can categorically state that there has been minimal use of the clinical expertise of the GIDS in development of the new services".	NHS England will publish the proposed service specification for the purpose of public consultation and invites submissions from all interested stakeholders.
The effect of the specification will be to inappropriately restrict access to these services.	Both the service specification currently under consideration and the interim service specification for Children and Young People's Gender Incongruence Services (June 2023) is consistent with the interim advice of the Cass Review. NHS England's will build a substantive service specification for the Children and Young People Gender Incongruence Service in 2024, informed by the final advice of the Cass Review that is expected later in 2023/24.
Various comments about who holds clinical risk while an individual remains on the national waiting list.	Clinical responsibility remains with the referrer until the patient has been seen by the Children and Young Person's Gender Incongruence Service. The benefit of the proposals, if adopted, would be that all children and young people who are referred to a Children and Young People's Gender Incongruence Service would receive an assessment by general paediatric services or CYP mental health services – which means that all children and young people will have a care plan in place as appropriate. Additionally, the primary function of the Referral Consultation Service is to support referrers and local professional networks in local care planning for the individual while they remain on the waiting list. This responds, in part, to the concerns of the Care

	Quality Commission about the levels of clinical risk that resided in the Tavistock GIDS waiting list and the lack of support for children and young people.
What kind of support CYP and their parents or carers will be provided with to complete the Gender Experience Summary, and whether the Gender Experience Summary was developed in concert with people who have lived experience, or any LGBT+ organisations.	This is explained in the letters that have been sent to children and young people, and their families, who are on the waiting list. The form was developed using the views of young people with lived experience.
Will primary care play a role in future shared care arrangements as some children and young people from remote and rural regions may not easily be able to access one of the two specialist services that are being provided out of London and North-West.	The proposed service specification currently under consideration and the interim service specification for the Children and Young People's Gender Incongruence Service published in June 2023 describe an interim national service that will remain in place while up to six other services are established over 2024 and 2025. Once established, the new services will be regional, each covering a defined regional network. NHS England's will build a substantive service specification for the Children and Young People Gender Incongruence Service in 2024, informed by the final advice of the Cass Review that is expected later in 2023/24, and this specification is expected to describe a network approach.
Various comments on data that should be collected and reported by the new services	This is under consideration by NHS England in conjunction with the new providers, including through the newly established Research Oversight Board in regard to future research.
Comments on the draft Equality and Health Inequalities Impact Assessment	
Projected numbers of those impacted will be higher.	No evidence was submitted to support this assertion. The planned process of public consultation provides respondents with the opportunity to submit detailed evidence in this regard.
Disability:	

<p>Because of the difference in waiting times to access CAMHS and paediatrics, those who do not have mental health needs and who are referred by paediatrics will be seen more quickly.</p>	<p>The EHIA will be amended to address this point in the version that is published for consultation.</p>
<p>The EHIA and specification must state that waiting times and service access will not be different for neurodiverse CYP and embed measurements to ensure this.</p>	<p>This is addressed in the current version of the EHIA.</p>
<p>It is unclear why autistic children and young people are 'likely' to have the protected characteristic of disability, when the Equality Act states that they do. Similar concern about mental health problems which 'may constitute a disability'.</p>	<p>Autism and mental health problems are not stipulated as automatic 'disabilities' by the Equality Act. Whether a person with autism or mental health problems has a disability for the purpose of the Act depends on them demonstrating that they have a physical or mental impairment that has a substantial and long-term adverse effect on their ability to carry out day-to-day activities.</p>
<p>Young people on the autism spectrum are over-represented in referrals; this is not addressed in the EHIA.</p>	<p>The prevalence of autism and neurodiversity in children and young people referred to gender incongruence services is addressed in the EHIA.</p>
<p>The EHIA makes incorrect and inappropriate assumptions about the capacity and understanding of gender incongruent children and young people who are also neurodivergent.</p>	<p>NHS England is unsure to which part of the EHIA this comment relates, so is unable to respond.</p>
<p>Sexual orientation:</p> <ul style="list-style-type: none"> • There is insufficient consideration of the failure to examine whether young people are expressing gender incongruence as a result of being gay or lesbian • The section on sexual orientation fails to mention that the majority of young people who are referred are proto-gay or same sex attracted 	<p>The EHIA states that the Cass Review has said that in forming further advice to NHS England it is considering further the complex interaction between sexuality and gender identity, and societal responses to both – the Review's Interim Report (2022) cited the example of "<i>young lesbians who felt pressured to identify as transgender male, and conversely transgender males</i></p>

<ul style="list-style-type: none"> The EHIA fails to acknowledge that children with the protected characteristic of sexual orientation are likely to be more vulnerable to iatrogenic harms due to diagnostic overshadowing. <p>Objections to the sexual orientation categories used in the table.</p>	<p><i>who felt pressured to come out as lesbian rather than transgender</i>".</p> <p>NHS England has quoted a 2012 study which is published. The categories set out in the EHIA are those reported by the study.</p>
<p>Sex:</p> <p>Far more young women than men are being referred to GIDS services; and this is not addressed by the EHIA.</p>	<p>This is addressed in the EHIA. The terms of reference for the Cass Review include <i>"exploration of the reasons for the increase in referrals and why the increase has disproportionately been of natal females, and the implications of these matters"</i>.</p>
<p>Age:</p> <p>The EHIA does not evidence the assertions it makes about children under 7.</p> <p>Young people of 17 referred to adult services will not be afforded the same standards of protection as their younger counterparts, because adult services do not come under the remit of the interim Cass review; the impact assessment fails to recognise this.</p>	<p>The EHIA was formed in this regard taking clinical advice. The planned process of public consultation provides an opportunity for engagement with a wider and larger stakeholder base in this regard.</p> <p>The current service specification for adult gender dysphoria services was agreed in 2019 following an extensive public consultation, including with royal colleges of medicine and professional associations. The process included a consultation on the age threshold for adult services. NHS England will await the final advice of the Cass Review later in 2023/24 in order to understand how that advice touches upon NHS England's planned review of the service specifications for adult gender dysphoria services.</p>

<p>Race and Ethnicity:</p> <p>The EHIA notes that BAME populations are less likely to access mental health services; reducing the referral routes to either mental health services or paediatricians exacerbates this.</p>	<p>The EHIA addresses this point in that it says “NHS England has been mindful of this evidence when forming the proposal to re-route referrals to CYP Gender Incongruence Services via CYP mental health services and has been mindful of the need not to exacerbate existing known inequalities in this regard” and the EHIA sets out proposed mitigations.</p>
<p>Gender reassignment:</p> <p>There is nothing in the EHIA to state what would be done to address unsupportive GPs, which is especially concerning when a GP is the only place a child or young person can initially access the referral pathway.</p> <p>The complexity and opportunity for obstruction that the new referral pathway presents can be considered discriminatory towards the protected characteristic of ‘gender reassignment’.</p>	<p>The EHIA will be amended to address this point in the version that is published for consultation.</p> <p>NHS England has concluded that no discrimination arises, for the detailed reasons set out in the EHIA.</p>
<p>Other groups:</p> <ul style="list-style-type: none"> • While acknowledging that looked after children are overly represented, the EIA makes no suitable reference to safeguarding or risks. The EIA says they may require intervention from social work, this should be mandatory. • Given that parental consent is required for referral for under 16s, the EHIA ignores that homeless young people will be impacted. Additionally, the additional number of points of contact will place extra burden on homeless families or low-income families living in insecure accommodation – it is an extra service to contact each time the address changes. • Some groups who face barriers to accessing healthcare; people from low-income backgrounds, people who experience 	<ul style="list-style-type: none"> • The approach for children who are looked after is described in the interim service specification for the Children and Young People’s Service for Gender Incongruence (June 2023) • The EHIA will be amended to address this point for the purpose of public consultation • The EHIA will be amended to address this point for the purpose of public consultation

<p>racism and people with low literacy or health literacy, were not assessed as being significantly affected. These groups may disproportionately experience digital exclusion, face barriers regarding time and transport for meetings and appointments or may not be able to access information about the referral process.</p> <ul style="list-style-type: none"> • The EHIA neglects to consider the added wait that cisgender children and young people may face to access paediatric services if trans and non-binary children and young people are forced to access secondary care in order to be referred to the Service. • There is insufficient exploration of the impact that the changes would have on affected-others, specifically the effects of "affirmation only" approach on families, schools, friends, classmates, who may feel pressured to use pronouns that in effect are forcing them to lie. 	<ul style="list-style-type: none"> • The EHIA will be amended to address this point for the purpose of public consultation • It is unclear how the proposed service specification under consideration (which describes the management of the waiting list) would have the effect described, and so this point will not be addressed by the EHIA.
<p>NHS England has not followed NHS guidelines in the development of the new services and has failed to sufficiently consult with stakeholders.</p>	<p>NHS England has developed an interim national service on an urgent basis to address resilience and sustainability concerns that reside in the current GIDS. Its approach to engagement and public consultation on the various specifications and policies has been appropriate and lawful in that context and it has discharged its s13Q duties appropriately. NHS England has made a commitment to fully engage stakeholders in its work to build a substantive service specification for the Children and Young People Gender Incongruence Service in 2024, informed by the final advice of the Cass Review that is expected later in 2023/24.</p>
<p>Further comments on the proposal (not raised elsewhere in this report)</p>	
<p>We would appreciate a clear action plan for how NHS England intends to reduce these waiting times as it appears as though NHS England is building a new service with these extensive waiting times hardwired into them.</p>	<p>NHS England has established a significant programme of work to improve the care and support offered to children and young people who are being considered for a referral to a gender incongruence service, and has described plans to establish</p>

	<p>around eight new services over time. The objective is to increase clinical capacity and reduce waiting times over time. As a first step in this transformation programme, NHS England is establishing two Phase 1 providers who will work as interim national services, and the service specifications reflect where necessary the impact of the current long waiting times to the pathway, the interim delivery model and operational protocols.</p>
--	--

5 Has anything changed in the service specification as a result of the stakeholder testing?

The version that will be published for consultation will be the same as for stakeholder testing. Amendments have been made to the EHIA as described in the above table.

6 What are the next steps including how interested stakeholders will be kept informed of progress?

The public consultation will be published on NHS England's website and a communique sent to registered stakeholders. A report on the outcome of public consultation will be published in due course, explaining how the process of public consultation has influenced the final version of the specification.