NHS England: Equality and Health Inequalities Impact Assessment (EHIA)

A completed copy of this form must be provided to the decision-makers in relation to your proposal. The decision-makers must consider the results of this assessment when they make their decision about your proposal.

12 October 2022

1. Name of the proposal: Interim Service Specification for Specialised Services for Children and Young People with Gender Dysphoria (Phase 1 Services)

2. Summary of the proposal

In 2020 NHSE commissioned an independent review of how the NHS should care for children and young people with issues of gender incongruence and gender dysphoria (the Cass Review). The Cass Review has concluded that: the current service model is neither safe nor sustainable in the long term; new regional services should be established rapidly, working to a different clinical model; and that services for children and young people with gender dysphoria should be hosted by tertiary paediatric units. NHSE announced in July 2022 that the contract for GIDS would be brought to an end through a managed process, and that it would establish two Phase 1 services that will work to a new interim service specification, pending the establishment of the new regional services from 2023/24. The draft interim service specification that describes the role of these services moves away from the current linear pathway in which all children and young people referred into the service are seen solely by a specialist gender dysphoria practitioner, with more emphasis on identifying and addressing complex co-presentations and a greater emphasis on formation of joint care plans with local professional networks.

The interim service specification proposes the following changes and points of clarification over the current service specification for GIDS:

i. Composition of the clinical team

The current service specification for GIDS describes that the service is delivered through a specialist multidisciplinary team with contributions from specialist social workers, family therapists, psychiatrists, psychologists, psychotherapists, paediatric and adolescent endocrinologists and clinical nurse practitioners.

The new interim service specification proposes to extend the clinical team so that it is a more integrated multi-disciplinary team that, in addition to gender dysphoria specialists, will include experts in paediatric medicine, autism, neurodisability and mental health.

The reason for this proposal is to respond to evidence that there is a higher prevalence of other complex presentations in children and young people who have gender dysphoria, that the early adopter services will also address, working with local services where appropriate. The proposal also responds to the findings of the Care Quality Commission, who in its 2021 inspection report of GIDS concluded that were shortfalls in the multidisciplinary mix required for some children and young people referred to the service; and the interim advice of the Cass Review which concluded (page 69) that "*a fundamentally different service model is needed which is more in line with other paediatric provision, to provide timely and appropriate care for children and young people needing support around their gender identity … this must include support for any other clinical presentations that they may have*".

ii. Clinical leadership

The current service specification for GIDS does not describe criteria for the clinical lead for the service.

The new interim service specification proposes that the clinical lead for the service will be a consultant medical doctor.

The reason for this change is to reflect that the new integrated clinical teams will have a broader range of clinical disciplines, including medical professionals, who will be addressing a broader range of medical conditions in addition to gender dysphoria; and that oversight of the service by a medical doctor is appropriate given that the service may provide medical interventions to some children and young people by way of puberty blocking drugs and gender affirming drugs.

iii. Collaboration with, and support for, referrers and local services

The current service specification for GIDS describes a tiered approach for progression through the clinical pathway: the first tier involves meetings between the GIDS team and local professionals involved in the care of the child or young person and the second tier involves the child or young person accessing local services for mental health needs with GIDS offering advice to local services. There are numerous references in the current GIDS service specification to joint working between GIDS and local services including through consultation and liaison. However, GIDS has struggled to provide this support to local services in a consistent way given the constraints on the service.

The new interim service specification proposes to retain this tiered approach to progression through the pathway and describes a more structured approach for collaboration with local services in the interests of the child and young person; a referral to The Service will require a consultation meeting between the early adopter service and the relevant local secondary healthcare team and / or the GP. Where the outcome of the initial professional consultation between the Service and the referrer is that the patient does not meet the access criteria for The Service, the child or young person will not be added to the waiting list - but 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. The proposed interim service specification also proposes that not all children and young people who meet the access criteria will need to be seen directly by The Service. A key intervention that will be delivered by The Service is the provision of consultation and active support to local professionals, including support in formulation of needs and risks and individualised care planning. The level and type of consultation offered to the professional network will be determined according to the individual needs of each case and through a process of clinical prioritisation.

iv. Referral sources

The current service specification for GIDS states that referrals can be made by staff in health and social services, schools, colleges of further education and by voluntary organisations.

The new interim service specification proposes that referrals may be made by GPs and NHS professionals.

The reason for the proposal is to ensure that children and young people are already engaged with the local health system before a referral is considered by a local health professional into the highly specialist gender dysphoria service, including for the reason that a

proposed core feature of the new pathway is a consultation meeting between the specialist service and local health professionals before a referral can be considered for acceptance. The proposal would impact on fewer than 5% of referrals at current referral patterns, in that around 65% of referrals into GIDS are currently made by GPs and around 30% are made by NHS professionals. This proposal relates only to the interim service specification for the early adopter services. The interim Cass Review begins to describe a future clinical pathway approach that operates within a managed clinical network, including other statutory agencies, and this pathway will be worked up by NHS England in the coming months through engagement with the Cass Review and other stakeholders.

v. Social transition

The interim service specification sets out more clearly that the clinical approach in regard to pre-pubertal children will reflect evidence that in most cases gender incongruence does not persist into adolescence; and that for adolescents the provision of approaches for social transition should only be considered where the approach is necessary for the alleviation of, or prevention of, clinically significant distress or significant impairment in social functioning and the young person is able to fully comprehend the implications of affirming a social transition.

vi. Unregulated sources of puberty blocker drugs and masculinising / feminising hormone drugs

The interim service specification clarifies the position in regard to children and young people who source these drugs from unregulated sources or unregulated providers. It states that, *inter alia*, children, young people and their families are strongly discouraged from sourcing GnRHa and masculinising / feminising hormone drugs from unregulated sources or from on-line providers that are not regulated by UK regulatory bodies. In such cases The Service will make the child or young person and their family aware of the risks, contraindications and any irreversible or partly reversible effects of the drugs and will advise the GP to initiate local safeguarding protocols.

3. Evidence that has been considered

Sources of evidence are given below alongside the assessment of impacts to individuals who may share a protected characteristic. Additionally, evidence has been sourced from routine and exceptional reports that have been supplied to NHSE by the Tavistock and Portman NHS Foundation Trust; and from the interim advice offered by the Cass Review.

4. Who will be affected by the changes?

The following cohorts of individuals may be affected by the proposals:

- Children and young people currently under the care of GIDS, and their families
- Adult patients (18+) who remain under the care of GIDS
- Adult patients (18+) who are awaiting a transfer into an adult Gender Dysphoria Clinic following a transfer request by GIDS
- Children and young people who are currently on the waiting list for GIDS, and their families
- Children and young people who may be referred to an early adopter service as new referrals in the future

Table: Patient Numbers at June 2022

Patient Cohort	**Number**	**Rationale**
Children and young people up to 17 years currently under the care of GIDS, and their families	1279	Figure reported to NHSE by Tavistock and Portman NHS Foundation Trust in July 2022 Of this figure, NHS Wales is the responsible commissioner for 50 patients; and various other commissioning bodies are the responsible commissioner for 13 patients
Young people (17+) who have been seen by GIDS, and where a clinical decision has been made to transfer the patient to an adult Gender Dysphoria Clinic, and where the transfer is pending	255	Figure reported to NHSE by Tavistock and Portman NHS Foundation Trust in July 2022 Of this figure, NHS Wales is the responsible commissioner for 8 patients; and another commissioning body is the responsible commissioner for 1 patient
Adult patients (18+) who have been seen by GIDS, and where a clinical decision has not yet been made about appropriate onward pathway	270	Figure reported to NHSE by Tavistock and Portman NHS Foundation Trust in July 2022 Of this figure, NHS Wales is the responsible commissioner for 7 patients; and another commissioning body is the responsible commissioner for 1 patient

Children and young people up on the waiting list for GIDS for a first appointment	7696	Figures reported to NHSE by Tavistock and Portman NHS Foundation Trust in July 2022 Of this figure, NHS Wales is the responsible commissioner for 293 patients; and other commissioning bodies are the responsible commissioner for 87 patients
Children and young people who may be referred to one of the early adopter services in the future under current access arrangements (per year)	5234	This is the combined referral figure for 2021/22 as reported by Tavistock and Portman NHS Foundation Trust and NHS Arden and GEM CSU. This was a 133% increase over the previous year and it is yet unclear whether this represents a consistent trend.
Children and young people who may be likely to source puberty blocker drugs and masculinising / feminising drugs from unregulated sources	-	NHS England does not hold relevant data.

3. Main potential positive or adverse impact of the proposal for protected characteristic groups summarised

Please briefly summarise the main potential impact (positive or negative) on people with the nine protected characteristics (as listed below). Please state **N/A if your proposal will not impact adversely or positively on the protected characteristic groups listed below. Please note that these groups may also experience health inequalities.**

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
Age: older people; middle years; early years; children and young people.	Any consideration of the impact of the proposal to individuals who may share this protected characteristic has to recognise that the proposed interim Service	Children and young people already in the care of GIDS will be transferred to a Phase 1 service. A clinically led

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	Specification describes a clinical pathway exclusively for children and young people who are aged below 18 years. The age breakdown at point of referral is set out at Appendix A. Therefore the proposals will primarily affect children and young people who are below 18 years of age. NHSE has concluded that the fact that the proposals primarily impact children and young people who may share the protected characteristic of "age" does not result in unfair discrimination. The purpose of the proposed interim service specification is to describe an interim delivery model that is safe, and that is more focused on addressing a child / young person's overall health needs in an integrated way, including through support and consultation to local professionals.	process for the transfer of clinical responsibility from the Tavistock and Portman NHS Foundation Trust to a new provider will be established to mitigate risk. There is a cohort of adult patients who are aged 18 years and above who have not yet been discharged from GIDS. This cohort of adults will not be transferred to a Phase 1 service which will be hosted by tertiary paediatric units; instead an individual care plan will be formed that may involve a transfer to appropriate local services. There is a cohort of young people who are aged 17 years and above who are awaiting a transfer from GIDS to an adult Gender Dysphoria Clinic. This cohort of patients will not be transferred to a Phase 1 service; instead NHSE will deliver a consistent transfer protocol for GIDS and the seven GDCs to adopt to effect the transfer of all such patients by Spring 2023.

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
		Referrers will be supported in identifying alternative appropriate services for young people aged 17 years who are referred on to the waiting list until waiting lists are stabilised, where this is possible.
Disability: physical, sensory and learning impairment; mental health condition; long-term conditions.	Various literature reports that a high proportion of children and young people who are diagnosed with gender dysphoria will also present with other significant comorbidities, though NHSE does not have specific data in regard to children and young people currently under the care of GIDS or who are on the waiting list. The current NHSE Service Specification for GIDS and the wider literature report that a significant proportion of those presenting with gender dysphoria have a diagnosis of Autistic Spectrum Disorder (ASD). Around 35% of young people referred to GIDS present with moderate to severe autistic traits[1]. Individuals with ASD are likely to share the protected characteristic of "disability". Around 70% of people with autism also meet diagnostic criteria for at least one (often unrecognised) psychiatric disorder that further impairs psychosocial	

[1] *Assessment and support of children and adolescents with gender dysphoria,* Butler et al, 2018

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	functioning, for example, attention deficit hyperactivity disorder or anxiety disorders. Intellectual disability (IQ <70) coexists in approximately 50% of children and young people with autism[2]. There is also an increased prevalence of children and young people presenting to GIDS with severe forms of mental health problems, which may in some cases constitute a 'disability' for the purpose of the Act. The Government's LGBT Survey (2017) reported that 32.5% of respondents from the transgender and non-binary population self-identified as having a disability. NHSE may conclude from the information above that the current proposals may have a disproportionate impact on individuals who share this protected characteristic. However, the proposed interim service specification will have positive impacts to individuals who share this protected characteristic as it describes a more integrated approach to responding to a child or young person's overall health needs including those that may fall within the scope of 'disability' for the	

[2] *Autism Spectrum Disorder in Under 19s: Support and Management,* National Institute for Health and Care Excellence, 2021

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	purpose of the Act, such as autism, ASD and mental health problems.	
Gender Reassignment	Not all children and young people who will be impacted by the proposals are likely to share this protected characteristic: • Children and young people who are on the waiting list for GIDS, or who may be referred to a Phase 1 service in the future, or who are receiving an assessment by GIDS and who are without a diagnosis of gender dysphoria, do not share the protected characteristic of 'gender reassignment' as a class or cohort of patients. They cannot be treated as "proposing to undergo" a process (or part of a process) for the "purpose of reassigning" their sex "by changing physiological or other attributes of sex". To apply such a definition to these individuals is to make assumptions upon the aims and intentions of those referred, the certainty of those desires and their outward manifestation, and upon the appropriate treatment that may be offered and accepted in due course. • Children and young people who are under the care of GIDS and who have a clinical diagnosis of gender dysphoria may share the protected	A clinically led process for the transfer of clinical responsibility from the Tavistock and Portman NHS Foundation Trust to a new provider will be established to mitigate risk. The proposed interim service specification would prevent referrals by non-health professionals; for the reasons explained, it is not possible to determine whether children and young people who may be impacted by this provision are likely to share the protected characteristic of 'gender reassignment'. As a mitigation to any adverse impact, as new regional pathways are established it is planned that managed networks will be developed that will provide support resources for GPs, schools and families in regard to children and young people who present with less severe manifestations of gender incongruence or gender diversity or who otherwise do

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	characteristic of 'gender reassignment' though none of the relevant clinical information will be known to NHSE, which has no knowledge of each individual's situation in regard to treatment goals. The cohort of children and young people who are most likely to share this protected characteristic are therefore those who are currently under the care of GIDS with an individualised care plan in place. This cohort of patients will not be positively impacted by the terms of the proposed interim service specification, which intends to describe an interim delivery model that is safe, and that is more focused on addressing a child / young person's overall health needs in an integrated way. However – although not a direct impact of the proposed service specification itself – NHSE will be mindful that this cohort of individuals may be disproportionately impacted by the potential risks of a transfer of ongoing care to another provider, including: anxiety and distress about the perceived uncertainty of the outcome of the process of transfer; loss of clinical staff and interruption to ongoing care; inconvenience and anxiety about visiting a different provider.	not meet the access criteria for a specialised gender dysphoria service. The proposed interim service specification provides further clarity to the terms of the current GIDS service specification in regard to children and young who source puberty blockers drugs and endocrine drugs from unregulated sources; for the reasons explained, it is not possible to determine whether children and young people who may be impacted by this provision are likely to share the protected characteristic of 'gender reassignment'. These provisions are in line with the advice of senior clinicians and reflect, in part, the legal duties on NHS bodies in regard to safeguarding. The independent Multi Professional Review Group will continue to operate in the case of referrals of children under 16 years to the endocrine clinics until the research protocol is established. Mitigating actions in regard to children and young people who are currently

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
		under the care of GIDS, and their families, will focus on ongoing, clear and timely individual communication.
Marriage & Civil Partnership: people married or in a civil partnership.	NHSE is of the view that the proposed interim service specification does not discriminate against individuals who share this protected characteristic.	
Pregnancy and Maternity: women before and after childbirth and who are breastfeeding.	NHSE is of the view that the proposed interim service specification does not discriminate against individuals who share this protected characteristic.	
Race and ethnicity[3]	NHSE does not hold detailed data on the race and ethnicity of children and young people who are referred to GIDS or who are under the care of GIDS. In April 2022 the Tavistock reported to NHSE that of children and young people who were referred in quarter four of 2021/22 ethnicity data was not available for 66.1% of referrals. See Appendix A.	There may be wider issues that need to be addressed in identifying and addressing the potential inequalities issues that arise in the planning and delivery of gender dysphoria services. In the immediate term, the proposed interim service specification requires the early adopter providers to take

[3] Addressing racial inequalities is about identifying any ethnic group that experiences inequalities. Race and ethnicity includes people from any ethnic group incl. BME communities, non-English speakers, Gypsies, Roma and Travelers, migrants etc.. who experience inequalities so includes addressing the needs of BME communities but is not limited to addressing their needs, it is equally important to recognise the needs of White groups that experience inequalities. The Equality Act 2010 also prohibits discrimination on the basis of nationality and ethnic or national origins, issues related to national origin and nationality.

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	Of the data that is available, the majority of children and young people are recorded as "White British' (71.7% of patients excluding those who are not recorded to an ethnic group) which reflects previous data collection for adult gender dysphoria services that suggests that there is under-representation of Black, Asian and Minority Ethnic (BAME) people accessing gender dysphoria services in England. There is evidence that transgender people from BAME groups are more likely to face discrimination on the basis of their race and gender and often within their religious community as well. NHSE is of the view that the current proposals do not discriminate against individuals who share this protected characteristic.	part in continuous data collection, reporting and audit to support the NHS in developing a better understanding of the relevant patient cohorts and for the purpose of evaluating and enhancing the benefits and value of the service model. Separately a programme of work to develop the data strategy for adult Gender Dysphoria Clinics is currently underway within NHS England.
Religion and belief: people with different religions/faiths or beliefs, or none.	There is limited available evidence on the religious attitudes and beliefs of trans people in the United Kingdom, although The Trans Mental Health Study found that most people who took part stated that they had no religious beliefs (62%). A data collection exercise of adult Gender Dysphoria Clinics undertaken by NHS England in 2016 reaffirmed the findings of this study but it is unclear as to the extent to which the findings may relate to children and young people. NHSE is of the view that the current proposals do not	

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	discriminate against individuals who share this protected characteristic.	
Sex: men; women	Figures published by the Cass Review in March 2022 show a trend since 2011 in which the number of natal females is higher than the number of natal males being referred. Prior to that the split in the GIDS caseload was roughly even between natal girls and natal boys, but by 2019 the split had changed so that 76% per cent of referrals were natal females. That change in the proportion of natal girls to boys is reflected in the statistics from the Netherlands (Brik et al "*Trajectories of Adolescents Treated with Gonadotropin-Releasing Hormone Analogues for Gender Dysphoria"* 2018). As such, those who are natal female are more likely to be disproportionally affected by any negative implications of the change than those who are natal male, as they make up a greater proportion of the group of affected individuals. However, the proposed interim service specification does not unfairly discriminate against individuals who share this protected characteristic. The purpose of the proposed interim service specification is to describe an interim delivery model that is safe, and that is more focused on addressing a child / young person's overall	

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	health needs in an integrated way, including through support and consultation to local professionals.	
Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.	NHSE does not hold relevant data. However, the proposed interim service specification does not unfairly discriminate against individuals who may share this protected characteristic. The purpose of the proposed interim service specification is to describe an interim delivery model that is safe, and that is more focused on addressing a child / young person's overall health needs in an integrated way, including through support and consultation to local professionals.	

4. Main potential positive or adverse impact for people who experience health inequalities summarised

Please briefly summarise the main potential impact (positive or negative) on people at particular risk of health inequalities (as listed below). Please state **N/A if your proposal will not impact on patients who experience health inequalities.**

Groups who face health inequalities[4]	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
Looked after children and young people	Positive impact - the proposed interim service specification requires that the clinical MDT has expertise in children and young people who may be Looked After or in Special Guardianship or who may be adopted.	
Carers of patients: unpaid, family members.	NHSE is of the view that the proposals do not discriminate against individuals who share this characteristic.	
Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.	The proposed interim service specification requires patients to be registered with a GP in order to access the service (this requirement maintains the provisions of the current service specification for GIDS).	Individuals who are homeless are more likely to encounter difficulties in registering with a GP. NHSE has issued guidance to GP practices, based on the Patient Registration Standard Operating Principles for Primary Medical Care (2015) that *"A homeless patient cannot be refused registration on the basis of where they reside because they are not in settled accommodation".*

[4] Please note many groups who share protected characteristics have also been identified as facing health inequalities.

Groups who face health inequalities[4]	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.	NHSE is of the view that the proposals do not discriminate against individuals who share this characteristic.	
People with addictions and/or substance misuse issues	NHSE is of the view that the proposals do not discriminate against individuals who share this characteristic.	
People or families on a low income	NHSE is of the view that the proposals do not discriminate against individuals who share this characteristic.	
People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills).	NHSE is of the view that the proposals do not directly discriminate against individuals who share this characteristic.	
People living in deprived areas	NHSE is of the view that the proposals do not discriminate against individuals who share this characteristic.	
People living in remote, rural and island locations	NHSE is of the view that the proposals do not discriminate against individuals who share this characteristic.	Over the longer term, the expansion of the number of services across the country may reduce current adverse impacts such as travel costs and inconvenience of travelling long distances.
Refugees, asylum seekers or those experiencing modern slavery	NHSE is of the view that the proposals do not discriminate against individuals who share this characteristic.	
Other groups experiencing health inequalities (please describe)		

6. Engagement and consultation

a. Have any key engagement or consultative activities been undertaken that considered how to address equalities issues or reduce health inequalities? Please place an x in the appropriate box below.

Yes	No X	Do Not Know

7. What key sources of evidence have informed your impact assessment and are there key gaps in the evidence?

Evidence Type	Key sources of available evidence	Key gaps in evidence
Published evidence	As detailed in the current Service Specification for GIDS; or detailed in this impact assessment (above). As detailed in the interim report of the Cass Review (March 2022).	Limited published evidence around risk, benefits and outcomes of GnRHa and masculinising / feminising drugs (as per NICE evidence reviews 2020)
Consultation and involvement findings	As detailed in the interim report of the Cass Review (March 2022).	
Research		
Participant or expert knowledge For example, expertise within the team or expertise drawn on external to your team		

8. Is your assessment that your proposal will support compliance with the Public Sector Equality Duty? Please add an x to the relevant box below.

	Tackling discrimination	Advancing equality of opportunity	Fostering good relations
The proposal will support?			
The proposal may support?	X	X	X
Uncertain whether the proposal will support?			

9. Is your assessment that your proposal will support reducing health inequalities faced by patients? Please add an x to the relevant box below.

	Reducing inequalities in access to health care	Reducing inequalities in health outcomes
The proposal will support?		
The proposal may support?	X	X
Uncertain if the proposal will support?		

10. Outstanding key issues/questions that may require further consultation, research or additional evidence. Please list your top 3 in order of priority or state N/A

Key issue or question to be answered		Type of consultation, research or other evidence that would address the issue and/or answer the question
1	Future clinical model for responding to children and young people with gender incongruence / gender dysphoria.	The Cass Review will work with NHSE and other stakeholders to define the new clinical model for adoption by the new regional services from 2023/24. The phase 1 services will use an interim service specification until a new national service specification is adopted.
2	Risks, benefits and outcomes of GnRHa and masculinising / feminising drugs	Cass Review has described proposals for research activities; and following advice from the Cass Review NHS England is in the process of

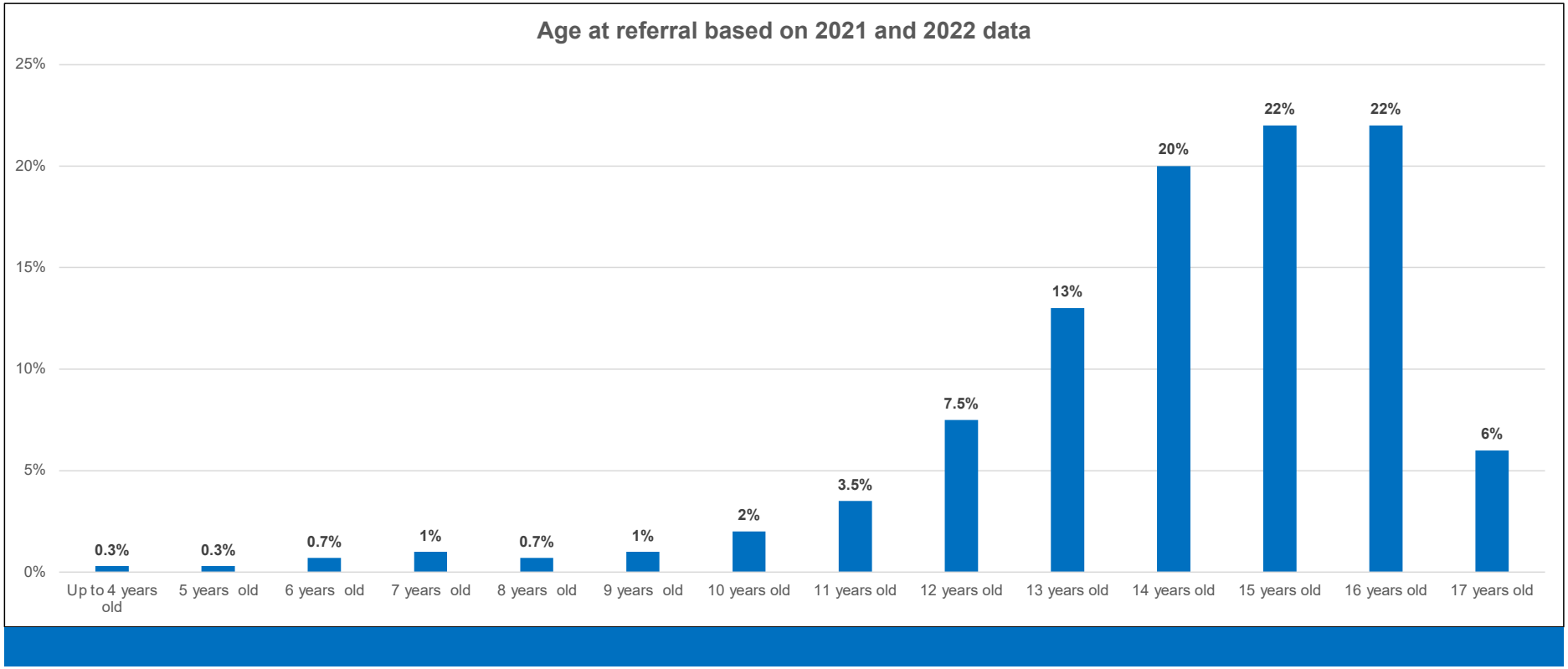
		forming proposals for prospectively enrolling children and young people being considered for hormone treatment into a formal research programme with adequate follow up into adulthood, with a more immediate focus on the questions regarding GnRHa.
3		

11. Summary assessment of this EHIA findings

The proposed interim service specification change is a reasonable and appropriate measure that is intended to confer benefit upon this cohort of children and young people by way of describing a safe service that will operate in a robust clinical governance framework, and that offers a more integrated approach to responding to a child or young person's overall health needs. A public consultation will be held from October 2022 that will seek views on the potential equality impacts of the proposals, and the findings of this EHIA will be reviewed in light of the submissions that are received.

Appendix A

Age at referral



Appendix B

Data return by Tavistock and Portman NHS Foundation Trust
Ethnicity of patients referred in Q4 of 2021/22

GIDS: Q4 Referred Patient Ethnicity		
Ethnic Group	***Count***	***%***
Any Other Ethnicity	**1**	*0.2%*
Asian or Asian British – Any Other	**5**	*0.8%*
Black or Black British - Caribbean	**1**	*0.2%*
Mixed – Any Other	**1**	*0.2%*
Mixed – Black & White	**3**	*0.5%*
Mixed – White & Asian	**1**	*0.2%*
Mixed – White & Black Caribbean	**1**	*0.2%*
Not Known – Not Requested	**4**	*0.6%*
Not Stated – Client Refused	**8**	*1.2%*
Not Stated – Client Unable to Choose	**28**	*4.2%*
White – Any Other	**11**	*1.7%*
White – British	**160**	*24.3%*
White – English	**9**	*1.4%*
White – Irish	**2**	*0.3%*
Blank	**424**	*64.3%*
TOTAL	**659**	