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

09 June 2023

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

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 incongruence should be hosted by tertiary paediatric units. NHSE announced in July 2022 that the contract for the Gender Identity Development Service for Children and Young People (GIDS) at the Tavistock and Portman NHS Foundation Trust will be brought to an end through a managed process, and that it is establishing two Phase 1 services that will work to a new interim service specification, pending the establishment of the new regional services which will work to a separate substantive service specification. As such the interim service specification will only be used for the implementation of the Phase 1 services. The draft interim service specification that describes the role of these services was subject to public consultation between October and December 2022 ("**public consultation**"), supported by a draft EHIA. This updated EHIA supports NHS England in its process for forming a final decision on the proposed interim service specification. The EHIA should be read alongside the report of the independent analysis of consultation responses.

The draft interim service specification that formed the basis of public consultation proposed 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 that the clinical team be extended 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. ***As an outcome of public consultation, NHS England has retained these proposals for the purpose of forming the proposed final version of the interim service specification*** in light of evidence that that there is a higher prevalence of other complex presentations in children and young people who have gender dysphoria. Findings by the Care Quality Commission in its 2021 inspection report of GIDS were that there needs to be a more multidisciplinary mix to support some children and young people referred to the service and Interim advice of the Cass review (February 2022) which indicates (page 20 and 69) that a different service model must include support for any other clinical presentations.

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 states that the clinical lead for the service will be a consultant medical doctor. This is because 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. ***As an outcome of public consultation, NHS England has retained this proposal for the purpose of forming the proposed final version of the interim service specification. This is due to these services being newly established within large academic tertiary paediatric hospitals and NHS England wants to maintain the leadership as described. The future substantive service specification will be reviewing this position.***

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 retains 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. It describes that 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. ***As an outcome of public consultation, NHS England has decided to form a separate service specification that will describe the process for making referrals onto the national waiting list that will be held by NHS Arden & GEM Commissioning Support Unit (until the new regional services are established), including the relationship with referrers and local professionals at the point of referral. As such, considerations around ensuring equality between those with protected characteristics and preventing or reducing health inequalities in terms of referrals into the service will be covered in a separate EHIA to support the separate service specification.***

The proposed interim service specification also states 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. ***As an outcome of public consultation, NHS England has retained this proposal for the purpose of forming the proposed final version of the interim service specification. This has been retained as future integration of local services is a key aspect of the advice from the Cass Review.***

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 that was published for public consultation proposed that referrals may be made by GPs and NHS professionals only. The reason for the proposal was 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 the referral is made to the specialist service . Around 65% of referrals into GIDS are currently made by GPs and around 30% are made by NHS professionals[1]. ***As an outcome of public consultation, NHS England has decided to form a separate service specification that will describe the process for making referrals onto the national waiting list that will be held by NHS Arden & GEM Commissioning Support Unit (until new regional services are established), including referral sources. As such, considerations around ensuring equality and preventing or***

[1] Source: Data returns to NHS England from Tavistock and Portman NHS Foundation Trust, and NHS AGEM Commissioning Support Unit

reducing health inequalities in terms of referrals into the service will be covered in a separate EHIA to support the separate service specification.

v. Social transition

The new interim service specification proposed greater clarity on the clinical approach in regard to social transition. It read 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. ***As an outcome of public consultation, NHS England has amended the proposed final version of the interim service specification to (a) explain more clearly what is meant by references to 'social transition'; (b) continues to recognise that gender trajectories in pre-pubescent children in particular cannot be reliably predicted but does not seek to quantify whether the outcome is desistence in the majority or minority; and (c) removes references to 'clinically significant distress' to reflect the diagnostic framework of ICD-11.***

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

The new interim service specification clarified the position in regard to children and young people who source these drugs from unregulated sources or unregulated providers. It stated that, *inter alia*, children, young people and their families are strongly discouraged from sourcing Gonadotrophin-releasing hormone agonist GnRHa and masculinising / feminising hormones from unregulated sources or from on-line providers that are not regulated by UK regulatory bodies. It was proposed that 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 and will advise the GP to initiate local safeguarding protocols. ***As an outcome of public consultation, although NHS England has retained its position on the risks and dangers of sourcing GnRHa and hormones from unregulated sources, it has amended the proposed final version of the interim service specification to (a) propose criteria that will be applied by the Service to consider whether it is clinically appropriate to assume clinical responsibility under NHS protocols for children and young people in this situation; and (b) clarified the proposed approach for initiation of safeguarding protocols. Some respondents to consultation confused the reference to 'unregulated' providers to mean 'private' providers – an unregulated provider means a provider that is not regulated by the Care Quality Commission if in England or one of the equivalent regulatory bodies in the UK devolved health administrations.***

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 in 2022.

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 April 2023

Patient Cohort	**Number**	**Rationale**
Children and young people up to 17 years currently under the care of GIDS, and their families (and not covered elsewhere in this table)	790	Figure reported to NHSE by Tavistock and Portman NHS Foundation Trust in April 2023 Of this figure, NHS Wales is the responsible commissioner for 35 patients; and various other commissioning bodies are the responsible commissioner for 9 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	887	Figure reported to NHSE by Tavistock and Portman NHS Foundation Trust in April 2023 Of this figure, NHS Wales is the responsible commissioner for 22 patients; and various other commissioning bodies are the responsible commissioner for 32 patients
Adult patients (18+) who have been seen by GIDS, and where a clinical decision has not yet been made about appropriate onward pathway / has not been effected	272	Figure reported to NHSE by Tavistock and Portman NHS Foundation Trust in April 2023 Of this figure, NHS Wales is the responsible commissioner for 39 patients; and various other commissioning bodies are the responsible commissioner for 10 patients
Children and young people up on the waiting list for GIDS for a first appointment	7484	Figures reported to NHSE by NHS Arden GEM CSU, who hold the national waiting list since April 2023
Children and young people who may be referred to one of the early adopter services in the future under current access arrangements (per year)	3256	This is the combined referral figure for 2022/23 as reported by Tavistock and Portman NHS Foundation Trust and NHS Arden and GEM CSU. The previous year's figure was 5234 which was a high outlier compared to previous years.
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.

Prevalence

Estimates for the proportion of adults and children with gender incongruence vary considerably. This reflects a number of factors such as: variable data reporting by providers; differences in diagnostic thresholds applied and inconsistent terminology; the methodology and diagnostic classification used – population surveys give a much higher estimate than numbers based on service use; and the year and country in which the studies took place. Few studies have taken place in the United Kingdom, and there are no published studies in young children.

The UK census (2021) reported that 93.47% of respondents in England (16 years +) recorded a "*gender identity the same as sex registered at birth*"; and 0.55% of respondents recorded a "*gender identity different from sex registered at birth";* and 5.98% of respondents recorded as '*not answered".* It is not possible to extrapolate a reliable prevalence figure for children and young people aged 17 years and below from this data, and the Office for Statistics Regulation is currently (May 2023) reviewing the accuracy of the data on gender identity reported in the census.

Published estimates for the proportion of people who are gender diverse range from 0.3% to 0.5% of adults, and around 1.2% of people aged 14-18 years (source: analysis by Public Health Consultant, NHS England, 2023). The number of referrals is currently likely to be around 1 per 2000 population per year. The current referral profile suggests that the majority of referrals will be of adolescents following the onset of puberty (Appendix A).

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.	<u>Children and Young People</u> Any consideration of the impact of the proposal to individuals who may share this protected characteristic has to recognise that the proposed interim Service 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 mainly impact children and young people who are currently below 18 years of age. This is a service that has always been focused on children and young people. NHSE has concluded that the fact that the proposals will mainly impact children and young people who may share the protected characteristic of "age" does not result in unlawful discrimination. The purpose of the proposed interim service specification for children and young people with gender incongruence 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 with local professionals. <u>Young People and Adults</u> There are three cohorts of individuals aged 17 years and above for whom adoption of the proposed interim	Children and young people already in the care of GIDS will be transferred to a Phase 1 service. This should have a positive impact as the new service model is safer and more sustainable, in line with the recommendations of the interim report of the Cass Review. 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 and increase the likelihood of positive impact.

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	service specification by NHS England would not directly change their likely or planned route through the NHS pathway of care, but a consideration is given to these cohorts for the purpose of this EHIA in the context of decommissioning the GIDS and the mobilisation of the Phase 1 providers: *A: Young people who are aged 17 years and above and who, following an assessment and diagnosis, are awaiting a transfer from GIDS to an adult Gender Dysphoria Clinic.* This cohort of individuals will not be transferred to a Phase 1 provider. In March 2023 NHS England's Clinical Reference Group for Gender Dysphoria Services agreed a standard transfer protocol to be used by GIDS and the adult Gender Dysphoria Clinics (GDCs) to facilitate the effective transfer of these young people. Application of this transfer protocol will have a positive impact on this patient cohort as it will address the causes of historical delays in effecting the transfer of such patients, namely different approaches across the adult GDCs. *B: Young People Aged 17 years and above and who will be transferred from the GIDS waiting list to an adult GDC before their 18th birthday*	The intention for the original referral date to the GIDS to be honoured by the adult GDC is a legitimate aim to reduce the waiting times of those aged 17 and

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	This cohort will not be transferred to a Phase1 Provider. The new transfer protocol also describes the process of transfer of young people from the GIDS waiting list to an adult GDC waiting list via the individual's referrer, where it can be determined that the young person will not be seen by GIDS by the time of their 18th birthday. The protocol clarifies that for these individuals, the original referral date to the GIDS will be honoured by the adult GDC. This will have a positive impact to this cohort of patients as it will address the causes of historical delays in effecting the transfer of such patients and in ensuring a consistent approach across the adult GDCs to honouring original referral dates. However, there will be an indirect negative impact of this approach to some young people and adults who are already on a waiting list for an adult GDC as there is likely to be an increased number of young people joining their waiting list and who will be placed higher than them in waiting list order. This approach will therefore have a detrimental impact to some individuals who may share the protected characteristic of "age". *C. Adult patients who are aged 18 years and above and who have not yet been clinically discharged from GIDS* This cohort of adults will not be transferred to a Phase 1 service. As a means of unblocking the historical barriers in effecting an appropriate discharge of this	above who will transfer to the adult GDC before their 18th birthday. This will indirectly discriminate against / impact those currently already on the waiting list for an adult GDC. This is a proportionate (ie reasonable and necessary) means of achieving a legitimate aim to ensure this cohort (887 as at April 2023) do not experience an increased waiting time as they will not transfer to a Phase 1 Provider under the proposed Interim Service Specification. NHS England is currently working with the adult GDCs and GIDS to quantify the impact to GDC waiting lists in this regard, and to identify further mitigating actions.

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	cohort from GIDS NHS England has directed the Tavistock and Portman NHS Foundation Trust to form an individual care plan for each such patient as part of the process of decommissioning GIDS, and this may involve a transfer to adult GDCs or alternative local services, as appropriate to the individual.	
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 incongruence 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[2]. 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	NHS England has considered the submissions made during public consultation and has concluded that the effect of the proposals would not be that children and young people who are neurodiverse or who have autism – and who meet the access criteria for the service – would be more likely to face barriers in accessing the service. The service specification sets out a model of care that will be holistic, multi-disciplinary and will take an integrated approach to assessing and responding to an individual's needs and will recognise the range of co-presentations that may present in this patient cohort. By addressing the most

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

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	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[3]. 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 UK 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	appropriate clinical pathway in the best interest of the child or young person, the specification will increase the likelihood of having a positive impact on those referred to the service who have disabilities. The specification also sets out the requirement for the service to have evidence of engagement with children, young people and families in design and review of the service which will be an opportunity to address any inequalities and better understand and mitigate against any negative impact on children and young people referred to the service who have disabilities The standardised assessment process that is detailed in the service specification will ensure that the service should identify and confirm any significant co-existing conditions or challenges, including any disabilities,

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

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	that may fall within the scope of 'disability' for the purpose of the Act, such as autism, ASD and mental health problems. Some respondents to the public consultation on the proposed interim service specification suggested that the EHIA should give more consideration to the potential negative consequences of adoption of the proposed interim service specification to children and young people with autism or who are neurodiverse. These respondents were concerned that the effect of the interim service specification would be to prevent or restrict access to this cohort of individuals given that it describes an integrated approach to assessing and responding to an individual's needs in view of the range of co-presentations – and frequently cites children and young people with autism or who are neurodiverse.	as well as assessing any mental health and neurodevelopmental needs, which will also have a positive impact on this group. The service specification recognises that there is an increased prevalence of mental health needs in children and young people who present to gender identity services and the MDT will include expertise for the direct assessment of these conditions as well as autism, attention deficit hyperactivity disorder and other forms of neurodiversity which will have a positive impact of people with disabilities. The service specification sets out the workforce requirement of ensuring that the MDT includes practitioners with expertise in child and adolescent mental health, including expertise in assessment and formulation. delivery of evidence based therapeutic interventions, trauma informed approaches and family work/family

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		therapy which will have a positive impact on those who have the protected characteristics of disability It is also expected that the service will have close working with Children and Young People's Mental Health Services, child health and neurodevelopment services to ensure this partnership working supports those with mental health problems or who are neurodiverse which will have a positive impact on those with the protected characteristic of disability. The purpose of the proposed interim service specification in this regard is to increase the timely provision of appropriate integrated support for children and young people with co-presentations, including in response to concerns expressed by the CQC (2021) that GIDS does not always include the full range of specialist to meet the individual needs of patients. The clinical view within the working group that reviewed the draft interim

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		service specification in light of responses to the public consultation was that addressing a child or young person's co-presentations might enable the child or young person to better engage with the specialist gender incongruence service. While the proposed interim service specification makes clear, based on clinical advice, that "*not all children and young people who present with issues of gender incongruence will require direct interaction with The Service*" and that in many cases the most appropriate care can be provided locally including with additional support and consultation by The Service, this will be determined on a case-by-case basis by the specialist service taking into account all of the various factors that are described, and it is made clear throughout the document that autism or neurodiversity is not a barrier to access; for example – "*an individual care plan will be tailored to the specific needs of the individual following careful*

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		therapeutic exploration; this plan may require a focus on supporting other clinical needs and risks with networked local services".
Gender Reassignment	In January 2023 the High Court agreed that not every child or young person referred to a specialised gender incongruence service will have the protected characteristic of 'gender reassignment'[4] . The Court agreed that children and young people who are referred to such a service do not – at the point of referral or while they remain on the waiting list - share the protected characteristic of 'gender reassignment' as a class or cohort of patients. The whole cohort of patients 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" as a class or cohort. 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. This is particularly likely to be true in the case of very young children.	NHS England's design of the interim service specification has proceeded on the basis that a portion of the relevant patient cohort, though unascertained at individual level, will have the protected characteristic of gender re-assignment. The service specification details the model of care that will provide care to children and young people who express gender incongruence and who are likely to benefit from clinical support and should therefore have a positive impact on those with the protected characteristic of gender reassignment. The service specification sets out a model of care that will be holistic, multi-disciplinary and will take an integrated approach to assessing and responding to an individual's needs and will

[4] R(AA & Others) v NHS Commissioning Board and Others[2023] EWHC 43 (Admin)

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	However, as the Court found and as NHS England accepts, many children and young people will individually have the protected characteristic at the point of referral or while on the waiting list, although determining that will involve a case-specific factual assessment[5]. Additionally, children and young people who are currently under the care of GIDS and who have expressed an intention to undergo a process (or part of a process) of reassigning their sex will share the protected characteristic. Conversely, there are likely to be some children and young people who are currently under the care of GIDS and in regard to whom the protected characteristic cannot be applied where the individual has either not expressed an intention to undergo a process (or part of a process) of reassigning their sex or has expressed an intention to not undergo such a process. In summary, many of the individuals who will be impacted by the proposals are likely to have the protected characteristic but – save for those children	recognise the range of co-presentations that may present in this patient cohort. In this way the specification will increase the likelihood of having a positive impact on those referred to the service who have the protected characteristic of gender reassignment The service specification details the individual assessment of children and young people referred to the service, including the need to assess their expression of gender identity across different contexts over time and in different settings, any steps they have taken along a gender transition, developmental needs, psychosocial functioning and impact of the gender incongruence which should have a positive impact on those with the protected characteristic of gender reassignment.

[5] Ibid

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	and young people whose number is known to NHS England as being open to an endocrinology clinic following a referral by GIDS (413 as at July 2022) - NHS England is not able to quantify this overall group of individuals that may be affected, as none of the relevant clinical information will be known to NHS England, which has no knowledge of each individual's situation in regard to treatment goals. This information would be held by the relevant clinicians treating each individual[6] These individuals will 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 some of these individuals may be negatively 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.	The specification also sets out the requirement for the service to have evidence of engagement with children, young people and families in design and review of the service which will be an opportunity to address any inequalities and better understand and mitigate against any negative impact on children and young people referred to the service who have the protected characteristic of gender reassignment. The service specification sets out the workforce requirement of ensuring that the MDT includes practitioners with expertise in gender incongruence which should have a positive impact on those with the protected characteristic of gender reassignment. Mitigating actions in regard to children and young people who are currently

[6] NHS England has reminded itself that an individual will benefit from protection under Equality Act 2010 against direct discrimination in that they should not be treated less favourably if they are perceived by NHS England to have the protected characteristic of, or satisfy the definition of, gender reassignment even if they do not. However, NHSE has concluded that this aspect will have no substantive impact given that NHSE recognises that a number of the presenting patients will have the protected characteristic.

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	In particular, during 2023/24 the GIDS at Tavistock will focus on providing continuity of care for their open caseload of around 1000 patients (many of whom will have this protected characteristic). As part of the managed process for ensuring that children and young people who are currently under the care of GIDS are transferred in the most seamless way possible, the GIDS has ceased commencing new assessments for children and young people on the waiting list. This arrangement is likely to remain in place until the new providers begin seeing new patients, planned later in 2023. This approach is needed so that clinicians working in GIDS are able to prioritise their existing patients during the handover period – rather than starting new assessments in the knowledge that it is likely that the patient will be transferred to a new service before the process of assessment has concluded. NHS England understands that this approach may be frustrating, particularly to young people who are towards the top of the waiting list, but this is a necessary temporary arrangement. 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	under the care of GIDS, and their families, will focus on ongoing, clear and timely individual communication. 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 potential risk. In the interim, NHS England has commissioned new on-line support resources and materials for families of children and young people with gender incongruence and for professionals, and these are planned to be made available in summer of 2023. As an outcome of public consultation NHS England has amended the proposed interim service specification to describe criteria that designated services will use, jointly with the paediatric endocrinology teams, to determine the circumstances in which it would be appropriate for the NHS service to accept responsibility for

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	from unregulated sources – and these individuals will 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.	prescribing, and monitoring and management of the endocrine intervention through NHS protocols. The proposed interim service specification has also been amended to provide more clarity on the approach for initiating safeguarding protocols, when this is considered appropriate in an individual case.
Marriage & Civil Partnership: people married or in a civil partnership.	NHS England is in receipt of no evidence to suggest otherwise and therefore is of the view that the proposed interim service specification does not have any significant impact on individuals who may share this protected characteristic.	
Pregnancy and Maternity: the condition of being pregnant or expecting a baby and the period after birth (maternity discrimination is for the period of 26 weeks after giving birth)	NHS England is in receipt of no evidence to suggest otherwise and therefore is of the view that the proposed interim service specification does not have any significant impact on individuals who may share this protected characteristic. Some respondents to the public consultation were of the view that this protected characteristic should have been more fully considered given that endocrine interventions may compromise fertility. However, that is to misapply	

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<tr><td></td><td>the protected characteristic, in that the deleterious consequences of endocrine interventions (physiological inability to reproduce, or impaired ability) does not confer upon an individual who is within the scope of the interim service specification the benefit of this protected characteristic.

Guidance on the Equality and Human Rights Commission's website makes clear pregnancy and maternity discrimination is when someone is treated unfavourably (differently) because they are pregnant, breastfeeding or have given birth, in one of the situations that are covered by the Equality Act.</td><td></td></tr>
<tr><td>Race and ethnicity[7]</td><td>Table: Children and young people referred to the current commissioned service between July and December 2022[8]

<table><tr><th colspan="3">GIDS: Q2 & Q3 Referred Patient Ethnicities</th></tr><tr><th>Ethnic Group</th><th>Count</th><th>%</th></tr></table></td><td>There is evidence that gender diverse individuals from Black Asian Minority Ethnic (BAME) heritage are more likely to face discrimination on the basis of their race and gender and often within their religious community as well.</td></tr>
</table>

[7] Addressing racial inequalities is about identifying any ethnic group that experiences inequalities. Race and ethnicity includes people from any ethnic group incl BAME 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 colour, nationality and ethnic or national origins, racial groups.

[8] Source: Data return by Tavistock and Portman NHS Foundation Trust, February 2023

<table>
<tr><th>Protected characteristic groups</th><th>Summary explanation of the main potential positive or adverse impact of your proposal</th><th>Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact</th></tr>
<tr><td></td><td>
<table>
<tr><td>Any Other Ethnicity</td><td>3</td><td>0.6%</td></tr>
<tr><td>Asian or Asian British – Any Other</td><td>5</td><td>1.0%</td></tr>
<tr><td>Asian or Asian British – Indian</td><td>1</td><td>0.2%</td></tr>
<tr><td>Black or Black British – Caribbean</td><td>2</td><td>0.4%</td></tr>
<tr><td>Mixed – Any Other Background</td><td>15</td><td>3.0%</td></tr>
<tr><td>Mixed – White & Asian</td><td>1</td><td>0.2%</td></tr>
<tr><td>Mixed – White & Black Caribbean</td><td>2</td><td>0.4%</td></tr>
<tr><td>Not Known – Not Requested</td><td>1</td><td>0.2%</td></tr>
<tr><td>Not Stated – Client Unable to Choose</td><td>152</td><td>30.5%</td></tr>
<tr><td>Other Ethnic Group – Chinese</td><td>1</td><td>0.2%</td></tr>
<tr><td>White – Any Other Background</td><td>11</td><td>2.2%</td></tr>
<tr><td>White – British</td><td>200</td><td>40.2%</td></tr>
<tr><td>White – Mixed White</td><td>2</td><td>0.4%</td></tr>
<tr><td>White – Polish</td><td>2</td><td>0.4%</td></tr>
<tr><td>Blank</td><td>100</td><td>20.1%</td></tr>
</table>
</td><td>The reasons for the low numbers of children and young people of BAME heritage accessing the service (and adult gender dysphoria services) are not well understood and may include a combination of epidemiological, cultural and religious and belief factors, amongst others. Further investigation is needed to understand the apparent discrepancy between the Tavistock's figures (table) and some studies that suggest a higher prevalence of autism and ADHD in children and young people from black and mixed race backgrounds[8], given the high numbers of children who present with gender incongruence and autism or neurodiversity (see above).

NHS England's proposed interim service specification for a new configuration of providers describes the importance of routine and consistent data collection, analysis and reporting. We expect providers to</td></tr>
</table>

[8] Roman-Urrestarazu A, van Kessel R, Allison C, Matthews FE, Brayne C, Baron-Cohen S. Association of Race/Ethnicity and Social Disadvantage With Autism Prevalence in 7 Million School Children in England. *JAMA Pediatr.* 2021;175(6):e210054. doi:10.1001/jamapediatrics.2021.0054

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
	TOTAL **498** Analysis of ethnicity data from the Tavistock and Portman NHS Foundation Trust remains challenging given the (historically) high number of individuals for whom ethnicity data is not recorded or not available (50.8% of patient records according to the above table). Of the data available, the highest proportion of individuals are "White" which accords with previous NHS analyses of individuals accessing gender dysphoria services. A 2022 publication[9] reported that the majority of young people seen at GIDS self-identified with a white ethnic-background (93.35%) and 6.65% identified as being from ethnic minority heritage. It concluded that service engagement was comparable between the subgroups, while the ethnic minority sub-group was offered and attended more appointments in 2018–2019. Due to the low ethnic minority sub-group numbers, findings need to be interpreted with caution. We may surmise that the proposals will disproportionately impact individuals who are 'White".	report demographic data for the purpose of continuous service improvement initiatives, including to identify whether any particular groups are experiencing barriers in access to service provision. The specification sets out the requirement for the service to have evidence of engagement with children, young people and families in design and review of the service which will be an opportunity to address any inequalities and better understand and mitigate against any negative impact on children and young people referred to the service from black and minority ethnic groups or other communities who share the protected characteristic of race and ethnicity. At a broader level, in 2021 NHS England established the National Healthcare Inequalities Improvement

[9] Manjra II, Russell I, Maninger JK, Masic U. Service user engagement by ethnicity groups at a children's gender identity service in the UK. *Clinical Child Psychology and Psychiatry*. 2022;27(4):1091-1105.

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
	The proposal does not unfairly discriminate against individuals who share this protected characteristic. Some respondents to consultation felt that the previous EHIA had provided insufficient reflection and attention to detail with regard to the protected characteristic of ethnicity – in particular, Black, Asian and minority ethnic groups (BAME), who they felt tended to have historically lower rates of interaction with healthcare services and would therefore be disproportionately affected by any service changes. Many also noted that while it was stated that "transgender people from BAME groups are more likely to face discrimination on the basis of their race" no plans were put forward for how to mitigate for this or for how to offer extra support.	Programme (HiQiP), which works with national programmes and policy areas across NHS England, to address inequalities and ensure equitable access, excellent experience and optimal outcomes. The terms of reference for the NHS England National Programme Board for Gender Dysphoria Services (2023 – 2026, to be agreed June 2023) will include a focus on addressing and reducing health inequalities aligned with the HiQiP.
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.	Gender diverse individuals may face discrimination or rejection from their families or communities on the basis of religion or belief. The specification sets out the requirement for the service to have evidence of engagement with children, young people and families in design

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
	NHSE is of the view that the current proposals do not discriminate against individuals who share this protected characteristic.	and review of the service which will be an opportunity to address any inequalities and better understand and mitigate against any negative impact on children and young people referred to the service from different religious backgrounds who share the protected characteristic of religion and belief. The service specification also sets out the requirement for the assessment of children and young people referred to the service to include a focus on their family's spiritual, cultural or religious beliefs which should be an opportunity to identify and address any negative impact on gender diverse children or young people in relation to the protected characteristic of religion and belief and provide appropriate support.
Sex: men; women	At current referral patterns 69% of referrals to the current commissioned service are of natal females and 31% are of those registered natal males[10].	The terms of reference for the Cass Review include *"exploration of the reasons for the increase in referrals and why the increase has*

[10] Source: Data return by Tavistock and Portman NHS Foundation Trust, February 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
	This data accords with 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 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). The proposals may disproportionately impact individuals who are natal female based on this data, but NHS England has concluded that no discrimination arises. Some respondents to consultation felt that the previous EHIA could have more thoroughly addressed the potential impact on those with the protected characteristic of sex – particularly the impacts on girls who, as recent statistics showed, were now much more likely to seek treatment from gender dysphoria services than boys. The report on the independent analysis of consultation responses reads: "*NHS England was encouraged to investigate and publicise the degree to*	*disproportionately been of natal females, and the implications of these matters".* The Cass Review will deliver final advice to NHS England in 2023/24. The service specification sets out a model of care that will be holistic, multi-disciplinary and will take an integrated approach to assessing and responding to an individual's needs and will recognise the range of co-presentations that may present in this patient cohort. By ensuring detailed and individual assessments and addressing the most appropriate clinical pathway in the best interest of the child or young person, the specification will increase the likelihood of having a positive impact on those referred to the service who have the protected characteristic of sex, irrespective of whether they were registered female or male at birth. NHS England's proposed interim service specification for a new

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
	which possible causations such as internalised homophobia, exposure to social media, trauma, bullying, difficulties in navigating bodily changes at puberty, experiencing sexual objectification, familial and social situations and social contagion had played a part in this trend".	configuration of providers describes the importance of building research capabilities for the purpose of continuous quality improvement initiatives. Also, in 2019 the Government Equalities Office announced that it would commission new research to explore the nature of adolescent gender identity and transitioning to better understand the issues behind the increasing trend of referrals of adolescents, particularly natal females, to NHS gender dysphoria services. Working with the new configuration of service providers and academic partners, NHSE will consider how to use the outcome of this research to inform its future approach to the commissioning of these services.
Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.	We do not hold data on the sexual orientation of individuals who are referred to or seen by the NHS commissioned service. A large UK-wide study in 2012 (Trans Mental Health Study) reported the following:	NHS England's proposed interim service specification for a new configuration of providers describes the importance of routine and consistent data collection, analysis and

<table>
<tr><th>Protected characteristic groups</th><th>Summary explanation of the main potential positive or adverse impact of your proposal</th><th>Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact</th></tr>
<tr><td></td><td>
<table>
<tr><th>Sexual Orientation</th><th>N</th><th>Percentage</th></tr>
<tr><td>Bisexual</td><td>145</td><td>27%</td></tr>
<tr><td>Queer</td><td>126</td><td>24%</td></tr>
<tr><td>Straight or heterosexual</td><td>104</td><td>20%</td></tr>
<tr><td>Pansexual</td><td>79</td><td>15%</td></tr>
<tr><td>BDSM/Kink</td><td>73</td><td>14%</td></tr>
<tr><td>Lesbian</td><td>69</td><td>13%</td></tr>
<tr><td>Not sure or questioning</td><td>64</td><td>12%</td></tr>
<tr><td>Other</td><td>59</td><td>11%</td></tr>
<tr><td>Don’t define</td><td>55</td><td>10%</td></tr>
<tr><td>Gay</td><td>51</td><td>10%</td></tr>
<tr><td>Polyamorous</td><td>46</td><td>9%</td></tr>
<tr><td>Asexual</td><td>41</td><td>8%</td></tr>
<tr><td>Total</td><td colspan="2">912</td></tr>
</table>

The 2021 census reported that 89.4% of the UK population (16+years) identified as straight or heterosexual, which is a marked variation to the findings of the above survey in 2021 (20%). It is unclear as to the extent to which these data can be extrapolated for the purpose of this EHIA, but it may be reasonable to surmise that there is likely to be a lower percentage of children and young people who are referred to a gender</td><td>reporting. We expect providers to report demographic data for the purpose of continuous service improvement initiatives, including to identify whether any particular groups are experiencing barriers in access to service provision.

The specification also sets out the requirement for the service to have evidence of engagement with children, young people and families in design and review of the service which will be an opportunity to address any inequalities and better understand and mitigate against any negative impact on young people referred to the service who have the protected characteristic of sexual orientation.

The standardised assessment process that is detailed in the service specification details the requirement to consider sexual orientation, psychosexual development and any sexual experiences of adolescents referred to the service will ensure that</td></tr>
</table>

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
	incongruence service who identify / will identify as straight or heterosexual than for the general population. It is not possible to extrapolate these data to the gender diverse children and young people referred to the service and NHS England has concluded that there is insufficient evidence to determine if a particular group or cohort will be disproportionately impacted by the proposals. The independent report on the analysis of responses to NHS England's public consultation on a proposed interim service specification for gender incongruence services for children and young people (2023) reads that some respondents were of the view that "*the protected characteristic of sexual orientation had not been sufficiently addressed in the Equalities and Health Inequalities Impact Assessment due to their belief that gender dysphoria services have disproportionately impacted on homosexual or bisexual children and young people in the past*".	the service should increase the likelihood of having a positive impact on those referred to the service who have the protected characteristic of sexual orientation. The service specification sets out the workforce requirement of ensuring that the MDT includes practitioners with expertise in childhood and adolescent development, including sexual development which will also have a positive impact on those young people referred to the service who have the protected characteristic of sexual orientation. NHS England's proposed interim service specification also describes the importance of building research capabilities for the purpose of continuous quality improvement initiatives. Working with the new configuration of service providers and academic partners, NHSE will consider how to use the outcome of this

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
		research to inform its future approach to the commissioning of these services. 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 "*young lesbians who felt pressured to identify as transgender male, and conversely transgender males who felt pressured to come out as lesbian rather than transgender*".

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

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[11]	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	There is an over-representation percentage wise (compared to the national percentage) of looked after children seen by services for children and young people with gender incongruence[12].	NHS England's proposed interim service specification recognises that a significant number of children and young people with very complex needs may also be *Looked After* or may not live with their birth family and may require the active involvement from children's social care and/or expert social work advice alongside support from the specialist service.
Carers of patients: unpaid, family members.	NHS England is in receipt of no evidence to suggest otherwise and therefore is of the view that the proposals do not discriminate against this group; and that the proposals will have a neutral impact on reducing health inequalities in accessing	
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, though the Care quality Commission provides access to research that 92% of homeless people surveyed were registered with a GP.

[11] Please note many groups who share protected characteristics have also been identified as facing health inequalities.
[12] Interim report of the Cass Review, 2022

Groups who face health inequalities[11]	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
		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".* GP practices have a responsibility to register people who are homeless, or have no fixed abode or are legitimately unable to provide documentation living within their catchment area.
People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.	NHS England is in receipt of no evidence to suggest otherwise and therefore is of the view that the proposals do not discriminate against this group; and that the proposals will have a neutral impact on reducing health inequalities in accessing services or achieving outcomes for this group.	
People with addictions and/or substance misuse issues	NHS England is in receipt of no evidence to suggest otherwise and therefore is of the view that the proposals do not discriminate against this group; and that the proposals will have a neutral impact on reducing health inequalities in	The service specification sets out a model of care that will be holistic, multi-disciplinary and will take an integrated approach to assessing and responding to an individual's needs and will recognise the range of co-presentations that may present in this patient cohort. By addressing the most appropriate clinical pathway in the best interest of the child or young

Groups who face health inequalities[11]	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
	accessing services or achieving outcomes for this group.	person, the specification will increase the likelihood of having a positive impact on those referred to the who might have addictions or substance misuse issues. The standardised assessment process that is detailed in the service specification will ensure that the service should identify and confirm any significant co-existing conditions or challenges, including addictions or substance misuse, which will also have a positive impact on this group.
People or families on a low income	NHS England is in receipt of no evidence to suggest otherwise and therefore is of the view that the proposals do not discriminate against this group; and that the proposals will have a neutral impact on reducing health inequalities in accessing services or achieving outcomes for this group.	
People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills).	NHS England is in receipt of no evidence to suggest otherwise and therefore is of the view that the proposals do not discriminate against this group; and that the proposals will have a neutral impact on reducing health inequalities in accessing services or achieving outcomes for this group.	

Groups who face health inequalities[11]	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 living in deprived areas	NHS England is in receipt of no evidence to suggest otherwise and therefore is of the view that the proposals do not discriminate against this group; and that the proposals will have a neutral impact on reducing health inequalities in accessing services or achieving outcomes for this group.	
People living in remote, rural and island locations	NHS England is in receipt of no evidence to suggest otherwise and therefore is of the view that the proposals do not discriminate against this group; and that the proposals will have a neutral impact on reducing health inequalities in accessing services or achieving outcomes for this group.	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	NHS England is in receipt of no evidence to suggest otherwise and therefore is of the view that the proposals do not discriminate against this group; and that the proposals will have a neutral impact on reducing health inequalities in accessing services or achieving outcomes for this group.	

Groups who face health inequalities[11]	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
Other groups experiencing health inequalities (please describe)	Some respondents to the public consultation suggested that the changes to the service specification which limited referral routes – and therefore made accessing the service more difficult – would disproportionately and negatively impact children and young people who either lived with unsupportive families or who lived outside the family home. This was seen as discriminatory and requiring reflection in the assessment, as well as necessitating consideration and proposals of ways to practically address the impact.	NHS England is developing a separate service specification that will propose access routes onto the waiting list for the service, and for management of the waiting list, and a separate EHIA will consider the impacts of the proposals to those with protected characteristics and other groups including this proposed group.

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
	The proposed interim service specification was developed through an urgent process to ensure stability of service provision during the transitional phase. The substantive	

	service specification for Gender Incongruence Services for Children and Young People will be built and developed through a range of stakeholder engagement activities and public consultation once the Cass Review has delivered final advice in 2023/24. A full engagement plan will be developed.	

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). As detailed in the public consultation undertaken on the interim service specification and associated analysis report	
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

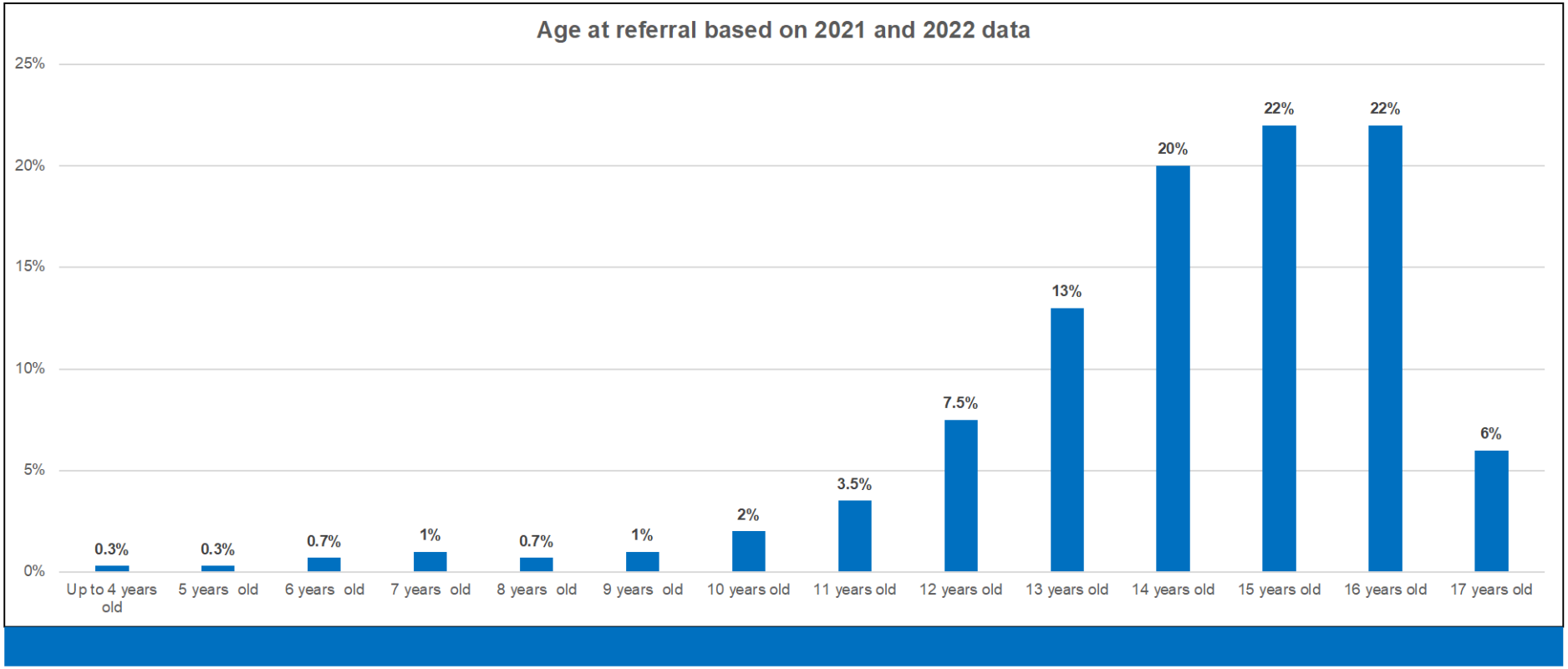
1	Future clinical model for responding to children and young people with gender incongruence / gender dysphoria.	The Cass Review will work with NHSE and other stakeholders to define the new clinical model for adoption by the new regional services from 2023/24. The phase 1 services will use an interim 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		

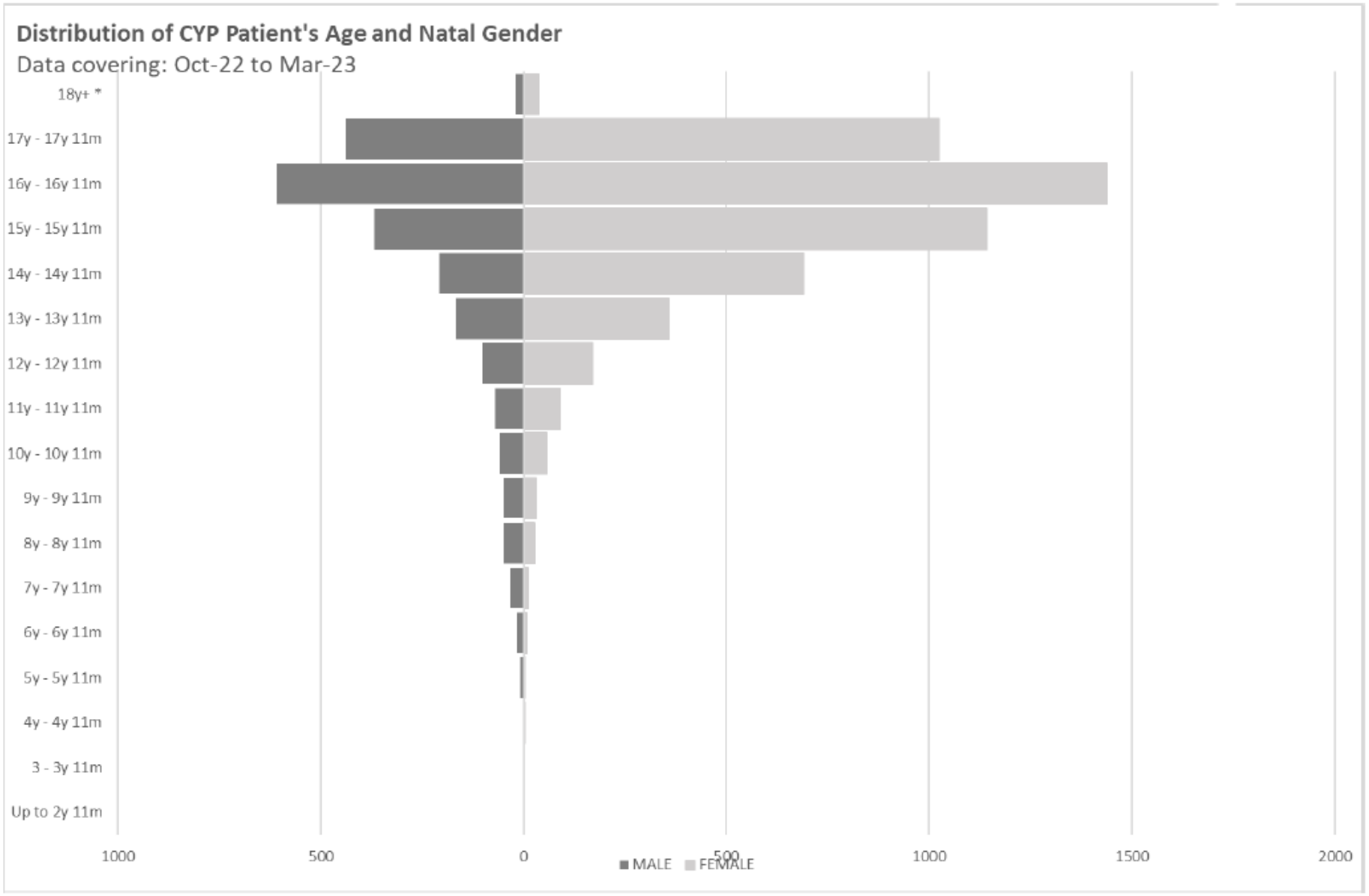
11. Summary assessment of this EHIA findings

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 and individual health needs. We have detailed above the areas of the service specification that should have a positive impact on those with protected characteristics and other groups who experience health inequaltiies. The EHIA will be reviewed for approval by the NCG.

Appendix A

Age at referral




Distribution of CYP Patient's Age and Natal Gender
Data covering: Oct-22 to Mar-23
18y+ *
17y - 17y 11m
16y - 16y 11m
15y - 15y 11m
14y - 14y 11m
13y - 13y 11m
12y - 12y 11m
11y - 11y 11m
10y - 10y 11m
9y - 9y 11m
8y - 8y 11m
7y - 7y 11m
6y - 6y 11m
5y - 5y 11m
4y - 4y 11m
3 - 3y 11m
Up to 2y 11m
1000
500
0
500
1000
1500
2000
MALE
FEMALE