

T: 0300 244 4000
E: CabSecHSC@gov.scot

Convener
Equalities, Human Rights and Civil Justice Committee
Scottish Parliament
Edinburgh
EH99 1SP

By email: ehrcj.committee@parliament.scot

21 November 2022

Convener,

As part of your [Stage 1 Report](#) on the Gender Recognition Reform (Scotland) Bill, the Equalities, Human Rights and Civil Justice Committee set out a number of comments and requests related to the provision of gender identity healthcare within NHS Scotland.

The Scottish Government's [response](#) to your Stage 1 Report answered the majority of those points, and on two items the Committee requested that I write to it with an update. That information is below and I hope will assist the Committee in its ongoing consideration of this important Bill as it progresses to Stage 2.

As previously stated by Ms Robison and I will reiterate again here, it is not the case that a Gender Recognition Certificate (GRC) is required to access specialist gender identity healthcare, regardless of circumstances or age. Current proposals in the GRR Bill will not change this. I am of the view that considerations of how clinical care is best delivered in this specialist field holds no relevance to legal gender recognition reform as set out by the legislative proposals currently with the Scottish Parliament

Committee Requests

'289. However, the Committee heard evidence from trans healthcare providers about wider issues such as waiting times and concerns around access to medical pathways. The Committee would welcome an update from the Cabinet Secretary for Health and Sport on how these issues are being addressed and request that he considers a full review into the provision of gender identity healthcare.'

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'310. The Committee is also of the view that considerable work is required to ensure fair and timely provision of gender identity healthcare services across Scotland and would welcome an update from the Cabinet Secretary for Health and Sport.'

Rather than address these points individually, it may be more helpful for the Committee if I address them by outlining how gender identity healthcare is provided and ongoing work Scottish Government is doing with NHS Scotland and additional stakeholders to improve access to, and delivery of, these services.

This includes direct funding to services to help them address waiting times, a national strategic framework published in December 2021 and a range of work with Healthcare Improvement Scotland, Public Health Scotland and NHS Education for Scotland to ensure services are sustainable, evidence based and person centred.

Context

The Committee will be aware that delivery of this healthcare continues to attract considerable political, public and media attention, particularly in the UK. However work on how best it should be provided and described is taking place both nationally and internationally.

For instance the update of the World Health Organisation (WHO) International Classification of Diseases (ICD) reclassified what is now termed 'gender incongruence' from 'mental, behavioural or neurodevelopmental disorders' to 'conditions related to sexual health' in recognition of the potential for associated stigma as a result of transgender people being perceived as invariably experiencing mental health issues whilst seeking to access gender identity healthcare.

We also note with interest the range of different models of gender identity healthcare being introduced and considered across the UK. This includes a range of pilot services in NHS England, a new delivery model introduced in Wales and ongoing consideration of provision of services within Northern Ireland. My officials continue to engage with their counterparts across all UK nations to help ensure work to improve services in Scotland is based on emerging evidence and best practice, and to maximise opportunities for shared learning, where appropriate.

Adult provision

There are currently four specialist gender identity clinics (GICs) for adults provided within NHS Scotland. These are based within:

- NHS Grampian;
- NHS Greater Glasgow and Clyde;
- NHS Highland; and
- NHS Lothian.

Delivery of healthcare within each of those specialist clinical services is managed via the responsible Health Board.

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Young people's service provision

NHS Greater Glasgow and Clyde also provide the Sandyford Young People's Gender Service. This is the only specialist clinical service of its kind in Scotland.

This clinical service accepts referrals from all Health Board areas, for individuals up to the age of 18 years old. It is not currently a formally nationally commissioned service and continues to be managed by the Health Board.

The Young People's service was founded over 8 years ago by NHS Greater Glasgow and Clyde in response to need in Scotland and a recognition of a requirement to provide specialist care for children and young people presenting with potentially complex needs. The service was established with an ethos of holistic health care - with the young person and their family at the core. The service is staffed by a multidisciplinary team of experienced psychologists, psychiatrists, and a Specialty Doctor with a background in Child and Adolescent Mental Health Services (CAMHS). The service also has a mental health occupational therapist and works closely, as required, with a range of other services such as local CAMHS, paediatric endocrinologists and child protection teams.

Work to improve services

The Scottish Government fully acknowledges that these relatively small clinical services are experiencing significant challenges, particularly relating to increasing referral rates and growing waiting lists. I absolutely understand that long waiting times have an impact on those waiting, as highlighted by a [recent national LGBT+ Health Needs Assessment](#) commissioned by NHS Greater Glasgow and Clyde, NHS Lothian and Public Health Scotland.

I share the view of the Committee that more work needs to be done in order to improve access to, and delivery of, NHS gender identity services. That is why, following commitments set out in the [Bute House Agreement](#) and [21/22 Programme for Government](#), in December 2021 the Scottish Government published a [Strategic Action Framework for NHS gender identity service improvement](#). This set out a series of commitments which we are working to progress with NHS Scotland and other stakeholders.

It must be noted too that this specialist healthcare provision does not sit in a vacuum. Improvement in this space must be consistent with NHS remobilisation and our plans to improve service provision across NHS Scotland as we collectively work to recover from the COVID-19 pandemic.

Work underway

Work underway to improve these services includes:

- Establishment of a [National Gender Identity Healthcare Reference Group](#) to oversee the progression and implementation of actions set out in that December 2021 framework;
- Funding will be provided to services to support them to address waiting times;
- Funding has been provided to support a review and update of the 2012 Gender Reassignment Protocol for Scotland being carried out by NHS National Services Scotland (NHS NSS);

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- Commissioning Public Health Scotland to establish robust waiting times collation and reporting for these clinical services;
- Commissioning Healthcare Improvement Scotland to produce national standards for accessing and delivery of gender identity healthcare;
- Commissioning NHS National Education for Scotland to develop a transgender healthcare knowledge and skills framework for all NHS Scotland staff;
- A call issued by the Chief Scientist Office for academic institutions to host grant funding to support further academic research in this space;
- Continuing to ensure that ongoing work to improve this healthcare provision is joined up with other relevant work within Scottish Government, to support NHS Scotland in its continued recovery from the COVID-19 pandemic.

Preliminary work is also underway with NHS National Services Scotland to explore the formal national commissioning of a young person's gender service within NHS Scotland. To be clear, what that model of care may look like as part of that process will be dependent on a variety of factors and specific to a Scottish context e.g. population size accessing a service. I state this as I continue to note assumptions being made as to NHS Scotland's approaches in this space, which may not be founded on an awareness of how it operates in practice currently, or in the future.

The Committee may wish to note that the ongoing review and update of the 2012 Gender Reassignment Protocol for Scotland, which is a national clinical protocol that informs Health Board delivery of this care, and has been chaired by Dr Miles Mack. Dr Mack is chair of the Academy of Medical Royal Colleges and Faculties in Scotland and was previously Chair of the Scottish Council of the Royal College of General Practitioners. That update is intended to reflect modern best practice and better reflect the needs of those accessing gender identity healthcare.

Finally, it may be helpful to note that the work of Public Health Scotland in this context is to ensure the regular publication of robust, validated data on waiting times to access clinical services and the number of people waiting. That will be published regularly via their usual processes, on a quarterly basis and will enable us to accurately measure our progress towards a reduction in waiting times. That work is ongoing and first publication would be expected in the second half of next year.

Approach

I wish to be clear to the Committee of my expectation that all work to improve these services will remain fully based on relevant best practice guidelines as well as national and international evidence. Furthermore, improvement to services and pathways will remain consistent with the principles of Realistic Medicine as well as legislative and professional requirements, as they pertain to NHS Scotland.

It will also be fully cognisant of ongoing developments in both the rest of the UK and internationally, including the ongoing NHS England commissioned independent review of gender identity services for children and young people (the 'Cass Review'). As it has been remarked upon by Committee members it may be helpful to note that Scottish Government has repeatedly stated, and I will reiterate again, that the interim and final findings of the Cass review will be – and are being – closely considered both by Scottish Government and NHS Scotland.

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Review

You have asked that I consider a 'review' of gender identity healthcare within NHS Scotland. Given the wide array of work to improve these services currently underway, and in particular the specific role of the recently established National Gender Identity Healthcare Reference Group, I am not minded to commission an additional and separate review of this healthcare provision at this time.

However I do believe there may be value in doing so at a later date, once improvement work underway over the lifespan of the strategic framework has had time to fully embed.

I trust this information is of use.

Yours sincerely,



HUMZA YOUSAF

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