7 December 2022

RCGP Response to the NHS England consultation on Children and Young People's Gender Dysphoria Interim Specification

1. In what capacity are you responding? (Patient / Parent / Clinician / Service Provider / **Other**; If you have selected 'Other', please specify.)

Royal College

2. Are you responding on behalf of an organisation? (**yes** / no; If you have selected "yes", which organisation are you responding on behalf of?)

Royal College of General Practitioners

3. To what extent do you agree with the four substantive changes to the service specification explained above?

A. Composition of the clinical team (**Agree** / Partially Agree / Neither Agree nor Disagree / Partially Disagree / Disagree; comments)

The College recognises the challenges in developing this specification and in meeting the significant demand for gender services for children and young people. We are supportive of the overall direction of travel that this specification outlines and particularly of the move towards greater multi-disciplinary team working and service provision via local hubs.

B. Clinical leadership (**Agree** / Partially Agree / Neither Agree nor Disagree / Partially Disagree / Disagree; comments)

The College is supportive of ensuring oversight from a medical doctor for all services.

C. Collaboration with referrers and local services (Agree / **Partially Agree** / Neither Agree nor Disagree / Partially Disagree / Disagree; comments)

It is important that a focus is retained on building capacity and confidence in the system. As outlined in our position statement, the RCGP views the provision of care for

gender dysphoria as specialist medicine for which GPs require support from specialist colleagues. Where children and young people are being held on waiting lists or are not accepted to specialist services, this poses significant additional workload for already over-stretched general practice services. We would welcome additional clarity and reassurance within the specification as to the type and level of specialist support that would be available to GPs in these circumstances.

Similarly, it will be critical that the waiting list is carefully managed as patients are transferred from the Tavistock to the new Phase 1 services. This is both in order to ensure appropriate care and reassurance for the children and young people and their families, and to avoid creating additional unmanageable workload for general practice. Subject to resourcing, the RCGP would be pleased to support NHSE by advising on the appropriate management of this transition.

D. Referral sources (Agree / Partially Agree / **Neither Agree nor Disagree** / Partially Disagree / Disagree; comments)

The RCGP does not have a firm view as to restricting referrals to GPs and other NHS professionals. However, we note that referrals beyond these roles make up only 5% of existing referrals and so do not see this as a problematic change.

We welcome the clarification that this specification represents Phase 1 only, and believe that the full clinical pathway expected to be delivered by the Cass Review will be an important opportunity to ensure appropriate specialist care at all stages and localities.

4. To what extent do you agree that the interim service specification provides sufficient clarity about approaches towards social transition? (Agree / Partially Agree / **Neither Agree nor Disagree** / Partially Disagree / Disagree; comments)

As outlined in our position statement, the RCGP is cognisant of the significant lack of evidence for treatments and interventions which may be offered to people with gender dysphoria.

We are supportive of careful consideration of the implications of affirming a social transition. However, we would suggest that this should be approached on a case-by-case basis. Our position statement is also clear that "GPs are expected to approach the holistic care of gender-questioning and transgender patients as they do with every patient - openly, respectfully, sensitively and without bias". The significant distress that a refusal to affirm a child or young person's stated gender could cause should not be underestimated.

5. To what extent do you agree with the approach to the management of patients accessing prescriptions from un-regulated sources? (Agree / **Partially Agree** / Neither Agree nor Disagree / Partially Disagree / Disagree; comments)

The RCGP is supportive of the importance of managing the risks of harm resulting from patients accessing prescriptions from unregulated sources. We agree that it would not be appropriate for Phase 1 services, or indeed general practice, to assume responsibility for prescriptions from unregulated providers or to enter into shared care agreements in these circumstances.

However, we are concerned that the proposal to advise GPs to initiate local safeguarding protocols is overly simplistic. It is important that individual circumstances, such as the age of the child or young person, and the degree of parental engagement - both in terms of possible parental coercion and risks of lack of parental oversight - are considered.

In the immediate term, the RCGP would suggest current the line "*In such cases The Service … will advise the GP to initiate local safeguarding protocols*" **be replaced with** *"In such cases The Service … will make the GP aware and suggest they consider what safeguarding protocols may be appropriate for the individual child or young person's wider circumstances."* **We would be pleased to engage further in developing an appropriate safeguarding policy as part of this service specification.**

6. Are there any other changes or additions to the interim service specification that should be considered in order to support Phase 1 services to effectively deliver this service? (comments)

As outlined in our response to question 4, we are supportive of the importance of developing a more robust research base for treatments and interventions for gender dysphoria. This is particularly true with refence to the use of Gonadorelin (GnRHa) for children and young people.

However, we are concerned that making participation in research a pre-condition of accessing such treatment may be overly restrictive. We would suggest that patients be strongly encouraged to participate in research but that if treatment is deemed clinically appropriate it should be available regardless of research participation.

7. To what extent do you agree that the Equality and Health Inequalities Impact Assessment reflects the potential impact on health inequalities which might arise as a

result of the proposed changes? (Agree / Partially Agree / **Neither Agree nor Disagree** / Partially Disagree / Disagree; comments)

The RCGP has not had the opportunity to review the Equality and Health Inequalities Impact Assessment in detail and we are not able to comment on this document at the time of submission.