ANNEX

REASONS FOR NOT PROVIDING INFORMATION

An exemption applies

An exemption under section(s) 38(1)(b) (personal information) of FOISA applies to some of the information you have requested. This is because the information requested contains personal data of a third party, i.e. the names, contact details and e-mail addresses of individuals, and disclosing it would contravene the data protection principles in Article 5(1) of the General Data Protection Regulation and in section 34(1) of the Data Protection Act 2018.

This exemption is not subject to the 'public interest test', so we are not required to consider if the public interest in disclosing the information outweighs the public interest in applying the exemption.

LIST OF DOCUMENTS PROVIDED

Document 1 – Correspondence between Civil Servants and Sandyford Sexual Health Service (December 2020).

Document 2 – Correspondence between Civil Servants, Sandyford Sexual Health Service and NHS Greater Glasgow & Clyde clinicians (March 2020).

Document 1

From: [REDACTED]gov.scot
Sent: 17 December 2020 16:02
To: [REDACTED]ggc.scot.nhs.uk
Cc: [REDACTED]gov.scot>; [REDACTED]@ggc.scot.nhs.uk [REDACTED]ggc.scot.nhs.uk>; [REDACTED]ggc.scot.nhs.uk>; [REDACTED]nhslothian.scot.nhs.uk>; [REDACTED]ggc.scot.nhs.uk>; [REDACTED]glasgow.gov.uk>; [REDACTED]ggc.scot.nhs.uk>
Subject: RE: Transgender Children and Young People, Access to Puberty Blockers

Hi [REDACTED],

Thanks so much for this. This is exactly what I needed to know.

[REDACTED – OUT OF SCOPE]

I would definitely welcome a discussion regarding any potential implications for the service of the High Court Case as well as a broader discussion regarding service design.

[REDACTED – OUT OF SCOPE]

I don't need any further information at the moment but would just like to say how much I'm looking forward to working with you again and everyone else on the copy list.

With best wishes,
[REDACTED]

[REDACTED]
Health Inequalities I Health Improvement Division I Scottish Government I St Andrew's House I Regent Road I Edinburgh I EH1 3DG
Tel: [REDACTED]

From: [REDACTED]ggc.scot.nhs.uk>
Sent: 16 December 2020 14:14
To: [REDACTED]gov.scot>
Cc: [REDACTED]gov.scot>; [REDACTED]ggc.scot.nhs.uk[REDACTED]ggc.scot.nhs.uk>; [Redact [REDACTED]ggc.scot.nhs.uk[REDACTED]nhslothian.scot.nhs.uk>; [REDACTED]ggc.scot.nhs.uk>; [REDACTED]glasgow.gov.uk>; [REDACTED]ggc.scot.nhs.uk>
Subject: RE: Transgender Children and Young People, Access to Puberty Blockers

Hi [REDACTED]

Thanks for your email. We've had quite a lot of discussion this end and with colleagues in Edinburgh and agreed that I would respond to your email. I can confirm that we have no plans to make any immediate service changes on the back of the recent English High Court ruling.

[REDACTED – OUT OF SCOPE]

However, in light of the ruling, it is important that we review current clinical pathways and take time to do that properly. As part of that process, NHS Lothian and GGC would very much welcome a discussion with Scottish Government colleagues regarding any potential implications for the service as well as a broader discussion regarding service design. I have raised the matter with Linda de Caestecker, Director of Public Health in GGC and she is supportive of engaging in a dialogue with yourselves. I am equally keen to start some discussion regarding the adult gender service.

Grateful if you would advise if you would be in agreement with this approach and please let me know if you require any further information.

Regards
[REDACTED]

[REDACTED]
Sandyford Sexual Health Service
6-8 Sandyford Place
Sauchiehall Street
Glasgow
G3 7NB
Tel: [REDACTED]
Mobile: [REDACTED]
Email: [REDACTED]

From: [REDACTED]gov.scot
Sent: 14 December 2020 15:02
To: [REDACTED]ggc.scot.nhs.uk>
Cc: [REDACTED]gov.scot; [REDACTED]ggc.scot.nhs.uk>; [REDACTED]ggc.scot.nhs.uk>
Subject: [ExternaltoGGC]Transgender Children and Young People, Access to Puberty Blockers
Importance: High

Dear [REDACTED],

We've just been given your details by the NGICNS. Our team has been picking up a number of enquiries relating to the recent high court ruling. The Cabinet Secretary for Health and Sport has asked us for briefing on any implications of the ruling for services in Scotland.

We know the ruling has no formal status in Scotland but would you be able to let us know if Sandyford is making or considering any changes to services for transgender children and young people or reviewing any policy on the prescription of medication to delay the onset of puberty:

- In light of the high court ruling;
- In light of Tavistock/Carmichael et al's paper on pubertal suppression in young people with persistent gender dysphoria; or
- If there have been other recent reviews or changes in protocol/guidance that you think relevant?

With apologies for the short time scale if we could have what you're able to provide by close of play tomorrow that would be fantastic.

Really happy to arrange a chat on the phone if that's helpful or easier.

With thanks and best wishes,
[REDACTED]

[REDACTED]
Health Inequalities I Health Improvement Division I Scottish Government I St Andrew's House I Regent Road I Edinburgh I EH1 3DG
Tel: [REDACTED]

Document 2

From: [REDACTED]ggc.scot.nhs.uk>
Sent: 16 March 2020 11:17
To: [REDACTED]gov.scot>
Subject: RE: [BlockedURL][ExternaltoGGC]Minimum age for prescription of Puberty Blockers

Dear [REDACTED]

This is the answer to your question. There is a lot more to explain, but I hope this is enough.

Gonadotrophin Releasing Hormone (GnRH) analogue has been used since the 1980s for the treatment of boys and girls who enter puberty earlier than usual (precocious puberty - before the age of 9 years for boys and before the age of 8 years for girls). In those children, the GnRH analogue is able to suppress pubertal development, thus delaying puberty until they reach an appropriate age (usually around the age of 11 years). There has been a more than 30 years experience and there are no long-term side effects from this clinical practice.

In gender dysphoria, the use of GnRH analogue to suppress puberty followed by introduction of gender affirming hormones in later adolescence was first described in Amsterdam, The Netherlands, in the 1990s. The use of GnRH analogue is deemed appropriate in those young people with persistence of GD beyond the onset of puberty who fulfill certain criteria (*Hembree WC, et al. J Clin Endocrinol Metab. 2017;102:3869-3903*). According to the Endocrine Society, treatment with GnRH analogues should be proposed if (i) GD has been diagnosed, based on clinical criteria; (ii) initiation of puberty has been confirmed and contraindications to GnRH analogue treatment do not exist; (iii) the adolescent and their parents have been fully informed about the effects, the side effects, and the impact of the treatment on future surgical procedures, as well as about the fertility preservation possibilities; (iv) the adolescent has fully understood the treatment protocol and has given their informed consent/assent; and (v) pubertal suppression is proposed by an MDT with expertise in transgender health. GnRH analogues are administered by intramuscular or subcutaneous injections, 4-weekly, 12-weekly, or 24-weekly. The use of GnRH analogue in gender dysphoria is considered off-label.

Discontinuing treatment will lead to the re-activation of the pituitary-gonadal axis; in that respect, the effects of GnRH analogue are considered completely reversible. The treatment with GnRH analogue in adolescents with GD, based on the existing evidence, is both effective and sufficiently safe (Schagen SEE, et al. J Sex Med. 2016;13:1125-1132).

Aims of suppression of puberty in gender dysphoria: Through stopping pubertal progression, GnRH analogue helps children with established GD to alleviate their distress and anxiety, which are both linked to appearance of secondary sex characteristics. Halting progression of puberty improves behavioural and emotional problems and reduces depressive symptoms. Thus, GnRH analogue can provide a breathing space for the young person to explore their gender identity with the support of their mental health professional prior making decisions on treatments associated with irreversible change. In addition, GnRH analogue may prevent further development of unwanted secondary sex characteristics, obviating the need for future affirming surgeries and making it easier for the person to live in their affirmed gender in the future.

Global psychosocial functioning was improved significantly in 201 adolescents with GD after 12 months of suppression of puberty with GnRH analogue (Costa R, et al. J Sex Med. 2015 Nov;12(11):2206-14).

Possible unwanted effects and uncertainties: Short-term side effects include redness and swelling reported by 9% of young people and local pain in up to 10-20%. In addition, mood changes, worsening acne, vaginal bleeding, vaginal pain and itching, and fewer erections have been reported in young

people receiving pubertal suppression. Side effects of GnRH analogue are consistent with the physiological effects of hypogonadism, such as vasomotor instability and hot flushes, headaches and emotional lability, and mood disturbance (Schagen SEE, et al. J Sex Med. 2016;13:1125-1132. Panagiotakopoulos L. Rev Endocr Metab Dis. 2018;19(3):221-225. Lee JW, et al. Ann Pediatr Endocrinol Metab. 2014;19(3):135-140).

Puberty is the most important period in life regarding the accumulation of bone mass. It is not well understood how the suppression of puberty with GnRH analogue affects the development of peak bone mass and bone mineral density (BMD), although some studies with small cohort sizes have found that BMD Z-scores are decreased (Klink D, et al. J Clin Endocrinol Metab. 2015 Feb;100(2):E270-5. Vlot MC, et al. Bone. 2017 Feb;95:11-19). Reduction in BMD Z-scores and alterations in body composition (decrease in lean mass and increase in fat mass) may be expected transient effects of suppression of puberty; discontinuation of GnRH analogue or initiation of gender affirming hormones are expected to correct those changes. However long-term studies of bone health in young people receiving GnRH analogues are as yet not available. Uncertainties also exist regarding the effect of puberty suppression on growth and adult height, the psychosocial problem of delayed puberty and possible effects on brain development (effects on memory – evidence form studies in animal models, Hough D, et al. Psychoneuroendocrinology. 2017 Jan;75:173-182).

Monitoring is focused on achieving the goals of treatment as stated above, while preventing or identifying unwanted side effects (clinical/psychology assessments, height/weight measurements, blood tests, assessment of bone mineral density). **Gathering evidence and continuing to support future research on the effects of GnRH analogue is essential, whilst delivering clinical service to young people.**
Regards
[REDACTED]

From: [REDACTED]gov.scot
Sent: 11 March 2020 09:16
To: [REDACTED]ggc.scot.nhs.uk; [REDACTED]ggc.scot.nhs.uk>
Cc: [REDACTED]ggc.scot.nhs.uk; [REDACTED)]nhs.net
Subject: [BlockedURL][ExternaltoGGC]RE: [BlockedURL][ExternaltoGGC]Minimum age for prescription of Puberty Blockers

Hi all

If it is not possible to answer this question, perhaps you could suggest who/where I could find this information.

Thanks

[REDACTED]

[REDACTED]| Suicide Prevention and Self Harm Policy Team | Mental Health Directorate | 3ER | St Andrews House | Regent Road | Edinburgh | EH1 3DG | [REDACTED]

From: [REDACTED]gov.scot>
Sent: 04 March 2020 11:23
To: [REDACTED]ggc.scot.nhs.uk; [REDACTED]ggc.scot.nhs.uk>
Cc: [REDACTED]ggc.scot.nhs.uk; [REDACTED)]nhs.net
Subject: RE: [BlockedURL][ExternaltoGGC]Minimum age for prescription of Puberty Blockers

Hi

Thanks for yesterday's reply – I have an additional question that is around the long term risks and side effects of these drugs:

Ms Freeman has asked that presumably given these medicines are prescribed for a range of reasons and conditions that there is evidence of both side effects and long term risks?

Is it possible to check, how this is handled, are patients given specific information?

Thank-you

[REDACTED]

[REDACTED]| Suicide Prevention and Self Harm Policy Team | Mental Health Directorate | 3ER | St Andrews House | Regent Road | Edinburgh | EH1 3DG | [REDACTED]

gov.scot

From: [REDACTED]ggc.scot.nhs.uk
Sent: 03 March 2020 12:13
To: [REDACTED]ggc.scot.nhs.uk; [REDACTED]gov.scot>
Cc: [REDACTED]ggc.scot.nhs.uk; [REDACTED]nhs.net>
Subject: RE: [BlockedURL][ExternaltoGGC]Minimum age for prescription of Puberty Blockers

Hi [REDACTED]

The use of GnRH analogue (puberty blockers) to suppress puberty would be considered in those young people with persistence of gender dysphoria beyond the onset of puberty. Sex-assigned females enter puberty usually at a median age of 10.5 years (range 8, 13 years) and sex-assigned males at a median age of 11.5 years (range 9, 14 years). There is no minimum age that this intervention would be considered.

Regards
[REDACTED]

From: [REDACTED]ggc.scot.nhs.uk
Sent: 03 March 2020 12:01
To: [REDACTED]gov.scot
Cc: [REDACTED]ggc.scot.nhs.uk; [REDACTED]ggc.scot.nhs.uk; [REDACTED]nhs.net
Subject: Re: [BlockedURL][ExternaltoGGC]Minimum age for prescription of Puberty Blockers

Hi [REDACTED]
The experts on this are my colleagues in endocrinology. I have copied them in and they will advise the best way to answer.
Regards
[REDACTED]

From: [REDACTED]gov.scot
Sent: Tuesday, 3 March 2020 11:39
To: [REDACTED]ggc.scot.nhs.uk
Subject: [BlockedURL][ExternaltoGGC]Minimum age for prescription of Puberty Blockers

Hi [REDACTED]

I received your contact details from [REDACTED] who attends NGICNS Steering Group meetings, I am working on answering some Parliamentary Questions around the prescription of Puberty Blockers, on behalf of Jeane Freeman, Cabinet secretary for Health and Sport. Ms Freeman has asked if there is a minimum age that this intervention would be considered.

Are you able to help, or can you advise someone who can?

Thanks

[REDACTED]

[REDACTED]| Suicide Prevention and Self Harm Policy Team | Mental Health Directorate | 3ER | St Andrews House | Regent Road | Edinburgh | EH1 3DG | [REDACTED]