

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.

DOCUMENTS ENCLOSED

Document 1: Letter from For Women Scotland to Cabinet Secretary for Health and Social Care, Cabinet Secretary for Education and Skills and Minister for Children and Young People, 28 April 2022. Made publicly available by For Women Scotland.

Document 2: Email chain, including email from For Women Scotland to Dr Gregor Smith, Chief Medical Officer, and NHS Greater Glasgow and Clyde Board members and subsequent reply to Dr Nicola Steedman, Deputy Chief Medical Officer, 28 April 2022 @19:03

Document 3: Email from For Women Scotland to Head of Health Equity and Equalities Unit, 27 July 2022 @23:17 . Made publicly available by For Women Scotland.

Document 4: Letter/response to For Women Scotland from Health Equity and Equalities Unit, 1 September 2022

Document 1

Letter from For Women Scotland to Cabinet Secretary for Health and Social Care,
Cabinet Secretary for Education and Skills & Minister for Children and Young People

Date: 28 April 2022



28 April 2022

By email from: info@forwomen.scot
to: CabSecHSC@gov.scot,
CabSecES@gov.scot and
MinisterCYP@gov.scot

Dear Mr Yousaf, Ms Somerville and Ms Haughey,

Cass Interim Report: Independent review of gender identity services for
children and young people – Implications for Scotland

As you will be aware, the Westminster Health Secretary has announced an urgent inquiry into gender hormone treatment for vulnerable children, stating that the system is “failing children”.¹ Mr Javid was particularly alarmed at the pressures on staff to adopt an unquestioning affirmative approach to transitioning and is planning an overhaul of how health service staff deal with under-18s who present with gender distress.

We welcome this intervention as the responsible course of action following a series of legal actions by whistleblowers² and a NICE report³ highlighting serious concerns with the low quality of evidence for both GnRH agonists (puberty blockers) and cross-sex hormones. The recently published interim report⁴ by Dr Hilary Cass, who was commissioned by NHS England to investigate child gender services, was damning, finding the Tavistock children’s clinic not a safe or viable long-term option for children. The politicising of a childhood condition and treatment based on ideology rather than facts and evidence has led to numerous children being harmed irreversibly by the

medical profession.

It would be foolish to think this situation is confined to England. Many countries, including Scotland, follow the same treatment protocol for gender-distressed children, although following recent reviews some, including Sweden,⁵ Finland⁶ and France⁷ have now severely restricted use of medical treatments in preference for psychotherapy.

The Care Quality Commission deemed Tavistock, the London gender clinic for children, “inadequate” and criticised it for deficient record keeping,⁸ but at least it held information on

¹ <https://www.thetimes.co.uk/article/sajid-javid-inquiry-into-gender-treatment-for-children-wc3r3d9sn>

² <https://www.telegraph.co.uk/health-fitness/body/right-blow-whistle-tavistock-clinic-puberty-blockers/>

³ https://segm.org/NICE_gender_medicine_systematic_review_finds_poor_quality_evidence

⁴ <https://cass.independent-review.uk/publications/interim-report/https://segm.org/segm-summary-sweden-prioritizes-therapy-curbs-hormones-for-gender-dysphoric-youth>

⁵ <https://segm.org/segm-summary-sweden-prioritizes-therapy-curbs-hormones-for-gender-dysphoric-youth>

⁶ https://segm.org/Finland_deviates_from_WPATH_prioritizing_psychotherapy_no_surgery_for_minors

⁷ <https://segm.org/France-cautions-regarding-puberty-blockers-and-cross-sex-hormones-for-youth>

⁸ <https://www.theguardian.com/society/2021/jan/20/gender-identity-development-service-for-children-rated-inadequate>

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the ratio of male to female patients, the number and age of those prescribed puberty blockers, and noted the disproportionately high rates of patients with autistic traits. The counterpart clinic Sandyford in Glasgow can give no such information,⁹ in fact it is unable to even ascertain if it is following the pattern of a reversal in mainly male patients to a 75% female one, for the simple reason that it permits children to choose, or omit, the sex recorded on their medical files.¹⁰ NHS Scotland also had to correct a Freedom of Information release and eventually disclose that 51 girls had been referred for elective double mastectomies.¹¹ Both clinics have failed to conduct longitudinal studies or provide care for detransitioners who were mis-diagnosed, many of whom will attest to being fast-tracked into hormone treatment and surgery when good mental health care was more appropriate to address underlying issues.

Our recent Freedom of Information response shows a rapidly increasing and disproportionate number of gender-distressed children in Scotland – the referral rates have grown fifteen-fold in six years¹² and 1,254 children are

either receiving treatment or are awaiting a first appointment¹³ – almost twice the expected number given the relative population size with England, which has a comparable figure of 7,100.¹⁴

A crisis point has surely been reached when concerned GPs, unable to get answers to straightforward questions from their health board or NHS Scotland, feel they have to write to a national newspaper outlining their worries that referring children to a gender clinic will actually harm, rather than help them.¹⁵ The political climate in Scotland is such that doctors who follow best therapeutic evidence rather than affirmation of a trans identity and medical treatment risk litigation for “transphobia”.

In January 2021 the then Cabinet Secretary for Health said “We do not look to duplicate the work of the [Cass] review in Scotland and will closely consider the findings of the review when they become available”.¹⁶ Having chosen not to undertake the necessary and fundamental work to analyse the evidence and determine the best treatments, it is wholly incumbent on the Scottish Government to take heed of the outcomes and advice of those who have.

⁹ <https://forwomen.scot/wp-content/uploads/2019/12/Sandyford-Fol-response-27Sep19.pdf>

¹⁰ FOI follow-up question: <https://forwomen.scot/wp-content/uploads/2019/12/Fol-followup-question.png> and answer: <https://forwomen.scot/wp-content/uploads/2019/12/Fol-followup-reply.png>

¹¹ <https://twitter.com/ForwomenScot/status/1439889272224485378>

¹² 37 referrals in 2013:

<https://forwomen.scot/wp-content/uploads/2019/12/Sandyford-Fol-response-27Sep19.pdf>

559 referrals in 2019 (see para 12, page 27): <https://forwomen.scot/wp-content/uploads/2021/11/Gender-Service-Mapping-report-v1-1.pdf>

¹³ 1,253 at Sandyford: https://forwomen.scot/wp-content/uploads/2022/04/Sandyford_response_22Apr2022_anon.pdf

plus 1-4 17 year olds on adult waiting list in Inverness:

<https://forwomen.scot/wp-content/uploads/2022/04/Inverness-Gender-Clinic-response-18Apr2022.png>

¹⁴ https://www.thetimes.co.uk/article/sajid-javid-inquiry-into-gender-treatment-for-children-wc3r3d9s_n

¹⁵ <https://www.scotsman.com/news/opinion/columnists/time-for-measured-debate-on-role-of-gps-in-helping-children-with-gender-dysphoria-dr-angus-mckellar-and-dr-anthony-latham-3658081> and <https://www.thetimes.co.uk/article/scotland-needs-own-child-gender-inquiry-claim-gps-2k2c6ntfx>

¹⁶ https://www.parliament.scot/chamber-and-committees/written-questions-and-answers/question?ref=S5W-3370_6

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However, the Government has instead forged ahead with a £2 million allocation of funds this year, primarily aimed at addressing waiting times¹⁷ and

an update to the Gender Reassignment Protocol (GRP) is also underway.¹⁸ In our view, both these projects must be halted and reassessed in light of the interim Cass report. The GRP update is looking to follow the new WPATH guidelines¹⁹ which are not based on evidence, follow an affirmation-only model and now also seem to incorporate eunuch as a gender identity²⁰ – something we hope the Scottish Government does not wish to introduce into our schools. There is little point cutting waiting lists to allow quicker access to a service which has been found to be clinically flawed and harmful to children. It would be irresponsible and negligent of the Scottish Government to continue down this path. Dr Cass concludes that “A fundamentally different service model is needed which is more in line with other paediatric provision”.

Of course, the pathway for children confused about gender is set long before they reach Sandyford’s door, in a large part due to the Scottish Government’s irresponsible policies in schools which advocate affirmation-only.²¹ Political lobbying groups such as LGBT Youth are introducing material telling young children they can change sex, and this is reinforced by teachers who have received training from the same groups – none of which have medical or educational expertise. Pupils who are confused about gender are receiving the message that there is something wrong with their body that needs to be fixed and teachers are unquestioningly “socially transitioning” pupils, often changing names and pronouns behind their parents backs. As Dr Cass states, these are not neutral interventions, and are being done without medical oversight and are incredibly damaging to our young people.

It is imperative that political impartiality should be reinstated in schools and lobbying groups not permitted to continue introducing unscientific beliefs to children, especially organisations that have already been found by Scottish Ministers to have introduced school guidance which was “not legal”.²² It would be helpful if the Government would issue a message similar to that by the Department of Education which states harmful stereotypes should not be reinforced and no inferences should be drawn about a gender identity from a child’s personality or preference for certain clothes or activities, and nor should schools work with external groups that produce such material.²³

We hope you agree that there is ample evidence in the interim report that is alarming and needs immediate attention, and appreciate the implications for the upcoming plans to legislate for banning conversion therapy and to make

Gender Recognition Certificates (GRC) available for under-18s. The joint submission from Stonewall and others²⁴ is of the opinion that therapy for gender-distressed children should be focussed on understanding

¹⁷ <https://www.gov.scot/publications/nhs-gender-identity-services-strategic-action-framework-2022-/pages/1/>

¹⁸ [https://www.sehd.scot.nhs.uk/cmo/CMO\(2021\)GRP.pdf](https://www.sehd.scot.nhs.uk/cmo/CMO(2021)GRP.pdf)

¹⁹ <https://www.wpath.org/soc8>

²⁰ <https://twitter.com/genspect/status/1468207960996429834>

²¹ <https://www.gov.scot/publications/supporting-transgender-young-people-schools-guidance-scottish-schools/>

²² <https://www.gov.scot/publications/foi-201900003278/>

²³ <https://www.transgendertrend.com/department-for-education-rse-guidance-schools/>

²⁴ https://yourviews.parliament.scot/ehrcj/petition-end-conversion-therapy-views/consultation/view_respondent?sort=excerpt&order=descending&uuld=768193465

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and learning to accept their stated gender identity – otherwise it will be captured as conversion therapy. This is contrary to evidenced therapeutic practice and Cass points out there are many causes of a child’s distress and many pathways to a number of outcomes, only one of which will be an adult trans identity. Counsellors and therapists should be able to fully explore issues and help a child feel comfortable with their body, without any pressure of possible criminalisation. Even now concerns have been raised about the chilling effect of the Memorandum of Understanding²⁵ and the likelihood of therapeutic outcomes being compromised by early state affirmation by way of a GRC,²⁶ on what may turn out to be a transient trans identity.

We would welcome a meeting for further discussion and look forward to hearing what steps will be implemented to urgently address the issues raised.

Yours sincerely,

[Redacted 38(1)(b)], [Redacted 38(1)(b)] and
[Redacted 38(1)(b)] Directors, For Women
Scotland

cc: Dr Sandesh Gulhane, Shadow Cabinet Secretary for Health and Social Care

Oliver Mundell, Shadow Cabinet Secretary for Education and Skills
Meghan Gallacher, Shadow Minister for Children and Young People
Jackie Baillie, Shadow Cabinet Secretary for Health
Michael Marra, Shadow Cabinet Secretary for Health
Martin Whitfield, Shadow Minister for Children and Young People
Greater Glasgow and Clyde NHS Board
Chief Medical Officer
Children's and Young People's Commissioner, Scotland

²⁵ <https://thoughtfultherapists.org/>

²⁶ <https://twitter.com/BayswaterSG/status/1491347695591890946>

Document 2

Email chain, including email from For Women Scotland to Dr Gregor Smith, Chief Medical Officer, and NHS Greater Glasgow and Clyde Board members and subsequent reply to Dr Nicola Steedman, Deputy Chief Medical Officer

From: [Redacted 38(1)(b)]@gov.scot > **On Behalf Of** Deputy Chief Medical Officers
Sent: 28 July 2022 10:33
To: [Redacted 38(1)(b)]@gov.scot >; Deputy Chief Medical Officers <DCMO@gov.scot>; [Redacted 38(1)(b)]@gov.scot >
Cc: [Redacted 38(1)(b)]@gov.scot >; [Redacted 38(1)(b)]@gov.scot >
Subject: RE: FW: Reply - Implications for Scotland from the Cass review of gender services for children

[Redacted: out of scope]

[Redacted 38(1)(b)]
Private Secretary,
CMO-DCMO Private Office
1E09, St Andrews House, Edinburgh
[Redacted 38(1)(b)]@gov.scot

From: [Redacted 38(1)(b)]@gov.scot
Sent: 28 July 2022 10:27
To: Deputy Chief Medical Officers <DCMO@gov.scot>; [Redacted 38(1)(b)]@gov.scot >
Cc: [Redacted 38(1)(b)]@gov.scot >; [Redacted 38(1)(b)]@gov.scot >
Subject: RE: FW: Reply - Implications for Scotland from the Cass review of gender services for children

Hi [Redacted 38(1)(b)],

[Redacted: out of scope]

[Redacted 38(1)(b)]

From: [Redacted 38(1)(b)]@gov.scot > **On Behalf Of** Deputy Chief Medical Officers
Sent: 28 July 2022 10:15
To: [Redacted 38(1)(b)]@gov.scot >; [Redacted 38(1)(b)]@gov.scot >
Cc: Deputy Chief Medical Officers <DCMO@gov.scot>
Subject: FW: FW: Reply - Implications for Scotland from the Cass review of gender services for children

Hi [Redacted 38(1)(b)]/ [Redacted 38(1)(b)]@,

[Redacted: out of scope]
Kind regards

[Redacted 38(1)(b)]

[Redacted 38(1)(b)]
Private Secretary,
CMO-DCMO Private Office
1E09, St Andrews House, Edinburgh

[Redacted 38(1)(b)]@gov.scot

From: Info forwomen.scot <info@forwomen.scot>

Sent: 27 July 2022 23:18

To: Deputy Chief Medical Officers <DCMO@gov.scot>

Subject: Re: FW: Reply - Implications for Scotland from the Cass review of gender services for children

Dear Professor Steedman,

Re: Implications for Scotland from the Cass review of gender services for children

Thank you for your response. There was far more to the initial findings detailed by the Cass Interim Report than the points you mention and we are rather disappointed and puzzled that you have not addressed those raised in our previous letter.

Does it not concern you that Dr Cass has stated we do not know the best way to treat gender distressed children and that there is a severe lack of evidence to support the affirmation model – which Sandyford Young People’s GIC is based on? Are you not worried about the evidence presented for diagnostic overshadowing? Does the social transitioning of young children by teachers on the advice of trans lobby groups not give you pause for thought? Or the conclusions already drawn that NHS provision for children needs a complete overhaul and a very different type of service provided to bring it into line with the normal standard of paediatric care?

We can appreciate the NHS is grateful to be in receipt of increased funding from the Scottish Government but it is already clear from Dr Cass’s report that these funds are being channelled in the wrong direction. Patients deserve the best evidence-based treatment regardless of prevailing political views and the findings in the interim report should not be disregarded in the main. Will you commit to fully taking on board the conclusions in the final Cass report and to bring service provision in Scotland in line with its recommendations?

Our offer to meet still stands and we would really appreciate the opportunity to discuss this in more depth.

Yours sincerely,

[Redacted 38(1)(b)], [Redacted 38(1)(b)] and [Redacted 38(1)(b)]
Directors, For Women Scotland

On 01/06/2022 08:45 dcmo@gov.scot wrote:

Dear all,

Thank you for your email.

Please find the attached response on behalf of Deputy Chief Medical Officer, Professor Nicola Steedman.

Kind regards,

[Redacted 38(1)(b)]

[Redacted 38(1)(b)]@gov.scot | **Private Secretary for Deputy Chief Medical Officer, Professor Nicola Steedman**

[Redacted 38(1)(b)]

CMO/DCMO Private Office

St Andrews House, Regent Road, Edinburgh, EH1 3DG



Working from home – available via email or Teams

E: [Redacted 38(1)(b)]@gov.scot

For internal information: Responsibility for filing key documents and communications on the record, including those sent to CMO Mailbox and Gregor Smith, rests with relevant policy and operational areas within Directorates. The CMO Private Office does not keep official records of such e-mails or attachments.

For internal information: Responsibility for filing key documents and communications on the record, including those sent to DCMO Mailbox and Graham Ellis, Nicola Steedman and Marion Bain, rests with relevant policy and operational areas within Directorates. The DCMO Private Office does not keep official records of such e-mails or attachments.

From: Info forwomen.scot <info@forwomen.scot>

Sent: 28 April 2022 19:03

To: Chief Medical Officer <CMO@gov.scot>; NHSGGCBoardMeeting@ggc.scot.nhs.uk

Subject: Implications for Scotland from the Cass review of gender services for children

Dear Dr Smith and Members of the Board,

Please find enclosed a letter we sent to the Cabinet Secretaries for Health and Education, and the Minister for Children to outline our concerns for the care of gender-distressed children in Scotland in light of the advice in the recently published interim Cass report.

Having chosen not to carry out its own research to avoid duplication we hope you agree the Government should give due regard to the work and advice of those professionals who did thorough evidence-based research - particularly when Scotland follows the same treatment pathways as the Tavistock in England, and the numbers of gender-distressed children is increasing at a faster rate.

Dr Cass concluded that “A fundamentally different service model is needed which is more in line with other paediatric provision” so we do not think the Scottish NHS should be updating the treatment protocol in line with WPATH 8, which continues to promote the flawed affirmation policy, and nor should the increase in funding lead to more children accessing a service at Sandyford which is a service model already deemed flawed and harmful.

As you will see from the letter we also repeat concerns raised by doctors and therapists that the pressure to affirm a trans identity is restrictive of exploratory therapy and that the Memorandum of Understanding already hinders professional work, with many calling for a review.

We would welcome a meeting to discuss further and would appreciate your response to the interim Cass report along with any resultant changes that are planned for the children's service.

Kind regards,

[Redacted 38(1)(b)], [Redacted 38(1)(b)] and [Redacted 38(1)(b)]

Directors, For Women Scotland

Document 3: Email from For Women Scotland to Gender Identity and Healthcare Access Team 27 July 2022

From: Info forwomen.scot <info@forwomen.scot>
Sent: 27 July 2022 23:17
To: Gender Identity and Healthcare Access <genderidentityhealth@gov.scot>
Subject: Re: Your recent correspondence with Scottish Government - 202200297828

Dear [Redacted 38(1)(b)]@gov.scot>,

Re: Implications for Scotland from the Cass review of gender services for children

Thank you for your response. Both Ms Sturgeon and the previous Health Secretary said the Scottish Government would consider the findings of the Cass Review. However, it is greatly disappointing to discover from a FOI [response](#) on internal communications that the Government was more concerned with composing a response to a media request than giving any consideration whatsoever to the important findings of the Cass Interim Report.

You point out that the Supporting Transgender Young People in Schools Guidance "makes clear the distinction between gender non-conforming people, and transgender young people who are likely to be 'persistent and insistent' in their wish to express their gender identity", without any apparent recognition that the specialists in the field have yet to find *any* method for determining which young person's claim to a trans identity is likely to be sustained into adulthood. We do know most are transient, and it is reckless in the extreme to suggest otherwise and push teachers into affirming children's belief that they are the opposite sex - a decision they are not qualified to take and goes against the initial conclusions by Dr Cass that the best way to support young people experiencing gender distress has not been determined. There are many causes of a child's distress and many pathways to a number of outcomes, only one of which will be an adult trans identity, and social transition is an active intervention that may have significant effects on the child in terms of their psychological functioning.

Increasing funding for NHS gender identity services to reduce waiting times is misguided and will only lead to more young people accessing an inappropriate and failing service, one which GPs say is dangerous for their patients and which Dr Cass concludes has a severe lack of evidence on which to base its affirmation model. Does the Government agree with Dr Cass on the danger of diagnostic overshadowing?

We understand that the Gender Reassignment Protocol will now **not** be updated in line with the new WPATH guidelines. Not because you heeded our warning that it is not evidence-based and is seeking, bizarrely, to introduce eunuchs as a gender identity, but because of [media reports](#) that Scotland's NHS NGICNS website hosted a WPATH document on eunuchs which led readers to horrific castration fantasy and paedophilia content. Is there any good reason why the Health Secretary did not take action on receipt of this information?

You state it is important to note that legal gender recognition and clinical decisions about gender identity healthcare are entirely separate issues. We would suggest it is more important to recognise that no law is made in a vacuum and the official recognition of a young person's trans identity elevates the importance and permanence of what, according to Dr Cass, may otherwise be a transient stage. It forecloses options for young people and reduces incentive to engage in explorative psychotherapy. Bestowing state affirmation without a medical diagnosis may lead, as NHSGGC has [warned](#), to additional pressures on gender identity clinics with heightened expectations from GRC-holders for hormonal and surgical treatments,

for which the NHS say they do not meet the diagnostic criteria. They also warn "six months may be too short a period to fully consider all aspects of a social transition" for which we have yet to see any indication this has dented the Government's fixed views. The EHRC has also echoed the medical concerns raised by Cass to the committee looking at gender recognition reform, with advice to wait for the full report, to a seemingly complete inability of the Cabinet Secretary to understand the significance that best practice, as likely to be recommended by Cass in due course, will contradict the Government's flawed position on GRA reform.

It is abundantly clear that the Scottish Government is paying no heed to the Cass review and is determinedly not listening to the significant and well-founded concerns raised. Instead it is hurtling down a path in the opposite direction against rhyme and reason, on which there are clear indications of harm to our children and the unnecessary creation of lifelong sterilised medical patients.

Our offer to meet still stands and we would appreciate a commitment from the Government, since it is not conducting its own review, to fully take on board the recommendations in the final Cass report.

Yours sincerely,

[Redacted 38(1)(b)], [Redacted 38(1)(b)] and [Redacted 38(1)(b)]
Directors, For Women Scotland

On 30/05/2022 16:03 genderidentityhealth@gov.scot wrote:

Please find attached a response to your correspondence.

[Redacted 38(1)(b)]

Head of Health Equity and Equalities Unit | Health Improvement Division | Scottish Government | St Andrew's House | Regent Road | Edinburgh | EH1 3DG

Document 4

Letter/reply to For Women Scotland email dates 27 July 2022 from Health Equity and Equalities Unit

DIRECTORATE FOR POPULATION HEALTH

DPH : Health Improvement



Scottish Government
Riaghaltas na h-Alba
gov.scot

E : genderidentityhealth@gov.scot

[Redacted 38(1)(b)], [Redacted 38(1)(b)] and [Redacted 38(1)(b)]
info@forwomen.scot
info@forwomen.scot

Our Reference: 202200313393

1 September 2022

Dear [Redacted 38(1)(b)], [Redacted 38(1)(b)] and [Redacted 38(1)(b)],

Thank you for your email to me, and your email to Deputy Chief Medical Officer Nicola Steedman, on 27 July. Your correspondence raises several matters. I will seek to address them below.

Cass Review

As Scottish Government has previously publically stated, the findings of the Cass Review will be closely considered both by Scottish Government and NHS Scotland, in how such healthcare is best delivered in the context of the health service in Scotland.

I believe it may be useful to highlight some of the background to the Cass Review. The Cass Review was established by NHS England in autumn 2020 to make recommendations on how to improve services which they commission for children and young people experiencing gender identity based distress or gender incongruence. The Cass Review has not yet made its final recommendations and it is our understanding that it may be some time before it does.

Following publication of its interim report in March 2022 the Cass Review's chair, Dr Hilary Cass, wrote to NHS England with advice on the future of services as commissioned by them. In response, NHS England announced plans on 28 July to

restructure and expand specialist services for children and young people experiencing gender incongruence and gender dysphoria. Two 'Early Adopter' services have been announced for spring 2023 with the future potential for an eventual "around seven to eight services". It was announced that, over time, these will take over responsibility for all patients currently being seen, or waiting to be seen, by the Tavistock and Portman NHS Foundation Trust's Gender Identity Development Services.

The Cass Review extends only to current and future services offered by NHS England. You may wish to note that how the NHS is structured, and how clinical services are commissioned, is different in England and Scotland.

Although not all of what the Review finds when looking at current English services is expected to be applicable in Scotland there is, and will be, much to consider from the Review and the research it is in the process of establishing.

As I highlighted in my previous correspondence the Cass Review's interim report also comments on the importance of good data collection, promotion of further research in this area as well as highlighting the detrimental impact long waiting times to access specialist services have on young people and their families. All these are matters Scottish Government also takes very seriously and are already working to address, within the context of NHS Scotland.

You mention several concerns regarding the review of the gender reassignment protocol. The current Gender Reassignment Protocol for Scotland was first published in 2012 and the update is intended to reflect modern best practice and the needs of people using gender identity services.

[Redacted : Out of Scope]

[Redacted: out of scope].

[Redacted: out of scope].

[Redacted: out of scope]..

[Redacted: Out of Scope]

[Redacted: out of scope].

In your previous correspondence you stated that many of your members are patients of NHS Greater Glasgow and Clyde's Sandyford gender identity service, or have family who are. As stated in our previous correspondence officials are available to meet with those members to discuss their experiences and any concerns. If you wish to arrange a meeting for that purpose, please contact genderidentityhealth@gov.scot to make the necessary arrangements.

Yours sincerely

[Redacted 38(1)(b)]

Head of Health Equity and Equalities Unit