

From: Chief Medical Officer

Sent: 15 November 2022 16:15

To: Chief Medical Officer; Nicola Steedman; [Redacted - s.38(1)(b)]; Deputy Chief Medical Officers; [Redacted - s.38(1)(b)]; Gender Identity and Healthcare Access

Cc: News Desk; Communications NHS Recovery, Health and Social Care; [Redacted - s.38(1)(b)]; Director of Population Health; Deputy Chief Medical Officers; NSD Queries; NSS Sponsorship; [Redacted - s.38(1)(b)]; Communications Social Justice; [Redacted - s.38(1)(b)]

Subject: RE: FOR POLICY INPUT - media query - 'fast-track surgery for trans patients' - [Redacted - s.38(1)(b)]

Thanks – content with lines

Professor Sir Gregor Smith
Chief Medical Officer for Scotland
Honorary Professor University of Glasgow
Twitter: @DrGregorSmith

From: [Redacted - s.38(1)(b)] On Behalf Of Chief Medical Officer

Sent: 15 November 2022 16:11

To: Steedman N (Nicola) (DCMO) <Nicola.Steedman@gov.scot>; [Redacted - s.38(1)(b)]; Chief Medical Officer <CMO@gov.scot>; [Redacted - s.38(1)(b)]; Deputy Chief Medical Officers <DCMO@gov.scot>; [Redacted - s.38(1)(b)]; Gender Identity and Healthcare Access <genderidentityhealth@gov.scot>; Smith G (Gregor) <Gregor.Smith@gov.scot>

Cc: News Desk <Newsdesk@gov.scot>; Communications Health & Social Care <CommunicationsHealth&SocialCare@gov.scot>; [Redacted - s.38(1)(b)]; Director of Population Health <Directorofpopulationhealth@gov.scot>; Deputy Chief Medical Officers <DCMO@gov.scot>; NSD Queries <NSDQueries@gov.scot>; NSS Sponsorship <NSSSponsorship@gov.scot>; [Redacted - s.38(1)(b)]; Communications Social Justice, Housing & Local Government <CommunicationsSocialJusticeHousing&LocalGovt@gov.scot>; [Redacted - s.38(1)(b)]

Subject: RE: FOR POLICY INPUT - media query - 'fast-track surgery for trans patients' - [Redacted - s.38(1)(b)]

CMO,

Please see the below media lines for clearance - this has been reviewed and cleared by Nicola.

A Scottish Government spokesperson said:

“The paper referred to is not a draft update of the 2012 Gender Reassignment Protocol for Scotland.

“The Scottish Government will not comment on working documentation from the NHS National Services Scotland protocol review process.

“The Chief Medical Officer expects to receive a revised and updated Protocol from NHS National Services Scotland before the end of the year. This will be carefully considered prior to any future publication.”

Background

- The paper referred to dates from June 2022. It is one paper of many which may inform the final GRP review document, and includes preliminary recommendations which were to be further considered prior to drafting the revised protocol.
- The Chief Medical Officer wrote to National Services Scotland in July 2021 to request that they review and update the 2012 Gender Reassignment Protocol for Scotland.
- The current Protocol was first published in 2012 and the update was requested to better reflect modern best practice and the needs of people using gender identity services.
- As Scottish Government has previously stated, the findings of the Cass Review, both interim and final, will be, and are being, closely considered both by Scottish Government and NHS Scotland in the context of how such healthcare is best delivered in Scotland.

FULL QUERY

I am a reporter at [Redacted - s.38(1)(b)]. I am contacting you with regards to claims that NHS Scotland is planning to fast-track surgery for trans patients made by The Telegraph here:

<https://www.telegraph.co.uk/news/2022/11/14/nhs-scotland-plans-fast-track-irreversible-surgery-trans-patients/>

Many thanks,

[Redacted - s.38(1)(b)]

From: Steedman N (Nicola) (DCMO) <Nicola.Steedman@gov.scot>

Sent: 15 November 2022 15:39

To: [Redacted - s.38(1)(b)]; Chief Medical Officer <CMO@gov.scot>; [Redacted - s.38(1)(b)]; Deputy Chief Medical Officers <DCMO@gov.scot>; [Redacted - s.38(1)(b)]; Gender Identity and Healthcare Access <genderidentityhealth@gov.scot>

Cc: News Desk <Newsdesk@gov.scot>; Communications Health & Social Care <CommunicationsHealth&SocialCare@gov.scot>; [Redacted - s.38(1)(b)]; Director of Population Health <Directorofpopulationhealth@gov.scot>; Deputy Chief Medical Officers <DCMO@gov.scot>; NSD Queries <NSDQueries@gov.scot>; NSS Sponsorship <NSSSponsorship@gov.scot>; [Redacted - s.38(1)(b)]; Communications Social Justice, Housing & Local Government <CommunicationsSocialJusticeHousing&LocalGovt@gov.scot>; [Redacted - s.38(1)(b)]

Subject: RE: FOR POLICY INPUT - media query - 'fast-track surgery for trans patients' - [Redacted - s.38(1)(b)]

Thanks [Redacted - s.38(1)(b)], that's helpful.

I wonder, in that case, if we can make the below amendments in red to the proposed response, just to clarify and strengthen it. Happy to hear views though.

Otherwise content for this to be cleared by CMO.

With warm regards,

Nicola.

Professor Nicola Steedman

Deputy Chief Medical Officer, Scottish Government
Honorary Professor, Glasgow Caledonian University

[Redacted - s.38(1)(b)];

From: [Redacted - s.38(1)(b)]

Sent: 15 November 2022 15:31

To: [Redacted - s.38(1)(b)]; Steedman N (Nicola) (DCMO) <Nicola.Steedman@gov.scot>; Chief Medical Officer <CMO@gov.scot>; [Redacted - s.38(1)(b)]; Deputy Chief Medical Officers <DCMO@gov.scot>; [Redacted - s.38(1)(b)]; Gender Identity and Healthcare Access <genderidentityhealth@gov.scot>

Cc: News Desk <Newsdesk@gov.scot>; Communications Health & Social Care <CommunicationsHealth&SocialCare@gov.scot>; [Redacted - s.38(1)(b)]; Director of Population Health <Directorofpopulationhealth@gov.scot>; Deputy Chief Medical Officers <DCMO@gov.scot>; NSD Queries <NSDQueries@gov.scot>; NSS Sponsorship <NSSSponsorship@gov.scot>; [Redacted - s.38(1)(b)]; Communications Social Justice, Housing & Local Government

<CommunicationsSocialJusticeHousing&LocalGovt@gov.scot>; [Redacted - s.38(1)(b)]

Subject: RE: FOR POLICY INPUT - media query - 'fast-track surgery for trans patients' - [Redacted - s.38(1)(b)]

Hi Nicola,

The paper was issued on 22 June by NSD as part of papers for a NSD GRP Oversight Group meeting on 29 June, as chaired by [Redacted - s.38(1)(b)]. It was authored by the NSD review team. Attached for reference. I can share the email it originated in as well, if helpful.

It was a paper which provided a substantive overview on the various sub-groups considering pathways relevant to the GRP update e.g. adult assessment, surgical intervention etc. It also included draft recommendations from each sub-group. This was to inform the final document and pre-dates drafting of it. Nothing in the paper at the time of sharing were agreed outputs, as signed off by the Oversight Group.

To also note, the Oversight Group were not supportive of the term 'SPATH' and it was dropped in subsequent communication/documentation.

[Redacted - s.38(1)(b)]

Gender Identity and Healthcare Access | Health Improvement Division | Scottish Government | St Andrew's House | Regent Road | Edinburgh | EH1 3DG
Tel: 0131 244 8431 or MS Teams

From: [Redacted - s.38(1)(b)]

Sent: 15 November 2022 15:24

To: Steedman N (Nicola) (DCMO) <Nicola.Steedman@gov.scot>; [Redacted - s.38(1)(b)]; Chief Medical Officer <CMO@gov.scot>; [Redacted - s.38(1)(b)]; Deputy Chief Medical Officers <DCMO@gov.scot>; [Redacted - s.38(1)(b)]; Gender Identity and Healthcare Access <genderidentityhealth@gov.scot>

Cc: News Desk <Newsdesk@gov.scot>; Communications Health & Social Care <CommunicationsHealth&SocialCare@gov.scot>; [Redacted - s.38(1)(b)]; Director of Population Health <Directorofpopulationhealth@gov.scot>; Deputy Chief Medical Officers <DCMO@gov.scot>; NSD Queries <NSDQueries@gov.scot>; NSS Sponsorship <NSSSponsorship@gov.scot>; [Redacted - s.38(1)(b)];

Subject: RE: FOR POLICY INPUT - media query - 'fast-track surgery for trans patients' - [Redacted - s.38(1)(b)]

Hi Nicola,

The policy colleagues may wish to respond in more detail, but my understanding is that the Chief Medical Officer wrote to National Services Scotland in July 2021 to

request that they review and update the 2012 Gender Reassignment Protocol for Scotland.

Thanks

[Redacted - s.38(1)(b)]

FOR INFO - Below are the lines NSS sent to [Redacted - s.38(1)(b)] yesterday.

NHS National Services Scotland (NSS) will shortly be submitting final recommendations to Scottish Government for a comprehensive Gender Reassignment Protocol.

This new GRP draws upon the widest appropriate evidence base and relevant clinical data. Subject to SG approval, it will replace the current arrangements - which date from 2012 - and determine gender reassignment pathways throughout NHS Scotland.

It would be inappropriate to comment prior to the imminent publication of the new Gender Reassignment Protocol.

From: Steedman N (Nicola) (DCMO) <Nicola.Steedman@gov.scot>

Sent: 15 November 2022 15:13

To: [Redacted - s.38(1)(b)]; Chief Medical Officer <CMO@gov.scot>; [Redacted - s.38(1)(b)]; Deputy Chief Medical Officers <DCMO@gov.scot>; [Redacted - s.38(1)(b)]; Gender Identity and Healthcare Access <genderidentityhealth@gov.scot>

Cc: News Desk <Newsdesk@gov.scot>; Communications Health & Social Care <CommunicationsHealth&SocialCare@gov.scot>; [Redacted - s.38(1)(b)]; Director of Population Health <Directorofpopulationhealth@gov.scot>; Deputy Chief Medical Officers <DCMO@gov.scot>; NSD Queries <NSDQueries@gov.scot>; NSS Sponsorship <NSSSponsorship@gov.scot>; [Redacted - s.38(1)(b)];

Subject: RE: FOR POLICY INPUT - media query - 'fast-track surgery for trans patients' - [Redacted - s.38(1)(b)]

Thanks [Redacted - s.38(1)(b)],

[Redacted – s. 30(b)(i)]

With grateful thanks,

Nicola.

Professor Nicola Steedman

Deputy Chief Medical Officer, Scottish Government
Honorary Professor, Glasgow Caledonian University

[Redacted - s.38(1)(b)]

From: [Redacted - s.38(1)(b)]

Sent: 15 November 2022 15:03

To: [Redacted - s.38(1)(b)]; Chief Medical Officer <CMO@gov.scot>; Steedman N (Nicola) (DCMO) <Nicola.Steedman@gov.scot>; [Redacted - s.38(1)(b)]; Deputy Chief Medical Officers <DCMO@gov.scot>; [Redacted - s.38(1)(b)]; Gender Identity and Healthcare Access <genderidentityhealth@gov.scot>

Cc: News Desk <Newsdesk@gov.scot>; Communications Health & Social Care <CommunicationsHealth&SocialCare@gov.scot>; [Redacted - s.38(1)(b)]; Director of Population Health <Directorofpopulationhealth@gov.scot>; Deputy Chief Medical Officers <DCMO@gov.scot>; NSD Queries <NSDQueries@gov.scot>; NSS Sponsorship <NSSSponsorship@gov.scot>; [Redacted - s.38(1)(b)];

Subject: RE: FOR POLICY INPUT - media query - 'fast-track surgery for trans patients' - [Redacted - s.38(1)(b)]

Hi all,

For the benefit of the copy list - NSS comms are content with the lines.

[Redacted - s.38(1)(b)]/CMO, with thanks, grateful for a speedy response.

Thanks

[Redacted - s.38(1)(b)];

From: [Redacted - s.38(1)(b)]

Sent: 15 November 2022 14:21

To: Chief Medical Officer <CMO@gov.scot>; Steedman N (Nicola) (DCMO) <Nicola.Steedman@gov.scot>; [Redacted - s.38(1)(b)]; Deputy Chief Medical Officers <DCMO@gov.scot>; [Redacted - s.38(1)(b)]; Gender Identity and Healthcare Access <genderidentityhealth@gov.scot>

Cc: News Desk <Newsdesk@gov.scot>; Communications Health & Social Care <CommunicationsHealth&SocialCare@gov.scot>; [Redacted - s.38(1)(b)]; Director of Population Health <Directorofpopulationhealth@gov.scot>; Deputy Chief Medical

Officers <DCMO@gov.scot>; NSD Queries <NSDQueries@gov.scot>; NSS Sponsorship <NSSSponsorship@gov.scot>; [Redacted - s.38(1)(b)];

Subject: RE: FOR POLICY INPUT - media query - 'fast-track surgery for trans patients' - [Redacted - s.38(1)(b)]

Copying [Redacted - s.38(1)(b)].

[Redacted - s.38(1)(b)]

Gender Identity and Healthcare Access | Health Improvement Division | Scottish Government | St Andrew's House | Regent Road | Edinburgh | EH1 3DG
Tel: 0131 244 8431 or MS Teams

From: [Redacted - s.38(1)(b)] On Behalf Of Chief Medical Officer

Sent: 15 November 2022 13:48

To: Steedman N (Nicola) (DCMO) <Nicola.Steedman@gov.scot>; [Redacted - s.38(1)(b)]; Chief Medical Officer <CMO@gov.scot>; [Redacted - s.38(1)(b)]; Deputy Chief Medical Officers <DCMO@gov.scot>; [Redacted - s.38(1)(b)]; Gender Identity and Healthcare Access <genderidentityhealth@gov.scot>

Cc: News Desk <Newsdesk@gov.scot>; Communications Health & Social Care <CommunicationsHealth&SocialCare@gov.scot>; [Redacted - s.38(1)(b)]; Director of Population Health <Directorofpopulationhealth@gov.scot>; Deputy Chief Medical Officers <DCMO@gov.scot>; NSD Queries <NSDQueries@gov.scot>; NSS Sponsorship <NSSSponsorship@gov.scot>

Subject: RE: FOR POLICY INPUT - media query - 'fast-track surgery for trans patients' - [Redacted - s.38(1)(b)]

Hi [Redacted - s.38(1)(b)],

I'm bringing in DCMO Prof Nicola Steedman into this chain, who has had more involvement in this policy area.

Nicola – very grateful for review before we send to CMO for clearance.

Many thanks,

[Redacted - s.38(1)(b)];

Working from home – available by email or Teams

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.

From: [Redacted - s.38(1)(b)]

Sent: 15 November 2022 13:43

To: Chief Medical Officer <CMO@gov.scot>; [Redacted - s.38(1)(b)]; Deputy Chief Medical Officers <DCMO@gov.scot>; [Redacted - s.38(1)(b)]; Gender Identity and Healthcare Access <genderidentityhealth@gov.scot>

Cc: News Desk <Newsdesk@gov.scot>; Communications Health & Social Care <CommunicationsHealth&SocialCare@gov.scot>; [Redacted - s.38(1)(b)]; Director of Population Health <Directorofpopulationhealth@gov.scot>; Deputy Chief Medical Officers <DCMO@gov.scot>; NSD Queries <NSDQueries@gov.scot>; NSS Sponsorship <NSSSponsorship@gov.scot>

Subject: RE: FOR POLICY INPUT - media query - 'fast-track surgery for trans patients' - [Redacted - s.38(1)(b)]

[Redacted - s.38(1)(b)]/CMO,

The [Redacted - s.38(1)(b)] are looking for a SG comment on the below article claiming the NHS NSS are planning to fast track surgery for trans patients. See the full article below.

Policy team suggest the below response, with thanks grateful for CMO's clearance.

Thanks [Redacted - s.38(1)(b)]

[Redacted – s.30(b)(i)]

FULL QUERY

I am a reporter at [Redacted - s.38(1)(b)]. I am contacting you with regards to claims that NHS Scotland is planning to fast-track surgery for trans patients made by The Telegraph here:

<https://www.telegraph.co.uk/news/2022/11/14/nhs-scotland-plans-fast-track-irreversible-surgery-trans-patients/>

From: Chief Medical Officer

Sent: 19 December 2022 16:42

To: Nicola Steedman; Deputy Chief Medical Officers; Chief Medical Officer

Subject: RE: [Redacted - s.38(1)(b)] - DCMO Sign Off / Issue Request

Attachments: FW: Gender issues; [Redacted - s.38(1)(b)] Final Response.pdf; FW: Gender issues; [Redacted - s.38(1)(b)] - OR - Gender Issues.docx

Happy for this to come from Nicola.

Professor Sir Gregor Smith
Chief Medical Officer for Scotland
Honorary Professor University of Glasgow
Twitter: @DrGregorSmith

From: Steedman N (Nicola) (DCMO) <Nicola.Steedman@gov.scot>

Sent: 14 December 2022 13:19

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

Subject: FW: [Redacted - s.38(1)(b)] - DCMO Sign Off / Issue Request

Word doc is draft reply.

Hi CMO team!

Could you possibly check with CMO whether he is content for a response to come from me on this? I am if he is of course. I'm only asking as the initial email from [Redacted - s.38(1)(b)] to CMO sounded as if [Redacted - s.38(1)(b)] might know him...

With grateful thanks and warm regards,

Nicola.

Professor Nicola Steedman

Deputy Chief Medical Officer, Scottish Government
Honorary Professor, Glasgow Caledonian University

[Redacted - s.38(1)(b)]

From: [Redacted - s.38(1)(b)]

Sent: 14 December 2022 13:08

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

Cc: [Redacted - s.38(1)(b)]; Gender Identity and Healthcare Access <genderidentityhealth@gov.scot>; Steedman N (Nicola) (DCMO) <Nicola.Steedman@gov.scot>; [Redacted - s.38(1)(b)];

Subject: [Redacted - s.38(1)(b)] - DCMO Sign Off / Issue Request

Good Afternoon,

We have a sensitive case and believe it would be more appropriate for it to be issued by DCMO Nicola Steedman than the Gender Identity Policy team. It is from [Redacted - s.38(1)(b)] who has written several times directly to the CMO with a range of concerns around gender identity health care and government policy on a range of issues including gender recognition reform and the use of the word 'woman'. In this piece of correspondence as they are raising specific clinical concerns and we think, given that they are writing as a [Redacted - s.38(1)(b)] to a clinician, that this response should come from DCMO. We have a fully drafted response prepared (link below). Could you please advise if you/DCMO are content with this? The deadline for it is this Friday (16th).

[Redacted – s.29(1)(a)]

The correspondent wrote to the CMO on 21 October (it's quite familiar but we confirmed that there wasn't a known direct link between the correspondent and the CMO with CMO office) and they received the attached response from our policy team on 18 November. They've written in again to the CMO on 16 November concerning the early gender reassignment protocol documents that were released as part of an FOI to a NHS board and that were misrepresented in the media as a draft protocol itself (initial October email, October email follow up and November email in the attached).

We also understand that the correspondent, [Redacted - s.38(1)(b)], has been announced as [Redacted - s.38(1)(b)].

Please let us know if DCMO would be happy to sign off and if you would be happy to issue the response.

We're happy to discuss if helpful.

Many thanks,

[Redacted - s.38(1)(b)]

Gender Identity & Healthcare Access Team | Health Improvement | Population Health

Directorate | Scottish Government | E: [Redacted - s.38(1)(b)]

From: [Redacted - s.38(1)(b)]
Sent: 14 December 2022 11:43
To: [Redacted - s.38(1)(b)]
Subject: FW: Gender issues

From: [Redacted - s.38(1)(b)] On Behalf Of Chief Medical Officer
Sent: 24 October 2022 09:36
To: Public Engagement Unit <CorrespondenceUnit@gov.scot>
Cc: Chief Medical Officer <CMO@gov.scot>
Subject: FW: Gender issues

OR for Micase.

Kind regards,

[Redacted - s.38(1)(b)]
CMO Private Office
1E.09 | St Andrews House | Edinburgh | EH1 3DG
Scottish Government

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: Smith G (Gregor) <Gregor.Smith@gov.scot>
Sent: 21 October 2022 20:11
To: Chief Medical Officer <CMO@gov.scot>
Subject: FW: Gender issues

From: [Redacted - s.38(1)(b)]
Sent: 21 October 2022 20:10:55 (UTC+00:00) Dublin, Edinburgh, Lisbon, London
To: Smith G (Gregor)
Subject: Gender issues
[Redacted - s.38(1)(b)]

Dear Gregor

Forgive me writing to you directly.

I'm deeply concerned about the GRA and the current state of affairs within NHS Scotland regarding the treatment of children with gender dysphoria.

The evidence is lacking, the harms of medical intervention are evident, and the diagnosis itself, of gender dysphoria, is troubling, due to subjectivity, usual transience, societal pressures, and associated mental health conditions and autism. The Cass review does not seem to be planned to be replicated in Scotland. I believe that the current issues here will be looked back upon as a failure of evidence based medicine and will cause lasting harm to a generation of young people. I think the GRA has a large potential to make the problems worse.

I understand that there will be funding for research but I don't think this will deal with the fundamental issues as above.

I've been raising concerns widely with senior leaders, almost all of whom are in agreement, but few have said so publicly, given the climate. It may be that you are already on to this, and the Cass review findings will be followed, but would appreciate reassurance that it will be.

Additionally - can I ask why the word 'women' now seems to be being avoided in eg publicity about the menopause?

hope all is well

best wishes

[Redacted - s.38(1)(b)]

DIRECTORATE FOR POPULATION HEALTH
DPH : Health Improvement

E : genderidentityhealth@gov.scot

[Redacted – s.38(1)(b)]

Our Reference: [Redacted – s.38(1)(b)]

18 November 2022

Dear [Redacted – s.38(1)(b)],

Thank you for your email to the Chief Medical Officer for Scotland on 21 October regarding legal gender recognition reform, medical treatment for children with gender dysphoria, the NHS England commissioned Cass Review as well as the use of the word 'women' in healthcare services. As I am sure you will understand the Chief Medical Officer receives a large amount of correspondence and is unable to reply personally to every case.

I am responding as part of the policy team responsible for the primary matter you raised.

Gender Recognition Reform (Scotland) Bill

This Bill was introduced to the Scottish Parliament in March this year and is now being considered by Parliament in line with its usual Bill process. The Parliament have now agreed the general principles of the Bill and voted it through with a large majority at Stage 1. The Committee responsible for the Bill is currently in the process of voting on amendments at Stage 2.

The progress of the Bill and associated documentation can be accessed via the Scottish Parliament website: [Gender Recognition Reform \(Scotland\) Bill – Bills \(proposed laws\) – Scottish Parliament | Scottish Parliament Website](#)

The Cass Review

It may be helpful to note that the independent review of gender identity services for children and young people as chaired by Dr Hilary Cass (the 'Cass Review') only extends to current and future services as offered by NHS England. You will be aware that how the NHS is structured, and how clinical services are commissioned, is different in England and Scotland. The Cass Review is not considering or reviewing clinical services or pathways as provided within NHS Scotland.

However, as Scottish Government has previously publicly stated, the findings of the Cass Review, both interim and final, will be – and are being – closely considered both by Scottish Government and NHS Scotland. This is in the context of how such healthcare is best delivered in Scotland.

The Cass Review is ongoing. Although it has published an interim report the review has a number of anticipated outputs, it has not yet made its final recommendations and it may be some time before it does.

Gender identity healthcare improvement

We also remain committed to improving access to, and delivery of, NHS Gender Identity Services. In December 2021 we published a [strategic action framework for NHS gender identity service improvement](#) setting out a series of commitments which we will progress with NHS Scotland partners. A [National Gender Identity Healthcare Reference Group](#) has been established to help oversee the progression and implementation of those commitments. This work is ongoing.

The Scottish Government is clear in its expectation that all work to improve this clinical service provision will be fully based on relevant national and international evidence, as it continues to become available. It will also be fully cognisant of ongoing developments in the rest of the UK, including the Cass Review.

Work to improve services will also remain consistent with the principles of [Realistic Medicine](#) as well as legislative and health professional requirements, as they pertain to NHS Scotland. As you will be aware, Realistic Medicine puts the person receiving health and social care at the centre of decisions made about their care. It encourages health and care workers to find out what matters most to patients so that the care fits their needs and situation. It recognises that a one size fits all approach to health and social care is not the most effective path for the patient or the NHS.

Terminology

The Scottish Government is not avoiding the use of the word 'women'.

You may wish to note that in August 2021 Scottish Government published a [Women's Health Plan](#), which aims to address women's health inequalities by raising awareness around women's health, improving access to health care for women across their lives, and reducing inequalities in health outcomes for girls and women. The Plan uses the term 'women/woman' throughout.

The Plan however recognises that it is not only those who identify as women e.g. trans men, who may require access to women's health and reproductive services. The actions included within the Plan make clear that all healthcare services should be respectful and responsive to individual needs as they arise. The language being used within our NHS Inform Women's Health Platform, which includes information on topics such as menopause and menstrual health, continues this inclusive approach: [Women's health | NHS inform](#).

I hope that you find this information helpful.

Yours sincerely,

Gender Identity and Healthcare Access Team
HIE : Health Equity and Equalities Unit

From: [Redacted - s.38(1)(b)]

Sent: 28 November 2022 11:53

To: [Redacted - s.38(1)(b)];

Subject: FW: Gender issues

Hey [Redacted - s.38(1)(b)]

Would you have a chance at some point to talk through this MiCase please?

Thanks,

[Redacted - s.38(1)(b)]

From: [Redacted - s.38(1)(b)] On Behalf Of Chief Medical Officer

Sent: 17 November 2022 07:58

To: Public Engagement Unit <CorrespondenceUnit@gov.scot>

Cc: Chief Medical Officer <CMO@gov.scot>

Subject: FW: Gender issues

For the system please :)

Thanks

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

From: [Redacted - s.38(1)(b)]

Sent: 16 November 2022 23:12

To: Chief Medical Officer <CMO@gov.scot>

Subject: Re: Gender issues

Dear Gregor

It was good to hear you speak at the Fulton Lecture recently.

I was glad to hear you say that the interim Cass review had been read within your department and that that the findings were going to be considered.

I am therefore dismayed to read the Scottish Pathway for Trans Healthcare - Subgroup considerations and recommendations, which has been published online.

There are multiple, serious concerns with this document which, if taken into practice, I am in no doubt will cause harm to many vulnerable young people.

For example:

In terms of the guiding principles, there is no statement of the need to provide evidence based healthcare, or of avoiding overmedicalisation and/or overtreatment.

The use of NHS-funded third sector organisations, is recommended, but no mechanism to ensure these are offering evidence based interventions (there are numerous examples of NHS funding being used to deliver non evidence based alternative treatments and therapies which I have raised locally within support services.) This has the potential to make dysphoria worse and ineffective intervention more likely.

The new assessment approach recommended is that of merely exploring 'the aspect of gender affirming healthcare it is considering initiation'. Elsewhere it states that counselling "is never mandatory' before intervention. Leaflets are to be rewritten with "the importance of gender affirming care - reassuring in tone rather than a focus on assessment" This is appalling. The young person should not proceed straight to a 'hormone readiness assessment' (which could include irreversible puberty blockers) but to an evaluation and understanding of what has caused the dysphoria, the persons' medical and psychological history, any neurodevelopmental factors, family and environmental issues, etc, and allow an understanding of the distress. The words used to describe surgery are euphemistic eg 'genital surgery readiness assessment' - and not explaining in factual terms e.g. castration, loss of fertility. They present a particular point of view - that surgery to affirm is straightforward and routine. To state, as the report does, that "counselling or psychotherapy for trans people specifically focused on their gender identity is not a prerequisite for any gender affirming healthcare" would be negligent. To proceed to irreversible surgery without adequate assessment is dangerous. The statement in the report 'In fact, access to hormones and surgeries can act as a prophylactic measure against distress' is not based in evidence. I am alarmed by the fast track route to irreversible intervention without ensuring adequate assessment.

Nor is not clear what evidence base the "GP prescribing long-term hormones and annual health check" will be expected to work to, since it does not exist.

There appears to be no consideration of the harms that using the NHS sex marker as a gender marker will do to accurate record keeping, risk management and result interpretation. This is in contrast to the recommendations of the RCGP, who have called on a separate sex and gender marker to be used in medical records.

Using a model of assessment where the patient is seen by a lower skilled person but "the actual prescription may be issued by another practitioner" is a recipe for disaster. This will allow the responsibility for patient care to be delegated, especially

in the private sector, with little, remote or no oversight. It risks the abdication of responsibility.

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I honestly think that the treatment of gender dysphoric children as we are now doing - intervention, medication and surgery rather than understanding, exploration and minimising intervention - will go down as a medical scandal as bad as lobotomy or thalidomide. I fear that the medical profession, rightly ashamed of how [Redacted - s.38(1)(b)] medicalised homosexuality, is looking for ways to make amends. Yet [Redacted - s.38(1)(b)] are getting involved with little to no evidence of benefit and much of harm. [Redacted - s.38(1)(b)] I have seen young women hate their bodies, from anorexia and self harm - this is just the same pattern.

I know that you are committed to Realistic Medicine and have had the experience of being a GP for many years and will recognise my concerns. I hope that Scotland can regroup and find a better way through this very challenging area which does not do harm to young people. I look forward to your response.

best wishes

[Redacted - s.38(1)(b)]

On Fri, 21 Oct 2022 at 20:10, [Redacted - s.38(1)(b)] wrote:

Dear Gregor

Forgive me writing to you directly.

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I understand that there will be funding for research but I don't think this will deal with the fundamental issues as above.

I've been raising concerns widely with senior leaders, almost all of whom are in agreement, but few have said so publicly, given the climate. It may be that you are already on to this, and the Cass review findings will be followed, but would appreciate reassurance that it will be.

Additionally - can I ask why the word 'women' now seems to be being avoided in eg publicity about the menopause?

hope all is well

best wishes

[Redacted - s.38(1)(b)]

From: Steedman N (Nicola) (DCMO)

Sent: 20 December 2022 16:44

To: [Redacted - s.38(1)(b)]; Deputy Chief Medical Officers

Cc: [Redacted - s.38(1)(b)]; Gender Identity and Healthcare Access; [Redacted - s.38(1)(b)]

Subject: RE: [Redacted - s.38(1)(b)] - DCMO Sign Off / Issue Request

Attachments: FW: Gender issues; [Redacted - s.38(1)(b)] Final Response.pdf; FW: Gender issues

Categories:[Redacted - s.38(1)(b)];

Hi [Redacted - s.38(1)(b)], team,

Thank you for this. I'm content for this to come from me. I've made some minor suggested amendments, tracked in the eRDM version. This includes a sentence to state that we are engaging with Dr Cass and her team in terms of the review findings. [Redacted – s.30 (b)(i)].

If you are all happy with my suggested amendments, [Redacted - s.38(1)(b)] in the DCMO PO (copied in) can get a final, signed, headed version of the response ready to go.

With grateful thanks and warm regards,

Nicola.

Professor Nicola Steedman

Deputy Chief Medical Officer, Scottish Government
Honorary Professor, Glasgow Caledonian University

[Redacted - s.38(1)(b)]

From: [Redacted - s.38(1)(b)]

Sent: 14 December 2022 13:08

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

Cc: [Redacted - s.38(1)(b)]; Gender Identity and Healthcare Access <genderidentityhealth@gov.scot>; Steedman N (Nicola) (DCMO) <Nicola.Steedman@gov.scot>; [Redacted - s.38(1)(b)]

Subject: [Redacted - s.38(1)(b)]- DCMO Sign Off / Issue Request

Good Afternoon,

We have a sensitive micase and believe it would be more appropriate for it to be issued by DCMO Nicola Steedman than the Gender Identity Policy team. It is from [Redacted - s.38(1)(b)] who has written several times directly to the CMO with a range of concerns around gender identity health care and government policy on a range of issues including gender recognition reform and the use of the word 'woman'. In this piece of correspondence as they are raising specific clinical concerns and we think, given that they are writing as a [Redacted - s.38(1)(b)] to a clinician, that this response should come from DCMO. We have a fully drafted response prepared (link below). Could you please advise if you/DCMO are content with this? The deadline for it is this Friday (16th).

[Redacted – s.29(1)(a)]

The correspondent wrote to the CMO on 21 October [Redacted – s.30(b)(i)] and they received the attached response from our policy team on 18 November. They've written in again to the CMO on 16 November concerning the early gender reassignment protocol documents that were released as part of an FOI to a NHS board and that were misrepresented in the media as a draft protocol itself (initial October email, October email follow up and November email in the attached).

We are also understand that the correspondent, [Redacted - s.38(1)(b)], has been announced as [Redacted - s.38(1)(b)].

Please let us know if DCMO would be happy to sign off and if you would be happy to issue the response.

We're happy to discuss if helpful.

Many thanks,

[Redacted - s.38(1)(b)]

Gender Identity & Healthcare Access Team | Health Improvement | Population Health

Directorate | Scottish Government | E: [Redacted - s.38(1)(b)]

From: [Redacted - s.38(1)(b)] on behalf of Deputy Chief Medical Officers

Sent: 30 December 2022 13:51

To: [Redacted - s.38(1)(b)]

Cc: Deputy Chief Medical Officers; Chief Medical Officer

Subject: RE: Gender issues

Attachments: CMO-D Response - Gender Issues [Redacted - s.38(1)(b)]

Good afternoon [Redacted - s.38(1)(b)],

Please see a response to your below email attached. This response has been provided by DCMO, Professor Nicola Steedman.

Kind regards,

[Redacted - s.38(1)(b)]

CMO/DCMO Private Office
St Andrews House, Regent Road, Edinburgh, EH1 3DG

[Redacted - s.38(1)(b)];

From: [Redacted - s.38(1)(b)]

Sent: 16 November 2022 23:12

To: Chief Medical Officer <CMO@gov.scot>

Subject: Re: Gender issues

Dear Gregor

It was good to hear you speak at the Fulton Lecture recently.

I was glad to hear you say that the interim Cass review had been read within your department and that that the findings were going to be considered.

I am therefore dismayed to read the Scottish Pathway for Trans Healthcare - Subgroup considerations and recommendations, which has been published online.

There are multiple, serious concerns with this document which, if taken into practice, I am in no doubt will cause harm to many vulnerable young people.

For example:

In terms of the guiding principles, there is no statement of the need to provide evidence based healthcare, or of avoiding overmedicalisation and/or overtreatment.

The use of NHS-funded third sector organisations, is recommended, but no mechanism to ensure these are offering evidence based interventions (there are numerous examples of NHS funding being used to deliver non evidence based alternative treatments and therapies which I have raised locally within support services.) This has the potential to make dysphoria worse and ineffective intervention more likely.

The new assessment approach recommended is that of merely exploring 'the aspect of gender affirming healthcare it is considering initiation'. Elsewhere it states that counselling "is never mandatory' before intervention. Leaflets are to be rewritten with "the importance of gender affirming care - reassuring in tone rather than a focus on assessment" This is appalling. The young person should not proceed straight to a 'hormone readiness assessment' (which could include irreversible puberty blockers) but to an evaluation and understanding of what has caused the dysphoria, the persons' medical and psychological history, any neurodevelopmental factors, family and environmental issues, etc, and allow an understanding of the distress. The words used to describe surgery are euphemistic eg 'genital surgery readiness assessment' - and not explaining in factual terms e.g. castration, loss of fertility. They present a particular point of view - that surgery to affirm is straightforward and routine. To state, as the report does, that "counselling or psychotherapy for trans people specifically focused on their gender identity is not a prerequisite for any gender affirming healthcare" would be negligent. To proceed to irreversible surgery without adequate assessment is dangerous. The statement in the report 'In fact, access to hormones and surgeries can act as a prophylactic measure against distress' is not based in evidence. I am alarmed by the fast track route to irreversible intervention without ensuring adequate assessment.

Nor is not clear what evidence base the "GP prescribing long-term hormones and annual health check" will be expected to work to, since it does not exist.

There appears to be no consideration of the harms that using the NHS sex marker as a gender marker will do to accurate record keeping, risk management and result interpretation. This is in contrast to the recommendations of the RCGP, who have called on a separate sex and gender marker to be used in medical records.

Using a model of assessment where the patient is seen by a lower skilled person but "the actual prescription may be issued by another practitioner" is a recipe for disaster. This will allow the responsibility for patient care to be delegated, especially in the private sector, with little, remote or no oversight. It risks the abdication of responsibility.

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[Redacted - s.38(1)(b)]

30 December 2022

Dear [Redacted - s.38(1)(b)],

Thank you for your email to the Chief Medical Officer for Scotland on 16 November regarding the documents released as part of a freedom of information request, detailing considerations and recommendations as part of the review and update of NHS Scotland's Gender Reassignment Protocol.

This followed your previous correspondence of 21 October regarding legal gender recognition reform, medical treatment for children with gender dysphoria, the NHS England commissioned Cass Review as well as the use of the word 'women' in healthcare services. I understand you received a response to that from Scottish Government officials on 18 November, which crossed with your follow up correspondence above.

As before, I am sure you will understand the Chief Medical Officer receives a large amount of correspondence and is unable to reply in every case. I am responding to your 16 November correspondence as Deputy Chief Medical Officer in whose remit the primary matter you raised falls.

2012 Gender Reassignment Protocol for Scotland Review

The Chief Medical Officer wrote to NHS National Services Division in July 2021 to request that they review and update the Gender Reassignment Protocol for Scotland.

When first published in July 2012 Scotland's Gender Reassignment Protocol (GRP) CEL 26 (2012) was amongst the first clinical protocols of its kind in the world, providing patients in Scotland requiring specialist healthcare for gender reassignment with a clear clinical pathway for accessing treatment options within NHS Scotland.

It was recognised it was time to update this national protocol to reflect modern best practice and the needs of people using gender identity services. The review and update of the protocol 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.

The Chief Medical Officer expects to receive a revised and updated protocol from NHS National Services Scotland before the end of the year. This will be carefully considered prior to any future publication.

The updated protocol is expected to take into account best practice from across and outwith NHS Scotland and be informed by advances in evidence, models of care and changes in terminology since 2012. You may also wish to note that this approach was recently reiterated by the Cabinet Secretary for Health and Social Care to the Equality, Human Rights and Civil Justice Committee in a letter to them on 21 November 2022. That letter also outlines wider work underway to improve access to, and delivery of, these services.

It is important to note that discussions about this healthcare can be polarised and as I am sure you can understand it is sometimes the case that reports about work in this area could be misinterpreted.

For absolute clarity, the paper you have referred to is not an update, or a draft update, of the 2012 Gender Reassignment Protocol (GRP) for Scotland. It was not published by NHS Scotland. It is my understanding that it is a paper highlighting some of the discussion and consideration that took place as part of the wider review and update of Scotland's Gender Reassignment Protocol, and was released as part of a freedom of information request.

The Cass Review

As noted in our previous correspondence to you, the independent review of gender identity services for children and young people as chaired by Dr Hilary Cass (the 'Cass Review') that you refer to only extends to current and future services as offered by NHS England. You will be aware that how the NHS is structured, and how clinical services are commissioned, is different in England and Scotland. The Cass Review is not considering or reviewing clinical services or pathways as provided within NHS Scotland.

However, as Scottish Government has previously publicly stated, the findings of the Cass Review, both interim and final, will be – and are being – closely considered both by Scottish Government and NHS Scotland. This is in the context of how such healthcare is best delivered in Scotland. Officials and senior clinicians from both Scottish Government and the NHS in Scotland continue to meet with, and have dialogue with, Dr Cass and her team as the Review progresses.

The Cass Review is ongoing. Although it has published an interim report the review has several anticipated outputs. It has not yet made its final recommendations and it may be some time before it does.

Wider work to improve gender identity services in Scotland

In Scottish Government's previous correspondence to you we included a link to our 2021 strategic action framework for NHS gender identity service improvement. The framework sets out a series of actions we are progressing with NHS Scotland partners. Some of these are also set out in the above Cabinet Secretary for Health and Social Care's letter to the Equality, Human Rights and Civil Justice Committee. This includes commissioning Healthcare Improvement Scotland to develop national standards of care for gender identity healthcare, in addition to work to review and update the GRP.

As you will be aware Healthcare Improvement Scotland develops standards to support health and social care organisations improve the quality of care and support they deliver. Standards are not the same as clinical pathways, clinical guidelines, or standard operating procedures. They are intended to complement, not duplicate or replace, clinical protocols, pathways and professional guidelines. Standards outline service performance that people should expect

from health services. They cover the key issues relating to the provision of safe, effective and person-centred care and treatment.

I thank you for your interest in Scottish Government's work to improve access to, and delivery of, these clinical services and hope that you have found this information helpful.

Yours sincerely

[Redacted - s.38(1)(b)]

Professor Nicola Steedman
Deputy Chief Medical Officer for Scotland