

By email:

Dr Jennifer Armstrong
Board Medical Director
NHS Greater Glasgow & Clyde

Miss Tracey Gillies
Executive Medical Director
NHS Lothian

9 April 2024

Dear Jennifer and Tracey,

NHS England's Clinical Policy in relation to Puberty Suppressing Hormones (PSH) and implications for the Scottish Service

1. Thank you for your letter dated 27 March, received by my office on 28 March, regarding NHS England's settled clinical policy in relation to puberty suppressing hormones (PSH) as a treatment option for gender dysphoria, announced on 12 March 2024 and corresponding implications for the Scottish Service as provided by NHS Greater Glasgow and Clyde (NHS GGC) via its Sandyford Sexual Health Service.

Response

2. Recognising you are awaiting my response to your letter before formally notifying patients potentially impacted by the new clinical position you are taking in this area; I have come back directly on your main points below. I am available to discuss broader points in your letter at a later date, if helpful.
 - **Pause new referrals from the NHS GGC Young Persons Gender Service to Paediatric Endocrine services with immediate effect.**
3. As Chief Medical Officer for Scotland I expect Health Boards to make decisions on the delivery of clinical care via agreed local governance processes, taking into account new and emerging evidence in a clinical field. This is no exception and I support your decision.
 - **Urgently explore the possibility that future PSH treatment can be carried out in partnership with the NHS England research proposal.**
4. As you will be aware, following its announcement in summer 2022 the Scottish Government has proactively pursued links with NHS England commissioners on this matter, and is grateful for NHS GGC's subsequent involvement as this relationship has developed.
5. As part of this engagement, which now includes the Chief Scientist Office (Health), we have also facilitated involvement from representatives from the

University of Glasgow in discussions with NHS England and the National Institute for Health Research (NIHR), who are designing this study. This link, which NHS GGC is now building upon, should ensure an appropriately broad understanding of any implications in aligning an NHS Scotland provided service with a research protocol as currently being designed by the NIHR.

6. I would of course support NHS GGC, working with Chief Scientist Office as required, in making arrangements to join the NIHR study in this field and the associated alignment of a treatment pathway as a result.

[Redacted – Out of scope]

Conclusion

12. I am encouraged to read that NHS GGC and NHS Lothian have a communication plan to sensitively handle this change in position for patients, as this can be expected to attract substantive public interest and has the potential to cause concern to those on the waiting list (and their families) if not communicated appropriately. In light of this I would ask both Health Boards to continue to maintain good links with relevant Scottish Government officials on this communication plan, to ensure a shared understanding of the position as it is implemented.
13. I remain grateful for the continued efforts of clinicians and staff working to care for children, young people and their families seeking their support. I know you agree we must collectively maintain our focus on delivering the best possible evidence-based care for NHS Scotland patients in what remains a highly sensitive, at times clinically complex, and highly polarised field of medicine.

PROFESSOR SIR GREGOR SMITH
CHIEF MEDICAL OFFICER FOR SCOTLAND