

AMENDMENTS TO

SERVICE SPECIFICATION FOR GENDER IDENTITY DEVELOPMENT SERVICE FOR CHILDREN AND ADOLESCENTS (E13/S(HSS)/e)

Effective 1 December 2020

1. The following amendments have been made to the Service Specification for the Gender Identity Development Service for Children and Adolescents following the High Court's ruling of 1 December 2020 in the case of (1) Quincy Bell (2) Mrs A and Tavistock and Portman NHS Foundation Trust. The amendments shall apply to the current Service Specification from 1 December 2020.
 - a) Patients under 16 years must not be referred by the Gender Identity Development Service to paediatric endocrinology clinics for puberty blockers unless a 'best interests' order has been made by the Court for the individual in question.
 - b) The Gender Identity Development Service must carry out a full clinical review of each patient who is aged below 16 years and who has been receiving puberty blockers as a response to a referral by the Gender Identity Development Service to an endocrine clinic; should the patient's lead clinician determine that it is in the patient's best interests that either (a) the patient should continue with puberty blockers and / or (b) the patient should be administered cross sex hormones (either with or without puberty blockers) the lead clinician (through their NHS provider) must make a 'best interests' application to the Court for final determination of that individual's needs; the time frame for completing clinical reviews for all patients will be confirmed by 22 December 2020; if the clinical lead concludes that it is not appropriate to make such an application to the Court then the lead clinician must make arrangements for puberty blockers to be withdrawn within a clinically appropriate timeframe and within safe clinical arrangements.
 - c) The Gender Identity Development Service must ensure that appropriate psychosocial support and psychological therapies are available to patients who are removed from puberty blockers, and to their families and carers; and that the service provides support and consultation to other statutory

services with whom the individual and their families have contact, as appropriate to individual need.

d) For patients who are aged 16 to 17 years, the legal position is different. So long as the patient has mental capacity and the lead clinician considers the treatment to be in the patient's best interests, and there is no parental dispute about the intervention, treatment may proceed. However, the High Court noted the long-term consequences for interventions which the Court described as 'experimental'. In cases where a 16 or 17 year old is receiving puberty blockers and the administration of cross sex hormones is being considered, and in cases where a young person aged 16 or 17 years is already receiving cross sex hormones (with or without puberty blockers) with a view to this continuing, the patient's lead clinician is therefore required to review every such patient's individual circumstances, and to consider an application to the Court (through their NHS provider) for final determination of that individual's needs if there is doubt about the patient's 'best interests'.

2. NHS England has commissioned an Independent Review, led by Dr Hilary Cass, to make recommendations on wider changes that may be needed to the Service Specification and wider care pathways, for which terms of reference are published. The Independent Review will consider the further implications of the High Court's ruling and any subsequent rulings that may be handed down. This Service Specification will be further updated following consideration of the Review's findings and recommendations.