

A completed copy of this form must be provided to the decision-makers in relation to your proposal. The decision-makers must consider the results of this assessment when they make their decision about your proposal.

4 August 2025

- 1. Name of the proposal:**
Service Specification for NHS Children and Young People's Gender Services
- 2. Summary of the proposal**

In 2022 the Cass Review gave interim advice to NHS England on the reconfiguration of specialised services for children and young people who present with gender incongruence / gender dysphoria. This advice included recommendations that new regional services should be established rapidly, working to a different clinical model; and that services for children and young people with gender incongruence should be hosted by tertiary paediatric units. An interim service specification for the new Children and Young People's Gender Services was adopted in June 2023, following a process of public consultation.

Following publication of the final report of the Cass Review in April 2024, and in line with its stated intentions, NHS England has formed an amended service specification for the purpose of stakeholder testing.

The proposed amendments are:

- The previous description of the clinical model has been replaced with the description of an holistic assessment framework from the final Cass Report, alongside the Cass Report's description of the process of diagnosis, formulation and individualised care planning (Appendix A of the specification)
- Wording has, generally, been amended to align with the findings and recommendations of the final Cass Report; for example in the description of the role and function of the National Provider Network, the role of the Children and Young People's Gender Service in leading a network of designated local specialist services and the establishment of a pathway for pre-pubertal children;
- Alignment of the service specification with the ancillary service specification *Referral Pathway for Specialist Service for Children and Young People with Gender Incongruence* (August 2024);



- Alignment of the service specification with NHS England’s clinical commissioning policy for Puberty Suppressing Hormones (March 2024) and recent government legislation that places restrictions on private prescribing;
- Alignment of the service specification with NHS England’s clinical commissioning policy for Gender Affirming Hormones (March 2024) and a description of the role of the paediatric endocrinology team
- The proposed service specification describes that the NHS Children and Young People’s Gender Service will not assume responsibility for prescribing any medication initiated outside of the service.
- A description of proposed arrangements for data collection, audit and evaluation.
- Addition of proposed provider-reported metrics.

4. Who will be affected by the proposal?

The service specification describes the service that is available to children and young people under 18 years who meet the referral criteria. The service is directly commissioned for the population of England and Wales, though referrals may also be accepted from the European Union under international agreements, and from UK Crown Dependencies.

Prevalance is described in the proposed service specification.

Table: Patient Numbers

Patient Cohort	Number	Rationale
Individuals on the waiting list at 30 June 2025	5,699	Figures reported to NHSE by NHS Arden & GEM CSU
Average number of referrals added to the waiting list between December 2024 and June 2025, per month	56	Figure reported to NHSE by NHS Arden & GEM CSU

Average number of individuals who are forecast to leave the waiting list without being seen due to age between July and December 2025, per month	180	Figure reported to NHSE by NHS Arden & GEM CSU
Number of children and young people who will be impacted by the proposal that the NHS Children and Young People's Gender Service will not assume responsibility for prescribing any medication initiated outside of the service	unknown	There is no data that is publicly available on the number of children and young people who are sourcing medical intervention for gender incongruence from private providers.

3. Main potential positive or adverse impact of the proposal for protected characteristic groups summarised

Please briefly summarise the main potential impact (positive or negative) on people with the nine protected characteristics (as listed below). Please state **N/A** if your proposal will not impact adversely or positively on the protected characteristic groups listed below. Please note that these groups may also experience health inequalities.

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
Age: older people; middle years; early years; children and young people.	<p>Any consideration of the impact of the proposals to individuals who may share this protected characteristic has to recognise that the proposed service specification describes a clinical pathway exclusively for children and young people who are aged below 18 years.</p> <p>There are positive impacts to individuals who share this protected characteristic. The purpose of the proposed service specification for children and young people with gender incongruence is to describe a delivery model that is safe, evidenced based, and that is focused on addressing a child / young person's overall health needs in an integrated way, in line with the findings and recommendations of the Cass Review.</p> <p>The service specification proposes a separate pathway for pre-pubertal children and their families so that they are seen for early discussion. This may increase the waiting time for some older children who would otherwise have been accepted into the service sooner.</p>	<p>The proposal for a pathway for pre-pubertal children is in line with Recommendation 23 of the Cass Review. The potential impacts to older children will be monitored by NHS England and the providers of the services, but the Cass Report was clear on the relative benefit of early discussion with pre-pubertal children. For the avoidance of doubt, the service will continue to accept referrals of young people, and will continue to provide clinical care to them, up to their 18th birthday subject to the temporary operational arrangement that young people are removed from the national waiting list at 17 years and 9 months.</p>

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
<p>Disability: physical, sensory and learning impairment; mental health condition; long-term conditions.</p>	<p>Various literature suggests that a high proportion of children and young people with gender incongruence will also present with other significant comorbidities.</p> <p>The literature reports that a significant proportion of those presenting with gender dysphoria have a diagnosis of Autistic Spectrum Disorder (ASD). Around 35% of young people referred to the former Tavistock GIDS presented with moderate to severe autistic traits¹. Individuals with ASD are likely to share the protected characteristic of “disability”.</p> <p>Around 70% of people with autism also meet diagnostic criteria for at least one (often unrecognised) psychiatric disorder that further impairs psychosocial functioning, for example, attention deficit hyperactivity disorder or anxiety disorders. Intellectual disability (IQ<70) coexists in approximately 50% of children and young people with autism².</p> <p>The Cass Report (April 2024) reported that “<i>some research studies have suggested that transgender and gender-diverse individuals are three to six times more likely to be autistic than cisgender individuals, after</i></p>	<p>The adoption of the Holistic Assessment Framework will benefit individuals who have this protected characteristic as it will determine whether there are any cooccurring and/or contributory elements of the individual’s presentation that are affecting their psychosocial wellbeing or functioning, and will form the basis of an individual care plan.</p>

¹ Assessment and support of children and adolescents with gender dysphoria, Butler et al, 2018

² Autism Spectrum Disorder in Under 19s: Support and Management, National Institute for Health and Care Excellence, 2021

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	<p><i>controlling for age and educational attainment” [para 5.41]</i></p> <p>There is also an increased prevalence of children and young people presenting to the current service with severe forms of mental health problems which may in some cases constitute a ‘disability’ for the purpose of the Act.</p> <p>The Cass Report (April 2024) reported that of the studies identified in a systematic review (Taylor et al: Patient characteristics) almost 50% reported data on depression and/or anxiety, and close to 20% reported other mental health issues, leading the Cass Review to conclude that <i>“rates of depression, anxiety and eating disorders were higher in the gender clinic referred population than in the general population”</i> [para 5.26].</p> <p>Some respondents to the process of stakeholder testing were concerned that the proposed Holistic Assessment Framework may disadvantage individuals with this protected characteristic, namely those who are neurodiverse or who have mental health conditions, in that it may delay or prevent access to the CYP Gender Service.</p>	

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	<p>NHSE may conclude from the information above that the current proposals may have a disproportionate impact on individuals who share this protected characteristic. The proposed service specification will have positive impacts to individuals who share this protected characteristic as it describes an integrated approach to responding to a child or young person's overall health needs including those that may fall within the scope of 'disability' for the purpose of the Act, such as autism, ASD and mental health problems.</p>	
Gender Reassignment	<p>In 2023 the High Court agreed that not every child or young person referred to a specialised gender incongruence service will have the protected characteristic of 'gender reassignment'³. The Court agreed that children and young people who are referred to such a service do not – at the point of referral or while they remain on the waiting list - share the protected characteristic of 'gender reassignment' as a class or cohort of patients.</p> <p>The whole cohort of patients cannot be treated as "proposing to undergo" a process (or part of a process) for the "purpose of reassigning" their sex "by changing physiological or other attributes of sex" as a class or</p>	<p>Some children and young people who are sourcing hormone medications from private providers, including unregulated providers, may be doing so in the expectation that the NHS Children and Young People's Service will agree to assume responsibility for prescribing or agree a shared care approach for prescribing. This will not be possible under the terms of the proposed service specification, including for the reason that a baseline assessment of gender incongruence or gender dysphoria will not be available</p>

³ [R\(AA & Others\) v NHS Commissioning Board and Others\[2023\] EWHC 43 \(Admin\)](#)

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	<p>cohort. To apply such a definition to these individuals is to make assumptions upon the aims and intentions of those referred, the certainty of those desires and their outward manifestation, and upon the appropriate treatment that may be offered and accepted in due course. This is particularly likely to be true in the case of very young children.</p> <p>However, as the Court found and as NHS England accepts, many children and young people in this position will, individually, have the protected characteristic at this stage of the pathway, although determining that will involve a case-specific factual assessment⁴ that will be undertaken by clinicians in the service.⁵</p> <p>Some respondents to the process of stakeholder testing were concerned that the proposed Holistic Assessment Framework may disadvantage individuals with this protected characteristic, in that it may delay or prevent access to the CYP Gender Service.</p>	<p>to the service. Psychosocial support may be still be offered. NHS England has proceeded on the basis that these children and young people are likely to share the protected characteristic of gender reassignment as a class or cohort.</p> <p>Unregulated healthcare services pose a risk to patient safety as they are not subject to the same level of scrutiny as registered services, and the proposed service specification retains advice that individuals should not use medications from unregulated sources.</p> <p>The adoption of the Holistic Assessment Framework will benefit individuals who have this protected characteristic as it will determine whether there are any cooccurring and/or contributory elements of the individual's presentation that are</p>

⁴ Ibid

⁵ NHS England has reminded itself that an individual will benefit from protection under Equality Act 2010 against direct discrimination in that they should not be treated less favourably if they are perceived by NHS England to have the protected characteristic of, or satisfy the definition of, gender reassignment even if they do not. However, NHSE has concluded that this aspect will have no substantive impact given that NHSE recognises that a number of the presenting patients will have the protected characteristic.

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact				
	Of those individuals who are seen by the service and who do have the protected characteristic, they will benefit from the terms of the proposed service specification, which describes a clinical model that is safe, evidence based, and that is focused on addressing a child / young person’s overall health needs in an integrated way.	affecting their psychosocial wellbeing or functioning, and will form the basis of an individual care plan.				
Marriage & Civil Partnership: people married or in a civil partnership.	NHS England is in receipt of no evidence to suggest otherwise and therefore is of the view that the proposed interim service specification does not have any significant impact on individuals who may share this protected characteristic.					
Pregnancy and Maternity: the condition of being pregnant or expecting a baby and the period after birth (maternity discrimination is for the period of 26 weeks after giving birth)	NHS England is in receipt of no evidence to suggest otherwise and therefore is of the view that the proposed interim service specification does not have any significant impact on individuals who may share this protected characteristic.					
Race and ethnicity ⁶	Table: Ethnicity of children and young people on the waiting list for CYP Gender Services, February 2025 <table><tr><th>Category</th><th>%</th></tr><tr><td>White British</td><td>58.8%</td></tr></table>	Category	%	White British	58.8%	There is evidence that gender diverse individuals from Black Asian Minority Ethnic (BAME) heritage are more likely
Category	%					
White British	58.8%					

⁶ Addressing racial inequalities is about identifying any ethnic group that experiences inequalities. Race and ethnicity includes people from any ethnic group incl BAME communities, non-English speakers, Gypsies, Roma and Travelers, migrants etc.. who experience inequalities so includes addressing the needs of BME communities but is not limited to addressing their needs, it is equally important to recognise the needs of White groups that experience inequalities. The Equality Act 2010 also prohibits discrimination on the basis of colour, nationality and ethnic or national origins, racial groups.

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal		Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact																																		
	<table><tr><td>White Other</td><td>4.2%</td></tr><tr><td>Mixed – any other mixed background</td><td>2.1%</td></tr><tr><td>Mixed – White and Asian</td><td>0.7%</td></tr><tr><td>Mixed – White and Black Caribbean</td><td>0.7%</td></tr><tr><td>Other Ethnic Groups – Any Other Ethnic Group</td><td>0.6%</td></tr><tr><td>Asian or Asian British - Any other Asian background</td><td>0.5%</td></tr><tr><td>Black or Black British - Any other Black background</td><td>0.3%</td></tr><tr><td>White irish</td><td>0.3%</td></tr><tr><td>Asian or Asian British - Indian</td><td>0.2%</td></tr><tr><td>Mixed - White and Black African</td><td>0.2%</td></tr><tr><td>Asian or Asian British - Pakistani</td><td>0.1%</td></tr><tr><td>Asian or Asian British - Bangladeshi</td><td>0.1%</td></tr><tr><td>Black or Black British - African</td><td>0.1%</td></tr><tr><td>Black or Black British - Caribbean</td><td>0.1%</td></tr><tr><td>Other Ethnic Groups - Chinese</td><td>0.1%</td></tr><tr><td>Unknown</td><td>26%</td></tr><tr><td>Unable to Choose</td><td>3.7%</td></tr></table>	White Other	4.2%	Mixed – any other mixed background	2.1%	Mixed – White and Asian	0.7%	Mixed – White and Black Caribbean	0.7%	Other Ethnic Groups – Any Other Ethnic Group	0.6%	Asian or Asian British - Any other Asian background	0.5%	Black or Black British - Any other Black background	0.3%	White irish	0.3%	Asian or Asian British - Indian	0.2%	Mixed - White and Black African	0.2%	Asian or Asian British - Pakistani	0.1%	Asian or Asian British - Bangladeshi	0.1%	Black or Black British - African	0.1%	Black or Black British - Caribbean	0.1%	Other Ethnic Groups - Chinese	0.1%	Unknown	26%	Unable to Choose	3.7%		<p>to face discrimination on the basis of their race and gender and often within their religious community as well.</p> <p>The reasons for the low numbers of children and young people of BAME heritage accessing the service (and adult gender dysphoria services) are not well understood and may include a combination of epidemiological, cultural and religious and belief factors, amongst others.</p> <p>NHS England’s proposed service specification describes the importance of routine and consistent data collection, analysis and reporting. Providers will report demographic data for the purpose of continuous service improvement initiatives, including to identify whether any particular groups are experiencing barriers in access to service provision.</p> <p>The specification sets out the requirement for the service to have evidence of engagement with children,</p>
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	<table><tr><td>Decline to Answer</td><td>1.3%</td></tr></table>	Decline to Answer	1.3%	<p>Of the data available to NHS England, the ethnicity of nearly a third of individuals is unknown.</p> <p>Of the data that is available, there is over-representation of individuals who are White (63.3%). This accord with previous analysis that found that the majority of individuals accessing a children’s gender service are White.</p>	<p>young people and families in design and review of the service which will be an opportunity to address any inequalities and better understand and mitigate against any negative impact on children and young people referred to the service from black and minority ethnic groups or other communities who share the protected characteristic of race and ethnicity.</p>
Decline to Answer	1.3%				
Religion and belief: people with different religions/faiths or beliefs, or none.	<p>There is limited available evidence on the religious attitudes and beliefs of trans people in the United Kingdom, although The Trans Mental Health Study found that most people who took part stated that they had no religious beliefs (62%). A data collection exercise of adult Gender Dysphoria Clinics undertaken by NHS England in 2016 reaffirmed the findings of this study but it is unclear as to the extent to which the findings may relate to children and young people.</p> <p>NHSE is of the view that the current proposals do not discriminate against individuals who share this protected characteristic.</p>				

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
Sex: men; women	<p>At recent referral patterns, around 65% of referrals to the NHS CYP Gender Services are of natal females.</p> <p>This data accords with figures published by the Cass Review in March 2022 show a trend since 2011 in which the number of natal females is higher than the number of natal males being referred. Prior to that the split in the caseload was roughly even between natal girls and natal boys, but by 2019 the split had changed so that 76% per cent of referrals were natal females. That change in the proportion of natal girls to boys is reflected in the statistics from the Netherlands (Brik et al <i>“Trajectories of Adolescents Treated with Gonadotropin-Releasing Hormone Analogues for Gender Dysphoria”</i> 2018).</p> <p>The proposals may disproportionately impact individuals who are natal female based on this data, but NHS England has concluded that no discrimination arises.</p>	
Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.	<p>NHS England does not hold data on the sexual orientation of individuals who are referred to or seen by the NHS commissioned service.</p> <p>The website of the former GIDS at the Tavistock and Portman NHS Foundation Trust described the</p>	NHS England’s proposed service specification describes the importance of routine and consistent data collection, analysis and reporting. Providers will report demographic data for the purpose of continuous service

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	<p>challenges in collecting this information from children and it read: <i>“In our most recent statistics (2015), of the young people seen in our service who were assigned male at birth and for whom we have data, around 30% were attracted to males, 30% to females, and 30% to both males and females (or other genders). The remaining approximately 10% of those for whom we have data described themselves as not being attracted to either males or females, or as asexual. For young people assigned female at birth for whom we have data: over half were attracted to females, a quarter were attracted to males, just under 20% were to both males and females (or other genders), and a small percentage described themselves as asexual or as not being attracted to either males or females”</i>.</p> <p>In April 2024 the Cass Report read <i>“The Review has not been able to obtain recent data relating to the sexual orientation of the (Tavistock) GIDS patient cohort. When asked, mixed responses were given by (Tavistock) GIDS clinicians about the extent to which they explore sexuality with patients seen in the service, and this may reflect differences in practice”</i>.</p> <p>The Cass Report did provide some evidence by way of a paper from the Tavistock GIDS service in 2016 (Holt et al., 2016) that reported sexual orientation in 57% (97)</p>	<p>improvement initiatives, including to identify whether any particular groups are experiencing barriers in access to service provision.</p> <p>The specification also sets out the requirement for the service to have evidence of engagement with children, young people and families in design and review of the service which will be an opportunity to address any inequalities and better understand and mitigate against any negative impact on young people referred to the service who have the protected characteristic of sexual orientation.</p> <p>The Cass Review cited the example of <i>“young lesbians who felt pressured to identify as transgender male, and conversely transgender males who felt pressured to come out as lesbian rather than transgender”</i>. The holistic assessment framework that is detailed in the service specification explores sexual orientation and psychosexual development and how this influences</p>

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	<p>of a clinic sample of patients over 12 years of age for whom this information was available. Of the birth-registered females, 68% were attracted to females, 21% were bisexual, 9% were attracted to males and 2% were asexual. Of the birth-registered males, 42% were attracted to males, 39% were bisexual and 19% were attracted to females.</p> <p>The 2021 census reported that 89.4% of the UK population (16+years) identified as straight or heterosexual, which is a marked variation to the findings of the above survey in 2021 (20%). It is unclear as to the extent to which these data can be extrapolated for the purpose of this EHIA, but it may be reasonable to surmise that there is likely to be a lower percentage of children and young people who are referred to a gender incongruence service who identify / will identify as straight or heterosexual than for the general population.</p> <p>NHS England has concluded that there is insufficient evidence to determine if a particular group or cohort will be disproportionately impacted by the proposals.</p>	<p>an individual's gender presentation. The service specification sets out the workforce requirement of ensuring that the MDT includes practitioners with expertise in childhood and adolescent development, including sexual development which will also have a positive impact on those young people referred to the service who have the protected characteristic of sexual orientation.</p> <p>The proposed service specification also describes the importance of building research capabilities for the purpose of continuous quality improvement initiatives. Working with the providers and academic partners, NHSE will consider how to use the outcome of this research to inform its future approach to the commissioning of these services.</p>

4. Main potential positive or adverse impact for people who experience health inequalities summarized

Please briefly summarise the main potential impact (positive or negative) on people at particular risk of health inequalities (as listed below). Please state **N/A** if your proposal will not impact on patients who experience health inequalities.

Groups who face health inequalities ¹¹	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
Looked after children and young people	There is an over-representation percentage wise (compared to the national percentage) of looked after children seen by services for children and young people with gender incongruence ¹² .	The proposed service specification recognises that a significant number of children and young people with very complex needs may also be <i>Looked After</i> or may not live with their birth family and may require the active involvement from children's social care and/or expert social work advice alongside support from the specialist service.
Carers of patients: unpaid, family members.	NHS England is in receipt of no evidence to suggest otherwise and therefore is of the view that the proposals do not discriminate against this group; and that the proposals will have a neutral impact on reducing health inequalities in accessing	
Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.	The charity <i>akt</i> reports that 24% of homeless people identify as "LGBT" but we do not have specific data on the prevalence of children 16 years and under who are homeless and who present with gender incongruence.	Individuals who are homeless are more likely to encounter difficulties in registering with a GP, though the Care quality Commission provides access to research that 92% of homeless people surveyed were registered with a GP.

¹¹ Please note many groups who share protected characteristics have also been identified as facing health inequalities.

¹² Interim report of the Cass Review, 2022

Groups who face health inequalities ¹¹	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	The proposed service specification requires an individual to be registered with a GP.	NHSE has issued guidance to GP practices, based on the Patient Registration Standard Operating Principles for Primary Medical Care (2015) that “A <i>homeless patient cannot be refused registration on the basis of where they reside because they are not in settled accommodation</i> ”. GP practices have a responsibility to register people who are homeless, or have no fixed abode or are legitimately unable to provide documentation living within their catchment area.
People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.	NHS England is in receipt of no evidence to suggest otherwise and therefore is of the view that the proposals do not discriminate against this group; and that the proposals will have a neutral impact on reducing health inequalities in accessing services or achieving outcomes for this group.	
People with addictions and/or substance misuse issues	NHS England is in receipt of no evidence to suggest otherwise and therefore is of the view that the proposals do not discriminate against this group; and that the proposals will have a neutral impact on reducing health inequalities in accessing services or achieving outcomes for this group.	The service specification sets out a model of care that will be holistic, multi-disciplinary and will take an integrated approach to assessing and responding to an individual’s needs and will recognise the range of co-presentations that may present in this patient cohort. By addressing the most appropriate clinical pathway in the best interest of the child or young person, the specification will increase the likelihood of having a positive impact on those referred to the

Groups who face health inequalities ¹¹	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
		<p>who might have addictions or substance misuse issues.</p> <p>The standardised assessment process that is detailed in the service specification will ensure that the service should identify and confirm any significant co-existing conditions or challenges, including addictions or substance misuse, which will also have a positive impact on this group.</p>
People or families on a low income	Some children and young people who are sourcing hormone medications from private providers, including unregulated providers, may be doing so in the expectation that the NHS Children and Young People's Service will agree to assume responsibility for prescribing or agree a shared care approach for prescribing. This will not be possible under the terms of the proposed service specification.	This may disproportionately impact families on a low income if in response, they seek access to (or continue with access to) hormone interventions from private providers. The proposed service specification strongly cautions individuals against using medications from unregulated sources.
People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills).	NHS England is in receipt of no evidence to suggest otherwise and therefore is of the view that the proposals do not discriminate against this group; and that the proposals will have a neutral impact on reducing health inequalities in accessing services or achieving outcomes for this group.	

Groups who face health inequalities¹¹	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
People living in deprived areas	NHS England is in receipt of no evidence to suggest otherwise and therefore is of the view that the proposals do not discriminate against this group; and that the proposals will have a neutral impact on reducing health inequalities in accessing services or achieving outcomes for this group.	
People living in remote, rural and island locations	NHS England is in receipt of no evidence to suggest otherwise and therefore is of the view that the proposals do not discriminate against this group; and that the proposals will have a neutral impact on reducing health inequalities in accessing services or achieving outcomes for this group.	Over the longer term, the expansion of the number of services across the country may reduce current adverse impacts such as travel costs and inconvenience of travelling long distances.
Refugees, asylum seekers or those experiencing modern slavery	NHS England is in receipt of no evidence to suggest otherwise and therefore is of the view that the proposals do not discriminate against this group; and that the proposals will have a neutral impact on reducing health inequalities in accessing services or achieving outcomes for this group.	

Groups who face health inequalities ¹¹	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
Other groups experiencing health inequalities (please describe)		

6. Engagement and consultation

a. Have any key engagement or consultative activities been undertaken that considered how to address equalities issues or reduce health inequalities? Please place an x in the appropriate box below.

Yes X The majority of the proposed service specification reflects the terms of the interim service specification (June 2023) that was agreed following a process of public consultation in 2022.	No	Do Not Know
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7. What key sources of evidence have informed your impact assessment and are there key gaps in the evidence?

Evidence Type	Key sources of available evidence	Key gaps in evidence
Published evidence	As detailed in the current interim service specification; or detailed in this impact assessment (above).	

Evidence Type	Key sources of available evidence	Key gaps in evidence
	As detailed in the final report of the Cass Review (April 2024).	
Consultation and involvement findings	<p>As detailed in the final report of the Cass Review (April 2024).</p> <p>As detailed in the public consultation undertaken on the interim service specification and associated analysis report (2022).</p>	
Research		
Participant or expert knowledge For example, expertise within the team or expertise drawn on external to your team		

8. Is your assessment that your proposal will support compliance with the Public Sector Equality Duty? Please add an x to the relevant box below.

	Tackling discrimination	Advancing equality of opportunity	Fostering good relations
The proposal will support?		X	
The proposal may support?	X		X
Uncertain whether the proposal will support?			

9. Is your assessment that your proposal will support reducing health inequalities faced by patients? Please add an x to the relevant box below.

	Reducing inequalities in access to health care	Reducing inequalities in health outcomes
The proposal will support?		
The proposal may support?	X	X
Uncertain if the proposal will support?		

10. Outstanding key issues/questions that may require further consultation, research or additional evidence. Please list your top 3 in order of priority or state N/A

Key issue or question to be answered		Type of consultation, research or other evidence that would address the issue and/or answer the question
1	Risks, benefits and outcomes of GnRHa and masculinising / feminising drugs	The Cass Review has described proposals for research activities; and following advice from the Cass Review NHS England is in the process of forming proposals for prospectively enrolling children and young people being considered for hormone treatment into a formal research programme with adequate follow up into adulthood, with a more immediate focus on the questions regarding GnRHa.
2		

11. Summary assessment of this EHIA findings

The proposed service specification is a reasonable and appropriate measure that is intended to confer benefit upon a cohort of children and young people who may have gender incongruence or gender dysphoria by way of describing a safe service that is evidence based, and that will operate in a robust clinical governance framework, and that offers an integrated approach to

responding to a child or young person's overall and individual health needs. We have detailed above the areas of the service specification that should have a positive impact on those with protected characteristics and other groups who experience health inequalities.

In the process of forming and agreeing the proposed service specification, NHS England will consider the submissions made during public consultation and will amend this EHIA as appropriate.