Draft for the purpose of public consultation

Equality and Health Inequalities Impact Assessment (EHIA)

9 March 2026

1. Name of the proposal:

NHS Children and Young People's Gender Service: Proposed adoption of a 'Non Routine Commissioning' Clinical Commissioning Policy for Masculinising and Feminising Hormones

2. Brief summary of the proposal

NHS England proposes that Masculinising and Feminising Hormones (MAF hormones) are not recommended to be available as a routine commissioning option for children and young people who are under the care of the NHS Children and Young People's Gender Service.

MAF hormones

MAF hormones are also known as cross sex hormones; exogenous hormones; and gender affirming hormones. They are medications that are used with the aim of alleviating gender dysphoria. The **intended benefit** is masculinisation or feminisation as a means of developing physical traits more typically associated with an individual's preferred gender identity. In natal males the use of oestrogen may induce breast development, reduce hair growth and redistribute body fat. In natal females the use of testosterone may induce a deeper voice, promotes fat and muscle growth, promotes facial hair growth and stops menstruation.

Potential risks are summarised below; some of the presentations of secondary sexual characteristics of the preferred gender identity are irreversible; the long-term effect on cognitive development is unknown.

Table 1: Potential risks (Source: professional consensus exercise, July 2025)

Known medication risks / side effects	Known medication risks / side effects
Testosterone: • Hypercalcaemia • Hyperlipidaemia • Increased cardiovascular risk, including hypertension • Increased weight gain (central) • Liver dysfunction • Polycythemia • Possible increased risk of breast cancer • Teratogenicity	**Oestrogen:** • Gallstones • Hyperprolactinaemia • Hypertension • Increased risk of DVT/stroke/heart attack • Liver dysfunction • Migraines/headaches • Nausea and vomiting • Possible increased risk of breast cancer • Raised lipid levels • Sub-fertility • Weight gain

Why is the policy proposed?

There is very limited evidence about the safety, risks, benefits and outcomes regarding the prescribing of MAF hormones to young people under 18 years, as a treatment intervention for gender dysphoria. This was the finding of an independent evidence review by the National Institute for Health and Care Excellence (NICE), published in 2021, and of a further independent evidence review by Solutions for Public Health that re-looked at the evidence in 2025, including research articles that had been published since NICE's previous review of the evidence.

Who will be impacted by the proposal?

If adopted, the proposal would end the terms of the current NHS clinical commissioning policy that enables the NHS Children and Young People's Gender Service to refer young people who are aged at least 16 years to one of the two designated paediatric endocrinology teams for assessment of suitability for MAF hormones. This is permissible currently where persistent gender dysphoria is present; and in

circumstances where a national MDT has endorsed the referral; and the patient's lead clinician has exercised 'extreme caution' in making the decision that a referral for MAF hormones is in the best interests of the young person, rather than a decision to defer consideration of MAF hormones until adulthood. Under the terms of the contract held with NHS England, the NHS Children and Young People's Gender Services may accept referrals from England and Wales; and from the Crown Dependencies, British Overseas Territories and the Republic of Ireland through separate healthcare arrangements overseen by the Department of Health and Social Care.

What may be the impacts of the proposal?

The direct impact will be that for young people who are assessed and diagnosed with gender dysphoria by an NHS commissioned Children and Young People's Gender Service from the date of adoption of the proposal, MAF hormones would no longer be available as a routinely commissioned clinical intervention on the NHS-commissioned pathway of care. The direct consequence of the proposal is that young people aged 16 and 17 years who may otherwise have been prescribed MAF hormones will retain secondary sexual characteristics of the natal sex (or who may develop these secondary sexual characteristics if they were otherwise absent because of use of medications for puberty suppression).

Patients who are already under the care of the NHS Children and Young People's Gender Service and who have previously been advised that they would be referred for consideration of MAF hormones – but whose eligibility has yet to be clinically determined under the current policy – would no longer be eligible. This would mean that an existing aspiration for treatment will no longer be available for some individuals.

It is proposed that young people aged 16 and 17 years who are receiving **existing NHS prescriptions** of MAF hormones may continue their prescriptions under the care of a specialised gender service that is commissioned by NHS England; each individual's lead clinician will need to undertake a case-by-case review of the circumstances of each individual's care plan, and make a shared decision with the young person (and family as appropriate) about the future treatment approach within an enhanced informed consent process. NHS England has – on balance - proposed this exception as a clinical risk mitigation measure, because (a) from an ethical perspective, there was an existing assumption of continued treatment for the duration of the planned treatment intervention under the current NHS clinical commissioning policy when informed consent was sought from the individual, and when medication was initiated by the NHS Children and Young People's Gender Service; and separately (b) the combined loss/diminishment of secondary sexual characteristics of the preferred gender identity together with the development of secondary sexual characteristics of the natal sex will be particularly distressing for this cohort of individuals, including resumption of menses for natal females, particularly for individuals who have presented to society solely in their preferred gender role throughout adolescence.

Potential consequences of adoption of the proposal may be an increase in the number of children and young people (including those who are <16 years of age) who seek MAF hormones from unregulated sources. Unregulated healthcare services pose a risk to patient safety as they are not subject to the same level of scrutiny as registered services**. NHS England strongly discourages young people and their families from using unregulated providers to source any medication. NHS England will reissue guidance from May 2025 that advises GPs not to agree shared care arrangements with unregulated providers who offer access to MAF hormones to under-18s.**

Some stakeholder groups have previously suggested that withholding MAF hormones will lead to an increase in emotional and psychological distress, leading to risk-taking behaviour amongst children and adolescents. This risk may be higher in individuals who present with a history of risk-taking behaviours. NHS England has had to weigh a consideration of potential harms with potential benefits to individuals who may be impacted by the decision. It has made the proposal to remove MAF hormones from the NHS pathway of care because of a lack of sufficient evidence relating to the safety and clinical effectiveness of MAF hormones for children and young people with gender dysphoria, including about the benefits, risks and long-term outcomes. It is therefore proposed that adoption of the policy would in itself be a risk mitigation measure, alongside the forms of clinical support offered by the NHS as described in this EHIA.

3. Number of individuals who will be potentially impacted by adoption of the proposal

Patient Cohort	**Number**	**Source**
Individuals on the national waiting list for NHS Children and Young People's Gender Services. Of these, the precise number of individuals who may otherwise be considered for referral for MAF hormones cannot be known.	4,532	Figure reported to NHS England by NHS Arden & GEM CSU in December 2025
Average number of accepted new referrals to the national waiting list for NHS Children and Young People's Gender Service. Of these, the precise number of individuals who may otherwise be considered for referral for MAF hormones cannot be known.	56 per month	Figure reported to NHS England by NHS Arden & GEM CSU in December 2025

Average number of children and young people who are transferred from the national waiting list to the NHS Children and Young People's Gender Service. Of these, the precise number of individuals who may otherwise be considered for referral for MAF hormones cannot be known.	73 per month	Figure reported to NHS England by NHS Arden & GEM CSU in December 2025
Average number of young people referred by the NHS Children and Young People's Gender Service to endocrine clinics for assessment of suitability for MAF hormones.	<1 per month	Figure reported to NHS England by the National MDT for NHS Children and Young People's Gender Services in January 2026. The National MDT anticipates an increase in the number of referrals to the paediatric endocrinology teams in 2026/27, and has increased capacity to consider an increased number accordingly, up to an equivalent of 6 referrals per month for planning purposes.
Number of individuals who are currently under the care of the NHS commissioned service and who have previously been advised that they would be referred for consideration of MAF hormones – and who would no longer be eligible should the proposal be adopted.	21	Figure reported to NHS England by Nottinghamshire Healthcare NHS Foundation Trust in February 2026.
Number of individuals who are under the care of the NHS commissioned service and who were either (a) eligible for GnRHa as an exception to NHS England's clinical commissioning policy for Puberty Suppressing Hormones	50	Figure reported to NHS England by Nottinghamshire Healthcare NHS Foundation Trust in February 2026.

(March 2024)[1], and who may (subject to the outcome of clinical assessment) hold an expectation of receiving MAF hormones through the current NHS clinical commissioning policy and who would no longer be eligible should the proposal be adopted; or (b) transferred from the former Gender Identity Development Service at the Tavistock and Portman NHS Foundation Trust with an individual care plan in place that recommended consideration for suitability of MAF hormones and who would no longer be eligible should the proposal be adopted.		

4. 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.	In forming the proposal, NHS England has proceeded on the understanding that all individuals who will be impacted by adoption of the proposal will share the protected characteristic of age as a class or cohort because adoption of the proposal	Young people who hold an expectation of securing an NHS prescription for MAF hormones will continue to have access to other forms of specialist clinical support through the NHS; the NHS England interim service specification for gender incongruence (June 2023) describes a

[1] The published EHIA of March 2024 describes this cohort as follows: "*For children and young people who, at the point the clinical commissioning policy takes effect on 1 April 2024:· have been referred into an endocrine clinic by the former NHS Gender Identity Development Service but have not yet been assessed by a consultant endocrinologist for suitability of GnRHa; or· are under the clinical care of an endocrine team at University College of London Hospitals NHS Foundation Trust or Leeds Teaching Hospitals NHS Trust following a referral by the former NHS Gender Identity Development Service there is an expectation that GnRHa will continue to be administered / be initiated, if that is the informed choice of the young person / parents of a child under 16 years1, subject to the outcome of usual clinical review of the individual's existing individual care plan jointly between the individual's Lead Clinician and the young person / parents of a child under 16 years*".

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	would prevent a specific age cohort from accessing MAF hormones through an NHS prescription under the current NHS clinical policy (individuals who attain the age of 16). Also children who are currently under 16 years of age and who hold an expectation of receiving MAF hormones for gender dysphoria through an NHS prescription at the age of 16 will likewise be impacted, prospectively at their current age and directly at the age of 16 years. Some stakeholder groups have previously suggested that withholding MAF hormones will lead to an increase in emotional and psychological distress, leading to risk-taking behaviour amongst children and adolescents. NHSE has concluded that the fact that the proposal will exclusively impact children and young people who share the protected characteristic of “age” does not result in unlawful discrimination, directly or indirectly. The proposal is a reasonable, rational and clinically necessary response to the findings of a series of independent	multi-disciplinary approach to care that focuses on psychoeducation, psychosocial and psychological approaches, and aims to reduce distress and promote wellbeing and functioning. The interim service specification also describes a more coordinated and integrated approach between the specialist service and local services in the child or young person’s best interests. The full range of clinical support interventions described by the national service specification remains available for patients in the service. Individuals on the national waiting list will either have had previous arrangements made for them to access local CYP mental health services or they would have had contact with CYP mental health services or NHS paediatric services at the point of referral, with care plans in place. NHS England is leading a national transformation programme that plans to significantly increase clinical capacity in children and young people’s gender incongruence services over time – thereby increasing more timely service provision. Three new NHS Children and Young People Gender Services were established in 2024/25 and three new services are planned to become operational in 2026/27.

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	evidence reviews that do not present evidence about safety, risks, benefits and outcomes when used with this patient population. ***NHS England has considered whether a comparator group exists, for the purpose of determining whether individuals with the protected characteristic of age would be treated less favourably by adoption of the proposal; or groups that are not 'comparator groups' but who may otherwise be perceived as being treated more favourably, necessitating a broader consideration of how to address potential health inequalities:*** **Patients seen in NHS Adult Gender Services** The NHS will continue to prescribe MAF hormones exogenously for gender dysphoria, through the terms of the separate service specification for Adult Gender Services. The scope of the proposed clinical commissioning policy is limited to the operation of the NHS Children and Young People's Gender	NHS England is separately reviewing the evidence for the use of MAF in adults with gender dysphoria, with the aim of a consultation on the evidence later in 2026.

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	Service, as the review of published evidence that supports the proposed policy did not include individuals over the age of 17 years. NHS England has concluded that no direct or indirect discrimination would occur to children and young people under 18 years by adoption of the proposed clinical policy notwithstanding that MAF hormones will remain an intervention through the service specification for Adult Gender Services. NHS England is, properly and rationally, acting upon the updated evidence recently received that relates only to individuals who are predominantly seen in paediatric gender services. Adoption of the proposed policy would be a proportionate means of achieving a legitimate aim.	
Disability: physical, sensory and learning impairment; mental health condition; long-term conditions.	In forming the proposal, NHS England has proceeded on the understanding that many individuals who will be impacted by adoption of the proposal may have the protected characteristic of disability as individuals, but not as a class or cohort. Various literature suggests that a high proportion of children and young people with gender incongruence will also present	Young people who hold an expectation of securing an NHS prescription for MAF hormones will continue to have access to other forms of specialist clinical support through the NHS; the NHS England interim service specification for gender incongruence (June 2023) describes a multi-disciplinary approach to care that focuses on psychoeducation, psychosocial and psychological approaches, and aims to reduce distress and promote wellbeing and functioning. The interim

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	with other significant comorbidities, though NHS England does not hold data on the number of children and young people open to the NHS Children and Young People's Gender Service and who have a condition or presentation that may constitute a disability for the purpose of the Equality Act. 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 NHS Children and Young People's Gender Service may present with moderate to severe autistic traits[2]. Individuals with ASD are likely to share the protected characteristic of "disability". 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 autism[3].	service specification also describes a more coordinated and integrated approach between the specialist service and local services in the child or young person's best interests. The interim service specification also describes a more coordinated and integrated approach between the specialist service and local services in the child or young person's best interests including where the child or young person has complex co-presentations that may form the basis of a disability under the Equality Act including autism, ADHD, other forms of neuro-disability and mental health problems. The full range of clinical support interventions described by the national service specification remains available for patients in the service. Individuals on the national waiting list will either have had previous arrangements made for them to access local CYP mental health services or they would have had contact with CYP mental health services or NHS paediatric services at the point of referral, with care plans in place.

[2] Assessment and support of children and adolescents with gender dysphoria, Butler et al, 2018
[3] Autism Spectrum Disorder in Under 19s: Support and Management, National Institute for Health and Care Excellence, 2021

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	There is also likely to be an increased prevalence of children and young people presenting to the NHS Children and Young People's Gender Service with severe forms of mental health problems which may in some cases constitute a 'disability' for the purpose of the Act[4]. Some stakeholder groups have previously suggested that withholding MAF hormones will lead to an increase in emotional and psychological distress, leading to risk-taking behaviour amongst children and adolescents. This risk may be higher in individuals who present with a history of risk-taking behaviours. NHS England has concluded that the fact that many children and young people who may be impacted by adoption of the proposal may have the protected characteristic of disability does not result in unlawful discrimination, directly or indirectly. The proposal is a reasonable, rational and clinically necessary response	NHS England is leading a national transformation programme that plans to significantly increase clinical capacity in children and young people's gender incongruence services over time – thereby increasing more timely service provision. Three new NHS Children and Young People Gender Services were established in 2024/25 and three new services are planned to become operational in 2026/27. At a local level NHS England, with local commissioners, has improved 24/7 crisis helplines and crisis response services. These are also supported by training resources for crisis practitioners, especially A&E staff which will include specific LGBTQIA+ training resources developed by young people with lived experience. NHS England has also published (April 2023) a National Framework to Deliver Improved Outcomes in All-Ages Autism Assessment Pathways: Guidance for Integrated Care Boards. This will improve access to assessments and mitigate the impact of undiagnosed autism on some children and young people's experiences.

[4] A 2024 paper found that the probability of self-reporting a long-term mental health condition was higher in transgender populations, though this was self-reported data by individuals aged 16 years and above. *Watkinson; Gender-Related Self-Reported Mental Health Inequalities in Primary Care in England: A Cross-Sectional Analysis Using the GP Patient Survey, 2024*

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	to the findings of a series of independent evidence reviews that do not present evidence about safety, risks, benefits and outcomes when used with this patient population.	
Gender Reassignment	In considering the application of Equality Act 2010, section 7, to the NHS Children and Young People's Gender Service, NHS England has been mindful that since the High Court's decision in R (AA) v NHS Commissioning Board (2023). not every child or young person referred to a specialised gender service will have the protected characteristic of gender reassignment (upheld by the Court of Appeal). The Court held that children and young people who are referred to such a service do not share the protected characteristic of 'gender reassignment' as a class or cohort of patients, either at the point of referral or while they remain on the waiting list. 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	Young people who hold an expectation of securing an NHS prescription for MAF hormones will continue to have access to other forms of specialist clinical support through the NHS; the NHS England interim service specification for gender incongruence (June 2023) describes a multi-disciplinary approach to care that focuses on psychoeducation, psychosocial and psychological approaches, and aims to reduce distress and promote wellbeing and functioning. The interim service specification also describes a more coordinated and integrated approach between the specialist service and local services in the child or young person's best interests. The interim service specification also describes a more coordinated and integrated approach between the specialist service and local services in the child or young person's best interests including where the child or young person has complex co-presentations that may form the basis of a disability under the Equality Act including

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	changing physiological or other attributes of sex" as a class. However, as the Court found and as NHS England accepts, many children and young people in this position will, individually, have the protected characteristic of gender re-assignment at this stage although determining that will involve a case-specific factual assessment. In the absence of an ability to undertake a case-specific determination, NHS England has determined to treat all the children and young people who will be impacted by the proposals as likely to have the protected characteristic of gender reassignment, and it has proceeded on that basis throughout the process of policy formation. NHS England has concluded that the fact that all the individuals who will be impacted by adoption of the proposal are likely to have the protected characteristic of gender reassignment does not result in unlawful discrimination, directly or indirectly. The proposal is a reasonable, rational and clinically necessary response to the findings of a series of independent evidence reviews that do not present	autism, ADHD, other forms of neuro-disability and mental health problems. The full range of clinical support interventions described by the national service specification remains available for patients in the service. Individuals on the national waiting list will either have had previous arrangements made for them to access local CYP mental health services or they would have had contact with CYP mental health services or NHS paediatric services at the point of referral, with care plans in place. NHS England is leading a national transformation programme that plans to significantly increase clinical capacity in children and young people's gender incongruence services over time – thereby increasing more timely service provision. Three new NHS Children and Young People Gender Services were established in 2024/25 and three new services are planned to become operational in 2026/27. At a local level NHS England, with local commissioners, has improved 24/7 crisis helplines and crisis response services. These are also supported by training resources for crisis practitioners, especially A&E staff which will

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	evidence about safety, risks, benefits and outcomes when used with this patient population. ***NHS England has considered whether a comparator group/s exists, for the purpose of determining whether individuals with the protected characteristic of gender reassignment would be treated less favourably by adoption of the proposal; or groups that are not 'comparator groups' but who may otherwise be perceived as being treated more favourably, necessitating a broader consideration of how to address potential health inequalities:*** **Children and Young People with Gender Incongruence who Continue on MAF hormones through an NHS Prescription Within an Existing Agreed Individual Care Plan** It is proposed that young people aged 16 and 17 years who are receiving **existing NHS prescriptions** of MAF hormones may continue their prescriptions under the care of specialised gender service	include specific LGBTQIA+ training resources developed by young people with lived experience.

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	commissioned by NHS England; each individual's lead clinician will need to undertake a case-by-case review of the circumstances of each individual's care plan, and make a shared decision with the young person (and family as appropriate) about the future treatment approach within an enhanced informed consent process. NHS England has – on balance - proposed this exception as a clinical risk mitigation measure, because (a) from an ethical perspective, there was an existing assumption of continued treatment for the duration of the planned treatment intervention under the current NHS clinical commissioning policy when informed consent was sought from the individual, and when medication was initiated by the NHS Children and Young People's Gender Service; and separately (b) the combined loss/diminishment of secondary sexual characteristics of the preferred gender identity together with the development of secondary sexual characteristics of the natal sex will be particularly distressing for this cohort of individuals, including resumption of menses for natal females, particularly for individuals who have presented to society solely in their	

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	preferred gender role throughout adolescence. This group will share the protected characteristic of gender reassignment. NHS England has concluded that the proposal to retain access for some young people is, on balance, clinically justifiable for the reasons explained. **Individuals who have other clinical presentations** To the extent that such a group may properly be characterised as a comparator group, NHS prescriptions for testosterone and oestrogen will continue to be available to children and young people under 18 years for other clinical indications. Although testosterone and oestrogen is prescribed to children and young people under 18 years as a standard treatment approach for other clinical indications, they are generally done so *endogenously* (ie testosterone for natal males, and oestrogen for natal females), rather than the administration for an *exogenous effect,* which is the intended effect for young	

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	people with gender dysphoria – to stimulate development of secondary sexual characteristics more typically associated with the alternative sex. For example: - Testosterone is prescribed to natal boys for **Constitutional Delay in Growth or Puberty;** the intended therapeutic effect is to increase testosterone levels to induce pubertal development of the natal sex; - Oestrogen is prescribed for **contraception** purposes to natal girls and women; the intended therapeutic effect of oestrogen is to inhibit ovulation by thickened cervical mucus and the thinning of the uterus lining; NICE guidance is formed on a strong evidence base and professional consensus: NICE Guidance Contraception Combined Hormonal Methods (2024); - Oestrogen and progesterone (also a female hormone) is prescribed to natal girls and women for **endometriosis**; the intended therapeutic effect is alleviation of pain associated with	

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	heavy menstruation and reduced levels of oestrogen to reduce growth in the lining of the womb and endometrial tissue; NICE guidance is formed on a strong evidence base and professional consensus: NICE Guidance Endometriosis Diagnosis and Management (2017) In some cases, low levels of oestrogen may be prescribed exogenously to natal boys to manage growth and pubertal timing. Also, oestrogen may be prescribed to peri-pubertal natal boys who have delayed puberty for a very short duration in advance of a diagnostic growth hormone stimulation test; the specific purpose is to increase growth hormone response to reduce the risk of false-positive results. UK National Consensus Guidelines for Sex Hormone Priming (2021) are formed by the British Society for Paediatric Endocrinology and Diabetes, noting that professional consensus on the proposition for an oestrogen preparation as the preferred drug of choice falls from 100% in regard to natal girls to 72% in regard to natal boys. The guidelines support intra-	

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	muscular injection of testosterone as an alternative approach for natal boys. In summary, with a few exceptions as referenced above, the majority of NHS prescribing of MAF hormone drugs to children under 18 years for other clinical indications is done so *endogenously* and is supported by NICE guidelines and / or professional consensus. On this basis, NHS England has concluded that should adoption of the proposal lead to less favourable treatment of individuals who have the protected characteristic of gender reassignment, the proposal is clinically justified by the limited evidence around safety, risks, benefits and outcomes around MAF hormones when used *exogenously* for gender dysphoria, and the lack of professional consensus.	
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.	

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Pregnancy and Maternity: women before and after childbirth and who are breastfeeding.	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[5]	In forming the proposal, NHS England has proceeded on the understanding that a minority of individuals who will be impacted by adoption of the proposal may have the protected characteristic of race and ethnicity. Data from Nottinghamshire Healthcare NHS Foundation Trust (January 2026) shows that 65% of the open caseload who were transferred from the former Gender Identity Development Service at the Tavistock and Portman NHS Foundation Trust categorise themselves as “white” with 24% of these individuals recorded as “unknown ethnicity”. This accords with separate data from NHS Arden & Gem Commissioning Support Unit	There is evidence that gender diverse individuals from BAME heritage are more likely to face discrimination on the basis of their race and gender and often within their religious community as well. The reasons for the low numbers of people from BAME communities in the data is not well understood. NHS England’s interim service specification for a new configuration of providers describes the importance of routine and consistent data collection, analysis and reporting. We expect providers to 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.

[5] Addressing racial inequalities is about identifying any ethnic group that experiences inequalities. Race and ethnicity includes people from any ethnic group incl. BME 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 nationality and ethnic or national origins, issues related to national origin and nationality.

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	about individuals on the national waiting list for CYP Gender Services, with 63% who categorise themselves as “white” with 31% of these individuals recorded as “unknown ethnicity”. Of the data available to NHS England there appears to be over-representation of individuals who self-categorise as white. NHSE has concluded that adoption of the proposal would not lead to unlawful discrimination, directly or indirectly, against individuals who have this protected characteristic.	
Religion and belief: people with different religions/faiths or beliefs, or none.	There is limited available evidence on the religious attitudes 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. NHS England is of the view that the proposal does not	

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	significantly impact individuals who may have this protected characteristic.	
Sex: men; women	At recent referral patterns, around 65% of referrals to the NHS Children and Young People's Gender Services are of natal females. This data accords with figures published by the Cass Review in March 2022 that 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 "*Trajectories of Adolescents Treated with Gonadotropin-Releasing Hormone Analogues for Gender Dysphoria"* 2018). The proposals may disproportionately impact individuals who are natal female based on this data. Natal girls who would otherwise wish to develop physical traits more typically associated with a natal male	Young people who hold an expectation of securing an NHS prescription for MAF hormones will continue to have access to other forms of specialist clinical support through the NHS; the NHS England interim service specification for gender incongruence (June 2023) describes a multi-disciplinary approach to care that focuses on psychoeducation, psychosocial and psychological approaches, and aims to reduce distress and promote wellbeing and functioning. The interim service specification also describes a more coordinated and integrated approach between the specialist service and local services in the child or young person's best interests. The interim service specification also describes a more coordinated and integrated approach between the specialist service and local services in the child or young person's best interests including where the child or young person has complex co-presentations that may form the basis of a disability under the Equality Act including autism, ADHD, other forms of neuro-disability and mental health problems.

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
	and who do not have access to masculinising hormones will develop secondary sexual characteristics such as breast development, female-typical body fat and muscle distribution, and voice pattern. This may exacerbate dysphoria, and lead to an increase in emotional and psychological distress, and may lead to risk-taking behaviour. Submissions made to NHS England in response to previous public consultations about the commissioning of NHS Children and Young People's Gender Services have suggested that the protected characteristic of sex had not been sufficiently addressed in the Equalities and Health Inequalities Impact Assessment due to these respondents' belief that the delivery of gender dysphoria services have disproportionately impacted natal girls. In response to this point, NHS England is mindful that this current EHIA does not have a broader aim beyond assessing the potential impacts of a decision to adopt the proposal to remove MAF hormones from the NHS Children and Young People's Gender Service.	NHS England is leading a national transformation programme that plans to significantly increase clinical capacity in children and young people's gender incongruence services over time – thereby increasing more timely service provision. Three new NHS Children and Young People Gender Services were established in 2024/25 and three new services are planned to become operational in 2026/27. At a local level NHS England, with local commissioners, has improved 24/7 crisis helplines and crisis response services. These are also supported by training resources for crisis practitioners, especially A&E staff which will include specific LGBTQIA+ training resources developed by young people with lived experience.

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
Sexual orientation: Lesbian; Gay; Bisexual; Heterosexual.	NHS England does not hold data on the sexual orientation of individuals who are referred to or seen by the NHS commissioned service or who are on the national waiting list for NHS Children and Young People's Gender Services. The Tavistock and Portman NHS Foundation Trust's former Gender Identity Development Service for children and adolescents previously reported: "*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".*	The final report of the Cass Review (April 2024) describes the complex interaction between sexuality and gender identity, and societal responses to both. NHS England's interim service specification for the NHS Children and Young People's Gender Service describes the importance of routine and consistent data collection, analysis and reporting. We expect providers to 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. The interim service specification also describes the importance of building research capabilities for the purpose of continuous quality improvement initiatives. Working with the new configuration of service providers and academic partners, NHS England will consider how to use the outcome of this research to inform its future approach to the commissioning of these services. The Cass Review has said that in forming further advice to NHS England it is considering further the complex interaction between sexuality and gender identity, and societal responses to both – the Review's Interim Report (2022) cited the example of "*young lesbians who felt pressured to identify as*

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
	The 2021 census reported that 89.4% of the UK population (16+years) identified as straight or heterosexual. 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. NHS England has concluded that there is insufficient evidence to determine if a particular group or cohort will be disproportionately impacted by the proposal. Submissions made to NHS England in response to previous public consultations about the commissioning of NHS Children and Young People's Gender Services have suggested that the protected characteristic of sexual orientation had not been sufficiently addressed in the Equalities and Health Inequalities Impact Assessment due to these respondents' belief that the delivery of gender dysphoria	*transgender male, and conversely transgender males who felt pressured to come out as lesbian rather than transgender*".

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
	services have disproportionately impacted on homosexual or bisexual children and young people in the past. In response to this point, NHS England is mindful that this current EHIA does not have a broader aim beyond assessing the potential impacts of a decision to adopt the proposal to remove MAF hormones from the NHS Children and Young People's Gender Service.	

5. Main potential positive or adverse impact for people who experience health inequalities summarised

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[6]	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	NHS England's interim service specification for Children and Young People's Gender Services (2023) recognises that a significant number of children and young people with very complex needs may also be *Looked After* or may not live with their birth family and may require the active involvement

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

Groups who face health inequalities[6]	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
	children seen by services for children and young people with gender incongruence[7].	from children's social care and/or expert social work advice alongside support from the specialist service.
Carers of patients: unpaid, family members.	Families and carers of the children and young people who are directly affected by the proposal, in terms of the impact to their overall wellbeing	In mitigation of any adverse impacts NHSE will ensure clear communications directly to the families and carers and to sign post them to additional support services if this is needed.
Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.	The charity *akt* 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. A decision that MAF hormones will not be routinely commissioned by the NHS will not have any specific impact on this group beyond the impacts previously described in this EHIA. 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	

[7] Final report of the Cass Review, 2024

Groups who face health inequalities[6]	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
	accessing services or achieving outcomes for this group.	
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.	
People or families on a low income	Some respondents to previous public consultations about the commissioning of NHS Children and Young People's Gender Services have suggested that children and young people from low-income homes would be discriminated against, in the event that restrictions are placed on access to hormone	NHS England would discourage all individuals from sourcing MAF hormones outside of NHS policy.

Groups who face health inequalities[6]	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
	interventions, because they would not be able to utilise treatments from private clinics available to those from more affluent families, including unregulated providers.	
People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills).	There is evidence that there are lower levels of health literacy in communities that are socially and economically disadvantaged. NHS England 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. 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 deprived areas	Some respondents to previous public consultations about the commissioning of NHS Children and Young People's Gender Services have suggested that children and young people from low-	NHS England would discourage all individuals from sourcing MAF hormones outside of NHS policy.

Groups who face health inequalities[6]	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
	income homes would be discriminated against, in the event that restrictions are placed on access to hormone interventions, because they would not be able to utilise treatments from private clinics available to those from more affluent families, including unregulated providers. 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.	

Groups who face health inequalities[6]	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
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.	
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	No	Do Not Know
In forming the current assessment of potential impacts, NHS England has been mindful of submissions made by respondents to previous public consultations about the commissioning of NHS Children and Young People's Gender Services, including about the proposal to remove GnRHa from the NHS pathway of care.		

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	Evidence Review, 2021 (NICE) Evidence Review, 2025 (Solutions for Public Health) Various published research, as identified elsewhere in this EHIA Reports of the Cass Review (2022 and 2024)	The evidence review confirm that there is limited evidence about safety, risks, benefits and outcomes.
Consultation and involvement findings	Previous public consultations about the commissioning of NHS Children and Young People's Gender Services, including about the proposal to remove GnRHa from the NHS pathway of care.	
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?			
The proposal may support?	X	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?		X
The proposal may support?	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	N/a	
2		
3		

11. Summary assessment of this EHIA findings

All of the individuals who will be impacted by adoption of the proposal will have the protected characteristics of age (as a class or cohort) and gender reassignment (as individuals) and many individuals may have the protected characteristic of disability. Natal females are likely to be disproportionately impacted based on current referral trends.

Some stakeholder groups have previously suggested that withholding medical intervention from children and young people with gender dysphoria will lead to an increase in emotional and psychological distress, leading to risk-taking behaviour. This risk may be higher in individuals who present with a history of risk-taking behaviours. NHS England has had to weigh a consideration of potential harms with potential benefits to individuals who may be impacted by the decision. It has made the proposal to remove MAF hormones from the NHS pathway of care because of a lack of sufficient evidence relating to the safety and clinical effectiveness of MAF hormones for children and young people with gender dysphoria, including about the benefits, risks and long-term outcomes. It is therefore proposed that adoption of the policy would in itself be a risk mitigation measure. The EHIA describes that other forms of specialist clinical support will remain available through the NHS for this patient cohort; and the NHS England interim service specification for gender incongruence (June 2023) describes a multi-disciplinary approach to care that focuses on psychosocial and psychological approaches, and psychoeducation. Individuals on the national waiting list will either have had previous arrangements made for them to access local CYP mental health services or they would have had contact with CYP mental health services or NHS paediatric services at the point of referral, with care plans in place.