



Department  
of Health &  
Social Care

*From Baroness Merron  
Parliamentary Under-Secretary of State for  
Patient Safety, Women's Health and Mental Health*

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Mr Gary Smith  
General Secretary

Ms Barbara Plant  
National President

GMB Union  
By email to: [Wendy.Bartlam@gmb.org.uk](mailto:Wendy.Bartlam@gmb.org.uk)

27 November 2024

Dear Mr Smith and Ms Plant,

Thank you for your correspondence of 30 August to the Secretary of State about access to children and young people's gender services and puberty blockers. I am responding as Minister responsible for Gender Identity Services. I am sorry you have not received a more timely reply and I thank you for your patience.

I would like to assure you and your members that the Government wants trans people and their families to feel safe and accepted, and to be able to live with freedom and dignity. To achieve this, we must end the recent politics of division and treat everyone with the dignity and respect they deserve. The Secretary of State has taken immediate steps to build bridges with the LGBT+ community and stakeholders by hosting constructive, open and honest roundtable discussions, and has set out his intention to maintain an open dialogue and listen to views from all sides.

We know that people experiencing gender incongruence have not received the support they need. The Government and NHS England are committed to changing that through implementing the recommendations of the Cass Review.

NHS England has opened three new Children and Young People's gender services in the North West, London and the South West. These services offer a fundamentally different clinical model, embedding multidisciplinary teams in specialist children's hospitals. A fourth service will open in the East of England in spring of next year. NHS England is making progress towards its commitment for there to be a specialist children's gender service in every region by 2026. We have heard how important it is to have these services closer to home, and this new approach will deliver this through a range of local services working alongside the specialist regional providers. As called for by Dr Cass, this will also ensure that children who access these services have the same standards of high-quality care to meet their needs as any other child or young person.

Ensuring that care is safe, evidence-based and appropriate is at the heart of the Secretary of State's renewal of the three-month emergency order restricting puberty blockers for new patients with gender dysphoria or gender incongruence. The Government also extended the order to cover Northern Ireland from 27 August. This order has been further renewed and extended to 31 December while we conclude the analysis of a targeted consultation, issued in August, on an indefinite order. The legislation is available at [www.legislation.gov.uk/ukxi/2024/1110/contents/made](http://www.legislation.gov.uk/ukxi/2024/1110/contents/made).

Renewing and extending the emergency order continues the ban on the sale or supply of gonadotropin-releasing hormone (GnRH) analogues prescribed by private UK-registered prescribers, for gender incongruence or gender dysphoria, to under-18s not already taking them, and on the sale and supply of the drugs against prescriptions from prescribers registered in the European Economic Area or Switzerland, for any purposes, to anyone under 18.

The Government recognises that the renewal and extension of the emergency ban may cause concern to people who have been taking or had expectations of taking these medicines, and their families. If a young person is already being prescribed these medicines this can continue, providing their prescription is now issued by a UK-registered prescriber. However, they and/or their families are strongly advised to meet their prescribing clinician to fully understand the safety risks associated with GnRH analogues when prescribed for gender incongruence or gender dysphoria. If a young person currently taking these medicines is unable to access further prescriptions, they should speak to their GP. Further information is set out in NHS England's letter to patients that can be found at [www.ardengemcsu.nhs.uk/media/3979/nhs-england-letter-31052024.pdf](http://www.ardengemcsu.nhs.uk/media/3979/nhs-england-letter-31052024.pdf).

For patients with other conditions, such as precocious puberty, GnRH analogues may still be prescribed. This is because the Medicines and Healthcare products Regulatory Agency (MHRA) has licensed GnRH analogues for these specific conditions, having established that there is evidence that they are safe and effective for use in that particular clinical context. The MHRA has not licensed GnRH analogues for the treatment of gender dysphoria or gender incongruence.

The National Institute for Health and Care Excellence, NHS England and the Cass Review are clear that there is a lack of robust evidence supporting the use of puberty blockers as an early medical intervention for gender dysphoria and gender incongruence, which is why we need to act cautiously when it comes to this vulnerable group of young people. We will continue to monitor the impact of the emergency order.

NHS England has established the new Children and Young People's Gender Dysphoria Research Oversight Board, which oversees work to design the clinical study to build evidence on optimal care for people with gender dysphoria or gender incongruence, including on the use of puberty blockers. The Board will work with the National Institute for Health and Care Research, and clinical and academic bodies. The Secretary of State has been clear that he wants the trial established as quickly as possible without compromising its integrity. We expect that the study will begin recruiting participants early in the new year.

The Government and NHS England have made a clear commitment to implement all the recommendations in the Cass Review's final report. NHS England's ambitious two-year action plan sets out how it will continue to transform and improve Children and Young People's gender services, helping to tackle waiting lists while ensuring safe and holistic care. Investment in these services in 2024/25 has more than doubled compared to 2023/24, and will increase further as new services (outlined below) are established. More information can be found at [www.england.nhs.uk/publication/children-and-young-peoples-gender-services-implementing-the-cass-review-recommendations](http://www.england.nhs.uk/publication/children-and-young-peoples-gender-services-implementing-the-cass-review-recommendations).

Mental health is a priority for the Government and NHS England. We are committed to continuing to increase access to mental health support for children and young people, supported by an additional £70million of Service Development Funding for children and young people's mental health services. NHS England is making additional investment in frontline mental health services in 2024/25 to support an assessment of need of all children and young people who are on the waiting list for gender services, or who have been transferred to one of the new providers of these services, following the closure of the Tavistock Clinic gender service in March.

As part of our commitment to end HIV transmission in England by 2030, the Department, the UK Health Security Agency, NHS England and a broad range of system partners are working together to develop a new HIV Action Plan, which we aim to publish by summer 2025. Gay, bisexual and other men who have sex with men (GBMSM) remains one of the population groups disproportionately affected by HIV, so we expect the new HIV Action Plan to continue to focus on GBMSM with respect to HIV prevention and living well with HIV, as well as reducing stigma across healthcare.

We are firmly committed to pre-exposure prophylaxis (PrEP) as part of a combination approach. PrEP has been routinely available in specialist sexual health services in England since March 2020. The HIV Action Plan Implementation Steering Group published a roadmap in February to help guide efforts to improve access, uptake and use of PrEP among key population groups at significant risk of HIV in England, which is being considered as part of the development of the new plan.

With regard to older LGBT+ people, we want everyone to have fair access to high-quality care that is respectful and inclusive, and that supports choice, control and independence. It is important that those who are more likely to experience discrimination, such as people who are LGBT+, are listened to and have their needs understood and met by their local authority. This is why the Care Quality Commission assesses equity in outcomes and examines how local authorities ensure that the needs of people with protected characteristics under the Equality Act 2010 are understood and met.

The Department recently launched a new Level 2 Adult Social Care Qualification to provide those in direct care roles with baseline skills and knowledge they need to support people well. The new qualification includes a module on equality, diversity, inclusion and human rights, including guidance on how to provide culturally appropriate care, which covers being sensitive to individuals' sexuality or gender identity. We will engage widely, with a diverse range of stakeholders and people with lived experience, to ensure we build an inclusive National Care Service that ensures that everyone is treated with respect and lives an independent, dignified life.

I hope this reply is helpful.

All good wishes,

A handwritten signature in black ink on a light-colored background. The name 'Gilian' is written in a cursive style, with a long, sweeping underline that extends to the right.

**BARONESS MERRON**