

I'm aware that WPATH8 has now been launched. From first glance it looks like it no longer takes an age/ staged approach and instead roughly recommends:

- Staff have the knowledge/ ability to assess capacity to consent
- That there is an assessment of emotional and cognitive maturity for informed consent
- Involvement of parents unless detrimental to wellbeing

In term of the recommendation, it would be great if there was a timeline associated i.e. **12 – 18 months to review and consider practice recommendations. Even if that review is to take time to understand their conclusions and the evidence-base set out for this.**

[Standards of Care for the Health of Transgender and Gender Diverse People, Version 8 \(tandfonline.com\)](https://tandfonline.com)

2. Assessment Process/ Ensure YP under 16 can access hormones

Sounds like there are real challenges in terms of capacity at Sandyford. If there is anything LGBTYS can do to assist (even in terms of a political push for change) do let us know. We appreciate all the support provided for children and young people. Thank you.

3. Non-binary inclusion

I've been informed that there is some feedback pending on the adult pathway regarding non-binary inclusion that could be helpful. Although I do appreciate that the use of hormone blockers is different from cross-sex hormones.

Thanks



From: NSS grp <[redacted]@nhs.scot>

Sent: 07 September 2022 13:59

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Subject: RE: GRP Children and Young People's Working Group - Final documents for sign off

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Dear all,

Many thanks for all the feedback sent over to the team to date. We have worked through the email below and would welcome group consensus on point 1:

1. Ensuring the document links to WPATH.

The overall pathway document makes reference to WPATH 7, and we have minimised age specific wording on both outputs to an appropriate level, in line with the current evidence base we are working from.

In relation to WPATH version 8's publication we must find a position on this issue that all can support. It isn't going to be possible to reopen a further literature review phase to look at the new evidence prior to our deadline by Scottish Government, and the review being published, but we support this happening within a reasonable timeframe. We suggest that we recommend the following to the Chief Medical Officer in light of any publication:

Recommendation 1: The children and young people's subgroup has worked hard to update assessment and treatment pathways based upon the available evidence. There are substantial additions to the literature that have been published as the subgroup has completed its work, particularly with regard to treatment pathways and approaches. We recommend that an early iterative approach is taken to this part of the pathway in order to assess and advise regarding this emerging evidence.

2. Ensuring young people aged 16 can access hormones



To clear up any confusion, we can confirm that the psychology assessment protocol is actually the assessment pathway document we have all worked and consulted on over the course of our group meetings. This document is in line with our current evidence base. The bullet points raised in the previous email may be a direct consequence of current waiting times pressures across the service, and is not in the scope for our project to rectify at present time.

3. Treatment for non-binary young people

Similar to the previous bullet point, we are unable to provide any further comment on this item other than the guidance that we have already enclosed within the documents.

We appreciate that this is a really fast moving and challenging environment at present, so we are committed to providing any agreed recommendations/concerns to the Chief Medical Officer (CMO) as appropriate. Could you please advise individually if you are content with the suggestion in point 1 by **12th September 2022**.

Best wishes,
GRP team


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Sent: 02 September 2022 13:55

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Subject: RE: GRP Children and Young People's Working Group - Final documents for sign off

Hi [REDACTED] & [REDACTED] (and all)

I'm aware we have all had a very tight turn-around to complete this work.

However, I also know that these documents will have a significant impact on the lives of children, young people and families and the weight of that has left me a little concerned that we will get this right.

To assist, I've been trying to gather some intel from colleagues at LGBTYS, Transparentsees and Mermaids so that young people's views are represented as best as we can. Particularly as we have lacked the time to consult directly with young people on the documents themselves or to gather feedback regarding service provision.

From these discussions there are three final areas that are outstanding from LGBT Youth Scotland's perspective:

1. Ensuring the document links to WPATH.

Historically, we have always said that the service provided in Scotland aligned international best practice. From what I understand WPATH8 is under development, and it is difficult to reference a document that hasn't been published. However, WPATH 7 is

still available, and I have intel to suggest that WPATH.8 will be published next week!
Baring this in mind, I'd recommend the following:

- That we refer to WPATH throughout, rather than focus on age specifics if possible (as a minimum, refer to WPATH.7)
- It seems likely that WPATH.8 is now going to be published prior to the completion of the overall groups work; if this occurs, it would be useful to convene a meeting to discuss it
- If we can't respond to this within this timeframe, then we should make a strong recommendation for a review of these documents within 18 – 24 months of its publication, to consider the implications of WPATH.8

2. Ensuring young people aged 16 can access hormones

Colleagues have told me that at present, the assessment process for hormone treatment often doesn't take place until young people are 16. That means, they are not accessing hormone treatment for a year later.

I've been informed that this this would sit with the 'psychology assessment protocol' rather than endocrine pathway. In that case, I'd recommend the following:

- That we review the psychology assessment protocol as part of this group; can small changes be made swiftly to assist with this?
- OR can we make a recommendation to review the psychology assessment protocol as soon as possible?

If we don't find a way to amend this then, in reality, young people are not able to access hormone treatment until they are 17 plus.

3. Treatment for non-binary young people

I've been told that treatment for non-binary young people is often limited. It can exist within a binary consideration of gender and there can be some reluctance to provide hormone blockers as it may be difficult to find a long-term solution in terms of treatment. Given the large numbers of non-binary young people we work with, would really like this to have more consideration within the protocol.

I would be keen that we try to make some changes now rather than put off changes for the next 18 – 24 months. Otherwise, we have missed an opportunity to improve things for children, young people and their families and I'm sure we all want to get this right.

Apologies for another e-mail at the last minute. I work part-time and this is a complex issue that needs to be thought through.

I know [REDACTED] and the team are working through all the feedback - thank you so much for all your hard work.

[REDACTED]

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Sent: 18 August 2022 10:52

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Dear all,

I hope you had a nice summer break. Please accept our apologies for the slight delay in sending these documents across, there has been a lot of annual leave across the working groups but things are still progressing well.

Thank you for the previous tracked changes on the assessment and paediatric endocrine documentation. The nominated parties reviewed these and have made suggested amendments where appropriate. The following final documents are attached:

- Assessment pathway

- Endocrine pathway for C&YP
- Recommendations for support to people on the waiting list and for under 12s (these will be added to a separate paper and submitted to CMO)

Can you please review these documents and submit your final feedback by the 29th of August 2022. Please note these documents remain strictly confidential at this stage, and are not for wider circulation. In addition, if you are submitting feedback it is useful to note that the Endocrine pathway is a clinical specific document, and is not intended to be read as patient facing guidance. This is in line with the similar work being conducted by the adult endocrine working group, and has involved key endocrinology experts to assist in the production of these.

If you have any further questions, please contact the team at nss.grp@nhs.scot

Project Deliverables status

Narrative considering the recommendations from the relevant WPATH chapters for children and young people, as appropriate to the context within Scotland. This should include ensuring an appropriately skilled and supervised workforce, the provision of a suitable assessment, processes supporting consent, support and information and be fully inclusive of all trans, non-binary and gender diverse children and young people.	Complete	Contained in attached documents
Recommendations for updates to pathways including the cooperation between the Young People's Service and the endocrine service.	Complete	Contained in attached documents
Recommendations for pathways relating to the transition of young people from the Young People's Service to adult services	In progress	Further work will be progressed post GRP to engage C&YP and shape recommendations.
Investigate ways of providing support to children and YP on the waiting list for services– this should include identifying formal (e.g. mental health support/counselling) and informal (e.g. 121 and group	Complete	Contained in attached documents

work/befriending/peer support) methods		
Identify mechanisms for providing community based support to YP under 12 and their families	Complete	Contained in attached documents
Plan identifying those parts of the Review that may be further informed by the Cass Review and progression towards a national service. Proposals for an iterative update of the Review.	On hold	
A patient facing document that describes the above.	In progress	Will be completed once the overall GRP
Summary describing the involvement of people with lived experience in the group's work and intersection with the principles of the Review.	Complete	Added to a separate paper for the Oversight Group.

Best wishes

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