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| 4th January 2021,  Tracey Cox  Chief Executive  Bath, North East Somerset,  Swindon and Wiltshire CCG  Sent by email to: [paula.weston-burt1@nhs.net](mailto:paula.weston-burt1@nhs.net) |

Dear Tracey

**Gender Identity Development Service**

I am writing further to the notice sent out on 22nd December by John Stewart about the impact of the High Court ruling on 1st December 2020 in the case *R(Bell) v Tavistock*.

The judgment means that children and young people, particularly those under 16, may be unable to consent to puberty-blocking treatment, and that an application to the Court may be required for such treatment to be prescribed or continued. In light of this judgment, NHS England published revisions to the service specifications of our Gender Identity Development Service, the only specialist NHS service in England and Wales supporting this population. Links to the full judgment and to NHS England’s revised service specifications are set out in the annex to this letter.

While the service is a primarily psycho-social service, with the overwhelming majority of those referred not accessing a physical intervention while in our care, this judgment is leading to widespread concern among not only our current patients but also those on our waiting list. We immediately published [a Q&A on the GIDS website](https://gids.nhs.uk/information-following-judicial-review-judgment-december-2020), set up an enquiry line for patients, and have been diverting resource to support those in need. Our partners at University College Hospital London and Leeds Teaching Hospital have written to all patients currently in endocrine treatment. We attach the letter templates here. Essentially, these letters aim to reassure patients about what will happen to their care and that their treatment will not be stopped without a proper clinical review and as appropriate, an application for a best interest order from the court.

These letters also advise both patients and their families as well as GPs where to go for extra help. It is important to note that while we will do everything in our power to support our patients, GIDS remains a highly specialist national service. As such, while we liaise closely with local systems in individual cases, we cannot solely manage the increased risk to children and young people and will rely on support from local CAMHS and other services.

We are planning for the process of clinical review to start at the end of January. However, with the associated process of securing court orders for the continuation of treatment it will take some time to complete. There are currently no plans to discontinue treatment for any patients until the relevant processes have been completed. We have, for the moment, discontinued new referrals to endocrine treatment but will continue our work of psycho-social assessment and support.

We will write again in the New Year when we have clearer details of the process of clinical reviews and for the timetable for their completion.

In respect of NHS England’s request to notify you of the details of your registered patients under 16 who are either children and young people under 16 currently receiving puberty blockers, or who had anticipated the imminent commencement of puberty blockers following a referral to an endocrine clinic we have identified from our records 6 patients meeting these criteria who are registered with the following GPs:

Hathaway Surgery

Malmesbury Medical Partnership

Lodge Surgery

Phoenix Surgery

Abbey Meads Medical Practice

Kingswood Surgery

In order to protect confidential patient information, we have not included any confidential information about identifiable patients in this letter. However, if you provide my Business Manager, Amanda Hawke (ahawke@tavi-port.nhs.uk) with contact details for a nominated clinical lead, for instance the CCG safeguarding lead, I will ask a member of the GIDS clinical team, as a matter of urgency, to contact that individual to discuss specific issues and concerns, in the context of your responsibilities for safeguarding, about the support of those patients.

We are keen to work with you to best manage any additional support required for this group of patients and others who may be affected by the judgment. If you have any wider issues about the content of this letter, please feel free to get in touch.

Best wishes,



**Paul Jenkins**

**Chief Executive**

**Annex**

The summary judgment:

<https://www.judiciary.uk/wp-content/uploads/2020/12/Bell-v-Tavistock-Clinic-and-ors-Summary.pdf>

The judgment in full:

<https://www.judiciary.uk/wp-content/uploads/2020/12/Bell-v-Tavistock-Judgment.pdf>

The amendments to the service specifications for the Gender Identity Development Service:

<https://www.england.nhs.uk/wp-content/uploads/2020/12/Amendment-to-Gender-Identity-Development-Service-Specification-for-Children-and-Adolescents.pdf>