

Royal Colleges/Societies' Responses to the Cass Review and Recommendations – plus NHSE commissioned advocacy group			
Body/Group	Group Status/affiliation	Key themes	Additional comment
KITE Trust –interview with H. Cass 14 th April 2024	'Lived experience 'advocacy group	<p><u>Q and A</u> <u>Response to concerns</u></p> <p><u>Cass Review recommendations to NHSE</u> –NHSE will decide, how and when specific aspects will be covered.</p> <p><u>Cass recommended a follow-through service for 18-25 yr olds. Does not mean that services will stop.</u> Emphasis on continuity of care from CYP services to adult</p> <p><u>Follow through service</u> would mean no gaps in service provision. Recognised that transition period for CYP into adult services is a high- risk period.</p> <p><u>Cass emphasised Zero tolerance for conversion practices.</u> Matter for regulator to investigate. Need to understand diff between conversion practices and supporting people who are uncertain about their gender</p> <p><u>Report does not conclude that PBs are unsafe.</u> It supports a research study to allow pre-pubertal children to access treatment with long-term FU and data collection. Cass recommends PSH and Gender affirming hormones made available to CYP at different stages of development alongside wider range of gender affirming healthcare</p> <p><u>Cass review does not suggest causal link with Neuro-diversity, Mental Health conditions or trauma.</u> These needs should be addressed with the</p>	NHS E will continue engagement with CYP and their families/Carers and the wider LBGTQ+ community. Intention to progress the Youth Forum at pace.

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		<p>same evidence base for all children regardless of whether they are Trans or Cis.</p> <p><u>Evidence</u>-the review took evidence from studies deemed medium quality as well as 2 high quality ones. Many studies inadequate evidence base. Cass stressed need for trans young people to be involved in the design of high quality studies. New services require the research infrastructure to do this</p> <p><u>Cass's meeting with Patrick Hunter</u>-Hunter approached the review team as a clinician. Review team unaware of wider interests The contact was the same as any other participating clinician. Hunter's interests had no bearing on the content of the Cass Review report.</p>	
Body	Status/affiliation	Key themes	Additional Comments
Royal College of Psychiatry	National representative body across all disciplines of Psychiatry	<ul style="list-style-type: none"> • Report and findings welcomed. • Provides 'roadmap' toward effective evidence-based care. • Crucial for bio-psycho-social approach tailored to need as presented by the recommendations. • Cass review driven by best interest of CYP , Clinicians should not allow personal views to influence care they provide in line with standards of the GMC. • RCPYCH strongly agree with recommendations to properly ensure proper evaluation of risks& benefits and transparent high quality data & research – led approaches. 	<p>Detailed College position statement 22nd April 2024.</p> <p>Included input from those with lived experience & families</p> <p>College to establish a working group of experts &stakeholders.</p>

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		<ul style="list-style-type: none"> • Endorse paediatric led model and child-centred approach • Support for National Collaborative & dev of evidence based protocols. • Welcome need for a follow-up service. • Welcome prioritisation of funding for CAMHS by NHSE. • Toxicity of debate acknowledged. • Support recommendation for all Medical Royal colleges and professional bodies to develop core competency framework. • Concerns regarding some assumptions in the report in light of poor evidence base - recommend people with lived experience have comprehensive involvement in ongoing developments including research design and development. 	
British Psychological Society	Represents all disciplines of Applied Psychology	<ul style="list-style-type: none"> • Thoroughness & sensitivity of report commended • 'Complexity' of area highlighted. • Support call for end to vilification of professionals working in this area. • Agree with report on role of psychological support and interventions and the need for more evidence and data in this area. • Report is wide ranging with implications for professionals and service providers. 	<p>Response to all recommendations 10th April 2024.</p> <p>BPS launched recruitment for a CYP and Gender work stream to ensure strong evidence base moving forward (recruitment call by BPS Director of Research Education and Practice 10th March 2024)</p>

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		<ul style="list-style-type: none"> Welcome recommendation to establish a consortium of relevant professional bodies to develop training resources and skills. 	
Royal College Primary Care and Child health	Represents General Practitioners and Paediatric Child Health Clinicians	<ul style="list-style-type: none"> Welcomes the report. Publication gives an opportunity to develop equitable and joined up services for this group of CYP. Rising demand and increase in waiting times for this group of CYP highlighted. As a college – clear that the needs of CYP should be at the forefront of how services are designed. More resources are required to address the holistic needs of this young and vulnerable cohort. Need for NHSE and relevant specialities to develop and deliver high quality training to GPs and Paediatricians. Lack of data and research a significant barrier to effective commissioning. Supports the need to capture data and progress evidence based practice <p>“Healthcare commissioners providers and researchers have a duty to improve interventions and support available in order to improve efficacy and safety of care that paediatricians provide to this group”</p>	<p>College initial statement 10th April 2024.</p> <p>Continued engagement with NHSE and College members as new services develop.</p>
Society for Evidence based Gender research (SEGM)	Gender affiliative research group	<ul style="list-style-type: none"> Impact of the Cass review and change to the UK model of practice and approach to evidence based practice-will impact on an international level . 	Included this response for interest

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		<ul style="list-style-type: none"> • Provides a detailed review of each section of the Cass review • This article states that the review signals the reversal of gender affirming care worldwide –though in some countries it will take longer to change practice • The article highlights the significance of the review and the multi-faceted nature of it which cannot be understated. 	
BMJ	Editorial – BMJ editor in-chief	<p>Offering treatments without an adequate understanding of benefits and harms is unethical. All of this matters more when the treatments are not trivial; puberty and hormone therapies are major, life altering interventions</p> <p>Without doubt, the advocacy and clinical practice for medical treatment of gender dysphoria had moved ahead of the evidence-a recipe for harm.</p> <p>Families, carers, advocates and clinicians-acting in the best interests of children and adolescents –face a clear choice whether to allow the Cass Review to deepen division or use it and a driver of better care</p>	Editorial comment-signals the implications of the Cass Review
<p>Summary Statement :</p> <p>Across the relevant Royal Colleges and Professional bodies responding to the Cass Review, there is overall acceptance and commendation of its scope, approach to the review of evidence and sensitive address of the needs of this vulnerable population. The challenge of obtaining robust evidence in this area of applied medicine is recognised and support for the instigation of inclusive research is supported by all. The need for robust data and high quality research is emphasised. The mixed methods approach of the Cass Review, including involvement of people with lived experience, advocacy and interest groups is also applauded. Questions are posed around progression of the new services and clinical model with all highlighting the need to ensure adequate resources and infrastructure to realise the new clinical pathway. Of significance also is the need for clinicians in Primary and Secondary care to</p>			

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receive support and training in this complex area of practice. All support the recommendation for the instigation of a National Professional Collaborative to inform the progression of new services and evidence based practice. The active participation of CYP in research and follow –up is also supported, especially in research design. Concerns about waiting times and the management of CYP on existing waiting lists while the new services are configured is raised as a concern. The clinical model with an emphasis on a holistic and bio-psycho-social approach, with clear pathways for assessment and support for a range of needs that CYP present with through their developmental years, is uncontested. There is repeated reference to the toxicity and conflicted discourse within the field of gender health and an acknowledgement of how this has impacted on clinicians’ confidence and motivation to work in this complex field. The Cass Review is seen to have set the needs of this group of CYP within an evidence-based framework. As the new services are progressed it is essential that the NHS in Wales learns from the successes and challenges of the first implementers (Phase 1 and 2 Hubs). We are advantaged by the significant investment that NHSE has put into this field of work with an extensive governance infra-structure to support all of the work streams, including research. We are heavily engaged with our partners in NHSE to ensure that welsh patients are fully included in the new service developments and we are keen to look at how future service provision can be brought closer to home while ensuring consistency of evidence-based approaches and pathways of care.