

Citizen Participation and Public Petitions Committee  
Wednesday 25 September 2024  
14th Meeting, 2024 (Session 6)

## PE2104: End the pause on prescribing puberty blockers to children in Scotland

### Introduction

**Petitioner** Sophie Molly

**Petition summary** Calling on the Scottish Parliament to urge the Scottish Government to ask the relevant health boards to reassess the decision to pause the prescription of puberty hormone suppressants and gender affirming hormones for children and young people with gender dysphoria in Scotland, and ensure that it is still possible to provide new prescriptions while a review of the decision takes place.

**Webpage** <https://petitions.parliament.scot/petitions/PE2104>

1. This is a new petition that was lodged on 29 May 2024.
2. A full summary of this petition and its aims can be found at **Annexe A**.
3. A SPICe briefing has been prepared to inform the Committee's consideration of the petition and can be found at **Annexe B**.
4. Every petition can collect signatures while it remains under consideration. At the time of writing, 1,292 signatures have been received on this petition.
5. The Committee seeks views from the Scottish Government on all new petitions before they are formally considered.
6. The Committee has received submissions from the Scottish Government and the Petitioner, which are set out in **Annexe C** of this paper.
7. Members may wish to note that [the Health, Social Care and Sport Committee will be hearing evidence in September and October](#) on the Independent Review of Gender Identity Services for Children and Young People.

### Action

8. The Committee is invited to consider what action it wishes to take on this petition.

**Clerks to the Committee**  
**September 2024**

## Annexe A: Summary of petition

### PE2104: End the pause on prescribing puberty blockers to children in Scotland

#### Petitioner

Sophie Molly

#### Date Lodged

29 May 2024

#### Petition summary

Calling on the Scottish Parliament to urge the Scottish Government to ask the relevant health boards to reassess the decision to pause the prescription of puberty hormone suppressants and gender affirming hormones for children and young people with gender dysphoria in Scotland, and ensure that it is still possible to provide new prescriptions while a review of the decision takes place.

#### Background information

On 17th April 2024, [The Kite Trust, an LGBT+ organisation based in Cambridgeshire and Peterborough, England, met with Dr Hillary Cass](#). During this meeting Dr Hillary Cass made a number of statements that appear to contradict the conclusions of the review.

This raises serious concerns over the validity of [the decision of health boards, including NHS Greater Glasgow and Clyde, provider of the only clinic which treats under 18s in Scotland for gender dysphoria, on the 18th of April to pause the prescription of puberty hormone suppressants and gender affirming hormones to young people](#).

Many families will be greatly impacted by this knee jerk pausing of treatment.

The health and wellbeing of trans and gender non-conforming children will be adversely affected by the pause. It's therefore imperative that this effective treatment for gender dysphoria in children and adolescents is resumed without delay.

## Annexe B: SPICe briefing on petition PE2104



### Background

In 2020, concerns were raised about practices at the Gender Identity Development Service (GIDS) at the Tavistock clinic in London. GIDS provided care to children and young people experiencing gender dysphoria and/or incongruence.

In light of these concerns, NHS England commissioned a review of gender services for young people and appointed Dr Hilary Cass as the Chair.

The [final report of the Cass review](#) was published on 10 April 2024 and made 32 recommendations. Among these was its findings and recommendations in relation to hormone treatment, including treatments commonly known as ‘puberty blockers’.

Puberty blockers refer to Gonadotrophin-Releasing Hormone Analogues (GnRH) which work by suppressing the production of sex-hormones.

When used in the treatment of gender dysphoria and/or incongruence they are used to delay the physical changes associated with puberty, such as breast development or facial hair growth.

One of the rationales given for their use is that they allow children experiencing gender dysphoria more time to explore their gender identity without the added stress that physical changes may cause.

Gender affirming hormones on the other hand, are used to help align an individuals’ physical appearance with their gender identity. Testosterone is prescribed to transgender males (female to male) and oestrogen to transgender females (male to female).

Addressing service users directly, Dr Cass said:

“I have been disappointed by the lack of evidence on the long-term impact of taking hormones from an early age; research has let us all down, most importantly you. However, we cannot expect you to make life-changing decisions in a vacuum without being able to weigh their risks and benefits now and in the long-term, and we have to build the evidence base with good studies going forward.”

In the weeks leading up to the publication of the final report, NHS England had already announced that puberty blockers would no longer be routinely prescribed in England, other than in exceptional circumstances or as part of a research trial.

It was subsequently announced that the Sandyford clinic in Glasgow – which runs Scotland’s only gender identity clinic for young people – would follow suit and put a ‘pause’ on new referrals to paediatric endocrinology for the consideration of hormone treatment in under 18s. This pause was for both puberty blockers and gender-affirming hormones. Paediatric endocrinology is based at the children and young people’s hospitals in Glasgow and Edinburgh.

Hormone treatments are now only available to under 18s on the NHS for the treatment of gender dysphoria and/or incongruence if they were already being prescribed prior to the change in policy, or if they are being prescribed as part of a clinical trial.

Further to this, on 3 June 2024, the previous UK Government enacted emergency legislation<sup>1</sup> to ban the prescribing of puberty blockers for gender dysphoria and/or incongruence to under 18s. The ban does not apply to gender-affirming hormones but the Scottish policy of no new NHS referrals for under 18s still stands.

Although the NHS policy had already changed, the purpose of the legislation is to prevent people obtaining puberty blockers from private prescribers.

Legislation on the regulation of medicines is reserved to Westminster. The legislation therefore applies to England, Wales and Scotland and is in force until 26 November 2024 (extended from the original expiry date of the 3 September 2024)<sup>2</sup>.

The legislation was challenged in court by TransActual UK, but on 29 July 2024, [the High Court ruled the ban was lawful](#). TransActual UK has indicated it does not intend to appeal.

The new UK Health Secretary, Wes Streeting MP, has expressed his support for a continued ban and stressed the need for treatment to be evidence based. He has also committed to the plans for establishing a clinical study to gather the necessary evidence to inform future care and treatment.

## Scottish Government Action

The [Scottish Government issued its response to the Cass report on 5 July 2024](#). In correspondence with the Convener of the Health, Social Care and Sport Committee, the Chief Medical Officer said:

“We support the recommendation for rigorous clinical trials and have engaged with the Chief Scientist’s Office (CSO) and with colleagues in the National Institute for Health and Care Research (NIHR) and NHS England about Scotland’s participation in a multicentre trial of puberty-blocking hormones.”

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<sup>1</sup> [The Medicines \(Gonadotrophin-Releasing Hormone Analogues\)\(Emergency Prohibition\)\(England, Wales and Scotland\) Order 2024 – 2024/727](#)

<sup>2</sup> [The Medicines \(Gonadotrophin-Releasing Hormone Analogues\) \(Emergency Prohibition\) \(Extension\) Order 2024 – 2024/868](#)

The report also restated a continued pause on the use of gender-affirming hormones in under 18s.

On 3 September 2024, the Minister for Public Health and Women's Health made a [statement to the Scottish Parliament on gender identity healthcare services](#). In the statement, the Minister stated that the Scottish Government accepted the Cass recommendations in full and that work was already underway to implement them. A [progress report](#) was published on the same day.

In relation to puberty blockers specifically, the Minister highlighted that the Scottish Government had confirmed to the UK Department for Health and Social Care, that an NHS Scotland team would be willing to join the National Institute for Health and Care Research UK-wide study on puberty blockers as a treatment for gender dysphoria.

### **Scottish Parliament Action**

The Health, Social Care and Sport Committee held an [evidence session with Dr Cass on 7 May 2024](#).

The Committee is also due to hold follow-up sessions with the Chief Medical Officer and representatives of the Sandyford clinic in September and October 2024.

There was also [a debate held in the Chamber on 8 May 2024](#) on a motion in the name of Meghan Gallacher MSP.

**Kathleen Robson**  
**SPICe Research**  
**5 September 2024**

## Annexe C: Written submissions

### Scottish Government submission of 27 June 2024

#### PE2104/A: End the pause on prescribing puberty blockers to children in Scotland

The Scottish Government is committed to advancing equality for all LGBTI people, and promoting, protecting and realising the rights of every trans person in Scotland.

Scottish Government is aware that changes to the delivery of gender identity healthcare for young people in the past few months have been difficult for those affected. In [a statement to the Scottish Parliament on 23 April, Minister for Public Health and Women's Health, Jenni Minto \(MSP\), addressed those directly affected](#) to say:

“these last few weeks and months have been incredibly difficult, with increased media attention and toxic online commentary. I understand how shocking, upsetting and destabilising the announcements last week, and the public conversation around them, will have been for you and your families.”

[The Minister highlighted on 08 May in Parliament](#) that:

“young people who are questioning their gender or accessing gender identity healthcare, and their families and those who love them, must be at the centre of all our discussions about the delivery of that care”.

The Scottish Government remains committed to the improvement of gender identity healthcare in NHS Scotland for all who need it.

As is alluded to in the petition, NHS Greater Glasgow and Clyde and NHS Lothian—the two health boards in Scotland that have specialist paediatric endocrinology services—issued a joint statement on 18 April confirming a pause on new prescriptions for puberty hormone suppressants and cross-sex hormone medication for young people with gender dysphoria. It is important to emphasise that this was a decision made by the Health Boards on clinical advice. [Their statement can be read here: Service Update - NHSGCC.](#)

This, and all such decisions, should always be made carefully, by the clinicians and Health Boards responsible for providing such healthcare.

In their statement, the Health Boards highlight that part of the rationale for the pause is to generate further evidence of the safety and long-term impact of these treatments.

The Scottish Government agrees there is a need for better, high-quality evidence in this field. Scottish Government have awarded a grant to the University of Glasgow to administer a programme of research into the long-term health outcomes of people accessing gender identity healthcare. The outputs of the programme will be available to Ministers, policy makers, and healthcare professionals to support and drive

improvements in service provision and health outcomes for people accessing gender identity healthcare in Scotland.

In addition, together with Health Boards, Scottish Government is also engaged with NHS England on its planned study into the use of puberty blockers in young people's gender identity healthcare and discussions on future engagement are ongoing.

Since the receipt of this petition the UK Government has introduced emergency restrictions on the prescribing, and supply, of gonadotrophin releasing hormone (GnRH) analogues - if they are used to suppress puberty as part of treating gender incongruence or gender dysphoria in young people who are under 18.

The restrictions will apply to prescriptions written by UK private prescribers and prescribers registered in the European Economic Area or Switzerland.

As regulation for the licensing and safety of medicines is reserved to the UK Government and is the responsibility of the Medicines and Healthcare Products Regulatory Agency, these restrictions apply in Scotland. Some of these restrictions took effect from 3 June 2024.

Also of relevance, [the Minister for Public Health and Women's Health gave a statement to the Scottish Parliament on 23 April: Cass Review and Gender Identity Healthcare](#). In that statement the Minister noted that the clinical recommendations in the final report of the NHS England commissioned 'Independent review of gender identity services for children and young people' (the Cass Review) would be considered by the Office of the Chief Medical Officer (CMO) in the Scottish Government. This work is now well underway by a multi-disciplinary clinical team including paediatric, pharmacy and scientific expertise. The CMO will provide a written update to Parliament on the outcome of that clinical consideration process.

The Scottish Government remains committed to the improvement of gender identity healthcare in NHS Scotland for all who need it and work is underway to support this.

## **Gender Identity and Healthcare Access Population Health Strategy and Improvement Division**

### **Petitioner written submission, 11 September 2024**

#### **PE2104/B: End the pause on prescribing puberty blockers to children in Scotland**

In 2020 NHS England and NHS Inform commissioned Dr Hilary Cass, a paediatric doctor with only limited experience of treating children with gender dysphoria, to review child gender dysphoria services provided by NHS England.

[This review was completed in 2024](#) and found that there "is not a reliable evidence base upon which to make clinical decisions about use of GnRH analogues" (The Medicines (Gonadotrophin-Releasing Hormone Analogues)(Emergency Prohibition) Order 2024), and this led the then Secretary of State for Health and Social Care, Victoria Atkins, to request a three-month moratorium of the routine provision of puberty blockers for gender dysphoria by NHS England. This was later extended to a



total ban on their prescription for the treatment of gender dysphoria by NHS England in under 18s.

In April 2024, NHS Scotland followed suit and paused prescribing puberty blockers to children.

In July 2024, [the Health Secretary, Neil Gray, said that conclusions of the “Cass Review – Implications for Scotland report” would be considered by the Scottish Government](#). This report was compiled by a senior clinical team, commissioned by the Chief Medical Officer for Scotland to look solely at the recommendations of the Cass review.

## **Our Objection**

Many organisations actively involved in providing care to transgender and gender-diverse people have criticised the Cass review, including the World Professional Association for Transgender Health (WPATH), a professional organisation devoted to the understanding and treatment of gender identity and gender dysphoria. [WPATH stated, the “Cass Review relies on selective and inconsistent use of evidence, and its recommendations often do not follow from the data presented in the systematic reviews”](#). An evidence-based [critique published by Yale University notes that “The Cass Review does not follow established standards for evaluating evidence and evidence quality”](#) and that “The Cass Review misinterprets and misrepresents its own data”.

The [British Medical Association \(BMA\) said it “believes it is clinicians, patients, and families who should be at the centre of an evidence-based decision-making process about their health, not politicians”](#). The implication of the BMA’s statement, is that they believe, as do many in the community, that the Cass review, far from being independent, is politically motivated.

The previous [UK Health Secretary was warned that a ban would impact an “extremely vulnerable group” and give rise to an increased risk of self-harm and suicide](#).

[Senior civil servants warned that, without time to engage with experts before implementing the ban, there was a high risk of causing harm to patients](#).

The then [UK Health Secretary not only ignored these safety warnings but also told officials not to consult with any “specialist \[organisations\] claiming to represent those with \[gender dysphoria\] and their families/carers”](#).

GnRH analogues are not only prescribed to transgender and gender-diverse people. They were originally developed to treat precocious puberty. This condition occurs when a child's body begins developing secondary sexual characteristics earlier than the typical age range, usually before age 8 in girls and before age 9 in boys. Freedom of information requests have indicated that at no time has the safety of prescribing GnRH analogues to this cohort been discussed. Surely if the lack of evidence on their safety is concerning enough to implement an immediate ban for transgender and gender-diverse people then it should be concerning enough to at



least raise questions about their use in the treatment of precocious puberty, unless the motivation behind the ban is nonclinical in nature.

GnRH analogues are not the only medication prescribed that lacks comprehensive studies into their effect on those under 18s. [Prescriptions of antipsychotics to children and teenagers in England doubled between 2000 and 2019, “despite a lack of safety data to support their use in the under 18s.”](#) Yet, unlike GnRH analogues, there has been no campaign to ban their prescription.

Other, subsequent, independent Evidence Checks such as [the recent one commissioned by the New South Wales Government](#) acknowledge the lack of evidence, but found that [the use of puberty suppression is “still safe, effective and reversible”](#).

Other reviews such as the King's College London review from 2016<sup>3</sup> have noted the “limited number of studies” but found prescribing GnRH analogues “sufficiently safe, and preventive treatment for gender dysphoria in childhood and adolescence” and that “the existing literature supports puberty suppression”.

When taken together, it appears to us that the ban on prescriptions of GnRH analogues to under-18s is not clinically, but ideologically driven, and subsequent evidence has not been taken into account.

We therefore ask that the Scottish Government ask the NHS Greater Glasgow and Clyde and NHS Lothian health boards to consider the advice of WPATH, Yale University, the BMA, organisations that work with transgender and gender-diverse people, and the recent New South Wales Government report, when making the clinical decision about the lives of young people.

In the same way that the criminalisation of abortion in the US, doesn't stop abortions, just stops safe abortions, the criminalisation of GnRH analogues will not stop transgender and gender-diverse people from taking them, it will just stop their use being safely monitored by health-care professionals. Most trans people are aware of how to get hold of hormones and puberty blockers<sup>4</sup>, but the vast majority would prefer to do so safely, with the support and oversight of the NHS.

The community as a whole has lost faith in all politicians and the state. We believe you would like nothing more than for us all to cease to exist. Please prove us wrong.

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<sup>3</sup> Costa, R., Carmichael, P. and Colizzi, M. (2016). To treat or not to treat: puberty suppression in childhood-onset gender dysphoria. *Nature Reviews Urology*, 13(8), pp.456–462.

<sup>4</sup> Aberdeen Greens back council candidate suggesting trans people hand out advice for ‘less dodgy’ HTR. *Scottish Daily Express*. <https://www.scottishdailyexpress.co.uk/news/politics/aberdeen-greens-back-council-candidate-26822475>