BRIEFINGS ON TRANS HEALTHCARE

SCORECARD

2024

AUS PATH

Transcend Australia

SCORECARD

This scorecard provides an overview of the Cass Review's recommendations and their applicability to the Australian context. We highlight the recommendations which are aligned to Australian best-practice care, the recommendations we refute, and those which are not applicable to the Australian context.

The recommendations not included in this scorecard are those that do not necessarily reflect the Australian context, but still raise points that would be useful for implementation in Australia. These primarily relate to the development of a national research strategy (noting that we have vastly different views on research to the Cass Review), the expansion of regional services, formalising national collaboration across providers, and workforce development. However, funding for these either does not exist, or needs expansion. We call on the Federal, State, and Territory governments to consider our suggestions. These recommendations, and our response to them, can be found our in-depth Response to the Cass Review, which provides a comprehensive response to all 32 recommendations.

THE AUSTRALIAN CONTEXT DIFFERS TO THE UNITED KINGDOM.

Australia already does well on the following recommendations.

Recommendation 1:

Given the complexity of this population, these services must operate to the same standards as other services seeing children and young people with complex presentations and/or additional risk factors. There should be a nominated medical practitioner (pediatrician/child psychiatrist) who takes overall clinical responsibility for patient safety within the service.

Recommendation 2:

Clinicians should apply the assessment framework developed by the Review's Clinical Expert Group, to ensure children/young people referred to NHS gender services receive a holistic assessment of their needs to inform an individualised care plan. This should include screening for neurodevelopmental conditions, including autism spectrum disorder, and a mental health assessment. The framework should be kept under review and evolve to reflect emerging evidence.

Recommendation 3:

Standard evidence based on psychological and psychopharmacological treatment approaches should be used to support the management of the associated distress and cooccuring conditions. This should include support for parents/carers and siblings as appropriate.

Recommendation 10:

All children should be offered fertility counselling and preservation prior to going onto a medical pathway.

Recommendation 25:

NHS England should ensure there is provision for people considering detransition, recognising that they may not wish to reengage with the services whose care they were previously under.

THESE RECOMMENDATIONS ARE NOT RELEVANT TO THE AUSTRALIAN CONTEXT.

Recommendation 13:

To increase the available workforce and maintain a broader clinical lens, joint contracts should be utilised to support staff to work across the network and across different services.

Recommendation 24:

Given that the changing demographic presenting to children and young people's services is reflected in a change of presentations to adult services, NHS England should consider bringing forward any planned update of the adult service specification and review the model of care and operating procedures.

Recommendation 26:

The Department of Health and Social Care and NHS England should consider the implications of private healthcare on any future requests to the NHS for treatment, monitoring and/or involvement in research. This needs to be clearly communicated to patients and private providers.

Recommendation 27:

The Department of Health and Social Care should work with the General Pharmaceutical Council to define the dispensing responsibilities of pharmacists of private prescriptions and consider other statutory solutions that would prevent inappropriate overseas prescribing.

Recommendation 28:

The NHS and the Department of Health and Social Care needs to review the process and circumstances of changing NHS numbers and find solutions to address the clinical and research implications.

WE REFUTE THESE RECOMMENDATIONS.

These recommendations all contradict international and national best-practice guidelines and are unethical. Please see our in-depth response for further detail.

Recommendation 4:

When families/carers are making decisions about social transition of pre-pubertal children, services should ensure that they can be seen as early as possible by a clinical professional with relevant experience.

Recommendation 7:

Long-standing gender incongruence should be an essential pre-requisite for medical treatment but is only one aspect of deciding whether a medical pathway is the right option for an individual.

Recommendation 8:

NHS England should review the policy on masculinising/feminising hormones. The option to provide masculinising/feminising hormones from age 16 is available, but the Review would recommend extreme caution. There should be a clear clinical rationale for providing hormones at this stage rather than waiting until an individual reaches 18.

Recommendation 9:

Every case considered for medical treatment should be discussed at a national Multi Disciplinary Team (MDT) hosted by the National Provider Collaborative replacing the Multi Professional Review Group (MPRG).