*From Lord Markham*

*Parliamentary Under-Secretary of State*

*39 Victoria Street*

*London*

*SW1H 0EU*

30 April 2024

Dear Peers

Following my oral statement on 17 April about the Cass Report, I committed to writing to peers to provide additional information on a variety of topics.

Once again, I want to thank Dr Cass and her team for undertaking a considered, comprehensive, and courageous review into an extremely contentious area of healthcare and for all the Noble Lords and Baronesses for their contributions to the discussion. Following my statement, I want to confirm that NHS England has committed £17.1m to the two new hubs for Children and Young People gender services in 2024/25.  Once the NHS transformation programme is complete there will be up to 8 clinics. More funding will be released as new services are established.

In mental health services, the NHS forecasts that, between 2018/19 and 2023/24, spending on mental health serviceshas increased by £4.7 billion in cash terms, compared to the target of £3.4 billion set out at the time of the NHS Long Term Plan. We aim to increase the number of children and young people accessing NHS mental health services by 345,000 by March 2025, compared to 2018/19.

Regarding the question raised by Baroness Hayter about engagement with the regulators, I can assure peers that my officials are working at pace with key regulators and professional bodies including the Care Quality Commission (CQC), General Medical Council (GMC) and more recently the Royal College of General Practitioners (RCGP). Other regulators and professional bodies will be engaged with, as appropriate, as we continue to digest and act on the recommendations set out in the Cass Report.

Turning to the question raised by Baroness Burt about the Puberty Suppressing Hormone (PSH) clinical trial, I wish to clarify that the children that were already being prescribed PSH at the time NHS England introduced their landmark policy banning the routine prescription of PSH will not be required to take part in a clinical trial. These children will be reassessed within gender services and may continue to be prescribed PSH if that is deemed to be the most medically appropriate and safe route for them. NHS England’s policy applies to all new patients accessing specialist children’s gender services from 1 April.

Regarding Baroness Jenkin’s question about the Conversion Practices Bill and its impact on the recruitment of clinicians, I wish to assure peers that officials and NHS England are aware of this risk. Increasing the number of specialist gender clinicians is a key priority for NHS England and DHSC. To this end, NHS England has been working closely with other professional bodies to develop tailored training to these professionals. We anticipate the current constraint around staffing will ease in time as more individuals receive training.

I thank the Noble Lords and Baronesses for their questions on this important topic during the debate.

I have deposited a copy of this letter in the Library of the House.

With my very best wishes,

**LORD MARKHAM CBE**