

National Institute for Health and Care Excellence

Gender Incongruence Services for Children and Young People

Stakeholder engagement – deadline for comments 5pm on 02/04/2026

email: genderincongruence@nice.org.uk

Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly or arrive after the deadline.

Introduction

NICE quality standards are a concise set of prioritised statements designed to drive measurable quality improvements within a particular area of health or care. They do not provide a comprehensive service specification. Instead, they define priority areas for quality improvement based on consideration of the topic area.

This quality standard covers all children and young people up to the age of 18 using NHS children and young people's gender services.

Quality standards are underpinned by a development source, such as a NICE guideline. They do not involve reviewing new evidence or reappraising evidence used in a development source. The key potential development sources for this quality standard are:

• Babies, children and young people's experience of healthcare. NICE guideline NG204 (2021)	• The Cass Review - Independent review of gender identity services for children and young people: Final report (2024)
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Use the form to tell us:

- **What are the key areas for quality improvement** that you would want to see covered by this quality standard? **Please prioritise up to 5 areas** which you consider as having the greatest potential to improve the quality of care. Please state the specific aspects of care or service delivery that should be addressed, including the actions that you feel would most improve quality. Note that all actions or interventions to improve quality within the quality standard must be underpinned by NICE guidance or other high-quality evidence-based sources as set out in the NICE quality standards process guide.

Organisation details

Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank)	Royal Pharmaceutical Society
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	NA
Name of person completing form	Heidi Wright
Supporting the quality standard Would your organisation like to express an interest in formally supporting this quality standard? More information.	

Quality improvement comments

Type directly into this table. Don't paste other tables into this table as your comments could get lost.

Key area for quality improvement	Why is this a key area for quality improvement?	Data sources	Supporting information
Separately list each of the 5 key areas for quality improvement that you would want to see covered by this quality standard	Evidence of information that care in the suggested key areas for quality improvement is poor or variable and requires improvement. Please include any evidence of inequalities and health inequalities in the suggested key areas for quality improvement.	As the quality statements must be measurable, please include any information on available data sources. Information can include: • National data sources that collect data relating to your suggested key areas for quality improvement • National audits • Other data sources	Information can include sections or recommendations in a NICE / high-quality external guidance relating to the key areas for quality improvement

Example: Structured education programmes for people with diabetes following diagnosis.	Example: The National Diabetes Audit highlighted that people with type 1 diabetes were less likely than those with type 2 diabetes to be offered a structured education programme within 12 months of diagnosis. There is considerable variation across different areas. The audit also highlighted poor recording of attendance within primary care systems. It is important to ensure that the delivery of structured education programmes is tailored to meet individual needs.	Example: Please see NHS Digital's national diabetes audit which highlights findings of data collection from primary and secondary care relating to structured education programmes. https://digital.nhs.uk/data-and-information/clinical-audits-and-registries/national-diabetes-audit	Example: NICE guideline NGXX rec 1.1
Key area for quality improvement 1 Address access to specialist care pathways	With the withdrawal of medication for many patients and the lack of medical treatment for those that have been awaiting consultation, accessible specialist care pathways are urgently needed including increased mental health support. Pharmacists need assurance of appropriate referral pathways so patients, including those already receiving treatment privately, are not suddenly left without treatment.	This absence of an identifiable, consistent referral pathway hampers the ability to provide optimal care, potentially leading to significant negative impacts on the mental health and well-being of children and young people. Additionally, pharmacists and pharmacy teams face undue pressure, as declining to supply treatment often means the child or young	Pharmacists can facilitate referrals to appropriate services including mental health support, and provide compassionate, informed support to children, young people and their families.

		person has little chance of receiving necessary care.	
Key area for quality improvement 2 Prioritise research	Urgent prioritisation of further research for gender incongruence and gender dysphoria and the impact of medicines such as puberty blockers on child development. Evaluating the impact of the implementation of the Cass review on this population group should also be high priority and transparent.		Pharmacists participation in research initiatives to contribute to the evidence base on hormonal treatments and other pharmaceutical interventions for gender dysphoria.
Key area for quality improvement 3 Protect patients from unregulated providers without criminalising pharmacists	The current legislation makes it a criminal offence to supply medicines outside the terms of the legislation which may inadvertently result in pharmacists declining to supply these medicines at all for fear of prosecution. This will impact negatively on patient care. The legislation may criminalise pharmacists who inadvertently supply gonadotrophin releasing hormone (GnRH) analogues believing it is not for puberty suppression. Therefore, they may		The government needs to ensure that legislation does not criminalise the clinical and professional role of a pharmacist.

	be at risk of unwittingly breaking the law. This is not an equitable solution to the problem.		
Key area for quality improvement 4 Facilitate seamless transition at all interfaces of care	Coordinate work with multidisciplinary teams to ensure continuity of care as patients transition between services at interfaces of care. This includes seamless transfer of information		Multidisciplinary teams for gender incongruence and gender dysphoria need specialist pharmacist input for expertise on medicines. Ensure that patients have appropriate education on medication options and uninterrupted access to necessary medications during any transition e.g. paediatric to adult services, primary care to mental health services.

Key area for quality improvement 5 All clinicians to stay informed and promote best practices	Include clinicians (including pharmacy teams) in opportunities for continuous professional development and training programmes focused on gender identity healthcare.		Education providers to regularly update knowledge on emerging evidence, legislation and best practices related to gender identity healthcare, including the latest guidelines on puberty blockers and hormone therapies. Ensure pharmacy teams have an awareness of gender identity healthcare and have the appropriate knowledge and skills for compassionate, person-centred care.
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Checklist for submitting comments

- Use this form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.

- **Clearly mark any confidential information or other material that you do not wish to be made public with underlining and highlighting. Also, ensure you state in your email to NICE that your submission includes confidential comments.**
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- Please provide concise supporting information for each key area. Provide reference to examples from the published or grey literature such as national, regional or local reports of variation in care, audits, surveys, confidential enquiries, uptake reports and evaluations such as impact of NICE guidance recommendations
- For copyright reasons, do not include attachments of **published** material such as research articles, letters or leaflets. However, if you give us the full citation, we will obtain our own copy
- Attachments of unpublished reports, local reports / documents are permissible. If you wish to provide academic in confidence material i.e. written but not yet published, or commercial in confidence i.e. internal documentation, underline and highlight this using the highlighter function in Word.

Please return to genderincongruence@nice.org.uk

NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of NICE, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.

Comments received from registered stakeholders and respondents during our stakeholder engagements are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.