

Improving CYP Gender Services

Communications and Engagement Strategy

Purpose

This document sets out the strategic framework to ensure that operational and policy improvements to children's gender services are underpinned and supported by robust communications and engagement and delivered effectively

A strategic and coordinated approach to communications and engagement is needed in order to create and reinforce a coherent, single narrative from the various workstreams and independent organisations working towards implementing the many, various changes, introductions and innovations.

It builds on what has been an extensive communications and engagement exercise to support the rollout of this transformation programme, and the ongoing commitment to supporting the implementation of the Cass Review.

This is a living document that will need to develop and adapt as the work progresses. It does not provide all of the detail, as you would expect, tailor made communications plans will be developed to support specific aspects of the work, for example publication of the new service specification. This rather sets out an overarching approach to communications and engagement that should be shared across the different partners who all have responsibility of, or a role to play in the successful implementation of the programme and associated policy initiatives. This will require a fundamental shift in partnership working – which all involved will need to be signed up to.

Strategic objectives

This programme will deliver a strategic, joined-up approach to engagement and communication (and this way of working will need to be mirrored in the operational and policy delivery – with comms working hand in glove) relating to gender care for children and young people, ensuring communications and engagement are consistent and coordinated across key partners and support the work different partners are undertaking.

The core communications campaign objectives will include:

Providing accessible (in differing formats) patient, family and primary care support networks information of the access to and delivery of care in the NHS for gender incongruence. In time this approach will improve the confidence in NHS CYP Gender Services and provide a trusted source of information to this patient group.

Central to the success of this programme will be the development and dissemination of reliable, factual, evidence-based information for patients, parents and the wider public. This information will be developed by clinicians, service providers and experts in the field and publicised and promoted on high-profile, well-recognised NHS platforms including the nhs.uk pages. This patient-facing information - which will be

developed and delivered by the provider network - will be key to keeping young people and families informed and updated on everything from current waiting times, to advice and resources to support waiting well for the new services, support and signposting for young people in distress, information about what kind of services patients can expect to receive, and information about transferring into adult services. Having this information well-publicised will also be critical in challenging the spread of misinformation.

Improving wider public understanding of gender questioning and gender dysphoria as part of a context of adolescent development through education

In order to better understand and manage demand upon the specialist NHS CYP gender service, there is a clear need and appetite to improve the wider public's understanding about gender questioning, gender incongruence and gender dysphoria in the context of normal adolescent development and complex adolescent mental health challenges. This work will be best undertaken as part of wider public health education, with key roles for DfE and DHSC working closely with specialist service providers and medical Royal Colleges.

With better broad-base education and support, it's likely that many children won't require a referral into the specialist services, meaning that those children and young people with persistent gender incongruence or dysphoria who **do** require specialist support will be seen by the services more quickly. The aim will be to better train and educate teachers, children's support services and parents as well as children and young people themselves.

Generating support for the improvements being implemented, both within the partner organisations and more widely

The National Specialty Advisor will work closely with those in services and the wider system, along with comms, to urgently identify effective clinical spokespeople who will be able to robustly and confidently talk about their work - providing clinical expertise and information, and illustrating and explaining the work underway within the new services as they come on stream and begin to build trust in the community

Building the knowledge and confidence of the workforce to support the care of gender questioning children and young people

Working closely with the Academy of Medical Royal Colleges and continuing to roll out further specialist training packages to both specialist services and secondary and primary care will be key to ensure clinicians have the confidence to manage this patient cohort well.

NHS England has set up a new national referral support service, hosted by NHS Arden and GEM who hold and manage the national waiting list for the CYP Gender Services on behalf of NHS England. The website for this service carries important

and useful information for patients and parent, but also helpful information for referrers into the new services.

The communication team can help with getting key messages out to frontline services (once these have been agreed by the programme leads with the linked services' operational lead) using the best channels, including national professional bulletins and through official NOC cascades. Comms will also advise on how messages are likely to land, through monitoring of media, social media and political / public debate. This will help identify risks and opportunities and control, adjust and reframe the overarching narrative as and when needed. The team can advise on the best methods and channels to engage partners and create spaces for discussion and consensus building.

Providing space for the new services to become fully operational by managing public expectations and media demand

Demands from media, parliamentarians, and other interested parties will need to be carefully managed and jointly coordinated – ideally by a central communications coordinator - to ensure providers aren't forced to spend excessive time battling criticism and responding to MP / Media / FOI queries.

Background

NHS England commissioned the Independent Review of gender identity services for children and young people (the Cass Review) in September 2020 in response to concerns about capacity and clinical care within the Gender Identity Development Service at the Tavistock and Portman NHS Foundation Trust.

The Review issued an [interim report](#) in March 2022 a [follow-up letter](#) in July 2022 and a [final report](#) and recommendations in April 2024.

The Cass Review Implementation Plan was published by NHS England in August 2024, and laid out how NHS England - in partnership with DHSC, providers and others - will take forward the 32 recommendations set out in the Cass Review's Final Report.

In parallel with the Review, and following release of the final recommendations, there have been great strides in transforming, improving and expanding this service, including:

1. the creation of a Multi-Professional Review Group (MPRG) to review all referrals of children under 16 for a hormone intervention
2. publishing a new, interim service specification
3. bringing Tavistock GIDS to a managed close
4. opening three new national Children and Young People's Gender Services including London, the North West and the South West services
5. establishing a Research Oversight Board to oversee an academic strategy
6. publishing a national clinical policy for puberty suppressing hormones
7. commissioning training and education for the new services, delivered by the Academy of Medical Royal Colleges

8. publishing a new specification changing the referral pathway into the CYP Gender Service.

A further significant development has been the government's ban on puberty blockers.

This activity was guided by a joint communications strategy, led by NHS England but involving other partners. This strategy - and the individual comms plans that came out of it - ensured agreed and aligned messaging throughout the sensitive transition process of closing the GIDS and opening two new services.

From the publication of the final report of the Cass Review in April 2024 until now, the government, NHS England, providers and other key partners have been working together to provide joined up communications outlining important landmarks and achievements. The actions taken to date include:

- Challenging misinformation about the Cass Report
- Rollout of the new referral pathway
- Government ban on puberty suppressing hormones
- Opening of new services

More information on the wider communications and engagement work undertaken to support these stages is outlines in Appendix B.

Context

- Continued polarised public debate – need to shift the dial away from culture wars narrative and into a medical/scientific context
- Strong, vocal and influential campaign groups on all sides
- Professional body leadership largely supportive (but note BMA issues) but managing dissent from within
- Misinformation taking root in the public narrative – real and significant impacts for the patient population
- Wider policy initiatives with implications for NHS provision e.g. conversion practices bill
- Lack of confidence around wider workforce to support care
- Lack of knowledge amongst both professionals and public about the meaning of gender questioning / gender dysphoria within the wider context of mental health challenges and adolescent development
- Lack of knowledge about appropriate management approaches
- Some political opposition from within each of the parties
- Providers trying to stand up services – nervousness of boards given experience of Tavistock and the level and nature of public interest.
- Space where language is loaded and used to signify alignment with one group over another

Ultimately, in order to move forward effectively, there needs to be a unified front displayed with all those professional organisations, partners and the NHS.

Approach

A senior communications and engagement coordinator – likely based within the provider network – could work with providers, educational teams, Royal Colleges, NHSE and DHSC to deliver:

- Public education material developed with and approved by clinical and academic stakeholders.
- Patient-facing information, focussed on what the specialist services delivers and what care pathways the NHS can offer
- Coordinated *pro-active* messaging on all aspects of the programme
- Coordinated *reactive* responses as and when needed.

The approach to comms and engagement on gender identity services is carefully designed to avoid feeding or escalating the toxic debate that has been playing out in the wider public – both nationally and internationally - over the past several years.

Central to the NHS England's approach to communications around CYP and adult gender services is a sensitivity to the fact that among this patient cohort there are individuals who may be very significantly distressed and in need of expert health care.

Stakeholders and service users have directly told us that they have often found the media reporting on this subject to be divisive and unhelpful for the patient groups they represent. Therefore, a careful and targeted approach to media is required to ensure factual reporting and avoiding creating headlines likely to disturb patients and their families.

Therefore as a general approach we will:

- Engage trusted media who have a track record of reporting in this arena to highlight key milestones and operational implementation. Ensure messages are agreed and shared among delivery partners in advance
- Engage patients, parents and patient groups early when considering any changes to service delivery. Engage on broader updates and activity through regular PPV meetings, the National Youth Advisory Network, and direct mailouts to the waiting list as and when we have important information to share that will help keep them safe and informed.
- Engage clinical colleagues early on in the development of new policies, specification or changes to the service.
- Horizon scan to understand what we need to prepare for, and the direction of travel on messages / misinformation among the wider public.

The need for strong partnership working with other critically linked services including Primary Care, CYP Transformation (paediatrics) and CYP Mental Health teams, as well as the Workforce, Training and Education Directorate will be critical to the delivery of the implementation plan. The responsibility for ensuring these linked teams assist the specialised service in delivering the implementation plan lies with commissioning directors. This strategy will attempt to outline ways of ensuring joined-up working among different teams, organisations and individuals.

Delivery partners, roles and responsibilities

Partner	Role	Responsibility
NHS England	Commissioners	Commissioning new services Supporting existing service development Commissioning training Advice to NHS providers (specialist as well as primary / secondary care and ICBs)
Providers	Clinicians delivering CYP gender services Service administrators Communications and engagement	Service delivery Patient care Patient information Clinical expertise
DHSC	Government Department Legislator	Private practice Medicines legislation Public facing information (via gov.uk website) Parliamentarians Conversion practices (via OEO) Social policies
DfE	Government Department responsible for children's services and education	National curriculum Children's school counselling services Support for teachers and professionals
Royal Colleges and AoMRC	Professional bodies of the various professions involved in the delivery of this service	Creating and communicating clinical consensus Develop and deliver training to the new services

		Cascade important messages to members
NHS Arden and GEM	Administration and management of waiting list	Communications to patients Coordination of mental health support offer and 'waiting well' support
Emily Simonoff / King's College London / NIHR / HRA	Chief Investigator for the PSH study	Set up and approval of the PSH study

Target audiences:

- Patients including those on the waiting list. Other young people (e.g. possible future patients) parents, carers and families.
- Teachers, educators, children's support services, school counsellors
- Clinical audiences: GPs, Pharmacists, Paediatricians, CYP Mental Health services, CYP Gender Service providers
- Provider's staff networks so information can be cascaded
- Media
- Providers of Primary and Secondary Services: Nursing (CYP Transformation team), CYP Mental Health and Primary Care teams

Key stakeholder groups - to engage

- Patient Advocacy Groups including:
 - Mermaids
 - Stonewall
 - LGBT Foundation
 - LGBT Consortium
 - Proud Trust
 - Kite Trust
 - Gendered Intelligence
 - GIRES
 - Umbrella Cymru
 - Bayswater Group

- TransActual
- Royal Colleges
 - RCPCH
 - RCGP
 - RCPsych
 - BPS
 - ACPUK
 - AoMRC
 - RCP
 - RCPHarm
 - Children's Commissioner
 - BMA
 - RCN
 - British Association of Social Workers
- ICBs
 - Primary Care / pharmacy / prescribing leads
 - Paediatric care leads
 - CYP MH / CAMHS leads

Other interested parties - to monitor

- WPATH
- Campaign Groups incl Trans Kids Deserve Better
- Good Law Project
- Private providers including Dignity GAS, Gender GP, GenderPlus, Anne Health
- Amnesty International
- Office for Equality and Opportunities (OEO; the new version of the GEO)
- Opinion leaders / frequent commentators on social media

Workstreams / priority areas and activity

1. We will establish a specialist gender service based in a children's hospital in each of the seven regions in England.
 - NHS England already established 3 new services with a 4th being opened in 2025.

- We will continue to update nhs.uk website with new providers and information resources as this service expands and develops
 - We will continue to ensure new (Phase 2) services are joined up with Phase 1 providers in comms approach, key lines and engagement activity
2. We will develop and deliver a refreshed service specification for the specialist gender services, to incorporate the findings of the final report from the Cass Review.
 - We will go out to targeted stakeholder engagement in January 2025, followed by a full public consultation, and will likely set up focus groups and meetings with key stakeholders to discuss details.
 3. We will support the new specialist gender services in forming a National Provider Collaborative so that there is a consistent approach to service delivery, research and clinical audit.
 - This has now been established in shadow form, following NHSE approval of approach and funding in October. Mobilisation meetings are happening fortnightly. Providers have agreed an approach to appointing a Chair, and recruitment is expected to commence imminently (Dec 2024 – Jan 2025).
 - We will work closely with the providers to ensure that the collaborative is able to coordinate the development of evidence-based information and resources for young people, parents and carers. We will then support with the collaborative on deciding the best ways to ensure this information reaches its audience, e.g. through existing channels like the nhs.uk pages, or via a new central website owned by the collaborative.
 - NHS England is currently in the process of updating the nhs.uk webpages on 'gender dysphoria' to reflect the findings of the Cass Review.
 4. We will build a new clinical workforce that is trained through an education framework that is aligned to the new clinical model.
 - We will work with the AoMRC, RCPsych and RCPCH to ensure joined up messaging and visible support for / official endorsement of the new materials.
 - The Provider Collaborative should be taking leadership on the induction training from January.
 - An expert third party will be commissioned to design the competencies framework, including establishment of the multi-organisational steering group described by the Cass Report. Tendering will start in January 2025, subject to DHSC approval.
 - Secondary care training materials will be hosted on the FutureNHS platform, and NHSE is in discussion with the providers around what can be done via the national provider network in terms of leadership, learning from seeing patients and adoption and spread of clinical practice grounded in the holistic assessment framework.

5. We will support the specialist gender services in establishing a regional network of local services that will include primary care, mental health services and paediatric services.
 - This will be a critical factor in ensuring the success of the new networked care model described by the Cass Review.
 - NHS England will be able to utilise our existing and far reaching channels directly into primary and secondary care services (e.g. webinars, bulletins and regular meetings) to support the new providers to cascade messaging and enable joined-up working.
6. We will establish a wide-reaching research programme that will increase the evidence base.
 - We've been supporting the work of the Research Oversight Board by establishing the Youth Advisory Network to bring patient voice into the early stages of the clinical research development. A webpage on the NHS England website provides important high-level information on the ROB, and provides up to date information on membership, ongoing activity and milestones. NHS England has also established a cross-organisational comms group with NIHR, KCL and DHSC to ensure joined up planning and messaging on the progress of the PATHWAYS study.
7. We will ensure that there is a seamless interface with adult gender services for those young people for whom this is an appropriate step.
8. We will define an NHS pathway for those individuals who choose to detransition later in 2025.

Channels

- **Bulletins**

- Healthcare Leaders Update
- Primary Care Bulletin
- Mental Health Bulletin

- **Meetings / webinars**

- Royal College call (hosted by Steve Powis)
 - This is a monthly meeting which James Palmer has joined in the past regularly to provide important updates on progress and seek support from the linked professions – each step of the way
- CYP Transformation Team monthly system webinars
 - These monthly webinars reach out to regional acute and community paediatric leads as well as ICB and regional leads
- CYP MH Team webinars
 - These monthly webinars reach regional CYP mental health leads across England.
- ICB network meetings
- Royal College Comms calls

- **Staff networks**

- Contact lists held by programme teams at NHS England e.g.
 - CYP Mental Health team
 - CYP Transformation Team

- **NOC**

- NHS England's National Operational Centre – a central cascade channel that can reach selected audiences in ICBs, Trusts, providers level. (Usually reserved for important operational / service updates. All material sent via this route will require top office approval)
 - To date we've used this channel a number of times when communicating critical updates for frontline staff, including during the government's temporary ban on Puberty Suppressing Hormones, and to announce the new referral pathways into the CYP Gender Service and provide a link to the guidance for CYPMH providers and paediatricians.

- **Websites**

- NHS England site for commissioner updates and content including;
 - Clinical Commissioning Policies
 - Service Specifications
 - Research Oversight Board
 - Implemental Plan
- nhs.uk pages will be a key space to provide reputable, NHS-backed information about the condition of gender dysphoria/incongruence; it's symptoms; how to get help and support; and treatment options; as well as the list of currently commissioned providers.
- AGEM website for information relevant to;
 - patients / families on the waiting list
 - referrers
- OPTION: Providers to create their own central patient information website to support their services.
- FutureNHS platform: For staff-facing information including training materials and useful resources

- **Media**

- Mostly reactive apart from major announcement to flag achievements, milestones and important stories that might help reset narrative.
- Pro-active press releases and media will be jointly agreed – lines will be shared and all partners will agree to create major media moments sparingly in order to gain the best traction.
- NHS England has identified a range of "trusted" journalists with whom our press office regularly communicate, including named contacts at the Times, the New Statesman and Press Association as well as Sky

Media. This has helped to reduce inflammatory and unhelpful reporting. We engage these select reporters and journalists when delivering out press releases, media interviews, and for wider background briefings.

- All partner organisations will agree key lines.

- **Stakeholder meetings**

- National advocacy groups (quarterly)
 - NHS England have been holding regular meetings with the major national LGBT+ advocacy and support groups in order to try to encourage more collaborative working to ensure accurate, factual information about the new services is being received and reflected. We've used this channel to dispel myths and disinformation about the Cass Review and ensure fair reflection of recent government and NHS England decisions around puberty suppressing hormones. We also engage with this group to ensure that our messaging remains sensitive, helpful and relevant to its intended audience.
- NHS England's LGBT+ staff network (quarterly)
 - NHS England's LGBT+ staff network are an important internal channel to ensure accurate, factual information about the new services is being received and reflected. We've used this channel to dispel disinformation about the Cass Review and ensure fair reflection of government and NHS England decisions around puberty suppressing hormones.
 - We've met with the staff network about 6 times over the past year, and will be meeting with them again in the New Year.
- LGBT Sounding Board (annually / ad hoc)
 - The LGBT Sounding Board has been bringing their concerns, question and challenges to the programme, providing an important "critical friend" function to the programme and giving views of audiences wider - and issues more specific and personal - than the major national organisations.
 - We've met with this group annually for the past 3 years.
- National Youth Board (ad hoc)
 - The National Youth Board were critical in helping us establish the National Youth Advisor Network which provided important patient and parent voice to the PATHWAYS study. The Youth Board includes members who identify as trans or non-binary and can provide a useful broad view from young people.
 - We met with the National Youth Board when developing the content of our first letters to patients on the waiting list, and they provided excellent advice on language, tone and accessibility issues.
- CYP Gender Service National Youth Advisory Network (ad hoc)


- This network includes patients from the providers' own PPV groups. We can call a meeting of this group as and when needed to provide advice to the national programme, but will need to coordinate in advance with providers as they will increasingly need to utilise these groups to give them feedback on their own service delivery.
- The PATHWAYS study has had 6 meetings with the National Youth Advisory Network.
- Royal Colleges
 - James Palmer regularly attends calls with the presidents of the Royal Colleges to provide key updates
 - Our internal teams also have regular, informal meetings with their policy counterparts within the Royal Colleges and we can utilise these existing channels and relationships to agree and assure messaging and cascade via their networks.
- **Direct mail / email**
 - Waiting list. AGEM hold a list of all patients on the waiting list and we can communicate important updates to them directly either by email / post or via the AGEM website.
 - Registered stakeholders
 - Key stakeholder group lists

Further detail on the channels NHS England uses on a regular basis are available in [appendix A](#).

Voices to deliver / reinforce key messages:

- **John Stewart, James Palmer:** To speak about commissioning arrangements / policies / new providers / clinical study rollout
- **Professor Emily Simonoff:** To speak about the development of and announce the approval of the PSH study
- **National Specialty Advisor / Clinical spokespeople to be identified by the provider network:** To speak about how services are being delivered. Dispel misinformation about the patient cohort, provide helpful patient / parent information
- **SofS / DHSC:** To speak to the wider public on any high profile matters e.g. announcing when key milestones are reached
- **Dr Hilary Cass:** To counter misinformation, clarify aspects of the Review, and provide independent expertise
- [REDACTED]: To give advice on suicide prevention.

Risks / mitigations

Risk	Mitigation	Owner
Clinicians being negatively targeted by activists / specialist press	Promote confidence in new clinical workforce by showing good practice in new services	Provider Communication Leads
Clinicians / providers reluctant to speak publicly, leaving only private providers / non-clinical voices speaking to media	Provide robust support to any named clinician willing to speak up for the new service including full media training, a vulnerability assessment and ongoing organisational support from the clinician's Trust. Any agreed and coordinated provider stories / clinician-led interviews will be supported with endorsement statements from NHS England and the Royal College / AoMRC.	Providers / Royal Colleges / NHS England
Primary & secondary care not following new referral pathway / not working with specialist services to develop local care networks	NHS England programme leads to regularly present and take questions at internal meetings and webinars with Royal Colleges, Primary Care, ICBs, CYP transformation team	James Palmer 
Negative messaging / disinformation about the Cass Review	Maintain NHSE commitment to taking forward recommendations of the final report. Government to consistently reiterate commitment to taking forward all recommendations.	DHSC / NHSE / Provider / AoMRC Comms

	<p>Highlight good practice in new services / positive patient stories.</p> <p>Point to the rapid expansion of newer, better and safer services (i.e. from 1 to 4 providers within 3 years.)</p> <p>Royal Colleges to issue supporting messages confirming support for the review findings and recommendations.</p>	
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Timeline

Current activity:

- Third regional service (South West)
- Referral pathway changes
- New patients seen
- Pre-pubertal pathway
- National provider collaborative

November – January:

- Puberty suppressing hormones (PSH) clinical trial
- James Lind Alliance research prioritisation
- National dataset
- Quality improvement network

February 2025 – July 2025

- Fourth regional service (East of England)
- PSH trial recruitment
- Revised service specification
- Living systematic review
- National data repository
- Young adult pilot

Upcoming conferences / events

For possible clinician participation:

- RCPsych International Congress 23-26 June 2025 | Wales
- RCPCCH conference 26 March 2025 - 28 March 2025 | Glasgow, Scotland
- SEGM Conference (Date TBC - est Oct 2025)
- CAN-SG Conference (Date TBC - est March 2025)

For awareness:

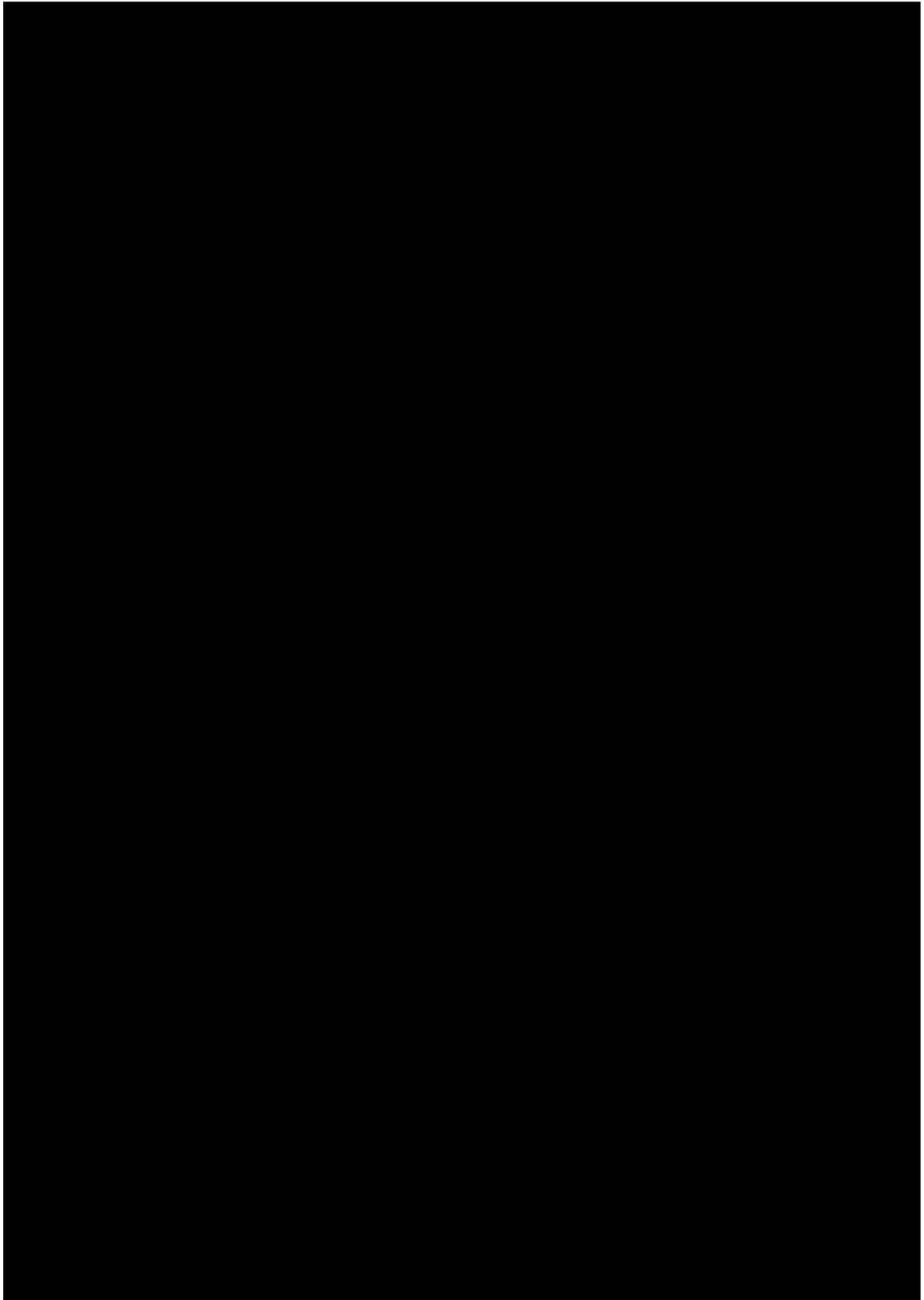
- WPATH 29th Scientific Symposium (Mexico): Nov 8-13 2026

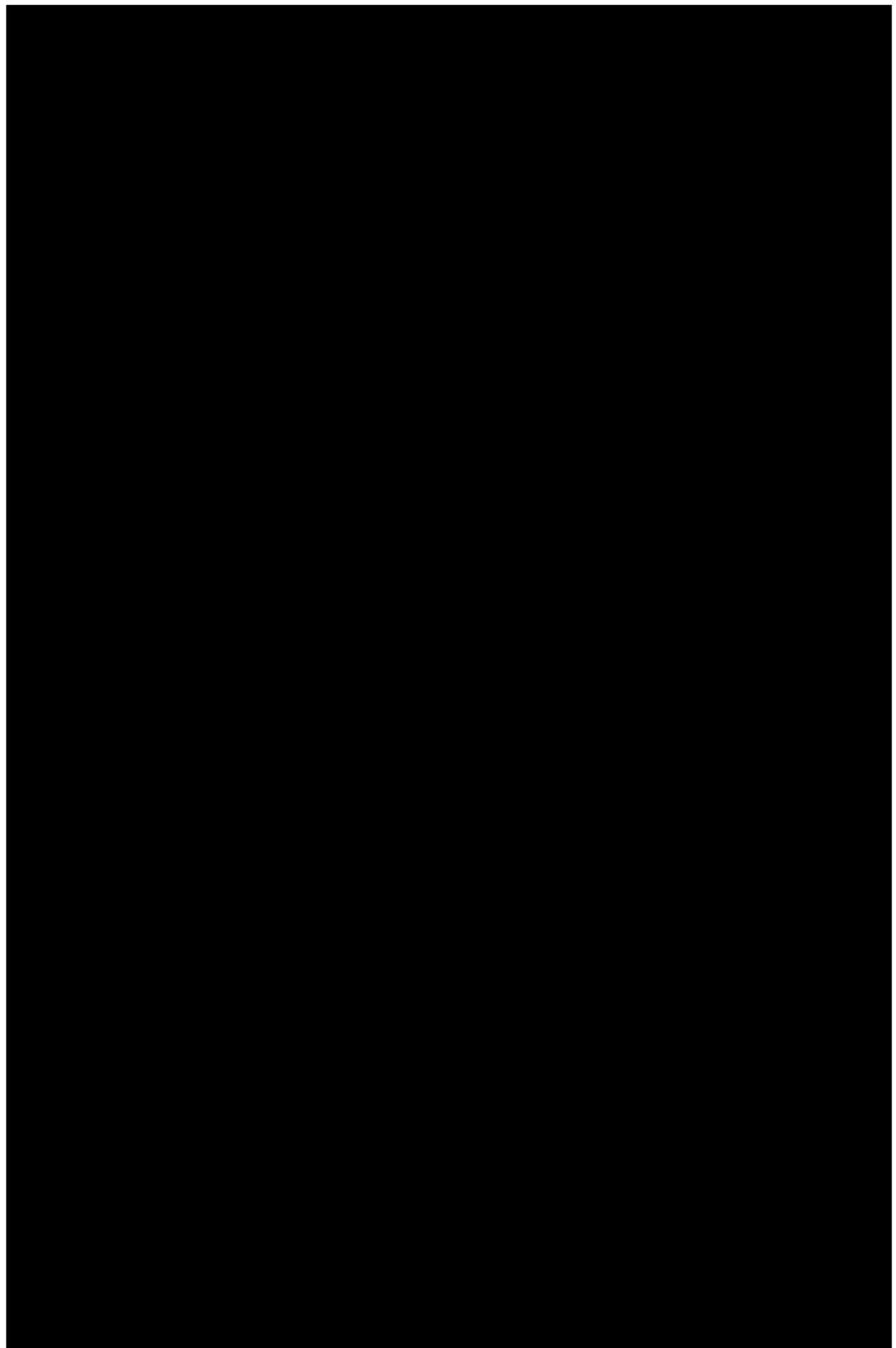
BAGIS 10th Scientific Symposium: (Date TBC) Nov 2025

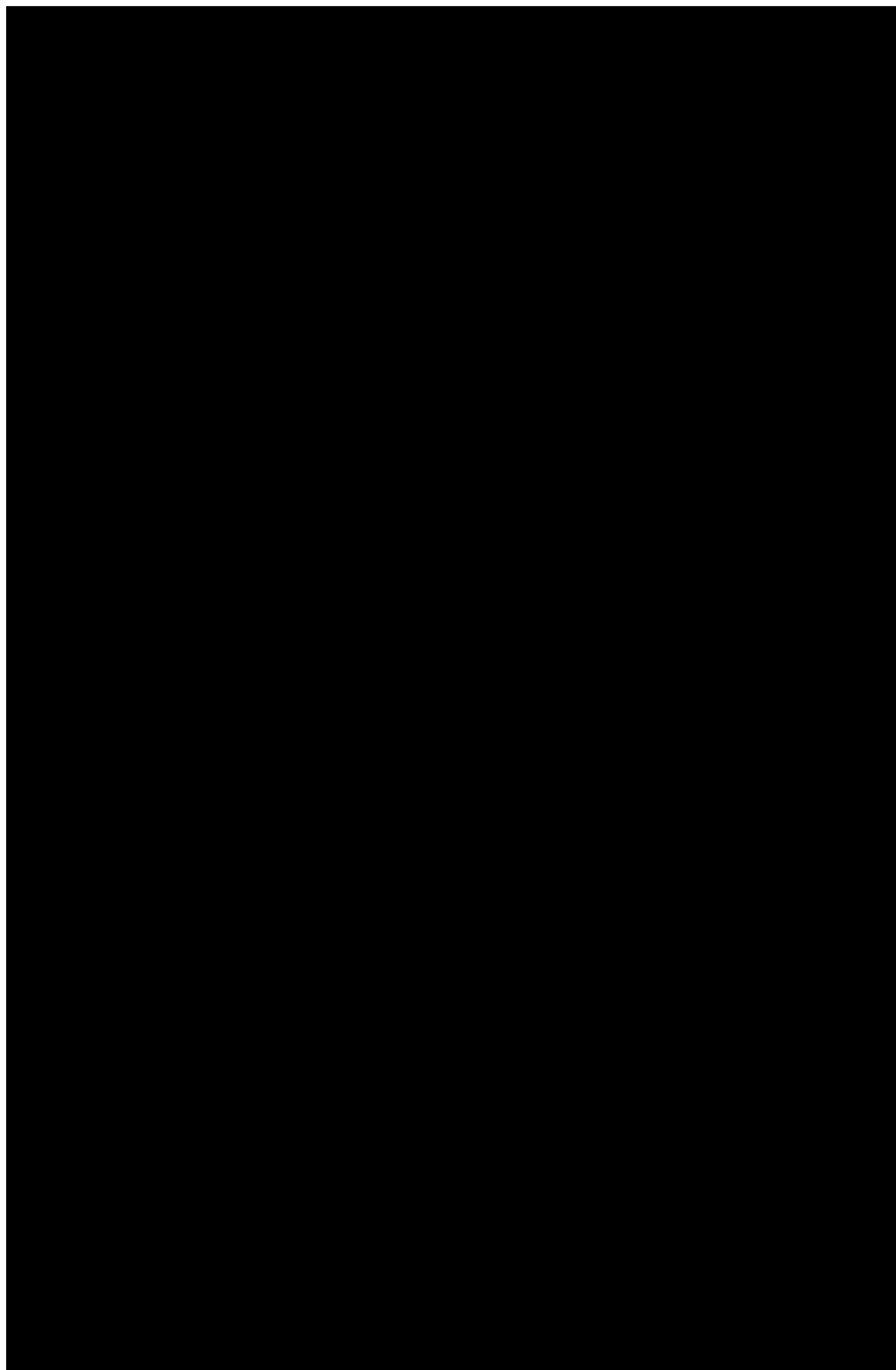
Evaluation:

- Patient and family approval and confidence in the service – measured through feedback in national and provider PPV group meetings.
- Services are receiving only those CYP actually requiring specialist care (i.e. gender questioning youth are being supported within less specialist settings)
- Improved reflection of CYP Gender services in mainstream media and social media – measured through regular monitoring and reporting.
- Monthly reviews of performance to adjust tactics if needed.

Appendix A – NHS England Comms Channels









Appendix B – Recent communication and engagement activity

To challenge misinformation around the Cass Review following publication of the final report, NHS England has offered further dedicated communications support to Dr Cass, and has joined regular meetings with the communications lead working for Dr Cass, and DHSC, in order to raise issues and agree handling strategies. As a result of the success of this work, some of the fiercest criticism from earlier in this year has largely died down, and DHSC has taken the decision to stand these meetings down to monthly rather than fortnightly.

As part of the counter-disinformation strategy, in recent a recent interview with The Times, James Palmer (National Medical Director for Specialised Commissioning) spoke out against BMA's challenge to the Cass Review and pointed to its conflation of the Review's recommendations and NHSE's policy decision around PSH: <https://www.thetimes.com/uk/healthcare/article/six-months-on-how-has-the-cass-review-reshaped-gender-medicine-cj33lsqnm>

When there have been updates to communicate, this has involved carefully briefed-in progress updates or announcements with James Palmer, National Medical Director for Specialised Commissioning and John Stewart, Director for National Commissioning, with agreed, on the record responses. This has worked well and helped land key points and answer questions on a complex and sensitive area of work in order is to ensure it is fairly and accurately reported. To support the messaging, local services have been updated on work in tandem, along with a comprehensive list of stakeholders, including Royal Colleges, professional bodies and LGBT+ and specifically trans groups. Briefings with the latter group were happening monthly during the hight of activity and then quarterly when regular briefings weren't required. Urgent meetings with these stakeholder groups have also been held prior to any major publications.

When there has been media-worthy updates and interventions, NHS England has proactively chosen to selectively brief on the work to transform gender services, with trusted outlets – including Aine Fox at PA and the BBC, who have tended to report on the issues in a straight, factual manner – with other outlets then following.

NHSE has been raising the profile of positive aspects of the implementation plan, such as the new clinics opening by 2026 through press releases and interviews with key journalists to ensure that progress of the new services is being reflected and portrayed in a positive light.

The strategic approach has been to keep communications on the new service openings deliberately low-key and operational – i.e. the new provider(s) launch a new page on their Trust website naming the service - in order to allow the teams time to ramp up activity without being forced to immediately respond to media / stakeholder questions. However when responding to queries we will point to progress made in opening new services. NHS England recognises the increasing need to proactively showcase the work of the new services and to provide a strong clinical voice to bolster our announcements and achievements, and to respond to issues / misinformation as they arise. In the new year we will work with providers - following scheduled assurance visits - to identify media opportunities. We are aware that several outlets including Sky News, PA and the New Statesman are very keen

on reporting on the new services, and there is a risk of curiosity turning to suspicion if we don't offer more transparency about what is happening within the new services. We will work with providers to agree which site / clinic will offer the best opportunity for the first look into the new service.

During the rollout of the new referral pathway, bringing in mental health and paediatrics into the referral pathway, NHS England published detailed guidance for referrers, held a series of webinars and meetings - co-hosted with RCPsych and RCPCH leadership – to inform the new service leads of the changes, and what would be expected of them during their assessment for onward referral, and a national communications cascade via regions and ICBs to ensure that local service providers were well sign-posted to the new guidance and invited to attend the webinars.

We have scheduled meetings for senior NHSE National Directors and commissioners to visit the new services over the coming months, during which we will seek the cooperation of these new services to help us develop patient case studies that will illustrate the work going on in the clinics. NHSE and DHSC will continue to work together to develop plans to amplify the work of the new services. It is envisioned that this will include an SofS visit to services in 2025.

Given the sensitive and confidential nature of the work required to support the development of the puberty blocker study and allow the experts time and space to develop and assure their proposals, communications has been restricted to sharing key commitments to its development and operational milestone updates, strictly limited while it is progressing through ethics and research approval stages and avoid unwanted media attention until ready to announce further details about the study, including design, eligibility criteria, etc. However, NHSE is closely linked with the study team and NIHR on communications and patient engagement, and will be ready to deliver coordinated comms when we are able, following necessary approvals.