

Sent for and on behalf of the signatories by
TransActual
3 Masons Way
Corsham
SN13 9XW

28th May 2026

Dear James Palmer,

We are a group of clinicians, researchers, and academics working in gender care, paediatrics, and related fields of healthcare, medicine, and science.

We are writing to lay out our **serious concerns** with [NHS England's recently-published evidence reviews](#) into the use of gender-affirming hormone therapy (GAHT) by children and adolescents.

1. Lack of Clear Rationale

The Cass Independent Review previously commissioned a systematic evidence review into GAHT for under-18s.

Based on this [peer-reviewed and published analysis](#), Dr. Cass [recommended](#) that “*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.*”

In 2024, NHS England [reviewed and updated their GAHT policy accordingly](#).

A “living systematic review” – also [recommended](#) by Dr. Cass – is now underway, to consolidate the evidence base and keep it up-to-date. This work is being [conducted by EPPI-Centre](#) and others, funded by the National Health and Care Research Institute (NIHR), and includes an ongoing review of evidence for GAHT for under-18s.

Therefore, **it remains entirely unclear why – [having previously wholeheartedly accepted the Cass Report](#) – NHS England has now launched a separate evidence review** that was [never recommended by Dr. Cass](#) and **which [duplicates other research already commissioned and underway](#)**.

2. Lack of Peer Review

None of the NHS England evidence reviews have been peer reviewed or written to meet publication standards. Instead, NHS England released the reviews only as part of a **public consultation process** and has [asked the general public](#) to “*check that draft policies are well evidenced*” and to determine whether “*all of the relevant evidence [has] been taken into account*”.

Consultation is not a substitute for formal academic review, and risks conflating technical evaluation with public opinion.

3. Methodological Limitations and Risk of Bias

Rather than address a single, clinically meaningful research question, NHS England **subdivided the GAHT for under-18s evidence review into 10 separate and extremely narrow PICO**s (population, intervention, comparison and outcome search parameters).

We have confirmed that this methodological decision was made by NHS England's "Policy Working Group", prior to instructing the "independent" researchers, [Solutions for Public Health \(SPH\)](#).

This methodological approach **explicitly goes against the gold-standard guidance outlined in the [Cochrane Handbook](#)**, which cautions that fragmentation of PICOs is likely to result in "sparse" evidence and "*could be chosen by review authors to produce a desired result.*"

As a result of these overly-narrow search parameters, the researchers had to exclude some of the most significant studies on gender-affirming care for young people, such as [Chen et al., 2023](#), the largest NIH-funded prospective study of trans youth ever conducted.

Ultimately, the researchers **could find only 11 eligible studies across all 10 PICO**s, with 0 (zero) studies found for 6 of the 10 reviews. In contrast, **the University of York evidence review commissioned by Dr Cass found 53 studies**, 34 of which were assessed as moderate- or high-quality.

As an example, **studies were deemed "out of scope"** if participants had received GnRH analogues in the context of puberty suppression prior to receiving gender-affirming hormones (despite the fact that this was the standard treatment protocol internationally for many years, including in the UK).

According to [the published reviews](#), as a result of this methodological decision alone **at least 38 studies were excluded that would otherwise have been eligible** (and potentially many more at title/abstract stage). These studies could, at the very least, have provided information on the risk profile of GAHT, a factor which NHS England claims to be central to their policy decision making.

NHS England has **published no rationale at all** for this – and other– methodological decisions. In response to an FOI request, NHS England indicated that studies involving GnRHa puberty suppression "*cannot be included*" in the PICOs because of "*legal issues*", an "*ongoing research trial in this area*" and "*lack of new evidence*" – **reasons that we find scientifically unsound**.

Additionally, in contexts where limited evidence is available for a paediatric intervention, **it would be typical for researchers to consider [extrapolating data from research into adults](#)**, something that NHS England again chose not to do.

In effect, NHS England has adopted a methodological approach that **predictably minimises the available evidence base**, then **cites this manufactured scarcity as a justification for restrictive policy conclusions**.

4. Misreporting and Misapplication of Findings

[Especially in paediatrics](#), clinical policy and decision-making is commonly based on evidence considered limited and/or "low-quality" as recognised under the GRADE system. There is therefore no reason why the purported lack of evidence reported in these reviews should automatically lead to the policy position that gender-affirming hormones are so unsafe and/or ineffective for 16- and 17 year olds that they must be immediately withdrawn.

Even when looking only at the 11 studies included in this NHS England evidence review, we believe **the overall pattern of evidence suggests that the benefits of GAHT for under-18s outweigh any harms**. We believe this is also the case in the [University of York](#) review.

We have also found that at least one of the studies included in the SPH reviews that apparently found evidence of “harm” (Grannis et al., 2003) was **entirely misrepresented**. The [evidence review](#) states that those taking oestrogen had significantly higher depression, suicidality and social anxiety scores than those not on hormones. In fact, [Grannis et al. found no statistically-significant differences on these measures](#).

5. Impacts of Treatment Withdrawal

As far as we are aware, NHS England has **no plan to monitor the impact of this withdrawal of gender-affirming healthcare on patient outcomes**. This is despite evidence that removal of gender-affirming care is associated with [adverse mental health outcomes](#), including [increased suicidality among trans youth](#).

A decision to withdraw a treatment must consider **what alternatives will be provided**. Psychotherapy or psychosocial support **alone** – all that is currently available via the NHS – [has not been demonstrated](#) to be an effective treatment for those with a diagnosis of gender dysphoria. Nonetheless, as far as we know, NHS England has no plans to conduct a similar evidence review of this intervention.

6. Conclusion

In summary, **a drastic and potentially devastating policy change** that runs [counter to international standards of care](#) has been advanced:

- **without any clear rationale,**
- **on the basis of a methodologically-flawed process,**
- **in the absence of peer review,**
- **and without plans for monitoring impact or mitigating harm.**

We therefore urge NHS England to:

1. **pause and reverse implementation of any policy changes arising from this flawed review process,**
2. **publicly acknowledge and take into consideration the [existing University of York systematic review](#) into gender-affirming hormones and [the existing EPPI-Centre study](#),**
3. **ensure any clinical commissioning policy on gender affirming hormones for under-18s reflects established international best practice,**
4. **and incorporate patient and clinician consensus and testimony into any decision about transgender healthcare.**

Signed:

Abel Brooks, MSci. MBACP, Psychotherapist

Dr Aidan Kelly, Consultant Clinical Psychologist

Dr Alex Robertson
Alice Humphreys, Consultant Anaesthetist
Dr Alison Berner, Clinical Senior Lecturer in Medical Oncology
Dr Alyx Gauci, Clinical Psychologist
Amber Lord
Amy Rosenfeld, Speech and Language Therapist
Dr Cal Horton, Research Fellow
Cam Highland, Therapist
Charley Brunton, Specialist Nurse
Chris Noone, Lecturer, School of Psychology, University of Galway
Christoph Hanssmann, Associate Professor
Dr C. Morrison
Dr Cristina Costache, Paediatrics Registrar, PhD student
D.K. Green, Psychotherapist
Dr Danielle King, Clinical Psychologist
Dr Dean Connolly, Specialty Registrar in Public Health Medicine
Dr Debora Diamond
Dominic Davies, Consultant Psychotherapist
Dr Dori Grijseels, Postdoctoral Researcher
Mx E. Starsong, RN / PhD Student
Ella Green, GP Specialist in Transgender Healthcare
Dr Emily Barnard, GP
Erika Alm, Researcher
Dr Fran Washington, Highly Specialist Clinical Psychologist
Freya Sheldon-Burtoft
Dr George Barker, Anaesthetist and Honorary Clinical Teaching Fellow
Dr Gina Gwenffrewi
Grace Gee, Advanced Specialist Speech and Language Therapist
Dr Hannah Cagney, BMA UK Council
Dr Heather Wood, Clinical Psychologist
Dr Jaimie Veale, Senior Lecturer in Psychology
J. Arcelus, Consultant and Emeritus Professor in Transgender Health
John Leggett, MRCPharm, Specialist Cancer and Transition Pharmacist
Dr Jos Twist, Clinical Psychologist
Karmela Jones, Psychotherapist
Dr Kim Hipwell, Cognitive Scientist
Dr K. Tigwell, GP
Dr K. Vincent, Consultant in Emergency Medicine
Dr Kirstie Ken English, Sociology Lecturer
Kit Aina, GP and Specialty Doctor in Gender Dysphoria and Sexual Health

Kris Black, Psychotherapist, Counsellor, Supervisor
Kyle Ring, Consultant Physician, HIV/GUM
Laurie May Atkinson, Psychotherapist
Dr Leighton King, Clinical Psychologist
Dr Lorraine McDonagh, Senior Research Fellow, UCL
Lilly-Emma Thynne, Researcher
Dr Lily Heron, Anaesthetist
Dr Lorna Hobbs, Clinical Psychologist
Professor Mark Bower, Professor of Oncology
Martin von Fragstein, General Practitioner
Dr Max Kelen, GPwSI in Trans Health and Clinical Lead for Bridge Clinic
Maya C., Researcher
Dr Mehul Elliott-Joshi, Clinical Psychologist
Dr Melissa Stepney
Michael Shaw, Consultant Psychiatrist
Munjeeta Sohal, Psychosexual and Relationship Therapist
Dr Natacha Kennedy, Goldsmiths University of London
Natasha Miles
Niki D., Psychotherapist
Dr Owen Carter, GP Partner
P. Gawler-Wright, Psychotherapist
Penelope Wenham, Psychotherapist
Dr Philippa East, Chartered and Clinical Psychologist
Pippa, Therapist
Dr Rosie Jones, Principal Clinical Psychologist
Rue Ball, Principal Clinical Biochemist
Dr Ruth Pearce, Senior Lecturer, University of Glasgow
and NHS England LGBT+ Advisory Award Winner 2023
Dr Samantha Martin, Lecturer in Counselling and Psychotherapy
Dr Sandro Voi
Dr Sarah Greener, GP Registrar ST3
Sarah James, Clinical Psychologist
Dr Sean Harrison, University Research Fellow
Serge Nicholson, Accredited Psychotherapist
Siaron West, GP
Prof. Simona Giordano
Dr S.M.H., Clinical Psychologist
Dr Sone Erikainen, Lecturer in Sociology
Stephen Whittle OBE, Professor Emeritus of Equalities Law
Stewart O'Callaghan, CEO OUTpatients

Vassili Crispi, NIHR Academic Clinical Fellow and Registrar in Neurosurgery

Dr Walter Pierre Bouman, Consultant in Trans Health

Zoe Aldridge, PhD

Zoe John-Kay, Gender-Specialist Psychotherapist