

Freedom of Information Act 2000 disclosure log entry

Reference

19-20050

Date sent

14/06/2019

Subject

GIDS Referrals from Ireland

Details of enquiry

Please may I have a breakdown of:

1. The total number of children from Ireland referred to the Tavistock GIDS service (either to London or to be seen by a Tavistock representative in Ireland) by age when they first accessed the service and by birth sex in each year since 2008.
2. The percentage of the children above who were diagnosed with gender dysphoria.
3. The number of consultations held with the children above before a diagnosis was made.
4. The percentage of the children above who were recommended for puberty blockers and/or surgery.

Response Sent

1. The total number of children from Ireland referred to the Tavistock GIDS service (either to London or to be seen by a Tavistock representative in Ireland) by age when they first accessed the service and by birth sex in each year since 2008.

Please see in the table below the number of children accessing the service by natal sex. We cannot release numbers smaller than 5 for data protection reasons, so we cannot split this information by age as the table would largely consist of <5.

Years 2008 to 2011 GIDS did not receive referrals from Ireland.

Total number of GIDS Referrals from Ireland		
Year	Natal Female	Natal Male
2012	0	<5
2013	<5	0
2014	<5	<5
2015	10	5
2016	26	13
2017	28	8
2018	32	16

2. The percentage of the children above who were diagnosed with gender dysphoria.

These figures are the number of young people referred to the service. All patients accepted to the GIDS service fulfil the criteria for attending. The majority, but not all, young people attending the GIDS service fulfil the criteria for a diagnosis of gender dysphoria. However this may change over time, as young people often stay within the service over a number of years. We do not hold electronically collatable data on young people fulfilling a diagnosis of gender dysphoria per year. A further point to appreciate, however, is that a patient fulfilling such diagnosis at a specific point in time does not indicate what the outcome may be for that young person in the longer term. All referrals to the GIDS complete a comprehensive assessment in the first instance, this includes assessment of gender dysphoria and general psychosocial wellbeing.

3. The number of consultations held with the children above before a diagnosis was made.

A minority of young people attending the GIDS will be referred to the Endocrine Liaison clinic. Following assessment in the GIDS, in appropriate cases young people are referred to the endocrine clinic, most often for assessment for the hypothalamic blocker. In a very small number of cases referral will be for another reason such as discussion about the blocker. By no means all young people referred to the service will be referred for assessment for blocker treatment.

The data we can supply is the average number of appointments for young people before their referral to the endocrine liaison clinic, most of whom, but not all, will subsequently be prescribed the blocker.

On this basis the average number of GIDS appointments before a young person is seen by our endocrinology team is 7 (data taken from January 2013 to December 18). Please note, this figure has been calculated for all GIDS patients rather than Irish patients specifically.

4. The percentage of the children above who were recommended for puberty blockers and/or surgery.

We do not recommend GIDS patients for surgery. Such interventions are not available to under-18s on the NHS.

We cannot give you a percentage of the children above who have been recommended for blockers as not all will have reached the age of being eligible for this intervention.