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Dear Miss Cull

NATIONAL SPECIALIST COMMISSIONING ADVISORY GROUP
Re: Intersex issues

Thank you very much for your letters of June 12th 2001 to the Prime Minister and the Secretary of State about the 'Proposal for Hammersmith (Queen Charlotte's) Hospital to be the National Centre for Adolescent and Adult females with Congenital Abnormalities of the Genital Tract' and intersex issues more generally. I have been asked to reply on their behalf.

I found your letters and attachments interesting and informative, raising many important issues, including the question of designation of a national centre.

These issues have also exercised the National Specialist Commissioning Advisory Group (NSCAG) who decided, at a recent meeting, that a comprehensive review should be undertaken covering the work being carried out across the country on intersex conditions, the current evidence on best practice, and the crucially important issues of consent and confidentiality. As part of the review, the previous decision, taken in 1997, to designate a single centre for 'Adolescent and Adult Females with Congenital Abnormalities of the Genital Tract' may well need to be reconsidered.

In general, NSCAG's remit concerns the commissioning of services for people with rare disorders, and those with a disorder (rare or more common) which requires a highly specialised treatment. After a rigorous scrutiny process, NSCAG recommends designation and national commissioning of appropriate specialised services to Secretary of State. Membership is drawn from a broad spectrum of interests and includes representation from the main Royal Colleges and academic medicine. Specifically, in relation to congenital abnormalities of the genital tract, a unit was designated to provide a national service for a particular intervention for such anomalies. This did not include the range of care required by all those with intersex conditions.

NSCAG and the Regional Specialist Commissioning Groups are working closely together to develop a co-ordinated strategic approach to the commissioning of national and regional services. So, far from looking to centralise a wide range of services, NSCAG and its partners (recognising that services should be commissioned as locally as is clinically desirable) are making every effort in the changing NHS context to produce the best arrangements to ensure high quality services. It is a complex business!

Turning to communication between NSCAG and your organisation; I should like to assure you that working with support groups is a clear part of NSCAG's process, and I regret that this may not have happened in the past. We shall be contacting you within the next two weeks to discuss the review and that will also afford an opportunity to clarify further any points in your letter.

NSCAG: NATIONAL SPECIALIST COMMISSIONING ADVISORY GROUP
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