

Primary care prescribing for people who access Gender Identity Services (GIS)

NHS England is the direct commissioner of specialised gender identity services for individuals with a diagnosis of gender dysphoria^{1,2}, however a consistent theme amongst primary care professionals is that current arrangements are not optimal for patients or prescribers. This has led to publication of guidance from professional bodies to support prescribers, for example:

- British Medical Association guidance for GPs “Managing patients with gender dysphoria”³
- General Medical Council's Ethical hub on trans healthcare⁴

Both explain the role of GPs in managing patients with gender identity problems, including questions relating to patient records, confidentiality, bridging prescriptions and prescribing and monitoring responsibilities. This guidance aims to explain what should be provided in primary care and to highlight some of the underpinning ethical and legal considerations.

Although there is a lack of a national or locally agreed pathway from specialist to primary care for patients with gender dysphoria, there remains an expectation from GIS that GPs will prescribe and monitor hormones in line with their recommendations. Most recommended treatments are used “off label” and research evidence around the long-term impacts is still developing and remains limited. NHS Surrey Heartlands does not have a GIS within its footprint, as such there is no invitation to be engaged in the process to agree provider specific shared care arrangements to support good governance and safety.

Children and Young People (aged less than 17 years)

With current services under review and future service transformation expected, prescribing in children and young people (CYP) should be in line with the interim Cass review⁷ and the recently published interim service specification² which states that:

- puberty suppression should not be commissioned outside of a research setting; and
- separate but linked NHSE clinical commissioning policies will define the use of puberty blockers and gender affirming hormone treatment.

NHSE have been approached for more detail and timescale but have not yet been able to clarify.





Prescribers should be mindful of the recommendations of the interim Cass Review⁷ when receiving prescribing requests for young people under 16 years. The Cass Review highlights the need for health professionals to explore the child or young person's wellbeing, gender distress and any other challenges they may be facing. This includes being curious about safeguarding issues such as bullying or abuse. Concerns about addressing needs or sharing information can be discussed with your Named GP for Safeguarding.

Until further guidance is issued from NHSE, Surrey Heartlands Area Prescribing Committee have agreed the following arrangements for children and young people:

For current patients:

- Please continue to prescribe in line with any agreed shared care protocols in place (see guidance in primary care prescribing for people who access gender identity services)..

For new patients:

- Do not prescribe puberty blockers as per the interim service specification for CYP with gender incongruence (see link).
- There is not yet any specific recommendation for prescribing gender affirming hormones. These are expected to be published by NHSE. In the meantime, prescribers should be mindful of the recommendations of the interim Cass Review when receiving prescribing requests for young people under 16 years. The Cass Review highlights the need for health professionals to explore the child or young person's wellbeing, gender distress and any other challenges they may be facing. This includes being curious about safeguarding issues such as bullying or abuse. Concerns about addressing needs or sharing information can be discussed with your Named GP for Safeguarding.

Always ensure that appropriate shared care protocols are in place before prescribing.

Requests to prescribe

NHS England recommends that all requests to prescribe should be considered on a case-by-case basis and GPs should approach shared care and collaboration with gender identity specialists in the same way as they would any other specialist⁵. Participating in a formal shared care agreement is voluntary, subject to a self-



assessment of personal competence, and requires the agreement of all parties, including the patient. The advice should therefore be read in conjunction with the principles which underpin shared care as set out by the GMC in Good practice in prescribing and managing medicines and devices⁶.

- The clinician is responsible for the prescriptions they sign
- Drugs and other treatment should only be prescribed when a clinician has adequate knowledge of a patient's health and satisfied that the treatment serves the patient's needs
- If a clinician prescribes at the recommendation of another, they must satisfy themselves that the prescription is needed, appropriate for the patient and within the limits of their competence.
- The clinician should question any recommendation which is considered unsafe

Shared care

Due to the nature of the service commissioned by NHS England for GIS providers, primary care prescribers will, in the main, be asked to initiate treatment on written recommendation from a specialist via a shared care protocol. **Initiation by primary care** is supported by Surrey Heartlands if the prescriber is competent to exercise their share of clinical responsibility and is assured that the shared care protocol provides enough information for them to discharge their responsibilities safely (for example assurance that all the risks of treatment have been discussed with the patient and frequency of follow up is clearly indicated).

If the GP feels unable to accommodate the initial request to prescribe, it is suggested that contact is made with the requesting clinician to discuss further. Queries should be raised with the GIS provider in a timely manner for assurance and action that benefits the patient. Under shared care arrangements, the responsibility to prescribe would usually sit with the service initiating therapy and requesting shared care, however the NHS commissioned GIS providers are not funded to routinely prescribe but can do so if, after discussion between GP and Specialist, it is agreed that prescribing cannot be undertaken in primary care.

NHSE commission gender identity services for adults from several sites across the UK. London and SE provider of NHS adult gender identity services is **Tavistock and Portman NHS Foundation Trust Gender Identity Clinic**. Resources for healthcare professionals are available on their website here [Clinical information and guidance for hormone therapy - Gender Identity Clinic – GIC](#) and include:

- Shared care prescribing guidance
- Ongoing hormone monitoring and management information
- Post-discharge hormone management
- Patient information booklets



Other centres currently commissioned for adults are:

- **Sheffield Health and Social Care NHS Foundation Trust** [Information for GPs | Sheffield Health and Social Care \(shsc.nhs.uk\)](#)
- **Leeds and York Partnership NHS Foundation Trust** [Leeds and York Partnership NHS Foundation Trust -Gender Identity Service \(leedsandyorkpft.nhs.uk\)](#)
- **Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust** [Information for professionals - Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust \(cntw.nhs.uk\)](#)
- **Northamptonshire Healthcare NHS Foundation Trust** [Gender Identity Clinic | NHFT](#)
- **Nottinghamshire Healthcare NHS Foundation Trust** [Treatments offered | Transgender \(ncth.nhs.uk\)](#)
- **Devon Partnership NHS Trust** [For GPs and professionals | DPT](#)

In the absence of a national shared care protocol, each site will have its own documentation that should be provided with each patient. Under the assumption that most Surrey Heartlands patients will be seen by The Tavistock & Portman site, it should be noted from their shared care that:

- The minimum frequency of follow up by the specialist service is not specified – it is advisable to check that follow up has been arranged from the individual care plan or clinic letter. NHS England require a minimum of every 12 months.
- Inclusion of ability to discharge a patient from the service – this is allowed under the NHSE service specification but does not then strictly adhere to the understanding of what shared care is and may result in no specialist follow up at some point.
- On occasion a GP maybe asked to order a DEXA scan which are not routinely performed under GMS contracts – in the first instance it is suggested that contact is made with the Specialist to refer directly for DEXA
- Appears to minimise the risks associated with the drugs and the patient consent letter indicates that no discussion of risk with GP is wanted – risk of GP breaching GMC guidance. For patient friendly advice on risk see [Gender dysphoria - Treatment - NHS \(www.nhs.uk\)](#)

After consideration, if a GP concludes that they are unable to accept responsibility for prescribing and monitoring, and if concerned that declining involvement will pose a significant clinical risk, consideration must be given as to how to enable the patient to receive appropriate support and treatment funded by the NHS. If the patient is distressed, or the GP believes them to be at risk from self-harm, the GP should offer them support and consider the need for referral to an NHS commissioned specialised Gender Identity Clinic or to local mental health services as appropriate.



On-going care

It is imperative that clients who take the preparations under medical supervision are monitored as recommended. We recommend a documented annual review where the prescriber should:

- Review prescribing and results from monitoring
- Check that the person remains in touch with their specialist, in line with shared care recommendations. Prescribers may wish to return prescribing to the specialist if this contact is recommended but has ceased.
- Good quality data regarding long term clinical and psychological effects of “off label” prescribing of licensed medicines used for Gender Dysphoria is sparse. Discuss benefits vs risks of treatment regarding long term use, particularly with respect to psychological outcomes and clinical outcomes such as effects on fertility, cancer, endocrine or cardiovascular disease in the future.
- Highlight the importance of national screening/testing/advice linked to biological gender such as breast screening, measurement of PSA, cervical smears etc as appropriate. The annotation of records should be discussed as appropriate.

Private GIS

All private gender services accept self-referral. Due to the significant waiting times for NHS gender identity clinics, some patients choose to seek review from independent gender specialists, which may be located outside of the UK.

Patients should be strongly discouraged from sourcing puberty suppressing or gender affirming hormones from unregulated sources or from on-line providers that are not regulated by UK regulatory bodies.

It is highly recommended that the GP ask the service provider to demonstrate the necessary expertise before responding to the provider’s request. In all cases, prescribers should not issue any prescriptions until satisfied that the criteria defined by NHS England is met in their service specifications for adults⁸ and CYP². Any request for shared should be in line with an NHS commissioned service and GPs could ask the private provider to sign up to an NHS agreed document e.g. [Clinical information and guidance for hormone therapy - Gender Identity Clinic – GIC](#).

Appendix 1 shows a standard letter that GPs can send to non-NHS providers to satisfy due diligence and to help set up appropriate shared care agreements. The letter lists the evidence which private providers should be expected to supply to



support a GP's request. See Appendix 1: DRAFT LETTER FOR DUE DILLIGENCE OF PRIVATE PROVIDER

References

1. [NHS England » Service specification: Gender Identity Services for Adults \(Non-Surgical Interventions\)](#) (2019)
2. [NHS England » Interim service specification for specialist gender incongruence services for children and young people](#) (2023)
3. [Gender incongruence in primary care \(bma.org.uk\)](#) (accessed July 2023)
4. [Trans healthcare - ethical topic - GMC \(gmc-uk.org\)](#) (accessed July 2023)
5. [NHS England: Primary Care Responsibilities in Prescribing & Monitoring Hormone Therapy for Transgender and Non-Binary Adults \(updated\)](#) (April 2016)
6. [Good practice in prescribing and managing medicines and devices \(gmc-uk.org\)](#) (2021)
7. [Interim report – Cass Review](#) (February 2022)
8. [NHS England » Service specification: Gender Identity Services for Adults \(Non-Surgical Interventions\)](#) (updated Nov 2022)



Appendix 1: DRAFT LETTER FOR DUE DILLIGENCE OF PRIVATE PROVIDERS

Dear Colleague,

Many thanks for your correspondence. In line with NHS England directions, I will consider undertaking prescribing and monitoring of treatment for our patient, under your guidance, subject to the following conditions being met:

1. Your organisation provides evidence confirming the credentials of both your service and clinicians in the field of gender dysphoria (please see below)
2. You provide a signed shared care protocol in line with those provided by NHS-commissioned providers, example can be found here [Clinical information and guidance for hormone therapy - Gender Identity Clinic – GIC](#) and
3. For patients aged under 17 (before their 17th birthday), you provide a signed shared care agreement from a paediatric endocrinologist, in line with NHS England guidance. Please note that we do not accept requests for transgender hormones for individuals until around their 16th birthday, as outlined by NHS Commissioning Policy, and in addition such requests must align with all other commissioning requirements. We do not accept requests for puberty blockers in children and young people in line with the Cass report and interim NHSE England policy.

Please note that we will not issue any prescriptions until we have been satisfied of the above conditions.

To satisfy clause 1, NHS England advice states that GPs must ensure such requests comply with the following points:

- The request is from a reputable company that provides a safe and effective service
- The circumstances of the request for the particular individual meet the general principles of the GMC's Good Practice in Prescribing and Managing Medical Devices
- The health professional making the request is an appropriate gender specialist. The GMC states 'an experienced gender specialist will have evidence of relevant training and at least two years' experience working in a specialised gender dysphoria practice such as an NHS Gender Identity Clinic. Evidence provided should include the following:
 - Formal links with NHS-commissioned specialised Gender Identity Clinics
 - Formal links with relevant professional associations
 - Previous time spent working in NHS-commissioned specialised gender identity services
 - Evidence of ongoing continuous professional development
 - Participating in credible research related to gender nonconformity and gender dysphoria
- The decision to recommend endocrine therapy should have the documented support of two gender specialists who are directly involved in the patient's care; at least one of whom must be medically qualified
- The provider has an effective multidisciplinary team of gender specialists that meets regularly (either in person or electronically)
- The impact on the individual's fertility has been discussed with them and informed consent has been given

I look forward to hearing from you.

Yours sincerely,