

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. ([Specialised Gender Identity Services for Adults; Report on outcome of public consultation and update to Equality Impact Assessment](#)). A consistent theme amongst primary care professionals was that current arrangements are not optimal. The British Medical Association proposed the development of local networks of specialist GPs, working more closely and collaboratively with specialist gender clinics to encourage greater experiential learning and assist with the transfer of skills and expertise at local level. Locally, a “GP with Specialist Interest” (GPwSI) model of delivery to improve access of treatment for our local people was supported. This was not addressed by the consultation.

The British Medical Association guidance for GPs “Managing patients with gender dysphoria” ([Gender incongruence in primary care \(bma.org.uk\)](#)) explains the role of GPs 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 Gender Identity Services 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 Frimley does not have a Gender Identity Service within its footprint and lacks system experience to locally agree shared care arrangements to support good governance and safety.

CQC: Adult trans care pathway. Refer to [The adult trans care pathway - Care Quality Commission \(cqc.org.uk\)](#) to find out more about what CQC expects from GP practices.

Shared Care

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 specialist. 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 devices. [Good practice in prescribing and managing medicines and devices \(gmc-uk.org\)](#)

- 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

As with any other shared care request, if the GP is unable to accommodate the request to prescribe, the responsibility to prescribe would sit with the service initiating therapy and requesting shared care.

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.

As a result of recommendations from the Cass Review, [NHS England have announced](#) service transformation with improved and expanded services for children and young people experiencing gender incongruence and gender dysphoria by Spring 2023. This will be a regional model, with consistent data collection to track outcomes, supported by a multi-disciplinary team so that a young person's needs are met holistically and delivered in an integrated way. There will also be more support offered to local services so that children and young people can receive care more locally where this is clinically appropriate.

Agreeing to prescribe: For GPs accepting prescribing responsibility, the Medicines Optimisation Group [Aug 2022] draw attention to The Tavistock and Portman shared care prescribing guideline <https://gic.nhs.uk/gp-support/shared-care-protocols/> as an example of a shared care document that may be used to support GPs with prescribing and monitoring arrangements. The document outlines the roles and responsibilities of the specialists, GPs and clients. 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.

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.

Private Gender Identity Clinic services: 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. It is highly recommended that the GP to 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 [NHS England service specification gender dysphoria services non-surgical-oct-2022.pdf](#)

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

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, 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

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