

<b>Subject</b>	<b>Treatment for Gender Dysphoria in Transgender and Non-Binary Adolescents and Adult Patients</b>
<b>Date of decision</b>	<b>March 2019</b>
<b>Date refreshed</b>	
<b>Date of review</b>	<b>March 2022</b>

This document covers the prevailing guidance regarding hormone prescriptions for the treatment of gender dysphoria in trans men, transmasculine people (assigned female at birth), trans women and transfeminine people (assigned male at birth).

Whilst provided to support GPs in the process of decision-making, it is to be noted that Gender Identity Services are commissioned by NHS England as part of its specialised services programme. This document provides specific guidance on the following:

1. **Key guidance**
2. **Further detailed guidance from commissioners and professional organisations**
3. **Key concerns as raised by GPs**
  - a. **Is there an NHS shared care agreement?**
  - b. **Am I permitted to prescribe unlicensed medications?**
  - c. **What do I do in an urgent case?**
  - d. **What about requests from non-NHS providers?**

### **1. Key Guidance Points**

- NHS England are currently responsible for commissioning specialist gender services and have published several guidance documents regarding the role of primary care in gender dysphoria
  - Once assessed by Gender Identity Clinics, it is expected that patients can predominantly be managed in primary care with guidance and a management from gender specialists
- NHS England has set out in its service specifications<sup>1,2</sup> the expectations for responsibility of prescribing and monitoring hormone treatment. There is an expectation that GPs will prescribe on the advice of the Gender Identity Clinics
  - The 'shared care agreement and prescribing guidelines' for the CCG's local Gender Identity Clinic (The Tavistock) is outlined in this document. These shared care arrangements are not fully consistent with usual arrangements for shared care as set out in the NHS England report Responsibility for Prescribing<sup>3</sup>. Agreements with other clinics may be subject to some variation
- There are currently very few medications licensed specifically for gender dysphoria
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<sup>1</sup> NHS England. "Service Specification: Gender Identity Services for Adults (Non-Surgical Interventions)." 2019.

<sup>2</sup> NHS England. *NHS Standard Contract for Gender Identity Development Services for Children and Adolescents*. NHS England, 2015.

<sup>3</sup> NHS England. (January 2018). *Responsibility for Prescribing Between Primary and Secondary/Tertiary Care*. NHS England.

- GMC guidance states that unlicensed medication may be necessary and can be prescribed if there is no suitably licensed medicine to meet the patient's need
- There is a risk that without this medication, vulnerable patients may seek medication from other sources or self-harm. The Trans Mental Health Study (2012) found that 53% of participants had self-harmed at some point, with just under 20% of respondents stating they had wanted to self-harm in relation to or because of involvement with a Gender Identity Clinic or Health Service<sup>4</sup>
- If a GP feels they lack the requisite knowledge regarding prescription and management of a patient with gender dysphoria, advice from the Gender Identity Clinic should be sought in the first instance, but are also advised to develop skills through CPD. Of note, the RCGP online learning module produced in conjunction with GIRES has recently been removed, but a new module on gender variance is due to be launched in 2019.
- Bridging prescriptions prior to specialist assessment remain controversial and there is conflicting guidance from advisory bodies
- Due to significant demand for services, some individuals seek opinions from independent gender clinics, both online and face-to-face
  - NHS England have provided further guidance about prescribing based on advice from independent gender specialists, and state requests should be considered on a case-by-case basis
  - A GP may decline to accept responsibility for prescribing and monitoring if the GP is not assured of the credentials of the independent specialist. However they must also be satisfied that declining would not pose significant risk to the patient.
  - The GP may ask the independent provider to demonstrate they possess the necessary expertise before responding to the independent provider's request. NHS England states that the commissioning criteria for gender dysphoria services should be considered when making this decision.

## **2. Further detailed guidance from commissioners and professional organisations**

### **NHS England**

The clinical commissioning criteria for gender dysphoria set out by NHS England is as follows<sup>5</sup>:

- *The assessment, diagnosis and confirmation of gender dysphoria must be by a health professional who specialises in gender dysphoria and has general clinical competence in diagnosis and treatment of mental or emotional disorders*
- *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 and who must make the prescribing recommendation*
- *The provider has an effective multi-disciplinary team of gender specialists that meets regularly, either in person or through electronic communication*
- *The impact on the individual's fertility has been discussed with them; and informed consent has been given*

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<sup>4</sup> Scottish Transgender Alliance. (2012, September). *Trans Mental Health Study 2012*. Retrieved March 12, 2019, from Gender Identity Research and Education Society (GIRES): [https://www.gires.org.uk/wp-content/uploads/2014/08/trans\\_mh\\_study.pdf](https://www.gires.org.uk/wp-content/uploads/2014/08/trans_mh_study.pdf)

<sup>5</sup> NHS England. *Primary Care Responsibilities In Regard To Requests by Private On-Line Medical Service Providers to Prescribe Hormone Treatments for Transgender People (SSC 1826)*. London: NHS England, January 2018.

*Additionally, where the individual is a young person under 17 years of age the criteria include:*

- *A Consultant Endocrinologist who specialises in prescribing to gender variant children and young people is directly involved in the individual's care agrees on the suitability of the endocrine intervention*
- *Prescriptions for cross sex hormones are not issued to young people until they have attained the age of around 16 years.'*

In addition, for patients under the age of 17 (transfer into adult services can occur from the client's 17<sup>th</sup> birthday)<sup>6</sup>:

*"The service will confirm to the GP and CAMH's team that it is responsible for the individualised care plan that has been agreed with the client (and their family or carer if appropriate)...*

*GPs [will] prescribe and monitor any physical treatments and the Paediatric Endocrine Liaison Clinic will supply a shared care agreement and respond to any queries or concerns around this."*<sup>2</sup>

Of note, prescriptions for cross-sex hormones are not issued to young people until "around their 16<sup>th</sup> birthday."<sup>6</sup> This seems to stem from the ages at which individuals were given cross-sex hormones in the limited trials available. There is no further guidance regarding this age demarcation, however it must be considered that all other commissioning criteria must be fulfilled in addition and the patient must have been seen by a specialist Paediatric Gender Specialist Clinic. **Currently the only clinic serving this purpose in the UK is the Gender Identity Development Service (GIDS), based at the Tavistock and Portman NHS Trust, London.**

In late 2018, NHS England published a service specification for adult gender identity services, giving specific guidance about non-surgical interventions, including hormone treatment. Key points include:

- *"They [The Gender Identity Clinic] will provide the GP with patient-specific 'prescribing guidance', which will consist of a written treatment recommendation, and adequately-detailed information about necessary pre-treatment assessments, recommended preparations of medications, and advice on dosages, administration, initiation, duration of treatment, physical and laboratory monitoring, interpretation of laboratory results and likely treatment effects.*
- *Individuals receiving... pharmacological interventions... will have these reviewed by a medical practitioner from the specialist multi-disciplinary team at least once in twelve months."*<sup>7</sup>

This appears to align with NHS England's report *Responsibility for Prescribing between Primary and Secondary/Tertiary Care*,<sup>8</sup> which provides a template of principles for shared care between primary and secondary/tertiary care. Clinical information (in writing), should include a brief overview of the disease and more detailed information on the treatment transferred, including:

- *"Summary of NICE, BNF, SPC or other guidance where applicable*
- *Licensed indications and therapeutic class*

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<sup>6</sup> NHS England. "Clinical Commissioning Policy: Prescribing of Cross-Sex Hormones as part of the Gender Identity Development Service for Children and Adolescents ." NHS England, 2016.

<sup>7</sup> NHS England. (2019). *Service Specification: Gender Identity Services for Adults (Non-Surgical Interventions)*.

<sup>8</sup> NHS England. (January 2018). *Responsibility for Prescribing Between Primary and Secondary/Tertiary Care*. NHS England.

- Dose, route of administration and duration of treatment
- Adverse effects (incidence, identification, importance and management)
- Cautions and contra-indications
- Monitoring requirements and responsibilities
- Clinically important drug interactions and their management
- Peer-reviewed references for product usage
- Contacts for more detailed information.”

### **The General Medical Council (GMC)**

In response to the concerns published in a report by House of Commons Women and Equalities Committee<sup>9</sup>, the GMC has produced guidance to ensure doctors are aware of the health needs of transgender patients. In particular they offer guidance on Primary Care responses to Gender Identity Clinics:

*‘You must co-operate with Gender Identity Clinics and gender specialists in the same way that you would co-operate with other specialists, collaborating with them to provide effective and timely treatment for trans and non-binary people. This includes: prescribing medicines recommended by a gender specialist for the treatment of gender dysphoria; following recommendations for safety and treatment monitoring...*

*Once the patient has been discharged by a Gender Identity Clinic or gender specialist, the prescribing and monitoring of hormone therapy can be carried out successfully in primary care without further specialist input. From the patient’s perspective, management in primary care is far easier, and there is no specific expertise necessary to prescribe for and monitor patients on hormone therapy...*

*If you feel you lack knowledge about the healthcare needs of trans people, you should, in the short term, ask for advice from a gender specialist. In the longer term, you should address your learning need as part of your continuing professional development which will enable you to provide treatment to meet your patients’ needs.’<sup>10</sup>*

### **The British Medical Association (BMA)**

The BMA GP Committee has offered further guidance in response to NHS England and GMC reports. They state “there is a need for a balance between what can justifiably be expected of GPs in providing Primary Medical Services to patients with gender incongruence, those enhanced services which can be provided in primary care, and the knowledge and expertise which should rightly remain within the remit of specialist services.”<sup>11</sup> They further state that GPs should approach shared care agreements with Gender Identity Services in the same manner as they would with any other specialist, however decisions to do so are subject to a self-assessment of personal competence.

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<sup>9</sup> House of Commons Women and Equalities Committee. (December 2015). *Transgender Equality. First Report of Session 2015-16*.

<sup>10</sup> General Medical Council. (March 2016). *Guidance for Doctors Treating Transgender Patients*.

<sup>11</sup> British Medical Association. *Gender Incongruence in Primary Care*. 2018.

<https://www.bma.org.uk/advice/employment/gp-practices/service-provision/prescribing/gender-incongruence-in-primary-care> (accessed December 7, 2018).

### **The Medical Protection Society (MPS)**

The Medical Protection Society have advised enquiring GPs that there should be a shared care agreement with the gender identity service, with clear advice about what to do with abnormal results and when to escalate to a specialist team. In addition, GPs should follow GMC guidance and up-skill if necessary. In addition, if any Gender Identity Service has passed due diligence, a psychiatric assessment should have been included. GPs are advised that it should be documented if such assessments have been undertaken at gender identity clinics.

If GPs undertake their own mental health assessments, they should be documented as per templates on their IT system and should contain risk assessments.

The **MDDUS** further reinforces the available GMC guidance as discussed above<sup>12</sup>. The **MDU** does not have online advice, however GPs should contact their relevant defence association if they require medico-legal advice on a particular case.

### **3. Key Concerns Raised by GPs**

There are recent cases of General Practitioners raising concerns around the prescribing and monitoring of cross-sex hormones, and in some instances this has led to GP's declining to accept the advice of specialist Gender Identity Clinic physicians. From these cases, several common themes and concerns have become apparent.

#### **3a. Is there an NHS shared care agreement with the Gender Identity Clinics?**

Shared care agreements are available between Gender Identity Clinics, GPs and patients. However these are often framed as 'shared care prescribing guidance' rather than the traditional 'shared care agreements' that GPs may be more familiar with from other local or national policies. These 'shared care prescribing guidance' often do not contain a specific option for GPs to decline to agree to 'share care' and expect GPs to initiate treatment.

There are 7 NHS England accredited Gender Clinics which may offer shared care agreements as per the NHS England Service Guideline:

- Exeter (The Laurels)
- Leeds (Newsome Centre)
- London (The Tavistock and Portman NHS Trust)
- Northampton (Denetre Hospital)
- Nottingham (Nottingham Gender Clinic)
- Sheffield (Porterbrook Clinic)
- Newcastle (Northern Region Gender Dysphoria Service)

GPs are responsible for ensuring that the requests they receive from Gender Identity Clinics are safe and from verifiable services. **If the request you receive does not come from one of the above clinics, please see guidance section 3d (What About Requests from Non-NHS Providers?)**

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<sup>12</sup> Medical and Dental Defence Union of Scotland. (2016, September 22). *Transgender Healthcare*. Retrieved March 12, 2019, from The MDDUS: <https://www.mddus.com/resources/publications-library/gpst/gpst-issue-13/transgender-healthcar>

Whilst shared care agreements between Gender Identity Clinics and primary care may differ between trusts, most individuals residing in ENHCCG receive their care at The Tavistock and Portman NHS Foundation Trust. The Tavistock Clinic's shared care agreement for ongoing prescription of hormone treatment is as follows<sup>13,14</sup>:

### **Specialist Gender Identity Clinic Team Responsibilities**

- Establish or confirm diagnosis and assess suitability for treatment
- Baseline monitoring of bloods by GIC endocrine team
- Discuss treatment with patient and ensure they have a clear understanding of benefits and side-effects
- Obtain signed consent for hormonal treatment
- Send a signed, fully completed copy of the guideline to GP for consideration of shared care request
- Contact GP directly if response not received within 2 weeks
- Monitor treatment according to guidance and advise patient and GP on dose titration of medicines

Ongoing Care Arrangements - Specialist team to:

- Write to GP following clinic contacts
- Inform GP of abnormal results and recommend changes prescribed by the GP, including the need to discontinue where appropriate
- Evaluate adverse events and communicate outcome to GP
- Make arrangements for ongoing monitoring and follow-up according to shared care guidelines, including continued need for therapy

Consultant/Gender Specialist Nurse:

- Training, support and advice for GPs, Community Pharmacists and District Nurses on request

### **GP Responsibilities**

- Prescribe treatment as advised by the GIC and discussed with the patient
- Monitor general health of the patient and check for adverse effects
- Inform GIC Consultant of suspected adverse effects
- Stop treatment on advice of Gender Clinician or immediately if urgent need arises
- Check compatibility interactions when prescribing new or stopping existing medication
- Continue to monitor and follow-up according to shared care guidelines
- Discuss any abnormal results with Gender Clinician and agree any action required

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<sup>13</sup> The Tavistock and Portman NHS Foundation Trust. (February 2018). *Shared Care Prescribing Guidance For Treatment of Gender Dysphoria in People Assigned Female at Birth Transitioning to a Masculine Gender Identity*. London.

<sup>14</sup> The Tavistock and Portman NHS Foundation Trust. (February 2018). *Shared Care Prescribing Guidance for Treatment of Gender Dysphoria in People Assigned Male at Birth Transitioning to Feminine Gender Identity*. London.

The above shared care agreement appears consistent with the expectations for prescribing and monitoring within the NHS England Service Specifications for both adult and adolescent patients<sup>15, 16</sup>.

### **3b. Am I permitted to prescribe unlicensed medications?**

Following review and diagnosis by a Gender Identity Clinic, some patients are commenced on hormone treatments including oestradiol and testosterone preparations, likely to be continued indefinitely. In order to reach stability or prior to surgery, other medications such as gonadotrophin releasing hormone analogues may be added for a short period. NHS England guidance reiterates GMC principles on prescribing unlicensed medications, stating,

*'Prescribing unlicensed medicines may be necessary where there is no suitable licensed medicine that will meet the patient's need.'*<sup>17</sup>

GMC guidance on prescribing unlicensed medication reiterates that doctors must:

1. *'Be satisfied that there is sufficient evidence of experience of using the medicine to demonstrate its safety and efficacy*
2. *Take responsibility for prescribing the medicine and overseeing the patient's care, monitoring and any follow-up treatment, or ensure that arrangements are made for another suitable doctor to do so*
3. *Make a clear, accurate and legible record of all medicines prescribed and, where you are not following common practice, your reasons for prescribing an unlicensed medicine'*<sup>150</sup>

GMC guidance further states that you 'must give your patient clear, accurate information about the side effects, complications and other risks of the treatment options.' This includes the risk of irreversible effect on their reproductive capacity.<sup>18</sup>

Due to the nature of the treatment, there is no evidence from randomised controlled trials; leaving the majority of the scant available data in the form of low quality observational studies. In response to this and the above GMC guidance, The Tavistock 's shared care prescribing guideline states:

*'The use of hormonal manipulation in the treatment of transsexual individuals is hampered by a lack of any randomised controlled trials to assist in our therapeutic decisions. There has, however, been a significant amount of experience in the treatment of this condition over the last 30 years, using several well-established hormonal protocols, and the totality of the available evidence demonstrates that, for carefully selected patients, hormone therapy is a safe and effective means of alleviating the potentially debilitating condition of gender dysphoria.'*

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<sup>15</sup> NHS England. "Service Specification: Gender Identity Services for Adults (Non-Surgical Interventions)." 2019.

<sup>16</sup> NHS England. (2015). *NHS Standard Contract for Gender Identity Development Services for Children and Adolescents*. NHS England

<sup>17</sup> General Medical Council. (February 2013). *Good Practice in Prescribing and Managing Medicines and Devices*

<sup>18</sup> General Medical Council. (2019). *Trans Healthcare - Advice Based on GMC Guidance*. Retrieved March 12, 2019, from GMC Online: <https://www.gmc-uk.org/ethical-guidance/ethical-hub/trans-healthcare---advice-based-on-gmc-guidance#mental-health-and-bridging-prescriptions>

### 3c. What do I do in an urgent case?

Due to the demand for gender specialist services, waiting times for consultation are often significantly longer than the 18 weeks outlined in the NHS constitution, with the average waiting time being 18-24 months for the Tavistock Clinic at present. This wait can cause individuals significant distress and may have a detrimental effect on a patient's mental health. This can lead vulnerable patients to behaviours such as sourcing unregulated medication, self-harm and suicide. Given the increased prevalence of self-harm and suicide in the transgender population, this poses a significant risk to patients. **If you believe your patient to be at risk of self-harm, you should offer support and consider referral to local mental health services as appropriate. Referral forms for secondary care psychiatry services, CHMT and CAMHS can be found on the CCG Website.**

In light of these risks, The Royal College of Psychiatrists advocate a harm-minimisation approach as outlined in *Good Practice Guidelines for the Assessment and Treatment of Adults with Gender Dysphoria (CR181)*. It states:

*'... the GP or other medical practitioner involved in the patient's care may prescribe 'bridging' endocrine treatments as part of a holding and harm reduction strategy while the patient awaits specialised endocrinology or other gender identity treatment and/or confirmation of hormone prescription elsewhere or from patient records.'*<sup>19</sup>

The GMC however advises that a bridging prescription should **only** be issued in cases where **all the following criteria are met**<sup>20</sup>:

1. The patient is already self-prescribing with hormones obtained from an unregulated source (over the internet or otherwise on the black market)
2. The bridging prescription is intended to mitigate a risk of self-harm or suicide
3. The doctor has sought the advice of a gender specialist, and prescribes the lowest acceptable dose in the circumstances.

The GMC defines a gender specialist as having 'evidence of relevant training and at least two years' experience working in a specialised gender dysphoria practice such as an NHS GIC.'<sup>21</sup>

In response to this, the BMA GP committee have raised further concerns about bridging prescriptions prior to specialist assessment. They remind GPs that they are not obliged to provide bridging prescriptions. Whilst they acknowledge that a strategy to minimise patient harm is important, they also feel that this "fails to address the resulting significant medico-legal implications for GPs, and neglects the non-pharmacological needs of these patients."<sup>3</sup>

**It must be remembered that if bridging prescriptions are considered by GPs when all the above criteria are met, patients are likely to require further mental health support and consideration of referral to specialist services.**

<sup>19</sup> Royal College of Psychiatrists. (October 2013). *Good Practice Guidelines for the Assessment and Treatments of Adults with Gender Dysphoria*.

<sup>20</sup> General Medical Council. (2016, May). *Letter to BMA GP Committee RE Bridging Prescriptions*. Retrieved 2018, from BMA Online

<sup>21</sup>

General Medical Council. (2019). *Trans Healthcare - Advice Based on GMC Guidance*. Retrieved March 12, 2019, from GMC Online: <https://www.gmc-uk.org/ethical-guidance/ethical-hub/trans-healthcare---advice-based-on-gmc-guidance#mental-health-and-bridging-prescriptions>

There is no clear protocol for emergency advice and guidance; however their correspondence states that if requests are urgent or time-sensitive, the Tavistock and Portman Clinic can be reached via their main line on **020 8938 7590**.

### **3d. What about requests from non-NHS providers?**

Due to the significant waiting times for gender identity clinics, some patients choose to seek review from independent gender specialists either online or face-to-face. This has led to concerns from General Practitioners regarding the process for ensuring diagnosis and ongoing management is appropriate and robust. NHS England has responded to these issues in the form of a Specialised Services Circular<sup>22</sup>.

As per GMC guidance the clinician is responsible for the prescriptions he/she signs. In addition to this, *Good Practice in Prescribing Medicines and Devices* explains that, 'If a clinician prescribes at the recommendation of another, he/she 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.'<sup>23</sup>

Before prescribing hormones from a non-NHS provider (either online or face-to-face), NHS England advises that GPs must satisfy themselves that:

1. 'The request is from a reputable company providing a safe and effective service
2. The circumstances of the request... meets the GMC's *Good Practice in Prescribing and Managing Medicines and Devices*
3. The health professional making the request is an appropriate gender specialist'<sup>24</sup>

If a GP is satisfied that the online provider satisfies the above criteria, then commissioning protocol supports a decision by a GP to accept the prescription request. However if a GP is not assured, NHS England guidance advises:

*'A GP may reasonably decline to accept responsibility for prescribing, monitoring and testing if the GP is not assured that the recommendation for prescribing has been made by an expert gender specialist, **as long as the GP is also satisfied that declining responsibility would not pose a significant clinical risk to the individual.** It is reasonable for the GP to ask the provider to demonstrate that it has the necessary expertise before responding to the provider's request. All requests should be considered on a case-by-case basis.'*<sup>12</sup>

If unsure about the credentials of a private provider, further advice can be sought from NHS England Specialist Commissioning at [england.boffice\\_speccom@nhs.net](mailto:england.boffice_speccom@nhs.net) (**This contact should not be used for urgent correspondence – see section 3c**)

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<sup>22</sup> NHS England. *Primary Care Responsibilities In Regard To Requests by Private On-Line Medical Service Providers to Prescribe Hormone Treatments for Transgender People (SSC 1826)*. London: NHS England, January 2018.

<sup>23</sup> General Medical Council. *Good Practice in Prescribing and Managing Medicines and Devices*. [http://www.gmc-uk.org/guidance/ethical\\_guidance/14316.asp](http://www.gmc-uk.org/guidance/ethical_guidance/14316.asp), February 2013.

<sup>24</sup> NHS England. *Primary Care Responsibilities In Regard To Requests by Private On-Line Medical Service Providers to Prescribe Hormone Treatments for Transgender People (SSC 1826)*. London: NHS England, January 2018.

**The CCG has produced a standard letter that GPs can send to non-NHS providers in order to satisfy due diligence and set up appropriate shared care agreements (Annexe A). The letter lists the evidence which private providers should be expected to supply in order to support their request.**

There is little published on shared care with private providers however The Tavistock published a statement<sup>25</sup> in 2017 following BBC reports about private gender treatment providers. Their position was:

*“The wellbeing of young people – both psychosocial and physical wellbeing – is our prime concern. **The Gender Identity Development Service (GIDS) does not offer shared care with non-NHS clinicians**, although we understand that some young people and their families may choose to access hormone treatments outside of the service or without medical supervision at an earlier point than is set out in the current NHS England specification.”*

### **Summary**

GPs are expected to manage requests for prescribing and monitoring of any medication for any condition following the same principles, including:

- Considering the patient’s individual needs
- Prescribing within one’s competence, with guidance from specialists and through shared care agreements
- Undertaking relevant CPD
- Following national and local guidance
- Taking advice from professional bodies where necessary

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<sup>25</sup> The Tavistock and Portman NHS Foundation Trust. (2017, February 27). *Gender Identity and Private Hormone Treatments*. Retrieved November 27, 2018, from The Tavistock and Portman NHS Foundation Trust: <https://tavistockandportman.nhs.uk/about-us/news/stories/gender-identity-and-private-hormone-treatments/>

## Glossary

**Agender** – an individual who does not identify themselves as having a particular gender

**Cis-gender** – individuals whose gender identity matches that assigned at birth

**Gender Dysphoria** - discomfort or distress caused by a mismatch between a person's gender identity and their biological sex assigned at birth<sup>26</sup>

**Genderqueer** – A term for gender identity other than male or female. People may identify as both genders, neither gender, a third gender, agender or genderless (see non-binary)

**Non-binary** - an individual who does not identify solely as male or female. They may identify as both genders, neither gender or have no fixed gender (see genderqueer)

**Transfeminine people** - individuals who were assigned male at birth, but do not identify as male. Individuals may identify as female, non-binary, agender or genderqueer<sup>27</sup>

**Transgender** – Someone whose personal idea of their gender does not match with his or her assigned gender role<sup>27</sup>

**Trans man** – an individual who has transitioned from female to male. Someone who was labelled female at birth but has a male gender identity and therefore transitions to live as a man<sup>27</sup>

**Transmasculine people** – individuals who were assigned female at birth, but do not identify as female. Individuals may identify as male, non-binary, agender or genderqueer<sup>27</sup>

**Trans woman** – an individual who has transitioned from male to female. Someone who was labelled male at birth but has a female gender identity and therefore transitions to live as a woman<sup>27</sup>

## Links to support organisations

**Gender Identity Research and Education Society (GIRES)** - a UK wide organisation whose purpose is to improve the lives of trans and gender non-conforming people of all ages

**Mermaids** – family and individual support for gender diverse and transgender children and young people

**TransUnite** – a resource for people in the UK searching for support in the transgender community

**Tranzwiki** – a comprehensive directory of groups campaigning for, supporting or assisting trans and gender non-conforming individuals across the UK

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<sup>26</sup> NHS. (2016, April 12). *Gender Dysphoria Overview*. Retrieved March 12, 2019, from NHS : <https://www.nhs.uk/conditions/gender-dysphoria/>

<sup>27</sup> NHS Sexual Health Sheffield. (2018). *Living My Life: Information for People who Currently Identify as Trans or are Beginning to Explore Their Gender Identity*. Retrieved March 12, 2019, from NHS Living Well: <https://www.nhs.uk/livewell/transhealth/documents/livingmylife.pdf>

## DRAFT LETTER FOR DUE DILLIGENCE OF PRIVATE PROVIDERS

Dear Colleague,

Many thanks for your correspondence. In line with NHS England directions I should be willing to undertake 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 17<sup>th</sup> 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 16<sup>th</sup> 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,

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