Transgender Prescribing – Information for GPs
<table>
<thead>
<tr>
<th>Date</th>
<th>Version</th>
<th>Author</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>02.12.19</td>
<td>V0.1</td>
<td>Dr Shaba Nabi, GP Clinical Lead, Prescribing</td>
<td>First iteration of document template guidance.</td>
</tr>
</tbody>
</table>
Introduction

A number of queries have been received by the CCG Medicines Team regarding the management of patients presenting to General Practice with gender dysphoria. This document aims to explain both primary care and commissioning responsibilities.

Background

There is a growing demand for gender dysphoria clinics with referrals increasing by 25-30% per year across all clinics. These specialist clinics are commissioned by NHS England and provide access to a multi-disciplinary team, which initiates assessment and treatment.

The two closest gender identity clinics for our patients are:

The West of England Specialist Gender Identity Clinic

The Charing Cross Gender Identity Clinic

The waiting times for these clinics vary from 24 to 30 months, leading to people with gender dysphoria requesting hormone treatments from their GP. Hormone treatments may have been initiated by private clinics, or via the internet, until a person’s funds become depleted, and they present to the GP whilst undergoing transition. In addition, GPs become the default position for long-term maintenance and monitoring of hormone treatments, once discharged from specialist clinics.

Challenges for GPs

- Lack of specialist prescribing expertise in primary care
- Lack of holistic, multi-disciplinary team approach to the issue
- Lack of primary care commissioned funded pathway enabling facilitation of the above two factors

The lengthy waiting times for gender identity clinics is putting enormous pressure on GPs to provide interim services. However, assessment for appropriateness of medication is best placed within a multi-disciplinary gender identity clinic where a full psychological assessment can be performed. In addition, it can address the requirements for gamete storage which is crucial prior to initiating any medications.
Owing to the access issues within gender identity clinics, many patients are having their initial assessment performed at private clinics and being directed to primary care for maintenance treatment and monitoring. This creates two challenges:

- It is difficult for GPs to have an oversight of the quality assurance and clinical governance processes for all private clinics and on-line providers
- It is accelerating the presentation of these patients for maintenance treatment within primary care, where flow would normally have been restricted by a two-year waiting list for NHS gender identity clinics

**GMC Guidance**

Recent GMC guidance on gender dysphoria (3) has generated significant concerns amongst GPs regarding their prescribing responsibilities.

On the subject of bridging prescriptions, their advice is as follows:

*A GP should only consider issuing a bridging prescription in cases where **ALL the following criteria are met:**

- The patient is already self-prescribing from an unregulated source, and
- The bridging prescription is intended to mitigate a risk of self-harm or suicide, and
- The doctor has sought the advice of a gender specialist, and prescribes the lowest acceptable dose in the circumstances

This should be balanced against GMC guidance on good medical practice (4) which states that:

*You must recognise and work within limits of your competence and that you must keep your knowledge and skills up to date.*

In its guidance on prescribing and managing medicines, (5) the GMC also states:

*If you prescribe at the recommendation of another doctor, nurse or other healthcare professional, you must satisfy yourself that the prescription is needed, appropriate for the patient and within the limits of your competence.*

**NHS England Guidance**

NHSE published its Interim Gender Dysphoria Protocol and Service Guidance (6) in 2013. With regards to prescribing, it states that:

*NHS England expects GPs to co-operate with their commissioned GICs and to prescribe hormone therapy recommended for their patients by the GIC. They are also expected to co-operate with GICs in patient safety monitoring, by providing basic physical examinations (within the*
competence of GPs) and blood tests recommended by the GIC. The GIC is expected to assist GPs by providing relevant information and support, including the interpretation of blood test results.

Of significance, is that there is no mention of any commissioning arrangements within primary care to perform this work.

In January 2018, NHSE produced a document to explain the Primary Care responsibilities regarding requests by private on-line providers. (7) In summary, it states:

Regulatory guidance and NHS England’s current commissioning protocol supports a decision by a GP to accept a request made by a private on-line medical service to assume responsibility for prescribing, and for monitoring and testing, in cases where the GP is assured that the recommendation is made by an expert gender specialist working for a provider that offers a safe and effective service.

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, if 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

A further document published in September 2018 (8) outlines the service specification for Gender Identity services for adults. Hormonal treatment is to be initiated by a specialist within a gender identity clinic, but maintained and monitored within primary care, following patient specific prescribing guidance, easy access back to the specialist and annual review at gender identity clinic.

BMA Guidance

The GP Clinical and Prescribing Committee of the BMA has also produced guidance on gender dysphoria. (9)

This states that there should be timely access to specialist gender dysphoria clinics, either within a regional centre or through a locally commissioned pathway. Ongoing treatment and monitoring should occur either through specialist prescribing, or a properly funded shared care arrangement, with GPs who consent to providing this, or alternative providers.

With regards to bridging prescriptions, their guidance states:

It must be remembered that prescribers take individual ethical, clinical and legal responsibility for their actions, and when deciding on appropriate management GPs should keep accurate records.
of their reasoning and decisions. While awaiting specialist assessment, GPs should attend to their patients general mental and physical health needs in the same way as they would for other patients but are not obliged to prescribe bridging prescriptions.

What is BNSSG CCG doing?

The CCG is working with NHS England South West Regional Team to highlight concerns expressed by local GPs and their patients. This topic remains high on our agenda and we continue to attend joint meetings to ensure these patients can access the care they need in a timely fashion.

On a national level, we are in communication with the Director of Primary Care for NHS England, who is working with the Medical Director for Specialised Commissioning to ensure a national solution is found for this issue.

We will also be liaising with prescribing teams within the West of England Gender Identity Clinic to produce some shared care guidance relating to prescribing and monitoring of transgender hormones.

In the interim period, we suggest GPs continue to prescribe within their competencies, but ensure the physical and mental health needs of transgender patients are met. It is essential to perform a mental health risk assessment and promptly refer to the community mental health team, if there is any risk of self-harm.

References


(2) Good Practice Guidelines for the assessment and treatment of adults with gender dysphoria (Oct 2013) http://www.teni.ie/attachments/14767e01-a8de-4b90-9a19-8c2c50edf4e1.PDF

(3) GMC guidance on Trans healthcare https://www.gmc-uk.org/ethical-guidance/ethical-hub/trans-healthcare#mental-health-and-bridging-prescriptions


(6) NHSE Interim Gender Dysphoria Protocol and Service Guidance 2013

(7) Primary Care responsibilities in regard to requests by private on-line medical service providers to prescribe hormone treatments for transgender people

(8) NHSE Service Specification Gender Identity Services Sept 2018

(9) BMA: Focus on Gender Incongruence

Further resources for GPs

BMJ Best Practice - Gender Dysphoria

RCGP Gender Variance e-learning module

Gender Dysphoria services: a guide for GPs and other healthcare staff

Gendered Intelligence - Resources for the Trans community

Gender Identity Research & Education Society