

## Specialised Services Circular

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| <b>Status:</b>             | For information and action    |
| <b>Public &amp; Press:</b> | Not applicable                |

### Title: Primary Care Responsibilities In Regard To Requests by Private On-Line Medical Service Providers to Prescribe Hormone Treatments for Transgender People

#### Circulation

##### For action

Local Team Assistant Directors of Specialised Commissioning  
Local Team Pharmacists

Local Teams to circulate to:

Local Medical Committees  
Gender Identity Clinics  
CCG Heads of Primary Care, and  
Medical Directors

##### For information

Head of Primary Care Commissioning  
Regional Directors of Specialised Commissioning  
Regional Medical Directors

#### Background

NHS England is the direct commissioner of specialised gender identity services for individuals with a diagnosis of gender dysphoria. One of the main interventions for transgender and non-binary people who are on the pathway of care is endocrine treatment. Under current commissioning arrangements, the specialists at the Gender Identity Clinic make recommendations to the individual's General Practitioner (GP) for the prescription and monitoring of these therapies (as described in Specialised

Services Circular 1620 dated 22 April 2016).

A number of trans and non-binary individuals access private on-line medical services, often because of long waiting lists into an NHS-commissioned Gender Identity Clinic. The online provider may make a diagnosis of gender dysphoria through remote contact with the patient and in such cases a private prescription may be issued, or the patient's GP will be asked to issue a NHS prescription. Either way, it is likely that the patient's GP will be asked by the online provider to assume responsibility for monitoring and testing and for passing the results of the monitoring and testing to the private on-line service.

A number of GP practice staff have asked NHS England to provide advice on the responsibilities upon an individual's GP in such cases in regard to issuing the prescription, and for monitoring and testing.

### **General principles**

The following general principles are based upon the Department of Health issued guidance "NHS Patients Who Wish to Pay for Additional Private Care" (2009). Although the guidance itself is intended to apply only to the interface between secondary and specialist healthcare, the following general principles on which the guidance is based should be regarded as applicable in the current context:

- The NHS should not withdraw NHS care because a patient chooses to buy private care, nor should patients who access private care be placed at an advantage or disadvantage in relation to the NHS care they receive
- The NHS should continue to provide free of charge all care that the patient would have been entitled to had they not chosen to have additional private care
- Where the same diagnostic, monitoring or other procedure is needed for both the NHS and private elements of care, the NHS should provide this free of charge and share the results with the private provider

These general principles should be considered alongside the General Medical Council's "Good Practice in Prescribing and Managing Medicines and Devices" (updated 2014) which states *inter alia*:

- The clinician is responsible for the prescriptions he/she signs and for his/her decision and actions when supplying and administering medicines or when others are authorised or instructed to do so
- Drugs and other treatment should only be prescribed when a clinician has adequate knowledge of a patient's health and is satisfied that the drugs or treatment serves the patient's needs
- 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

Also of relevance in the current context is the General Medical Council's [guidance](#) on "Doctors Treating Trans Patients" (2015):

- GPs must cooperate with Gender Identity Clinics and other gender specialists by prescribing medications, providing follow up and making referrals as recommended by those specialists
- It may be appropriate for a GP to issue a prescription where an individual is already self-prescribing via an unregulated source, and where the prescription is intended to mitigate a risk of self-harm and is supported by appropriate specialist advice

### **NHS England's advice**

A request by a private on-line medical service that a GP accepts responsibility for prescribing endocrine treatments for trans and non-binary people, and for testing and monitoring, may be no different from what an NHS-commissioned specialised Gender Identity Clinic may request under current commissioning arrangements.

GPs are therefore advised to consider each request on a case-by-case basis to satisfy themselves that (i) the request is from a reputable company that provides a safe and effective service; and (ii) the circumstances of the request for the particular individual meets the general principles of the General Medical Council's "Good Practice in Prescribing and Managing Medicines and Devices"; and (iii) that the health professional making the request is an appropriate "gender specialist" (the term that is used in the General Medical Council guidance).

A GP may decline to accept responsibility for prescribing, monitoring and testing if the GP is not assured that the provider offers a safe service, or is not assured that the request has been made by an appropriate gender specialist as long as the GP is also satisfied that declining responsibility would not pose a significant clinical risk to the individual.

In particular the GP will need to consider whether the health professional making the request has sufficient specialist expertise to assess and diagnose gender dysphoria and to recommend prescriptions for the individual concerned. In such cases the GP may wish to request evidence of training and experience in the assessment, diagnosis and prescribing for gender dysphoria, which may 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 which may include: attending relevant meetings, workshops, or seminars; obtaining supervision from a health professional with relevant experience; or participating in credible research related to gender nonconformity and gender dysphoria.

GPs may also wish to consider the criteria set out in NHS England's current commissioning [protocol](#) and relevant clinical commissioning policies. In all cases the criteria include:

- 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

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

If a GP concludes that he/she is unable to issue a prescription or accept responsibility for monitoring and testing, and/or, if he/she is concerned that declining involvement will pose a significant clinical risk, then consideration must be given as to how to enable the patient to receive appropriate support and treatment funded by the NHS, such as a referral to a NHS-commissioned specialised Gender Identity Clinic.

There may be a long waiting time to access an NHS-commissioned Gender Identity Clinic. Prescriptions will not be issued by the NHS-commissioned service until it has assessed and diagnosed the individual in accordance with the current commissioning protocol. In such cases the General Medical Council advises GPs that 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 local mental health services. The General Medical Council also describes the limited circumstances in which a bridging prescription may be considered, in cases where the patient is already self-prescribing with hormones obtained from an unregulated source (over the internet or otherwise on the black market); the bridging prescription is intended to mitigate a risk of self-harm or suicide; and the GP has sought the advice of a gender specialist, and prescribes the lowest acceptable dose in the circumstances.

## Summary

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, 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.

## Action

Local teams should refer to this circular when advising GPs.

Local teams should also proactively share this circular with colleagues responsible for commissioning primary care services, and with Clinical Commissioning Groups and Local Medical Committees.

## Further Information

Please contact: Jeremy Glyde, Service Transformation Team (National), Specialised Commissioning, NHS England [jeremyglyde@nhs.net](mailto:jeremyglyde@nhs.net)

The criteria for prescribing endocrine interventions to transgender and non-binary adults are described in NHS England's current commissioning [protocol](#) (2013).

The criteria for prescribing cross sex hormones to gender variant young people are described in NHS England's Clinical Commissioning [Policy: Prescribing of Cross Sex Hormones](#) as part of the Gender Identity Development Service for Children and Adolescents (2016).

NHS England will publish amended service specifications for specialised gender identity services for adults in 2018, following public consultation in 2017. The public consultation described potential new arrangements for prescribing endocrine treatments. At the time of writing this circular no decisions on future arrangements have yet been made.

Online medical services registered in England are inspected by the Care Quality Commission, and inspection reports will be available on the Care Quality Commission's website. The Care Quality Commission's approach for inspecting private on-line medical services can be found [here](#).



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