

Nottinghamshire Area Prescribing Committee

Position Statement on Primary Care Responsibilities in Prescribing and Monitoring Hormone Therapy for Transgender and Non-Binary Adults

NHS England is the responsible commissioner for the specialised element of the gender dysphoria pathway, which in England is delivered through seven specialist Gender Identity Clinics, including Nottingham Gender Identity Clinic. Clinical Commissioning Groups (CCGs) have a supporting role to play, but are not directly involved in the commissioning of this pathway. NHS England has recently provided clarity to General Practitioners on their role and responsibilities in prescribing hormone therapy for transgender and non-binary adults.

NHS England states that

- General Practitioners should co-operate with the specialist Gender Identity Clinics and prescribe hormone therapy (feminising or virilising endocrine therapy) recommended for their patients by the Gender Identity Clinic. The specialists at the Gender Identity Clinic make recommendations for the prescription and monitoring of these therapies but they do not directly prescribe them, or provide physical and laboratory monitoring procedures for patients.
- General Practitioners should collaborate with Gender Identity Clinics in the initiation and on-going prescribing of hormone therapy, and for organising blood and other diagnostic tests as recommended by the Gender Identity Clinics.
- General Practitioners are also expected to co-operate with Gender Identity Clinics in patient safety monitoring, by providing basic physical examinations (within the competence of General Practitioners) and blood tests and diagnostic tests recommended by the Gender Identity Clinic. Hormone therapy should be monitored at least 6 monthly in the first 3 years and yearly thereafter, dependent on clinical need.
- The Gender Identity Clinic is expected to assist General Practitioners by providing relevant information and support, including the provision of guidance regarding the interpretation of blood test results.

With regard to prescribing drugs for the treatment of gender dysphoria:

- The gender specialist physician takes responsibility to assess the capacity of the patient to give meaningful informed consent to use such treatment, to explain its potential risks, benefits and limitations, to explain that the treatment is not approved for this indication and the implications thereof, and to obtain and document consent before making a recommendation to a General Practitioner to prescribe treatment for their patient;
- The gender specialist physician takes responsibility for overseeing the patient's care in collaboration with the patient's General Practitioner, and for their recommendation that the General Practitioners prescribe and monitor treatment;

- The gender specialist physician will provide the patient's General Practitioner with the clear written guidance on prescribing and monitoring, be available to provide additional information on request, and answer questions regarding treatment and monitoring at reasonable notice.

General Medical Council Guidance for Treating Transgender Patients

To support prescribing in this area, the General Medical Council (GMC) published [Guidance for Doctors Treating Transgender Patients](#). The guidance reiterates the advice from NHS England; it also explains the legal protection against discrimination and harassment given to trans people by The Equality Act 2010 and Gender Recognition Act 2004.

Guidance published by the General Medical Council in March 2016 advises General Practitioners that they may prescribe 'unlicensed medicines' where this is necessary to meet the specific needs of the patient and where there is no suitably licensed medicine that will meet the patient's need.

Regarding prescribing for the treatment of transgender people the GMC states:

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
- making referrals to NHS services that have been recommended by a specialist.

Additionally GMC state

Once the patient has been discharged by a GIC 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.

It is not necessary to refer trans people back to their gender specialist before referring them to other secondary or tertiary providers, for matters unrelated to their gender history.

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 a part of your continuing professional development which will enable you to provide treatment to meet your patients' needs.

Medication

NHS England commissioning policy is intended to be used in conjunction with UK Intercollegiate Royal College of Psychiatrists [Good Practice Guidelines for the Assessment and Treatment of Adults with Gender Dysphoria](#). The relevant guidance on medication is contained in appendices 4 and 5, as a collaborative care protocol.

