

# Nottinghamshire Area Prescribing Committee Collaborative Care Protocol

## Hormone treatment for transgender adults

### Objectives

- To define the responsibilities of the specialist (Transgender Health Clinic) and the patient's primary care prescriber.
- To provide an information summary on the prescribing and monitoring of feminising and masculinising hormone treatments for transgender people aged 18 years and over. See Nottinghamshire APC prescribing guidelines for feminising hormone treatment and masculinising hormone treatment.

### Background information

The term used to describe a discrepancy between sex assigned at birth and gender identity is gender incongruence. Gender incongruence is frequently, but not universally, accompanied by the symptom of gender dysphoria<sup>1</sup>. As stated by the General Medical Council, transgender and non-binary people experience the same health problems as everyone else and have very few differing needs. If a health problem is unrelated to gender dysphoria or its treatment, a GP must assess, provide treatment for, and refer transgender patients in the same way as other patients.

NHS England is the responsible commissioner for the specialised element of the gender dysphoria pathway, which in England is delivered through specialist Gender Identity Clinics, including the Nottingham Centre for Transgender Health.

All GPs may refer their patients directly to a transgender health clinic. Patients should not be referred to a mental health service for assessment as gender incongruence is not a mental health condition, as outlined in the International Classification of Diseases and Health-Related Problems version 11 of the World Health Organization. Referrals may also be made by other medically qualified professionals, and other professionals<sup>1</sup>. Transgender health clinics will receive referrals for individuals from 17 years of age who may have gender dysphoria that is a consequence of their gender identity being incongruent with their visible sex characteristics and/or the social role typically associated with those characteristics (gender incongruence)<sup>1</sup>.

Transgender health clinics work to a nationally agreed service specification<sup>1</sup>. The services provided by a transgender health clinic to patients are:

- Assessment for gender dysphoria and diagnosis – this may be a two-appointment process or more dependent on clinical need
- Follow-up appointments to assess and discuss patient need or choice for treatment
- Recommendations for treatment – hormone or surgery
- Ongoing review and monitoring during and after interventions
- Endocrinology
- Psychiatric, psychology or therapeutic support if required
- Speech and Language therapy
- Post-operative follow up

Patients will be discharged from the transgender health clinic when clinically appropriate or if they disengage. It should be noted that this is a time limited pathway and not a service for life.

Most pharmacological recommendations made by the transgender health clinic will be for medications to be used outside the indications approved by the Medicines and Healthcare Products Regulatory Agency. The General Medical Council advises GPs 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.

### National guidance

- [NHS England – Service specification: Gender Identity Services for Adults \(Non-Surgical Interventions\)](#)
- [General Medical Council – Ethical guidance on trans healthcare](#)

### Areas of responsibility

#### Specialist Roles and Responsibilities

1. Assess for a diagnosis of Gender Incongruence
2. Assess the patient for readiness for hormone treatments
3. To discuss benefits and side effects of hormone treatment with the patient/carer and obtain informed consent. This is particularly important when prescribing unlicensed products or products outside of their licensed indications.
4. Provide guidance to GPs in relation to the required baseline blood tests and investigations before commencing hormone treatment.
5. Review baseline monitoring results.
6. Arrange an endocrinology review within the clinic for those patients with significant physical health issues or significant abnormalities in baseline blood results.
7. The specialist will provide the GP with the following information:
  - a. Patient diagnosis with any relevant clinical details
  - b. Details of hormone treatment(s) to be prescribed by the GP including preparation, dose, administration, and duration of treatment.
  - c. Details of on-going monitoring requirements including interpretation of results
  - d. A copy/link to the Nottinghamshire APC collaborative care protocol and relevant prescribing information sheet
  - e. Evidence of written patient consent to the interventions including the unlicensed/off-label prescribing of hormone treatment(s)
8. To review of the patient every 3 to 4 months initially and then as appropriate with a minimum of annual reviews until discharge from the service.
9. Whenever the specialist sees the patient, they will:
  - a. Send a written summary within 14 days to the patient's GP
  - b. Communicate any dosage changes in writing
10. To discuss any concerns with the GP regarding the patient's treatment
11. To respond promptly to the GP if advice is required on medication use or interpretation of monitoring results
12. When patients are discharged from the transgender health clinic, provide the following:
  - a. Details of on-going hormone treatment including anticipated duration (which may be life-long), regimen recommended for ongoing use and possible side effects.
  - b. Long term goals and monitoring requirements of hormone treatment

- c. Guidance on NHS screening programmes for transgender and non-binary people
- d. Action to take if a patient stops treatment
- e. When and how to seek specialist advice in the future

### **Primary Care Roles and Responsibilities**

1. Ensuring that they have the information and knowledge to understand the therapeutic issues relating to gender incongruence.
2. Requesting additional training if they thought it necessary to prescribe for and monitor this patient cohort.
3. Arrange baseline blood monitoring and investigations as advised by the specialist. Send copies of the results to the specialist.
4. Prescribing and monitoring hormone treatment in accordance with the written instructions contained within the referral and the Nottinghamshire APC collaborative care protocol/prescribing information sheet.
5. Communicate any abnormal monitoring results to the specialist urgently.
6. Reporting any adverse effects to the specialist.
7. Ensuring the patient is given the appropriate appointments for follow up and monitoring. Any patient that fails to attend follow up appointments should be contacted in a timely manner to arrange an alternative appointment. Further prescriptions should not normally be provided by the GP for patients who do not attend follow up appointments for monitoring, and the specialist should be informed.
8. Refer to local fertility services and request funding for gamete storage from the local ICB for those patients who wish to preserve their fertility prior to hormone treatment. Gamete storage is not funded through transgender health services.

### **Patient and Carer Roles and Responsibilities**

1. To attend all follow-up appointments with the GP and specialist. If they are unable to attend any appointments, they should inform the relevant practitioner as soon as possible and arrange an alternative appointment. Without safe monitoring of hormone therapy, prescribing may no longer be supported.
2. Report all suspected adverse reactions to medicines to their GP or specialist.

### **Contacts**

#### **The Nottingham Centre for Transgender Health**

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# Adult Transgender – Collaborative Care Protocol

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Nottinghamshire Area Prescribing Committee

## References

1. NHS England. 2018. Service specification: Gender Identity Services for Adults (Non-Surgical Interventions). Available from: [service-specification-gender-dysphoria-services-non-surgical-june-2019.pdf](https://www.england.nhs.uk/publications/service-specification-gender-dysphoria-services-non-surgical-june-2019.pdf) (england.nhs.uk).

Version Control - <b>Adult Transgender Collaborative Care Protocol</b>			
Version	Author(s)	Date	Changes
1.0	Hannah Godden, Specialist Mental Health Interface Pharmacist, NHS Nottingham and Nottinghamshire ICB  Dr Derek Glidden, Transgender Healthcare Consultant (psychiatrist), Nottingham Centre for Transgender Health	July 2022	