Gender prescribing guidance summary.

Background:

There exist several pieces of guidance around the management of gender incongruence in primary care. As a continually evolving area of medicine, colleagues in primary care may find the existing guidance difficult to access during the busy working day when patients are presenting for care. Humberside LMC has complied the following summary document based on common FAQs directed to us by constituent GPs and practices. A list of references is at the bottom of the document.

What are the issues around prescribing for gender incongruence?

From April 2013, NHSE became responsible for commissioning gender services at national levels. There are currently 8 NHS gender identity clinics in England, 7 for patients age 18 and over, and one for patients age 17 and under (listed below). The Tavistock clinic is the only one which offers services to those under the age of 17 years old. GPs should be able to refer directly to these clinics. Unfortunately the regional nature of these clinics, the fact there is only one in the country which offers care to under 17yr olds, and highly specialist nature of the service means that access to their care can often take many months.

The GPs committee of the BMA (GPC) summarised their views on the current service in their guidance on Gender incongruence[1] Diagnosis and commencement of initial treatment should be made by a specialist service with GP referrals and rapid access possible.

1) If rapid access is not possible, extra services should be provided locally to meet demand.
2) Ongoing treatment should be provided by trained clinicians with resources and experience, through either:
    a. shared care with electronic prescribing,
    b. properly funded shared care arrangements with local GPs (e.g. a LES arrangement)
    c. via locally commission alternative providers working in primary care
3) GPC feels that NHSE has neglected to commission local services for ongoing care for these patients "*we believe a properly commissioned, comprehensive, and quality controlled service is vital to ensure patient safety"*
4) Clinicians in primary care should be supported by specialists when prescribing for patients with gender incongruence. Before a patient can be discharged from a GIC, the gender service must confirm what arrangements have been commissioned locally, provide detailed recommendations and guidance to enable clinicians to take over responsibility for ongoing care, and should ensure consent from primary care for that transfer of responsibility. Arrangements must be in place for patients and clinicians to receive rapid specialist advice in future should this be required.

[1] https://www.bma.org.uk/advice/employment/gp-practices/service-provision/prescribing/gender-incongruence-in-primary-care

General principles of management for patients with gender dysphoria, taken from the joint Department of Health and Gender Identity Clinics document[2], are:

1) Refer early and swiftly to a reputable gender service
2) Support the treatment recommended by the gender service
3) Get pronouns right; if in doubt, (discreetly) ask
4) Be particularly mindful of medical confidentiality
5) Avoid misattributing commonplace health problems to gender

The commissioning and waiting list issues for these patients present some challenging scenarios for GPs. This document outlines the commonest queries and the current guidance related to them:

Gender Incongruence Prescribing FAQs

My patient is waiting to see an NHS Gender Identity Clinic; should I prescribe for them in the meantime?

The Department of Health document, and the GPC guidance both place strong emphasis on the need for patients to be seen by a reputable and specialist service. The GPC advocates that confirmation of the diagnosis and initial treatment should be started by them, and therefore not the GP.

NHS England's 2018 guidance on Responsibility for prescribing between primary and secondary/tertiary care[3] expresses clearly that in order to provide the most appropriate level of care to the patient, it is of the utmost importance that the GP is clinically competent to prescribe the necessary medicines. Given the advice on a specialist confirming the diagnosis, and beginning treatment, many GPs may feel that prescribing without this is outside their clinical competence. Some GP colleagues may have experience in managing this cohort of patients and be happy to issue prescriptions without specialist diagnosis or input. The GMC guidance on Prescribing and Managing Medicines and Devices[4] states that you as the individual clinician are responsible for the prescriptions you sign.

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. If the delay for specialist assessment is excessive GPs do have a role as their patient's advocate in making representation to the commissioning organisation to help ensure timely provision.

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[2] http://www.nhs.uk/Livewell/Transhealth/Documents/gender-dysphoria-guide-for-gps-and-other-health-care-staff.pdf

[3] https://www.england.nhs.uk/publication/responsibility-for-prescribing-between-primary-and-secondary-tertiary-care

[4] https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/prescribing-and-managing-medicines-and-devices

My patient has seen an NHS Gender Identity Clinic who have sent me a shared care framework to take over prescribing; should I?

Shared care prescribing for patients with Gender Incongruence is fundamentally the same as for any other patient where a request for shared care prescribing is made. GPs frequently undertake shared care prescribing arrangements for patients with a variety of medical conditions. Remember that shared care requires the agreement of all parties, including the patient; general practitioners can say no to taking on shared care from any source.

The GMC states[5]:

"Shared care requires the agreement of all parties, including the patient. 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.

If you are uncertain about your competence to take responsibility for the patient's continuing care, you should seek further information or advice from the clinician with whom the patient's care is shared or from another experienced colleague. If you are still not satisfied, you should explain this to the other clinician and to the patient, and make appropriate arrangements for their continuing care.

Effective communication and continuing liaison between all parties to a shared care agreement are essential. In all cases, you will be responsible for any prescription you sign".

With specific reference to shared care prescribing for Gender Incongruence, the GPC guidance[6] suggests ongoing treatment should be provided by trained clinicians with resources and experience, through either:

a. shared care with electronic prescribing; *it is sensible to ask whether the gender identity clinic are able to send the required prescriptions electronically to the patient's pharmacy of choice; this avoids issues around the GP feeling they are not competent to take on the prescribing aspect of shared care with unfamiliar or off licence medications.*

b. properly funded shared care arrangements with local GPs (e.g. a LES arrangement); *this allows GP colleagues with a particular interest or experience to take on the role locally, or provides sufficient time for appropriate upskilling and communication to take place that might otherwise not be possible without additional funds;*

c. via locally commissioned alternative providers working in primary care; *a local provider with dedicated responsibility may find it easier to monitor GIC patients and achieve core competencies without the other demands of NHS primary care that an average GP faces.*

Before a patient can be discharged from a GIC, the gender service must confirm what arrangements have been commissioned locally, provide detailed recommendations and guidance to enable clinicians to take over responsibility for ongoing care, and should ensure consent from primary care for that transfer of responsibility. Arrangements must be in place for patients and clinicians to receive rapid specialist advice in future should this be required.

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[5] https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/prescribing-and-managing-medicines-and-devices/shared-care

[6] https://www.bma.org.uk/advice/employment/gp-practices/service-provision/prescribing/gender-incongruence-in-primary-care

How do I judge if I am competent to take on shared care prescribing in gender incongruence?

If you are uncertain about your competence to take responsibility for the patient's continuing care, you should seek further information or advice from the clinician with whom the patient's care is shared or from another experienced colleague. If you are still not satisfied, you should explain this to the other clinician and to the patient, and make appropriate arrangements for their continuing care.

If a GP colleague is happy to agree to take on a shared care prescribing arrangement for a patient who has been discharged from a GIC, it is important they also bear in mind the GMCs guidance[7] on competence for your share of the clinical responsibility:

You should:

- keep yourself informed about the medicines that are prescribed for the patient;
- be able to recognise serious and frequently occurring adverse side effects;
- make sure appropriate clinical monitoring arrangements are in place and that the patient and healthcare professionals involved understand them;
- keep up to date with relevant guidance on the use of the medicines and on the management of the patient's condition;

GPs are sometimes unaware that taking on a shared care framework also places a requirement on them to understand the medications they are prescribing, and be up to date with related guidance and management for that condition.

My patient has seen a private Gender Identity Clinic who have asked me to carry out investigations; what should I do?

The BMA guidance[8] on the interface between NHS and private treatment states that if a patient would be entitled to NHS services, they are able to opt in or opt out of private or NHS care at any time during their management. If a patient chooses to see a reputable Gender Incongruence service privately, it would be reasonable for the GP to carry out the same investigations that an NHS Gender Identity Clinic would request. The Royal College of Psychiatry[9] has produced a guidelines, with a summary of appropriate baseline investigations found in appendix 4.

If a private provider requested further tests which are not part of the standard recommended investigations for your local NHS GIC, it would be appropriate for the GP to decline to do these, citing the guidance referenced here. Local commissioners may also have guidance on the NHS – private interface.

[7] https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/prescribing-and-managing-medicines-and-devices/shared-care#paragraph-41

[8] https://www.bma.org.uk/-/media/files/pdfs/practical%20advice%20at%20work/ethics/interfaceguidanceethicsmay2009.pdf

[9] https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/cr181-good-practice-guidelines-for-the-assessment-and-treatment-of-adults-with-gender-dysphoria.pdf?sfvrsn=84743f94_2

My patient has seen a private Gender Identity Clinic who have asked me to prescribe for my patient; what should I do?

The Department of Health document[10] says that GPs should "refer early and swiftly to a reputable gender service". A number of colleagues have raised concerns over the qualifications and safety of some private gender identity clinics in the UK. Be aware that GMC guidance[11] states "All doctors have a duty to raise concerns where they believe that patient safety or care is being compromised…you should question any decision or action that you consider might be unsafe". A GP should use this guidance if they receive a request to prescribe from a clinic or professional about whom they have concerns.

If you have no concerns about the private clinic, GPC guidance[12] says that diagnosis and commencement of initial treatment should be made by a specialist service. This should also apply to private services, so any request for the GP to prescribe should only be for ongoing prescriptions once the patient is stable and not for initial treatment at diagnosis.

GPC state that clinicians in primary care should be supported by specialists when prescribing for patients with gender incongruence. This may be a particular issue if a private clinic has seen the patient as a one off, or does not have a shared care framework in place that allows the GP necessary rapid access to specialist advice in future. Before a patient can be discharged from a GIC, the gender service must confirm what arrangements have been commissioned locally, provide detailed recommendations and guidance to enable clinicians to take over responsibility for ongoing care, and should ensure consent from primary care for that transfer of responsibility. This process is often difficult to ensure with non-local private providers, or where patients need to fund each aspect of their treatment separately.

My patient is buying hormones online and wants me to take over prescribing; what should I do?

The same issues apply in this scenario as in the scenario of a patient who has been referred to a recognised NHS Gender Identity Clinic and is waiting to be seen. The Department of Health document, and the GPC guidance both place strong emphasis on the need for patients to be seen by a reputable and specialist service. The GPC advocates that confirmation of the diagnosis and initial treatment should be started by them, and therefore not the GP.

NHS England's 2018 guidance on Responsibility for prescribing between primary and secondary/tertiary care expresses clearly that in order to provide the most appropriate level of care to the patient, it is of the utmost importance that the GP is clinically competent to prescribe the necessary medicines. Given the advice on a specialist confirming the diagnosis, and beginning treatment, many GPs may feel that prescribing without this is outside their clinical competence. Some GP colleagues may have experience in managing this cohort of patients and be happy to issue prescriptions without specialist diagnosis or input. The GMC guidance states that you as the individual clinicians are responsible for the prescriptions you sign.

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[10] http://www.nhs.uk/Livewell/Transhealth/Documents/gender-dysphoria-guide-for-gps-and-other-health-care-staff.pdf

[11] https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/prescribing-and-managing-medicines-and-devices/~/link.aspx?_id=1DCFD141EE144A81943FCFAEA2C847F8&_z=z

[12] https://www.bma.org.uk/advice/employment/gp-practices/service-provision/prescribing/gender-incongruence-in-primary-care

In this scenario, it is unlikely the patient has seen a reputable Gender Identity Clinic, therefore any form of prescribing guidance or shared care framework is unlikely to be in place. The Royal College of Psychiatrists (RCPsych) talk about "bridging prescriptions"[13] as a harm-reduction measure, suggesting that GPs may prescribe to cover the patient's care until they are able to access specialist services. The GMC[14] advise that GPs should only consider a bridging prescription for an individual patient when they meet **ALL** the following criteria:

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.

In the GPC's view, although the advice sets out the conditions under which the RCPsych suggestion for harm reduction in a specific subsection of vulnerable patients fits within the GMC's existing guidance on prescribing, it fails to address the resulting significant medicolegal implications for GPs, and neglects the non-pharmacological needs of these patients.

As an individual prescriber, you will take individual ethical, clinical and legal responsibility for your 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. Patients should not have to resort to self-medicating due to a failure to commission a timely specialist service, and this problem must be solved by NHSE making proper commissioning arrangements rather than by GP-prescribing before initial assessment and diagnosis. If the delay for specialist assessment is excessive GPs do have a role as their patient's advocate in making representation to the commissioning organisation to help ensure timely provision.

Do I need any additional indemnity to undertake prescribing for or care of patients with gender incongruence?

All GPs providing NHS primary medical services and carrying out activities in connection with the delivery of primary medical services are now covered from 1st April 2019 by the CNSGP[15]. In relation to prescribing for gender incongruence, this includes providing NHS services following private treatment. Humberside LMC have sought clarification from CNSGP as to whether all aspects of prescribing for Gender Incongruence would be covered by CNSGP, as historically different MDO organisations took different stances on indemnity for such prescribing. The CNSGP referred us to their guidance[16] [17] and we would reiterate guidance from CNSGP and the GPC which advises all GPs

[13] https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/cr181-good-practice-guidelines-for-the-assessment-and-treatment-of-adults-with-gender-dysphoria.pdf?sfvrsn=84743f94_2
[14] https://www.gmc-uk.org/ethical-guidance/ethical-hub/trans-healthcare#mental-health-and-bridging-prescriptions
[15] https://resolution.nhs.uk/services/claims-management/clinical-schemes/clinical-negligence-scheme-for-general-practice/
[16] https://resolution.nhs.uk/scheme-documents/scheme-scope/
[17] https://resolution.nhs.uk/services/claims-management/clinical-schemes/clinical-negligence-scheme-for-general-practice/

to maintain membership with an MDO or other indemnity provider in respect of activities and services not covered by CNSGP. GPs remain responsible for any prescriptions they sign, and for their own competence to undertake such care.

England NHS Gender Identity Clinics:

Charing Cross Gender Identity Clinic, London; Leeds Gender Identity Clinic, Leeds; Northampton Gender Identity Clinic, Daventry; Northern Region Gender Dysphoria Service, Newcastle; Nottingham Centre for Gender Dysphoria, Nottingham; Porterbrook Clinic Gender Identity Service, Sheffield; The Laurels Gender Identity Clinic, Exeter and The Tavistock & Portman NHS Foundation.

Humberside LMCs

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