Information Re 'Bridging' Prescriptions: Leeds GIS

The aim of this document is to respond to queries around 'bridging' prescriptions.

GPs are faced with difficult clinical decisions, when trans people request prescription of hormone treatment, outside of NHS specialist pathways or while facing a long wait for assessment within an NHS specialist pathway. The main challenges arise when there is no documented specialist NHS assessment and gender dysphoria related diagnosis.

Although frequently cited, the concept of bridging is ill-defined in the field of gender dysphoria and may mean different things to different patients, and prescribers. Sometimes it refers to a primary care harm minimisation approach, or a full range of prescribing in primary care, without specialist support, or it can refer to a specialist recommendation to prescribe hormones, before an assessment process is complete. It is also used as a concept once a patient has received a diagnosis of Gender Dysphoria but is still waiting for an assessment in hormone clinic.

The General Medical Council's Good medical practice guidance states that *"as a good doctor you will:*

- *make the care of your patient your first concern*
- *be competent and keep your professional knowledge and skills up to date"*

However, if a patient is requesting hormone treatment for gender dysphoria, without documented NHS assessment, there is a difficult balance between the "*care of your patient"* and being "*competent and keep professional knowledge and skills up to date"*. We aim to offer a framework to aid you in making this decision.

In these circumstances, outside of specialist pathways, Leeds GIS staff cannot tell a GP if their patient has gender dysphoria, as diagnosis requires a lengthy, comprehensive holistic assessment and no swift diagnostic test exists. Without a clear diagnosis, it is impossible to offer a clinical opinion regarding whether proposed hormone treatment is needed. Leeds GIS staff cannot know if treatment would be likely to be beneficial or harmful. GPs must make an assessment themselves, before deciding on treatment.

If a GP is considering prescribing in any of these circumstances the following factors are important, as they will be solely responsible for prescribing the treatment:

- Is the GP satisfied in their opinion as a non-specialist that the patient suffers from gender dysphoria?
- Is the GP satisfied that the prescription is needed, in the patient's best interest and likely to be of benefit?
- Is the GP practicing within their competencies for the best interest of the patient?

Leeds GIS staff can only give general advice and guidance in these circumstances, which will not be specific to a particular patient or constitute a recommendation. Such advice and guidance might relate to factors to consider in assessment and potential strategies, but we cannot confirm a diagnosis, formulate a treatment plan for the patient or take any shared responsibility for interventions delivered in primary care in this way. These approaches lie outside specialist pathways and the treatment decisions lie entirely with the prescribing GP.

Prescribers are advised to discuss their response to a request to prescribe from a patient with a colleague, at a practice team meeting or with pharmacy colleagues and to document the decision made, with reasons, clearly in the patient notes and communicate this to the patient.

If there is no diagnosis of gender dysphoria, the GP assesses for gender dysphoria and the need for hormone treatment and balances this against the risks for the patient. The assessment of gender dysphoria being made is not specialist, may be incorrect and could lead to harm secondary to prescribing hormone treatment but these challenges should be acknowledged by the GP and the patient. This approach can also be used for the GP to prescribe, if they feel the risks of the patient taking no treatment are intolerable and likely to cause greater harm than prescribing in the way outlined here.

If you decide you wish to go ahead with a prescription in the interim while your patient is waiting for a diagnosis, we suggest that you follow the guidance available on our website:

https://www.leedsandyorkpft.nhs.uk/our-services/gender-identity-service/

When initiating hormone treatment GPs are advised to obtain informed consent from the patient. The Leeds GIS website has template documents available to download for this purpose under 'consent forms'.

The uncertainty inherent in this approach should be explained to the patient. They should be informed of the following:

- They will be prescribed a treatment, outside of recommended prescribing pathways.
- Treatment will be provided without a specialist assessment; there is a greater chance of such an assessment being incorrect.
- They may be unhappy with the effects of treatment in the future, which may be irreversible.
- Although the risks and burdens of treatment will be explored, including side effects, the GP is unlikely to be as familiar with the use of hormone for the indication and therefore the quality of the information the patient is basing their decision on may be of lesser quality.

In order to reduce the risk of inappropriate treatment, adverse effects and irreversible physical changes that may not be beneficial or desirable in the future, the GP may want to follow the guidelines on our website around starting hormones. They may wish to consider the following:

Before treatment

- Explain that this approach is dependent on the patient **not taking any unregulated hormone treatment** in addition to prescribed treatment.
- Explore the risks and benefits of treatment, as far as possible, using our **consent** forms.
- Discuss **fertility**, both the risk of infertility (which may be irreversible) and the importance of contraception due to potential teratogenicity.
- Consider referral to a fertility clinic.
- Consider any pre-existing conditions that may complicate treatment.
- Check baseline investigations.

Treatment considerations

- Use the agents with the least risk, in term of adverse effects.
- Prescribe a low, starting dose of a transdermal preparation of testosterone or estradiol. The GP may wish to provide limited or no dose titration upwards thereafter, which should be explained to the patient beforehand.

- ‘Blockers’: consider alternatives to GnRH analogues (e.g. Leurprorelin); without titration of hormones these are likely to cause unpleasant side effects but their effects may be priorities for the patient. Finasteride or Spironolactone may be used.
- Progesterone only contraception can be used for female birth assigned people, to achieve amenorrhoea and provide contraceptive protection.
- Check monitoring investigations, as outlined on our website.

None of these decisions are easy or without risk, and there can be difficulty in communicating this risk and uncertainty with an individual. We hope this can provide support for clinicians and patients when making these decisions together.

Other support:

There is often distress associated with gender dysphoria which can be very difficult for your patient to manage. You can suggest that your patient contacts our **Gender Outreach Workers (GOWs)**. They offer advice and peer support to trans, non-binary and gender diverse people who are on the Leeds Gender Identity Service waiting list and care pathway. They can answer questions and provide support via their information and advice line, one on one sessions and peer support and social groups. It can help to talk to someone with lived experience. Further information regarding the GOWs can be found on our website: https://www.leedsandyorkpft.nhs.uk/our-services/gender-identity-service/ under Gender Outreach Workers and other sources of help.

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