

Information Re Prescribing on the Request of a Private Provider: Leeds GIS

The aim of this document is to respond to queries around patients who have been recommended hormone treatment after seeing a private provider.

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. There are safety concerns regarding unregulated hormones and these patients may not have any documented specialist NHS assessment or gender dysphoria related diagnosis.

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 has been sourcing 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 decisions around these issues.

General Principles on Responding to Requests to Prescribe from a Private Provider

Patients who choose to see a specialist privately are entitled to return to NHS care on an equal basis to other NHS patients and should be neither advantaged nor disadvantaged by accessing private care. A patient who opts to seek private healthcare for a single episode of care should expect to bear the costs of that care including the cost of any routinely expected medication, for example pre-operative medication or prophylactic antibiotics. Where a patient has been issued with a private prescription for medication required during a single episode of care this should not usually be transferred to an NHS prescription by the GP. Private and NHS care should not be mixed, for example, if blood tests are required to aid titration of a privately prescribed medication, these should be completed by the private provider.

If a long-term condition is diagnosed, or the need for longer-term medication identified, the patient may opt to transfer back to NHS treatment and the NHS clinician should prescribe if:

- They consider it to be medically appropriate in the exercise of his or her clinical discretion.
- It is a drug that would normally be used to treat an NHS patient for that condition following local or national guidelines.
- The NHS clinician is willing to accept clinical responsibility for prescribing the medication.



In reaching this decision the NHS clinician should consider the following:

- When prescribing based on the recommendation of another doctor, nurse or other healthcare professional the NHS clinician should be satisfied that the prescription is needed, appropriate for the patient and within the limits of their competence to prescribe.
- The NHS clinician should be assured that the person providing the recommendation has the necessary qualification, knowledge, and skills to be making that recommendation. The NHS clinician may check that the private provider is a UK registered health care professional or registered as a gender specialist.
- Is the medication one normally prescribed as part of local NHS treatment pathways?

In these circumstances, Leeds GIS staff cannot tell a GP if their patient has had an appropriate assessment for 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 any proposed or unregulated sourced 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 a management plan.

If approached, 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.

GPs may be asked to prescribe hormones on behalf of a private provider. GPs may feel pressured to intervene, especially in light of lengthy waits for NHS assessment. We cannot list providers that we do or do not recommend but we can provide you with considerations to make this decision.

Checklist of Considerations on Prescribing based on Requests from a Private Provider

1. **Is the private practice in England, Scotland or Wales providing a safe and effective service?** Is a service based outside England, Scotland or Wales, or not registered with the regulatory bodies, safe and effective?
2. **Has the patient been diagnosed with Gender dysphoria?** Communications about a patient should demonstrate best practice in the assessment, diagnosis and treatment of gender dysphoria. Letters should include confirmation that:
 - a. The assessment, diagnosis and confirmation of gender dysphoria must be by a health professional who specialises in gender dysphoria
 - b. The health professional making the request is an appropriate “gender specialist”. This would usually be a medically qualified specialist but may be a non- medical prescriber with suitable experience working within a multidisciplinary team.
 - c. The provider has an effective multi-disciplinary team of gender specialists that meets regularly, either in person or through electronic communication for clinical governance.
 - d. The impact on the individual’s fertility has been discussed with them; and informed consent has been given
3. **Is the Health care professional making the recommendation an ‘appropriate gender specialist’?** The professional making the recommendation should be:
 - a. Named
 - b. Qualified to make prescribing recommendations: the HCP’s qualifications should be included, including country of registration.
 - c. Able to demonstrate at least **2 years’ experience** working within specialised gender dysphoria practice. NHSE suggests the GP may request evidence of training and experience in the assessment, diagnosis and prescribing for gender dysphoria, such as **formal links with NHS-commissioned**

specialised Gender Identity Clinics; formal links with relevant **professional associations** or previous time spent working in NHS commissioned specialised gender identity service.

4. **Is the medication requested appropriate and does the NHS prescriber have sufficient information to safely prescribe it?**
 - a. Has the private specialist provided detailed written communication regarding the patient's **treatment plan** and **prescribing guidance** including information about necessary pre-treatment assessments, recommended preparations of medications, advice on dosages, administration, initiation, duration of treatment, physical and laboratory monitoring, interpretation of laboratory results, and likely treatment effects and side-effects?
 - b. Is the medication recommended consistent with that which would normally be prescribed in an NHS Gender service and conform with local guidance available on the Leeds GIS website?
 - c. Has the patient given **informed consent**?
 - d. Will the private specialist actively **review response to treatment** and blood results during the initiation and stabilisation period before discharging to GP care.
 - e. Are **follow-up arrangements** clear, and is the patient is prepared to return for private follow-up if required?
 - f. Is there is an accessible communication route available, should the GP need to contact the specialist?
5. **Does your knowledge of the patient lead you to concur with the diagnosis and agree that treatment is likely to be beneficial?**
6. **Have you considered the implications to the person's health and well-being of not prescribing treatment?**

Requests to prescribe from a GIC outside the UK, or from patients who have started treatment overseas, can be difficult to manage and, wherever possible, such patients should be referred to a UK GIC for assessment, but in some situations a GP may decide it is in the patient's best interests to prescribe prior to be seen by a UK specialist.

Deciding to Prescribe:

If you do prescribe on the basis of a private provider, we would recommend exploring the individual's understanding of hormone treatment. Education regarding potential unwanted effects of legitimate hormone treatment products may be helpful. The patient may not be aware of the risks, as the information available regarding hormone therapy for trans people is often inaccurate or of poor quality. We would advise you to use the information on our website and consent forms so the patient can be counselled regarding their use of hormones appropriately. These can be found under <https://www.leedsandYorkpft.nhs.uk/our-services/gender-identity-service/> under 'consent forms'.

Deciding not to Prescribe:

A GP may decline to accept responsibility for prescribing 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, but the GP must also be satisfied that declining responsibility would not pose a significant clinical risk to the individual. 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. A referral to an NHS gender service should be made if acceptable to the patient.

You may want to consider prescribing a '**bridging prescription**'. Please also read our separate advice on 'Bridging Prescriptions' available on our website.

If an NHS clinician does not feel able to prescribe a medication recommended by a private provider the reasons for this should be shared with the patient as soon as possible and alternative course of action discussed, considering the patient's preferences and possible risks from not prescribing. The private provider should also be informed of the reasons.

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 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.

Leeds GIS