

Primary care information

Young people with gender dysphoria: Prescribing puberty blockers

The Cass Review found that despite the longstanding use of masculinising / feminising hormones in adults, there is a lack of long-term follow-up data on those starting treatment at an earlier age. The rationale for early puberty suppression remains unclear, with weak evidence regarding the impact on gender dysphoria and mental or psychosocial health and recommends that puberty blockers should only be offered under a research protocol.

The NHS accepted the recommendations of the [Cass Review](#) (April 2024) that exogenous hormones should not be prescribed to children under 16 years of age, and only to young people aged 16 or 17 where the clinician making the prescribing recommendation can demonstrate extreme caution in clinical decision making, such as to justify not waiting until the young person turns 18 years, and where the prescribing recommendation has been approved by a national MDT.

Waiting times for the NHS Children and Young People's Gender Service are expected to remain long while additional clinical capacity is built. Some young people have felt the need to seek private care whilst on the NHS waiting list, however, the sourcing of medications from unregulated providers is not a safe response to long NHS waiting times. Those sourcing unregulated medicines seen by the NHS Children and Young People's Gender Service will be advised to discontinue the medicine. GPs should provide advice that patients should not buy GnRH analogues (or any other medicines) from unregulated sources such as the internet, friends or from street dealers.

The UK government made the [ban on puberty blockers](#) for under-18s indefinite on December 11, 2024, and will be reviewed in 2027. There was an accompanying [NHS Q&A: Information for prescribers and pharmacists / dispensing doctors](#). A [Dear Patient, Parent, or Guardian letter](#) was sent on 31 May 2024, explaining access to puberty blockers after 3 June 2024.

Individuals already receiving NHS or private prescriptions from within the UK before this date may continue to receive their prescriptions, however individuals and their families are strongly advised to meet with the prescribing clinician to fully understand the safety risks associated with GnRH analogues. The [government's legislation](#) permits the continuation of GnRH_a by a GP where the GP feels that this is in the best interests of the patient and feels competent to prescribe (and where confirmation that treatment had been underway in the 6-month period before 3 June 2024 is available). However, the government's consultation on whether to make the restrictions permanent yielded evidence that suggested that many GPs will not feel competent to prescribe GnRH_a in this situation.

As a general principle, a GP should consider each request for shared care on a case-by-case basis to satisfy themselves that the request is from a reputable company that provides a safe and effective service; and that the circumstances of the request for the particular individual meets the general principles of the General Medical Council's "*Good Practice in Prescribing and Managing Medicines and Devices*". A GP may decline to accept responsibility for prescribing, monitoring and testing if the GP is not assured that the provider offers safe, effective and comprehensive support of this vulnerable patient group.

When deciding to prescribe, a clinician must be competent to accept legal responsibility for prescribing unlicensed medications for this indication, having assessed that the medication is the most appropriate treatment with the capacity and safe infrastructure to safely monitor the patient. The prescriber must also take reasonable care to ensure that the patient is aware of 'material risks', i.e. understanding and communicating the treatment risk vs benefit profile ([Montgomery and informed consent - The MDU](#)). GPs currently prescribing may decide to stop prescribing and monitoring of these medications.

Clinical responsibility for prescribing is held by the person signing the prescription, who must also ensure adequate monitoring. Although puberty suppressing hormones can be stopped without tailing off or the need for any endocrine monitoring, children and young people may benefit from psychological support and holistic assessment of their needs if they are unable to access further prescriptions from their usual provider. A GP should be prepared to refer their patient for an appropriate non-routine NHS investigation where there is a concern that the child or young person may come to harm as an outcome of a medication from unregulated sources (for example, monitoring bone density; or venous thromboembolism).

Unregulated healthcare services pose a risk to patient safety as they are not subject to the same level of scrutiny as registered services. New guidance (April 2025: Guidance to primary care about unregulated providers who supply hormone medications to children and young people for gender incongruence) from NHS England advises GPs against shared care agreements with unregulated providers in relation to hormone medication to children and young people under 18 as a response to gender incongruence / gender dysphoria.

- **A GP must refuse** to support the private prescribing or supply of GnRH analogues.
- **A GP should refuse** to support an unregulated provider in the prescribing or supply of alternative medications that may be used to suppress pubertal development.
- **A GP should refuse** to support an unregulated provider in the prescribing of exogenous hormones.

A GP may also decline to accept responsibility for monitoring and testing if they are not assured that the provider offers a safe service.

GPs are specifically cautioned against a shared care agreement with two unregulated providers (GenderGP and Anne Transgender Healthcare Ltd) who have published statements that oppose the restrictions around the supply of gonadotrophin releasing hormone analogues to children and young people under 18 years of age.

In all cases, safeguarding measures should be considered where the administration of a medicine from an unregulated source presents an immediate safety risk.

Considering the information and support currently available to primary care prescribers, we do not recommend they take over the prescribing of puberty blockers, exogenous hormones or alternative medications that may be used to suppress pubertal development for people under 18 years. We recommend extra care is taken when considering whether to prescribe for young people (17 – 25 years) at a potentially vulnerable stage of their life, where consideration should be given to reaching a point of maturity before taking a decision, as recommended by the [Cass Review](#).

In the interim, children and young people presenting with gender related questions (or their parents / carers / families) may be directed to the following resources: [Gender identity and sexuality :: Frimley HealthierTogether \(frimley-healthiertogether.nhs.uk\)](#).

Safeguarding: Where a child or young person is receiving GnRH analogues or other treatment from unregulated sources or providers, GPs may conclude that safeguarding procedures may need to be explored. Safeguarding procedures may be necessary regardless of the endeavours and best intentions of the parents / carers in reducing risk of harm. If there are any safeguarding concerns regarding this or any other safeguarding queries, please telephone 01252 335161 or email frimleyicb.safeguarding@nhs.net for further advice.

NHS Numbers: An [independent review](#) has identified a serious safeguarding risk in the current process of re-assigning gender and sex identity in medical records for children and young people. In response, the Secretary of State has directed that changing NHS numbers and gender markers for children and young people under 18 is stopped with immediate effect. General practice teams can continue to change the name / title and put a reminder note on the home screen of the GP record but should not apply for a new NHS number.

Specialist advice and Referral: Since 1 September 2024, GPs can no longer refer directly into the tertiary service. For children and young people presenting with gender related questions or distress, please refer routinely to local CAMHS via the single point of access/common point of entry, attaching the Gender Experience Summary (GES) available on DXS. CYP will receive a holistic assessment of needs and CAMHS can refer on to local community teams or tertiary services if required. If after a holistic assessment, no ongoing needs have been identified, CAMHS will provide clear signposting to sources of support with

instructions on discharge to the CYP and GP on how to re refer to their service if required because of changing needs.

Concerns around high-risk self-harm or suicidal thoughts, can be discussed with CAMHS urgently the same day via phone on the usual numbers for professionals with concerns (0300 365 1234 for East Berkshire and 0800 915 4644 for North East Hampshire, Farnham and Surrey Heath)

GPs should refer into local CAMHS services using the generic CAMHS referral form, attaching the Gender Experience Summary (GES) questionnaire on DXS. More detailed information about the local referral pathway since 1 September 2024 can be found on DXS with the following documents available under the CYP section of the Gender Identity Landing Page:

1. Frimley CYP Gender Distress Pathway (since 1 September 2024)
2. Gender Incongruence GP guidance (based on NHSE Mind Ed training with further guidance on how to approach these consultations in primary care)
3. [National Referral Support Service - AGEM_Gender_Services](#). Please note referrals are no longer made from primary care into AGEM but this hyperlink is useful for signposting parents/carers/CYP. It explains changes to the referral process, FAQs, and has contact details for CYP who were already on the waiting list for tertiary services prior to the implemented changes (or CYP referred by CAMHS or paediatrics to tertiary services since 1 September 2024) as AGEM continue to manage this waiting list.
4. Frimley ICS Guidance on prescribing puberty blockers for young people with gender dysphoria (This document you are reading now) is also available on DXS via a hyperlink and is regularly updated).
5. NHS CYP Gender Experience Summary (GES) Questionnaire (prepopulated) – this **must** be attached as part of a referral into CAMHS for local holistic assessment of needs for any CYP with gender related questioning or distress
6. Frimley Healthier Together resources for CYP/parents/carers on Gender Related Questioning and Distress (hyperlink available on DXS)

The NHS is building additional clinical capacity through a new configuration of providers who will deliver services in the same way, working to a single NHS service specification and clinical model. The NHS National Referral Support Service manage a single national waiting list (consisting of people previously referred to the Tavistock, and new referrals since 1 September 2024 made by CAMHS or paediatrics) and once they reach the top of the waiting list, and the new providers are ready, they will be contacted about 3 months before they are planned to be seen.

Queries or concerns regarding local referral pathways for Gender Related Distress or Questioning since 1 September 2024 may be directed to the Frimley ICB Children and Young People's team via email frimleyicb.frimleycypportfolio@nhs.net.