

- To: • All general practices in England
- cc. • Regional:
- directors or primary care and public health
 - directors of commissioning
- Integrated care boards:
- chief executives
 - heads of primary care
- Primary care networks

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Dear colleagues,

Updated information for primary care - government restrictions on use of puberty suppressing hormones (puberty blockers)

On 22 Augst 2024, NHS England wrote to all GPs in England to provide advice following temporary restrictions on the use of puberty suppressing hormones. On 11 December 2024, the government passed legislation that makes these restrictions permanent.

This updated information is intended to support GPs and other primary care team members who may be asked to provide prescriptions for children and young people under 18 for gonadotropin-releasing hormone analogues (GnRHa) – commonly referred to as puberty suppressing hormones or puberty blockers – when used for gender incongruence or gender dysphoria.

The government’s legislation makes permanent restrictions on the use of a group of medicines called GnRHa used to suppress puberty when part of treating gender incongruence or gender dysphoria in children and young people who are under 18 years of age.

It is a criminal offence to supply these medicines to patients under the age of 18, **except in the following circumstances:**

- The child or young person has been provided with a previous NHS prescription (for example, from the NHS Children and Young People’s Gender Service or from an NHS GP or other primary care prescriber).

- The child or young person has been provided with a private UK prescription from the UK that fulfils one of the following criteria:
 - The prescription is dated prior to 3 June 2024 (27 August 2024 in Northern Ireland)
 - It is a repeat prescription annotated ‘SLS’ by the prescriber and bearing the patient’s age, but only when the initial prescription was issued in the 6 months prior to 3 June 2024 (27 August 2024 in Northern Ireland)
 - The prescription is endorsed ‘SLS’ by the prescriber and bears the patient’s age, and is for a purpose other than treatment for puberty suppression related to gender incongruence or gender dysphoria

Additionally, from 26 June 2024, general practitioners (GPs) and other prescribers are only able to provide NHS prescriptions for GnRHa in the following circumstances:

- the patient is aged 18 years or over
or
- the patient is 17 years or under, and the purpose of the prescription is for a medical condition **other than** gender incongruence, gender dysphoria or gender affirmation
or
- the patient is 17 years or under and has been issued with a prescription for a GnRHa for puberty suppression in the 6-month period prior to 26 June 2024; then they may continue to be issued with prescriptions for GnRHa for that purpose on and after that date
- the NHS prescription must be endorsed ‘SLS’ by the prescriber

Prescriptions of GnRHa from a European Economic Area (EEA) or Switzerland-registered prescriber are banned in all circumstances for patients aged under 18.

For patients aged 18 or over with a prescription from an EEA or Switzerland-registered prescriber, prescriptions may be dispensed in the UK if verification of age and identity can be shown to the dispensing pharmacy.

The impact of these changes

The individuals who are most impacted are those who are currently or were previously receiving a prescription for GnRHa for any reason from a prescriber who is registered outside of the UK in the EEA or Switzerland.

Pharmacies can no longer dispense prescriptions for GnRHa from the EEA or Switzerland for anyone aged 17 years or under.

Individuals who are already receiving NHS or private prescriptions from the UK can continue to receive their prescriptions.

However, such individuals and their families are strongly advised to meet with the prescribing clinician to fully understand the safety risks associated with GnRH analogues when prescribed for gender incongruence or gender dysphoria.

Buying GnRHa from unregulated sources

GPs should provide advice that patients should not buy GnRHa (or any other medicines) from unregulated sources such as the internet, friends or from street dealers.

Possession of GnRHa is now a criminal offence, where the individual had reasonable cause to know that the medicine had been sold or supplied in breach of the government's ban.

Where a child or young person is receiving GnRHa from unregulated sources or unregulated providers, GPs may conclude that safeguarding procedures may need to be explored.

Primary care prescribing scenarios

The following guidance is provided to support GPs and other primary care prescribers in different scenarios.

The government's legislation permits the continuation of GnRHa 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 some evidence that suggested that many GPs will not feel competent to prescribe GnRHa in this situation.

Consequently, if a young person below the age of 18 years is currently taking these medicines and is unable to access further prescriptions from their usual provider, and is in psychological distress as a result, they are being advised they should seek support from the NHS by contacting the NHS National Referral Support Service for the children and young people's gender service (NRSS). Subject to consent being obtained, the NRSS will arrange for targeted support from local NHS mental health teams. Further ongoing care will be offered by the mental health team in appropriate cases.

The NRSS will notify the patient's GP that a remote consultation has been arranged and will confirm the outcome with the GP. The NRSS will also provide the GP with general advice prepared by consultant paediatric and adolescent endocrinologists that provides assurance that an individual can be withdrawn from GnRHa safely without the need for tapering the medication.

If a child or young person contacts the GP team directly, they should offer to see any young person who comes forward and assess whether a referral for the CYP Gender Service or for mental health support are required.

How do I approach the scenarios in primary care?

Scenario: Your patient is under 18 years of age and wants to start on GnRHa for gender incongruence or gender dysphoria

This is not possible either through the NHS or privately.

You should decline the request from the patient and family, but following consultation you may determine that a referral to the NHS CYP gender service is appropriate.

Scenario: Your patient is under 18 years of age and is already being prescribed GnRHa by you as their GP for gender incongruence or gender dysphoria

You can continue to prescribe GnRH analogues if you consider it appropriate to do so.

The prescription needs to be endorsed 'SLS' to satisfy NHS regulations.

Due to the limited evidence base (see [Cass Review Report, April 2024](#)), you are advised to meet with your patient so that the risks of continuation or initiation are fully understood.

You should not consider that you are obligated to continue, but if you are stopping prescriptions, you should consider the individual's need for further professional support, such as a referral to CYP mental health.

You are also advised to make a referral to the specialist gender pathway if not already done so.

Scenario: Your patient is under 18 years of age and is already being prescribed GnRH analogues through the EU route (such as through GenderGP).

You may take on continuation of prescription of GnRH analogues to maintain continuity of care if you consider it appropriate to do so.

The prescription needs to be endorsed 'SLS' to satisfy NHS regulations.

For a GP to prescribe (for the first time) continuation of medicine, they would need to take due diligence to determine whether the patient had been issued with a prescription in the 6-month period before 3 June 2024.

This would need to be in the form of documentary evidence. The form of the evidence (letters, prescription) which a GP should rely on to decide whether a course of treatment has started has not been specified in legislation, but whether treatment has previously started is ultimately a question of fact.

The GP should document how they have confirmed there have been previous prescriptions.

However, as the EU-based service which initiated the prescription is outside the jurisdiction of UK health regulators, you must only agree to continuing the prescribing if you feel competent to do so; and you are reassured about the professional competence of the EU-based service in its diagnosis of the patient and its decision to initiate prescribing; and only if you conclude that continuation is in the best interests of your patient.

If you decide that prescriptions should be discontinued, you should consider the individual's need for further professional support, such as a referral to CYP mental health (including through the arrangements that are in place through the NRSS) or to the specialist gender pathway.

Scenario: Your patient is under 18 years of age and has been recently started on puberty suppressing hormones as they were referred to an NHS paediatric endocrinology team for assessment for suitability of GnRHa on or before 31 March 2024.

The specialist NHS endocrine teams at University College of London Hospitals NHS Foundation Trust and Leeds Teaching Hospitals NHS Trust may initiate puberty suppressing hormones for the group of patients who were handed over from the former children's gender service at the Tavistock and Portman NHS Foundation Trust.

Your patient's consultant paediatric endocrinologist may ask you to share in the care of the continuation of prescribing for these patients.

As the patient's GP, if you feel competent to do so, you can enter into a shared care arrangement in the usual way.

Scenario: Your patient is under 18 years of age and is already being prescribed GnRHa by a private medical practitioner – using a UK prescription – for gender incongruence or gender dysphoria.

You should advise the patient that they can continue to secure UK private prescriptions.

You are also able to continue the prescribing, if you feel competent to do so, and are content with the shared care arrangement with the private practitioner.

Yours sincerely,



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