



Prescribing HRT for trans people with a report from a gender clinician: Information for GPs

This information sheet is for GPs who have a patient with a letter from an NHS Gender Clinic asking for them to be prescribed hormone replacement therapy (HRT).

The NHS Gender Clinics have a contract with the NHS which devolves the provision of prescriptions to Primary Care.

Medication type, dosing and testing

The HRT medications used for trans people are the same HRT medications used for men and women who aren't trans. You will be familiar with prescribing this medication for peri and post-menopausal women and for men with low testosterone levels.

The report or letter your patient gives you from their NHS Gender Clinic will have details about the medication type, the dosage and frequency of blood testing. You may also find NHS Wales' [Endocrine management of gender incongruence in adults: Prescribing guidance for non-specialist practitioners](#) useful.

If you require further reassurance or have additional questions, contact the NHS Gender Clinic that provided the initial letter to ask them for more information.

GMC guidance

The GMC offers [guidance on the provision of HRT prescriptions for trans people](#). It states:

“If you're a GP, collaborate with a gender specialist service to provide effective and timely care for your transgender and gender diverse patients. This may include:

- prescribing medicines on the recommendation of a specialist service provider, and
- following recommendations for safety and treatment monitoring.

GPs in England, Wales and Scotland can work under Shared Care Agreements, or through an Enhanced service, set up between specialist service providers and practices to provide joint care for patients. This is set out by the Royal College of General Practitioners (RCGP) in their information on transgender care. However, it is reasonable for a GP to expect the specialist service provider to remain available to provide support and advice where necessary.”

It also states that

“As *Good medical practice*, paragraph 7d says – you must only prescribe drugs if you are satisfied they meet the patient's needs.

It would not, however, be acceptable to simply refuse to treat the patient. Instead, we would advise you to:

- Discuss your concerns with your patient and carefully assess their needs
- Seek to understand their concerns and preferences
- Consult more experienced colleagues or service leads and provide care in line with the guidance in *Good medical practice*”

New patients: continuation of care

Some trans people registering as new patients at your practice may already have been accessing NHS prescribed HRT. As with any other patient, they ought to be able to expect continuation of their care.

The [GMC guidance on this matter](#) states that:

“In England, Wales and Scotland, a new patient registering with your GP practice may have already been seen and discharged by a gender specialist service. If their previous GP had taken on their prescribing, the patient will expect this to continue at your practice. In this instance, seek to re-establish shared care with the specialist service provider or similar supported prescribing arrangement.

If you have specific questions regarding the patient’s treatment, contact the specialist service provider or gender identity clinic local to your area.

Avoid referring the patient back to a gender identity clinic as a new referral. This is unnecessary and will lead to a significant delay in the patient’s continuing care.”

Paragraph 65 of [Good medical practice](#) states that “Continuity of care is important for all patients, but especially those who may struggle to navigate their healthcare journey or advocate for themselves. Continuity is particularly important when care is shared between teams, between different members of the same team, or when patients are transferred between care providers.”

Additional clinical considerations

HRT is used to treat Gender Dysphoria in trans people. It brings about changes that cause the trans person’s body to change in a way that acts to reduce their experience of dysphoria. Access to HRT has been demonstrated to reduce Gender Dysphoria in trans people and improve mental health outcomes. If a trans person’s HRT treatment is halted, some of the physical changes they’d experienced will reverse. This is likely to heighten the experience of Gender Dysphoria and may cause or exacerbate mental ill health.

Please be aware that any patient who has undergone an oophorectomy or orchidectomy (whether as part of other transition related surgeries or not) will require lifelong access to HRT. Without access to this, they will pass through menopause and experience the same increased health risks that a post-menopausal woman will.

The Equality Act 2010

Trans people are protected under the Equality Act 2010 characteristic of gender reassignment. This applies to trans people at any stage of social or medical transition, whether or not they have a Gender Recognition Certificate. If the treatment of a trans patient is found to be detrimental when compared to the treatment of someone who isn’t trans, the practice may risk being found to have breached the Act.