

Bournbrook Varsity Practice Policy on the Prescription of “Bridging Hormones” Whilst Awaiting Specialist Review in a Gender Identity Clinic

We have had an increasing number of enquiries from patients about the prescribing and monitoring of hormone therapy whilst awaiting specialist assessment, in particular “bridging hormones”. We recognise that there is currently inadequate provision for patients with waiting times in excess of 24 months for initial NHS appointments. However, it is our practice policy that confirmation of diagnosis and commencement of initial hormonal treatment for gender incongruence should be made by a specialist gender identity service (NHS or private) in all cases.

We recognise that GPs are most often the first point of contact with the health care system for patients with gender dysphoria. This is a huge responsibility that we take very seriously. The clinical team at Bournbrook Varsity will:

- Make the initial referral to the specialist gender identity clinic. We will do this referral as rapidly as possible and take into account your preferences as well as waiting times when choosing a clinic.
- Prescribe hormones (and monitor treatment) following the initiation and ongoing recommendation of a specialist gender identity clinic (NHS or private). This will be as part of a shared care agreement with the specialist endocrinologist, who will offer ongoing support. We are unable to prescribe hormones in any other circumstances.
- Provide support to maintain your mental and physical health. We recognise that accessing specialist clinics can be frustrating and waiting times are long. We can provide mental health support at the surgery by offering advice on self-help strategies, treating anxiety and depression (including with medication if appropriate), referring to local NHS mental health services, and sign-posting to other support services if needed.

We recognise there is guidance from the Royal College of Psychiatrists and other organisations that GPs “may prescribe ‘bridging’ endocrine treatments as part of a holding and harm reduction strategy while the patient awaits specialised endocrinology or other gender identity treatment” particularly if patients are already taking hormones from illicit sources. However, we are not experienced in initiating hormonal treatments for gender dysphoria and do not feel able to provide “bridging hormones” safely in any circumstance.

Unfortunately, the appropriate support is just not currently available for us to do this. It should be recognised that all the NHS gender identity clinics only initiate hormonal treatment after a number of investigations and input from a specialist team of psychiatrists, endocrinologists, and psychologists. This includes counselling on the side effects and potential long term risks of hormonal treatment. It is not realistic that the same level of support could safely be provided within our practice.