

To: • Mental health trust:

- chief executive officers
- clinical directors
- children and young people (CYP) mental health clinical directors
- children and young people (CYP) mental health operational and service leads

cc. • Integrated care board:

- chief executive officers
- medical directors
- clinical directors

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

11 December 2024

Dear colleagues,

Updated information regarding children and young people impacted by the introduction of permanent restrictions on private prescribing of puberty suppressing hormones

In August 2024, NHS England produced an updated information pack to support local NHS children and young people's mental health (CYPMH) teams and integrated care boards (ICBs) in arranging assessments for children and young people who are on the waiting list for NHS children and young people's gender services, or who had recently transferred to one of the newly established CYP gender services as an active patient. This information pack is attached as Appendix A.

Thank you for your efforts to date in scheduling the assessments and for arranging follow-up care where appropriate.

On 11 December 2024, the Secretary of State for Health and Social Care announced that legislation will be passed that will make permanent the current temporary ban on private prescribing of Gonadotropin-releasing hormone analogues (GnRHa) to children and young people for gender incongruence or gender dysphoria. The medicine is commonly referred to as puberty suppressing hormones or puberty blockers. The current temporary ban runs to 31 December 2024, and the permanent ban comes into effect on 1 January 2025.

As before, the individuals who will be most impacted by the Government policy are those under 18 years of age who were sourcing GnRHa from a healthcare professional who is registered outside of the United Kingdom in the European Economic Area (EEA) or Switzerland.

Although the legislation permits NHS prescribers to assume responsibility for prescribing and continuation of GnRHa if the prescriber considers this to be in the best interests of their patient and feel competent to do so, submissions were made to the government as part of its consultation process in the autumn (about whether to make the ban permanent) that suggests that a number of individuals will not be under the care of an NHS healthcare professional who will consider themselves able to assume clinical responsibility for continuation of the prescription.

Consequently, there will be a number of children and young people whose supply of GnRHa will be stopped because of the permanent ban. Precise numbers are unknown, but advice offered to the government's consultation suggests that the number may not be higher than a few hundred across the UK.

Action required

We therefore request CYPMH services continue to support children and young people with gender distress by extending the scope of the current support offer to include the very small number of distressed children and young people who live within their localities and whose access to GnRHa through private prescription has been stopped. **To be clear – you are not being asked to assume clinical responsibility for continuation of GnRHa outside of your competence.**

For this vulnerable group of children and young people who are currently distressed, we request that local CYPMH services offer an initial remote consultation or telephone triage with the young person and/or parent or carer to determine if they meet the criteria for local CYPMH services and to determine if an assessment is required.

- The details of individuals who contact NHS Arden & GEM (AGEM) seeking support and who can provide evidence of being an eligible patient (for example, previous private prescription of GnRHa) and who live in your locality will be provided to you by AGEM using the existing process on Blueteq.
- We ask all telephone triage reviews are completed in a timely way.
- During the telephone triage appointment, CYPMH services should review whether the child or young person has possible mental health needs or neurodevelopmental needs.

- Where the child or young person is identified as requiring further assessment or support, they should be referred into the appropriate local pathway in line with local service criteria.
- Following assessment for children and young people with significant features of gender incongruence, consider with the child or young person, and family, whether a referral to the NHS CYP gender service is clinically indicated. Your service is not expected to diagnose gender incongruence or form an individual care plan for this aspect of care.
- For children and young people already on the NHS CYP Gender Service waiting list and who have already consented to have a face-to-face assessment from your local service under the previously agreed arrangements, **please ensure their assessment appointment is expedited**. This should not be replaced by a remote consultation or telephone triage.
- If the child or young person is to be discharged to primary care and community support, families and primary care should additionally be provided with information on when and how to promptly re-access the service and other local or national services for further support, including in a mental health crisis.
- CYPMH providers should continue to complete an electronic Outcomes Form on the Blueteq portal for every child or young person referred to enable NHS England to monitor activity and support payments.
- **Completion of assessments must be reported monthly by providers to the ICB alongside the list of outstanding assessments to be completed and a timescale for completion.**

Funding

Funding for this additional activity will continue to be passed to your host organisation using the existing process.

Timeline

The existence of the support offer for this small cohort of individuals will be publicised through the NHS CYP gender referral support service. Children and young people will be able to contact AGEM until 31 March 2025, which is when the existing arrangement for assessment for children and young people on the national waiting list comes to an end.

Thank you for your continued support and cooperation in ensuring that the NHS is able to provide an appropriate response to a vulnerable group of children and young people within your local community.

Yours sincerely,



Professor Prathiba Chitsabesan

National Clinical Director for Children and
Young People's Mental Health



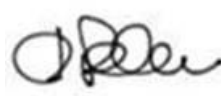
Professor Simon Kenny

National Clinical Director for Children and
Young People



Claire Murdoch CBE

National Director for Mental Health
NHS England



Professor James D Palmer

National Medical Director for Specialised
Services

Information Pack

Version 2: Updated 24 June 2024

**For Clinical Directors and Operational Leads
of Children and Young People (CYP) Mental
Health Services
&
Integrated Care Board Mental Health Leads**

**Assessing the Mental Health Needs and Risks of CYP on the
National Waiting List for CYP Gender Services and CYP
transferring to the care of CYP Gender Services, from 1 April
2024 to 31 March 2025**

Key updates are highlighted and include information on:

- **Funding and payment**
- **New legislation - see Appendix 7 FAQ Q13 & Q14 and new Appendix 8**
- **Minor adjustments to dates and timings**

1. Introduction

We know that gender incongruence is not a mental health disorder. However, we also know that a high proportion of children and young people (CYP) who are concerned about, or distressed by, issues of gender incongruence experience co-existing mental health, neuro-developmental and/or personal, family or social complexities in their lives.

CYP who are concerned with or distressed by gender incongruence often have complex needs and are particularly at high risk of suicide and self harm. This is a particularly vulnerable group CYP. A report by [the National Child Mortality Database \(2021\)](#) found that these were all factors that were common in the lives of CYP who had died by suicide. We are therefore asking for local CYPMH services to support these CYP who are in their local populations.

While some CYP are already supported by local mental health services, a significant proportion of referrals to the CYP Gender Service are from primary care practitioners where additional needs and risks may not have been identified or addressed. The waiting list for specialist CYP Gender Services is in excess of 6,000 and the risks for these CYP may not be known or addressed.

In addition, whilst new CYP Gender Services open in April 2024, they will have to prioritise the CYP transferring from the Tavistock and Portman GIDS service which closes on 31 March 2024. As the new CYP Gender Services are still recruiting to a full complement of staff, some CYP may experience a delay before they are seen.

It is important that a procedure is established so that these CYP are seen at least once by their local CYP mental health provider to either provide access to further mental health care, onward referral to other local services or remain solely under their primary care team.

2. Development of new CYP Gender Services

NHS England has set in train a programme of work to improve, expand and transform service provision for children and young people (CYP) experiencing gender incongruence. The development of the new service is being taken forward in the context of the [interim findings and recommendations](#) from the independent review led by Dr Hilary Cass.

On 31 March 2024 the Gender Identity Development Service (GIDS) at the Tavistock and Portman NHS Trust will close and the new Children and Young People's Gender Services (London) and the Children and Young People's Gender Service (North West) will open on 1 April 2024. All the CYP patients (c. 260) who were under the care of Tavistock & Portman GIDS will transfer to the new CYP Gender Services by 1 April 2024, unless they have chosen to opt out. However, we expect that there may be a delay before all these CYP are seen by the new CYP Gender Services as they continue to recruit and appoint staff in order to run at full capacity.

As part of the transition to new service provision, the national waiting list for children and young people waiting for access to a specialist gender service is now held by CYP National Referral Support Service (NRSS) managed by NHS Arden and Greater East Midlands Commissioning Support Unit (AGEM CSU) on behalf of NHS England. **The waiting list is in excess of 5,000 CYP (as at May 2024)** and these CYP will continue to face long waits as

the new CYP Gender Services build capacity. NHS England is also commissioning a further 5 regional services over the next 3 years to expand capacity.

In March 2024 the NHS adopted a [policy that Puberty Suppressing Hormones](#) are not to be prescribed to gender variant children outside of a clinical study because of the limited evidence about risks, benefits and outcomes. [On 29 May 2024 the Government announced emergency prohibition of GnRH Analogues for puberty suppression for under 18 year olds.](#)

NHS England is currently consulting on a change of the referral pathway into the CYP Gender Service to secure either a paediatric or CYPMH step before onward referral. Subject to consultation this will be implemented in Q2 2024/2025.

In addition, NHS England will develop new service specifications for CYP Gender Services to replace the [interim service specification](#) following publication of the [final Cass Report](#) and recommendations which will address the relationship between local care and regional care for these children and young people.

3. Support required from CYP Mental Health (CYPMH) Providers in 2024/2025

We are asking local CYPMH providers to provide support to CYP in their local populations by undertaking an assessment and review of mental health needs and risks from 1 April 2024. This is for:

- Group A: CYP currently on the national waiting list for CYP gender services (NRSS managed by AGEM CSU) and have not been by recently reviewed by CYPMH services.
- Group B: CYP transferring to the care of the new CYP Gender Service (London) or CYP Gender Service (North West) and who require local MH support.

We expect that CYP will be offered a face-to-face appointment and will be seen at least once by their local CYP mental health provider to either provide access to further mental health care, onward referral to other local services, or remain solely under their primary care team.

CYP and/or their parents/carers will be asked to consent to a local MH needs review and assessment and for their details being shared with their local Children & Young People's Mental Health Services provider.

For those CYP who are on the waiting list (Group A), on average this equates to 55-60 CYP per local CYPMH service. It is likely that many of these CYP will already be known to local services and others may not consent. [CYPMH providers will receive lists of consented patients in June in 2 – 3 batches.](#) For CYP transferring to the new CYP Gender Services (Group B), numbers will be very small and may be as few as 1 or 2 CYP per CYPMH service, with many services having no transferred cases to support. The new Gender Services will [contact CYPMH providers from April through to June 2024 to request local MH support.](#)

These CYP will continue to remain either on the national waiting list, under the care of their GP or under the care of new CYP Gender Services. However, local mental health and risk assessment will address concerns that many CYP, particularly those on the waiting list, are

not accessing local support for mental health or neurodevelopmental needs that may be appropriately addressed by local services at an early stage. Failure to address these needs in a timely way places CYP at greater risk and may also contribute to delays in readiness for such specialist support.

We expect the support outlined here to be time-limited and take place in the financial year 2024/25.

3.1 Mental health needs and risk assessment for CYP on the waiting list for the CYP Gender Service - Group A

AGEM CSU will write out to CYP and their families at the end of March to ask if they want MH support and for consent to share their information with CYPMH providers. Once consent has been received, CYPMH providers will receive a list of these CYP in the catchment of their local service. NHS England will work with regional mental health leads and ICBs to ensure that CYP are accurately matched with their local CYPMH service.

Once you receive your CYP list, we advise identifying those CYP who are currently open and under the active care of the mental health service or, have recently been seen by the service and who will therefore not, require a further mental health and risk assessment. Where there are multiple providers within the local area, services will need to co-ordinate their responses.

AGEM CSU will also send you referral information about the CYP and a Gender Experience Summary (GES) Form where this has been completed by the CYP and their family. This information can support your local triage process. If a GES has not been completed, you may suggest families complete this through the national portal with their CYP prior to attending their appointment. The GES can provide helpful information in understanding the young person's gender identity journey and their current needs and risks.

All CYP who are not known to the local CYPMH service should receive a mental health and risk assessment that encompasses:

- assessment of mental health needs and risks
- review of potential neurodevelopmental needs and referral to the appropriate service and pathway for further assessment or support
- identification of any safeguarding concerns

Where the CYP is identified as requiring further assessment or support from local secondary healthcare, for mental health, neurodevelopmental or other intervention and support, they should be referred and/or accepted into the appropriate local pathway.

We request that all CYP who have been allocated to your service for mental health review are assessed as soon as possible and by end of March 2025 at the very latest.

Regardless of the outcome of this assessment:

- a. All CYP and their families should be sent an assessment letter / summary and be reassured that they remain on the CYP gender service waiting list, copied to the GP (and referrer if different).

- b. CYPMH providers should complete an electronic Outcome Form on the Blueteq portal for every CYP that was on the list sent to them by AGEM CSU, to enable the NRSS and NHS England to monitor activity.

3.2 Local MH Support for CYP transferring to the care of the new CYP Gender Service (London) or CYP Gender Service (North West) - Group B

The new CYP Gender Services (London) and (North West) will write out to CYP and their families at the end of March to introduce themselves as new providers of this service. They will also ask some of their CYP and families for consent for local MH support and to share their information with their local CYPMH provider.

These CYP will require local MH support, either alongside current CYP Gender Service care or while they are waiting to be seen in by the new CYP Gender Service, as the new Gender Services build capacity in the first few months of operation. The new CYP Gender Services will contact the local CYPMH provider to request their support for the CYP.

For this very small number of CYP we ask that you review their mental health / neuro-developmental needs and risks and provide local support as required. We anticipate that these may be as few as 1 or 2 CYP per CYPMH service (or none) and in most cases, these CYP will already be known to your local service.

We request that all CYP who have been identified for local MH support are reviewed and / or assessed by end of Q1 2024/5 i.e. 30 June 2024. The new CYP Gender Services will ensure that they communicate promptly with their patients to ensure that CYPMH services have sufficient time to carry out assessments and provide support.

Regardless of the outcome of this MH support:

- a. There should be communication with the CYP Gender Service that supports collaborative care planning including a clinical letter from CYPMH service to CYP Gender Service
- b. CYPMH providers should complete an electronic Outcomes Form for every CYP that the new CYP Gender Services contacted them to provide CYPMH support, to enable the CYP Gender Service and NHS England to monitor activity.

4. Funding and payment arrangements

NHS England will allocate additional non recurrent funding to CYPMH providers for this local MH support in the financial year 2024/25. This has been costed on band 8a clinical work and is for the initial face to face assessment or review with additional provision for administrative support.

Where the CYPMH service assesses that a CYP requires ongoing mental health support, this should then be responded to as 'business as usual,' in the normal way. This aspect is not intended to be covered by this non-recurrent funding.

CYPMH providers may want to utilise this non-recurrent funding to bring in interim or bank staff or to cover existing staff working additional hours. Staff must have the appropriate skills

and competencies to carry out an assessment of mental health needs and risks as outlined above.

An initial upfront payment will be made to CYPMH providers in Q1 2024/25 to support CYPMH services to put appropriate resources into place. Subsequent payments will then be made quarterly based on activity captured by the electronic Outcomes Form.

CYPMHS providers are asked to complete an electronic Outcomes Form for all CYP (group A and B). This will ensure that all activity is recorded so payment can be made directly to the CYPMH providers on a quarterly basis:

- For group A, the Outcomes Form will be available and should be completed on the Blueteq system.
- For group B, a word version of the Outcomes Form will be provided and on completion, this should be emailed to the CYP Gender Service (London) or the CYP Gender Service (North West).

5. Resources available to CYPMH providers

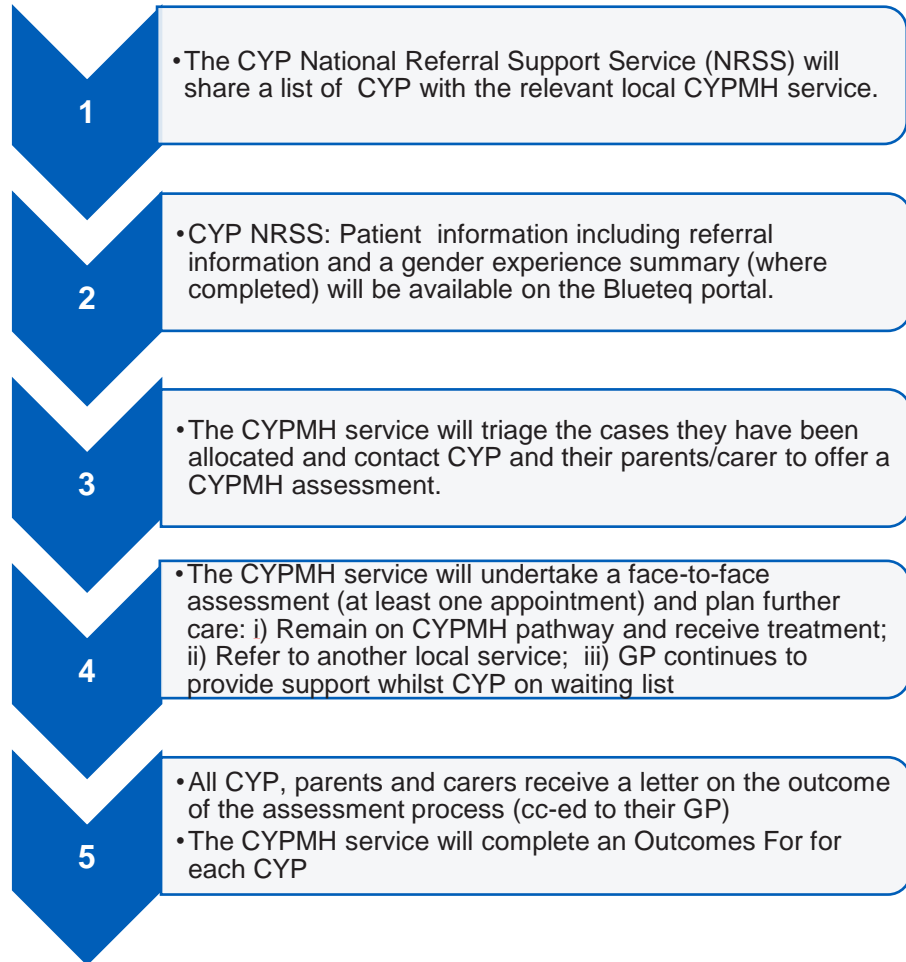
Whilst assessment of mental health needs and risks are within the normal remit and competencies of local CYP mental health services, there are recently published resources (eg [MindED](#)) that provide guidance to secondary care professionals on how to support CYP who are questioning their gender identity.

Further information is set out in the following appendices:

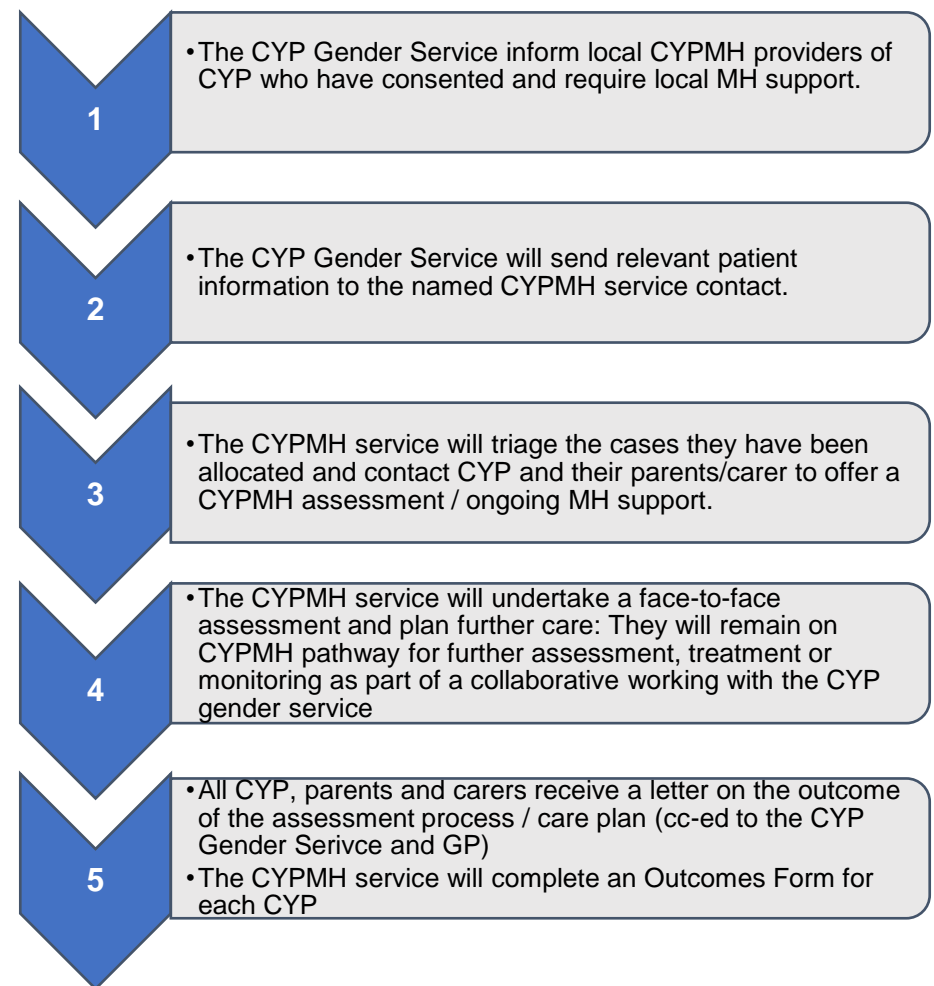
- Appendix 1 – Flow Chart of Process
- Appendix 2 – CYP Screening and Assessment Process
- Appendix 3 – Managing Risk
- Appendix 4 - Outcomes Form
- Appendix 5 – Gender Experience Summary Form
- Appendix 6 – Frequently Asked Questions
- Appendix 7 – Training and Resources
- Appendix 8 – Letter sent to CYP regarding new Government restrictions on use of Puberty Suppressing Hormones

Appendix 1 Flow Chart of the Process

Group A: CYP currently on the national waiting list for CYP gender services (NRSS managed by AGEM CSU)



Group B: CYP transferring to the care of the new CYP Gender Service (London) or CYP Gender Service (North West))



Appendix 2

Child & Young People's Services' Screening and Assessment

Group A: CYP currently on the national waiting list for CYP gender services (NRSS managed by AGEM CSU)

Within the context of the CYPMH service you are commissioned to provide, we are asking you to review CYP who are notified to you by AGEM CSU as being on the waiting list for the specialist CYP Gender Service as follows:

1. Local CYPMH service determines that further mental health needs and risk or neuro-developmental assessment is not currently required as:
 - CYP is already under the active care of local CYPMH or neuro-developmental services.
 - CYP was recently under the care of or, has recently been assessed by the local CYPMH services.

Outcome

- Send a letter to the GP confirming that the CYP is under the active care of the local CYPMH service or has recently been assessed / under the care of the service and that no further action is required at this time.
 - Complete an electronic Outcomes Form on the Blueteq system.
2. Local CYPMH services determine that an assessment is required, encompassing:
 - Assessment of mental health needs and risks.
 - Review of neurodevelopmental needs if present, and referral to the appropriate service and pathway for further assessment or support.
 - Review of any unregulated medication for gender identity treatment – discuss with GP, trust safeguarding lead as appropriate to the case, and in line with NHSE guidance (see FAQs).

Outcome

- Following initial assessment and review of needs and risk:
 - Discuss the CYP's needs and develop an initial shared formulation.
 - Where appropriate, agree a joint care plan with the young person and parent/carer including clinical safety plan as appropriate to their needs and risks and in line with local service arrangements.
 - Provide information to the family on gender distress through [MindED](#).
 - Share a copy of the assessment letter and care plan with families, GP and other services (as appropriate) .
 - Complete an electronic Outcomes Form on the Blueteq system.
3. CYP declines invitation or does not respond to (two) invitations for an appointment.

Outcome

- No further local service action.
- Send letter to CYP/family confirming that they remain on the national specialist Gender Service waiting list and that if they wish to be removed

from this list to contact NRSS, managed by AGEMCSU. This letter should include information to the family on gender distress through [MindED](#).

- Copy letter to GP (and other referrer if appropriate).
- Complete an electronic Outcomes Form on the Blueteq system.

4. Follow on care

- If the CYP is to be discharged to primary care and community support while the CYP remains on the waiting list for the specialist Gender Service, families and primary care should additionally be provided with (i) information on when and how to promptly re-access the service (ii) information on other local or national services for further support, (iii) including in a mental health crisis or on transition to adult services. Additional support may include local NHS urgent mental health helpline, The Samaritans, Childline and Papyrus etc).
- Where the CYP is identified as requiring further assessment or support from local secondary healthcare, for mental health/neurodevelopmental needs or other intervention and support, they should be referred into the appropriate pathway.

Group B: CYP transferring to the care of the new CYP Gender Service (London) or CYP Gender Service (North West)

The new CYP Gender Services will contact the local CYPMH provider to request their support for CYP where the CYP require local MH support and has given consent, either alongside current CYP gender service care or while they are waiting to be seen in by the new CYP Gender Services, as they build capacity in the first few months of operation.

Within the context of the CYPMH service you are commissioned to provide, we ask that you urgently review this very small number of CYP in relation to their mental health and neuro-developmental needs and risks. Following your review and assessment, we then ask that you continue to support them as appropriate, initially until they are reviewed by the new CYP gender services and subsequently as appropriate, as part of an agreed collaborative care plan with the new CYP Gender Services.

We request that all Group B CYP who have been allocated to your service for mental health review are assessed by end of Q1 2024/5.

The outcomes of the process will be:

1. The local CYPMH service determines that additional mental health needs and risk and/or neuro-developmental assessment is not required because the CYP is already under the active care of local CYPMH services.

Outcome:

- Respond to the relevant CYP Gender Service (London) or CYP Gender Service (North West) to confirm the above and share any local care plan.
- Complete an electronic Outcomes Form.

2. Local CYPMH services identify that the young person is not currently known to the local CYPMHS and an assessment of mental health needs and risks is required.

Outcome:

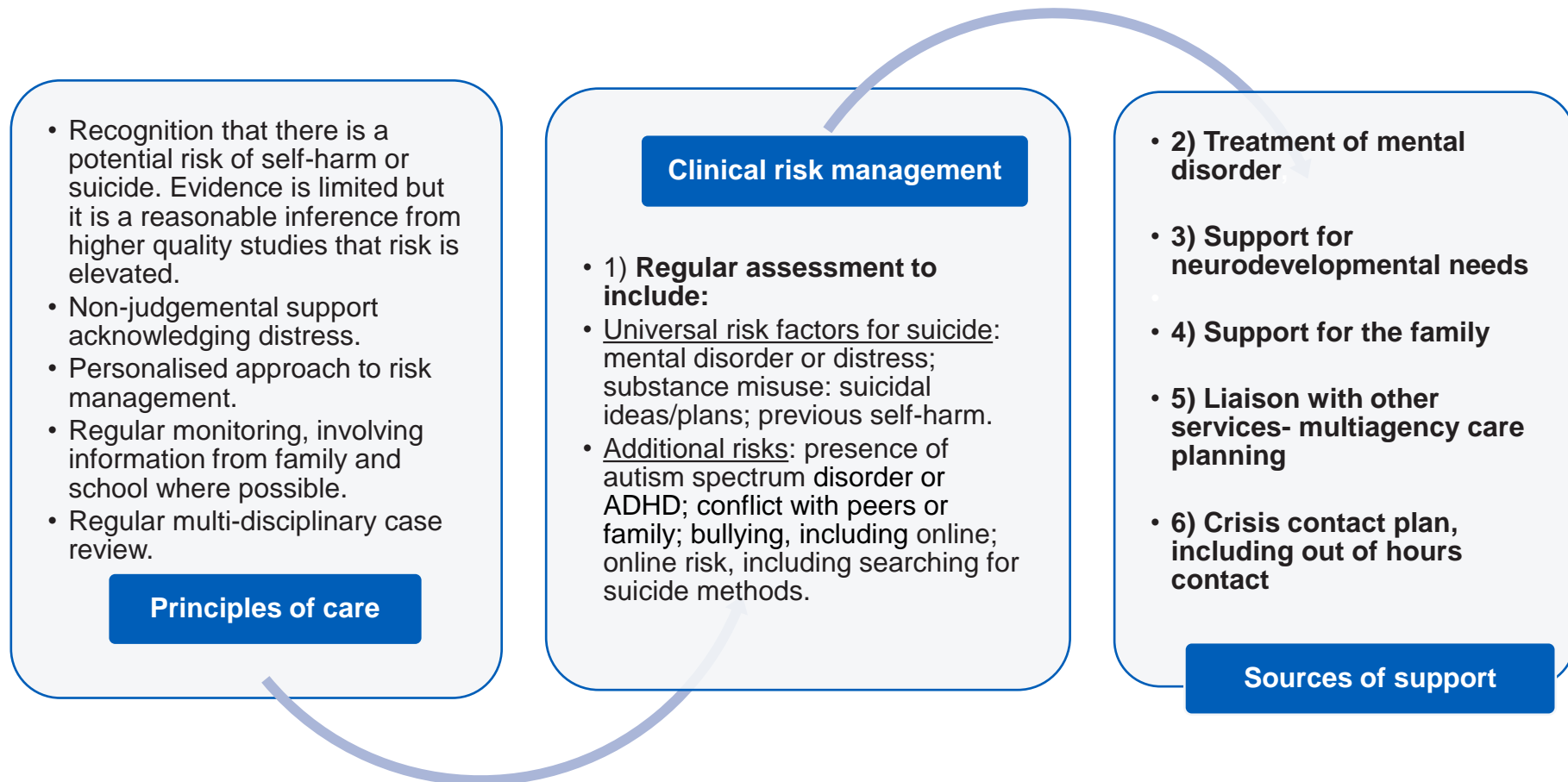
- Following initial assessment and review of needs and risk:
 - Discuss the CYP's needs and, where appropriate, agree a local interim care plan with the young person and parent/carer including clinical safety plan as appropriate to their needs and risks and in line with local service arrangements.
 - Where required, put in place or refer to wider local support as indicated by the interim care plan.
 - If required, sign-post the family to information on gender distress through [MindED](#) and other published resources (see Appendix 7)
 - Share a copy of the assessment letter and care plan with the relevant London or North West CYP Gender Service, the young person and/or their parent/carer and GP.
 - Liaise with the new CYP Gender Service as appropriate to support collaborative care.
 - Complete an electronic Outcomes Form.

3. CYP declines invitation or does not respond to (two) invitations for an appointment.

Outcome:

- No further local service action
- Letter sent to CYP/family confirming this and copy to the relevant London or North West CYP Gender Service and GP.
- Complete an electronic Outcomes Form.

Appendix 3 Managing Risk



Appendix 4 Outcomes Form

The Outcomes Form will be available for completion on the Blueteq portal for group A and a word version for group B to be emailed to the new CYP Gender Service. This is an example of the information that you will be asked to capture. The Outcome Forms facilitates the National Referral Support Service managed by NHS Arden and Greater East Midlands Commissioning Support Unit and NHS England to audit and monitor (a) the waiting list support process (b) the support offer for the transfer of open cases and (c) trigger additional payment to services.

Patient Details			
NHS Number		Date of Birth	
Name (Legal Name)		Preferred name	
Address			
Name and address of responding CYPMH service.		NHS Trust or organisation name	
Email address		Contact name	
Waiting list or open cases transfer?	<input type="checkbox"/> Group A: Waiting list response (Group A) <input type="checkbox"/> Group B: Local support offer to open cases of CYP transferring from the GIDS service to the new national CYP Gender Services		
CYP is already an open case and currently under active care by CYMPHS?	Yes - <i>no further assessment required.</i> No – <i>continue to complete form.</i>		
CYP recently seen and assessed and/or discharged from CYPMHS	Yes – no further assessment is required at this time. Yes – further assessment is required due to time and/or CYP circumstances. No – an assessment appointment is required		
Appointment offered?	No – open and active case; no further assessment is required No – recently seen and no further assessment is required No (other reason) – please give brief reason Yes		
Appointment outcome	Not attended – no response to two invitations Not attended – appointment declined (<i>please provide brief reason if known</i>). Yes – two appointments not attended Yes – appointment attended (please complete needs and outcome section).		
Needs Identified and Outcome (Note: more than one need/domain may be identified)			

Domain	Need?	Referral pathway action	Brief details if relevant
Mental Health (include all CYPMHS elements)	Yes/No	Referral (or acceptance) into relevant care pathway Yes/No	
Self-harm/ suicide attempts	Yes/No	Referral (or acceptance) into relevant care pathway Yes/No	
Neurodevelopmental	Yes/No	Referral (or acceptance) into relevant care pathway Yes/No	
Physical health	Yes/No	Referral (or acceptance) into relevant care pathway Yes/No	
Safeguarding needs	Yes/No	Referral to safeguarding team Yes/No	
Wellbeing and support needs, (eg Child in Need).	Yes/No	Referral to Local Authority Yes/No VCSE support Yes/No Other Yes/No	
Education, school or college	Yes/No	Referral made? Yes/No	
Other (please detail)	Yes/No	Referral made? Yes/No	

Appendix 5

Gender Experience Summary Form

NHS Arden and Greater East Midlands Commissioning Support Unit have sent a Gender Experience Summary (GES) form to all CYP on the national waiting list. The form is designed to supplement the information contained in the referral. This is ideally completed online, managed by AGEM CSU.

1	Date of completing the form	
2	Name of the person completing the form (if not the young person, please state your relationship to the young person)	
<i>Please note that all further questions relate to the young person who has been referred to Children and Young People's Gender Services.</i>		
3	What is your full legal name (if different from your preferred name)? This is the name that appears on your birth certificate, passport or other legal document.	
4	What is your Date of Birth?	
5	What is your NHS number?	
6	Do you have a preferred name? This may be different from your full name that appears on your birth certificate or other legal document.	
7	What are your preferred pronouns (e.g., he, she, they)?	
8	Have you changed your name by deed poll? If yes, when?	
For more details: https://www.gov.uk/change-name-deed-poll		
9	What is your current address?	
10	What is your current post code?	
11	How do you describe your gender identity? You may choose to give information how you express yourself in your chosen gender identity,	

	how long you have been expressing yourself in your chosen gender identity, and if you feel able to do this everywhere or only in some place (e.g., at home, at school etc.)	
12	How do you hope that a Gender service could support you?	
13	Who do you live with?	
14	Who are the main people who support you?	
<p><i>The next question is about any support that you may have already received related to your gender identity. This might be support available through the NHS or support outside of the NHS. Your answers will not affect your place on the waiting list.</i></p>		
15	<p>Have you received, or are you currently receiving professional support related to your gender identity?</p> <p>This might include support through the NHS, the private sector or from abroad. This may include wider support such as counselling or support groups, or medical support such as hormone treatment. Please briefly describe what support you have received.</p>	
<p><i>The next set of questions are about your mental health. The process of completing this form might help you to think about any additional support needs that you may have. In order to help with this, we will send a copy of this form to your GP. This will allow your GP to support you if you are not receiving support locally for your mental health. Your answers will not affect your place on the waiting list.</i></p>		
16	Are you currently experiencing, or have you experienced in the last month, any of the following:	<p>Please tick:</p> <p><input type="checkbox"/> Have you had thoughts of hurting yourself?</p> <p><input type="checkbox"/> Have you had thoughts of hurting yourself?</p>

		<input type="checkbox"/> Have you done anything to hurt yourself? <input type="checkbox"/> Low mood <input type="checkbox"/> Other mental health issues (please specify)
17a	If you have ticked any of the above, please provide further explanation:	
18	Have you experienced bullying? This might include bullying that has happened in the past or bullying that has happened recently. This includes all types of bullying.	
Please click here for access to resources that can support you: https://www.ardengemcsu.nhs.uk/services/clinical-support/national-referral-support-service-for-the-nhs-gender-incongruence-service-for-children-and-young-people/		
19	Are you involved with children and young people's mental health service (CYPMHS) also known as Children and Adolescent Mental Health Services (CAMHS)?	Please tick: <input type="checkbox"/> Yes <input type="checkbox"/> No
20a	If you answered yes to the above, how often do you see CYPMHS/CAMHS and what support are they offering?	
20b	Please provide details of the mental health support service (CYPMHS/CAMHS) that you are involved with:	
20c	If you have not yet been seen by CYPMHS/CAMHS, are you on a waiting list to be seen by them?	Please tick: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
The next set of questions are about Attention Deficit Hyperactivity Disorder (ADHD) and autism. The process of completing this form might help you to think about any additional support needs that you may have. In order to help with this, we will send a copy of this form to your GP. This will allow your GP to refer you for extra support		

<p>locally if you are not already receiving this. Your answers to these questions will not affect your place on the waiting list.</p>		
21	Have you been diagnosed with ADHD or autism, or have you been referred for an assessment?	
22	Have you been referred to a services specialising in ADHD or autism?	
23	Where have you been seen or referred for ADHD or autism?	
24	Is there any other information you would like to share with us?	
<p>Please ask your parent or guardian to complete this final section of the form with you. All of these questions relate specifically to the child or young person on the waiting list for Children and Young People's Gender Services.</p>		
25	Where should all NHS correspondence relating to Gender Services be sent?	
26	How does the family of the young person feel that the Gender Service could support the young person?	
27	What is your preferred method of communication?	Please tick: <input type="checkbox"/> Email <input type="checkbox"/> Post
28	Who has parental responsibility for the child or young person?	
29	Are there any individuals who have significant caring responsibility for the child or young person?	
30	Do any of the following arrangements apply to the child or young person?	Please tick all that apply: <input type="checkbox"/> Looked after child <input type="checkbox"/> Kinship foster care <input type="checkbox"/> Special Guardianship <input type="checkbox"/> Child arrangement for residence order

31	Does the child or young person have, or have they ever had, a Child Protection Plan or a Child in Need plan?	Please tick: <input type="checkbox"/> Yes <input type="checkbox"/> No
32a	If yes please specify	
32b	If the child or young person is a Looked After Child, what is the name and address of their Local Authority?	
32c	Does the child or young person have a social worker?	Please tick: <input type="checkbox"/> Yes <input type="checkbox"/> No
32d	If 'Yes' please provide their name and contact details (e.g., mobile phone and email address)	
33	Why does the child or young person have a social worker?	
34	If the child or young person has been diagnosed with ADHD or autism, or has a referral for an assessment in place, please indicate which services will be undertaking, or have undertaken, the assessment:	

Thank you for taking the time to complete this form. This form has now been sent to the Children and Young People's Gender National Gender Referral Support Service who manage the waiting list. A copy of this form will also be sent to your GP so that they can offer you extra support if you need it. Your place on the waiting list has not been affected. For further information about Children and Young People's Gender Services, or for access to resources that you might find helpful, please visit <https://www.ardengemcsu.nhs.uk/services/clinical-support/national-referral-support-service-for-the-nhs-gender-incongruence-service-for-children-and-young-people/>



Appendix 6

Frequently Asked Questions

1. How will Children and Young Peoples' (CYP) consent be obtained?

- a) For Group A (CYP on the waiting list) the NRSS AGEM CSU will contact all affected CYP and/or their parents/carers on the national specialist waiting list requesting they consent to their details being shared with their local Children & Young People's Mental Health Services provider. This will be carried out prior to any patient details being shared. CYPMH providers will only be sent details for CYP who have consented to their details being shared.

For CYP who are 16 and above, the CYP will themselves have consented to their details being shared. For those CYP who are under 16 years old, the family/ carers/ guardians will consent for the CYP.

Lists of consented patients will be shared with CYPMH providers in June in 2 – 3 batches.

- b) For Group B (transferred open caseload), the relevant new CYP Gender Service (London or North West) will contact the family for the required consent.

The new CYP Gender Services will contact the local CYPMH provider to request their support for the consented patients from April.

2. How will we receive our lists of CYP who have consented?

- a) For Group A (CYP on the waiting list who have consented) CYPMH providers will be able to see key patient information on Blueteq, uploaded by NRSS AGEM CSU. CYPMH providers should complete the outcomes form for every CYP received on Blueteq.

- b) For Group B, CYPMH providers will have already received a clinical request to support collaborative care directly from the new CYP Gender Service (London) and (North West). CYPMH providers should complete a word version of the outcomes form for these CYP and email this to the CYP Gender Service.

Clinical management communications should take place directly between services through the usual clinical channels / systems and recorded in the normal way on services' local systems. Blueteq is not a clinical management system, it is being used to share and track patient activity to facilitate payments.

2. What about Young People aged 17 years?

CYPMH services are asked to undertake reviews and provide local MH support for some CYP who turn 17-year-olds who are either on the waiting list or have transferred to the new CYP Gender Services (London or North West) and who have provided consent to be assessed and supported. These young people are a particularly vulnerable group and will need support before transferring / awaiting transfer to specialised adult gender services. There may also be a very small number of young people that turn 18 years old

during this process; we ask that you show flexibility in providing local support including engaging with local adult mental health providers.

3. How should local services respond to the future needs of CYP on the specialist Gender Services waiting list who have been assessed as not requiring enhanced support at this time but where concerns subsequently escalate?

Local services continue to be responsible for responding to ongoing or arising mental health risks and needs and/or neurodevelopmental needs according to services' commissioned remit for CYP who, following assessment are discharged back to primary care. These CYP and families should be additionally provided with information on when and how to promptly re-access the service or other local or national services for further support, including in a mental health crisis or on transition to adult services.

4. How should local CYPMH services respond to CYP who decline the offer of an appointment or do not attend?

CYP who do not initially respond should be offered a second appointment. (CYP will normally be offered a choice of appointments in line with good practice.) Following a second non-response or where young people or their parent/carer decline the offered appointment:

- For CYP on the waiting list (Group A): a letter should be sent to the CYP or parent/carer respecting this and confirming that they remain on the national specialist CYP Gender Service waiting list (copied to GP). If the CYP wishes to be removed from this national waiting list they must contact the NRSS managed by AGEM. Please also provide information on gender distress through [MindED](#)
- For CYP transferred to the new CYP Gender Service (Group B): a letter should be sent to the CYP or parent/carer respecting this and confirming that they remain under the care of the relevant CYP Gender Service (London or North West) copied to the CYP Gender Service and the GP. Please also provide information on gender distress through [MindED](#)

5. What does 'recent' mean when considering the need for a local assessment?

Whether CYP on the national waiting list, who have previously been seen by the local CYPMHS, need to be seen for assessment will be influenced by the recency of that contact and other key factors relevant to the individual young person and therefore it is not possible to be prescriptive. Considerations will include, the CYP's diagnosis/needs and risk (including previous history and updated information), history of CYPMH service treatment and contact and family and other support (protective factors).

6. What are the ongoing expectations of local services where they have been asked to support CYP in Group B (CYP being transferred to the new CYP Gender Services)?

All Group B cases should be kept open by CYPMH services following initial review and assessment and a case holder or care co-ordinator identified. This is particularly

important for CYP that have not yet been transferred to the active caseload of the relevant CYP Gender Service (London or North West). For CYP who are under the active care of the specialist CYP Gender Service, a collaborative care agreement and liaison will be agreed with the service.

7. Who holds clinical responsibility for Group B CYP (open cases being transferred)?

Clinical responsibility for CYP for the mental health and psychological care of CYP whose care has not yet been picked up by the relevant new CYP Gender Service and are under the care of the local CYPMH service will rest with the CYPMH service. (Responsibility for other aspects of care rests with the responsible practitioner.)

Clinical responsibility for CYP for the mental health and psychological care of CYP who are receiving healthcare from both the local mental health service and the new CYP Gender Service will be apportioned according to their respective roles supported by a collaborative care plan, led by the new CYP Gender Services.

For a small number of CYP who are not known to and/or do not consent to care being provided by the local CYPMH service, clinical responsibility for the care of the CYP's gender dysphoria and co-occurring mental health conditions will transfer to the new CYP Gender Service at the point of transfer from the Tavistock and Portman GIDS service.

8. What is the role or potential contribution of the wider CYPMH partnership in local areas?

Responsibility for the assessment of mental health needs and risks should be led by the local 'core NHS CAMHS' multi-disciplinary team. Ongoing local mental health and wellbeing support may include wider local CYPMHS partners – including Local Authority and VCSE partners - as appropriate.

9. How should local services respond to excessive waits for assessment for neurodiversity conditions, particularly autism?

Services should make a referral to the local pathway in the usual way. They may proceed to plan and organise the CYP's care 'as if' the likely diagnosis has been confirmed where this is clinically appropriate. The local mental health or paediatric service should also make a referral to the specialist CYP Gender Service if this is indicated in the light of their holistic assessment and/or formulation. They should take account of the potential neurodiversity condition(s) and identify that a local referral has been made.

Where the delay in local neurodiversity assessment may compromise other aspects of the CYP's care, many services have formal or informal prioritisation agreements which will support synergistic assessment and intervention across relevant pathways. Co-occurrence of neurodiversity conditions, particularly autism, is a significant complexity and risk factor in a significant proportion of CYP who experiencing gender-related distress and provides a clinical rationale for a degree of prioritisation in a relatively small number of cases.

10. What is the local escalation process if access into local mental health and neurodevelopmental pathways is substantially compromising the care of CYP with significant levels of gender distress?

Concerns should initially be escalated internally within the local Provider organisation (eg to responsible clinical director and/or executive director). Subsequently, external escalation will be to the ICB mental health lead and then NHS England Regional Lead for Mental Health.

11. How should services respond to CYP who are currently in an in-patient unit?

The local CYPMH provider is advised to liaise with the inpatient service about who is best to undertake the assessment - this could be either inpatient, local CYPMH provider or jointly. The benefit of this being the latter even on discharge from inpatients is that the CYP is then linked with local community services.

12. How should services respond to children looked after and placed 'out of area' in foster care or a children's home?

- a) In some instances, the CYPMH service from the CYP's original area (ie the service serving the 'responsible commissioner'), may already be continuing to provide mental health support for that young person (eg because the placement location is readily accessible); in this circumstance, the 'home' service will take responsibility for reviewing the case and, where appropriate, offering a face-to-face appointment and arranging any onward care.
- b) Alternatively, the CYP may be an open case for the CYPMH service in the area that they are now living (and where they will normally be registered with a local GP) or, they may not be an open case for services at either locality. In this situation the CYPMH service in the area they live in should take responsibility and respond.

13. Change in legislation on puberty blocking hormones and implications for prescribers and patients /carers

In May 2024 regulations were put in place to restrict the prescribing and supply of puberty-suppressing hormones to children and young people under 18, when used for the purpose of puberty suppression (in those experiencing gender dysphoria or incongruence). In addition, the government has also introduced restrictions to the prescribing of these medicines within NHS primary care in England. See <https://www.gov.uk/government/news/new-restrictions-on-puberty-blockers>.

These new arrangements apply to GnRH (gonadotropin-releasing hormone) analogues (medicines that consist of, or contain, buserelin, gonadorelin, goserelin, leuprorelin acetate, nafarelin or triptorelin.)

See also appendix 8 for a copy of the letter sent from NHS England to children, young people and parents/carers re new Government restrictions on puberty suppressing hormones (also available at

<https://www.ardengemcsu.nhs.uk/media/3979/nhs-england-letter-31052024.pdf>)

Who will the change affect most?

As a result of this new Government policy, people who are currently receiving a private prescription for GnRH analogues for any reason from a professional who is in the European Economic Area (EEA) or Switzerland, but not UK registered, will be impacted from 3 June 2024. Pharmacies in Great Britain will no longer be able to dispense new private prescriptions, dated on or after 3 June 2024 for GnRH analogues from the EEA or Switzerland for anyone under 18 years old.

Who will be less affected but may need advice and reassurance?

Individuals who are already receiving NHS or private prescriptions can continue to receive their prescriptions. However, they and / or their families are strongly advised to meet with their prescribing clinician to fully understand the safety risks associated with GnRH analogues when prescribed for gender incongruence or gender dysphoria.

What are the specifics of the new Government Policy?

As a result of the new Government policy, it will become a criminal offence for a doctor, pharmacist, or any other individual in Great Britain to sell or supply these drugs to patients under the age of 18 except in the following circumstances:

1. The child or young person is prescribed these medicines on an NHS prescription (for example, from the NHS Children and Young People's Gender Service). All NHS prescriptions and directions are outside of this ban.
2. The child or young person is prescribed these medicines on a private prescription from a UK prescriber that fulfils the following criteria:
 - o The prescription was dated prior to 3 June 2024; or
 - o It is a repeat prescription but only when the initial prescription was written in the six months prior to 3 June 2024;
 - o There are also requirements for prescriptions issued from 3 June 2024 to be marked with the person's age, annotated by the prescriber with "SLS", and in the case of prescriptions issued before that date, for the person to provide proof of identity and age.
 - o The prescription is for a purpose other than the treatment of gender incongruence or gender dysphoria, or for gender incongruence/dysphoria if the patient started treatment for gender incongruence/dysphoria before 3 June 2024.

Additionally, from 26 June 2024 General Practitioners (GPs) in England will only be able to supply prescriptions for GnRH analogues in the following circumstances:

- The patient is aged 18 years or over; or
- The patient is under 18 years old, and the purpose of the prescription is for a medical condition other than gender incongruence or gender dysphoria; or
- The patient is under 18 years old and has started treatment with these medicines, and for these purposes they will be treated as having started treatment if they have been issued with a prescription for these medicines since 3 December 2023, even if they have not yet started taking the medicines.

As indicated above, new private prescriptions for GnRH analogues from a prescriber in the European Economic Area (EEA) or Switzerland who is not UK registered are banned from being supplied in Great Britain in all circumstances for patients aged under 18. For patients aged 18 or over with a prescription from an EEA or Switzerland registered prescriber, their prescription can be dispensed in Great Britain providing verification of age and identity can be shown to the dispensing pharmacist.

14. How should CYPMH services respond to CYP who are receiving hormone treatment from unregulated providers or sources?

Some children and young people who are waiting for an appointment at a specialist gender incongruence service will have sourced endocrine intervention from unregulated providers or unregulated sources. These interventions typically are Puberty Suppressing Hormones (gonadotrophin-releasing hormone analogues) and exogenous Gender Affirming Hormones. The NHS strongly discourages the use of medicines from unregulated sources.

In March 2024 the NHS adopted a policy that Puberty Suppressing Hormones are not to be prescribed to gender variant children outside of a clinical study because of the limited evidence about risks, benefits and outcomes (source: NICE evidence review, 2020). By contrast, the evidence base for use of Puberty Suppressing Hormones as a response to children with Central Precocious Puberty is strong and the drug is licensed for this use.

Puberty Suppressing Hormones are used to suppress the onset of secondary sexual characteristics and are administered by injection, implant or nasal spray. The NHS website on Gender Dysphoria treatment (<https://www.nhs.uk/conditions/gender-dysphoria/treatment/>) advises that, “Puberty blockers, (gonadotrophin-releasing hormone analogues), are not available to children and young people for gender incongruence or gender dysphoria because there is not enough evidence of safety and clinical effectiveness.

In May 2024 regulations were put in place to restrict the prescribing and supply of puberty-suppressing hormones to children and young people under 18, when used for the purpose of puberty suppression (in those experiencing gender dysphoria or incongruence).

Gender Affirming Hormones are used to encourage the development of physical characteristics of the preferred sex and are administered as an oral pill, injection or through a skin preparation. They may cause irreversible changes such as breast development, deepening of the voice and compromised fertility.

If the child or young person referred to your service is currently receiving / taking puberty suppressing hormones or gender affirming hormones from an unregulated source, please:

- a) Review advice from the [General Medical Council](#) and the [interim service specification](#) for the new CYP Gender Service on the prescribing of hormone treatments in young people.
- b) Advise the young person and their parent/carer that they should not continue to take this type of medication or similar products obtained through these routes and,

- c) Remind them that as a result of the Government's changes possession of GnRH analogues is 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.
- d) Provide information on the limited research evidence for hormone treatments including long term side-effects of treatment. Additional information is available at:
 Final Cass report:
<https://cass.independent-review.uk/home/publications/final-report/>
 MindED modules have also been developed to provide information for parents and carers as well as practitioners:
- e) Highlight the increased risks of possible harm due to the unregulated status of the provider issuing prescriptions for hormone treatment.
- f) Highlight the information that has been circulated to patients about the changes in legislation (available through <https://www.ardengemcsu.nhs.uk/services/clinical-support/national-referral-support-service-for-the-nhs-gender-incongruence-service-for-children-and-young-people/>)
- g) For medication sourced directly (eg via the internet), explain the increased risks of harm due to the unregulated nature of these medicines/products. These may include the use of counterfeit chemicals, unsafe/unknown ancillary ingredients or variability of potency etc. More information can be found here:
<https://www.nhs.uk/conditions/medicines-information/>
- h) Do not initiate or continue prescribing of puberty suppressing hormones or gender affirming hormones. The General Medical Council's guidance to medical professionals on 'bridging prescriptions' (a course of endocrine intervention managed by a healthcare professional outside of the specialised gender service while an individual is waiting to be seen) does not apply to care offered to young people aged under 18 years of age.
- i) If the child/young person or their carer disregards your advice and you consider that this puts the child/young person at increased risk, then a safeguarding referral may also be appropriate in line with standard safeguarding approaches. Discuss with your line manager and with your organisation's safeguarding lead.
- j) Take steps to ensure the physical health of the child or young person is appropriately monitored, (and has not been compromised as a result of taking these medicines - e.g. impact on mineral bone density).
- k) Further specialist paediatric endocrine advice can also be sought from the UCLH and Leeds Gender Specialist Endocrine Clinics.

15. How will the public consultation by NHS England proposing changes to the referral pathway impact on local services?

NHS England is consulting on a service specification proposing that the referrals into the specialist children and young people's gender service be routed through paediatric and child health or CYP mental health services (CYPMHS) and that all other direct routes of

referral including from primary care will close. The outcome of this consultation will not be known until later in Summer 2024.

There are several reasons for this proposed change to the referral pathway. The NRSS has found that referrals from GPs do not always provide all the relevant information required, and referrals to other relevant secondary care services are not always made, meaning some young people's other health needs aren't being met while they wait to see the specialist gender service. It is also unusual for GPs to refer directly to a highly specialised service, with only limited scenarios where this is currently an option e.g., the National Deaf CAMHS Service. For all other highly specialist services GPs refer to a secondary care service (paediatric or CYPMHS) for onward referral following local specialist assessment and intervention as appropriate if this is deemed necessary. Currently in Wales, all referrals into the CYP gender service already go through CYPMHS.

The aim of the proposed change is to provide a more holistic review of the child or young person and to ensure that co-occurring mental health, neurodevelopmental needs are addressed alongside any family or educational/social needs.

The [public consultation on this revised service specification](#) closes on 20 March 2024 and it is anticipated that a new referral pathway, if agreed will be implemented during 2024/25.

Appendix 7

Training and Resources

A number of training opportunities and resources have been developed or are in the process of being developed for a range of different stakeholders:

- [NHS webpage](#) on gender incongruence and gender dysphoria
- [NHS website](#) for young people and families who are referred to the Children and Young People's Gender Service
- eLearning resources have been published by [MindED](#) addressing gender and sexual orientation in relation to children and young people. The modules are intended for professionals in healthcare and education settings, and for parents and carers.
- Royal College Psychiatrists [Supporting Transgender and Gender Diverse People](#)
- NSPCC [Gender Identity: Advice To Help You Understand What Gender Identity Is And How To Support A Child](#)

Further information and resources about the National Referral Support Service for the NHS Gender Incongruence Service for Children and Young People are available on the Arden & GEM website:

- <https://www.ardengemcsu.nhs.uk/services/clinical-support/national-referral-support-service-for-the-nhs-gender-incongruence-service-for-children-and-young-people/>

Additional online educational materials for secondary care professionals are planned to be made available by the NHS in 2024.

Appendix 8

Letter sent to CYP re new Government restrictions on puberty suppressing hormones

Dear [patient name]

NHS England is sending this letter to everyone who is on the waiting list for the *NHS Children and Young People's Gender Service*, but this information will be of most interest to children and young people, and their parents or carers, who are taking Gonadotropin-releasing hormone analogues (GnRH analogues) for gender incongruence or gender dysphoria (commonly referred to as *Puberty Blockers* or *Puberty Suppressing Hormones*).

This letter provides urgent information on the implications of new Government policy.

The Government introduced emergency restrictions on 29 May 2024 on the use of a group of medicines called GnRH analogues when they are used to suppress puberty as part of treating gender incongruence or gender dysphoria in children and young people who are under 18 years of age. Some of these restrictions will take effect from 3 June 2024.

The Government's announcement is published here:

<https://www.gov.uk/government/news/new-restrictions-on-puberty-blockers>

The new arrangements apply to medicines that consist of or contain buserelin, gonadorelin, goserelin, leuprorelin acetate, nafarelin, or triptorelin. This includes, but is not limited to, medicines sold under the brand names: Decapeptyl®, Gonapeptyl Depot®, Salvacyl®, Prostag®, Staladex®, Zoladex®, Synarel.

The individuals who will be most impacted are those who are currently receiving a prescription for GnRH analogues from a healthcare professional who is registered outside of the UK in the European Economic Area (EEA) or Switzerland, or who were intending to obtain such a prescription. It will also particularly impact on individuals who have not yet started on a course of treatment with GnRH analogues, depending on what the treatment is for.

If you need help

We understand that the Government's changes may cause worry and concern to some individuals and families. If it is impacting your mental health you may want to seek support. If you are under the care of an NHS mental health service, you should contact your team. If not, you can contact your GP practice. Further advice on getting mental health support is available at <https://www.nhs.uk/mental-health/children-and-young-adults/mental-health-support/>

If you need support because you are waiting to be seen by an *NHS Children and Young People's Gender Service*, support options can be found on the website for the [NHS Referral Management Support Service for the Children and Young People's Service](#).

Need urgent support?

If you need urgent support you can contact [NHS 111](https://www.nhs.uk/nhs-services/mental-health-services/where-to-get-urgent-help-for-mental-health/) and choose the mental health option (option 2) <https://www.nhs.uk/nhs-services/mental-health-services/where-to-get-urgent-help-for-mental-health/>

Changes made by the Government

As a result of the new Government policy, from 3 June 2024 it will become a criminal offence for a pharmacist, doctor or any other individual in Great Britain to sell or supply these drugs to patients under the age of 18 **except in the following circumstances:**

- The child or young person is using an NHS prescription (for example, from the *NHS Children and Young People's Gender Service* or from an NHS GP).
- The child or young person is using a private prescription from a clinician registered in the United Kingdom that fulfils the following criteria:
 - If the prescription was dated prior to 3 June 2024, whether as a one off prescription or a repeat prescription, it can still be dispensed, whether the treatment is for gender incongruence/dysphoria or some other purpose. In practice, unless it is a repeat prescription, it will need to have been issued within the previous six months to still be valid; or
 - If the prescription is written on or after 3 June 2024, it can only be dispensed if it is written by a UK-registered doctor, nurse or pharmacist, whatever its purpose. It must be either for a purpose other than treatment for gender incongruence or, if it is for gender dysphoria/incongruence, the patient must have started treatment before 3 June 2024. In addition to those patients who have actually started treatment, patients are treated as having started treatment, whether or not they have actually taken a GnRH analogue, if they were prescribed with a GnRH analogue on or after 3 December 2023.

It will also be a criminal offence to possess these medicines, where the individual had reasonable cause to know that the medicine had been sold or supplied in breach of the ban.

Additionally, from 26 June 2024 NHS prescribers in GP practices in primary care will only be able to supply – or continue to supply - prescriptions for GnRH analogues in the following circumstances:

- The patient is aged 18 years or over; or
- The patient is 17 years or under and has started treatment with these medicines (they will be treated as having started treatment if they have been issued with a prescription for these medicines since 3 December 2023, even if they have not yet actually started to take the medicine); or
- The patient is 17 years or under and is being treated with GnRH analogues for gender incongruence or gender dysphoria by the NHS as part of a future clinical trial overseen by the National Institute for Health and Care Research; or
- The patient is 17 years or under and the purpose of the prescription is for a medical condition other than gender incongruence or gender dysphoria.

From 3rd June, private prescriptions of GnRH analogues from a prescriber registered in the European Economic Area (EEA) or Switzerland are banned from being supplied in Great Britain in all circumstances for patients aged under 18.

The impact of these changes

The individuals who will be most impacted by the Government policy are those under 18 years of age who are currently receiving a prescription for GnRH analogues for any reason from a healthcare professional who is registered outside of the United Kingdom in the European Economic Area (EEA) or Switzerland, or who intended to obtain such a prescription. Pharmacies in Great Britain will no longer be able to dispense new prescriptions for GnRH analogues from non-UK registered prescribers, including those in the EEA or Switzerland, for anyone aged 17 years or under. It will also particularly impact on those who have not started a course of treatment with GnRH analogues but might have started a private course of treatment with them for gender incongruence or gender dysphoria in the coming months.

Individuals who are already receiving NHS or private prescriptions from clinicians registered in the United Kingdom 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.

The appendix to this letter explains how the Government's changes may affect various individuals.

Buying GnRH analogues from un-regulated sources

No one should buy GnRH analogues (or any other medication) from unregulated sources such as the internet, friends or from street dealers.

From 3 June 2024 the consequences of the Government's changes will be that *possession* of GnRH analogues will become 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 GnRH analogues from unregulated sources or unregulated providers, GPs may conclude that safeguarding procedures should be explored.

Unregulated medicines can have potentially dangerous short and long term side effects; and even prescription drugs can be dangerous unless prescribed by, and managed by, an experienced and appropriately trained healthcare professional.

Yours sincerely

Professor James Palmer
National Medical Director for Specialised Services

HOW DO THE CHANGES AFFECT ME?	
<ul style="list-style-type: none"> I am under 18 years of age; and I am not yet under the care of the NHS; and I want to start on GnRH analogues for gender incongruence or gender dysphoria 	<p>This is not possible either through the NHS or privately:</p> <ul style="list-style-type: none"> The initiation of GnRH analogues is not possible in the NHS <i>Children and Young People's Gender Service</i> unless this is part of a future clinical study. GPs cannot initiate a new NHS prescription from 26 June 2024. Private medical practitioners cannot initiate a new prescription from 3 June 2024 to patients who have not yet started treatment. Supply against such prescriptions will be unlawful. Pharmacies in Great Britain cannot dispense a new UK private prescription from 3 June or a new NHS prescription from 26 June 2024, unless the patient started treatment before the restrictions came into effect. Pharmacies in Great Britain cannot dispense any prescription for GnRH analogues from the European Economic Area (EEA) or Switzerland from 3 June 2024, unless the prescriber happens to be UK registered.
<ul style="list-style-type: none"> I am under 18 years of age; and I was referred to an NHS paediatric endocrinology team for assessment of suitability of GnRH analogues for gender incongruence or gender dysphoria on or before 31 March 2024 	<p>You may be able to start on GnRH analogues if the new NHS team responsible for your care makes a recommendation for initiation of treatment following an assessment, and if the paediatric endocrinology team related to the <i>NHS Children and Young People's Gender Service</i> agrees to initiate prescribing directly.</p>
<ul style="list-style-type: none"> I am under 18 years of age; and I am already being prescribed GnRH analogues through the NHS for gender incongruence or gender dysphoria 	<p>You are able to continue to receive GnRH analogues.</p> <p>The NHS Children and Young People Gender Service and local prescribers (if they are already prescribing) can continue to prescribe; the prescription will have to be endorsed by the prescriber to demonstrate that your situation meets the new requirements.</p> <p>However, <i>you are strongly advised to meet with your clinician so that the risks of</i></p>

	continuation / initiation are fully understood.
<ul style="list-style-type: none"> I am under 18 years of age; and I am already being prescribed GnRH analogues by a private medical practitioner, using a UK prescription, for gender incongruence or gender dysphoria 	<p>You are able to continue to receive GnRH analogues.</p> <p>The private medical practitioner can continue to prescribe; the prescription will have to be endorsed by the prescriber to demonstrate that your situation meets the new requirements.</p> <p>If the prescription was issued before 3 June 2024, you will need to provide proof of age when your medicines are dispensed if your prescription does not state your age/date of birth.</p> <p>However, <i>you are strongly advised to meet with your clinician so that the risks of continuation / initiation are fully understood.</i></p>
<ul style="list-style-type: none"> I am under 18 years of age; and I am already being prescribed GnRH analogues through a private prescription from a healthcare professional registered in the European Economic Area (EEA) or Switzerland 	<p>You will not be able to receive GnRH analogues from a pharmacy in Great Britain from 3 June 2024 for a prescription issued from that date.</p> <p>Pharmacies in Great Britain can no longer dispense new EEA / Swiss prescriptions for GnRH analogues from 3 June 2024.</p> <p>You will need to stop taking GnRH analogues, unless you are newly prescribed them by a UK-registered doctor, nurse or pharmacist. These medications can be safely stopped and you do not need to be weaned off.</p> <p>You are strongly advised to meet with your clinician who initiated treatment for further advice and support.</p> <p>If you require psychological support, ask your GP to refer you to your local NHS mental health service for children and young people.</p> <p>Contact NHS 111 if you think that you are at immediate risk of psychological harm.</p>
<ul style="list-style-type: none"> I am under 18 years of age; and I am already being prescribed GnRH analogues for a purpose <u>other than</u> gender incongruence or gender dysphoria 	<p>The changes do not affect you, except that:</p> <ul style="list-style-type: none"> NHS prescriptions are unaffected, but from 26 June 2024 the prescription will have to be endorsed by the prescriber to

	<p>demonstrate that your situation meets the new requirements.</p> <ul style="list-style-type: none"> • If it is a private prescription, issued before 3 June 2024, will need to provide proof of age and identity when your medicines are dispensed. • If it is a new private prescription, the prescription will have to be endorsed by the prescriber to demonstrate that your situation meets the new requirements. • If you are being prescribed by a prescriber registered in the EEA or Switzerland but not in the UK, new prescriptions will not be valid. Any new prescription will have to be written by a UK registered doctor, nurse or pharmacist. Seek advice from your GP. They may be able to prescribe for you if this is within their clinical scope of practice or they may make a referral to a relevant specialist.
<ul style="list-style-type: none"> • I am aged 18 years or over 	<p>The changes do not affect you.</p> <ul style="list-style-type: none"> • If you are being prescribed by a UK private prescriber or a private prescriber registered in the EEA or Switzerland, you will need to provide documentary evidence of your age and identity such as your passport when your medicines are dispensed. • UK private prescribers will be able to endorse new prescriptions, issued on or after 3 June 2024, to save you the need to do this.