

- To: • All GPs in England
- cc. • Regional directors of primary care and public health  
• Regional directors of commissioning  
• Integrated care board heads of primary care  
• Primary care networks

NHS England  
Wellington House  
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Dear colleagues,

## **Government restrictions on use of puberty suppressing hormones (puberty blockers): information for primary care**

This information is intended to support general practitioners 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 (GnRH analogues) – commonly referred to as puberty suppressing hormones or puberty blockers – when used for gender incongruence or gender dysphoria.

The government introduced emergency restrictions from 3 June 2024 on the use of a group of medicines called GnRH analogues 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.

These restrictions are due to expire on 3 September 2024. The government has introduced a further order to replace the existing order and ensure there is no gap in legislative provision in Great Britain and extend the restrictions to Northern Ireland for the first time. The order will come into force in Great Britain on 3 September 2024 and in Northern Ireland on 27 August 2024. It will expire across the UK at the end of 26 November 2024.

It has become 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 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 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 GnRH analogues 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 GnRH analogue for puberty suppression in the 6-month period prior to 26 June 2024; then they may continue to be issued with prescriptions for GnRH analogues for that purpose on and after that date.
- The NHS prescription must be endorsed ‘SLS’ by the prescriber.

Prescriptions of GnRH analogues 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 receiving a prescription for GnRH analogues 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 GnRH analogues 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 GnRH analogues from un-regulated sources**

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

Possession of GnRH analogues 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 GnRH analogues 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.

If a young person currently taking these medicines is unable to access further prescriptions from their usual provider they are being advised they should speak to their GP. The GP team 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.

The continuation of puberty suppressing hormones can be considered where the GP feels competent to do so, and where confirmation that treatment had been underway in the six-month period before 3 June 2024 is available.

Although puberty suppressing hormones can be stopped without tailing off or the need for any endocrine monitoring, individuals may benefit from psychological and potentially psychiatric support in view of the incidence of mental health presentations in children and young people who are seeking sex reassignment interventions.

## How do I approach the scenarios in primary care?

**Scenario:** Your patient is under 18 years of age; and wants to start on GnRH analogues 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 CYP Gender Service is appropriate.

**Scenario:** Your patient is under 18 years of age; and is already being prescribed GnRH analogues 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 / 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 Gender GP).

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, prescriptions...) 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 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 GnRH analogues 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 GnRH analogues 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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