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Puberty Blockers: Advice to clinicians

This document sets out in more detail how to advise when children and families are seeking puberty blockers. Please read this letter in conjunction with [NHS England guidance](#).

The government has recently introduced [new regulations](#) which currently restrict the prescribing and supply of puberty suppressing hormones (puberty blockers) to children and young people under 18 years. The restrictions are in place until 31 December 2024.

The regulations restrict the prescribing and supply of puberty suppressing hormones, known as ‘puberty blockers’, to children and young people under 18 in England, Wales and Scotland outside of specialist gender clinics. It applies to prescriptions written by UK private prescribers and prescribers registered in the European Economic Area (EEA) or Switzerland.

In addition, the government has also introduced indefinite restrictions to the prescribing of these (GnRH) medicines within NHS primary care in England, in line with NHS guidelines.

In accordance with these regulations, NHS North East London Integrated Care Board (NEL ICB) does not support prescribing of puberty- blocking medicines, gonadotrophin releasing hormone (GnRH) analogues* or gender affirming hormones (GnRH) for children and young people under the age of 18 years. This includes masculinising or feminising hormones, testosterone or oestrogen unless used to treat a medical condition other than gender incongruence or gender dysphoria (e.g. prescribing the oral contraceptive pill). The prescribing responsibility for puberty-blocking medicines or gender affirming hormones for children and young people will remain under the gender identity services.

Considering the information, we do not recommend GPs initiate or take over prescribing of puberty blockers for people under 18 years as recommended by the [Cass Review](#).

Restriction and exceptions

**GnRH analogues: medicines that consist of, or contain, buserelin, gonadorelin, goserelin, leuprorelin acetate, nafarelin or triptorelin.*

It is a criminal offence for a doctor, pharmacist or any other individual in England to sell or supply GnRH analogues to patients under 18 years of age – except in the following circumstances:

- The child or young person is prescribed these medicines on an NHS prescription:
 - From the NHS specialist Children and Young People's Gender Services as part of a future NIHR research study or
 - if the patient 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.
- The patient is under 18 years old, and the prescription is for a purpose other than the treatment of gender incongruence or gender dysphoria,
- 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.
- The child or young person is prescribed these medicines on a private prescription from a UK prescriber that fulfils the following criteria:
 - The prescription was dated prior to 3 June 2024
 - It is a repeat prescription but only when the initial prescription was written in the 6 months prior to 3 June 2024.

Pharmacies in the UK 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.

Additionally, from 26 June 2024 General Practitioners (GPs) in England will only be able to supply prescriptions for GnRH analogues to young people under 18 if the purpose of the prescription is for a medical condition other than gender incongruence or gender dysphoria, or under strictly defined specialist circumstances

Referrals

Referrals must be made by NHS paediatric services or NHS mental health services for children and young people. Referrals will not be accepted from any other source including primary care. The new arrangement came into effect on 1 September 2024 to allow time for NHS secondary care services to adjust their operating protocols. Guidance for secondary care services has been published alongside an [interim service specification](#). The referral form and guidance on making a referral can be found [here](#).

GPs can no longer refer directly into the gender service. [Arden and GEM Commissioning Support Unit](#) manages all referrals to NHS Children and Young People's Gender Incongruence Services on behalf of NHS England and the new providers. As GPs are often the first point of contact for patients, the Gender Experience Summary form available on the national referral support service [website](#) can be helpful to guide initial assessments with young people and their parents, and improve the information provided to secondary care.

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Safeguarding

For children and young people presenting with gender related distress, **please refer routinely to local CAMHS via the single point of access/common point of entry**, who will provide a holistic assessment of the child or young person's needs and refer on to local tertiary services as required.

A number of young people have felt the need to seek private care whilst on the NHS waiting list, balancing the risks of obtaining unregulated hormone supplies over the internet with the trauma of prolonged waits for assessment. 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.

Children, young people and their families are strongly discouraged from sourcing puberty suppressing hormones from unregulated sources or from on-line providers that are not regulated by UK regulatory bodies.

Please advise young people and families of the risks of purchasing medicines from the internet:

- These medicines may not work or may be harmful.
- When you buy medicines from unregistered sources you are at greater risk of purchasing falsified medicines.
- Taking falsified medicines can be serious for patients and may include:
 - Non-treatment or treatment failure;
 - unexpected or severe side effects;
 - dangerous interactions with medicines the patient is already taking.
 - These medicines may not have passed through the usual rigorous evaluation processes that ensure that a medicine is fit for the UK market.
- These medicines may have fake packaging or wrong ingredients.
- These medicines may have been deliberately and fraudulently mislabelled with respect to identity or source.

We recognise that this is a vulnerable group of young people. If you become aware of a young person who is already accessing puberty suppressing hormones from an unregulated provider:

- Please continue to provide holistic assessment and care, including of co-morbid conditions.
- Explain the NEL ICB position and discourage them from sourcing puberty suppressing hormones from unregulated sources or from online providers that are not regulated by UK regulatory bodies.
- Explain the current UK restrictions, the rationale (the unknown long-term risks of these drugs and lack of robust research in the area) and advise young people and families of the risks of purchasing medication from the internet (as above).
- Explain that GPs cannot refer children and young people directly into NHS Children and Young People's Gender Incongruence Services and that referrals may only be made by paediatric or mental health services. However, GPs can refer into

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secondary care for consideration for a referral to a specialised gender incongruence service.

- Consult with local safeguarding leads to consider each young person on a case-by-case basis in terms of their best interests and whether a safeguarding referral is necessary.
- Provide assertive care by actively reaching out to provide advice and support to all children and young people who had to stop these drugs as a result of the ban and advise them to return to their provider for further advice regarding prescribing.
 - If you are approached by a young person or family who is not yet prescribed medication, but requesting consideration for puberty suppressing hormones, **do not prescribe**. Explain the restrictions and the risks (as detailed above) and refer to secondary care for further consideration.

Further guidance

[NHS England guidance](#)

[NHS Children and Young People's Gender Incongruence Services](#)

A [Dear Patient, Parent, or Guardian letter was sent](#) on 31 May 2024, explaining access to puberty blockers after 3 June 2024.

Queries from clinicians regarding this topic may be directed to the NEL Pharmacy and Medicines Optimisation Team via email to nelondonicb.medicinesoptimisationenquiries@nhs.net



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