

Ros Roughton
Director of NHS Commissioning
NHS England

6 July 2016

Specialised services

Dear Ros

I am writing about our serious concerns that NHS England has failed to properly commission specialised services for patients with gender dysphoria. This has led to patients not receiving the requisite level and access of specialist care they are entitled to, and inappropriate pressure being placed on GPs to prescribe outside their competence.

The latest NHS England Specialised Services Circular (SSC1620)¹ sets out a series of GP responsibilities in co-operating with specialists in taking over the prescribing and monitoring of patients, and makes reference to GMC guidance. We have already written to the GMC regarding our concerns (letter attached) and are following this up further.

Our concerns are as follows:

1. NHS England's guidance seems to take a reductionist approach to the ongoing management of patients with gender dysphoria, in simply focusing on prescribing and monitoring of tests. Such patients require a holistic approach, addressing both their mental health and psychological adjustments as part of the treatment, in addition to their physical response to treatment. Most GPs will rarely if ever have treated a patient with gender dysphoria and cannot within their core skills provide the full range of broader care that such patients require. NHS England should ensure that there are appropriate locally commissioned multi-professional services for patients, accessible in all areas of the country.
2. The GMC has proposed GPs prescribe "bridging prescriptions", in the light of the long delays for patients to access specialist gender identity clinics, and which is leading patients to self-treat. We believe that this inadequacy of access is unacceptable and harmful to patients. The issuing of bridging prescriptions breaches your own guidance

¹ http://shsc.nhs.uk/wp-content/uploads/2016/04/SSC1620_GD-Prescribing.pdf

Chief executive: Keith Ward

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which specifically states that it is specialists (not GPs) who should initiate such treatment. It also calls into question the ability of GPs to adhere to the GMC's own Good Medical Practice guidance for doctors to practice within their competence. This needs to be rectified through appropriate commissioning action, so that patients are not left without appropriate access, and should not rely on GPs prescribing outside their competence.

3. Ongoing prescribing. The NHS England circular states that patients will spend a relatively short time in the consideration and initiation of specialist medication. This is partly added to by the logistics of only seven gender identity clinics being in place nationally. We do not accept that patients being discharged from a tertiary service should then be considered automatically appropriate for ongoing management by GPs, who by default will not have the necessary experience, expertise nor capacity to provide this service. NHS England guidance makes reference to such prescribing being similar to other specialist areas of shared care. In such cases, there are locally commissioned services to ensure the GP practices who agree to provide such enhanced care have both the adequate training and competence, and are provided resources for doing so. A similar approach should be adopted for gender dysphoria.
4. GP capacity and resources. NHS England's recently published GP Forward View recognises the pressures of general practice and lack of current resources and capacity to provide adequate access and essential services for patients' needs. The ongoing management proposed for increasing numbers of patients with gender dysphoria will require considerable additional appointments and time from GPs. This reiterates the need for local commissioned services from GP practices that are willing and able to take on this additional responsibility, supported by relevant training and competence.

The Equality Act 2010 places a duty on NHS England to pay due regard to the need to remove or minimise disadvantages suffered by people proposing to undergo, undergoing or who have undergone a process (or part of a process) for the purpose of reassigning their sex by changing physiological or other attributes of sex. It also imposes a duty to pay due regard to the need to meet those people's needs, where their needs are different from those who are not undergoing gender reassignment.

NHS England is the responsible commissioner for the specialised element of the gender dysphoria pathway. We are deeply concerned that the failure of NHS England to provide the necessary specialised services and appropriate ongoing care for these patients may breach these duties.

In conclusion, we urge NHS England to commission appropriate services for these patients and put in place specified national and local solutions so that they receive consistent, coordinated competent care by appropriate clinicians.

I look forward to your response.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Chaand Nagpaul'. The signature is written in a cursive style with a large initial 'C' and a distinct 'N'.

Dr Chaand Nagpaul CBE
Chair, BMA General Practitioners Committee

Cc. Steve Hamer, Accountable Commissioner for Gender Identity Services, NHS England