

**Subject:** RE: [External] RE: Information from CCG  
**Date:** Thursday, 13 May 2021 at 15:15:23 British Summer Time  
**From:** [REDACTED]  
**To:** [REDACTED]  
**Attachments:** image004.png, image005.jpg, image006.png

Hello [REDACTED]

Thank you for your email, and no problem at all in us contacting your surgery.

I have asked [REDACTED] to liaise with Lancaster Medical Practice in regard to the concerns that you have raised and we will get back to you as soon as possible. If you have any questions in the meantime, please do not hesitate to get in touch.

Best wishes,

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  

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**From:** [REDACTED]  
**Sent:** 12 May 2021 16:49  
**To:** [REDACTED]  
**Subject:** Re: [External] RE: Information from CCG

Hello [REDACTED]

Thank you again for the information and all your help.

I have a telephone appointment with Dr [REDACTED] next week where hopefully I can discuss this with him and ask him to change his mind.

Regardless of this, please would it be possible for me to take you up on your offer to liaise with the practice as it seems to me that there is some incorrect (or misinterpreted) guidance or assumptions that their GPs and their Pharmacy Lead have come to, namely what my GP stated which seemed to boil down to "we are *not allowed* to prescribe outside of the standard NHS pathways – ie under a shared care arrangement with oversight from an NHS GIC" – and in the case of the Pharmacy Lead, he stated that the CCG had said that bridging prescriptions are *unsafe*.

As this is not what the position states from the Lancashire and South Cumbria Medicines Management Group with regard to private shared care arrangements and furthermore the CCG has not published a position which conflicts with the guidance from the GMC regarding bridging prescriptions I feel that something somewhere has been miscommunicated.

As an aside, I would really like to get in contact with the person or committee at Lancashire and South Cumbria Medicines Management Group who oversaw the publication of the Position Statement you sent over to me previously, as though it does not necessarily affect me specifically, I know plenty of people who are under a public/private shared care arrangement due to the very long wait times with NHS clinics.

While the position statement does not outright advise against allowing GPs to prescribe, I feel that the tone and repetition of "competency" has created the atmosphere (at Lancaster Medical Practice anyway)



that prescribing under shared care is not allowed. I would really like to discuss what the original intent of the position statement was, as it seems to me GP's were asking for clear guidance on what they should do in these public/private shared care arrangements, and this guidance has been interpreted to mean that they should not prescribe.

Best wishes,

[Redacted signature block]

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**From:** [Redacted]  
**Date:** Tuesday, 4 May 2021 at 16:41  
**To:** [Redacted]  
**Subject:** RE: [External] RE: Information from CCG

Hello [Redacted],

I asked [Redacted] our Senior Medicines Optimisation Pharmacist whether there is any new guidance on bridging prescriptions and she has confirmed that there is no guidance issued by the CCG on bridging prescriptions as the BMA have issued the guidance (that you made reference to below) so ultimately, it is at the discretion of the prescriber.

I understand that you are upset by the decision that has been made and if you wish to raise the matter of why HRT is no longer being prescribed as a concern/complaint you can do so by contacting Liz Slater at Lancaster Medical Practice (for more information please see <https://www.lancastermedicalpractice.co.uk/info.aspx?p=12>) or alternatively, we can liaise with the Practice with your consent. I appreciate that you may not wish to do this now but please be aware that complaints should be raised within 12 months of identifying a problem.

I hope that this information is helpful and if I can be of any further assistance please let me know.

Best wishes,

[Redacted signature block]

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**Sent:** 29 April 2021 16:03  
[Redacted]



**Subject:** RE: [External] RE: Information from CCG

Hi [REDACTED]

Thank you for your email.

I'm so sorry for the upset that this is causing. Please leave this with me and I will ask [REDACTED] our Senior Medicines Optimisation Pharmacist as to whether there has been any new advice regarding bridging prescriptions. I am on leave tomorrow but will be back in after the Bank Holiday so will update you as soon as I have some more information.

I hope that you have a lovely weekend.

Best wishes,

[REDACTED]  
Senior Corporate Services Officer  
Morecambe Bay CCG  
[REDACTED]

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[REDACTED]  
Sent: 29 April 2021 15:46

[REDACTED] <[REDACTED]>  
**Subject:** Re: [External] RE: Information from CCG

Hi [REDACTED]

Thank you for help sending me this, much appreciated.

It saddens me to see the guidance for GPs prescribing under the request of an NHS specialist from a GIC versus guidance from a private specialist differs so greatly with regard to competence, particularly considering in most cases, private specialists also work for and/or consult with the NHS GICs, and especially with regard to the expense of some of the drugs involved. This however is not relevant to my situation at the moment.

Do you have any new guidance regarding bridging prescriptions, as the position statement seems only to refer to shared care arrangements, be it with NHS specialists or private.

Here is some information about my background which hopefully might help:

Dr [REDACTED] at Lancaster medical practice has been prescribing HRT since late 2018 under a bridging arrangement after he sought legal advice on whether or not he should prescribe (see here for GMC guidance on this: <https://www.gmc-uk.org/ethical-guidance/ethical-hub/trans-healthcare#mental-health-and-bridging-prescriptions> – quotes from the Royal College of Psychiatrists and the Royal College of General Practitioners are on that page too). I had a telephone appointment with him last week to discuss a referral unrelated to my HRT prescription – a referral to a consultant psychiatrist for diagnosis of gender dysphoria and my first letter of recommendation for gender confirmation surgery (GCS). He agreed to this, however he also brought up that Lancaster Medical Practice has had an internal consultation regarding prescribing outside of the standard NHS pathways. As a result of this he said he would continue to prescribe for a few months so I can go private.

I did mention that after GCS, booked for June, I would not be naturally producing any sex hormones and



that through stopping my prescription I would have no legitimate way to access hormones until I get to the front of either the NHS GIC waiting list or a private waiting list. As I have been on the GIC waiting list for approaching 3 years, hopefully that would be within 12 months, and similarly with the private clinics the waiting lists are about 6 months. He stated "it is not within my duty of care, that should fall to the private practitioners", which I replied with "the psychiatrist or the surgeon should prescribe me HRT??".

I also asked him if I simply continue to source my own hormones would he be happy to allow me to still receive blood tests at the practice? He answered no, not under the new guidance. Here are his notes from the consultation (about him not being my named GP, the sticker on the boxes of my medication do not mention a doctor by name, and when I called the practice to find out who was actually prescribing they said they do not hold that information):

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## Consultations

22 Apr 2021

**Rosebank**

Comments:

**Problem**

Gender dysphoria

**History**

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED] - I was changed to her named GP recently and I hadent received any correspondence or prescription requests for about a year  
We discussed the recent LMP stance on prescribing in Gender Dysphoria outside of standard NHS pathways - I explained that I would continue to prescribe for a couple of months for her to be able to sort out a private source of prescriptions if she decided to do so  
She informed me that she was hoping to see the private specialist as above and I agreed to refer. She has not heard from the london centre since last summer.  
She is hoping to have private surgery later in the year after getting private gender dysphoria assessments.

**Examination**

sounded well on the phone

07 Oct 2020

**QUINN, Sharon (Ms)**

**Rosebank**

Comments:

**Comment**

px destroyed dated 22.6.20 sq

07 Aug 2020

**NEILL, Catherine (Ms)**

**Meadowside**

Comments:

**Additional**

Paperwork sent to OR

Description of paperwork, Private script for posting to pt - cn



After this telephone consultation with my GP, I wanted some clarification on what on earth had changed recently at the practice, so I managed to get in touch with the Pharmacy Lead at Lancaster Medical Practice to ask about what policy changes there had been. He said under no circumstances would GPs be allowed to work with private specialists (in reference to 'shared care'). When pushed further about bridging prescriptions, he said that "the CCG has said that they're unsafe". I asked him if he could forward me this guidance saying this he said he would try and find it and email it over to me, which did not happen – in any case thank you Fiona for your help there. He did say that he would try and talk to Dr [redacted] to ask if he would continue to prescribe "for a few months" however he was clear there was no guarantees.

So my situation now is, after a couple months I will likely be forced to either stop HRT completely (and therefore have no sex hormones until I am either seen by the NHS GIC or a private specialist) or self-medicate, something I am much more likely to do simply due to the costs of the private clinics, which feels rather backwards when the whole purpose of bridging prescriptions is to reduce harm – from the GMC link above:

It may be that the risk of harm to your patient of self-medicating with hormones bought from an unregulated source is greater than the risk of initiating hormone therapy before the patient is assessed by a specialist.

A harm reduction approach is advocated by the Royal College of Psychiatrist's current guidelines and it would be in line with our guidance if judged it to be of overall benefit to your patient. We have highlighted the most relevant parts of guidance, for you to consider when making this judgement, in the related guidance section of this page.

Best wishes,

[redacted]

[redacted]

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**Date:** Thursday, 29 April 2021 at 12:55

**Subject:** [External] RE: Information from CCG

**This email originated outside the University. Check before clicking links or attachments.**

Hello [redacted]

Thank you for your patience whilst I gathered the information.



I am advised that Morecambe Bay Clinical Commissioning Group have just endorsed the following position statement with Lancashire and South Cumbria Medicines Management group:  
<https://www.lancsmmg.nhs.uk/media/1519/position-statement-private-gic-prescribing-requests.pdf>

The following website will be updated in due course (as the information is currently pending):  
<https://www.lancsmmg.nhs.uk/prescribing-guidance/position-statements/>

I hope that this gives some clarity on the prescribing status within primary care. However, if you have any further concerns our Senior Medicines Optimisation Pharmacist would be happy to contact Lancaster Medical Practice to look into your care on an individual basis. Please let me know if you would like us to arrange this and do not hesitate to include any questions that you would like us to respond to.

Kind regards.

[Redacted signature]

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**From:** [Redacted]  
**Sent:** 27 April 2021 15:09  
**To:** [Redacted]  
**Subject:** Information from CCG

Hi [Redacted]

Thanks for speaking with me earlier.

I am awaiting some information from our Senior Medicines Optimisation Pharmacist regarding your enquiry and we hope to get this to you in the next day or so.

Thank you for your patience and if you have any further questions in the meantime, please do not hesitate to let me know.

Best wishes,

[Redacted signature]  
[Redacted]  
Senior Corporate Services Officer  
Morecambe Bay CCG  
[Redacted]