

Proposed changes to the availability of puberty blockers

Royal Pharmaceutical Society Response:

Your organisation

Which type of organisation are you responding on behalf of?

- patients and their families
- associated charities and voluntary and community organisations clinicians
- clinicians (such as medical doctors, psychiatrists and psychologists)
- **prescribers**
- **pharmacists**
- regulators
- academics and researchers
- government

What is the name of your organisation?

Royal Pharmaceutical Society

The emergency order

To what extent do you agree or disagree with making the arrangements in the emergency order permanent?

- Strongly agree
- Agree
- **Neither agree nor disagree**
- Disagree
- Strongly disagree

Please explain your answer.

Whilst we acknowledge the proposals to ban the supply of puberty blockers to those under 18 unless in the circumstances outlined in the banning order, we have grave concerns around the robustness of referral pathways for those needing compassionate and supportive care. We are also extremely concerned around the criminalisation offense in relation to the clinical and professional role of pharmacists and would like to see this removed as it is not an equitable solution to the problem. We would be in a better place to agree if implementation was without criminalisation and if we were confident no patients were left without appropriate care and treatment.

Positive impacts

In your experience, what have been the positive impacts of the emergency order?

The DHSC engagement with professional bodies, including the Royal Pharmaceutical Society is welcomed. The consultation paper recognises the valuable role of the pharmacist in supporting children, young people and their families to navigate the impact of this legislation.

The emergency order enhances safety for children and young people, protecting them from treatments which may cause them harm and mitigates the risk of those children and young people, unable to obtain care on the NHS, seeking them through alternative means which risks their health and wellbeing.

Professional issues remain for pharmacy teams who are worried about the mental health and wellbeing of people asking for help.

Please provide evidence to support your answer.

Negative impacts

In your experience, what have been the negative impacts of the emergency order?

The Royal Pharmaceutical Society recognises NHS England's plan outlined in the Children and Young People's Gender Services: Implementing the Cass Review recommendations report. The Scottish Government Cass Review: Implications for Scotland report is also noted. However, until the model and infrastructure for multiprofessional gender identity healthcare is established, pharmacists, alongside other healthcare professionals, lack a clear referral pathway when adhering to the final Cass recommendations and The Medicines (Gonadotrophin-Releasing Hormone Analogues) (Emergency Prohibition) (England, Wales and Scotland) order 2024. The absence of an identifiable, consistent referral pathway across England, Wales and Scotland hampers the ability to provide optimal care, potentially leading to significant negative impacts on the mental health and well-being of children and young people. Additionally, pharmacists and pharmacy teams face undue pressure, as declining to supply treatment often means the child or young person has little chance of receiving necessary care.

With the withdrawal of medication for patients and the lack of medical treatment for a significant number that have been awaiting consultation, accessible specialist care pathways are urgently needed including increased mental health support. Plans from the NHS in England, Wales and Scotland do not describe how new clinical capacity for mental health services and specialist gender identity healthcare for those affected, will be introduced at the pace and scale necessary to mitigate any risks to patients introduced by the ban. Pharmacists need assurance of appropriate referral pathways so patients, including those already receiving treatment privately, are not suddenly left without treatment.

Furthermore, the legislation exposes pharmacists to the risk of criminal charges if they supply these restricted medicines outside the specified conditions due to an inadvertent error or breach. Pharmacists are the only healthcare profession impacted by the risk of criminalisation and this is a disproportionate risk for pharmacists when other professions are involved in the prescribing of these treatments and for the necessary checks and prescription annotations necessary. The risk of criminalisation of a pharmacist for an inadvertent error or breach must be removed.

Please provide evidence to support your answer.

Benefits

In your experience, are there benefits in making the arrangements permanent?

• Yes

• No

- **Don't know**

The RPS recognises that consistency in care practices for people accessing gender identity healthcare is vital. The Cass Review concluded that more evidence was required to ascertain the best treatment for those with gender dysphoria or gender incongruence.

Please provide evidence to support your answer and explain how you think those benefits could be maximised?

Risks

In your experience, are there risks in making the arrangements permanent?

- **Yes**

- **No**

- **Don't know**

Please provide evidence to support your answer and explain how you think those risks could be mitigated?

The emergency prohibition order makes it a criminal offence to supply medicines outside the terms of the order which may inadvertently result in pharmacists declining to supply these medicines at all for fear of prosecution. This will impact negatively on patient care.

The order may criminalise pharmacists who inadvertently supply gonadotrophin releasing hormone (GnRH) analogues believing it is not for puberty suppression. Therefore, they may be at risk of unwittingly breaking the law. Pharmacists are the only healthcare profession impacted by the risk of criminalisation and this is a disproportionate risk for pharmacists when other professions are involved in the prescribing of these treatments and for the necessary checks and prescription annotations necessary.

The criminalisation element needs to be removed from the banning order.

The lack of robust referral pathways impacts negatively on providing good patient care. The NHS needs to develop and implement specialist referral pathways so that these patients are not left without adequate care and support.

Impacts on protected groups

Do you think the accompanying equality impact assessment (EQIA) appropriately reflects the potential impact on protected groups which might arise from the proposal to make the order permanent?

- **Yes**

- **No**

- **Don't know**

Do you have any further comments or evidence about the potential impact on protected groups? If yes, please specify.

There needs to be urgent prioritisation of further research for gender incongruence and gender dysphoria and the impact of medicines such as puberty blockers on child development. Evaluating the impact of the implementation of the Cass review on this population group should also be high priority and transparent.

The equality impact assessment of protected groups utilised as evidence an assessment carried out by NHS England. An assessment of any impacts, yet to be identified, for those with protected characteristics in Wales, Scotland and Northern Ireland should be undertaken.

The analysis of risk for patients omits the risk to patients, where pharmacists, afraid of the risk of criminalisation, opt out of providing care.

For respondents in Northern Ireland only

To what extent do you agree or disagree that the proposal to make the order permanent risks impacting people differently with reference to their protected characteristics, as covered by the public sector equality duty set out in section 75 of the Northern Ireland Act 1998?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- **Not applicable**

Please explain your answer.

Additional evidence

If you have any additional evidence (including clinical or patient feedback) you wish to provide, please outline it here.

Do not include any personally identifiable information.

Data gathering

The government is keen to improve the data it gathers in relation to how many children and young people are affected by the order, as well as the impact of the information and guidance provided to them.

If you have any thoughts on how this data could be gathered, please outline them here.

Data sharing

In the future, would your organisation be willing to share data, such as the volume of service users and their ages, to support policy making?

- Yes
- No
- Don't know