NGS National Gender Service
IRELAND

St Columcille's Hospital
Loughlinstown, Co Dublin, D18 E365
www.nationalgenderserviceireland.com

28th November 2023

To Whom It May Concern,

I was asked to comment on a Parliamentary Question directed to the Minister for Health on clinical practice at the National Gender Service and efforts to reduce the waiting list for assessment at the National Gender Service.

With respect to **clinical practice**, I can advise that provision of any clinical intervention (including gender affirming hormone therapy) is based on a fundamental clinical principle that to recommend any clinical intervention the apparent benefits should exceed any apparent risks.

The operational model of care at the National Gender Service is based on a comprehensive multidisciplinary assessment that takes into account all aspects of a person's health and wellbeing over their lifetime, rather than focusing only on gender and gender dysphoria. This assessment results in a formulation of risk and benefit that informs a recommendation on clinical interventions such as hormone therapy or surgery. An outline of the assessment process is available on our website www.nationalgenderserviceireland.com

We do not recommend prescribing gender affirming hormone therapy in the absence of a comprehensive holistic multidisciplinary assessment, or if after such an assessment, the apparent risks exceed the apparent benefits.

Sometimes, people purchase hormones online purchase without prescription, or source hormones via online companies such as Gender GP. These online companies recommend hormone therapy in the absence of a comprehensive multidisciplinary assessment comparable to our own. When people source hormone via these online channels, they sometimes ask their GP to prescribe the hormones or to monitor blood tests.

In this scenario, GPs often ask me for my clinical opinion on the use of hormone therapy in this setting. My opinion is that hormone use in the absence of assessment may be dangerous, and that care recommendations made by online companies, including Gender GP, may be unsafe.

There are also compliance issues related to the use of online providers such as Gender GP. In my experience, these providers do not have any prescribers who are registered with the Irish Medical Council and only offer online consultations (i.e. they never meet the people they prescribe for in person). They are therefore unregulated in Ireland and operating in contravention to current Medical Council guidelines with respect to the practice of medicine. Therefore, I do not recommend prescribing therapy on recommendations made by online companies such as Gender GP.

When people source hormones outside of GP services and ask the GP to monitor hormone concentrations, my advice is that blood work should be monitored. However, I do not recommend monitoring hormone concentrations, as hormone concentrations are not proven to risk stratify or risk manage care in this clinical scenario. Instead, I recommend observing for decline in psychosocial

functioning and mental health, monitoring of blood tests that may risk stratify or risk manage care, such as full blood counts and liver functions tests.

Waiting times are unacceptably long for the National Gender Service and further investment and service development is needed to provide a comprehensive service, including provision of surgical services, and to shorten waiting times. Additional autism specific support would also be of benefit.

Service development has been ongoing at the National Gender Service over the last five years. In 2018, additional funding for staff was approved based on an increase in referral rates between 2014 and 2017. A number of new staff were recruited in 2019 following approval of the 2018 business case. A Clinical Governance structure was put in place by the National Gender Service team in 2019 and multiple quality improvement initiatives have been implemented by the staff at the National Gender Service since then.

These developments are ongoing but ongoing service development is threatened by an ongoing increase in demand with insufficient capacity. Between 2014 and 2018 (when the original business cases were written), the average annual referral rate was approximately 200 per year. It now exceeds 450 per year but does appear to be plateauing.

Given the further increase in demand since 2018, the waiting time for initial assessment continues to increase as demand continues to exceed capacity. This causes significant distress as people are waiting longer and longer for an appointment. Current waiting times are over three years and will continue to increase in the absence of additional investment and resourcing. There are now over 1400 people on the waiting list to be seen.

To reduce waiting times, the National Gender Service has submitted multiple business cases for additional staff and clinical space so that we can offer sufficient capacity to meet the increase in demand. These business cases rest with the HSE Acute Operations and Mental Health Divisions.

At the National Gender Service, we continue to advocate for service investment and development so that we can fully meet the needs of people referred to us. However, the decision for additional investment and resourcing is in the hands of senior HSE management. If the investment we seek is granted, then the National Gender Service will proceed to recruitment and will reduce the waiting list to a matter of months rather than years. If we do not receive additional investment, then waiting times will continue to increase.

I hope the above has been clear and useful.

Yours Sincerely,

Dr Karl Neff MBBS PhD MRCPI
Consultant Endocrinologist
Clinical Lead
National Gender Service
IMC: 270177