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Clinical policy: Prescribing of masculinising and feminising hormones for children and adolescents who have gender incongruence or dysphoria – public consultation guide

[Publication \(/publication\)](#)

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Introduction and background

NHS England is committed to working with a wide range of patients, patient groups and other stakeholders in developing the services it commissions.

In line with NHS England's published methods for the formation of national clinical commissioning policy, public consultation presents an important step in the process. It allows us to test and get feedback on proposals; check that draft policies are well evidenced;

ensure potential impacts have been fully captured, are clearly understood and that appropriate mitigations have been identified; and, consider alternatives before final decisions are taken.

NHS England commissions the specialised NHS Children and Young People's Gender Service, which sees children and young people up to 18 years. The purpose of this consultation is to seek views on a revised clinical policy on Masculinising and Feminising (MAF) Hormones for children and adolescents who have gender incongruence or dysphoria.

On the advice of NHS England's Patient and Public Voice Assurance Group for specialised commissioning, this public consultation will run for 90 days from 9 March to 7 June 2026.

At the end of the consultation period, all feedback will be considered before the clinical policy is published.

We recommend that you read this consultation guide alongside the other documents published as part of the consultation. While this consultation guide has been produced to summarise the proposals, the other documents provide additional detail.

Policy proposition

The policy proposition ([Appendix A](#)) is that MAF Hormones are not recommended to be available as a routine commissioning option through the NHS Children and Young People's Gender Service.

The current arrangements for MAF Hormones

MAF Hormones may also be known as cross sex hormones, gender affirming hormones or exogenous hormones.

The current NHS England [clinical policy \(https://www.england.nhs.uk/publication/clinical-commissioning-policy-prescribing-of-gender-affirming-hormones/\)](https://www.england.nhs.uk/publication/clinical-commissioning-policy-prescribing-of-gender-affirming-hormones/) for MAF Hormones was first published in 2016 and then updated in 2024 in immediate response to the final report of the [Cass Review \(https://webarchive.nationalarchives.gov.uk/ukgwa/20250310143642/https://cass.independent-review.uk/\)](https://webarchive.nationalarchives.gov.uk/ukgwa/20250310143642/https://cass.independent-review.uk/). It allows for their restricted use in the NHS Children and Young People's Gender Service by those who are aged 16 or 17 years old, and who display persistent signs of gender dysphoria. Under these current arrangements, a national Multi-Disciplinary Team (MDT) **must** endorse the proposal for a referral to a specialist endocrinology team in **every** case.

The evidence about MAF Hormones

NHS England only commissions treatments based on evidence of both clinical and cost effectiveness and with appropriate assurances around safety.

In 2021 an independent evidence review by the National Institute for Health and Care Excellence (NICE) found that there was very limited evidence about the safety, risks, benefits and outcomes regarding the prescribing of MAF Hormones to young people under 18 years of age.

As part of the response to the [Cass Report](#)

(<https://webarchive.nationalarchives.gov.uk/ukgwa/20250310143933/https://cass.independent-review.uk/home/publications/final-report/>), published in 2024, and alongside the immediate further restrictions put in place, NHS England committed as a priority action to conduct a full review of the MAF Hormones policy through a process of updated evidence review and public consultation.

In 2025 a Policy Working Group was formed by NHS England to establish the evidence base for MAF Hormones. NHS England commissioned a third party to undertake a further independent evidence review of published evidence including research that had been published since NICE's previous review of the evidence in 2021.

The subsequent evidence reviews found very limited and weak evidence to support the continued access to MAF Hormones by children and young people under the age of 18 years.

- The reports of the evidence reviews are published as [Appendix B](#)
- A summary of the evidence reviews by patient population is given at [Appendix C](#)
- The search criteria (PICO criteria) are set out at [Appendix D](#)
- The papers that were excluded from the evidence reviews at the title and abstract screening stage because it was determined that they did not meet the PICO criteria are listed at [Appendix E](#)

NHS England has carefully considered the evidence reviews and has concluded that there is not enough evidence to support the safety and clinical effectiveness of MAF Hormones to make the treatment routinely available going forward.

NHS England recommends that MAF Hormones should not be prescribed to children and young people through the NHS Children and Young People's Gender Service.

How would these changes impact the services/patients?

The policy proposition, if adopted, means that the NHS Children and Young People's Gender Service would not be able to refer young people to a paediatric endocrinology service for assessment of suitability for MAF Hormones. The draft Equality and Health Inequalities Impact Assessment describes the actual and potential impacts in more detail ([Appendix F](#)).

Patients under the care of the NHS Children and Young People's Gender Service who have been told that they might or would be referred for consideration of MAF Hormones (but whose eligibility under the current policy has yet to be clinically determined) would no longer

be eligible.

It is proposed that young people aged 16 and 17 years who are receiving existing NHS prescriptions of MAF Hormones may continue their prescriptions under the care of the NHS Children and Young People's Gender Service. Each individual's lead clinician will need to undertake a case-by-case review of the circumstances of each individual's care plan, and make a shared decision with the young person (and family as appropriate) about the future treatment approach.

How to respond to these proposals

In this 90-day public consultation, NHS England would like to hear what interested stakeholders think about the proposed clinical policy. Specifically:

- (1) Has all of the relevant evidence been taken into account? If you have identified other evidence, please include **a link or full reference** for the published evidence.
- (2) Does the draft Equality and Health Inequalities Impact Assessment reflect the potential impact that might arise as a result of the proposed changes?
- (3) Are there any other issues that NHS England should consider when it decides whether to adopt the proposed clinical policy, and if adopted, about how to implement the clinical policy?

You can provide your views to NHS England by completing the online survey here: [Clinical policy for prescribing of masculinising and feminising hormones for children and adolescents who have gender incongruence or dysphoria – NHS England – Citizen Space](https://www.engage.england.nhs.uk/consultation/prescribing-masculinising-and-feminising-hormones/) (<https://www.engage.england.nhs.uk/consultation/prescribing-masculinising-and-feminising-hormones/>)

Please respond by 7 June 2026.

Next steps following consultation

The responses to the public consultation will be analysed and reported by an independent organisation. NHS England will consider all responses and will publish a final clinical policy alongside a full consultation report and detailed analysis as quickly as possible following the close of the consultation.

Appendix A: Clinical commissioning policy proposition: Feminising and masculinising medicines in the management of gender incongruence in children and young people

- [Clinical commissioning policy proposition](https://www.england.nhs.uk/wp-content/uploads/2026/03/policy-proposition-2538-feminising-and-masculinising-) (<https://www.england.nhs.uk/wp-content/uploads/2026/03/policy-proposition-2538-feminising-and-masculinising->

[medicines-in-the-management-of-gender-incongruence-in-children-and-young-people.pdf](#))

Appendix B: Evidence reviews

- [Evidence reviews \(https://www.england.nhs.uk/publication/consultation-feminising-and-masculinising-medicines-in-the-management-of-gender-incongruence-in-children-and-young-people-evidence-reviews/\)](https://www.england.nhs.uk/publication/consultation-feminising-and-masculinising-medicines-in-the-management-of-gender-incongruence-in-children-and-young-people-evidence-reviews/)

Appendix C: Summary of evidence by patient population

Category A. Evidence reviews have returned no evidence for either the critical or important outcomes:

1. Feminising medicines comprising oestrogen for children and young people with gender incongruence who identify as non-binary and wish partial physical feminisation
2. Masculinising medicines comprising testosterone for children and young people with gender incongruence who identify as non-binary and wish partial physical masculinisation
3. Feminising medicines comprising oestrogen with gonadotrophin-releasing hormone (GnRH) analogues for children and young people with gender incongruence who identify as a female gender and wish to undergo a binary physical transition
4. Feminising medicines comprising oestrogen with gonadotrophin-releasing hormone (GnRH) analogues for children and young people with gender incongruence who identify as non-binary and wish partial physical feminisation
5. Masculinising medicines comprising testosterone with gonadotrophin-releasing hormone (GnRH) analogues for children and young people with gender incongruence who identify as a male gender and wish to undergo a binary physical transition
6. Masculinising medicines comprising testosterone with gonadotrophin-releasing hormone (GnRH) analogues for children and young people with gender incongruence who identify as non-binary and wish partial physical masculinisation
7. Gonadotrophin-releasing hormone (GnRH) analogues for children and young adults with gender incongruence who identify as non-binary and wish partial physical feminisation
8. Gonadotrophin-releasing hormone (GnRH) analogues for children and young adults with gender incongruence who identify as non-binary and wish partial physical masculinisation

Category B. Evidence review returned weak evidence of benefit:

9. Feminising medicines comprising oestrogen for children and young people with gender incongruence who identify as a female gender and wish to undergo a binary physical transition

10. Masculinising medicines comprising testosterone for children and young people with gender incongruence who identify as a male gender and wish a binary physical transition

Appendix D: Population, Intervention, Comparator and Outcomes (PICO)

- [Population, Intervention, Comparator and Outcomes \(PICO\)](https://www.england.nhs.uk/publication/consultation-feminising-and-masculinising-medicines-in-the-management-of-gender-incongruence-in-children-and-young-people-population-intervention-comparator-and-outcomes-pico/)
(<https://www.england.nhs.uk/publication/consultation-feminising-and-masculinising-medicines-in-the-management-of-gender-incongruence-in-children-and-young-people-population-intervention-comparator-and-outcomes-pico/>)

Appendix E: Excluded papers

- [Excluded papers](https://www.england.nhs.uk/wp-content/uploads/2026/03/papers-excluded.pdf) (<https://www.england.nhs.uk/wp-content/uploads/2026/03/papers-excluded.pdf>)

Appendix F: Draft Equality and Health Inequalities Impact Assessment (EHIA)

- [Draft Equality and Health Inequalities Impact Assessment \(EHIA\)](https://www.england.nhs.uk/wp-content/uploads/2026/03/draft-ehia-maf-hormones-for-consultation-1.pdf)
(<https://www.england.nhs.uk/wp-content/uploads/2026/03/draft-ehia-maf-hormones-for-consultation-1.pdf>)

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