



Hormone Treatment for Adult Transgender Patients in Primary Care Local Enhanced Service Specification

Version Control		
Version	Date Amended	Summary of amendments
Hormone Treatment for Adult Transgender Patients in Primary Care LES	May 2023	Fees amended
C&V Transgender LES 2023-2024	June 2023	Justified Claims information added

Introduction

All practices are expected to provide essential services and those additional services they are contracted to provide to all their patients under the GMS contract. The specification of this service therefore outlines the general and more specialised service to be provided that is beyond the scope of essential services. No part of the specification by commission, omission or implication defines or redefines essential or additional services.

The overall aim of the Adult Transgender Local Enhanced Service is for transgender patients to receive care closer to home in a Primary Care setting and is an enhancement to the Primary Medical Services (Hormone Treatment Scheme for Adult Transgender Patients) (Directed Enhanced service) (Wales) Directions 2019.

The specification takes into account the inevitable restraints during the COVID pandemic on face to face consultation and assessment, therefore recommends the use of remote methods where safe, appropriate and available.

Background

For many years Gender Identity Services for patients resident in Wales have been commissioned by the Welsh Health Specialist Services Committee (WHSSC) from the West London Gender Identity Clinic (WLGIC). WHSSC has designed and is implementing a graduated model to support the care of patients with gender dysphoria/incongruence resident in Wales. The Welsh Gender Service (WGS) (a tertiary gender identity clinic) started seeing adult patients in September 2019 and receives direct GP referrals for those aged 18 years and over.

This Local Enhanced Service is designed to support adult patients (aged 18 years and over) who require initiation and optimisation of hormone therapies in a safe and supported way within Primary Care following endorsement by the Welsh Gender Service.

Delivery

This Local Enhanced Service will be offered, in the following order, to:

- (a) each GMS contractor (in relation to the registered patients of that GMS contractor); then
- (b) an alternative GMS contractor within Cardiff & Vale University Health Board in cases where patients are unable to access the service from their registered practice

(c) where the patients of a GMS contractor are unable to access the services outlined in this Local Enhanced Service, from either the GMS contractor with whom they are registered patients, or from an alternative GMS contractor, the Local Health Board must make arrangements to ensure the provision of hormonal therapy treatment as close to the practice premises of that GMS contractor as is reasonably practicable.

Where arrangements are made for a GMS contractor to deliver the service to a patient registered with another practice, there must be co-operation between both practices in order for the commissioned practice to complete a plan setting out the arrangement for the delivery of this Local Enhanced Service. The plan must include confirmation of individual patient consent to access the patient's lifelong clinical record as per local data sharing agreements.

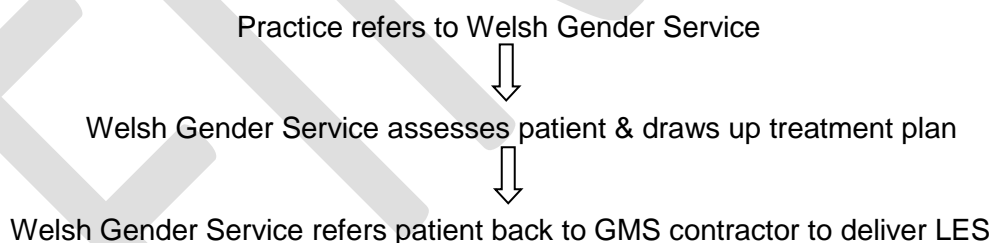
Clinicians will have access to timely support via a dedicated e-advice line by emailing Cav.Wgs@wales.nhs.uk which has a turnaround time of two working days.

It is the responsibility of the contractor to ensure that each Health Care Professional undertaking this Local Enhanced Service has the necessary skills, training, competence and experience in order to provide the service. There is a single recognised training course, delivered as a certificate or diploma by the Royal College of Physicians, however this is not a pre-requisite to delivering the LES. It is acceptable that practitioners that have not previously provided such services will attain requisite knowledge through completion of relevant CPD activity which could include attendance at relevant courses, reading and/or e-learning.

It is the responsibilities of all prescribers to report all serious reactions to the MHRA via the 'yellow card scheme' - <https://yellowcard.mhra.gov.uk/>

Service Outline

This Local Enhanced Service will support the ongoing care of patients who have been assessed by the Welsh Gender Service and have a treatment plan endorsed by the Welsh Gender Service. All patients will remain clinically overseen by the Welsh Gender Service.



In the first 12 months of the patient's transition journey, it is the responsibility of the commissioned GMS contractor to follow the patient's individual treatment plan and

- Initiate and optimise prescribing of the treatment(s) endorsed by the Welsh Gender Service as per the Endocrine Management of Gender Dysphoria in Adults Prescribing Guidance for Non-specialist Practitioners - See Appendix A
- Undertake biochemical monitoring and interpret/action results during the initiation and optimisation phase with the support of the Welsh Gender Service endocrinologist
- Undertake clinical evaluation at appropriate time intervals, including an assessment of the physical and psychological impact of treatment
- Report new mental health concerns to the Welsh Gender Team and patient's own GP (if not registered as a patient at your practice)

- Document and report any side effects or adverse reactions encountered by the patient while undergoing initiation and optimisation of treatment
- Refer to the Welsh Gender Service if the patient decides to pursue gamete storage while under the care of the commissioned LES contractor
- Refer to the specialist SLT provider if the patient decides to undertake voice training and modification
- Provide sexual and reproductive health and screening advice as appropriate

Following the initial 12 months of treatment it will be the continuing responsibility of the commissioned LES contractor to:

- Develop and maintain a register of Adult Transgender patients indicating patient name and date of birth as a minimum. Permission must be sought from patients to add the following READ code to their records, explaining that the READ code will be used for audit purposes:
- READ code: Gender Dysphoria - ZV62A
- Ensure systematic call and recall of patients on this register
- Review and respond to queries and patient referrals from the Welsh Gender Service.
- Undertake patient Annual Reviews – (to include annual blood tests), providing repeat prescriptions and enabling administration of long-acting gonadorelins and long acting injectable testosterone therapy as per this specification - See Appendix B
- Submit an annual report to the Primary Care Team on the delivery of the service using the national template provided to ensure consistency of data capture - See Appendix C

Payments

Each commissioned GMS contractor will be able to claim:

A one-off practice preparatory payment of £250 to support the costs of ensuring that all staff involved in the service have resourced time to ensure they are suitably orientated and prepared. Where a GMS contractor delivers this LES on behalf of other practices, they will only be entitled to receive £250, this sum will not be multiplied by the number of practices on behalf of which the lead practice will deliver the Local Enhanced Service.

Following an initial assessment by the Welsh Gender Service and the creation of a treatment plan to commence the patient on the first 12 months of their transition journey, the commissioned contractor can claim the following fee per patient, payable quarterly in arrears:

Quarter 1 - £313.03

Quarter 2 - £156.51

Quarter 3 - £156.51

Quarter 4 - £150.51

Please note the above fees **are not** applicable to patients that have already commenced their established treatment plan. The higher fee is only applicable in the first 12 months of the patient's transition journey, this may not be the same as the first year the patient joins the Local Enhanced Service.

For patients on an established treatment plan the fee payable is as shown below.

A payment of £104.34 per annum for each patient for whom the GMS contractor undertakes an annual review (a 30 minute consultation - annual review to include pre-review blood sampling, review of results and subsequent consultation)

A payment of £114.78 per patient, per annum for the administration, once every 3 months, of gonadorelins (in line with national guidance – Appendix A) (to be paid in four instalments, quarterly in arrears)

A payment of £114.78 per patient, per annum for the administration, once every 3 months, of a testosterone injection (in line with national guidance – Appendix A) (to be paid in four instalments, quarterly in arrears)

Claims

Practices **must** ensure all claims are submitted via FPPS within 6 months from the end of the quarter in which the drug/service was delivered. Practices will be paid quarterly in arrears and will be subject to post payment verification (PPV).

Monitoring & Audit

The practice will be required to undertake an annual audit as agreed in advance with the UHB and provide the monitoring data to the UHB Primary Care team for annual review of the LES to inform service planning and to identify and share areas of good practice and/or areas for improvement where the service outline has not been met.

Termination Period

Should the practice wish to cease providing the Enhanced Service, it will be required to provide 3 months' notice in writing to the Health Board. Should the practice wish to suspend providing the Enhanced Service it should contact the Health Board for guidance prior to any action being taken.

If, for any reason, a practice terminates/suspends the Enhanced Service and, if claims have been made during the current financial year, any reporting/auditing requirements outlined in the specification must be submitted upon request.

General Medical Practice Indemnity

This Enhanced Service is covered by the scheme for General Medical Practice Indemnity (GMPI) which falls under the GMS Contract Wales.

This scheme relates to potential or actual clinical negligence claims arising from incidents on or after 1 April 2019, and captures all General Medical Practice (GP practice) staff undertaking NHS 'primary medical services' as defined in The National Health Service (Clinical Negligence Scheme) (Wales) Regulations 2019

The National Health Service (Clinical Negligence Scheme) (Wales) Regulations 2019, sets out the scope of the scheme, namely "primary medical services" which are defined as health services provided under a contract, arrangement or agreement made under or by virtue of the following sections of the National Health Service Wales Act 2006:

- (a) section 41(2) (primary medical services);
- (b) section 42(1) (general medical services contracts);
- (c) section 50 (arrangements by Local Health Boards for the provision of primary medical services).

The GMPI will include clinical negligence liabilities for NHS work arising from the activities of all GP practice staff, including: GP partners; salaried GPs; locum GPs, if on the All Wales Locum Register; Practice Pharmacists; Practice Nurses; Practice Healthcare assistants; and any other member of staff providing clinical services. GP trainees and trainee nursing students delivering general medical services will also be covered. The GMPI will also cover any healthcare professionals providing the delivery of NHS Primary Care through Primary Care cluster arrangements and any vicarious liability to practices where a cluster based health professional is providing direct care to the practice's registered patients.

GP Locums who are registered with and working to the terms of the All Wales Locum Register (AWLT) for Wales have access to the scheme for GMPI.

Appendix A - AWMSG Endocrine Management of Gender Dysphoria in Adults



AWMSG Endocrine
Management of Ger

Appendix B – Annual Review Form



20190815 -
Appendix C - Annua

Appendix C – Annual Report of Service Provision



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Appendix B - Annua

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