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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Specification for a Local Enhanced Service during COVID for The Hormone Treatment Scheme for Adult Trans and Non- binary Patients in Primary Care

1. 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 Trans and Non-binary Local Enhanced Service is for Trans & Non-binary 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 recommending the use of remote methods where safe, appropriate and available.

2. 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 Cardiff clinic (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 Cardiff clinic.

3. 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 Hywel Dda 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.

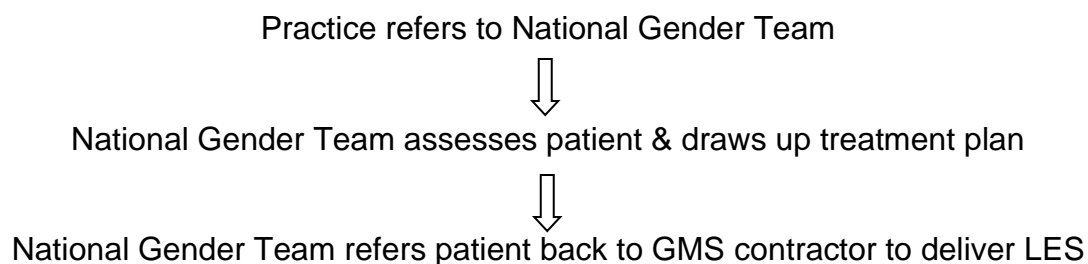
Where arrangements are made for a GMS contractor to deliver the service to a patient registered with another practice, there must be co-operation between both practices in order for the commissioned practice to complete a plan setting out the arrangement for the delivery of this Local Enhanced Service.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

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/>

4. The Service Description

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 drawn up by the WGS. All patients will remain clinically overseen by the Welsh Gender Service.



A. 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
- 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

B. 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 Trans and Non-binary 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:
- Vision Clinical System – Gender Dysphoria - ZV62A
- Emis Clinical System – Gender Dysphoria ZV62A
- Ensure systematic call and recall of patients on this register is taking place.
- 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 ██████ 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 ██████, this sum will not be multiplied by the number of practices on behalf of which the lead practice will deliver the Local Enhanced Service.

- For the first 12 months of the patient's transition journey (not the first year of the patient being on the scheme), the commissioned contractor can claim per patient, payable quarterly in arrears as follows:

Quarter 1 - [REDACTED]
Quarter 2 - [REDACTED]
Quarter 3 - [REDACTED]
Quarter 4 - [REDACTED]

Please note that the higher payment will be paid during year 1 on the patient's transition journey, this may not be the same as the first year of the patient on the scheme – some patients may therefore join the scheme in year 2/3/4 etc of their transition journey (where treatment has started in another location) and will attract only the lower payment.

After the initial 12 months of the patient's transition journey:

- A payment of [REDACTED] 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 [REDACTED] 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 [REDACTED] 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)

For audit purposes it will be expected that the commissioned practice will be able to provide evidence of activity upon request.

Appendix A – Endocrine Management of Gender Dysphoria in Adults Prescribing Guidance for Non-specialist Practitioners

<https://awmsg.nhs.wales/files/guidelines-and-pils/endocrine-management-of-gender-dysphoria-in-adults-pdf/>

Appendix B – Annual Review Form



20190815 -
Appendix B - Annua

Appendix C – Annual Report of Service Provision



20190815 -
Appendix C - Annua