

Welsh Directed Enhanced Service

Hormone Treatment for Adult Patients with Gender Dysphoria/Incongruence after Assessment and Optimisation of Treatment by the Welsh Gender Clinic & Local Intermediate Gender Team

Introduction

1. All practices are expected to provide Essential Services, and those Additional Services they are contracted to provide, to all their registered patients. This Directed Enhanced Service (DES) specification outlines the more specialised services to be provided in relation to Hormone Treatment for Adult Patients with Gender Dysphoria/Incongruence. The specification of this service is designed to cover the enhanced aspects of that service which are beyond the scope of essential services. However, no part of the specification by commission, omission or implication defines or redefines Essential or Additional services.

Background

2. Gender Identity Services for patients resident in Wales have for many years 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.
3. This DES is designed to support adult patients (aged 18 and over) who require ongoing hormonal therapy after such treatment has been initiated, and optimised by the Local Intermediate Gender team for a period of no less than 12 months. Following the completion of this phase, the patient, if treatment is considered to be optimised, may transfer to GP care under the terms of this DES. A Transfer of Care document will be provided to the GP surgery – example Appendix D.
 - 3.1 This DES will support clinicians to acquire and exercise the knowledge and skills to prescribe ongoing hormonal treatment to patients with gender dysphoria/incongruence in a safe and supported way, working with support from specialist services. The READ code to be used for Gender Dysphoria is ZV62A.
 - 3.2 This DES includes practices undertaking an annual review of the patient (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.
 - 3.3 This DES will also support the ongoing care of those patients for whom GPs were providing hormonal treatment prior to the commencement of the DES, provided such patients have been assessed by, and are treated in accordance with, the advice of a specialist NHS Gender Identity Clinic.

Delivery

- 3.4 Clusters are seen as pivotal to the delivery of this DES and there are currently 64 clusters in operation in Wales. A cluster is a group of local service providers involved in health and care who have agreed to collaboratively work together to deliver primary medical services across a specified geographical area. Each cluster will typically serve a population between 25,000 and 100,000.
- 3.5 This DES will be offered, in the following order, to:
- (a) each GMS contractor (in relation to the registered patients of that GMS contractor); then
 - (b) one or more cluster lead practices, in relation to the registered patients of the cluster lead practice and the patients of those GMS contractors, if any, in its cluster that have not agreed, within such time period as the Local Health Board requires, to deliver this Directed Enhanced Service to their registered patients pursuant to paragraph (a) above; and
 - (c) where the patients of a GMS contractor will not receive the services outlined in this Directed Enhanced Service, either from the GMS contractor in relation to whom they are registered patients, or from a cluster lead practice, the Local Health Board must make arrangements to ensure the provision of hormonal therapy treatment to the registered patients of that GMS contractor as close to the practice premises of that GMS contractor as is reasonably practicable and the Local Health Board may deliver the services under this Directed Enhanced Service to those patients in any way it believes is appropriate (including, but not limited to, by providing the services itself or arranging for the delivery of those services by any engaged GMS contractor).
- 3.6 Where arrangements are made between a cluster lead practice and a Local Health Board in accordance with paragraph 3.5(b), each GMS contractor must co-operate¹ with the cluster lead practice(s) in its cluster in order for the cluster lead practice(s) to complete a plan setting out the arrangement for the delivery of this Directed Enhanced Service to patients of all GMS contractors across the cluster. Where there is only one engaged GMS contractor, and it is the cluster lead practice, it shall be responsible for completing that plan. Where there is no cluster lead practice, and all of the GMS contractors in the cluster are engaged GMS contractors, they shall all be responsible for completing that plan.
- 3.7 This service specification applies only to the treatment of patients permanently registered with practices. It is recognised that additional features might need to be incorporated into a Service Level Agreement for the treatment of non-registered patients including the agreement of communication and financial arrangements. Such arrangements would be determined locally by the Local Health Board in consultation with the Local Medical Committee.
- 3.8 This DES will only be commissioned by the Local Health Board once the Welsh Gender Clinic and the Local Intermediate Gender Care Teams are in place and ready to deliver their

¹ See paragraph 12 of Part 1 of Schedule 6 to the National Health Service (General Medical Services Contracts) (Wales) Regulations 2004 (S.I. 2004/478 (W.48)).

elements of the pathway. Each Local Health Board will have a Local Intermediate Gender Care Team (<https://intranet/English/Update/Pages/New-Welsh-Gender-Service-announced.aspx>)

Aims

4. The aim is for patients optimised on hormonal therapy treatment to have straightforward, timely, access to appropriate prescribed medication and a formal annual review.
5. The GMS Contractor shall carry out prescribing and monitoring in accordance with national prescribing guidance from time to time (see Appendix C for the current version). This will be reviewed periodically by the national professional lead for Gender Identity in conjunction with GPC Wales and RCGP Wales representatives to ensure it remains up to date with evidence-based guidance.
6. GPs will have access to timely support through a dedicated GP e-advice link – cav.wgs@wales.nhs.uk, with a two working day turnaround, as well as being able to refer patients back to the Local Intermediate Gender Care Team and the specialist Welsh Gender Team when clinically indicated. In the case of those patients whose care is transferred back to the Local Intermediate Gender Team, they will only revert to GP care (and payments under this DES in relation to that patient will only then be payable again) when it is agreed between both the GMS contractor and the Local Intermediate Gender Team that their hormonal therapy treatment has been re-optimised and the GMS contractor is agreeable to reinstating care under the DES.

Service outline

7. In addition to any other requirements in this DES, the GMS contractor will (for its registered patients, and for the patients of any GMS contractors for whom it is the cluster lead practice):
 - i. Maintain a register of patients receiving such treatment. The recommended Read Code to be used to establish the register is **ZV62A** (Gender Dysphoria);
 - ii. Prescribe appropriate hormone therapy treatment for transgender patients as advised by the Local Intermediate Gender Care Team following receipt of comprehensive discharge information;
 - iii. Provide the appropriate annual monitoring (blood tests, blood pressure and body mass index) as per the protocol set out in Appendix A;
 - iv. Liaise with the Welsh Gender team and the Local Intermediate Gender Care Team, as appropriate – the e-advice link will be provided ahead of the DES commencing; and
 - v. Prepare an annual report on the delivery of the service as outlined in section 8. A national template (Appendix B) will be provided to facilitate this to ensure consistency of data capture.
8. The GMS contractor's annual report on the delivery of the DES must include the following:
 - i. Attendance rates and non-attendance rates;
 - ii. Compliance with agreed annual monitoring requirements;
 - iii. Review of significant clinical events; and

- iv. Resource review (including time requirements for all practice staff involved in the delivery of the pathway).

Education, Training and Appraisal

9. Without prejudice to the requirements of the contractor's GMS contract with the Local Health Board, those doctors who have previously provided services similar to this DES must satisfy at appraisal and revalidation that they have such continuing medical experience, training and competence as is necessary to enable them to provide the services required by this DES.
10. There is currently no single recognised training course. Practitioners who 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 (a list of resources will be made available to provider practitioners and also be hosted on *GP One*, Cardiff and Vale University Health Board and WHSSC websites; Local Health Boards will be responsible for ensuring that relevant CPD opportunities are available to practitioners providing services under the terms of the DES).

Payment

11. Each engaged GMS contractor will be able to claim (whether acting just for itself or as a cluster lead practice)—
 - 11.1 a one-off practice preparatory payment of £250 (this will 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 practice acts as a cluster lead practice, 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 DES;
 - 11.2 a payment of £100 per annum for each patient for whom the GMS contractor undertakes an annual review (an annual review to include pre-review blood sampling, review of results and subsequent consultation (please note: national guidance advises that a single annual review is needed) (paid as a single payment after the review has taken place);
 - 11.3 a payment of £110 per annum for the administration, once every 3 months, of gonadorelins (in line with national guidance – Appendix C) (to be paid in four instalments, quarterly in arrears);
 - 11.4 a payment of £110 per annum for the administration, once every 3 months, of a testosterone injection (in line with national guidance – Appendix C) (to be paid in four instalments, quarterly in arrears)

and after the payment is due, as above, and has been authorised by the Local Health Board, such payments will then be paid on the date the GMS contractor's Global Sum monthly payment next falls due in accordance with the Statement of Financial Entitlements.

SCHEDULE 1

12. The only payments in relation to this DES are those set out above, and no additional payments will be made (for example) for the issuing of repeat prescriptions (when the patient is under the care of the enhanced service) or referral for specialist advice.

Practice Declaration

13. The engaged GMS contractor (whether acting just for itself or as a cluster lead practice) has understood the terms of the scheme, and agrees to comply with (and provide the service in accordance with) the terms of the scheme.

Signed: _____

For and on behalf of [NAME OF PRACTICE] [the Engaged GMS Practice]

Date: _____