

# NHS Standard Contract - SCHEDULE 2 – THE SERVICES

## Transgender Local Enhanced Service

<b>Service Specification No.</b>	
<b>Service</b>	Transgender Local Enhanced Service (LES)
<b>Commissioner Lead</b>	Stuart Lakin, Head of Medicines Management
<b>Provider Lead</b>	As signed
<b>Period</b>	<del>1 April 2020 to 31<sup>st</sup> March 2021</del> <u>1 April 2021 to 31 March 2022</u>
<b>Date of Review</b>	Annually

### 1. Population Needs

#### 1.1 National/local context and evidence base

In March 2014 NHS England Specialist Services Circular SSC1417 was issued which described Primary Care responsibilities in relation to prescribing and monitoring of hormone therapy for patients undergoing or having undergone Gender Dysphoria treatments. In March 2016 the General Medical Council (GMC) published Guidance for Doctors Treating Transgender Patients. This guidance reiterates the advice previously set out by NHS England in SSC 1417 and explains the legal protection against discrimination and harassment given to trans people by the Equality Act 2010 and Gender Recognition Act 2004.

Those responsibilities include:

- Prescribing hormone therapy;
- Patient safety monitoring;
- Provision of physical health examinations and blood tests under the guidance of a specialist Gender Dysphoria service.

As per the NHS Rotherham CCG Quality Contract, if practices do not wish to deliver this service it must be sub-contracted to another practice following discussions with the CCG. All patients must have access to this service.

### 2. Outcomes

#### 2.1 NHS Outcomes Framework Domains & Indicators

<b>Domain 1</b>	<b>Preventing people from dying prematurely</b>	N/A
<b>Domain 2</b>	<b>Enhancing quality of life for people with long-term conditions</b>	N/A
<b>Domain 3</b>	<b>Helping people to recover from episodes of ill-health or following injury</b>	N/A
<b>Domain 4</b>	<b>Ensuring people have a positive experience of care</b>	Yes
<b>Domain 5</b>	<b>Treating and caring for people in safe environment and protecting them from avoidable harm</b>	Yes

### 3. Scope

#### 3.1 Aims and objectives of service

The aim of this LES is for transgender patients to receive care closer to home in a primary care setting, only accessing the specialist services of the Porter Brook Medical Centre when necessary.

#### 3.2 Service description/care pathway

It is the responsibility of the GP to follow the Trans Man or Trans Woman Shared Care Prescribing Guidelines and:

- To refer appropriate patients to secondary care for assessment;
- To agree to prescribe for patients in line with the prescribing guidelines;
- To continue to prescribe for the patient as advised by the consultant;
- To undertake monitoring as per prescribing guidelines;
- To adjust doses to maintain serum levels within the target range;
- To seek the advice of the consultant if there are any concerns with the patient's therapy.

It is the responsibility of the consultant clinician:

- To discuss benefits and side effects of treatment with the patient/carer and obtain informed consent. This is particularly important for unlicensed products and when prescribing products outside of their licensed indications;
- To provide the details of the medication recommended and a copy/link to the prescribing guidelines;
- To contact patient's GP to request prescribing is commenced and continued and send a link to, or a copy of the prescribing guidelines;
- To discuss any concerns with the GP regarding the patient's therapy;
- To provide the GP with clear instructions including referral criteria following the patients discharge from the specialist service.

Patients will receive monitoring in primary care for the first 3 years of their care. The practice will establish a register of transgender patients and an effective call and recall system for monitoring in line with the relevant Shared Care Prescribing Guidelines. Once three years have passed patients must be removed from the Transgender LES.

The specialist Gender Dysphoria service will assist primary care by providing specific, relevant information and support for prescribing and monitoring, including the interpretation of blood test results. Once a patient has completed the care pathway and has been discharged by the Specialist service, GPs should offer them the usual range of primary healthcare services that are available to other patients.

#### 3.3 Shared Care Prescribing Guidelines

Transman

<http://www.rotherhamccg.nhs.uk/Downloads/Top%20Tips%20and%20Therapeutic%20Guidelines/Therapeutic%20guidelines/17-10%20%20Trans%20man%20Prescribing%20Guidelines.pdf>

Transwoman

<http://www.rotherhamccg.nhs.uk/Downloads/Top%20Tips%20and%20Therapeutic%20Guidelines/Therapeutic%20guidelines/17-10%20Trans%20%20woman%20Prescribing%20Guidelines.pdf>

#### 3.4 Transgender man - care after 3 years

It is important to note that trans men will need to transfer to the overarching Shared Care Drugs Monitoring LES for ongoing testosterone monitoring once the first three years of their care has passed.

### 3.5 Annual review

Practices will undertake an annual review that will as a minimum include the following information:

- The numbers of each patient group;
- The numbers of new patients and the numbers removed from the Transgender LES;
- Assurance that all staff are responsible for prescribing have the necessary skills to prescribe safely.

### 3.6 Activity reporting

Practices will submit a quarterly data report to the CCG when requested by the Primary Care Team. As a minimum the dataset will include the total number of patients requiring monitoring.

### 3.7 Patient satisfaction

In order to ensure patients are satisfied with the Transgender service, the CCG will undertake a rolling SMART survey to monitor patient satisfaction. GP practices will provide the patient with the appropriate link for completion.

### 3.8 Remuneration

Remuneration is based on the numbers of patients in the scheme at the end of each quarter and has been set at £121.85 per patient per year. This will be adjusted on a quarterly basis to reflect any increase or decrease in the number of patients being monitored.

Consequences for late submission of activity data:

- 1 – 7 days: 5% of payment
- 8 – 14 days: 10% of payment and payment won't be released until the next payment run
- 15 – 21 days: 50% of payment and payment won't be released until the next payment run
- Submissions received after 21 days (3 weeks) will receive no payment.

A reminder by email will be sent out at least one week prior to submission date. It is the responsibility of the practice to ensure that any changes to contact details for the practice manager are notified to the Primary Care Team.

In the event of unforeseen exceptional circumstances e.g. unplanned admission to hospital, there is scope for the CCG to process a payment without precedent. It is however a practice responsibility to put in place sufficient contingency arrangements to ensure activity is submitted by the date specified.

If the CCG makes a payment to a practice under the LES and :

- a) The practice was not entitled to receive all or part thereof, whether because it did not meet the entitlement conditions for the payment **or because the payment was calculated incorrectly** (including where a payment on account overestimates the amount that is to fall due );or
- b) the CCG was entitled to withhold all or part of the payment because of a breach of a condition attached to the payment, but is unable to do so because the money is already been paid,

then the CCG is entitled to repayment of all or part of the money paid.

Any suspicions of fraud will be referred to the CCG's Counter Fraud Specialist for further investigation. It is important to recognise that claiming for procedures that do not fall within the service specification may constitute fraud and will be referred to the CCGs Counter Fraud Specialist for further investigation.

### **3.9 Audit – Compliance with the Scheme**

Practices will be selected at random for audit (and also if the GP for Primary Care identifies any potential irregularities). Practices selected for audit are required to work with the auditors to demonstrate to them that all parts of the scheme have been complied with.

### **3.10 Termination of agreement**

This service forms part of the basket of enhanced services of the Rotherham Quality Contract, and is therefore subject to the terms outlined in the Quality Contract.

Following the recent publication of the 'Investment and Evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan' the CCG acknowledges that further guidance may influence the future delivery of Local Enhanced Services.

All Local Enhanced Services will be subject to regular review in line with the development of Primary Care Networks (PCNs). Three months' notice will be given to Providers if services are to transfer to PCN delivery and/or payment.

The Practice and/or CCG may give three months written notice to terminate the service for reasons other than those outlined above.