

**2019 No. 20**

**THE NATIONAL HEALTH  
SERVICE (WALES) ACT 2006**

The Primary Medical Services  
(Hormone Treatment Scheme for  
Adult Transgender Patients)  
(Directed Enhanced Service)  
(Wales) Directions 2019

*Made* 20 August 2019

*Coming into force* 01 September 2019

The Welsh Ministers, in exercise of the powers conferred by sections 12(3), 45, 203(9) and (10) of the National Health Service (Wales) Act 2006<sup>(1)</sup>, and after consulting in accordance with section 45(4) of that Act with the bodies appearing to them to be representative of persons to whose remuneration these Directions relate, give the following Directions.

**Title, commencement and application**

**1.**—(1) The title of these Directions is the Primary Medical Services (Hormone Treatment Scheme for Adult Transgender Patients) (Directed Enhanced Service) (Wales) Directions 2019.

(2) These Directions come into force on 01 September 2019.

(3) These Directions are given to Local Health Boards.

**Interpretation**

**2.** In these Directions—

“the Act” (“*y Ddeddf*”) means the National Health Service (Wales) Act 2006;

“cluster” (“*clwstwr*”) has the same meaning as paragraph 3.4 of the Hormone Treatment Scheme for Adult Transgender Patients Specification(1);

“cluster lead practice” (“*practis arweiniol y clwstwr*”) means a GMS contractor that has agreed to provide this Directed Enhanced Service to its registered patients, and to the registered patients of a GMS contractor in its cluster that is not an engaged GMS contractor, and which the Local Health Board agrees will be a cluster lead practice;

“engaged GMS contractor” (“*contractiwr GMS â chytundeb*”) means a GMS contractor that agrees with a Local Health Board to provide this Directed Enhanced Service pursuant to an agreement made in accordance with paragraph 4(1);

“financial year” (“*blwyddyn ariannol*”) means the period from 1 April to 31 March in any year;

“general medical services contract” (“*contractau gwasanaethau meddygol cyffredinol*”) means a contract for general medical services between a GMS contractor and a Local Health Board made pursuant to section 42 of the Act;

“GMS contractor” (“*contractwr GMS*”) means a person with whom a Local Health Board is entering or has entered into a general medical services contract;

“health care professional” (“*gweithiwr gofal iechyd proffesiynol*”) means a person who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002(2);

“Hormone Treatment for Adult Patients Specification” (“*Manyleb Triniaethau Hormonau i Oedolion o Gleifion*”) means the Specification for Hormone Treatment for Adult Patients with Gender Dysphoria/Incongruence after Assessment and Optimisation of Treatment by the Welsh Gender Clinic and Local Intermediate Gender Team

[<http://www.wales.nhs.uk/sites3/page.cfm?orgid=480&pid=82636>];

“registered patient” (“*cleifion cofrestredig*”) has the meaning given to it in regulation 2(1) of the National Health Service (General Medical Services Contracts) (Wales) Regulations 2004(3);

“Statement of Financial Entitlements” (“*Datganiad ar Hawlogaeth Ariannol*”) means any

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- (1) The Hormone Treatment for Adult Transgender Patients Specification is available here <http://www.wales.nhs.uk/sites3/page.cfm?orgid=480&pid=82636>
- (2) 2002 c. 17.
- (3) S.I. 2004/478 (W. 48).

directions given by the Welsh Ministers pursuant to section 45 of the Act in relation to payments to be made by a Local Health Board to a GMS contractor.

### **Establishment of a Hormone Treatment Scheme for Adult Transgender Patients**

3.—(1) Each Local Health Board is required under section 41 of the Act (primary medical services) to exercise its functions so as to provide, or secure the provision of, primary medical services within its area.

(2) As part of its discharge of its functions under section 41 of the Act each Local Health Board must establish (if it has not already done so), operate and, as appropriate, revise a Hormone Treatment Scheme for Adult Transgender Patients.

(3) The underlying purpose of the Hormone Treatment Scheme for Adult Transgender Patients is to ensure appropriate support for adult patients (aged 18 and over) who require ongoing hormonal therapy after the local gender care team have—

- (a) initiated and optimised a patient's hormone treatment, and
- (b) completed the transfer of care document at Appendix D to the Hormone Treatment for Adult Patients Specification.

### **Hormone Treatment Scheme for Adult Transgender Patients**

4.—(1) As part of its Hormone Treatment Scheme for Adult Transgender Patients, each Local Health Board must offer to enter into arrangements for the provision of services in accordance with the Hormone Treatment for Adult Patients Specification with—

- (a) each GMS contractor, in relation to the registered patients of that GMS contractor; and 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 4(1)(a) above.

(2) 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 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) Where arrangements are made between a cluster lead practice and a Local Health Board in accordance with paragraph (1)(b), each engaged GMS contractor must co-operate<sup>(1)</sup> with the other engaged GMS contractors and the cluster lead practice in its cluster in order for the cluster lead practice to complete, by such date as the Local Health Board requires, a plan setting out the arrangement for the delivery of this Directed Enhanced Service to patients of the engaged 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.

(4) Where arrangements are made between the Local Health Board and a GMS contractor pursuant to paragraph (1), those arrangements must, in respect of each financial year (or part of a year) to which they relate, include—

- (a) a requirement that the GMS contractor—
  - (i) reads and takes account of these Directions alongside complying with the Hormone Treatment for Adult Patients Specification and its appendices which together provide the detailed requirements for this Directed Enhanced Service;
  - (ii) maintains and keeps up to date a register of all patients receiving treatment under this Directed Enhanced Service;
  - (iii) provides the services outlined in the Hormone Treatment for Adult Patients Specification and in line with the plan specified in paragraph (3) above;
  - (iv) provides data, subject to paragraph (v) below, to the cluster lead practice of a cluster (where applicable), Local Health Boards and Welsh Government when required to inform the design and development of services for adult patients with Gender Dysphoria / Incongruence;

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(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)).

- (v) ensures consistent coding for capture of data and compliance with relevant information governance legislation;
  - (vi) ensures that each healthcare professional undertaking this Directed Enhanced Service has the necessary skills, training, competence and experience in order to provide the services;
  - (vii) ensures each healthcare professional undertaking this Directed Enhanced Service completes relevant CPD activity through, for example, regular educational updates, attendance at relevant courses provided by the Local Health Boards, as well as self-directed learning, to be able to demonstrate they have adequate knowledge and skills through their annual appraisal and revalidation;
  - (viii) ensures that each healthcare professional undertaking this Directed Enhanced Service considers any offer of educational update courses provided by the Local Health Board;
  - (ix) ensures that each health care professional undertaking this Directed Enhanced Service is adequately indemnified / insured for any liability arising from the work performed;
  - (x) gives three months' notice in writing prior to terminating their provision of this Directed Enhanced Service;
  - (xi) supplies its Local Health Board with such information as the Local Health Board may reasonably request for the purposes of monitoring the engaged GMS contractor's performance of its obligations under this Directed Enhanced Service, and the cluster's performance in relation to the plan specified in paragraph (3) above;
  - (xii) completes an annual report of outcomes by 31 March each year in line with the proforma at Appendix B of the Hormone Treatment for Adult Patients Specification;
- (b) payment arrangements for an engaged GMS contractor, which must provide for it to be able to claim (whether acting just for itself or as a cluster lead practice)—
- (i) a one-off practice preparatory payment of £250 (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 cluster lead practice will deliver the DES);

- (ii) a payment of £100 per annum for each patient for whom the GMS contractor undertakes an annual review required by paragraph 12.1 of the Hormone Treatment for Adult Patients Specification (paid as a single payment after the review has taken place);
- (iii) a payment of £110 per annum for the administration, once every three months, of gonadorelins (to be paid in four instalments, quarterly in arrears);
- (iv) a payment of £110 per annum for the administration, once every 3 months, of testosterone injections (to be paid in four instalments, quarterly in arrears)

and after the payments are due, as above, and 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.

(5) The Local Health Board must, where necessary, vary the GMS contractor's general medical services contract so that the arrangements made pursuant to paragraph (1) comprise part of the GMS contractor's contract and the requirements of the arrangements are conditions of the contract.

(6) Any disputes arising as a result of provision of this Directed Enhanced Service will be dealt with in accordance with part 7 of Schedule 6 to the National Health Service (General Medical Services Contracts) (Wales) Regulations 2004(1).

(7) Where the Local Health Board delivers this Directed Enhanced Service pursuant to an arrangement in accordance with paragraph 4(2), the Local Health Board shall ensure that paragraphs 4(4) and 4(5) apply to such arrangements as they would to an engaged GMS contractor.



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(1) S.I. 2004/478 (W. 48).

Signed by Alex Slade, Acting Deputy Director,  
Primary Care Division under the authority of the  
Minister for Health and Social Services, one of the  
Welsh Ministers

Date: 20 August 2019