

WG 2024 No. 24

THE NATIONAL HEALTH SERVICE (WALES) ACT 2006

The Primary Medical Services (Hormone Treatment Scheme for Adult Transgender Patients) (Directed Supplementary Service) (Wales) Directions 2024

Made

12 June 2024

Coming into force

13 June 2024

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⁽¹⁾, 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 Supplementary Service) (Wales) Directions 2024.

(2) These Directions come into force on 13 June 2024.

(3) These Directions are given to Local Health Boards⁽²⁾.

Interpretation

2. In these Directions—

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

“cluster” (“*clwstwr*”) means 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;

“cluster lead practice” (“*practis arweiniol y clwstwr*”) means a GMS contractor that has agreed to provide this Directed Supplementary Services 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;

“directed supplementary service” (“*gwasanaeth atodol dan gyfarwyddyd*”) means a supplementary service that a Local Health Board has been directed to provide by the Welsh Ministers (formerly known as “directed enhanced service”);

“engaged GMS contractor” (“*contractiwr GMS â chytundeb*”) means a GMS contractor that agrees with a Local Health Board to provide this Directed Supplementary 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;

⁽¹⁾ 2006 c. 42.

⁽²⁾ Local Health Boards established pursuant to section 11 of the National Health Service (Wales) Act 2006.

“GMS contract” (“*contract GMC*”) means a general medical services contract under section 42 of the Act (general medical services contracts: introductory);

“GMS contractor” (“*contractwr GMS*”) means a person with whom a Local Health Board is entering or has entered into a GMS 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(1);

“NHS dispute resolution procedure” (“*gweithdrefn datrys anghydfodau'r GIG*”) means the procedure for resolution of disputes specified in paragraphs 106 and 107 of Schedule 3 of the National Health Service (General Medical Services Contracts) (Wales) Regulations 2023(2);

“The 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;

“registered patient” (“*claf cofrestredig*”) has the same meaning as in the National Health Service (General Medical Services Contracts) (Wales) Regulations 2023(3);

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

“supplementary services” (“*gwasanaethau atodol*”) are—

- (a) services other than unified services or out of hours services, or
- (b) unified services or an element of such a service that a contractor agrees under the contract to provide in accordance with specifications set out in a plan, which requires of the contractor an enhanced level of service provision compared to that which it must generally provide in relation to that unified service or element of service.

The Specification

3. In the Specification references to a Directed Enhanced Service or Services are to be read as if they are a reference to a Directed Supplementary Service or Services, as the case may be.

Establishment of a Hormone Treatment Scheme for Adult Transgender Patients

4. Each Local Health Board must, to the extent that it considers necessary to meet all reasonable requirements, exercise its functions under section 41 of the Act (primary medical services) of providing primary medical services within its area or securing the provision of such services in its area. As part of its discharge of those functions 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. The underlying purpose of which 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 Specification.

Hormone Treatment Scheme for Adult Transgender Patients

5.—(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 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 Supplementary Service to their registered patients pursuant to paragraph 4(1)(a) above.

(1) 2002 c. 17.

(2) S.I. 2023/953 (W. 155)

(3) S.I. 2023/953

(2) Where the patients of a GMS contractor will not receive the services outlined in this Directed Supplementary 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 are 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 Supplementary 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 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 Supplementary 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 Specification and its appendices which together provide the detailed requirements for this Directed Supplementary Service;
- (ii) maintains and keeps up to date a register of all patients receiving treatment under this Directed Supplementary Service;
- (iii) provides the services outlined in the 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;
- (v) ensures consistent coding for capture of data and compliance with relevant information governance legislation;
- (vi) ensures that each healthcare professional undertaking this Directed Supplementary Service has the necessary skills, training, competence and experience in order to provide the services;
- (vii) ensures each healthcare professional undertaking this Directed Supplementary 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 Supplementary Service considers any offer of educational update courses provided by the Local Health Board;
- (ix) ensures that each health care professional undertaking this Directed Supplementary 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 Supplementary 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 Supplementary 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 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 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 GMS 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 will be dealt with as follows: Local Health Boards and GMS contractors should make every effort to resolve disputes locally before formally submitting it through the NHS dispute resolution procedure.

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

Revocation and transitional provision

6. The Primary Medical Services (Hormone Treatment Scheme for Adult Transgender Patients) (Directed Enhanced Service) (Wales) Directions 2019(1) are revoked.

7. Any act or omission concerning a directed enhanced service to which the Primary Medical Services (Hormone Treatment Scheme for Adult Transgender Patients) (Directed Enhanced Service) (Wales) Directions 2019 applied immediately before the commencement date of this direction is to be treated as an act or omission concerning a directed supplementary service to which these directions apply.

Signed by Paul Casey, Deputy Director of Primary Care under the authority of the Minister for Health and Social Services, one of the Welsh Ministers



Date: 12 June 2024