Service	NHS Nottingham & Nottinghamshire Prescribing and Monitoring of Hormone Treatments for Adults with Gender Dysphoria / Transgender Adults Local Enhanced Services (LES)
Commissioner Lead	
Provider Lead	GP Practices of NHS Nottingham and Nottinghamshire Integrated Care Board
Period	1 April 2026 to 31 March 2027
Date of Review	Annually

1. Population Needs

The term used to describe a discrepancy between birth-assigned sex and gender identity is gender incongruence. Gender incongruence is frequently, but not universally, accompanied by the symptom of gender dysphoria. The current version of the International Statistical Classification of Diseases and Related Health Problems identifies 'transsexualism' (ICD 10 code F64) as "a disorder characterized by a strong and persistent cross-gender identification (such as stating a desire to be the other sex or frequently passing as the other sex) coupled with persistent discomfort with his or her sex (manifested in adults, for example, as a preoccupation with altering primary and secondary sex characteristics through hormonal manipulation or surgery)".

The Gender Identity Research and Education Society suggest that about 1% of the population may experience some degree of gender incongruence.

NHS England is the responsible commissioner for the specialised element of the gender dysphoria pathway, which in England is delivered through seven specialist Gender Identity Clinics (GICs), including the Nottingham Centre for Transgender Health run by Nottinghamshire Healthcare NHS Trust.

The GICs are commissioned to undertake a specialist assessment, deliver non-surgical care packages and certain surgical interventions and immediate associated after care, they are not commissioned by NHS England to prescribe hormone treatment.

NHS England Specialist Services Circular SSC1620 (April 2016) describes Primary Care Responsibilities in Prescribing and Monitoring Hormone Therapy for Transgender and Non-Binary Adults.

The purpose of this Locally Commissioned Service is to secure appropriate, practice based, prescribing and monitoring of hormone therapy for Transgender and Non-binary adults registered with a GP in Nottingham and Nottinghamshire in line with national and local guidance.

All patients registered with a GP practice in Nottingham and Nottinghamshire must have access to this service.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	
Domain 2	Enhancing quality of life for people with long-term conditions	x

Domain 3	Helping people to recover from episodes of ill-health or following injury	
Domain 4	Ensuring people have a positive experience of care	x
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	x

2.2 Local Defined Outcomes

- Provide a local point of contact, which is accessible, timely and promotes continuity of care.
- Minimise requirements for patients to travel to services which supports a greener and more sustainable NHS.
- Patients receive care in familiar surroundings.
- Effective and efficient use of financial resources.
- Patients being jointly managed by secondary and primary care in accordance with the Collaborative Care Agreement, so they can be treated in the community with the support from the specialist as required.

3. Scope

3.1 Aims and Objectives of Service

Aims

The aim of this Service is to ensure all patients registered with a Nottingham and Nottinghamshire General Practice have access to safe and effective prescribing and monitoring of hormone treatment for gender dysphoria and / or incongruence by the prescribing and monitoring hormone treatment in the community via patients local registered GP practice and under the advice of an NHS GIC.

Objectives

- To extend the range of services available within primary care, ensuring a seamless transition for patients from secondary to primary care.
- To deliver reduced waits and a responsive service with fewer hospital appointments for patients.
- Accommodate the working population and deliver a variety of clinic times freeing up resources and capacity in the acute setting allowing them to deal with more complex cases.

3.2 Service Description / Care Pathway

This service is designed to cover the enhanced aspects of clinical care of the patient all of which are beyond the scope of essential services. No part of this specification by commission, omission or implication defines or redefines essential or additional services.

This service applies to patients who are actively under the care of an NHS GIC.

The Service delivered under this Specification will be in line with locally agreed prescribing guidelines and will cover the prescribing and monitoring of:

For Transmen, prescribing of hormone treatments should be in line with APC masculinising hormone guidance:

- Testosterone (IM or transdermal)
- GnRH analogues as per formulary

For Transwomen, prescribing of hormone treatments should be in line with APC feminising hormone guidance:

- Estradiol (oral or transdermal)
- GnRH analogues as per formulary

Collaborative Care Agreement

The Collaborative Care Agreement sets out the responsibilities of the NHS GIC and GP practices in the delivery of a high quality service to patients.

Referral Criteria for this Service

- Patients under the active management of an NHS GIC.
- Patients registered with a GP practice in Nottingham and Nottinghamshire that has signed up to this enhanced service.

The GIC will contact the registered GP practice to ask if the GP is willing to participate in collaborative care prior to initiating therapy so that follow on prescribing arrangements can be made.

The GIC is responsible for talking through the patient's roles and responsibilities as part of their discussion on whether to start therapy and that the patient / carer agree to undertake the monitoring requirements.

Patient Register

- The Provider must create and maintain a register of patients.
- The Provider must have in place a robust process to ensure all aspects of monitoring in line with the Collaborative Care Agreement are completed and within the timescales set for all patients on the register. Where monitoring has not been completed, the reason must be documented.
- The register must provide the data required for monitoring purposes to support the practice in claiming.
- There must be a robust, systematic call & recall system in place to ensure monitoring and reviews occur as per the guidance from the GIC.
- The Provider should have mechanisms in place to manage non-attendees of monitoring appointments.
- Implement a process that ensures patients are informed of their test results.
- Implement a system that ensures patients who do not attend are contacted at least three times by different means. If the patient does not wish to attend, the reason must be documented.

Individual Management Plan

The Provider must ensure that each patient has an individual management plan created in conjunction with the GIC and the patient, and includes the reason for the treatment, planned duration and monitoring timetable (including therapeutic range if possible).

3.3 Population Covered

The service will be available to patients registered with a Nottingham or Nottinghamshire GP practice

3.4 Any Acceptance and Exclusion Criteria and Thresholds

Acceptance Criteria

- Any adult patient (18 years old or over) registered with the Provider for general medical services who has been assessed and is under the active management of an NHS GIC.

Exclusion Criteria

- Patients where the drug is classified as Red under the Nottinghamshire Traffic Light Classification for the condition being treated and /or no Nottinghamshire APC SCP is in place.
- Children and young people up to the age of 18 years.
- Patients over 18 years old but not under the active management of an NHS GIC.
- Patients that are registered with a provider that has not agreed to deliver the service.
- The patient's wellbeing would not benefit from care under the Collaborative Care Agreement as determined by the NHS GIC.
- Patients who consistently fail to attend for monitoring and therefore not compliant with the monitoring requirements, and the GP has determined the patient care may suffer as a result.

3.5 Interdependence with Other Services / Providers

Establish key working relationships and interdependencies with:

- NHS GICs

4. Applicable Service Standards

4.1 Applicable National Standards (e.g. NICE)

Primary Care Responsibilities in Prescribing and Monitoring Hormone Therapy for Transgender and Non-Binary Adults (updated 2016) SSC1620_GD-Prescribing.pdf (shsc.nhs.uk)

NHS England » Service specification: Gender Identity Services for Adults (Non-Surgical Interventions)

Adult trans care pathway: what CQC expects from GP practices - Care Quality Commission

4.2 Applicable Standards Set Out in Guidance and/or Issued by a Competent Body (e.g. Royal Colleges)

Trans healthcare - ethical topic - GMC (gmc-uk.org)

Standards of Care - WPATH World Professional Association for Transgender Health

4.3 Applicable Local Standards

Nottinghamshire Area Prescribing Committee Collaborative Care Protocol Hormone treatment for transgender adults. Which:

- Defines the responsibilities of the specialist (Transgender Health Clinic) and the patient's primary care prescriber.
- Provides an information summary on the prescribing and monitoring of feminising and masculinising hormone treatments for transgender people aged 18 years and over. See Nottinghamshire APC prescribing guidelines for feminising hormone treatment and masculinising hormone treatment.

The provider must ensure that they are aware of, compliant with, and can provide evidence if required to demonstrate compliance with all local policies, procedures and guidance. CQC registration is completed, and the Regulations for Service Providers and Managers met (https://www.cqc.org.uk/guidance-providers/regulations). Staff involved in delivering this service should be adequately trained and supervised as determined by the provider and must have suitable indemnity.

Serious Incidents (SI's) and Patient Safety Incidents (PSI's)

It is a condition of participation in this service that providers will report all incidents where a patient has experienced harm to the ICB, in line with the Patient Safety Incident Response Framework (PSIRF). Providers and commissioners must engage in open and honest discussions to agree the appropriate

and proportionate response. If deemed to be a Serious Incident the incident will be logged by the ICB on the current serious incident management system STEIS (the Strategic Executive Information System) or any other data base as directed by national guidance.

Safety Alerts

Providers must ensure that they are aware of and have a process in place for managing any safety alerts from the following sources that apply to any equipment or patient safety concerns associated with this enhanced service and that these are acted upon:

- Medicines and Healthcare products Regulatory Agency (MHRA) http://www.mhra.gov.uk/#page=DynamicListMedicines
- Local or national clinical guidance
- National and local formularies

Where requested details of action taken must be reported back to the ICB within the designated timescale.

4.3.1 Infection Prevention and Control

Good infection prevention and prudent antimicrobial use are essential to ensure that people who use health and social care services receive safe and effective care. Effective prevention of infection must be part of everyday practice and be applied consistently by everyone (The Health Act 2008) Registered providers should meet the requirements of The Health and Social Care Act 2008. The provider should:

- Have systems in place to manage and monitor the prevention of infection, including regular audit and training. Infection prevention and control training for all staff every 2 years and hand hygiene yearly for all clinicians.
- Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections and meets national estates guidance and local IPC guidance.
- Ensure appropriate antimicrobial use to optimize patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.
- Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/medical care in a timely manner.
- Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to others.
- Systems to ensure that all care workers are aware of and discharge their responsibilities in the process of preventing and controlling infection.
- Provide adequate isolation facilities.
- Secure adequate access to laboratory support.
- Have and adhere to infection prevention and control policies that are based on national and local guidance.
- Have a system in place to manage the occupational health needs and obligations of staff in relation to infection and vaccination.
- Have robust systems and processes in place to manage pandemics at a practice level including the management and reporting of staff outbreaks.

Safeguarding

All staff working in this service area will be trained and competent in safeguarding children and adults as outlined in the Intercollegiate Guidance:

Children: https://www.rcpch.ac.uk/resources/safeguarding-children-young-people-roles-competencies

Adults: https://www.rcn.org.uk/Professional-Development/publications/adult-safeguarding-roles-and-competencies-for-health-care-staff-uk-pub-007-069

Looked After children: Looked After Children: Roles and Competencies of Healthcare Staff | Royal College of Nursing (rcn.org.uk)

All staff will comply with Nottingham and Nottinghamshire safeguarding children and adult procedures which can be accessed via these links:

Safeguarding Children Procedures City & County: https://nottinghamshirescb.proceduresonline.com/
Safeguarding Adult Procedures Nottinghamshire: https://nsab.nottinghamshire.gov.uk/procedures/
Safeguarding Adult Procedures Nottingham City: https://www.nottinghamcity.gov.uk/information-for-residents/health-and-social-care/adult-social-care/adult-safeguarding

On the request of the commissioner, the provider will provide evidence to give assurance of compliance with safeguarding standards.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable quality requirements (See Schedule 4 Parts A-D)

The provider will be expected to complete a declaration and self–assessment form on an annual basis as part of the performance management framework.

5.2 Applicable CQUIN goals (See Schedule 4 Part E)

To be agreed by commissioner.

6. Location of Provider Premises

The Provider's Premises are Located at

The Service will be provided within the boundaries of Nottingham & Nottinghamshire ICB. Providers must have adequate mechanisms and facilities including premises and equipment as are necessary to enable the proper provision of this service.

Location(s) of Service Delivery

The Provider is required to carry out the service within a recognised primary care setting registered for the purpose of healthcare.

Days/Hours of Operation

As a minimum the service will operate Monday to Friday 8am to 6.30pm, GP core contract opening hours. The service will be expected to provide a variety of clinic times providing choice for the patient and will vary from provider to provider.

7. Contract

The contract will run from 1st April 2026 to 31st March 2027.

The notice period is three months for termination under General Condition 17.2 in writing to the Primary Care Commissioning Team nnicb-nn.primarycarenotts@nhs.net

3.6 Remuneration and Outcome Measures

Providers will receive a payment of £XX per patient on the practice register per quarter.

Providers should claim only once per patient per quarter irrespective of the number of patient contacts in that quarter.

If a patient is discharged from the NHS GIC, under the terms of this service the provider can claim for the quarter within which the patient is discharged but then further no claims should be made unless and until the patient is receiving care from an NHS GIC.

Payment

Payments are made quarterly in arrears, based on receipt of completed LES Claim Form. The price includes all consumables.

All Providers will be required to complete an Annual Audit for Gender Dysphoria Drug Administration (Appendix 1) and submit with their Q4 LES Claim Form within the deadline set (30 April) to release any Q4 payment due.

Quarterly LES Claim Form Submission Deadlines

Completed claim forms to be submitted by the deadline date to the Primary Care Commissioning Team nnicb-nn.primarycarenotts@nhs.net

- Q1 deadline 31 July
- Q2 deadline 31 October
- Q3 deadline 31 January
- Q4 deadline 30 April

LES Claim Forms will not be accepted after the deadline date (except in exceptional circumstances) which will lead to loss of practice income.

Practices are reminded that records relating to the completion and submission of the claim, including confirmation of date & time of submission, are kept within the practice to support the claim. These records may be examined by the ICB for verification purposes as part of an annual review or at any other notified time.

Required for all Patients

- Practice can produce and maintain a register of all patients being monitored under this service which identifies the data required for monitoring purposes.
- Name of GP Lead(s) responsible for care co-ordination.
- Assurance that the practice accessed training prior to offering the service and that competencies are maintained.
- Run a 3 monthly audit to ensure patients are seen as per the agreed guidelines for each pathway.

GP mythbuster 12: Accessing medical records and carrying out clinical searches - Care Quality Commission (cqc.org.uk)

Patient Register

To aid with the maintenance of the practice register the Nottingham Centre for Transgender Health will provide the number of patients registered with individual GP practices under their active management to the ICB, on a monthly basis, which can then be shared with GP practices.

Providers will be Required to

- Comply with requests from Nottingham & Nottinghamshire ICB to provide information as it may reasonably request for the purposes of monitoring the providers' performance of its obligations under this service
- Participate in an audit relating to this service as requested by Nottingham & Nottinghamshire ICB

Appendix 1

Hormone Treatment for Gender Dysphoria Administration Annual Audit

Please submit completed form to nnicb-nn.primarycarenotts@nhs.net with your Q4 LES Claim Form to release Q4 payment: Deadline 30 April.

Practice Name		**Practice Code:**	
Name*:*		**Date:**	
Designation:			

The Practice is aware of and accepts / would accept requests for prescribing and monitoring of patients in line with the Collaborative Care Agreement?	**Yes / No**

Criteria One: Collaborative Care Agreement	Yes / No	Details
Can the Provider access the relevant and most up to date versions of the Collaborative Care Agreement and prescribing guidelines?		
Can all the primary care monitoring requirements as set out in the Collaborative Care Agreement and prescribing guidelines be addressed by the practice?		
Can the primary care prescriber responsibilities outlined in the Collaborative Care Agreement be fulfilled by the practice?		
Have there been any complaints or concerns received from an NHS GIC?		
Have there been any issues accessing support and advice from an NHS GIC?		
Criteria Two: Patient Register	Yes / No	Details
Is there a patient register in place?		
Is all information relating to significant episodes e.g. hospital admissions, recorded within the patient record?		
Is there a robust and systematic call & recall system in place?		
Is there a mechanism in place to deal with DNA's?		
Is there a robust system in place for flagging abnormal results?		
Criteria Three: Professional Links and Training	Yes / No	Details
Have all staff (clinical & non-clinical) undergone necessary training to deliver the local enhanced service?		
Criteria Four: Patient Experience	Yes / No	Details
How many complaints have been received in the last year for this service?		