

2007 No. 53

NATIONAL HEALTH SERVICE (WALES) ACT 2006

The Primary Medical Services (Directed Enhanced Services) (Wales) Directions 2007

Made - - - - 11th December 2007

Coming into force - - 12th December 2007

The Welsh Ministers, in exercise of the powers conferred by sections 12(3) and 203(9) and (10) of the National Health Service (Wales) Act 2006⁽¹⁾ hereby give the following Directions:

Title, commencement and application

1.—(1) The title of these Directions is the Primary Medical Services (Directed Enhanced Services) (Wales) Directions 2007.

- (2) These Directions come into force on 12th December 2007.
- (3) Direction 4 of these Directions will cease to have effect on 1 April 2008.
- (4) These Directions are given to Local Health Boards in Wales.

Interpretation

2. In these Directions

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

“general practitioner” means a medical practitioner whose name is included in a medical performers list prepared by a Local Health Board under regulation 3 of the National Health Service (Performers List) (Wales) Regulations 2004⁽²⁾;

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

“health care professional” 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⁽³⁾;

“PMS contractor” means a person with whom a Local Health Board is entering into or has entered into arrangements in accordance with section 50 of the Act which require the provision by that person of primary medical services;

“primary medical services contract” means—

- (a) a general medical services contract; or
- (b) contractual arrangements for the provision of primary medical services under section 41(2)(b) of the Act (primary medical services);

“primary medical services contractor” means—

- (a) a GMS or PMS contractor, or

(1) 2006 c.42.
(2) S.I.2004/1020 (W.117).
(3) 2002 c.17.

- (b) a person with whom a Local Health Board is making or has made contractual arrangements for the provision of primary medical services under section 41(2)(b) of the Act (primary medical services); and

“Statement of Financial Entitlements” means any directions given by the Welsh Ministers under section 45 of the Act (GMS contracts: payments).

Establishment etc. of directed enhanced services schemes

3.—(1) Each Local Health Board must 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 within its area, by (as part of its discharge of those functions) establishing (if it has not already done so), operating and, as appropriate, revising the following schemes for its area—

- (b) a Childhood Immunisation Scheme, the underlying purpose of which is to ensure that patients in its area—
 - (i) who have passed their second birthday but not yet their third are able to benefit from the recommended (i.e. nationally and by the World Health Organisation) immunisation courses for protection against—
 - (aa) diphtheria, tetanus, poliomyelitis, pertussis and Haemophilus influenza type B, and
 - (bb) measles/mumps/rubella, or
 - (ii) who have passed their fifth birthday but not yet their sixth are able to benefit from the recommended reinforcing doses (i.e. those that have been recommended nationally and by the World Health Organisation) for protection against diphtheria, tetanus, pertussis and poliomyelitis;
- (d) a Violent Patients Scheme, the underlying purpose of which is to ensure that there are sufficient arrangements in place to provide primary medical services to patients that have been subject to immediate removal from a patient list of a primary medical services contractor in its area because of an act or threat of violence;
- (e) a Minor Surgery Scheme, the underlying purpose of which is to ensure that a wide range of minor surgical procedures are made available as part of the primary medical services provided within the Local Health Board’s area;
- (g) a Learning Disabilities Scheme, the underlying purpose of which is to deliver a health check to patients with learning disabilities to improve the quality of care provided through general medical services with the objective of the enhancement of the quality of life and the independence of those patients.

(2) Before entering into any arrangements with a primary medical services contractor, as part of one of the Schemes mentioned in this Direction, a Local Health Board must satisfy itself that the contractor with which it is proposing to enter into those arrangements—

- (a) is capable of meeting its obligations under the plan setting out those arrangements; and
- (b) in particular, has the necessary facilities, equipment and properly trained and qualified general practitioners, health care professionals and staff to carry out those obligations,

and nothing in these Directions will be taken as requiring a Local Health Board to enter into such arrangements with a contractor if it has not been able to satisfy itself in this way about the contractor.

Childhood Immunisation Scheme Plans

5.—(1) As part of its Childhood Immunisation Scheme, each Local Health Board must, each financial year, offer to enter into arrangements with each GMS contractor (contractor) in its area, unless—

- (a) it already has such arrangements with the contractor in respect of that financial year; or

- (b) the contractor is not providing the childhood immunisations and pre-school boosters additional service under its general medical services contract,

thereby affording the contractor a reasonable opportunity to participate in the Scheme during that financial year.

(2) The plan setting out the arrangements that a Local Health Board enters into, or has entered into, with any primary medical services contractor (contractor) as part of its Childhood Immunisation Scheme must, in respect of each financial year to which the plan relates, include—

- (a) a requirement that the contractor—
 - (i) develops and maintains a register (its “Childhood Immunisation Scheme Register” which may comprise electronically tagged entries in a wider computer database) of all the children for whom the contractor has a contractual duty to provide childhood immunisation and pre-school booster services (who may have already been immunised, by the contractor, or otherwise, or to whom the contractor has offered or needs to offer immunisations);
 - (ii) undertakes to offer the recommended immunisations referred to in direction 3(1)(b) to the children on its Childhood Immunisation Scheme Register (with the aim of maximising uptake in the interests of patients, both individually and collectively), and
 - (iii) undertakes to record the information that it has in its Childhood Immunisation Scheme Register using any applicable National Read codes;
- (b) a requirement that the contractor—
 - (i) develops a strategy for liaising with and informing parents or guardians of children on its Childhood Immunisation Scheme Register about its immunisation programme with the aim of improving uptake, and
 - (ii) provides information on request to those parents or guardians about immunisation;
- (c) a requirement that the contractor takes all reasonable steps to ensure that the lifelong medical records held by a child’s general practitioner are kept up-to-date with regard to the child’s immunisation status, and in particular include—
 - (i) any refusal of an offer of vaccination,
 - (ii) where the offer of vaccination was accepted—
 - (aa) details of the consent to the vaccination or immunisation (where a person has consented on a child’s behalf, that person’s relationship to the child must also be recorded),
 - (bb) the batch number, expiry date and title of the vaccine,
 - (cc) the date of administration of the vaccine,
 - (dd) where two vaccines are administered in close succession, the route of administration and any injection site of each vaccine,
 - (ee) any contraindications to the vaccination or immunisation,
 - (ff) any adverse reactions to the vaccination or immunisation;
- (d) a requirement that the contractor ensures that any health care professional who is involved in administering a vaccine has—
 - (i) any necessary experience, skills and training with regard to the administration of the vaccine, and
 - (ii) training with regard to the recognition and initial treatment of anaphylaxis;
- (e) a requirement that the contractor ensures that—
 - (i) all vaccines are stored in accordance with the manufacturer’s instructions, and
 - (ii) all refrigerators in which vaccines are stored have a maximum/minimum thermometer and that readings are taken from that thermometer on all working days;

- (f) a requirement that the contractor supply its Local Health Board with such information as it may reasonably request for the purpose of monitoring the contractor's performance of its obligations under the plan;
- (g) arrangements for an annual review of the plan, which shall include—
 - (i) an audit of the rates of immunisation, which must also cover any changes to the rates of immunisation, and
 - (ii) an analysis of the possible reasons for any changes to the rates of immunisation; and
- (h) in the case of contractors that are not GMS contractors, the payment arrangements for the contractor, which must comprise of target payments to the contractor where the contractor—
 - (i) meets its obligations under the plan, and
 - (ii) meets, in respect of the children on the contractor's Childhood Immunisation Scheme Register, immunisation levels designed to ensure adequate protection, both for individual patients and for the public, against the infectious diseases against which immunisation is being offered (and the Local Health Board must take no account of exception reporting in its calculations of target payments),
 and in determining the appropriate level of those target payments, the Local Health Board must have regard to the target payments and the targets rewarded under section 8 of the Statement of Financial Entitlements,

and the Local Health Board must, where necessary, vary the primary medical services contractor's primary medical services contract so that the plan comprises part of the contractor's contract and the requirements of the plan are conditions of the contract.

Violent Patient Scheme consultation and plans

7.—(1) Each Local Health Board must consult the local medical committee (if any) for its area about any proposals it has to establish or revise a Violent Patients Scheme.

(2) As part of its Violent Patients Scheme, each Local Health Board may enter into arrangements with any primary medical services contractor, but where it does so, the plan setting out those arrangements must provide, in respect of each financial year to which the plan relates, for the payment arrangements for the contractor agreeing and meeting its obligations under the plan.

Minor Surgery Scheme plans

8. As part of its Minor Surgery Scheme, each Local Health Board may enter into arrangements with any primary medical services contractor (contractor), but where it does so, the plan setting out the arrangements that a Local Health Board enters into, or has entered into, with the primary medical services contractor must, in respect of each financial year to which the plan relates, include—

- (a) which minor surgical procedures are to be undertaken by the contractor and for which patients, and for these purposes, the minor surgical procedures that may be undertaken are any minor surgical procedures that the Local Health Board considers the contractor competent to provide, which may include—
 - (i) injections for muscles, tendons and joints,
 - (ii) invasive procedures, including incisions and excisions⁽¹⁾, and
 - (iii) injections of varicose veins and haemorrhoids;
- (b) a requirement that the contractor takes all reasonable steps to provide suitable information to patients in respect of whom they are contracted to provide minor surgical procedures about those procedures;

(1) "excisions" for the purposes of these Directions is defined in the revised DES specification for minor surgery 2007/08.

- (c) a requirement that the contractor—
 - (i) obtains written consent to the surgical procedure before it is carried out (where a person consents on a patient’s behalf, that person’s relationship to the patient must be recorded on the consent form), and
 - (ii) takes all reasonable steps to ensure that the consent form is included in the lifelong medical records held by the patient’s general practitioner,
- (d) takes all reasonable steps to ensure that all tissue removed by surgical procedures is sent for histological examination, unless there are acceptable reasons for not doing so;
- (e) a requirement that the contractor ensures that any health care professional who is involved in performing or assisting in any surgical procedure has—
 - (i) any necessary experiences, skills and training with regard to that procedure; and
 - (ii) resuscitation skills;
- (f) a requirement that the contractor ensures that it has appropriate arrangements for infection control and decontamination in premises where surgical procedures are undertaken, and for these purposes, the Local Health Board may stipulate—
 - (i) the use of sterile packs, disposable sterile instruments, or approved sterilisation procedures,
 - (ii) the use of particular infection control policies in relation to, for example, the handling of used instruments and excised specimens, and the disposal of clinical waste;
- (g) a requirement that the contractor ensures that all records relating to surgical procedures are maintained in such a way—
 - (i) that aggregated data and details of individual patients are readily accessible for lawful purposes, and
 - (ii) as to facilitate regular audit and peer review by the contractor of the performance of surgical procedures under the plan;
- (h) a requirement that the contractor supplies its Local Health Board with such information as it may reasonably request for the purposes of monitoring the contractor’s performance of its obligations under the plan; and
- (i) the payment arrangements for the contractor, and

the Local Health Board must, where necessary, vary the primary medical services contractor’s primary medical services contract so that the plan comprises part of the contractor’s contract and the requirements of the plan are conditions of the contract.

Learning Disabilities Scheme

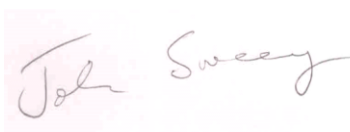
10.—(j) As part of its Learning Disabilities Scheme each Local Health Board must each financial year offer to enter into arrangements with each GMS contractor (contractor) in its area (unless it already has such arrangements with the contractor in respect of that financial year), thereby affording the contractor reasonable opportunity to participate in the Scheme during that financial year.

(2) The plan setting out the arrangements that a Local Health Board enters into, or has entered into with a contractor as part of its Learning Disabilities Scheme must include—

- (a) a requirement that the contractor develops and maintains a register (its “Learning Disabilities Scheme Register”, which may comprise electronically tagged entries in a wider computer database) of those patients for whom the contractor has a contractual duty to provide primary medical services who have been notified to the contract as being on the register of persons who have learning difficulties that is maintained by the social services department of the relevant Local Authority;

- (b) a requirement that the contractor develops a robust recall system for patients on its Learning and Disabilities Scheme Register;
- (c) a requirement that the contractor provide each patient on its Learning Disabilities Scheme Register with an annual health check (which must be based on the Welsh Health Check⁽¹⁾);
- (d) a requirement that the contractor integrates a report of the health check as part of the patient's lifelong medical records;
- (e) a requirement that, where appropriate, the contractor seeks to involve the patient's carers and support workers in the provision of care for the patient by informing them of the patient's health care needs and offering them support, if necessary;
- (f) a requirement that the contractor liaises with relevant local support services with a view to providing seamless care for the patient and, where appropriate, inform patients and their carers and support workers of the existence of both local and national voluntary support groups;
- (g) a requirement that the contractor conducts an annual review which will include—
 - (i) a review of the needs identified following completion of the health check and the outcome of the actions for the contractor that were identified in order to meet these needs; and
 - (ii) a report on the feedback from patients and carers should be included in the patient's lifelong medical records;
- (h) any agreed arrangements for the collection of data to enable the Local Health Board to form an opinion on whether the contractor has fulfilled its obligations under the plan; and
- (i) payment arrangements for the contractor, which must provide that—
 - (i) contractors will be able to claim £103.92 per patient, such payment will be authorised by the Local Health Board where—
 - (aa) the contractor meets its obligations under the plan, and
 - (bb) upon the contractor making an application for payment to the Local Health Board in which it confirms that a report has been completed and a copy sent to the patient and, where appropriate, the patient's carer, and
 - (ii) such payment will be payable on the first date after the payment is authorised on which one of the contractor's payable Global Sum monthly payments falls due, and

the Local Health Board must, where necessary, vary the contractor's primary medical services contract so that the contractor's obligations under the plan comprise part of the contractor's contract and the requirements of the plan are conditions of the contract.



Signed by John Sweeney, Director of Community Primary Care and Health Services Policy
 Directorate under the authority of the Minister for Health and Social Services, one of the Welsh Ministers

Date 11th December 2007

(1) The Welsh Health Check is on the GMS website at <http://howis.wales.nhs.uk/sites3/page.cfm?orgid=480&pid=8033>