2009 NO. 20

THE NATIONAL HEALTH SERVICE (WALES) ACT 2006

The Primary Medical Services (Directed Enhanced Services) (Wales) (No. 2) Directions 2009

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

Title, commencement and application

1.—(1) The title of these Directions is the Primary Medical Services (Directed Enhanced Services) (Wales) (No.2) Directions 2009.

(2) These Directions come into force on 22 May 2009.

(3) These Directions are given to Local Health Boards and apply in relation to Wales.

Interpretation

2. In these Directions—

"the Act" means the National Health Service (Wales) Act 2006;

"asylum seeker" means a person who has made a formal application for asylum to the Home Office for recognition as a refugee under the 1951 UN convention and its 1967 Protocol relating to the status of Refugees;

"bank holiday" has the same meaning as in the National Health Service (General Medical Services Contracts) (Wales) Regulations 2004(**2**);

"clinical session" means a fixed period of time made available for clinical consultations with patients and where, the health care professional who is available for such clinical consultations is a general practitioner or nurse;

"core hours" has the same meaning as in the National Health Service (General Medical Services Contracts) (Wales) Regulations 2004;

"CRP" means the Contractor Registered Population as defined in the Statement of Financial Entitlements;

"financial year" means the twelve months ending with 31 March;

"general medical services contract" means a contract for general medical services between a GMS contractor and a Local Health Board made pursuant to section 42 of the Act;

(**1**) 2006 c.42.
(**2**) S.I. 2004/478 as amended.

"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 Lists) (Wales) Regulations 2004(**1**);

"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(**2**);

"homeless patient" means a patient who lacks accommodation or whose tenure is not secure;

"nurse" means a nurse registered in the register of nurses established under the Nursing and Midwifery Order 2001(**3**);

"out of hours services" has the same meaning as in the National Health Service (General Medical Services Contracts) (Wales) Regulations 2004;

"refugee" means a person who has applied for asylum and has by law been granted refugee status or someone who has arrived in the country through a government initiative;

"registered patient" has the same meaning as in the National Health Service (General Medical Services Contracts) (Wales) Regulations 2004;

"schemes" means the enhanced services schemes listed in direction 3(2) (a) –(e);

"Statement of Financial Entitlements" means any directions given by the Welsh Ministers under section 45 of the Act (GMS contracts: payments); and

"working day" has the same meaning as in the National Health Service (General Medical Services Contracts) (Wales) Regulations 2004.

Establishment etc. of directed enhanced services schemes

3.—(1) Each Local Health Board may offer to each GMS contractor such of the schemes (if any) in paragraph (2) the Local Health Board deems appropriate.

(2) The schemes are —

(a) an Extended Hours Access Scheme, the underlying purpose of which is to enable patients to consult a general practitioner or nurse, face to face, at times other than during the core hours specified in the GMS contractor's general medical services contract, as agreed with the Local Health Board;

(b) an Asylum Seeker and Refugee Scheme, the underlying purpose of which is to address the specific healthcare needs of asylum seekers and refugees;

(c) a Homeless Scheme, the underlying purposes of which is to ensure that the specific healthcare needs of homeless people are met and that homeless people are provided with access to general medical services provided within the Local Health Board's area and referral to other services;

(e) Diabetes Care Scheme, the underlying purpose of which is to enable the delivery of a more comprehensive and structured package of care to patients with diabetes made available as part of the general medical services provided within the Local Health Board's area so that only patients of high risk or with complicated diabetes require hospital attendance.

(3) Before entering into any arrangements with a GMS contractor as part of one of the schemes a Local Health Board must satisfy itself that the GMS contractor with which it is proposing to enter into those arrangements—

(**1**) S.I. 2004/1020 (W.117) as amended.
(**2**) 2002 c.17.
(**3**) S.I 2002/253.

(a) is capable of meeting its obligations under those arrangements including under any plan agreed under 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 is to be taken as requiring a Local Health Board to enter into such arrangements with a GMS contractor if it has not been able to satisfy itself in this way about the GMS contractor.

Extended Hours Access Scheme

4.—(1) Each Local Health Board may offer to GMS contractors in its area for which it holds a list of registered patients, the opportunity to enter into an Extended Hours Access Scheme.

(2) The plan setting out the arrangements that a Local Health Board enters into with a GMS contractor for an Extended Hours Access Scheme must be in writing and must in respect of each financial year to which the plan relates include—

(a) a written obligation by the GMS contractor to implement the agreed arrangements in so far as they place obligations upon it;

(b) details of the arrangements the GMS contractor proposes to make in order to enable patients to consult a general practitioner or nurse, face to face, at times other than during the core hours specified in the contractor's general medical services contract; and those arrangements must comply with the following provisions—

(i) the arrangements must include the provision of a clinical session or sessions, provided by a general practitioner or nurse, on a regular basis each week from the GMS contractor's practice premises which are held at times other than during the core hours specified in the GMS contractor's general medical services contract,

(ii) any clinical session or sessions provided must be in addition to the GMS contractor's normal provision of clinical sessions during core hours,

(iii) the additional period of the clinical session or sessions provided must, as a minimum, equate to a period of time calculated as follows—

(aa) first, divide the GMS contractor's CRP at the time the arrangements are agreed by 1000,

(bb) then, multiply the figure obtained from the calculation made under sub-paragraph (aa) by 20, and

(cc) then, convert the figure obtained from the calculation made under sub-paragraph (bb) into hours and minutes, rounded to the nearest ten minutes (as determined by the Local Health Board),

(iv) the arrangements must include an additional 20 minutes of clinical sessions per 1000 patients per week for routine booked appointments,

(v) the arrangements must include that GMS contractors with over 6,000 patients must provide at least one 1 hour block of continuous clinical sessions,

(vi) the arrangements must include that GMS contractors with less than 6,000 patients must provide at least one half hour block of continuous clinical sessions,

(vii) the arrangements must include that GMS contractors must offer at least 9 routine booked appointments where they provide a two hour block of continuous clinical sessions,

(viii) the arrangements must include that clinical sessions will normally be provided after 6.30pm. GMS Contractors may, subject to agreement with the Local Health Board, be able to provide appointments on Saturday mornings or on weekday mornings before the start of the core hours, and

(ix) the arrangements must include that the clinical sessions will be led by a general practitioner or nurse, as agreed with the Local Health Board, and as a minimum half

of the clinical sessions must be general practitioner led and there must be a general practitioner present during all clinical sessions to provide clinical supervision,

(c) a requirement that the GMS contractor co-operates with the Local Health Board in any review of the plan designed to establish whether the pattern of additional hours provided under the plan is meeting the requirements of the GMS contractor's registered patients;

(d) where the GMS contractor provides out of hours services to its patients, a requirement that the GMS contractor will not limit access to any additional clinical session or sessions it provides under the arrangements to those patients that it would in any event have been obliged to see in accordance with its obligations in providing that out of hours service;

(e) the arrangements for the provision of information by the Local Health Board and by the GMS contractor;

(f) the arrangements for the monitoring of the plan by the Local Health Board ;

(g) the arrangements for changing the pattern of, or for cessation of, agreed extended opening times, including an agreed notice period for any such changes or cessation;

(h) the arrangements to be made by the GMS contractor and the Local Health Board for informing the GMS contractor's patients about the additional clinical session or sessions being made available under this plan;

(i) the arrangements for the collection of data including reasonable requests from Local Health Boards for baseline information about access;

(j) a requirement that the GMS contractor demonstrates that the plan in this paragraph (2) has been implemented during a routine annual visit undertaken by a Local Health Board; and

(k) the payment arrangements for the GMS contractor which must provide—

(i) that where a GMS contractor and a Local Health Board have agreed arrangements, as outlined in sub-paragraphs (a) to (k) and where the GMS contractor meets its obligations under the plan the Local Health Board must in respect of that financial year pay to the GMS contractor, (after verification by the Local Health Board), an Extended Hours Access Scheme payment of £1.97 per registered patient, with the number of patients calculated on the date the arrangements were agreed, and

(ii) that such payments will be payable quarterly in arrears and will be payable on the first date after the payment is authorised on which one of the GMS contractor's Global Sum monthly payments falls due in accordance with the Statement of Financial Entitlements

and the Local Health Board must, where necessary, and subject to the provisions of paragraph (3) vary the GMS contractor's general medical services contract so that the plan comprises part of the GMS contractor's contract and the requirements of the plan are conditions of the contract.

(3) No variation of the general medical services contract to incorporate any Extended Hours Access Scheme arrangements is to provide—

(a) in the case of a GMS contractor that does not provide out of hours services, that any obligation under the contract to attend on a patient outside practice premises (in accordance with the provisions of paragraph 3 of Schedule 6 to the National Health Service (General Medical Services Contracts) (Wales) Regulations 2004) applies in respect of any additional period during which the GMS contractor is providing services in accordance with the Extended Hours Access Scheme arrangements; or

(b) that Saturday is to be considered a "working day" for the purpose of any calculation of a period of time required under the contract where such calculation is defined with reference to "working day".

Asylum Seeker and Refugee Scheme

5. As part of its Asylum Seeker and Refugee Scheme, each Local Health Board may offer to enter into arrangements with any GMS contractor, but where it does so, the plan setting out the

arrangements that a Local Health Board enters into, with the GMS contractor, must in respect of each financial year to which the plan relates, include—

(a) a requirement that the GMS contractor produces a brief proposal that outlines how the GMS contractor will meet the aims of the service in line with the proposal attached as an Appendix to the Enhanced Service for Asylum Seekers and Refugees Specification(**1**);

(b) a requirement that the GMS contractor registers asylum seekers and refugees as patients permanently as soon as possible;

(c) a requirement that the GMS contractor undertakes a physical and mental assessment of asylum seekers and refugees to identify new and ongoing problems and initiate appropriate treatment, follow–up and or referral. This may include a catch up medical examination for children and young people where appropriate. Where an assessment of health need has been undertaken prior to registration with a GMS contractor this need not be duplicated;

(d) a requirement that the GMS contractor ensures that all staff demonstrate understanding and sensitivity towards asylum seekers and refugees particularly with regard to culture and language;

(e) a requirement that the GMS contractor ensures that it provides health education and promotion relevant to the specific health needs of asylum seekers and refugees;

(f) a requirement that the GMS 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;

(g) arrangements for an annual review of the plan to include a requirement that the GMS contractor demonstrates that its plan has been implemented during a routine annual practice visit undertaken by the Local Health Board;

(h) a requirement that the GMS contractor conducts an annual audit of care for asylum seekers and refugees as agreed in advance with the Local Health Board to inform local service planning;

(i) arrangements for the provision of information by the Local Health Board and by the GMS contractor;

(j) arrangements for the monitoring of the plan by the Local Health Board including a date for reviewing the scheme and for reviewing the duration of the scheme;

(k) arrangements for translation of medical notes where necessary including any cost implications of any translation; and

(l) the payment arrangements for the GMS contractor, which must provide that—

(i) where the GMS contractor and Local Health Board have agreed the arrangements outlined in paragraphs (a) to (l) and the GMS contractor meets its obligations under the plan the GMS contractor will be able to claim a payment of—

(aa) £103.92 per patient in respect of the first financial year that a GMS contractor provides services to a patient in the Asylum Seeker and Refugee Scheme,

(bb) £51.97 per patient in respect of the second financial year that a GMS contractor provides services to a patient in the Asylum Seeker and Refugee Scheme,

(cc) £51.97 per patient in respect of the third financial year that a GMS contractor provides services to a patient in the Asylum Seeker and Refugee Scheme,

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(**1**) The Enhanced Service for Asylum Seekers and Refugees Specification is accessible on the GMS Contract website at http://.howis.wales.nhs.uk/sites3/docopen.cfm?orgId=480&id=149676.

(ii) the payments will be authorised by the Local Health Board and will be payable quarterly in arrears and will be payable on the first date after the payment is authorised on which one of the GMS contractor's Global Sum monthly payments falls due in accordance with the Statement of Financial Entitlements,

(iii) GMS contractors who provide services for asylum seekers and refugees under the Homeless Scheme will be paid pursuant to arrangements under that scheme and not under the Asylum Seeker and Refugee Scheme,

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

Homeless Scheme

6. As part of its Homeless Scheme, each Local Health Board may offer to enter into arrangements with any GMS contractor, but where it does so, the plan setting out the arrangements that a Local Health Board enters into with the GMS contractor must, in respect of each financial year to which the plan relates, include—

(a) a requirement that the GMS contractor develops, maintains and keeps up to date a register (its "Homeless Scheme Register"), of all homeless patients;

(b) a requirement that the GMS contractor undertakes to register homeless patients permanently as early as possible;

(c) a requirement that the GMS contractor takes a detailed medical history of homeless patients and carries out an appropriate examination, with the aims of identifying new and ongoing problems and initiating treatment, follow–up and or referrals;

(d) a requirement that the GMS contractor ensures that the medical assessment referred to in paragraph (c) will be recorded in the patient record and kept up-to-date, and in particular will include—

(i) a summary of the individual patients needs, and

(ii) an individual patient plan;

(e) a requirement that the GMS contractor ensures that staff demonstrate understanding and sensitivity towards homeless patients;

(f) a requirement that the GMS contractor works with local statutory services and homeless agencies;

(g) a requirement that the GMS contractor conducts an annual audit of care for homeless patients as agreed in advance with its Local Health Board;

(h) arrangements for the provision of information by the Local Health Board and by the GMS contractor;

(i) a requirement that the GMS contractor must keep under consideration the learning needs of contractors in relation to the scheme and ensure that those needs are discussed at appraisal and addressed through a personal development plan;

(j) arrangements for the monitoring of the plan by the Local Health Board including a date for reviewing the scheme including reviewing the duration of the scheme;

(k) a requirement that the GMS contractor identifies how the service will be delivered in line with the proposal form attached as an Appendix to the Enhanced Service Homeless People Specification(**1**); and

(l) the payment arrangements for the GMS contractor, which must provide that—

(**1**) The Enhanced Service Homeless People Specification is accessible on the GMS Contract website at http://howis.wales.nhs.uk/sites3/docopen.cfm?orgId=480&id=149677.

(i) where the GMS contractor and Local Health Board have agreed arrangements outlined in paragraphs (a) to (l) and the contractor meets its obligations under the plan, the GMS contractor will be able to claim a payment of—

(aa) £1,106.75 as an annual retainer, and

(bb) a payment of £110.16 per patient in respect of each financial year and payments will be payable quarterly in arrears and will be payable on the first date after the payment is authorised on which one of the GMS contractor's Global Sum monthly payments falls due in accordance with the Statement of Financial Entitlements,

(ii) the payments will be authorised by the Local Health Board; and

(iii) where a GMS contractor is entitled to payments authorised under the Homeless Scheme, if a homeless patient is also an asylum seeker or refugee the GMS contractor will not be able to claim payment under the Asylum Seeker and Refugee Scheme

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

Diabetes Care Scheme

8. As part of its Diabetes Care Scheme, each Local Health Board may offer to enter into arrangements with any GMS 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 GMS contractor must, in respect of each financial year to which the plan relates, include—

(a) a requirement that the GMS contractor—

(i) develops and maintains a register (its "Diabetes Care Scheme Register") of all patients with diabetes,

(ii) undertakes to record the information that it has in its Diabetes Care Scheme Register using any applicable national Read codes,

(iii) undertakes to maintain the Diabetes Care Scheme Register with records of patient attendance and the service provided on the clinical (IT) system via a Local Health Board approved template,

(iv) undertakes that full patient records in the Diabetes Care Scheme Register should be maintained in such a way that aggregate data and details of individual patients are readily accessible for lawful purposes,

(v) undertakes that patient records in the Diabetes Care Scheme Register will identify the care arrangements as either Diabetic Practice Programme 66AP, Diabetes shared care programme 66AQ or Diabetes care by hospital only 66AU, and

(vi) undertakes that the information recorded in the Diabetes Care Scheme Register should include adverse incidents;

(b) a requirement that the GMS contractor exclusively manages at least 60% of patients on the Diabetes Care Scheme Register in the Practice Programme with referral to specialist or secondary care reserved for complex patients only ;

(c) a requirement that the GMS contractor—

(i) undertakes that all patients must be monitored and their diabetes managed according to accepted guidelines which have been set down in National Institute of Clinical Excellence guidance which will include :

(aa) a systematic approach to the management of diabetes which would typically include a dedicated diabetes clinic,

(bb) support for self management by patients with diabetes with evidence of target values shared with patients for HbA1c, BP and cholesterol,

(cc) an annual review to include multiple risk factor management as described in the National Service Framework consensus guidelines,

(dd) that of patients managed exclusively within primary care the following standards must be achieved—

65 % have HbA1c of less than 7 %,

70% have a BP of less than or equal to 140/80,

70% have a total cholesterol of less than 5mmol/l, and

70% have a LDL cholesterol less than 3mmol/l,

save that the following patients may be excluded from the calculation of any of these percentages,

(i) patients for whom it is not appropriate to review the chronic disease parameters due to particular circumstances e.g. terminal illness, extreme frailty,

(ii) patients who are on maximum tolerated doses of medication whose levels remain sub-optimal,

(iii) patients for whom prescribing a medication is not clinically appropriate e.g. those who have an allergy, another contraindication or have experienced an adverse reaction,

(iv) a patient who has not tolerated medication,

(v) a patient who does not agree to investigation or treatment (informed dissent), and this has been recorded in their medical records,

(vi) a patient who has a supervening condition which makes treatment of their condition inappropriate e.g. cholesterol reduction where the patient has liver disease,

and a record will be kept of those patients in the Diabetes Care Scheme Register who are excluded from the calculation of each of the percentages in (c) (i) (dd) ,

(ee) at least one follow- up appointment in a year offered to the patient, in addition to the annual review, however where necessary additional appointments should be offered to support individual patient management;

(d) a requirement that the GMS contractor develops a proactive and preventative approach to offering these arrangements by adopting robust call and reminder systems to contact patients;

(e) a requirement that the GMS contractor ensures that any health care professional who is involved in the Diabetes Care Scheme has any necessary experience, skills and training which includes recognised training as listed in the Enhanced Service Diabetes Care Specification(**1**) or equivalent experience or training as agreed by the Local Health Board Medical Director ;

(f) a requirement that the GMS contractor ensures that any health care professional who is involved in the Diabetes Care Scheme undertakes continuous professional development in the provision of all aspects of diabetes care and for these purposes—

(i) health care professionals should undertake regular audit, participate in formal systematic annual appraisal on what they do and take part in regular relevant supportive educational activities,

(ii) health care professionals should identify this activity within annual appraisals and address identified learning needs through an agreed personal development plan, and

(iii) practice nurses should either hold a relevant diploma or be working towards such a qualification;

(g) a requirement that the GMS contractor supplies its Local Health Board with an annual audit of the Diabetes Care Scheme as agreed in advance with the Local Health Board;

(h) the arrangements for monitoring of the plan by the Local Health Board including a date for reviewing the scheme including a review of the duration of the scheme; and

(i) the payment arrangements for the GMS contractor, which must provide—

(i) that where a GMS contractor and Local Health Board have agreed arrangements outlined in paragraphs (a) – (i) and the GMS contractor meets its obligations under the plan—

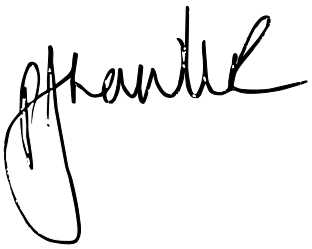
(aa) where a GMS contractor has managed 60% or more of patients in the Practice Programme exclusively in primary care the GMS contractor will be able to claim a payment of £10.40 per patient in respect of each financial year, and

(bb) the GMS contractor will be able to claim £20.78 per patient in respect of each financial year for those 60% or more of patients being managed in the Practice Programme exclusively in primary care if the GMS contractor has maintained them in accordance with the targets set for HbAlc, cholesterol and blood pressure as prescribed in paragraph (c) (i) (dd);

(ii) the payment will be authorised by the Local Health Board; and

(iii) such payments will be payable quarterly in arrears and will be payable on the first date after the payment is authorised on which one of the GMS contractor's Global Sum monthly payments falls due in accordance with the Statement of Financial Entitlements,

and the Local Health Board must, where necessary, vary the GMS contractor's general 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."



Signed by Peter Lawler, Acting Deputy 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.

21 May 2009