

WG 2024 NO. 20

THE NATIONAL HEALTH SERVICE (WALES) ACT 2006

**The Primary Medical Services (Directed Supplementary Services)
(Wales) Directions 2024**

Made

12 June 2024

Coming into force

13 June 2024

The Welsh Ministers give the following directions 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 (Directed Supplementary Services) (Wales) Directions 2024.

- (1) These Directions come into force on 13 June 2024.
- (2) These Directions are given to Local Health Boards and apply in relation to Wales.

Interpretation

2. In these Directions—

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

“asylum seeker” (“*ceisiwr lloches*”) 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;

“clinical session” (“*sesiwn glinigol*”) 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” (“*oriau craidd*”) has the same meaning as in the National Health Service (General Medical Services Contracts) (Wales) Regulations 2023⁽²⁾;

“CRP” (“*PGC*”) means the Contractor Registered Population as defined in the Statement of Financial Entitlements;

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

“general practitioner” (“*ymarferydd cyffredinol*”) 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⁽³⁾;

(1) 2006 c.42.
(2) S.I. 2023/953 (W.155) as amended.
(3) S.I. 2004/1020 (W. 117).

“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 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(1);

“homeless patient” (“*claf digartref*”) means a patient who comes within the definition at s.55 of the Housing (Wales) Act 2014(2);

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

“out of hours services” (“*out of hours services*”) has the same meaning as in the National Health Service (General Medical Services Contracts) (Wales) Regulations 2023;

“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” (“*contract gwasanaethau meddygol sylfaenol*”) 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” (“*contractwr gwasanaethau meddygol sylfaenol*”) means—

(a) a GMS or PMS contractor, or

(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);

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

“schemes” (“*cynlluniau*”) means the enhanced services schemes listed in direction 3(2) (a) –(e);

“Statement of Financial Entitlements” (“*datganiad o hawliau ariannol*”) means any directions given by the Welsh Ministers under section 45 of the Act (GMS contracts: payments); and

“working day” (“*diwrnod gwaith*”) has the same meaning as in the National Health Service (General Medical Services Contracts) (Wales) Regulations 2023.

Part 1 - Primary Medical Services

Establishment etc. of directed supplementary services schemes (Primary Medical Services)

3.—(1) 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 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—

- (a) 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

(1) 2002 c.17
(2) 2014 c.7
(3) S.I. 2002/253

immediate removal from a patient list of a primary medical services contractor in its area because of an act or threat of violence;

- (b) 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;
- (c) 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.

Violent Patient Scheme consultation and plans

4.—(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

5. 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;
- (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;

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

- (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

6.— (1) 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—

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

- (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 £100 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.

Part 2 - General Medical Services

Establishment etc. of directed supplementary services schemes (General Medical Services)

7.—(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 GMS 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;

(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—

- (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

8.—(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 GMS 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 GMS 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 GMS 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 GMS 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 6 of Schedule 3 to the National Health Service (General Medical Services Contracts) (Wales) Regulations 2023) 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

9. 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 Supplementary 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

(1) The Supplementary Service for Asylum Seekers and Refugees Specification is accessible at <https://www.gov.wales/sites/default/files/publications/2022-07/directed-enhanced-service-asylum-seekers-and-refugees.pdf>

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 (k) 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,
 - (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 GMS 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

10. 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 Supplementary Service Homeless People Specification (1); and
- (l) the payment arrangements for the GMS contractor, which must provide that—
 - (i) where the GMS contractor and Local Health Board have agreed arrangements outlined in paragraphs (a) to (k) 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 GMS contract so that the plan comprises part of the GMS contractor's contract and the requirements of the plan are conditions of the contract.

Part 3 – Revocations, Savings and Transitional Provisions

Revocations

11. The following directions are hereby revoked—

(1) The Supplementary Service Homeless People Specification is accessible on the Welsh Government website at <https://www.gov.wales/directed-enhanced-service-homelessness>

- (a) The Confidentiality and Disclosure of Information: General Medical Services and Alternative Provider Medical Services Directions 2006(1),
- (b) The Primary Medical Services (Directed Enhanced Services) (Wales) Directions 2007(2),
- (c) The Primary Medical Services (Directed Enhanced Services) (Wales) (No. 2) Directions 2009(3).

Savings

12. Notwithstanding the fact that the Primary Medical Services (Directed Enhanced Services) (Wales) Directions 2007 and The Primary Medical Services (Directed Enhanced Services) (Wales) (No. 2) Directions 2009 are revoked with effect from XXX the directions prior to the revocation are saved to the extent necessary to assess any entitlement to payment under those directions.

Transitional

13. Any act or omission concerning a directed enhanced service to which the Primary Medical Services (Directed Enhanced Services) (Wales) Directions 2007 or the Primary Medical Services (Directed Enhanced Services) (Wales) (No. 2) Directions 2009 direction 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



A handwritten signature in black ink, appearing to read "Paul Casey", is written over a horizontal line. The signature is cursive and includes a small flourish at the end.

12 June 2024

(1) 2006 No.14
(2) 2007 No.53
(3) 2009 No.20