

WG - No. 20-025

**THE NATIONAL HEALTH SERVICE (WALES) ACT
2006**

**Directions to Local Health Boards as to the Statement of
Financial Entitlements (Provision of Enhanced Services during
the Recovery Phase of the COVID-19 Pandemic) Directions
2020**

Made 29 June 2020

Coming into force 1 July 2020

The Welsh Ministers in exercise of the powers conferred on them by sections 45, 203(9) and (10) and 204(1) 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, application, commencement and interpretation

1.—(1) The title of these Directions is the Directions to Local Health Boards as to the Statement of Financial Entitlements (Provision of Enhanced Services during the Recovery Phase of the COVID-19 Pandemic) Directions 2020.

(2) These Directions are given to Local Health Boards. They relate to the payments to be made by Local Health Boards to a GMS contractor under a GMS contract.

(3) These Directions come into force on 1 July 2020 and expire on 1 October 2020.

(4) In these Directions—

“enhanced service” means a service listed in column 1 of the table in the Schedule to these Directions;

“financial year” means a year ending on 31 March;

“GMS contract” means a general medical services contract entered into in accordance with section 42 of the National Health Services (Wales) Act 2006;

“GMS contractor” means a contractor who provides primary medical services under a GMS contract;

“Local Health Board” means a Local Health Board established in accordance with section 11(2) of the National Health Service (Wales) Act 2006;

“post payment verification” means the process undertaken by NHS Wales Shared Services Partnership to provide assurance to Local Health Boards that the claims for payment made by GMS contractors are correct and in accordance with the Directions to Local Health Boards as

to the Statement of Financial Entitlements Directions 2013(1), relevant Local Health Board procedures and individual enhanced service specifications;

“quarter” means each three month period ending on March 31, June 30, September 30 and December 31;

“relevant Local Health Board” means the Local Health Board in whose area the contractor’s practice premises are situated; and

“recovery phase” means the period beginning on 1 July 2020 and ending on 30 September 2020.

Enhanced Services during the recovery phase of the COVID-19 pandemic

2. During the recovery phase GMS contractors must provide enhanced services in accordance with column 2 of the table in the Schedule to these Directions.

Payments for Enhanced Services during the recovery phase of the COVID-19 pandemic

3.—(1) A GMS contractor who provides an enhanced service in accordance with column 2 of the table in the Schedule during the recovery phase must submit a claim for payment to the relevant Local Health Board, in order to receive a payment for the provision of that enhanced service in accordance with paragraph (2) or (3).

(2) A Local Health Board must pay a GMS contractor who provides an enhanced service in accordance with column 2 of the table in the Schedule to these Directions for the recovery phase the sum of whichever is the greater of—

- (a) the claim submitted for that enhanced service by the GMS contractor for the recovery phase, pursuant to the relevant Directions for that enhanced service, or
- (b) the payment the GMS contractor received pursuant to the relevant Directions for that enhanced service for the quarter ending on 30 September of financial year 2019/20.

(3) A Local Health Board must pay a GMS contractor who provided an enhanced service in accordance with column 2 of the table in the Schedule to these Directions for a part of the recovery phase but subsequently withdrew its provision of that enhanced service, the sum of whichever is the greater of—

- (a) the claim submitted for that enhanced service by the GMS contractor for the period of the recovery phase that the contractor provided the enhanced service, pursuant to the relevant Directions for that enhanced service, or
- (b) the payment the GMS contractor received for that enhanced service for the period mentioned in sub-paragraph (a) in the financial year 2019/20.

(4) A GMS contractor who provided an enhanced service listed in column 1 of the table in the Schedule to these Directions for the financial year 2019/20 is not entitled to receive any payment for that enhanced service for the recovery phase if the GMS contractor—

- (a) has not been commissioned to provide that enhanced service for the financial year 2020/21,
- (b) has been commissioned to provide, but subsequently gives the relevant Local Health Board notice of its decision to withdraw the provision of, that enhanced service for the financial year 2020/21, or
- (c) does not submit a claim for payment to the relevant Local Health Board in respect of the period of the recovery phase that the contractor provided the enhanced service.

(1) 2013 No.8.

Reporting on enhanced services

4. Any requirement for a GMS contractor to make a report on an enhanced service on 31 March 2020 contained in Directions of the Welsh Ministers preceding the date of these Directions is to be read as 30 September 2020.

Post payment verification

5. All post payment verification is suspended until 1 October 2020 when it will recommence for all enhanced services.

Revocation of the Directions to Local Health Boards as to the Statement of Financial Entitlements (COVID-19 Suspension of Enhanced Services) Directions 2020 and saving provision

6.—(1) The Directions to Local Health Boards as to the Statement of Financial Entitlements (COVID-19 Suspension of Enhanced Services) Directions 2020 are revoked subject to the saving made by paragraph (2).

(2) Direction 2A (Payments for Enhanced Services Suspended due to COVID-19) continues to apply to claims for payment made by a GMS contractor in respect of the period beginning on 25 March 2020 and ending on 30 June 2020.

A handwritten signature in black ink, appearing to read 'A Slade', with a stylized initial 'A'.

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

Date: 29 June 2020

SCHEDULE

Table

<i>Directed Enhanced Service</i>	<i>GMS contractor action during recovery phase</i>
Learning Disabilities	Reinstate provision as far as practically possible using clinical judgement. The use of telephone or video consultation should be the default position, using face to face only when necessary.
Childhood Immunisation Scheme	Continue, subject to the following; <ul style="list-style-type: none"> • Contact patient on the day of the appointment to assess whether symptomatic; • Book appointments with more intervals to create space in the waiting room; • Introduction of dedicated children's session; • Minimise number of clinicians who see the patient.
Gender Identity	Reinstate provision as far as practically possible using clinical judgement, including the need to; <ul style="list-style-type: none"> • Contact patient on the day of the appointment to assess whether symptomatic;
Influenza Immunisations Scheme	Reinstate provision as far as practically possible using clinical judgement, including the need to; <ul style="list-style-type: none"> • Contact patient on the day of the appointment to assess whether symptomatic; • Book appointments with more intervals to create space in the waiting room; • Minimise number of clinicians who see the patient.
Pneumococcal Immunisations Scheme	Reinstate provision as far as practically possible using clinical judgement, including the need to; <ul style="list-style-type: none"> • Prioritise the use of Pneumococcal polysaccharide vaccine (PPV23) vaccine on the basis of individual assessment; • Contact patient on the day of the appointment to assess whether symptomatic; • Book appointments with more intervals to create space in the waiting room; • Minimise number of clinicians who see the patient.
Services for Violent Patients	Continue, subject to NHS 111 triage assessment of patient on day of appointment.
Minor Surgery Fee	Reinstate provision as far as practically possible

	<p>using clinical judgement, including the need to;</p> <ul style="list-style-type: none"> • Contact patient on the day of the appointment to assess whether symptomatic; • Minimise number of clinicians who see the patient.
Asylum Seekers & Refugees (from 1 April 2008)	Reinstate provision as far as practically possible using clinical judgement. The use of telephone or video consultation should be the default position, using face to face only when necessary.
Care of Diabetes	<p>Reinstate provision as far as practically possible using clinical judgement, including the need to;</p> <ul style="list-style-type: none"> • Prioritise those patients known to have poor compliance with, or control of, their condition; • Contact patient on the day of the appointment to assess whether symptomatic;
Type 2 Diabetes Mellitus Care Scheme for Adults	<p>Reinstate provision as far as practically possible using clinical judgement, including the need to;</p> <ul style="list-style-type: none"> • Prioritise those patients known to have poor compliance with, or control of, their condition; • Contact patient on the day of the appointment to assess whether symptomatic;
Care Homes	Provision in accordance with the Primary Medical Services (COVID-19 Care Homes) (Directed Enhanced Services) (Wales) Directions 2020.
Extended Surgery Opening	Reinstate as far as practically possible using clinical judgement. The use of telephone or video consultation should be the default position, using face to face only when necessary.
Pertussis Immunisation for Pregnant and Post-natal Women	<p>Continue, subject to the following modification;</p> <ul style="list-style-type: none"> • Contact patient on the day of the appointment to assess whether symptomatic;
Homeless	Reinstate as far as practically possible using clinical judgement. The use of telephone or video consultation should be the default position, using face to face only when necessary.
Oral Anticoagulation with Warfarin	<p>Continue, subject to the following modifications;</p> <ul style="list-style-type: none"> • Contact patient on the day of the appointment to assess whether symptomatic; • Book appointments with more intervals to create space in the waiting room; • Consider switching to novel oral anticoagulants (NOACs) or using self-monitoring.

