

**WG21-04**

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

**Directions to Local Health Boards as to the Statement of  
Financial Entitlements (COVID-19 Suspension of QAIF and  
Alteration of Enhanced Services) Directions 2021**

<i>Made</i>	<i>08 February 2021</i>
<i>Coming into force</i>	<i>09 February 2021</i>

The Welsh Ministers, in exercise of the powers conferred on them by sections 12(3), 45, 203(9) and (10) and 204(1) of the National Health Service (Wales) Act 2006(a) 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.—a) The title of these Directions is the Directions to Local Health Boards as to the Statement of Financial Entitlements (COVID-19 Suspension of QAIF and Alteration of Enhanced Services) Directions 2021.

(1) 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.

(2) These Directions—

- (a) are made on 08 February 2021,
- (b) come into force on 09 February 2021, and
- (c) have effect from 1 October 2020.

(3) 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 with 31 March;

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

“GMS contractor” means a contractor who is a party to 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;

“multi-disciplinary team” means a range of individuals from different disciplines, professions and organisations, working together to deliver comprehensive patient care;

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(a) 2006 c.42.

“post payment verification” means the process undertaken by NHS Wales Shared Services Partnership<sup>(a)</sup> 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<sup>(b)</sup>, relevant Local Health Board procedures and individual enhanced service specifications;

“quarter” means each 3 month period ending on March 31, June 30, September 30 and December 31;

“relevant enhanced service” means an enhanced service that a GMS contractor was commissioned by the Local Health Board to provide for the financial year 2020/21 and, in the case of the Childhood Immunisation Scheme, Gender Identity, Influenza Immunisation Scheme, Pneumococcal Immunisations Scheme, Services for Violent Patients, Care of Diabetes, Care Homes, Pertussis Immunisation for Pregnant and Postnatal Women, and Oral Anticoagulation with Warfarin enhanced services, which that GMS contractor also provides during the relevant quarters;

“relevant quarter” means either the 3 month period ending on December 31 or March 31 in financial year 2020/2021;

“Statement of Financial Entitlements” means any directions given by the Welsh Ministers pursuant to section 45 of the National Health Service (Wales) Act 2006 in relation to payments to be made by a Local Health Board to a GMS contractor;

### **Alterations to requirements for enhanced services**

**2.**—(1) This Direction applies to a GMS contractor in relation to a relevant enhanced service during any periods in the relevant quarters that it—

- (a) throughout the quarter ending with 31 March 2021, operates a community huddle scheme in all material respects in accordance with the letter sent on behalf of the Welsh Ministers dated 18 December 2020, taking into account the letter sent on behalf of the Welsh Ministers dated 22 January 2021, and
- (b) complies with the amended requirements specified in column 2 of the Table in the Schedule to these Directions for that relevant enhanced service.

(2) Where paragraph (1) applies to a GMS contractor during the relevant quarters, the relevant Local Health Board shall, but only for such period that Direction 2(1) applies to a GMS contractor—

- (a) in relation to that relevant enhanced service, only require that GMS contractor to provide the relevant enhanced service in accordance with the requirements specified in column 2 of the Table in the Schedule to these Directions, and
- (b) make payments to that GMS contractor for that relevant enhanced service in accordance with Direction 3(1).

(3) To the extent necessary to give effect to this Direction and Direction 3, the Primary Medical Services (Directed Enhanced Services) (Wales) Directions 2007<sup>(c)</sup>, the Primary Medical Services (Directed Enhanced Services) (Wales) (No. 2) Directions 2009<sup>(d)</sup> and any other Directions given by the Welsh Ministers requiring Local Health Boards to establish a scheme for the provision of enhanced services are to be read as if they have been amended accordingly for the relevant quarters.

### **Payments for relevant enhanced services**

**3.**—(1) If at all times during a relevant quarter Direction 2(1) applies to a GMS contractor in relation to a relevant enhanced service, the relevant Local Health Board shall, instead of any other

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(a) NHS Wales Shared Services Partnership was established by the Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012, S.I. 2012/1261 (W. 156).

(b) 2013 No.8.

(c) 2007 No.53.

(d) 2010 No.24.

payments in relation to that relevant enhanced service, make a payment to that GMS contractor for that relevant enhanced service in that relevant quarter of such sum as is the greater of—

- (a) the claim submitted for that relevant enhanced service by the GMS contractor for activity completed in the relevant quarter pursuant to the relevant Directions for that enhanced service, or
- (b) the payment the GMS contractor received pursuant to the relevant Directions for the relevant enhanced service for activity completed in the same quarter of financial year 2019/20.

(2) A GMS contractor who provided an enhanced service listed in the Schedule to these Directions for the financial year 2020/2021 is not entitled to receive any payment for that enhanced service whether pursuant to Direction 2 or 3(1) or otherwise—

- (a) for any part of the financial year 2020/21, if the GMS contractor has not been commissioned by a Local Health Board to provide that enhanced service for the financial year 2020/21,
- (b) where it has been commissioned by a Local Health Board to provide one of those enhanced services in financial year 2020/21 but subsequently gives the relevant Local Health Board notice of its decision to withdraw the provision of that enhanced service, from the point that such notice takes effect, or
- (c) in respect of the period that the GMS contractor provided the relevant enhanced service in the relevant quarters, if the GMS contractor does not submit a claim for payment to the relevant Local Health Board pursuant to Direction 3(1)(a) within the period specified in Direction 6.

(3) The relevant Local Health Board must make payments monthly or quarterly, in arrears, and such payments will be payable on the first date after the payment is authorised on which the engaged GMS contractor's Global Sum monthly payment falls due in accordance with the Statement of Financial Entitlements.

### **Post payment verification**

4. Post payment verification for the enhanced services listed in column 1 of the table in the Schedule to these Directions is suspended for a GMS contractor for the period during which Direction 2(1) applies to that GMS contractor, except for the Childhood Immunisation Scheme, Influenza Immunisation Scheme, Pneumococcal Immunisations Scheme, Care Homes, Pertussis Immunisation for Pregnant and Postnatal Women, and Oral Anticoagulation with Warfarin enhanced services, in relation to which post payment verification will continue to apply.

### **Amendment to the Statement of Financial Entitlements**

5.—(1) The Directions to Local Health Boards as to the Statement of Financial Entitlements Directions 2013(a) have effect with the following modifications.

(2) In Part 2 - QUALITY ASSURANCE AND IMPROVEMENT FRAMEWORK, Section 4: GENERAL PROVISIONS, for the quarter ending with 31 March 2021, paragraph 4.35 has effect as if there were substituted—

“4.35. There are two groups of access standards within the Access Domain. Group 1 contains five standards and Group 2 contains two standards. Contractors will be paid annually for the standards completed during a QAIF (Access) year subject to evidencing that they have complied with the relevant access standards for at least one calendar month prior to the end of the financial year for which payment is being claimed. Contractors are expected to achieve at least standards one to seven by 31 March 2021 and are required to provide a report to the LHB on their achievement progress at the end of each quarter. The standards can be found at Section 5 of Annex D.”

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(a) 2013 No. 8.

## (3) In Part 4 - PAYMENTS FOR SPECIFIC PURPOSES, Section 18: DISPENSARY SERVICES QUALITY SCHEME —

(a) after paragraph 18.3(c) insert —

“**18.3A** Where the contractor has satisfied paragraphs 18.3(a) and 18.3(b) for the financial year ending with 31 March 2021 the contractor shall be deemed to have also satisfied paragraph 18.3(c) for that financial year.”, and

(b) for the quarter ending with 31 March 2021, paragraph 18.16(c) has effect as if there were substituted—

“(c) the contractor ceases to provide the services in Annex H before 1 January 2021”,

## (4) In Annex D – Quality Assurance and Improvement Framework—

(a) in Part 1, after paragraph D.9 insert—

“**D.9A.** In the QAIF (QA and QI) 2020/21 year—

(a) GMS contractors will not be required to undertake CND014W but will be awarded 40 points as if they have achieved that indicator,

(b) GMS contractors will not be required to deliver the “specific cluster determined outcomes” or “Quality Improvement initiatives at a cluster level” under CND016W but will be awarded 55 points as if they have achieved those parts of that indicator, and

(c) in addition to the points awarded under paragraph (b), GMS contractors will be awarded 25 points for CND016W if they actively participate in, and operate, an effective system of clinical governance (quality assurance) in the practice, complete the CGSAT and IG toolkit, and provide satisfactory evidence of the foregoing to the Local Health Board when requested.”;

(b) in Part 1, paragraph D.11, for “must undertake the mandatory” substitute “will receive 60 points for the suspended”;

(c) in Part 1, for the quarter ending with 31 March 2021, paragraph D.15 has effect as if under the heading **Group 2** for “all three standards” there was substituted “standards 6 and 7”;

(d) in Part 4, for the quarter ending with 31 March 2021, paragraph 4.1 has effect as if there were substituted—

“4.1 The QI domain is based on the introduction of a “basket” of quality improvement projects. The basket of projects available for QAIF (QA and QI) 2019/20 and 2020/21 years combined will be:

(a) Patient Safety Programme - Reducing medicines related harm through a multi-faceted intervention for the cluster population.

(b) Reducing stroke risk through improved management of Atrial Fibrillation for the cluster population.

(c) Ceilings of care / Advanced Care planning.

(d) Urinary tract infection to multi-disciplinary Antimicrobial Stewardship QAIF (QA and QI) 2019/20 and 2020/21 years combined.

GMS contractors will be required to implement two QI projects in QAIF (QA and QI) 2019/20 and 2020/21 years combined:

Patient Safety Programme – mandatory

Quality Improvement – choice from b, c, d set out above

Further details on each of the projects are detailed at <http://www.wales.nhs.uk/sites3/Documents/480/Guidance%20for%20GMS%20Contract%20Wales%20-%20Quality%20and%20Improvement%20Framework%202019-20.pdf> except that, from 1 October 2020 until 30 September 2021, contractors will not be required to deliver the “cluster level” requirements in paragraphs 4.3 to 4.6 of that guidance.”;

(e) in Part 4, for paragraph 4.2 substitute—

“4.2. For the QAIF (QA and QI) year 2020/21, the QI COVID learning project is suspended and GMS contractors will be awarded 60 points as if they had satisfactorily undertaken its requirements.”; and

(f) in Part 5, for the financial year ending with 31 March 2021, the Access Standards table has effect as if—

(i) in the Indicator column of the table under the heading Group 2, Access Standard 8 is omitted, and

(ii) in the Points column of the table adjacent to the entry for Group 2, there were substituted—

“Less than 2 Standards = 0

2 Standards (Standards 6 & 7) = 50”.

### **Time limitation for claiming payments**

6. GMS contractors must make claims pursuant to Direction 3(1)(a), and any claims relating to the enhanced services for the quarters ending with 31 July 2020 and 31 October 2020, no later than 30 April 2021 (and to the extent necessary to give effect to this Direction, paragraph 19.12 of the Directions to Local Health Boards as to the Statement of Financial Entitlements Directions 2013 is to be read as if it has been amended accordingly).

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

7. The Directions to Local Health Boards as to the Statement of Financial Entitlements (Provision of Enhanced Services during the Relaxation Phase of the COVID-19 Pandemic) Directions 2020 are revoked.

8. Where a GMS contractor’s entitlement under the Directions to Local Health Boards as to the Statement of Financial Entitlements (Provision of Enhanced Services during the Relaxation Phase of the COVID-19 Pandemic) Directions 2020 is different from its entitlement under these Directions, any underpayments or overpayments shall be adjusted pursuant to Part 5 of the Directions to Local Health Boards as to the Statement of Financial Entitlements Directions 2013.



**Signed by Frances Duffy, Director, Primary Care and Health Science under the authority of the Minister for Health and Social Services, one of the Welsh Ministers**

**Date: 08 February 2021**

## SCHEDULE

Direction 2

<i>Directed Enhanced Service</i>	<i>Requirement</i>
Learning Disabilities	Performance of this enhanced service can be suspended subject to the GMS contractor complying with Direction 6 and full provision by the GMS contractor of all other services under its GMS contract during such suspension.
Childhood Immunisation Scheme	Provision in accordance with Direction 5 of the Primary Medical Services (Directed Enhanced Services) (Wales) Directions 2007 subject to— <ul style="list-style-type: none"> <li>(a) contacting the patient on the day of the appointment to assess wellbeing and whether they are symptomatic,</li> <li>(b) booking appointments with more intervals to create space in the waiting room,</li> <li>(c) provision of dedicated children's session, and</li> <li>(d) minimising number of clinicians who see the patient.</li> </ul>
Gender Identity	Administrative component can be suspended, subject to the GMS contractor complying with Direction 6 and care continuing as clinically required in accordance with the Primary Medical Services (Hormone Treatment Scheme for Adult Transgender Patients) (Directed Enhanced Service) (Wales) Directions 2019
Influenza Immunisation Scheme	Provision in accordance with Direction 6 of the Primary Medical Services (Directed Enhanced Services) Directions 2007 subject to— <ul style="list-style-type: none"> <li>(a) contacting the patient on the day of the appointment to assess whether they are symptomatic,</li> <li>(b) booking appointments with more intervals to create space in the waiting room, and</li> <li>(c) minimising the number of clinicians who see the patient.</li> </ul>
Pneumococcal Immunisation Scheme	Provision in accordance with Direction 6 of the Primary Medical Services (Directed Enhanced Services) Directions 2007 subject to— <ul style="list-style-type: none"> <li>(a) prioritising the use of Pneumococcal polysaccharide vaccine (PPV23) on the basis of individual assessment and in accordance with any relevant guidance published by the Welsh Government,</li> <li>(b) contacting the patient on the day of the appointment to assess whether they are symptomatic,</li> <li>(c) booking appointments with more intervals to create space in the waiting room, and</li> </ul>

	(d) minimising the number of clinicians who see the patient.
Services for Violent Patients	Provision in accordance with the arrangements agreed between the GMS contractor and the relevant Local Health Board pursuant to Direction 7 of the Primary Medical Services (Directed Enhanced Services) Directions 2007 subject to NHS 111 triage assessment of the patient on the day of the appointment.
Minor Surgery	Performance of this enhanced service can be suspended subject to the GMS contractor complying with Direction 6 and full provision by the GMS contractor of all other services under its GMS contract during such suspension.
Asylum Seekers and Refugees (from 1 April 2008)	Performance of this enhanced service can be suspended subject to the GMS contractor complying with Direction 6 and full provision by the GMS contractor of all other services under its GMS contract during such suspension.
Care of Diabetes	Provision in accordance with Direction 8 of the Primary Medical Services (Directed Enhanced Services) (Wales) (No. 2) Directions 2009, subject to— <ul style="list-style-type: none"> <li>(a) if the patient is unwell, manage via normal provision of services under the GMS contract;</li> <li>(b) if the patient is stable, consider 6 month holiday from the scheme; and</li> <li>(c) if the patient's condition is less well controlled they will require input in order to optimise this. Consider telephone or video consultation if necessary. If patient requires physical assessment, call patient on the day of appointment to assess wellbeing.</li> </ul>
Type 2 Diabetes Mellitus Care Scheme for Adults	Performance of this enhanced service can be suspended subject to the GMS contractor complying with Direction 6 and full provision by the GMS contractor of all other services under its GMS contract during such suspension.
Care Homes	Provision in accordance with the Primary Medical Services (COVID-19 Care Homes) (Directed Enhanced Services) (Wales) Directions 2020.
Extended Surgery Opening	Performance of this enhanced service can be suspended subject to the GMS contractor complying with Direction 6 and full provision by the GMS contractor of all other services under its GMS contract during such suspension.
Pertussis Immunisation for Pregnant and Postnatal Women	Provision in accordance with the Primary Medical Services (Pertussis Immunisation for Pregnant and Post-natal Women) (Directed Enhanced Service) (Wales) Directions 2016, subject to contacting the patient on the day of the appointment to assess whether they are

	symptomatic.
Homeless	Performance of this enhanced service can be suspended subject to the GMS contractor complying with Direction 6 and full provision by the GMS contractor of all other services under its GMS contract during such suspension.
Oral Anticoagulation with Warfarin	<p>Provision in accordance with the Primary Medical Services (Oral Anti-coagulation with Warfarin) (Directed Enhanced Service) (Wales) Directions 2017, subject to—</p> <ul style="list-style-type: none"> <li>(a) contacting the patient on the day of the appointment to assess wellbeing and whether they are symptomatic,</li> <li>(b) booking appointments with more intervals to create space in the waiting room, and</li> <li>(c) considering whether to switch to novel oral anticoagulants (NOACs) or using self-monitoring.</li> </ul>