

WG No. 22-24

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

**The Primary Care (Contracted Services: Outpatient Waiting List
Scheme) Directions 2022**

Made 9 August 2022

Coming into force 12 August 2022

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

Title, application and commencement

1.—(1) The title of these Directions is the Primary Care (Contracted Services: Outpatient Waiting List Scheme) Directions 2022.

(2) These Directions are given to Local Health Boards.

(3) These Directions come into force on 12 August 2022.

Interpretation

2. In these Directions—

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

“cluster” means a group of local service providers involved in health and care who have agreed to collaboratively work together to deliver primary medical services across a specified geographical area;

“cluster lead practice” means a general medical practitioner that has agreed to provide the Scheme to its registered patients, and to the registered patients of a general medical practitioner in its cluster that is not an engaged provider, and which the Local Health Board agrees will be a cluster lead practice;

“corporate optician” means a body corporate registered in the register of bodies corporate maintained under section 9 of the Opticians Act 1989⁽²⁾, which is carrying on business as an optometrist;

“dentist” means a dental practitioner—

(a) who is registered in the dentists register, and

(1) 2006 c.42.

(2) 1989 c. 44.

(b) whose name is included in a dental performers list prepared by a Local Health Board under regulation 3 of the National Health Service (Performers Lists) (Wales) Regulations 2004⁽¹⁾;

“dentists register” means the register referred to in section 14(1) of the Dentists Act 1984⁽²⁾;

“Drug Tariff” has the meaning given to it in regulation 55 of the National Health Service (Pharmaceutical Services) (Wales) Regulations 2020⁽³⁾ (the Drug Tariff and remuneration of NHS pharmacists and NHS appliance contractors);

“engaged provider” means a dentist, general medical practitioner (whether acting for itself, as a cluster lead practice or on behalf of another practice or group of practices), optician or pharmacist that agrees with a Local Health Board to provide services under the Scheme pursuant to an arrangement made in accordance with direction 4;

“GDS contractor” means a person who is a party to a contract with a Local Health Board pursuant to section 57 of the Act;

“general medical practitioner” means a medical practitioner whose name is included in—

(a) the General Practitioner Register kept by the General Medical Council under section 34C of the Medical Act 1983⁽⁴⁾, and

(b) a medical performers list prepared by a Local Health Board under regulation 3 of the National Health Service (Performers Lists) (Wales) Regulations 2004;

“GMS contractor” means a person who is a party to a contract with a Local Health Board under section 42 of the Act;

“GOS contractor” means a person who is included in a Local Health Board’s ophthalmic list and provides general ophthalmic services as part of the health service in Wales under the National Health Service (General Ophthalmic Services) Regulations 1986⁽⁵⁾;

“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⁽⁶⁾;

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

“NHS services” means ophthalmic services, pharmaceutical services, primary dental services or primary medical services (as appropriate to the relevant engaged provider) provided pursuant to Parts 4 to 7 of the Act as part of the health service in Wales;

“optician” means a person who is—

(a) registered in the register of optometrists maintained under section 7 (register of opticians) of the Opticians Act 1989 or in the register of visiting optometrists from relevant European States maintained under section 8B(1)(a) of that Act, or

(b) a corporate optician;

“OWLS for General Medical Practitioners Specification” means the Primary Care Contracted Services: Outpatient Waiting List Scheme Specification for General Medical Practitioners at Schedule 1 to these Directions;

“patient record” means all relevant information provided to the engaged provider by the Local Health Board to enable the delivery of the Scheme, including where applicable, any other information the engaged provider has access to or holds in relation to the patient;

“pharmacist” means a person who is—

(1) S.I. 2004/1020 (W. 117).

(2) 1984 c. 24, amended by S.I. 2005/2011 and S.I. 2007/3101.

(3) S.I. 2020/1073 (W. 241).

(4) 1983 c. 54. Section 34C was inserted by paragraph 10 of Schedule 1 to the General and Specialist Medical Practice (Education, Training and Qualifications) Order 2010 (S.I. 2010/234).

(5) S.I. 1986/975.

(6) 2002 c. 17.

- (a) registered in Part 1 of the General Pharmaceutical Council Register⁽¹⁾ or in the register maintained under Articles 6 and 9 of the Pharmacy (Northern Ireland) Order 1976⁽²⁾, or
- (b) lawfully carrying on a retail pharmacy business in accordance with section 69 of the Medicines Act 1968⁽³⁾, and

whose name is included in a pharmaceutical list under regulation 10 (preparation and maintenance of pharmaceutical lists) of the National Health Service (Pharmaceutical Services) (Wales) Regulations 2020⁽⁴⁾, for the provision of pharmaceutical services in particular by the provision of drugs;

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

“registered patient” means—

- (a) a person who is recorded by the Local Health Board as being on a general medical practitioner’s list of patients, or
- (b) a person whom the general medical practitioner has accepted for inclusion on its list of patients, whether or not notification of that acceptance has been received by the Local Health Board and who has not been notified by the Local Health Board as having ceased to be on that list;

“relevant Local Health Board” means the Local Health Board with whom an engaged provider has entered into an arrangement in accordance with direction 4;

“relevant specification” means a specification contained in a Schedule to these Directions;

“Scheme” means the Primary Care Contracted Services: Outpatient Waiting List Scheme established by a Local Health Board in accordance with direction 3;

“Statement of Financial Entitlements” means any directions given by the Welsh Ministers pursuant to—

- (a) section 45 of the Act in relation to payments to be made by a Local Health Board to a GMS contractor, or
- (b) section 60 of the Act in relation to payments to be made by a Local Health Board to a GDS contractor;

“Statement of Remuneration” means any determination made by the Welsh Ministers pursuant to regulation 10 of the National Health Service (General Ophthalmic Services) Regulations 1986 in relation to payments to be made by a Local Health Board to a GOS contractor.

Establishment of a Primary Care Contracted Services: Outpatient Waiting List Scheme

3.—(1) Each Local Health Board must establish, operate and, as appropriate, revise a Primary Care Contracted Services: Outpatient Waiting List Scheme.

(2) The underlying purpose of the Scheme is to enable a review of outpatient follow up waiting lists by dentists, general medical practitioners, opticians and pharmacists, for those patients who have previously been referred to secondary care, where the originally required follow up has not been undertaken or booked and, where a review indicates that definitive safe and effective treatments or assessments could be made within primary and community care, to enable the provision of services to those patients.

(1) Maintained under article 19 (establishment, maintenance of and access to the Register) of the Pharmacy Order 2010 (S.I. 2010/231).
(2) S.I. 1976/1213 (N.I.22).
(3) 1968 c. 67.
(4) S.I. 2020/1073 (W. 241).

Primary Care Contracted Services: Outpatient Waiting List Scheme

4.—(1) As part of its Scheme, each Local Health Board may only enter into arrangements for the provision of services, where there is a relevant specification and in accordance with such a specification, with—

- (a) a dentist;
- (b) a general medical practitioner⁽¹⁾—
 - (i) firstly in relation to the registered patients of that general medical practitioner, and then
 - (ii) as a cluster lead practice, in relation to the registered patients of the cluster lead practice and, subject to the agreement of the practice which made the original referral of its registered patient to secondary care (“the referring practice”), the registered patients of those referring practices, if any, in its cluster that have not agreed within such time period as the Local Health Board requires, to deliver the Scheme to their registered patients pursuant to sub-paragraph (i), and otherwise
 - (iii) in relation to the registered patients of another general medical practitioner or group of general medical practitioners, where that general medical practitioner has agreed to deliver the Scheme pursuant to sub-paragraph (i) and subject to the agreement of the practice which made the original referral of its registered patients to secondary care;
- (c) an optician; or
- (d) a pharmacist.

(2) Where the registered patients of a general medical practitioner will not receive the services under the Scheme, whether from the general medical practitioner in relation to whom they are registered patients, from a cluster lead practice or a general medical practitioner who has agreed to deliver the Scheme on behalf of the general medical practitioner where the patient is registered, the Local Health Board must make arrangements to ensure the provision of the services to the registered patients of that general medical practitioner as close to the practice premises of that general medical practitioner as is reasonably practicable and the Local Health Board may deliver the services under the Scheme to those patients in any way it believes is appropriate (including, but not limited to, by providing the services itself or arranging for the delivery of those services by any engaged provider).

(3) An arrangement made between a cluster lead practice and a Local Health Board in accordance with paragraph (1)(b)(ii) must include a requirement that each engaged provider co-operates with the other engaged providers and the cluster lead practice in its cluster in order for the cluster lead practice to complete, by such date as the Local Health Board requires, a plan setting out the arrangement for the delivery of the services under the Scheme to all registered patients of the general medical practitioners across the cluster (whether or not a general medical practitioner is a member of the cluster is an engaged provider or not). Where there is only one engaged provider, and it is the cluster lead practice, it is responsible for completing that plan. Where there is no cluster lead practice, and all of the general medical practitioners in the cluster are engaged providers, they are all responsible for completing that plan.

(4) Where arrangements are made between a Local Health Board and an engaged provider, those arrangements must include—

- (a) a requirement that the engaged provider—
 - (i) reads and takes account of these Directions alongside complying with the relevant specification, which in combination provide the detailed requirements of the Scheme;
 - (ii) completes to the satisfaction of the Local Health Board, prior to the provision of any services under the Scheme and by such date as the Local Health Board requires, a

⁽¹⁾ See paragraph 3 of the OWLS for General Medical Practitioners Specification.

plan setting out the arrangements for the delivery of the services under the Scheme by the engaged provider including, as a minimum—

- (aa) how the engaged provider will continue to provide, without interruption, its NHS services whilst it is a party to an arrangement under the Scheme, and
 - (bb) such other detail or assurances that the relevant Local Health Board may reasonably request from the engaged provider;
- (iii) provides the services required by the relevant specification and, as appropriate, in accordance with the plan specified in paragraph (3) or paragraph (ii);
- (b) a requirement that the engaged provider takes all reasonable steps to ensure that the patient record of each patient who has been reviewed under the Scheme is updated as soon as reasonably practicable after an outcome of an outpatient waiting list review has been determined for that patient;
- (c) a requirement that the engaged provider—
- (i) reviews the patient’s address and phone number to ensure they are correct;
 - (ii) reviews the patient record to determine whether the outpatient follow up appointment is no longer required;
 - (iii) reviews the patient’s relevant patient record and—
 - (aa) contacts the patient to discuss whether the condition of, and/or risk to, the patient has altered since their last outpatient clinic attendance (if there has been such an attendance) and if appropriate report such back to secondary care, and/or
 - (bb) discuss any treatment, therapies or investigations described in locally agreed guidance, or
 - (cc) where appropriate, obtains specialist advice, via e-advice, telephone advice and guidance;
 - (iv) reports to the relevant Local Health Board the agreed outcomes of each patient’s outpatient waiting list review using the standard template specified by the relevant Schedule to these Directions.
- (d) a requirement that the engaged provider—
- (i) supplies the relevant Local Health Board via the standard template specified by the relevant Schedule to these Directions, the agreed outcome for each patient dealt with under the Scheme, for payment and post payment verification purposes;
 - (ii) provides data, subject to paragraph (vii) below, to the cluster lead practice of a cluster (where applicable), Local Health Boards and Welsh Government when required;
 - (iii) ensures consistent coding for capture of data and compliance with relevant information governance legislation;
 - (iv) ensures that each health care professional involved in the provision of services under the Scheme has the necessary skills, training, competence and experience in order to provide those services;
 - (v) ensures that each health care professional involved in the provision of services under the Scheme familiarises themselves with the relevant applicable local pathways available in the locality of the relevant Local Health Board, and the engaged provider keeps a record to confirm that each health care professional has the requisite knowledge of such pathways prior to participating in the Scheme;
 - (vi) ensures each health care professional involved in the provision of services under the Scheme completes relevant CPD activity through, for example, regular educational updates, attendance at relevant courses provided by Local Health Boards, as well as self-directed learning, to be able to demonstrate they have adequate knowledge and skills through their annual appraisal and revalidation;

- (vii) ensures that each health care professional involved in the provision of services under the Scheme is adequately indemnified/insured for any liability arising from the work performed;
 - (viii) supplies the relevant Local Health Board with such information as the Local Health Board may reasonably request for the purposes of monitoring the performance of obligations under the Scheme and, as appropriate, the cluster's performance in relation to the plan specified in paragraph (3) or the engaged provider's performance in relation to the plan specified in paragraph (4)(a)(ii);
 - (ix) gives the relevant Local Health Board at least the minimum notice period stated in the relevant specification, in writing, prior to terminating their arrangement to provide services under the Scheme; and
 - (x) completes an annual report of outcomes by 31 March each year;
- (e) payment arrangements for an engaged provider which must provide for it to be able to claim—
- (i) in accordance with paragraph 17 of the OWLS for General Medical Practitioners Specification, a payment of—
 - (aa) £8 per patient for completion of the actions specified in sub-paragraph (c)(i) and (ii), and
 - (bb) £34 per patient for completion of the actions specified in sub-paragraph (c)(iii), and
 - (cc) £8 per patient for completion of the action specified in sub-paragraph (c)(iv).

(5) Where a Local Health Board delivers the Scheme pursuant to an arrangement in accordance with paragraph (2), the Local Health Board must ensure that paragraph (4) applies to such arrangements as it would to an engaged provider.

Eligibility for payment

5.—(1) A dentist, general medical practitioner, optician or pharmacist is only eligible for payment for provision of services under the Scheme in circumstances where the following conditions are met—

- (a) they are an engaged provider;
- (b) the person in respect of whom the payment under the Scheme is claimed was allocated to the engaged provider for review by the relevant Local Health Board;
- (c) for each person in respect of whom a payment is being claimed by the engaged provider all required details have been entered on to the relevant patient record of the patient who has been reviewed under the Scheme; and
- (d) the engaged provider does not receive any payment from any other source in respect of reviewing outpatient waiting lists (if the engaged provider does receive payments from other sources in respect of any person, the Local Health Board must consider whether to recover any payment made under the Scheme in respect of that person pursuant to direction 8 (overpayments and withheld amounts)).

Payment under the Scheme

6.—(1) The engaged provider will receive a payment based on the information recorded on the applicable form and submitted to the relevant Local Health Board, in accordance with the relevant specification and in respect of each person who has been reviewed under the Scheme, and the activity of the engaged provider will be captured by NHS Wales Shared Services Partnership on the last day of each quarter.

(2) Any amount payable in accordance with paragraph (1) falls due following the expiry of 14 days after the activity is captured under paragraph (1)—

- (a) in the case of a GDS contractor, on the next date when the GDS contractor's payable monthly Annual Contract Value Payment falls due in accordance with the relevant GDS Statement of Financial Entitlements;
- (b) in the case of a GMS contractor, on the next date when the GMS contractor's Global Sum monthly payment falls due in accordance with the relevant Statement of Financial Entitlements;
- (c) in the case of a GOS contractor, on the date in the next month when the GOS contractor's General Ophthalmic Services monthly reimbursement falls due in accordance with the Statement of Remuneration;
- (d) in the case of a pharmacist, on the next date when the pharmacist receives any other payments due under the Drug Tariff, and
- (e) in the case of any other engaged provider, no later than 8 weeks beginning with the date on which the engaged provider creates or updates the relevant patient record, or as otherwise may be agreed between the Local Health Board and the engaged provider.

(3) The Local Health Board must ensure that the receipt and payment in respect of any automatic payments made pursuant to paragraph (1) are properly recorded and that each such payment has a clear audit trail.

Conditions of payment

7.—(1) A payment under these Directions is only payable if an engaged provider satisfies the following conditions—

- (a) in respect of each person for which a payment under the Scheme is claimed, the engaged provider has delivered the Scheme in accordance with the relevant specification and supplied the Local Health Board with—
 - (i) the name of the person,
 - (ii) the date of birth of the person,
 - (iii) the NHS number, where known, of the person, and
 - (iv) the date on which the outcome of the review of the outpatient waiting list has been agreed and recorded on the relevant patient record.

(2) The relevant Local Health Board may request from an engaged provider any information which the Local Health Board does not have but needs, and the engaged provider either has or could be reasonably expected to obtain, in order for the Local Health Board to form an opinion on whether the engaged provider is eligible for payment under the provisions of the Scheme.

(3) The relevant Local Health Board may, in appropriate circumstances, withhold payment of any, or any part of, payments due under the Scheme if an engaged provider breaches any of these conditions.

Overpayments and withheld amounts

8.—(1) If a Local Health Board makes a payment to an engaged provider pursuant to the Scheme and—

- (a) the engaged provider was not entitled to receive all or part thereof, whether because it did not meet the entitlement conditions for the payment or because the payment was calculated incorrectly (including where a payment on account overestimates the amount that is to fall due);
- (b) the Local Health Board was entitled to withhold all or part of the payment because of a breach of a condition attached to the payment, but is unable to do so because the money has already been paid; or
- (c) the Local Health Board is entitled to repayment of all or part of the money paid,

the Local Health Board may recover the money paid by deducting an equivalent amount from any payment payable under the Scheme or any other payment payable to an engaged provider by

virtue of its provision of NHS services, and where no such deduction can be made, it is a condition of the payments made pursuant to the Scheme that the primary care provider must pay to the Local Health Board that equivalent amount.

(2) Where a Local Health Board is entitled pursuant to paragraph (1) to withhold all or part of a payment because of a breach of a payment condition, and the Local Health Board does so or recovers the money by deducting an equivalent amount from another payment payable under the Scheme or any other payment payable to an engaged provider by virtue of its provision of NHS services, it may, where it sees fit to do so, reimburse the engaged provider the amount withheld or recovered, if the breach is cured.

Underpayments and late payments

9.—(1) If the full amount of a payment that is payable under the Scheme has not been paid before the date on which the payment falls due, once it falls due, it must be paid promptly unless—

- (a) this is with the consent of the engaged provider, or
- (b) the amount of, or entitlement to, the payment, or any part thereof, is in dispute.

(2) If the engaged provider's entitlement to the payment is not in dispute but the amount of the payment is in dispute, then once the payment falls due, pending the resolution of the dispute, the Local Health Board must—

- (a) pay to the engaged provider, promptly, an amount representing the amount that the Local Health Board accepts that the engaged provider is at least entitled to, and
- (b) thereafter pay any shortfall promptly, once the dispute is finally resolved.

(3) However, if an engaged provider has—

- (a) not claimed a payment to which it would be entitled under the Scheme if it claimed the payment, or
- (b) claimed a payment to which it is entitled under the Scheme but a Local Health Board is unable to calculate the payment until after the payment is due to fall due because it does not have the information it needs in order to calculate that payment (all reasonable efforts to obtain the information having been undertaken),

that payment is (instead) to fall due on the first working day of the month after the month during which the Local Health Board obtains the information it needs in order to calculate the payment.

Payments on account

10. Where a Local Health Board and the engaged provider agree (but the Local Health Board's agreement may be withdrawn where it is reasonable to do so and if it has given the engaged provider reasonable notice thereof), the Local Health Board must pay to an engaged provider on account any amount that is—

- (a) the amount of, or a reasonable approximation of the amount of, a payment that is due to fall due under the Scheme, or
- (b) an agreed percentage of the amount of, or a reasonable approximation of the amount of, a payment that is due to fall due under the Scheme, and if that payment results in an overpayment in respect of the payment, direction 8 applies.

Post payment verification

11. Post payment verification(1) applies to the provision of services under the Scheme.

(1) For more information on post payment verification, please see; <https://nwssp.nhs.wales/ourservices/primary-care-services/general-information/post-payment-verification-ppv/>

Dispute resolution

12.—(1) In the case of any dispute arising out of, or in connection with, the Scheme, the engaged provider and the Local Health Board must make every reasonable effort to communicate and cooperate with each other with a view to resolving the dispute, before referring the dispute for consideration and determination to the Welsh Ministers in accordance with the Scheme dispute resolution procedure (or, where applicable, before commencing court proceedings) specified in paragraphs (2) to (15) below.

(2) The procedure specified in the following paragraphs applies in the case of any dispute arising out of or in connection with the Scheme which is referred to the Welsh Ministers.

(3) Any party wishing to refer a dispute as mentioned in paragraph (2) must send to the Welsh Ministers a written request for dispute resolution which must include or be accompanied by—

- (a) the names and addresses of the parties to the dispute,
- (b) a copy of any arrangement made under the Scheme, and
- (c) a brief statement describing the nature and circumstances of the dispute.

(4) Any party wishing to refer a dispute as mentioned in paragraph (2) must send the request under paragraph (3) within a period of 3 years beginning with the date on which the matter giving rise to the dispute happened or should reasonably have come to the attention of the party wishing to refer the dispute.

(5) The Welsh Ministers may determine the matter themselves or, if the Welsh Ministers consider it appropriate, appoint a person or persons to consider and determine it.

(6) Before reaching a decision as to who should determine the dispute, under paragraph (5), the Welsh Ministers must, within 7 days beginning with the date on which a matter under dispute was referred to them, send a written request to the parties to make in writing, within a specified period, any representations which they may wish to make about the matter under dispute.

(7) The Welsh Ministers must give, with the notice given under paragraph (6), to the party other than the one which referred the matter to dispute resolution a copy of any document by which the matter was referred to dispute resolution.

(8) The Welsh Ministers must give a copy of any representation received from a party to the other party and must in each case request (in writing) a party to whom a copy of the representations is given to make within a specified period any written observations which it wishes to make on those representations.

(9) Following receipt of any representations from the parties or, if earlier at the end of the period for making such representations specified in the request sent under paragraph (6) or (8), the Welsh Ministers must, if they decide to appoint a person or persons to hear the dispute—

- (a) inform the parties in writing of the name of the person or persons whom it has appointed, and
- (b) pass to the person or persons so appointed any documents received from the parties under paragraph (3), (6) or (8).

(10) For the purpose of assisting the adjudicator in the consideration of the matter, the adjudicator may—

- (a) invite representatives of the parties to appear before the adjudicator to make oral representations either together or, with the agreement of the parties, separately, and may in advance provide the parties with a list of matters or questions to which the adjudicator wishes them to give special consideration, or
- (b) consult other persons whose expertise the adjudicator considers will assist in the consideration of the matter.

(11) Where the adjudicator consults another person under paragraph (10)(b), the adjudicator must notify the parties accordingly in writing and, where the adjudicator considers that the interests of any party might be substantially affected by the result of the consultation, the adjudicator must give to the parties such opportunity as the adjudicator considers reasonable in the circumstances to make observations on those results.

(12) In considering the matter, the adjudicator must consider—

- (a) any written representations made in response to a request under paragraph (6), but only if they are made within the specified period;
- (b) any written observations made in response to a request under paragraph (8), but only if they are made within the specified period;
- (c) any oral representations made in response to an invitation under paragraph (10)(a);
- (d) the results of any consultation under paragraph (10)(b); and
- (e) any observations made in accordance with an opportunity given under paragraph (11).

(13) Subject to the other provisions within this direction and to any agreement by the parties, the adjudicator has wide discretion in determining the procedure of the dispute resolution to ensure the just, expeditious, economical and final determination of the dispute.

(14) The determination of the adjudicator and the reasons for it, must be recorded in writing and the adjudicator must give notice of the determination (including the record of the reasons) to the parties.

(15) In this direction—

“specified period” means such period as the Welsh Ministers specify in a request, being not less than 2, nor more than 4, weeks beginning with the date on which the notice referred to is given, but the Welsh Ministers may, if they consider that there is good reason for doing so, extend any such period (even after it has expired) and, where they do so, a reference in this paragraph to the specified period is to the period as so extended.

Alex Slade

Director, Primary Care and Mental Health Directorate

Signed on behalf of the Welsh Ministers

Dated: 9 August 2022

SCHEDULE 1

Primary Care Contracted Services: Outpatient Waiting List Scheme Specification for General Medical Practitioners

Introduction

1.—(1) General Medical Services responded to the Covid-19 pandemic in March 2020 with rapid and substantial changes to the delivery of core services. These included moving to a telephone first triage model, adopting online digital platforms as well as video consultations where required. Whilst not suiting every patient, these approaches have been widely supported by patients and evidence shows they result in shorter waiting times for patients to have contact with a primary care clinician. There is also evidence that overall supply of contacts with patients has increased.

(2) There continues to be significant pressure in the wider health and care system which results in greatly lengthened waiting lists for outpatient appointments and interventions, such as surgery or diagnostic procedures. As a result of these waits, patients' conditions are more likely to deteriorate and require more complex interventions. Furthermore, these patients are very likely to be attending their GMS practice for support with maintenance of their complex condition or to report deterioration. This extra workload inevitably distracts the GMS contractor from delivering their core services, potentially adding further delays and harm.

(3) Whilst this was a growing problem prior to March 2020, over the past two years the issue has been augmented by the Covid-19 pandemic. To contribute to resolving this problem, the Health & Care system in Wales needs to identify those patients on specialists' waiting lists with the greatest need/risk and assess or treat them first. In essence, there is a need for Prudent Health Care in action, delivered at scale and pace.



Primary Care Contracted Services: Outpatient Waiting List Scheme Aims

2.—(1) The aim of this Primary Care Contracted Services: Outpatient Waiting List Scheme (“PCCS: OWLS”) is to support—

- (a) patients to understand the potential wait they face to gain access where they have been previously referred to secondary care, follow up has not been booked and where review indicates that definitive safe and effective treatments or assessments could be made closer to home;
- (b) engaged providers (who, for the purposes of this Specification, will be General Medical Practitioners) to care for patients who have already been referred to a specialist but where a follow up has not been booked (“FUNB”); and
- (c) Local Health Boards to manage risk of harm to patients on outpatient waiting lists, by prioritising for assessment or treatments, those patients with the greatest need to see specialists.

Primary Care Contracted Services: Outpatient Waiting List Scheme Specification

3.—(1) The relevant Local Health Board (i.e. the LHB with whom the engaged provider has made arrangements to provide the Scheme) decides which specialties' outpatient waiting lists are to be used as the source patient list for engaged providers, focussing on patients where follow up has not been booked, taking into account the existence of specialist advice and guidance, phone lines, e-advice and local guidance.

(2) When making arrangements for the provision of the Scheme in accordance with paragraph 4 of the Directions and this Specification, the relevant Local Health Board must firstly seek to enter into an arrangement with the GMS contractor at the practice who made the original referral of its registered patient to secondary care (“the referring practice”) to provide the Scheme in respect of the FUNB registered patients of that practice. If the referring practice does not wish to enter into an arrangement with its relevant Local Health Board to provide the Scheme, the Local Health Board must then offer to enter into an arrangement with another practice in the cluster of the referring practice to deliver the Scheme in respect of the FUNB registered patients of the referring practice subject to the agreement of the referring practice. If there is no other practice within the cluster that wishes to enter into an arrangement with its relevant Local Health Board to provide the Scheme in respect of the FUNB registered patients of the referring practice, the Local Health Board may approach any other GMS contractor to provide the Scheme on behalf of the referring practice and in respect of the FUNB patients of the referring practice, subject to the agreement of the referring practice.

4. The engaged provider is to be given a list of patients by the relevant Local Health Board and must—

- (a) review the patient's contact details (address and phone number) to ensure they have the correct information, and review the clinical records to determine whether the outpatient follow up appointment is no longer required (e.g., the patient has been seen privately, or their condition has resolved);
- (b) review the patient's patient record and—
 - (i) contact the patient to discuss whether the condition of, and/or risk to, the patient has altered since the patient's last outpatient clinic attendance and if appropriate report this back to secondary care,
 - (ii) alternatively, or in addition, to (i), discuss treatment, therapies or investigations described in locally agreed guidance (potential outcomes of which are set out below in paragraph 5), and
 - (iii) where appropriate, obtain specialist advice (via e-advice or telephone advice and guidance);
- (c) report to the relevant Local Health Board the agreed outcomes of each patient review using the standard template at Appendix 1 to this Schedule.

5. The outcomes of the review could include but are not limited to—

- (a) removing the patient from the waiting list as that patient is—
 - (i) incorrectly included on the list,
 - (ii) no longer on a practice registered list,
 - (iii) able to be managed safely in primary care and the patient consents to the same,
 - (iv) put on to a PIFU/SOS pathway which is initiated immediately; or
- (b) retaining the patient on the waiting list owing to—
 - (i) expediting the patient's referral,
 - (ii) there being no change to the initial referral made,
 - (iii) the engaged provider arranging an investigation, the result of which will aid the decision on future treatment options, or
 - (iv) the patient declining the offer of an alternative treatment pathway.

Eligible Patients

6. Patients eligible to be reviewed under the Scheme by an engaged provider are those persons—

- (a) on a Local Health Board's [secondary care] outpatient waiting list, and
- (b) who are FUNB patients whose appointment was over 100% delayed at the time the Local Health Board provided the list to the engaged provider.

7. The following groups are not eligible for review under the Scheme, but an engaged provider may need to communicate further with the relevant Local Health Board to ensure appropriate action is taken in respect of any patient that—

- (a) has been accepted and listed by secondary care, having been referred as 'Urgent' or 'Urgent suspected cancer';
- (b) has been seen by a specialist who has recommended an operation or procedure;
- (c) already has a confirmed future outpatient appointment to see a specialist.

Patients on more than one waiting list

8.—(1) Where a patient is on more than one outpatient waiting list, the engaged provider must conduct a full review in respect of each waiting list that patient is on.

(2) The engaged provider is entitled to claim payment for the amounts specified in paragraph 16 for each waiting list reviewed commensurate with the actions completed as part of each review.

Information to be supplied by the Health Board for each patient to be reviewed

9. For each patient requiring an outpatient waiting list review the relevant Local Health Board must provide the engaged provider with the patient's—

- (a) name,
- (b) NHS number,
- (c) address,
- (d) telephone number,
- (e) specialist/specialty waiting list,
- (f) date of referral,
- (g) source of referral, and
- (h) date of last appointment.

Local Health Board Support for engaged providers

10. The relevant Local Health Board must ensure that there is adequate support for engaged providers to enable them to meaningfully participate in the Scheme, including—

- (a) identification and publication of locally agreed clinical pathways (or local guidance), which contain management strategies that can be delivered without referral into outpatients;
- (b) specialists to provide timely advice to engaged providers via the E-ADVISE function on the Welsh Clinical Communications Gateway (WCCG) module of the GP clinical system;
- (c) specialists to provide timely advice to engaged providers via the telephone or text message based advice and guidance service; and
- (d) Local Health Board guidance and resources, including standard letters for SoS and PIFU.

Indemnity

11. Those persons engaged in the delivery of services under this Scheme will be covered by existing indemnity arrangements pursuant to regulation 8 of the NHS (Clinical Negligence Scheme) (Wales) Regulations 2019.

Cluster/Collaborative Working

12. This Specification relates specifically to the delivery of outpatient waiting list reviews by GMS contractors as engaged providers under the Scheme. However, nothing in the Scheme precludes a GMS contractor from working collaboratively with other GMS contractors in their cluster or collaborative to pool resources and workforce to conduct these reviews effectively and efficiently. Engaged providers are strongly encouraged to work collectively within cluster groupings, whether or not these have previously been in place.

13. The treatments, therapies or investigations that may be arranged as a result of an outpatient waiting list review may be performed by—

- (a) the engaged provider directly, or
- (b) be arranged by the engaged provider to be performed by another provider or Local Health Board managed service (e.g. a cluster-employed physiotherapist or dietician, or via referral to a cluster-managed service respectively).

Record keeping

14. The engaged provider must, as soon as reasonably practicable, ensure that all stages of the outpatient waiting list review are recorded in the relevant patient record of each patient who has been reviewed under the Scheme.

Timescales

15. Engaged providers have 13 weeks, beginning with the date they receive the patient details from the relevant Local Health Board, to—

- (a) complete the outpatient waiting list review detailed in paragraph 4, and
- (b) inform the relevant Local Health Board of the outcome of the review in accordance with paragraph 5.

Payment

16. Upon undertaking and reporting the outcome of an outpatient waiting list review in accordance with paragraphs 4 and 5, the engaged provider will be entitled to a payment of—

- (a) £8 per patient for completion of the action in paragraph 4(a), and
- (b) £34 per patient for completion of the actions in paragraph 4(b), and
- (c) £8 per patient for completion of the action in paragraph 4(c).

17. The relevant Local Health Board must make the appropriate payments to the engaged provider quarterly in arrears, in accordance with paragraph 6 of the Directions.

Post-payment verification

18. The relevant Local Health Board is responsible for undertaking post payment verification. This may include auditing claims of engaged providers to ensure that they have met the requirements of the Scheme.

Termination of arrangements

19. An arrangement between an engaged provider and a relevant Local Health Board for the provision of services made pursuant to these Directions and this OWLS for General Medical Practitioners Specification may be terminated—

- (a) automatically, when the Scheme comes to an end;
- (b) immediately, where the relevant Local Health Board requires that the engaged provider withdraws from the arrangement because the relevant Local Health Board is of the opinion that the engaged provider is not complying with their obligations under the Scheme;
- (c) by the relevant Local Health Board giving the engaged provider not less than 4 weeks' notice in writing, where the relevant Local Health Board wishes to terminate the arrangement with the engaged provider for any reason other than that specified by subparagraph (b); or
- (d) by the engaged provider giving the Local Health Board not less than 4 weeks' notice in writing, where the engaged provider wishes to terminate the arrangement with the relevant Local Health Board for any reason.

Appendix 1: Outcomes of patient reviews

Speciality	Number of patients on waiting list provided by Health Board	Number of patients reviewed by practice this quarter	OUTCOME		
			Number of patients discharged from waiting list	Number of patients remaining on waiting list	Number of patients uncontactable
<i>e.g. Dermatology</i>					