

WG23-14

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

**Directions to Local Health Boards as to the Statement of
Financial Entitlements (Amendment) (No. 2) Directions 2023**

Made

29 March 2023

Coming into force

01 April 2023

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^(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 and commencement

1.—(1) The title of these Directions is the Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2023.

(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 are made on 29 March 2023 and come into force on 01 April 2023.

Amendment to the Statement of Financial Entitlements

2. The Directions to Local Health Boards as to the Statement of Financial Entitlements Directions 2013^(b) which came into force on 11 June 2013, as amended by Directions listed in Annex J of the Schedule to these Directions, are further amended as follows.

Amendment to the TABLE OF CONTENTS

3. In the TABLE OF CONTENTS in PART 2 QUALITY AND IMPROVEMENT FRAMEWORK—

(a) in the heading of Part 2 omit “AND”, and

(b) for “5. ACCESS” substitute—

“5. ACCESS

General

Access Standards

Achievement Payments for Access from 1 April 2023

Calculation of Achievement Payments from 1 April 2023

(a) 2006 c. 42.
(b) 2013 No. 8.

Assessment of Achievement Payments where a GMS contract terminates during the year for Access Returns in respect of Achievement Payments Accounting arrangements and due date for Achievement Payments Conditions attached to Achievement Payments”.

Amendment of Part 2 – Quality Improvement Framework

4. In Part 2 – Quality Improvement Framework, for Section 5: Access substitute—

“Section 5: ACCESS

General

5.1. The access standards take a reflective approach. This allows practices time to reflect, listen to patient experience and make improvements to access. Practices will be required to report the access standards quarterly and be prepared to supply evidence (which could include but is not limited to the practice’s appointment system, patient experience survey outcomes and up to date data infographics) via the PCIP Access Reporting Tool.

5.2. The standards are set out in <https://gov.wales/guidance-general-medical-services-gms-contract-access-commitment-2022-2023>.

Access Standards

5.3. Practices are required to achieve all 6 measures listed below in order to receive 40 points for this section of the commitment.

Service Delivery & Communication

5.3.1. All existing patient facing staff who did not undertake the national care navigation training package provided by HEIW in the financial year 2022/23 are required to undertake this training, as well as all new patient facing staff completing this training within 3 months beginning with their start date. Practices will supply names of new starters and date of training undertaken.

5.3.2. All patients telephoning the practice are to have their calls received by a standard recorded message, and subsequently calls are answered with appointments made available for advanced booking each day with declaration confirming that every patient contact is supported throughout the day. Patients will be offered an appropriate consultation, whether urgently or through advanced booking consistent with the patient’s assessed clinical need, without the need for the patients to contact the practice again. Where clinically appropriate, patients may be signposted to another appropriate service.

5.3.3. To maintain a planned and forward-looking approach to consultations, practices are required to undertake a regular assessment of their scheduling appointment system to ensure a mix of remote, face to face, urgent, on the day and pre-bookable appointments. A more planned and forward-looking approach should be taken to the scheduling of appointments throughout the day, or for future dates, meaning it is no longer acceptable for all appointments for that day to be released at 8.00am.

Patient Engagement

5.3.4. Practices must regularly maintain an automated and standardised public facing dashboard and make this available via a range of communication methods to meet the needs of their patients.

5.3.5. Practices are required to undertake the national patient experience survey, which should include 25 completed questionnaires per 1000 registered patients from a range of practice population and captured through a range of methods.

Digital

5.3.6. Practices are required to undertake care navigation on digital requests in a similar and equitable fashion to telephone requests.

Reflective Report

5.4. Practices are required to produce a reflective report (60 points) to include 5.4.1 to 5.4.4 points below and all the requirements listed in Annex A of the Guidance for the GMS Contract, Access Commitment 2022/23 which can be found at <https://gov.wales/guidance-general-medical-services-gms-contract-access-commitment-2022-2023>. Practices must—

5.4.1. Produce an Equality Impact Assessment to review population and access needs;

5.4.2. Utilise results of the national patient experience survey to develop an action plan which will demonstrate how practices plan to move forward with implementing and communicating change effectively;

5.4.3. Detail how they have reflected on patient experience and can demonstrate improvements made, with improvements made to be discussed at collaborative level; and

5.4.4. Use intelligence from their telephony system to show how they have interrogated the data, and evidence call demand comparisons.

5.5. Practices must complete the report and upload it to the PCIP Access Reporting Tool on or before 31 March of the Access year.

5.6. The total points available for the Access domain is 100.

5.7. The indicators for Access require a particular activity to be carried out and points are awarded in full if that activity is carried out. Should the activity not be carried out, no points are awarded.

5.8. The annual cycle for Access runs for the period beginning with 1 April and ending with 31 March of each year.

Achievement Payments for Access from 1 April 2023

5.9. Achievement Payments are to be based on the achievement points to which a contractor is entitled to for Access during each financial year as calculated in accordance with paragraphs 5.10 to 5.17 of this Section.

Calculation of Achievement Payments from 1 April 2023

5.10. The Access points value for Achievement Payments will be £189. The calculation for achievement payments for Access will be made by using the contractor's registered patient list size as at 1 January in that Access year against the mean average of contractor registered patients also taken at 1 January of that same Access year.

5.11. Subject to paragraph 5.12, the date in respect of which the assessment of achievement points is to be made is the last day of the financial year for Access.

Assessment of Achievement Payments where a GMS contract terminates during the year for Access

5.12. In a case where a GMS contract terminates before the end of the financial year, the assessment of the achievement points to which the contractor is entitled is to be made in respect of the last date in the financial year on which that contractor is required under the contractor's GMS contract to provide essential services.

Returns in respect of Achievement Payments

5.13. In order to make a claim for an Achievement Payment, a contractor must make a return in respect of the information required by the LHB in order for the LHB to calculate the contractor's Achievement Payment. Where a GMS contract terminates before the end of the financial year, a contractor may make a return at the time the contract terminates in respect of the information necessary to calculate the Achievement Payment to which the contractor is entitled in respect of that financial year.

5.14. Based on that return, the LHB must calculate the contractor's Achievement Payment in accordance with paragraph 5.10.

Accounting arrangements and due date for Achievement Payments

5.15. The contractor's Achievement Payment is to be treated for accounting and superannation purposes as gross income of the contractor in the financial year into which the date in respect of which the assessment of achievement points falls, and the Achievement Payment is to fall due—

- (a) where the GMS contract terminates before the end of the financial year into which the relevant date falls (see paragraph 5.12), at the end of the quarter after the quarter during which the GMS contract was terminated; and
- (b) in the case of achievement payments, at the end of the first quarter of the financial year after the financial year into which the relevant date falls (see paragraph 5.13).

Conditions attached to Achievement Payments

5.16. Achievement Payments, or any part thereof, are only payable if the contractor satisfies the following conditions—

- (a) the contractor must make the return required of it under paragraph 5.13;
- (b) the contractor must ensure that all the information that it makes available to the LHB in respect of the calculation of its Achievement Payment is based on accurate and reliable information, and that any calculations it makes are carried out correctly;
- (c) the contractor must ensure that it is able to provide any information that the LHB may reasonably request of it to demonstrate that it is entitled to each Achievement Point to which it says it is entitled, and the contractor must make that information available to the LHB on request;
- (d) the contractor must make any returns required of it (whether computerised or otherwise) to the LHB in such manner as the LHB may reasonably require, and do so promptly and fully;
- (e) the contractor must engage with the national clinical audits that are undertaken in Wales;
- (f) the contractor must co-operate fully with any reasonable inspection or review that the LHB or another relevant statutory authority wishes to undertake in respect of the achievement points to which it says it is entitled; and
- (g) all information supplied pursuant to or in accordance with this paragraph must be accurate to the contractor's best knowledge or belief.

5.17. If the contractor breaches any of these conditions, the LHB may, in appropriate circumstances, withhold payment of all or part of an Achievement Payment that is otherwise payable.”.

Amendment of Annex A

5.—(1) In Annex A – Glossary, Part 1 – Acronyms—

- (a) omit “CFMP – Correction Factor Monthly Payment”,

- (b) omit “MPIG – Minimum Practice Income Guarantee”,
 - (c) omit “QA – Quality Assurance”,
 - (d) omit “QAIF – Quality Assurance and Improvement Framework contained in Annex D”,
 - (e) omit “QI – Quality Improvement”,
 - (f) omit “QOF – Quality and Outcomes Framework”, and
 - (g) in the appropriate place, insert ““QI year” means the period 1 October to 30 September of any relevant year;”.
- (2) In Annex A – Glossary, Part 2 – Definitions—
- (a) for ““Achievement Payment” is to be construed in accordance with Section 6;” substitute ““Achievement Payment” is to be construed in accordance with Section 5 and 6;”,
 - (b) for ““Aspiration Payment” is to be construed in accordance with Section 5;” substitute ““Aspiration Payment” is to be construed in accordance with Section 5 and 6;”,
 - (c) omit “Aspiration Points Total” is to be construed in accordance with paragraph 4.10(b) and 5.12;”,
 - (d) omit “Adjusted Global Sum Equivalent” is to be construed in accordance with paragraphs 3.3 and 3.4;”,
 - (e) omit “Adjusted Practice Disease Factor” is to be construed in accordance with paragraph 6.11, 6.12 and Annex F;”,
 - (f) for ““Contractor Population Index” is to be construed in accordance with paragraph 2.18;” substitute “Contractor Population Index” is to be construed in accordance with paragraph 2.16 and 2.17;”,
 - (g) in the definition of “Contractor Registered Population”, for “2.18” substitute “2.16 and 2.17”,
 - (h) omit ““Correction Factor Monthly Payment” is to be construed in accordance with paragraph 3.9.”,
 - (i) omit ““Final Global Sum Equivalent” is to be construed in accordance with paragraph 3.4;”,
 - (j) omit ““Global Sum Equivalent” is to be construed in accordance with paragraph 3.2.”,
 - (k) omit ““Historic Opt-Outs Adjustment” is to be construed in accordance with paragraphs 3.6 and 3.7;”,
 - (l) omit ““Initial Global Sum Equivalent” is to be construed in accordance with paragraphs 3.1 and 3.2;”,
 - (m) omit ““Minimum Practice Income Guarantee” is to be construed in accordance with paragraph 3.1;”,
 - (n) omit ““Monthly Aspiration Payment” is to be construed in accordance with paragraph 5.7 and 5.12;”,
 - (o) in the definition for “National Average of Registered Patients”—
 - (i) for “QAIF (QA and QI)” substitute “QI”; and
 - (ii) for “QAIF year (QA and QI)” substitute “QI year”,
 - (p) omit ““Provisional Unadjusted Achievement Payment” is to be construed in accordance with 5.5 and 5.6;”,
 - (q) omit ““QAIF (QA and QI) year” means the period 1 October to 30 September of any relevant year;”,
 - (r) omit ““QAIF (QA and QI) Uprating Index” is to be construed in accordance with paragraph 5.7;”,
 - (s) omit ““QAIF (Access) year” means the period 1 April to 31 March of any relevant year;”,
 - (t) omit ““QAIF point value” is to be construed in accordance with paragraphs 2.17 and 2.19;”, and

- (u) omit ““Unadjusted Achievement Payment” is to be construed in accordance with paragraph 5.5.”.

Amendment of Annex J

- 6.** For ANNEX J - AMENDMENTS substitute Annex J in the Schedule to these Directions.

A handwritten signature in black ink that reads "Paul Casey". The signature is written in a cursive style with a horizontal line underneath the name.

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

Date: 29 March 2023

SCHEDULE

Direction 6

“ANNEX J – AMENDMENTS

Amendments to the Directions to the Local Health Boards as to the Statement of Financial Entitlements Directions 2013, which came into force on 11 June 2013

- (a) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2013 (2013 No.60), which were made on 30 September 2013;
- (b) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2014 (2014 No.3), which were made on 16 June 2014;
- (c) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2014 (2014 No.17), which were made on 27 June 2014;
- (d) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 3) Directions 2014 (2014 No.24), which were made on 30 September 2014;
- (e) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2015 (2015 No.7), which were made on 31 March 2015;
- (f) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment No 2) Directions 2015 (2015 No.14), which were made on 01 April 2015;
- (g) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment No 3) Directions 2015 (2015 No.15), which were made on 20 April 2015;
- (h) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment No 4) Directions 2015 (2015 No.19), which were made on 25 June 2015;
- (i) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No.5) Directions 2015, which were made on 30 September 2015;
- (j) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2016, which were made on 30 March 2016;
- (k) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2016, which were made on 11 April 2016;
- (l) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 3) Directions 2016, which were made on 13 July 2016;
- (m) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 4) Directions 2016 (2016 No.19), which were made on 16 August 2016;
- (n) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No.5) Directions 2016 which were made on 15 December 2016;
- (o) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 6) Directions 2017 which were made on 31 January 2017;
- (p) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2017 which were made on 27 April 2017;
- (q) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No.2) Directions 2017 which were made on 9 August 2017;
- (r) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No.3) Directions 2017 which were made on the 28 September 2017;

- (s) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2018 which were made on the 14 June 2018;
- (t) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2018 which were made on 19 November 2018;
- (u) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2019 which were made on 29 March 2019;
- (v) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2019 which were made on 28 June 2019;
- (w) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 3) Directions 2019 which were made on 29 August 2019;
- (x) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 4) Directions 2019 which were made on 30 September 2019;
- (y) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 5) Directions 2019 which were made on 14 October 2019;
- (z) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2020 which were made on 24 March 2020;
- (aa) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2020 which were made on 22 June 2020;
- (bb) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 3) Directions 2020 which were made on 15 July 2020;
- (cc) Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 4) Directions 2020 which were made on 16 September 2020;
- (dd) Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 5) Directions 2020 which were made on 2 November 2020;
- (ee) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2021 which were made on 19 April 2021;
- (ff) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2021 which were made on 31 August 2021;
- (gg) Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No.3) Directions 2021 which were made on 1 December 2021;
- (hh) Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2022 which were made on 29 March 2022;
- (ii) Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2022 which were made on 8 June 2022;
- (jj) Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 3) Directions 2022 which were made on 4 November 2022;
- (kk) Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 4) Directions 2022 which were made on 29 November 2022; and
- (ll) Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2023 which were made on 20 February 2023.”.